Health, United States, 2012

With Special Feature on Emergency Care

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

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

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Kathleen Sebelius
Secretary

Centers for Disease Control and Prevention

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

National Center for Health Statistics

Edward J. Sondik, Ph.D.
Director

Preface

Health, United States, 2012 is the 36th 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, health risk factors, prevention, health insurance, and personal health care expenditures. This year's Chartbook includes a Special Feature on Emergency Care. The report also contains 134 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 2012 Edition

Health, United States, 2012 includes a summary "At a Glance" table that displays selected indicators of health and their determinants, cross-referenced to charts and tables in the report. It also contains a Highlights section, a Chartbook, detailed Trend Tables, extensive appendixes, and an Index. Major sections of the 2012 report are described below.

Chartbook

The 2012 Chartbook contains 29 charts, including 10 charts on this year's Special Feature on Emergency Care (Figures 20–29). This special feature explores emergency care in the United States by examining who uses the emergency department, reasons for visiting the emergency department, what type of services are provided there, and costs associated with emergency care.

Trend Tables

The Chartbook is followed by 134 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. The tables present data for selected years, to highlight major trends in health statistics. Additional years of data may be available in Excel spreadsheet files on the *Health, United States* website. Trend Tables for which additional data years are available are listed in Appendix III. Comparability across years in *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 terms used in *Health, United States*. It also contains information on the methods used in the report.

Appendix III. Additional Data Years Available lists tables for which additional years of trend data are available in Excel spreadsheet files on the *Health, United States* website.

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, 2012* includes the following disability-related information for the civilian noninstitutionalized population: basic actions difficulty and complex activity limitation (Table 48), vision and hearing limitations for adults (Table 49), and disability-related information for Medicare enrollees (Table 128), Medicaid recipients (Table 129), and veterans with service-connected disabilities (Table 131). 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 2010 and 2011" indicates that the difference between the point estimate for 2010 and that for 2011 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 Technical Notes accompanying 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 2000 through 2011" indicates that a statistical test of trend was conducted that included estimates for all 12 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 be not 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 figures. Estimates that are unreliable because of large standard 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 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 Excel 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 and our newest product, *In Brief* in interactive 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 as Excel spreadsheet files and individual PDFs. Many Excel 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 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 updates to tables. 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 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.

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Special Acknowledgment

His legacy is well reflected in the success of NCHS' data collection programs, the advances that have been made in the Nation's health information system, and most specifically in this enduring assessment of America's health— Health, United States.

EDWARD J. SONDIK

Health, United States, the annual report on the health of the Nation, has been published by the National Center for Health Statistics (NCHS) for 36 years, and for the past 17 years Dr. Edward J. Sondik, as NCHS Director, has been its strongest supporter. His advocacy has led to wider dissemination in multiple formats and easier access for policy makers and the public alike, thereby expanding its impact. Dr. Sondik advocated using technological advances in publishing to ensure that the information in *Health, United States* would be utilized by a wider audience and applied to the important health issues of the day. He always highlighted *Health, United States* in his presentations and relied on findings from *Health, United States* in major addresses to scientific and statistical audiences. Dr. Sondik was also committed to making the content of the report and each year's special topic address current and emerging data needs. He knew that a single report claiming to describe the Nation's health had to be all things to all people and encouraged those involved with its planning, preparation, and production to keep that goal in mind.

Dr. Sondik is retiring this year as NCHS Director after serving in that position longer than any director in NCHS history. His legacy is well reflected in the success of NCHS' data collection programs, the advances that have been made in the Nation's health information system, and most specifically in this enduring assessment of America's health—*Health, United States*.

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Contents

Contents

At a Glance Table and Highlights

Chartbook With Special Feature on Emergency Care

Trend Tables

Appendixes

Index

List of Chartbook Figures

Mortality

Natality

Morbidity

Disability Measures

Health Risk Factors

Prevention

Health Insurance

Utilization and Access

Personal Health Care Expenditures

Special Feature on Emergency Care

Summary List of Trend Tables by Topic

Tables 1–134

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 39–70)

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

Ambulatory Care (Tables 71–92)

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

Inpatient Care (Tables 93–99)

Hospital stays and procedures
Nursing homes
and more . . .

Personnel (Tables 100–105)

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

Facilities (Tables 106–110)

Hospitals
Nursing homes
and more . . .

National Health Expenditures (Tables 111–120)

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

Health Care Coverage and Major Federal Programs (Tables 121–131)

Insurance coverage:
- Medicare
- Medicaid
- Private coverage
- Uninsured
- HMOs

and more . . .

State Health Expenditures and Health Insurance (Tables 132–134)

Medicare, Medicaid, managed care expenditures and enrollees
Uninsured persons

List of Trend Tables

Health Status and Determinants

Population

Fertility and Natality

Mortality

Determinants and Measures of Health

Utilization of Health Resources

Ambulatory Care

Inpatient Care

Health Care Resources

Personnel

Facilities

Health Care Expenditures and Payers

National Health Expenditures

Health Care Coverage and Major Federal Programs

State Health Expenditures and Health Insurance

At a Glance Table and Highlights

Health, United States, 2012: At a Glance

	Value (year)			*Health, United States, 2012* Figure/Table no.
Life Expectancy and Mortality				
Life expectancy in years				Table 18
At birth	76.8 (2000)	78.5 (2009)	78.7 (2010)	
At 65 years	17.6 (2000)	19.1 (2009)	19.1 (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)	
Stroke	60.9 (2000)	39.6 (2009)	39.1 (2010)	
Chronic lower respiratory diseases	44.2 (2000)	42.7 (2009)	42.2 (2010)	
Unintentional injuries	34.9 (2000)	37.5 (2009)	38.0 (2010)	
Motor vehicle-related	15.4 (2000)	11.6 (2009)	11.3 (2010)	
Diabetes	25.0 (2000)	21.0 (2009)	20.8 (2010)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 50
All ages	8.9 (2000)	10.1 (2010)	10.4 (2011)	
65 years and over	26.9 (2000)	24.4 (2010)	24.7 (2011)	
Heart disease (ever told), percent				Table 44
18 years and over	11.3 (2000–2001)	11.6 (2007–2008)	11.6 (2010–2011)	
65 years and over	30.9 (2000–2001)	31.8 (2007–2008)	30.5 (2010–2011)	
Cancer (ever told), percent				Table 44
18 years and over	5.0 (2000–2001)	5.8 (2007–2008)	6.3 (2010–2011)	
65 years and over	15.2 (2000–2001)	17.0 (2007–2008)	18.5 (2010–2011)	
Hypertension,[1] percent				Table 63
20 years and over	28.9 (1999–2000)	32.6 (2007–2008)	31.9 (2009–2010)	
High serum total cholesterol,[2] percent				Table 63
20 years and over	17.7 (1999–2000)	14.6 (2007–2008)	13.6 (2009–2010)	
Obese, percent				Figure 10/Table 63
Obese,[3] 20 years and over	30.3 (1999–2000)	33.9 (2007–2008)	35.9 (2009–2010)	
Obese (BMI at or above sex- and age-specific 95th percentile):				
2–5 years	10.3 (1999–2000)	10.1 (2007–2008)	12.1 (2009–2010)	
6–11 years	15.1 (1999–2000)	19.6 (2007–2008)	18.0 (2009–2010)	
12–19 years	14.8 (1999–2000)	18.1 (2007–2008)	18.4 (2009–2010)	
Cigarette smoking, percent				Table 54
18 years and over	23.2 (2000)	19.3 (2010)	19.0 (2011)	
Aerobic activity and muscle strengthening,[4] percent				Table 67
18 years and over	15.1 (2000)	20.4 (2010)	20.6 (2011)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 77
Under 18 years	12.3 (2000)	8.1 (2010)	8.3 (2011)	
18–44 years	23.4 (2000)	24.2 (2010)	23.7 (2011)	
45–64 years	14.9 (2000)	14.8 (2010)	14.6 (2011)	
65 years and over	7.4 (2000)	5.3 (2010)	5.5 (2011)	

Health, United States, 2012: At a Glance

	Value (year)			*Health, United States, 2012* Figure/Table no.
Emergency room visit in past 12 months, percent				Tables 85 and 86
Under 18 years	20.3 (2000)	22.1 (2010)	18.5 (2011)	
18–44 years	20.5 (2000)	22.0 (2010)	20.6 (2011)	
45–64 years	17.6 (2000)	19.2 (2010)	18.2 (2011)	
65 years and over	23.7 (2000)	23.7 (2010)	23.3 (2011)	
Dental visit in past year, percent				Table 90
2–17 years	74.1 (2000)	78.9 (2010)	81.4 (2011)	
18–64 years	65.1 (2000)	61.1 (2010)	61.6 (2011)	
65 years and over	56.6 (2000)	57.7 (2010)	61.2 (2011)	
Prescription drug in past 30 days, percent				Table 91
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 93
18–44 years	7.0 (2000)	6.3 (2010)	6.4 (2011)	
45–64 years	8.4 (2000)	8.3 (2010)	8.3 (2011)	
65 years and over	18.2 (2000)	16.1 (2010)	16.7 (2011)	
Health Insurance and Access to Care				
Uninsured, percent				Table 124
Under 65 years	17.0 (2000)	18.2 (2010)	17.2 (2011)	
Under 18 years	12.6 (2000)	7.8 (2010)	7.0 (2011)	
18–44 years	22.4 (2000)	27.1 (2010)	25.4 (2011)	
19–25 years	32.3 (2000)	33.8 (2010)	27.9 (2011)	
45–64 years	12.6 (2000)	15.7 (2010)	15.4 (2011)	
Delayed or did not receive needed medical care in past 12 months due to cost, percent				Table 73
Under 18 years	4.6 (2000)	4.4 (2010)	3.8 (2011)	
18–44 years	9.5 (2000)	14.5 (2010)	13.6 (2011)	
45–64 years	8.8 (2000)	14.9 (2010)	14.4 (2011)	
65 years and over	4.5 (2000)	5.0 (2010)	4.6 (2011)	
Health Care Resources				
Patient care physicians per 10,000 population[5]				Table 100
United States	22.7 (2000)	25.8 (2009)	24.0 (2010)	
Highest state	34.4 (MA) (2000)	39.9 (MA) (2009)	40.0 (MA) (2010)	
Lowest state	14.4 (ID) (2000)	17.5 (MS) (2009)	17.6 (MS) (2010)	
Community hospital beds per 1,000 population[6]				Table 107
United States	2.9 (2000)	2.6 (2009)[7]	2.6 (2010)	
Highest state	6.0 (ND) (2000)	5.2 (ND) (2009)[7]	5.1 (ND) (2010)	
Lowest state	1.9 (NM,NV,OR,UT,WA) (2000)	1.7 (OR,WA) (2009)[7]	1.7 (OR,WA) (2010)	
Expenditures				
Personal health care expenditures, dollars				Table 114
Total, in trillions	$1.2 (2000)	$2.1 (2009)	$2.2 (2010)	
Per capita	$4,128 (2000)	$6,886 (2009)	$7,082 (2010)	

[1]Having 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. [2]Having high serum total cholesterol of 240 mg/dL or greater. [3]Obesity is a body mass index (BMI) greater than or equal to 30. Height and weight are measured rather than self-reported. [4]Meeting 2008 federal guidelines for aerobic activity and muscle strengthening. [5]© 2012. Used with permission of American Medical Association. [6]© 2012. Used with permission of Health Forum LLC, an affiliate of the American Hospital Association. [7]Data for 2009 are from *Health, United States, 2011*, Table 118.
NOTES: Some estimates shown in this table are not shown in the PDF or printed version 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, 2012*, available from: http://www.cdc.gov/nchs/hus.htm.

Highlights

Special Feature on Emergency Care

In 2011, 20% of persons reported at least one emergency department visit in the past year, and 7% reported two or more visits (Figure 20).

During 2001 through 2011, both children under age 18 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 (Figure 21).

In 2008–2010, falls were the most common reason for an injury-related visit to an emergency department (Figure 24).

Between 2000 and 2010, 35% of emergency department visits included an x-ray, while the use of advanced imaging (CT or MRI) scans increased from 5% to 17% of emergency department visits (Figure 26).

In 2009–2010, 81% of emergency department visits were discharged for follow-up care as needed, 16% ended with the patient being admitted to the hospital, 2% ended with the patient leaving without completing the visit, and less than 1% ended in the patient's death (Figure 27).

Life Expectancy and Mortality

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, with females having the longer life expectancy (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 5.7 compared to 14.1 for black mothers; by 2010 the infant mortality rate declined to 5.2 among white mothers and 11.6 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 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 were from cancer (Tables 22 and 28).

Fertility and Natality

Between 2009 and 2010, the birth rate among teenagers aged 15–19 fell 10%, from 37.9 to 34.2 live births per 1,000 females—a record low for the United States (Table 3).

Low birthweight is associated with elevated risk of death and disability in infants. The percentage of low-birthweight births [infants weighing less than 2,500 grams (5.5 pounds) at birth] was 8.15% in 2010 and has declined slowly since 2006, when it was 8.26% (Table 6).

Health Risk Factors

Between 1988–1994 and 1999–2000, the prevalence of obesity among children aged 2–5 increased from 7% to 10% and then did not increase significantly through 2009–2010 (Table 63 and Figure 10).

The prevalence of obesity among children aged 6–11 and adolescents aged 12–19 increased from 11% to 15% between 1988–1994 and 1999–2000 and then did not increase significantly through 2009–2010 (Table 63 and Figure 10).

In 2011, 48% of adults aged 18 and over did not meet the 2008 federal physical activity guidelines. This percentage increased with age, rising from 36% of adults aged 18–24 to 68% of adults aged 75 and over (Table 67).

Between 1988–1994 and 2007–2010, 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% to 20%. Those with grade 2 obesity (BMI of 35.0–39.9) rose from 5% to 9%, and those with grade 3 or higher obesity (BMI of 40 or higher) doubled, from 3% to 6% (Table 68).

In 2011, 19% of U.S. adults were current cigarette smokers, unchanged from the 2010 level. Men (22%) were more likely than women (17%) to be current cigarette smokers (Table 54).

Between 2001 and 2011, the percentage of students in grades 9–12 who reported riding with a driver who had been drinking alcohol declined from 31% to 24% (Table 61).

In 2011, 22% of adults aged 18 and over reported drinking five or more drinks in 1 day in the past year, decreasing from 32% of adults aged 18–44 to 18% of those aged 45–64, and 6% of those aged 65 and over (Table 62).

Between 2003 and 2007, the percentage of children aged 6–11 who did not get daily vigorous physical activity decreased from 69% to 62%; the percentage who had more than 2 hours of screen time on an average weekday (watched TV or videos, played video games, or used a computer recreationally) increased from 36% to 40%; and the percentage who did not get enough sleep nightly increased from 25% to 28% (Table 60).

Measures of Health and Disease Prevalence

In 2009–2011, 6% of children under age 18 had an asthma attack in the past year, and 5% had a food allergy. Ten percent of children under age 5 had three or more ear infections in the past year. Among school-age children aged 5–17, 10% had attention deficit hyperactivity disorder and 6% had serious emotional or behavioral difficulties (Table 41).

In 2011, the percentage of noninstitutionalized adults who reported their health as fair or poor ranged from 7% of those aged 18–44 to 29% of those aged 75 and over (Table 50).

In 2011, 27% of noninstitutionalized adults aged 18–64 reported a disability (defined as any basic actions difficulty or complex activity limitation), compared with 62% of those aged 65 and over (Table 48).

In 2010–2011, 45% of men and 31% of women aged 75 and over had ever been told by a physician or other health professional that they had heart disease (Table 44).

In 2010–2011, 26% of men and 19% of women aged 75 and over had ever been told by a physician or other health professional that they had cancer (excluding squamous and basal cell skin cancers) (Table 44).

Between 1988–1994 and 2007–2010, the prevalence of uncontrolled high blood pressure among adults aged 20 and over with hypertension decreased from 74% to 49% (Table 64).

Between 1988–1994 and 2007–2010, the percentage of adults aged 20 and over with a high serum total cholesterol level (defined as greater than or equal to 240 mg/dL) declined from 20% to 14% (Table 65).

Health Care Utilization

Use of Health Care Services

In 2010, there were 1.2 billion visits to physician offices, hospital outpatient departments, and hospital emergency departments. Of these, 1.0 billion were visits to physician offices, 101 million were visits to hospital outpatient departments, and 130 million were visits to hospital emergency departments (Table 88).

In 2011, 81% of children aged 2–17 years, 62% of adults aged 18–64, and 61% of adults aged 65 and over had seen a dentist in the past year (Table 90).

Between 2000 and 2009–2010, the nonfederal short-stay hospital discharge rate was stable at 1,100–1,200 discharges per 10,000 population, and the average length of stay was 5 days (Table 94).

The percentage of the population taking at least one prescription drug during the past 30 days increased from 38% in 1988–1994 to 49% in 2007–2010. During the same period, the percentage taking three or more prescription drugs doubled, from 11% to 22%, and the percentage taking five or more drugs nearly tripled, from 4% to 11% (Table 91).

Use of Preventive Medical Care Services

In 2011, 69% 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 78).

In 2011, 52% of noninstitutionalized adults aged 50 and over had received an influenza vaccination in the past year, ranging from 43% of those aged 50–64 to 72% of those aged 75 and over (Table 80 and Figure 12).

In 2011, 56% of noninstitutionalized adults aged 65–74 and 70% of those aged 75 and over ever had a pneumococcal vaccination (Table 81 and Figure 12).

Unmet Need for Medical Care, Prescription Drugs, and Dental Care Due to Cost

Between 2001 and 2011, among adults aged 18–64, the percentage who reported not receiving, or delaying, needed medical care due to cost in the past 12 months increased from 10% to 14%. The percentage not receiving needed prescription drugs due to cost increased from 7% to 11%, and the percentage not receiving needed dental care due to cost grew from 10% to 16% (Table 73).

In 2011, 35% of adults aged 18–64 who were uninsured did not get, or delayed, needed medical care due to cost in the past 12 months, compared with 7% of adults with private coverage and 13% of adults with Medicaid (Table 73 and Figure 18).

In 2011, 24% of adults aged 18–64 who were uninsured did not get needed prescription drugs due to cost in the past 12 months, compared with 5% of those with private coverage and 14% of those with Medicaid (Table 73 and Figure 18).

Health Care Resources

Between 2000 and 2010, the number of physicians in patient care in the United States ranged from 23 to 24 per 10,000 population. In 2010, the number of patient care physicians per 10,000 population ranged from 18 in Idaho and Mississippi to 40 in Massachusetts and 69 in the District of Columbia (Table 100).

Between 2000 and 2010, the United States had about 5,000 community hospitals and 800,000 community hospital beds (Table 106).

In 2011, there were about 1.7 million nursing home beds in 16,000 certified nursing homes. Between 2000 and 2011, nursing home bed occupancy for the United States was stable at 82% (Table 109).

Health Care Expenditures and Payers

Health Care Expenditures

In 2010, national health care expenditures in the United States totaled $2.6 trillion, a 4% increase from 2009. The average per capita expenditure on health care was $8,400 in 2010 (Tables 111 and 113).

Expenditures for hospital care accounted for 31% of all national health care expenditures in 2010. Physician and clinical services accounted for 20% of the total, prescription drugs for 10%, and nursing care facilities and continuing care retirement communities for 6% (Table 113).

Prescription drug expenditures increased 1.2% between 2009 and 2010, compared with a 5.1% increase between 2008 and 2009 (Table 113).

In 2010, the average cost for the entire hospitalization involving a heart valve procedure was $52,000, a coronary artery bypass graft procedure was $39,000, cardiac pacemaker insertion or replacement was $35,000, and spinal fusion was $29,000 (Table 115).

Health Care Payers

In 2010, 34% of personal health care expenditures were paid by private health insurance; consumers paid 14% out of pocket; 23% was paid by Medicare and 17% by Medicaid; and the remainder was paid by other insurance, payers, and programs (Table 114 and Figure 19).

In 2011, the Medicare program had 49 million enrollees and expenditures of $549 billion, up from $523 billion the previous year. Expenditures for the Medicare drug program (Part D) were $67 billion in 2011 (Table 126).

In 2009, children under age 21 accounted for 48% of Medicaid recipients but only 20% of Medicaid expenditures. Aged, blind, and persons with disabilities accounted for 21% of recipients and 63% of expenditures (Table 129).

Health Insurance Coverage

Between 2001 and 2011, the percentage of the population under age 65 with private health insurance obtained through the workplace declined from 67% to 56% (Table 122).

In 2011, 7% of children under age 18 and 21% of adults aged 18–64 had no health insurance coverage (public or private) at the time of interview (Table 124).

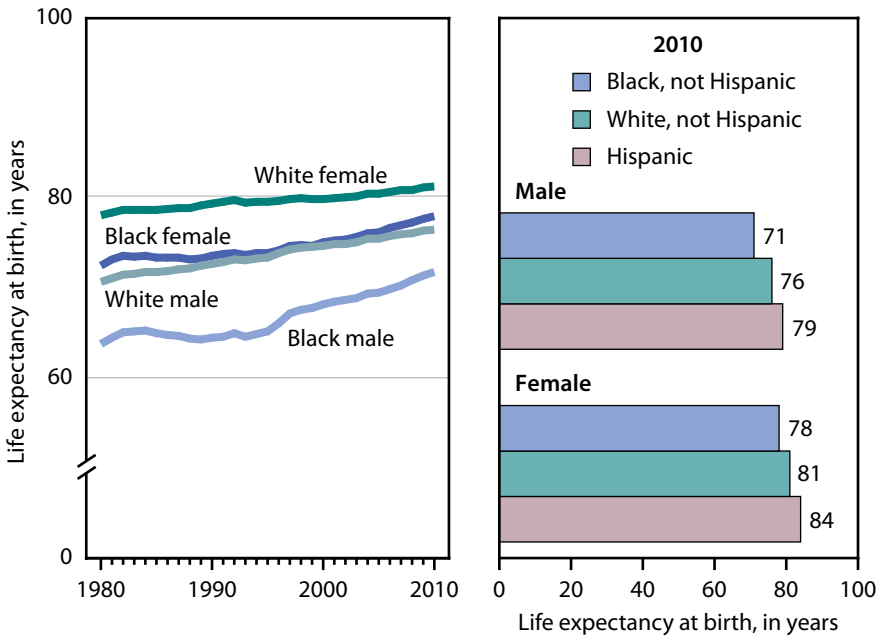
Between 2001 and 2011, among children in families with income just above the poverty level (100%–199% of poverty), the percentage of uninsured children under age 18 dropped from 19% to 11%, while the percentage with coverage through Medicaid or the Children's Health Insurance Program (CHIP) increased from 33% to 58% (Tables 123 and 124).

Between 2010 and 2011, the percentage of adults aged 19–25 who were uninsured decreased from 34% to 28% (Table 124 and Figure 15).

Chartbook: Figures 1–19

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 years to 76 years for males and from 77 years to 81 years for females. Racial disparities in life expectancy at birth persisted for both males and females in 2010 but had narrowed since 1990. In 2010, Hispanic males and females had longer life expectancy at birth than non-Hispanic white or non-Hispanic black males and females.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 18. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig01

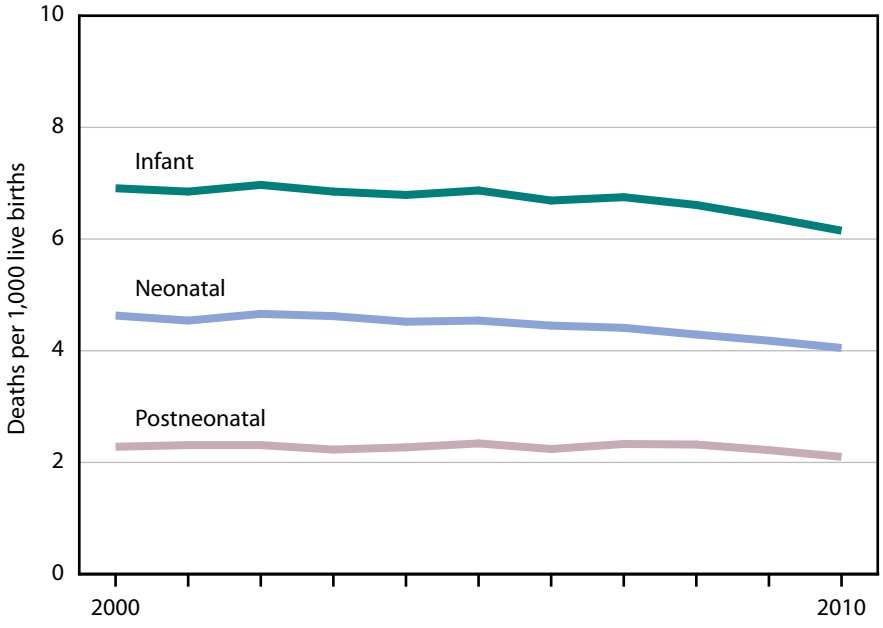
Mortality
Infant Mortality

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) decreased 13% to 4.05 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months) declined 8% to 2.10 per 1,000 live births.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 13 and reference 1. Data from the National Vital Statistics System (NVSS).

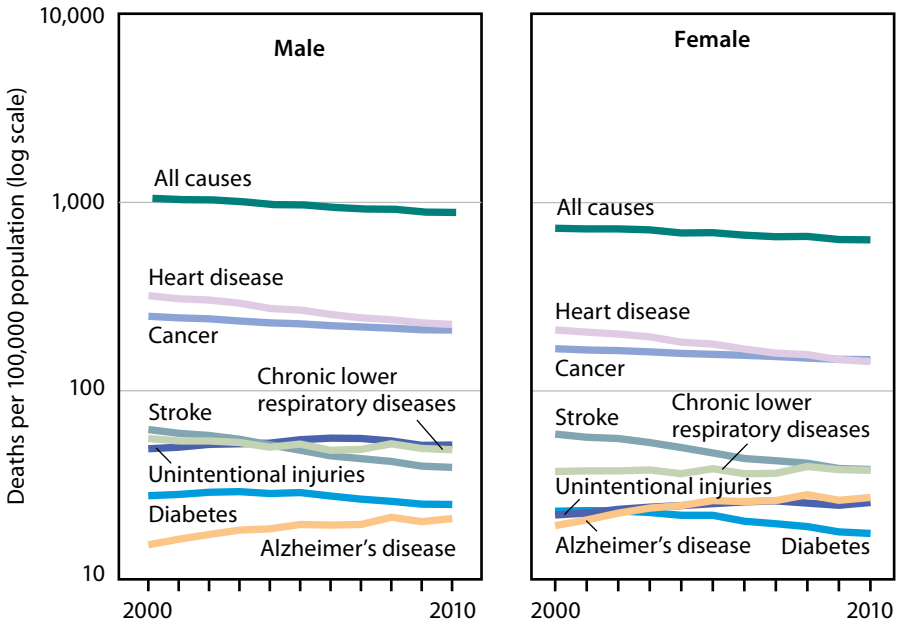
Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 2000–2010



Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.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 age-adjusted death rate decreased 16% among males and 13% among females.

During this 10-year period, age-adjusted death rates among males for stroke declined 37%, heart disease declined 30%, cancer declined 16%, and chronic lower respiratory diseases declined 13%, while Alzheimer's disease increased 38% and unintentional injuries increased through 2007 and then declined. Among females, age-adjusted death rates for stroke declined 35%, heart disease declined 32%, and cancer declined 12%, while Alzheimer's disease increased 41%. 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, 2012*, Table 20. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig03

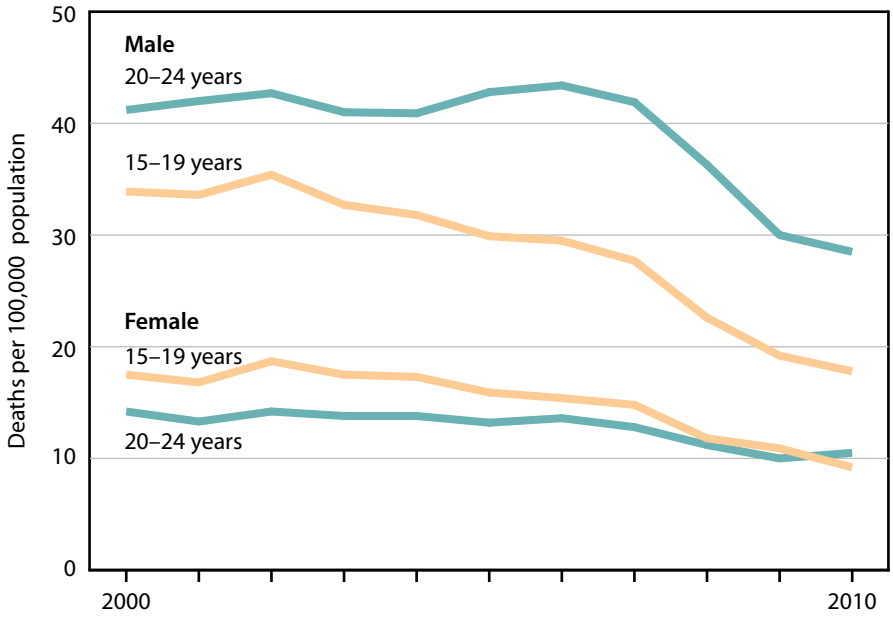
Mortality
Motor Vehicle-related Death Rates

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 about 35,000 deaths in the United States in 2010 across all ages (1). 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, 2012*, 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

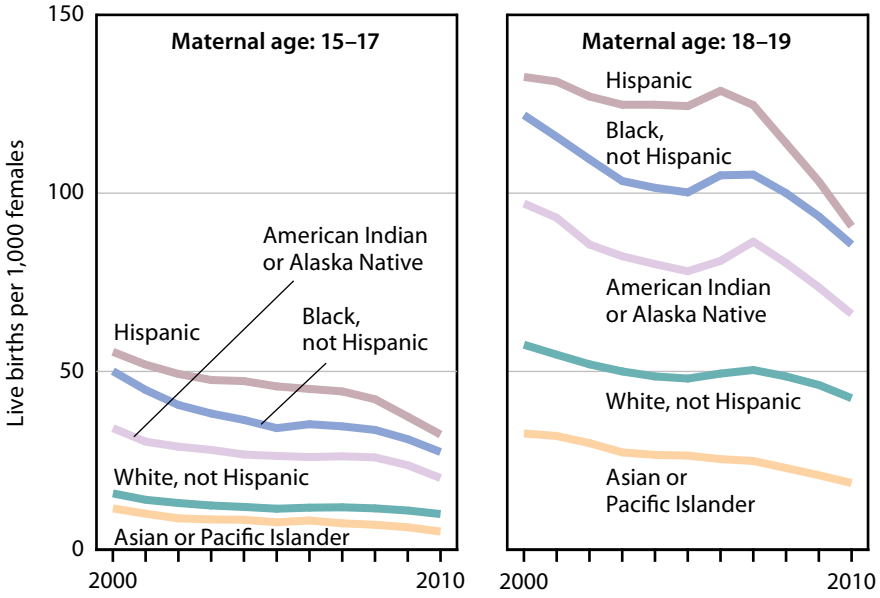


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig04

Natality

Teenage Childbearing

Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2000–2010



Between 2000 and 2010, teenage birth rates declined among all racial and ethnic groups.

In 2010, 3% of births were to teenagers under age 18 and 7% were to mothers aged 18–19 (Table 4). Between 2000 and 2010, birth rates declined 36% for teenagers aged 15–17 and 25% for those aged 18–19 (Table 3). Birth rates were higher among non-Hispanic black and Hispanic teenagers than among other racial and ethnic groups. Since 2000, birth rates have decreased 45% for non-Hispanic black teenagers aged 15–17 and 42% for Hispanic teenagers in the same age group. Also during this period, birth rates for 18–19 year olds decreased 30% for non-Hispanic black teenagers and 32% for Hispanic teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 3. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig05

Morbidity

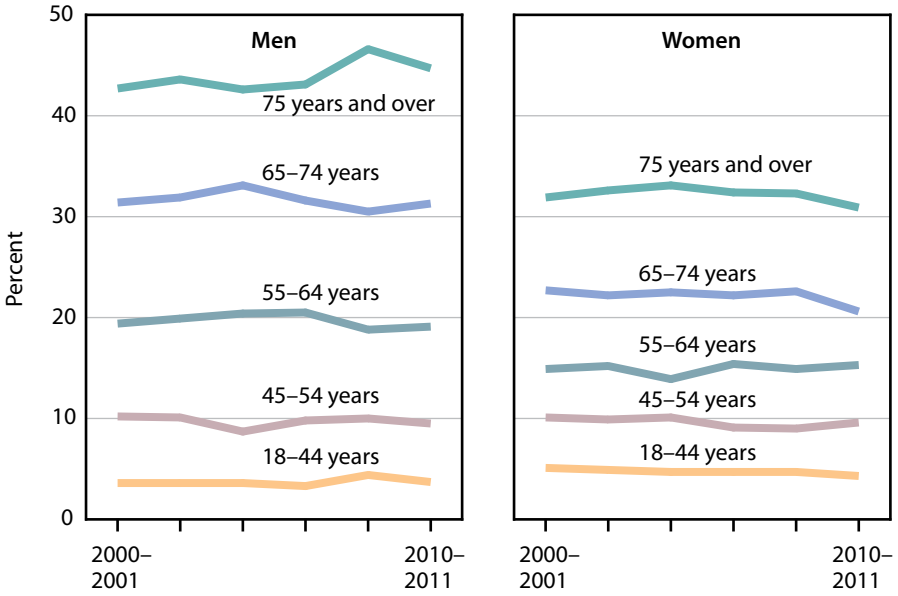
Heart Disease Prevalence

During 2000–2001 through 2010–2011, lifetime heart disease prevalence remained stable among men and women in all age groups.

Heart disease is the leading cause of death in the United States for both men and women, accounting for approximately 307,000 deaths for men and 290,000 deaths for women in 2010 (Table 22). During 2000–2001 through 2010–2011, the prevalence of lifetime respondent-reported heart disease among adults aged 18–54 was similar for men and women. Among adults aged 55 and over, heart disease prevalence was higher for men than for women. In 2010–2011, nearly one-half (45%) of men aged 75 and over reported having ever been told by a physician they had heart disease, compared with nearly one-third (31%) of women in the same age group.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 44. Data from the National Health Interview Survey (NHIS).

Figure 6. Respondent-reported lifetime heart disease prevalence among adults aged 18 and over, by sex and age: United States, average annual, 2000–2001 through 2010–2011

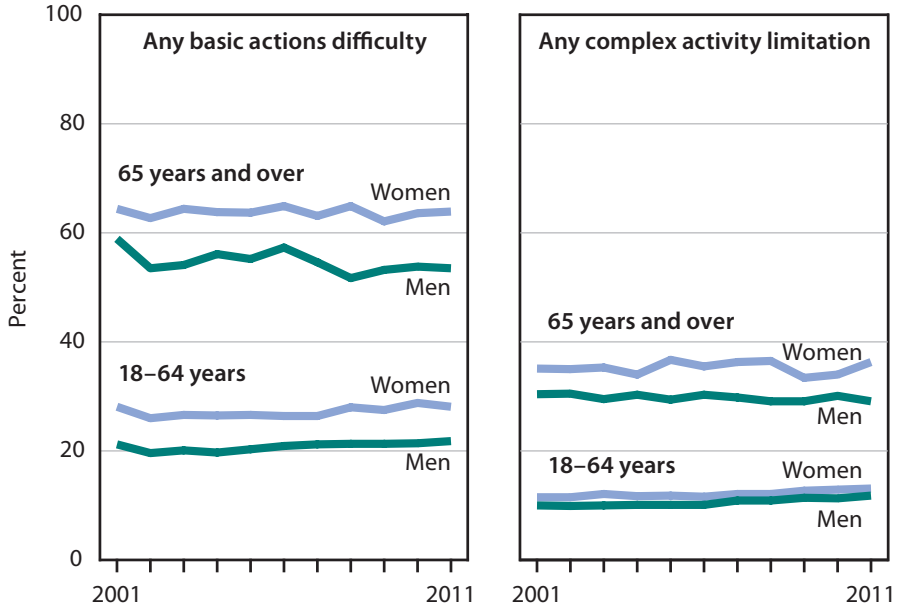


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig06

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, 2001–2011



During 2001 through 2011, 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 (2). 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. During 2001 through 2011, 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.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 48. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig07

Health Risk Factors

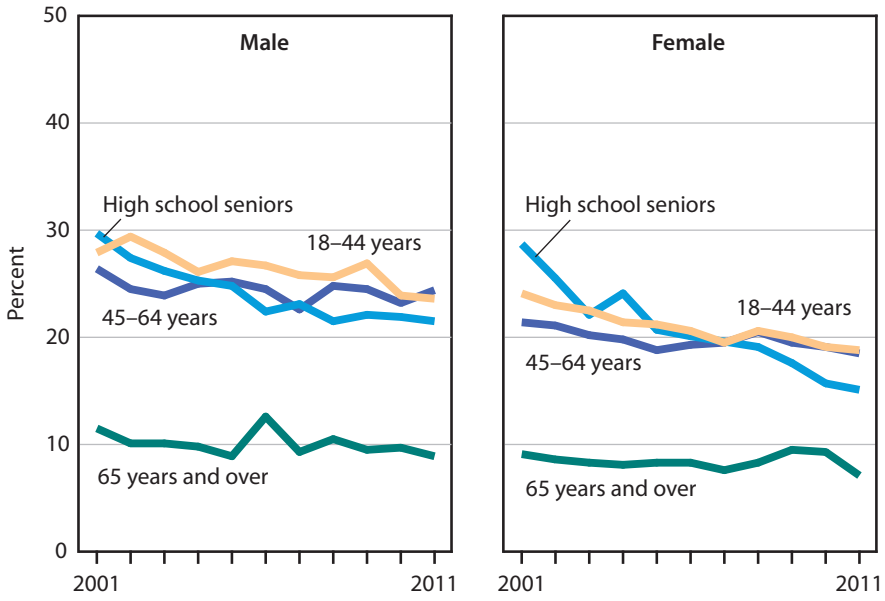
Current Cigarette Smoking

Cigarette smoking among high school seniors declined by one-quarter among male students and one-half among female students between 2001 and 2011.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (3). Between 2001 and 2011, cigarette smoking among students in grade 12 decreased from 30% to 22% for male students and from 29% to 15% for female students. Also during this period, 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.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 54 and 59. 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, 2001–2011



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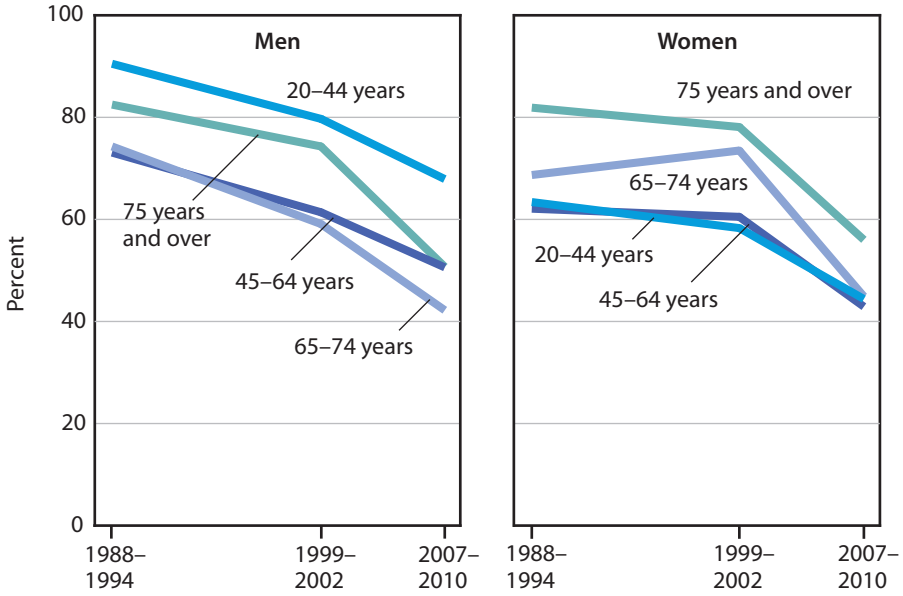
Health Risk Factors
Uncontrolled High Blood Pressure

Figure 9. Uncontrolled high blood pressure among adults aged 20 and over for adults with hypertension, by sex and age: United States, 1988–1994, 1999–2002, and 2007–2010



Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig09

Although control of high blood pressure has improved since 1988–1994, nearly one-half of adults with hypertension had uncontrolled high blood pressure in 2007–2010.

Hypertension increases the risk for cardiovascular disease, heart attack, and stroke (4). Between 1988–1994 and 2007–2010, 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, in 2007–2010, nearly one-half of adults with hypertension continued to have uncontrolled high blood pressure.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 64. Data from the National Health and Nutrition Examination Survey (NHANES).

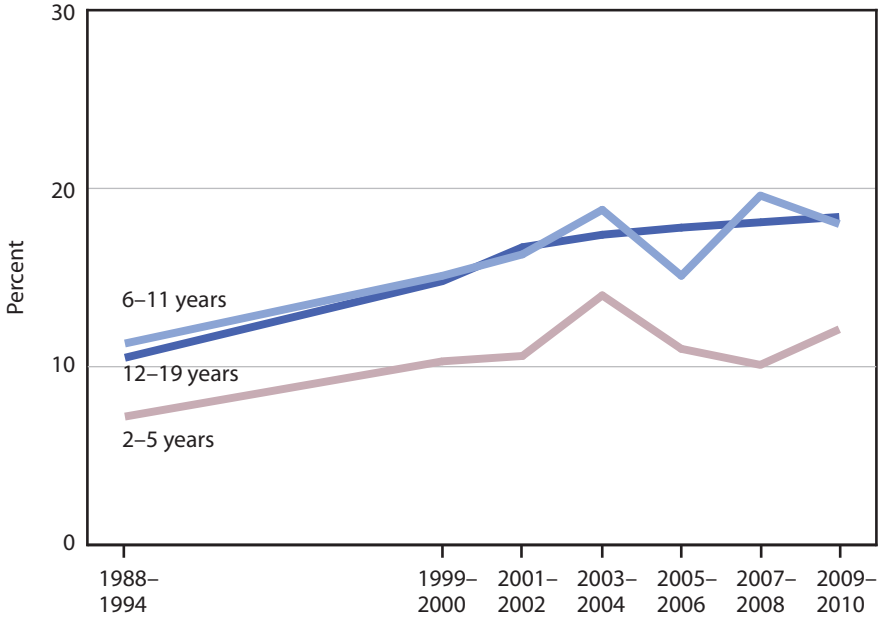
Health Risk Factors
Obesity Among Children

In 2009–2010, almost one in five children older than 5 years was obese.

Excess body weight in children is associated with excess morbidity in childhood and adulthood (5). Obesity among children is defined as a body mass index at or above the sex- and age-specific 95th percentile. The percentage of children aged 2–5 who were obese rose from 7% in 1988–1994 to 10% in 1999–2000 and has not increased significantly since that time (6). The prevalence of obesity among 6–11 year olds increased from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since then. Among adolescents aged 12–19, the prevalence of obesity rose from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since that time.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 63. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 10. Obesity among children and adolescents, by age: United States, 1988–1994 through 2009–2010

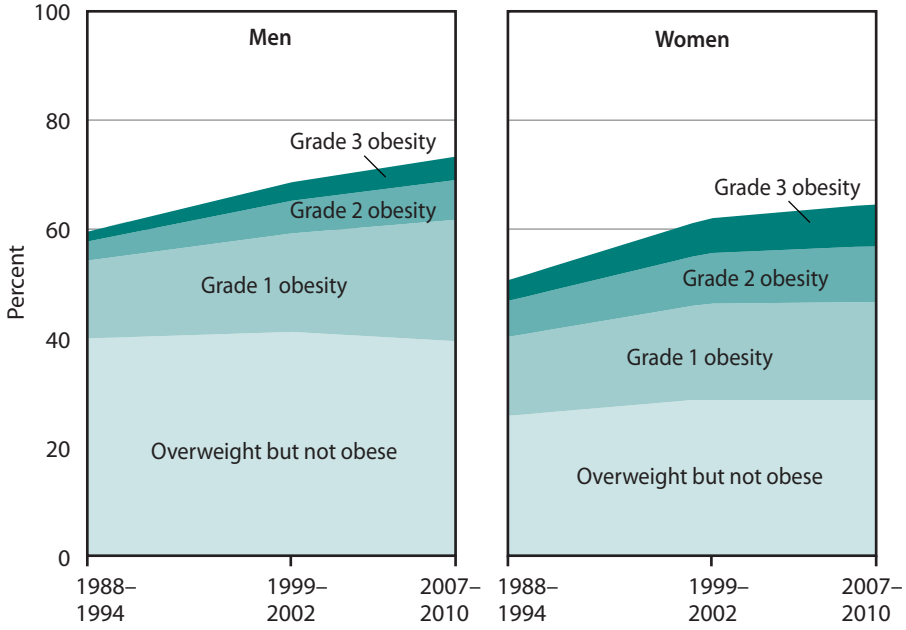


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig10

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, 1999–2002, and 2007–2010



In 2007–2010, 20% of adults had Grade 1 obesity, 9% had Grade 2 obesity, and 6% had Grade 3 obesity.

Excess body weight is correlated with excess morbidity and mortality (7,8). In particular, Grade 2 or higher obesity [a body mass index (BMI) of 35 or higher] significantly increases the risk of death (9). Between 1988–1994 and 2007–2010, the percentage of men and women who were overweight but not obese (BMI greater than or equal to 25 but less than 30) was stable, while the percentage with obesity increased. During this period, the percentage with Grade 1 obesity (BMI greater than or equal to 30 but less than 35) increased more for men than for women. The percentage with Grade 2 obesity (BMI greater than or equal to 35 but less than 40) and Grade 3 obesity (BMI of 40 or higher) also increased among men and women during this period.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 68. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig11

Prevention

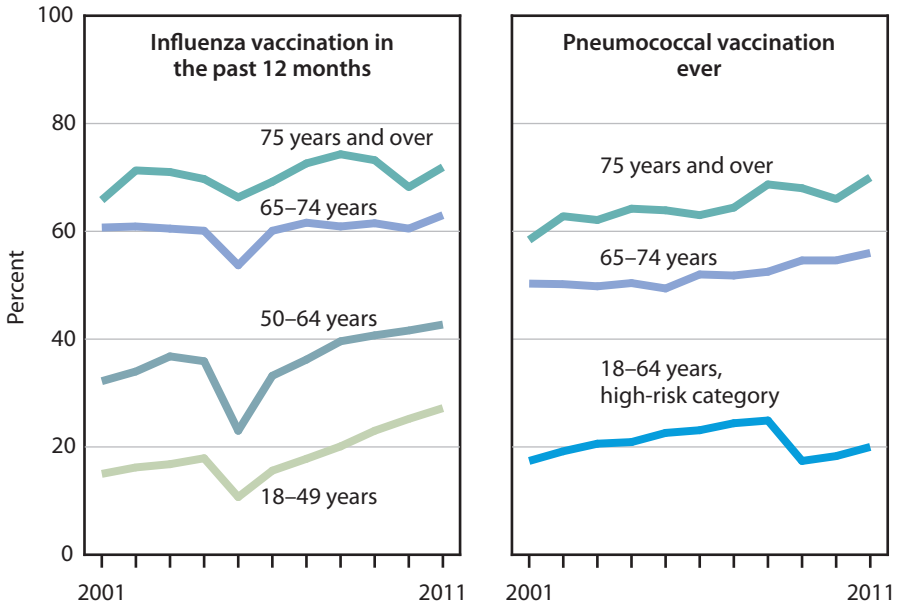
Influenza and Pneumococcal Vaccination

Between 2001 and 2011, 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 (10). Between 2001 and 2011, 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 (11). Between 2001 and 2011, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination increased among those aged 65–74 and 75 and over.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 80 and 81. Data from the National Health Interview Survey (NHIS).

Figure 12. Influenza and pneumococcal vaccination among adults aged 18 and over, by type of vaccination and age: United States, 2001–2011

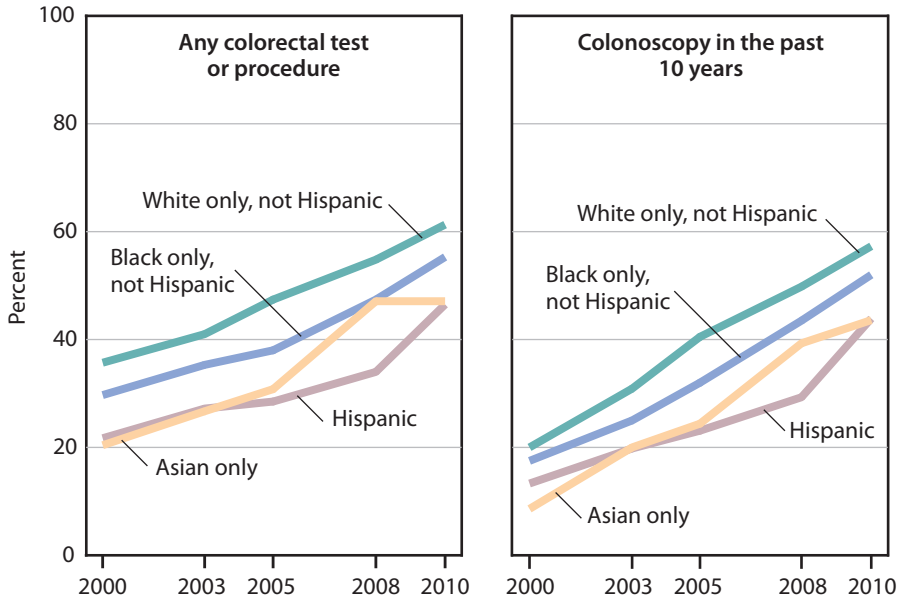


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig12

Prevention

Colorectal Tests or Procedures

Figure 13. Colorectal tests or procedures among adults aged 50–75, by race and Hispanic origin: United States, 2000–2010



Between 2000 and 2010, the use of colorectal tests or procedures among adults aged 50–75 increased for all racial and ethnic groups.

Colorectal cancer is the third most common cancer in the United States. Death rates for colorectal cancer are highest among black persons (12,13) (Table 20). In 2008, the U.S. Preventive Services Task Force recommended colorectal cancer screening for adults aged 50–75 (12). Between 2000 and 2010, the percentage of adults aged 50–75 with a colorectal test or procedure increased for all racial and ethnic groups, primarily due to increased use of colonoscopy. Throughout this period, use of colorectal tests or procedures among those aged 50–75 was higher among non-Hispanic white persons and non-Hispanic black persons and lower among Hispanic persons and Asian persons.

NOTE: The colonoscopy estimate for Asian adults in 2000 has a relative standard error of 20%–30% .
SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 84. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig13

Health Insurance

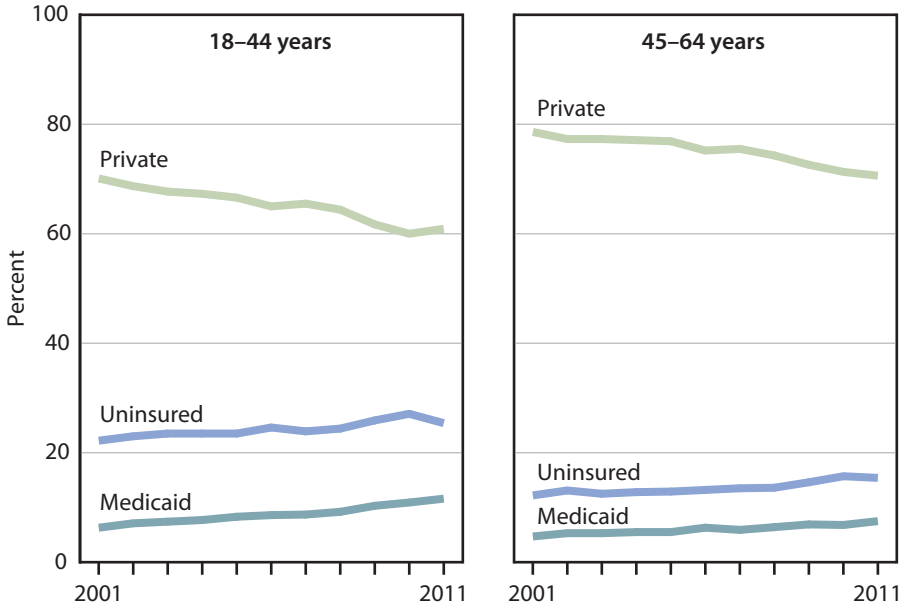
Coverage Among Adults Aged 18–64

During 2001 through 2011, the percentage of adults aged 18–44 and 45–64 with private health insurance coverage decreased, while the percentage with Medicaid coverage and the percentage uninsured increased.

Health insurance is a major determinant of access to health care (14). Among adults aged 18–44, the percentage with private coverage declined from 70% in 2001 to 61% in 2011, while the percentage with Medicaid coverage doubled from 6% to 12%. The percentage of adults aged 18–44 who were uninsured increased from 22% to 25% during the same period. Similarly, between 2001 and 2011, the percentage of adults aged 45–64 with private coverage declined from 79% to 71%; the percentage with Medicaid coverage increased from 5% to 8%; and the percentage uninsured increased from 12% to 15%.

NOTE: The Medicaid category includes the Children's Health Insurance Program (CHIP).
SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 121, 123, and 124. Data from the National Health Interview Survey (NHIS).

Figure 14. Health insurance coverage among adults aged 18–64, by age and type of coverage: United States, 2001–2011

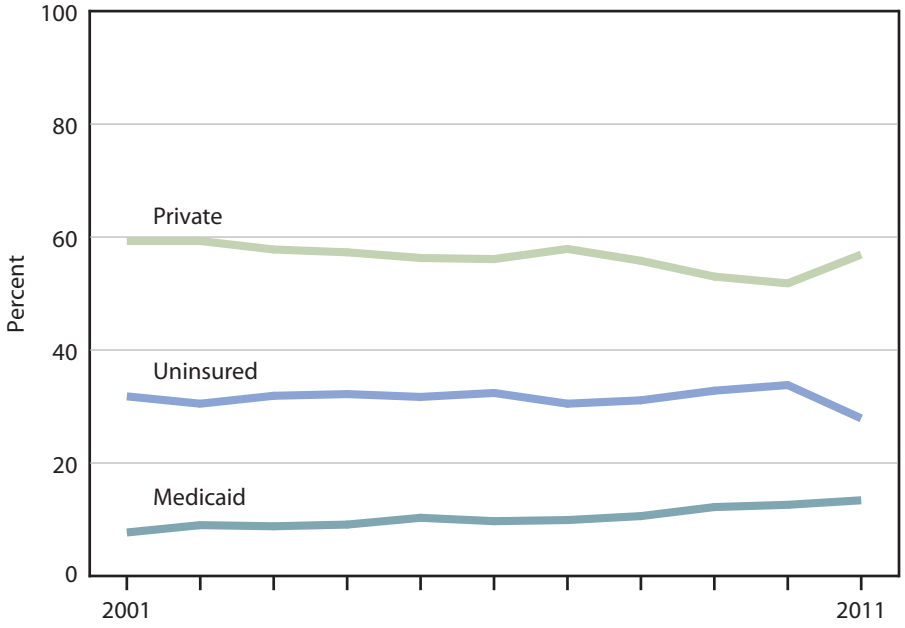


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig14

Health Insurance

Coverage Among Adults Aged 19–25

Figure 15. Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2001–2011



Between 2010 and 2011, the percentage of adults aged 19–25 who were uninsured decreased from 34% to 28%.

Historically, adults aged 19–25 experienced high levels of uninsurance (Table 124). Between 2001 and 2010, the percentage of adults aged 19–25 who were uninsured fluctuated between 31% and 34%, and then decreased from 34% in 2010 to 28% in 2011. The section of the Patient Protection and Affordable Care Act (ACA) that allows most young adults to stay on their parent's coverage until age 26 came into effect with the policy year that began after September 23, 2010 (15–17). The percentage of adults aged 19–25 with private coverage declined from 59% in 2001 to 52% in 2010 and then rose to 57% in 2011. The percentage with Medicaid coverage [a category that includes the Children's Health Insurance Program (CHIP)] increased from 8% in 2001 to 13% in 2010 and remained at 13% in 2011.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 121, 123, and 124. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig15

Utilization and Access

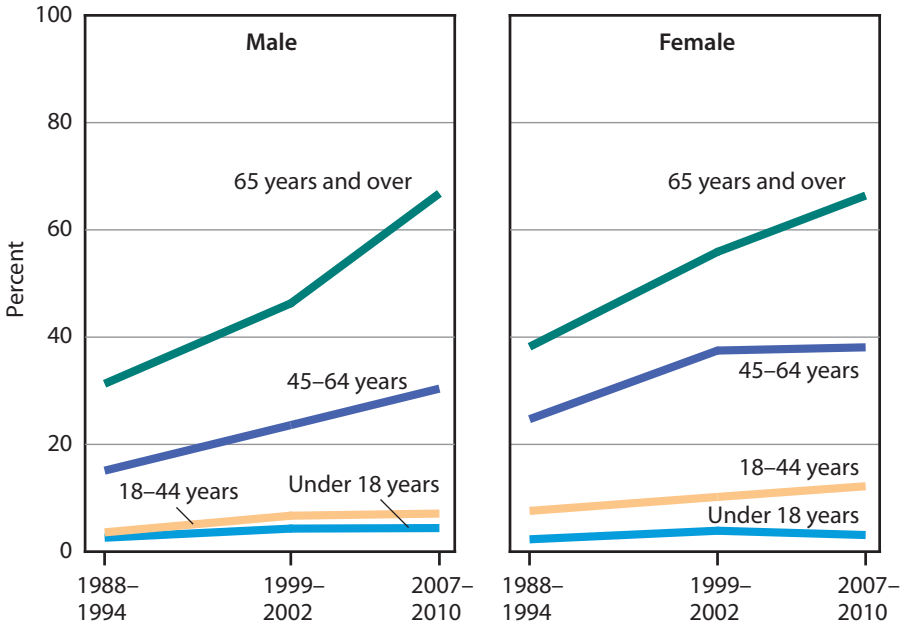
Prescription Drug Use

Between 1988–1994 and 2007–2010, the percentage of children and adults who had used three or more prescription drugs in the past 30 days increased.

In the United States, spending for prescription drugs was $259 billion in 2010, accounting for 12% of personal health care expenditures (Table 113). Between 1988–1994 and 2007–2010, the use of three or more prescription drugs in the past 30 days increased for all age groups of males and females. Some of the most commonly used prescription medications were asthma medicines and central nervous system stimulants for children and adolescents, antidepressants for middle-aged adults, and cholesterol-lowering and high blood pressure control drugs for older Americans (Table 92).

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 91. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 16. Use of three or more prescription drugs in the past 30 days, by sex and age: United States, 1988–1994, 1999–2002, and 2007–2010

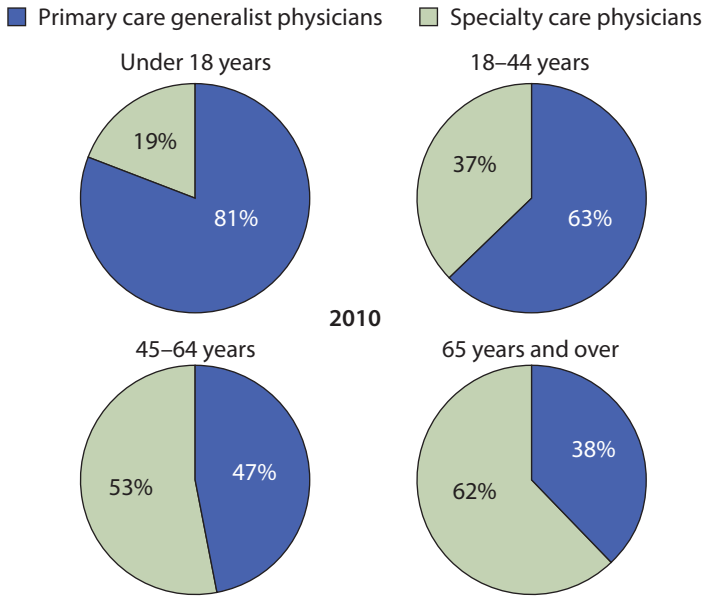


Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig16

Utilization and Access

Primary Care Generalist and Specialty Care Physician Office Visits

Figure 17. Visits to primary care generalist and specialty care physicians, by age: United States, 2010



In 2010, 19% of office visits made by children under age 18 were to specialty care physicians, as were 37% of visits by adults aged 18–44, more than one-half of visits by those aged 45–64, and nearly two-thirds of visits by those aged 65 and over.

In 2010, there were 1 billion physician office visits in the United States (Table 88). The pattern of visits to primary care physicians (those in the fields of general and family practice, general internal medicine, general obstetrics and gynecology, and general pediatrics), compared with visits to specialty care physicians, differed by age. In 2010, physician office visits for children were more likely to be to primary care physicians than to specialty care physicians. For adults, the share of visits to specialty care physicians increased with rising age. Among adults aged 65 and over, nearly two-thirds of physician office visits were to specialty care physicians.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 89. Data from the National Ambulatory Medical Care Survey (NAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig17

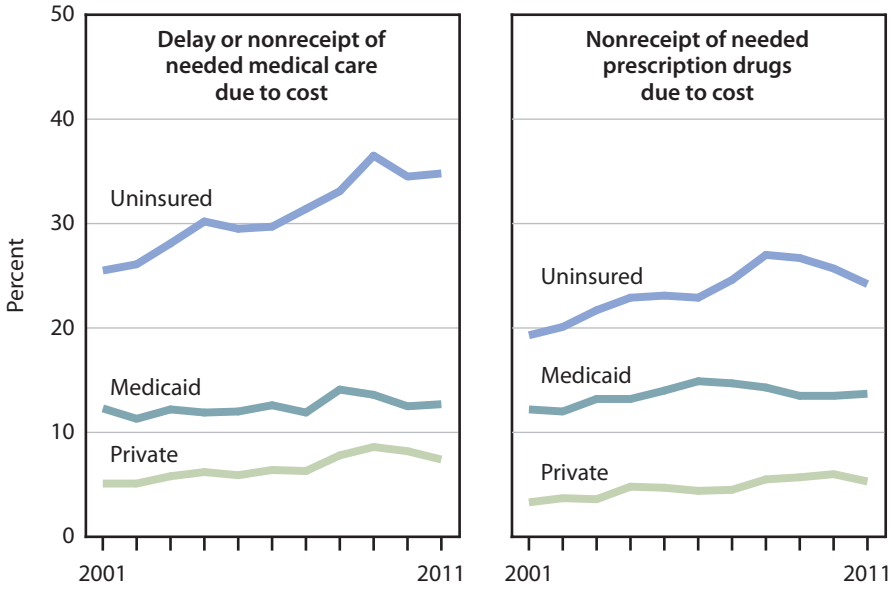
Utilization and Access

Delay or Nonreceipt of Needed Medical Care or Prescription Drugs Due to Cost

During 2001 through 2011, the percentage of adults aged 18–64 who delayed or did not receive needed medical care or prescription drugs due to cost increased for the uninsured and those with private coverage.

During 2001 through 2011, delay or nonreceipt of needed medical care in the past 12 months due to cost for those aged 18–64 increased among those with private coverage and the uninsured while remaining stable among those with Medicaid. In each year during this period, the percentage of adults aged 18–64 who delayed or did not receive medical care in the past 12 months due to cost was highest for the uninsured. Also during this period, the percentage of adults aged 18–64 who did not receive needed prescription drugs in the past 12 months due to cost increased among those with private coverage and the uninsured and was stable among those with Medicaid. Nonreceipt of prescription drugs was highest for the uninsured across all years.

Figure 18. Delay or nonreceipt of needed medical care or prescription drugs in the past 12 months due to cost among adults aged 18–64, by type of coverage: United States, 2001–2011



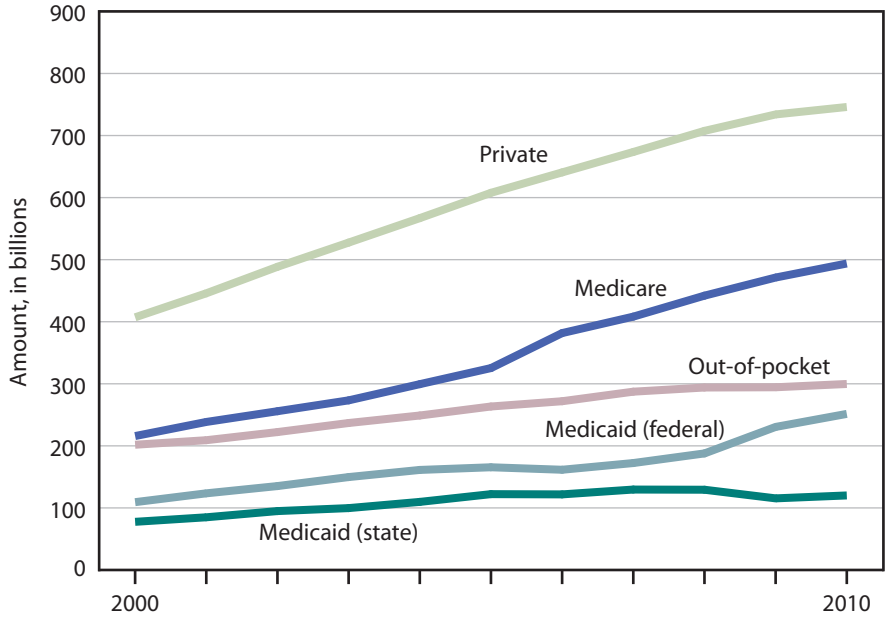
SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 73. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig18

Personal Health Care Expenditures

Major Source of Funds

Figure 19. Personal health care expenditures, by source of funds: United States, 2000–2010



Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig19

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, federal and state Medicaid, and private insurance spending between 2000 and 2010.

Between 2000 and 2010, total personal health care expenditures grew from $1.2 trillion to $2.2 trillion (Table 114). During this period, the average annual growth in Medicare expenditures was 9%; for Medicaid it was 7%, for private insurance 6%, and for out-of-pocket spending 4%. In 2010, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children's Health Insurance Program (CHIP) (Table 114).

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 114. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

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Chartbook: Figures 20–29

Special Feature on Emergency Care

Special Feature on Emergency Care

Introduction

Hospital emergency medical services are an integral part of the American health care system. Emergency departments provide care for patients with emergency health care needs. There were 130 million emergency department visits in 2010, accounting for about 4% of all health care spending in the United States (1,2). Today, emergency departments also must be prepared to handle a surge in patients in the event of major casualty situations such as natural disasters, terrorist attacks, multivehicle accidents, and disease outbreaks. In addition, emergency departments can be a safety net provider for patients without an alternative place of care, and a source of care after regular office hours of other health care providers (3–6).

Several laws affect the role that emergency departments play in the health care system. The Emergency Medical Treatment and Labor Act obliges emergency departments to stabilize patients, regardless of ability to pay (3–5,7). The Balanced Budget Act of 1997 requires certain Medicare and Medicaid managed care plans to pay for emergency care that a reasonable person would consider necessary. Many states also have adopted a "prudent layperson" standard, requiring managed care organizations and insurers to cover emergency department visits if a layperson with average medical knowledge would have viewed their symptoms as serious (5,8).

Although the percentage of Americans visiting the emergency department each year is stable, the total number of visits to emergency departments increased 34% between 1995 and 2010 (from 97 million to 130 million visits; Table 88). The visit rate—which accounts for changes in population over time—has increased 16%, from 37 visits per 100 persons in 1995 to 43 visits in 2010. At the same time, the supply of emergency departments has declined by about 11% to 3,700 emergency departments in 2010 (9).

Given this increase in demand for emergency department care and the reduction in the number of emergency departments, concerns have been raised about crowding in emergency departments. Commonly used indicators of crowding are ambulance diversions, boarding of patients in hallways, and long patient wait times and walkouts (3–6,10,11). Emergency department crowding is of concern because of the burden it places on emergency department staff and resources. In addition, treatment delays that result from crowding may reduce quality of care and patient satisfaction and result in poorer clinical outcomes, in some cases including higher risk of death (3,5,6,10–13).

The impact of crowded conditions, and the success of efforts to improve patient flow and reduce crowding, depend on who uses the emergency department and why.

Each year, about 20% of Americans visit the emergency department at least once. Emergency department use is more likely among the poor, those in fair or poor health, the elderly, infants and young children, and those with Medicaid coverage (4,14–17). Among those who use the emergency department, some patients make multiple emergency department visits annually. One analysis found that high users (defined as four or more visits in 2 years) represented only 1% of users but accounted for 18% of emergency department visits (18). These frequent users were more likely to be elderly, poor, have chronic conditions, and be in poor health.

Patients' decisions to visit an emergency department are based on a variety of factors, including insurance status, their perception about the urgency of their condition, and available sources of health care (4,19). Although emergency departments are designed to provide emergency care, patients cannot always evaluate the severity of their condition and may view nonurgent complaints as emergencies. Some patients may use the emergency department for primary care services, but research suggests that emergency departments are not ideal locations for primary care because of the lack of continuity, coordination of care, and follow-up, as well as poor patient satisfaction due to long wait times in the emergency department. Because emergency departments may lack a medical history for the patient, they may run unnecessary tests (19). Further, emergency department care is usually more costly than care in physician offices and other outpatient care settings (20,21). On average, an emergency department visit for a nonemergency condition costs seven times more than a community health center visit (22).

This Special Feature explores emergency care in the United States. Data are presented on who uses the emergency department, why they visit the emergency department, what happens there, and how much emergency department visits cost. Trends in emergency department use in the past year by age and insurance coverage are shown, along with the reasons people visit the emergency department, injury-related visits, wait times to see a physician, and the urgency of visits. Information on the use of x-rays and more-advanced scanning techniques gives insight into services provided in the emergency department. To better understand what happens after the emergency department visit, the discharge status of visits and the types of drugs prescribed at discharge are examined. Finally, the cost of emergency department visits is shown. This collection of charts provides an overview of hospital emergency medical services in the United States.

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Emergency Department Use, by Age

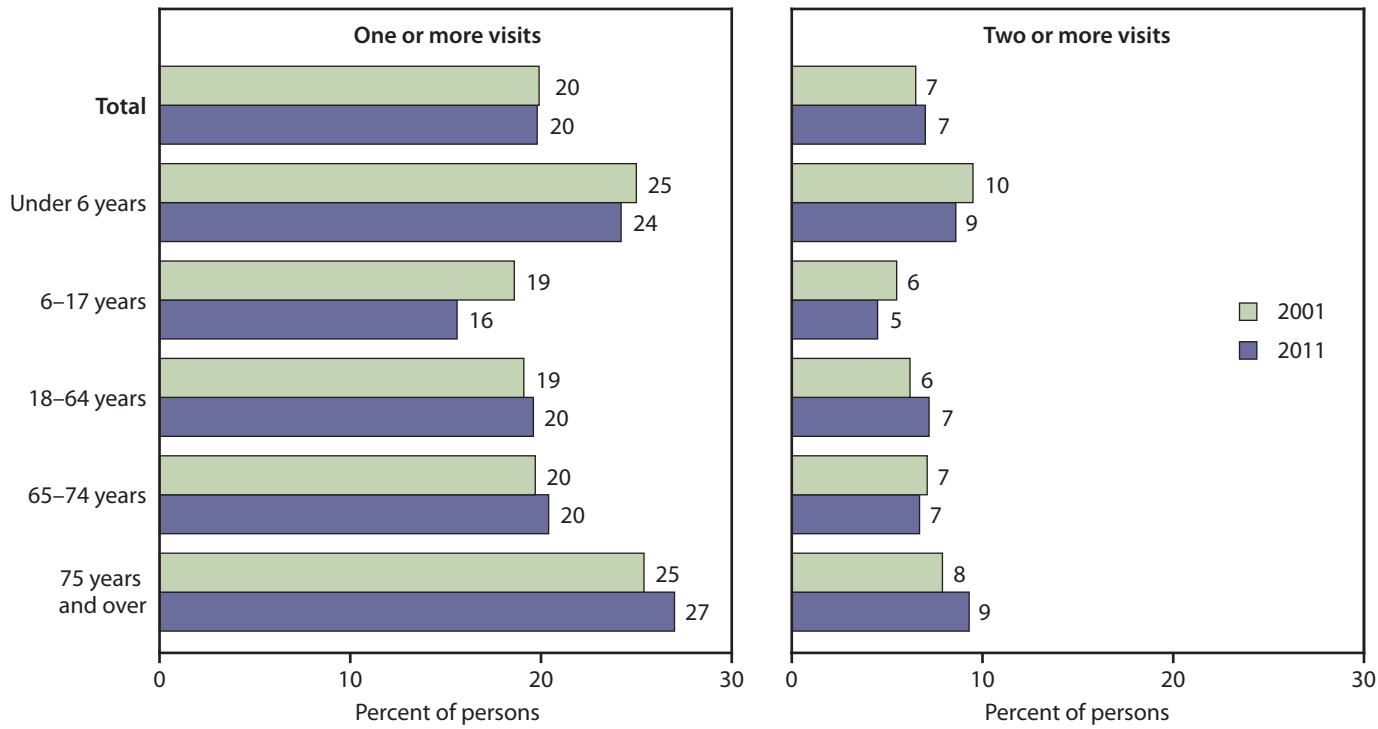
In 2011, 20% of persons reported one or more emergency department visits in the past year and 7% reported two or more emergency department visits.

In 2011, one in five people reported visiting the emergency department at least once in the past year. Reported use was highest among children under age 6 years (24%) and for adults aged 75 and over (27%). The percentage of adults aged 18–64 and aged 65–74 reporting at least one visit was similar, at 20%. At least one emergency department visit in the past year was reported for 16% of children aged 6–17.

The percentage of those reporting two or more emergency department visits in the past year was substantially lower, at 7% in 2011. Repeated emergency department use was higher among young children and older adults (9%). Seven percent of adults aged 18–64 and aged 65–74 reported two or more emergency department visits in the past year. Repeated emergency department use was lowest for children aged 6–17, at 5%.

During 2001 through 2011, the percentage of persons with at least one emergency department visit in the past year was stable at 20%–22% (see data table for Figure 20). Throughout that time period, emergency department use was higher among young children and older adults. Use was stable for all age groups except for school-aged children aged 6–17, for whom there was a decline in emergency department use from 19% in 2010 to 16% in 2011.

Figure 20. Emergency department visits in the past 12 months, by age: United States, 2001 and 2011



NOTE: See data table for Figure 20.

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

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig20

Emergency Department Use, by Insurance Coverage

During the past decade, both 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.

In 2011, 24% of children with Medicaid had at least one emergency department visit in the past year, compared with 15% of children with private insurance and 14% of children without insurance. Among adults aged 18–64, 38% of those with Medicaid had at least one emergency department visit in the past year, compared with 16% of those with private insurance and 21% of adults without insurance.

During 2001 through 2010, the percentage of persons with at least one emergency department visit in the past year was 20%–22% for children and 19%–21% for working-age adults. Throughout the period, children and adults aged 18–64 with Medicaid were more likely than the uninsured or those with private insurance to have at least one emergency department visit.

Between 2010 and 2011, however, there was a decline in emergency department use in the past year for children in all insurance groups. There was a 13% decline in the percentage with at least one emergency department visit in the past year among children with private health insurance, 19% for those with Medicaid, and 29% for the uninsured. Among adults aged 18–64, emergency department use remained stable between 2010 and 2011 for the uninsured and those with Medicaid but declined 10% for those with private insurance.

Emergency department use is related to many factors, including health status, alternative sources of care, and insurance coverage (1–7). Persons with Medicaid may be sicker than the rest of the population and may find it more difficult to locate other sources of care, and these factors may be reflected in higher emergency department use among adults and children with Medicaid coverage (1,4,8).

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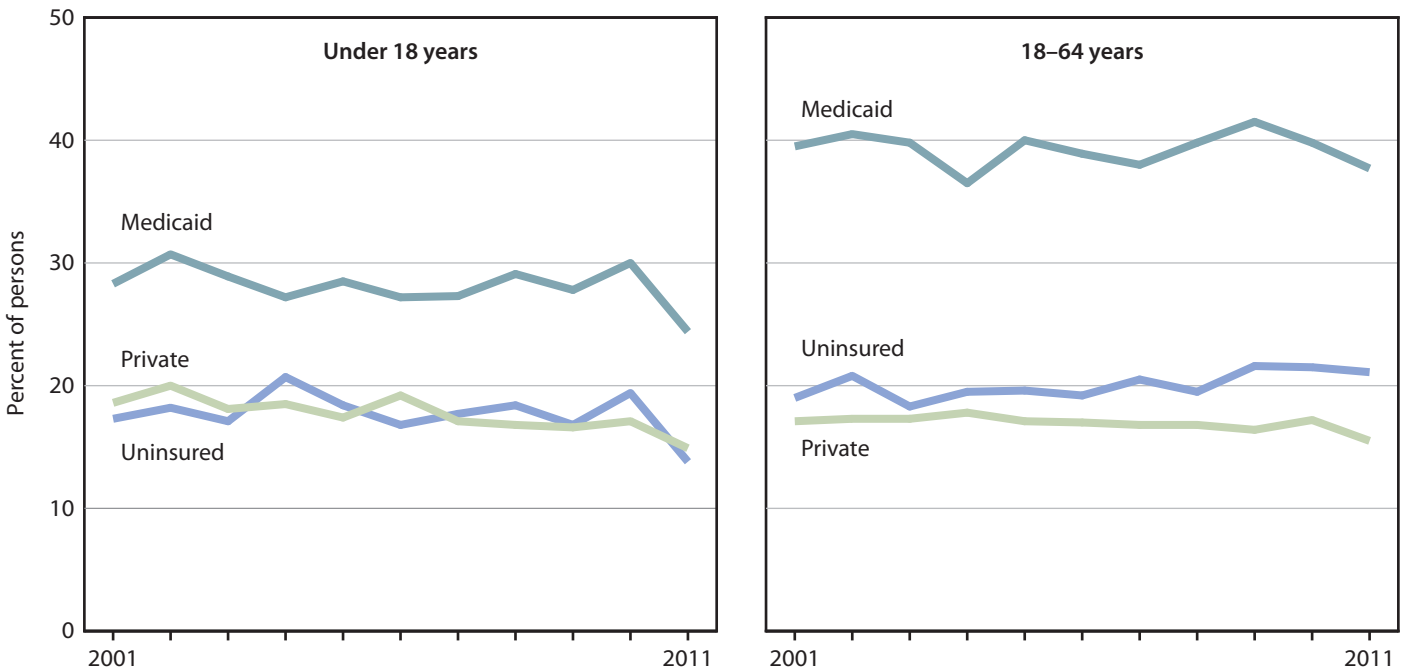
(References continue on data table for Figure 21)

Figure 21. One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2001–2011



NOTE: See data table for Figure 21.

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

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig21

Triage of Visits

In 2009–2010, 10% of visits by children and 8% of visits by adults aged 18–64 were classified as nonurgent.

Triage is a way for emergency departments to prioritize patients by acuity level into categories indicating how quickly they should be seen by a health provider. Triage systems can be influenced by factors other than the patient's clinical presentation, such as the patient's age, race, and comorbidities, and the number of patients, time of day, and available resources at the emergency department (1). Although research suggests that the majority of emergency department visits are for serious medical symptoms, Medicaid patients' use of emergency departments for nonemergency situations is commonly cited as a cause of emergency department crowding and misuse (2).

The acuity of visits was classified into four categories: emergent (should be seen in under 15 minutes), urgent (see in 15–60 minutes), semiurgent (see in 61 minutes up to 2 hours), and nonurgent (see in 2 hours or more). In 2009–2010, among children, four-fifths of visits were classified as urgent and semiurgent, with 9% classified as emergent and 10% as nonurgent. The percentage of visits classified as emergent and urgent was similar for each primary payer category. Visits by children with Medicaid as the primary payer were more likely to be classified as semiurgent (49%) than visits by children with private insurance (44%).

In 2009–2010, four-fifths of visits by adults aged 18–64 were classified as urgent or semiurgent. Twelve percent of visits were classified as emergent, and 8% were classified as nonurgent. The percentage of visits classified as emergent was similar for visits by adults with Medicaid, private insurance, and self-pay or other as the primary payer (11%–12%).

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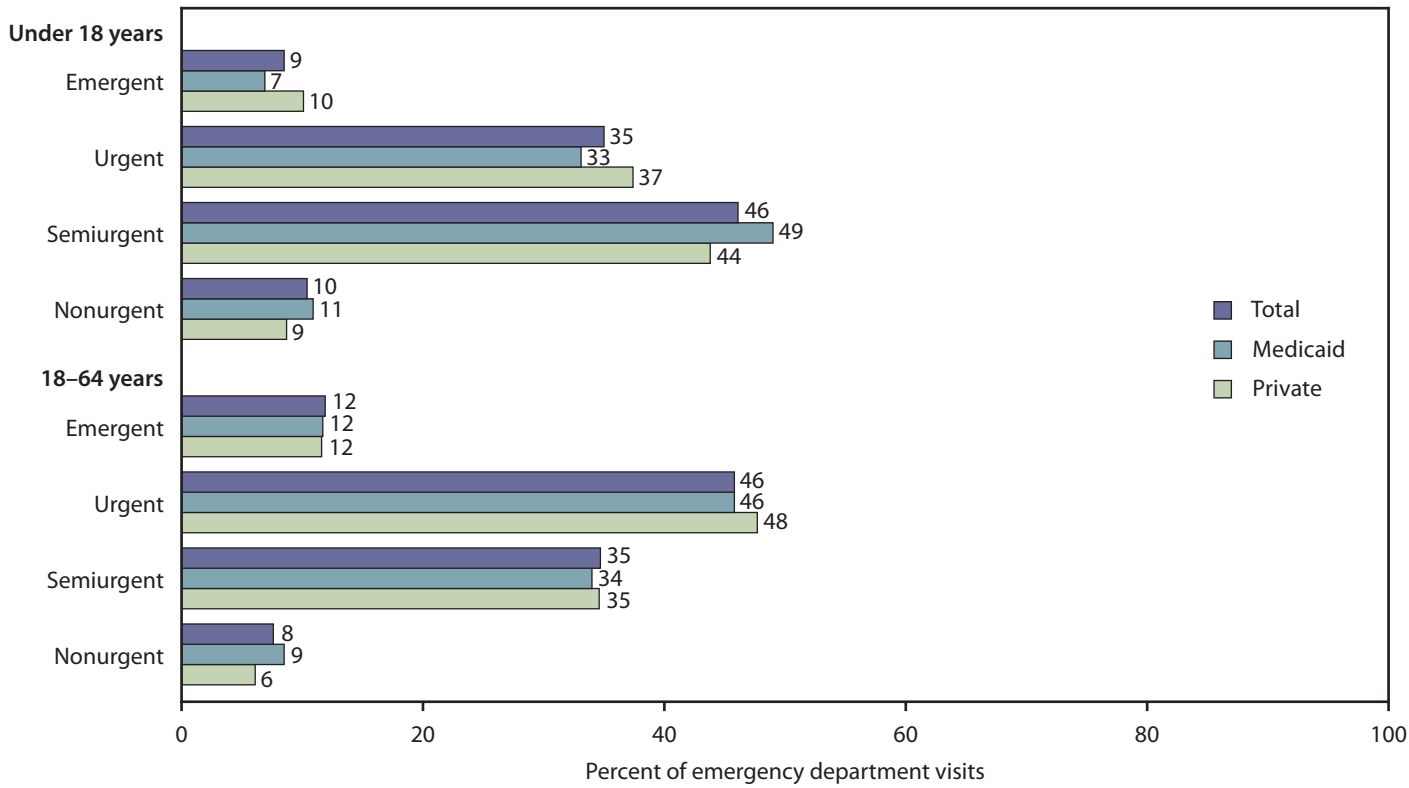
Figure 22. Triage of emergency department visits, by age and primary payer: United States, average annual, 2009–2010



NOTE: See data table for Figure 22.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig22

Reason for Visit

In 2009–2010, cold symptoms were the most common reason for emergency department visits by children.

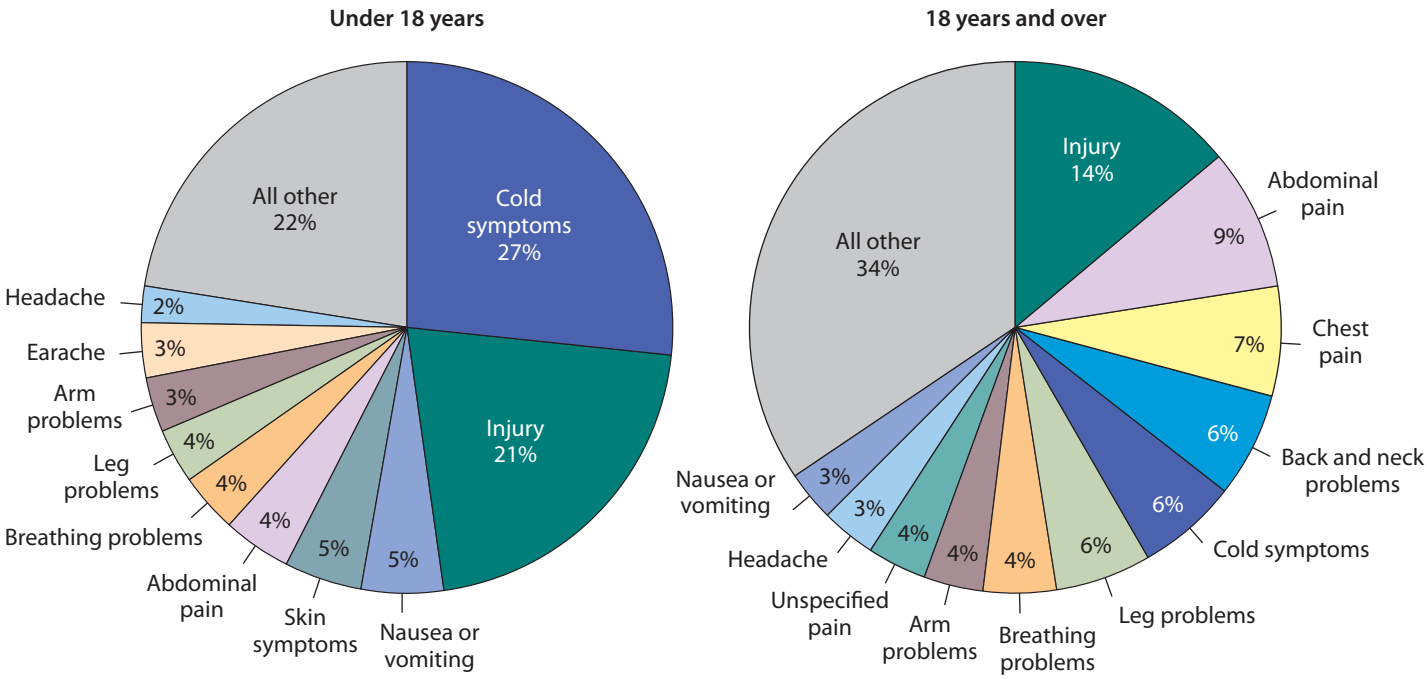
The patient's reason for visiting the emergency department provides insight into their perspective on the necessity of going to the emergency department. Patients cannot always evaluate the seriousness of their symptoms, and some may visit the emergency department for a complaint that turns out to be nonurgent. Because some symptoms, such as pain, may vary by the severity of the underlying condition, the patient's reason for visit (RFV) does not always match the physician's diagnosis.

Patients' RFVs are varied, but related reasons can be combined into categories. For example, "cold symptoms" is a collection of individual RFVs, including chills, fever, cough, congestion, sneezing, and sore throat. If RFVs are not combined, the most common RFV is fever for children and chest or abdominal pain for adults. See the data table for Figure 23 for more information.

Among children, more than one-quarter of all emergency department visits in 2009–2010 were for cold symptoms. Injury was the second most common RFV, accounting for more than one-fifth of visits. Other top RFVs (although less common at 5% or less) were nausea and vomiting, skin symptoms, and abdominal pain. After including the top 10 categories, there remained almost one-quarter of visits in the "all other" category.

Among adults, 14% of all emergency department visits in 2009–2010 were for injuries. Other common RFVs were abdominal pain (9%), chest pain (7%), back and neck problems (6%), and cold symptoms (6%). After accounting for the top RFVs, more than one-third of adult visits fell into the "all other" category, reflecting the variety of reasons people go to the emergency department.

Figure 23. Patient's primary reason for emergency department visit, by age and reason: United States, average annual, 2009–2010



NOTE: See data table for Figure 23.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig23

Injury

In 2008–2010, falls were the most common cause of injuries diagnosed during emergency department visits.

Injuries cost society directly in medical costs and indirectly in lost productivity (1,2). The majority of ambulatory care visits for nonfatal injuries occur in physician offices, but injuries resulting in an emergency department visit are often more serious (3). In 2010, 23% of emergency department visits—almost 30 million visits—had injury as the primary diagnosis (4).

Diagnosed injuries are classified by mechanism—the cause of the injury. The five most common mechanisms of diagnosed injury for people who sought treatment in emergency departments were falls, being struck by a person or object, motor vehicle traffic accidents (MVTs), cut, and exposure and other natural or environmental injuries.

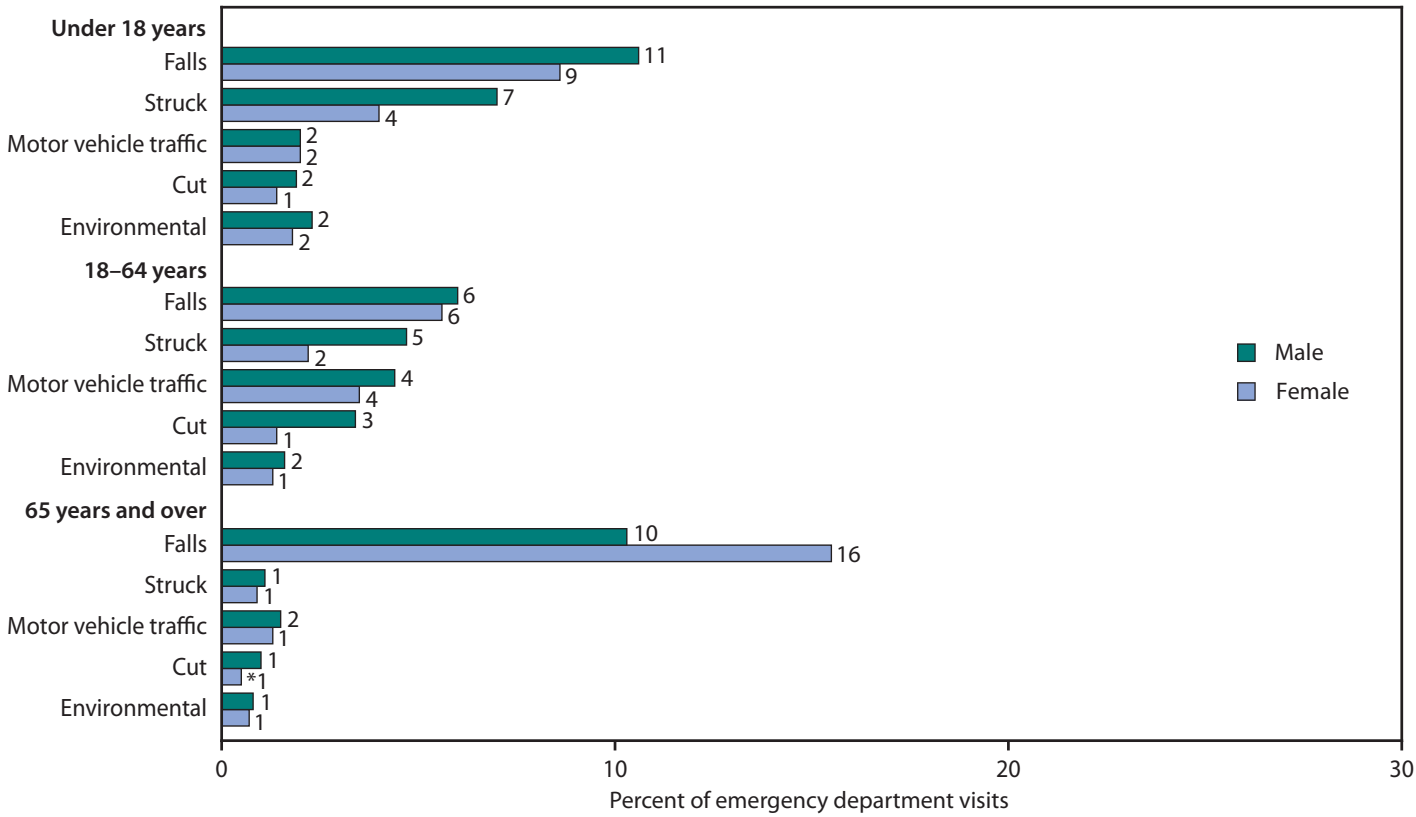
In 2008–2010, falls, being struck by a person or object, and MVT injuries were the primary mechanisms for 14% of all emergency department visits (see data table for Figure 24). Among children, 10% of emergency department visits were due to falls, the most common injury mechanism. Being struck by a person or object (6%) was the second leading mechanism of injury for children. Among children, visits for injuries from falls, being struck, or cut were more common for boys than for girls.

Among working-age adults aged 18–64, 6% of all emergency department visits were due to falls, 3% to being struck, and 4% to MVT injuries (see data table for Figure 24). There was no difference in the percentage of visits from falls for men and women. However, the percentage of visits by men for injuries due to being struck or cut was double the percentage for women, and MVT injury visits were 26% higher among men than women.

Among persons aged 65 and over, falls were the most common cause of injuries, accounting for 13% of all emergency department visits in 2008–2010. The percentage of emergency department visits for falls was 50% higher for women (16%) than for men (10%). The other types of injury each accounted for 2% or fewer emergency department visits.

(References on data table for Figure 24)

Figure 24. Diagnosed injury-related emergency department visits, by age, sex, and mechanism of injury: United States, average annual, 2008–2010



*Estimate is considered unreliable. Relative standard error is 20%–30%.

NOTE: See data table for Figure 24.

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig24

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Wait Time to See a Physician

In 2008–2010, the mean wait time to see an emergency department physician was 55 minutes, up from 45 minutes in 1998–2000.

Long wait times to see an emergency department physician may reduce quality of care, patient satisfaction, and clinical outcomes (1–7). Wait times can be influenced by a variety of factors, such as hospital location, available emergency department staff, and other resources, as well as the number and nature of the patients waiting to be seen (7–9).

Wait times to see a physician varied by patient and hospital characteristics. In 2008–2010, mean wait times were higher for adults aged 18–64 (58 minutes) than for children (51 minutes) and for adults aged 65 and over (48 minutes). Wait times were higher for visits by females (57 minutes), compared with males (53 minutes). Wait times were highest for visits by non-Hispanic black patients (68 minutes), compared with visits by Hispanic patients (60 minutes) and non-Hispanic white patients (50 minutes).

Wait times varied by the urbanization level of the hospital location. Wait times were longest at hospitals in large metropolitan central counties (67 minutes), compared with medium and small metropolitan counties (56 minutes) and large metropolitan fringe counties (52 minutes). Mean wait times were lowest in nonmetropolitan counties, at 44 minutes for micropolitan counties and 33 minutes in the most rural counties.

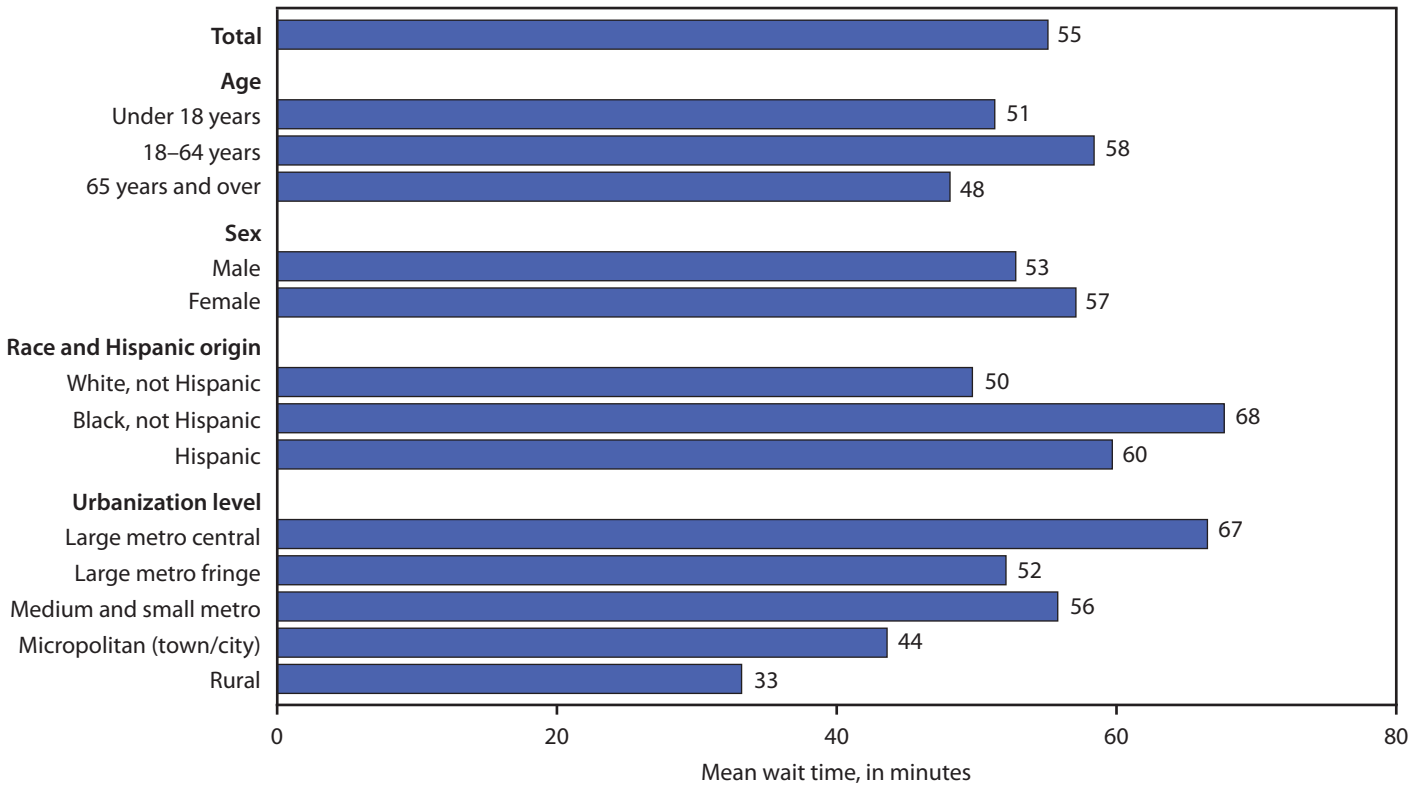
Because a small proportion of visits had long wait times, the mean wait time is higher than the median; the overall mean wait time was 55 minutes in 2008–2010, compared with a median of 31 minutes (see data table for Figure 25).

References

1. Institute of Medicine. Hospital-based emergency care: At the breaking point. Washington, DC: National Academies Press; 2007. Available from: http://www.nap.edu/openbook.php?record_id=11621&page=1.

(References continue on data table for Figure 25)

Figure 25. Mean wait time to see a physician in an emergency department, by selected characteristics: United States, average annual, 2008–2010



NOTE: See data table for Figure 25.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig25

Imaging

Between 2000 and 2010, the use of x-rays during emergency department visits was stable at 35%, while the use of advanced imaging tripled from 5% to 17%.

Diagnostic imaging techniques include x-rays (radiographs), computed tomography (CT) scans, and magnetic resonance imaging (MRI). Imaging helps narrow the potential causes of an injury or illness and aids accurate diagnosis. X-rays are the most commonly used diagnostic imaging technique. The advanced imaging technologies, such as CT and MRI, are more sophisticated tools for diagnosing and monitoring the status of a wide array of medical conditions but are more expensive than the traditional x-ray (1,2). The availability and use of advanced imaging technologies has increased substantially since their introduction in the early 1980s (1,3). Concerns have been raised about the increase in expenditures for advanced imaging scans without clear evidence that the use of advanced imaging techniques improves outcomes (1,2).

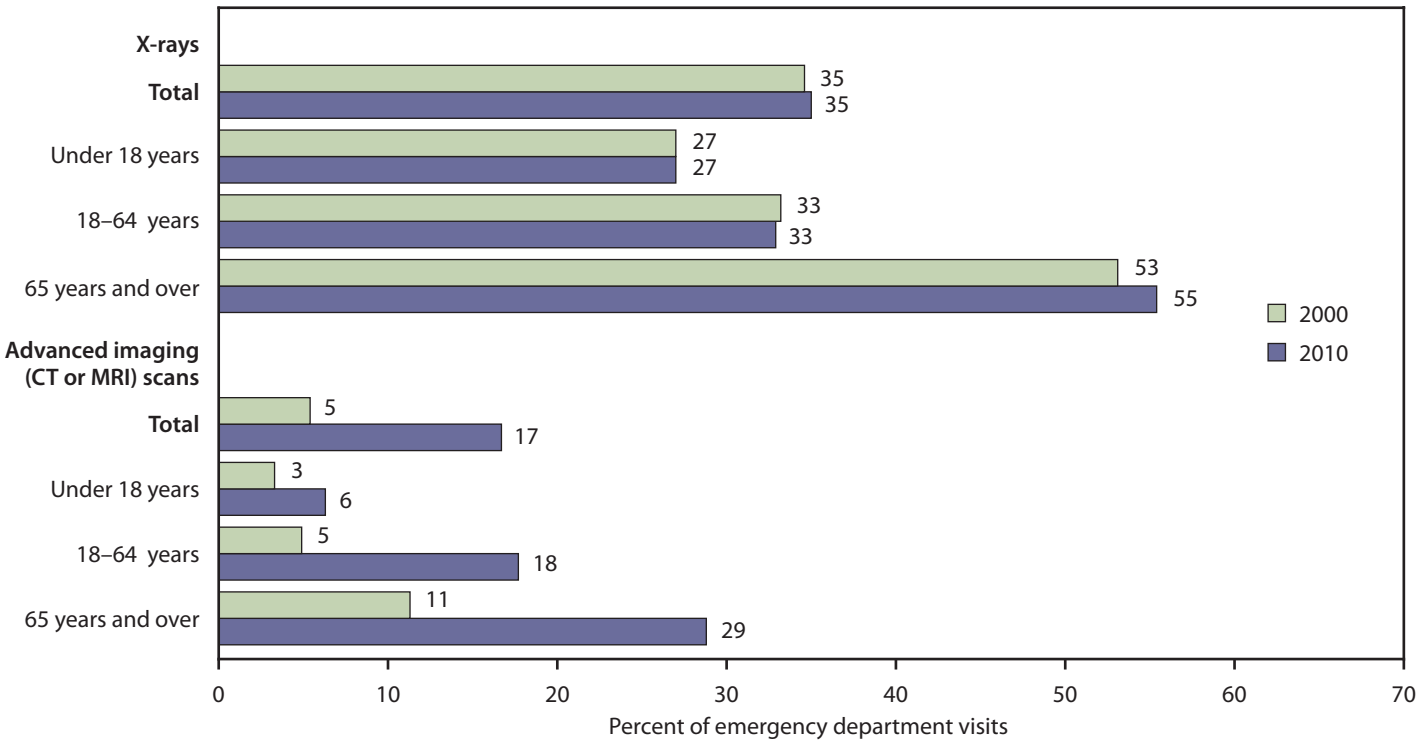
In 2010, 35% of emergency department visits included an x-ray. The use of x-rays increased with age, from 27% of visits by children, to 33% of visits by working-age adults, to 55% of visits by adults aged 65 and over. In the same year, 17% of all emergency department visits included the use of advanced imaging techniques. The use of advanced imaging also increased with age, from 6% of visits by children, to 18% of visits by working-age adults, to 29% of visits by adults aged 65 and over.

In the past decade, the percentage of emergency department visits that included an x-ray has been stable. The use of advanced imaging between 2000 and 2010 increased 3.1 times, from 5% to 17%. Although use of advanced imaging grew for all age groups from 2000 to 2010, the rise was larger among adults aged 18–64 (3.6 times higher) and those aged 65 and over (2.5 times higher).

References

1. Iglehart JK. The new era of medical imaging—Progress and pitfalls. N Engl J Med 2006;354(26):2822–8.
2. Iglehart JK. Health insurers and medical-imaging policy—A work in progress. N Engl J Med 2009;360(10);1030–7.
3. Baker LC, Atlas SW, Afendulis CC. Expanded use of imaging technology and the challenge of measuring value. Health Aff (Millwood) 2008;27(6):1467–78.

Figure 26. Emergency department visits with x-rays or advanced imaging scans ordered or provided during the visit, by age: United States, 2000 and 2010



NOTES: CT is computed tomography; MRI is magnetic resonance imaging. See data table for Figure 26.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig26

Discharge Status of Emergency Department Visits

In 2009–2010, 81% of emergency department visits were discharged for follow-up care as needed, 16% ended with the patient being admitted to the hospital, 2% ended with the patient leaving without completing the visit, and less than 1% ended in the patient's death.

Discharge status is one of the most important decisions made during the emergency department visit (1). If a life-threatening condition is missed and the patient is discharged home, there may be a repeat visit to the emergency department or a poor outcome. On the other hand, unneeded hospital admissions may lead to misuse of services (2).

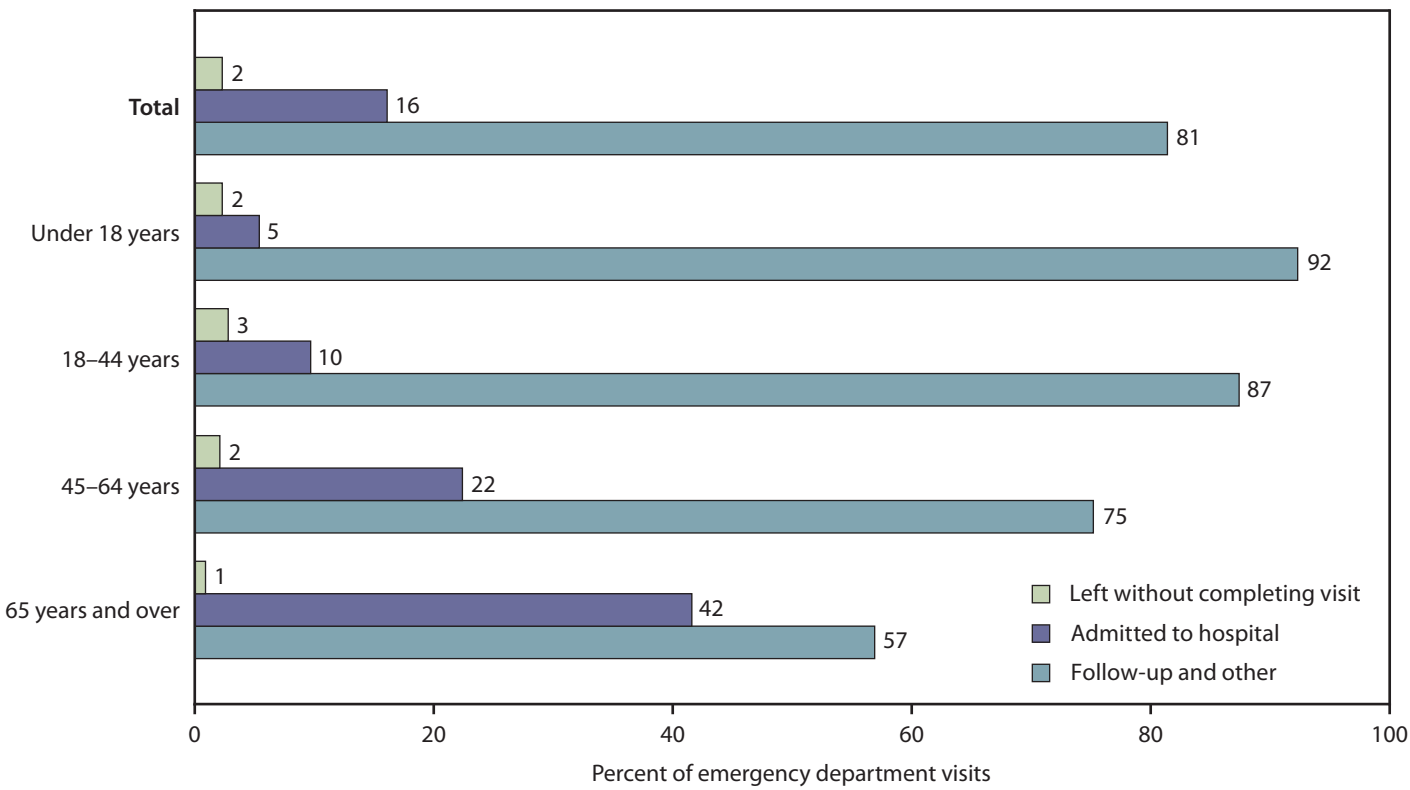
Emergency department visits end in one of four ways: the patient dies in or upon arrival at the emergency department, is admitted or transferred to a hospital, is released and advised to seek follow-up care as needed, or leaves without completing the emergency department visit. The most common discharge disposition is for follow-up or additional care as needed. The second most common discharge disposition is admitted or transferred to a hospital. Fewer than 1% of emergency department visits result in death.

Emergency department visits resulting in hospital admission increased with age. In 2009–2010, 5% of visits by children resulted in an admission, compared with 42% of visits by those aged 65 or older. The percentage of visits discharged for follow-up as needed was higher for children (92%) and working-age adults (87% for those aged 18–44 and 75% for those aged 45–64) than for older adults (57%).

References

1. Calder LA, Forster AJ, Stiell IG, Carr LK, Perry JJ, Vaillancourt C, Brehaut J. Mapping out the emergency department disposition decision for high-acuity patients. Ann Emerg Med 2012;60(5):567–76.
2. Institute of Medicine. Hospital-based emergency care: At the breaking point. Washington, DC: National Academies Press; 2007. Available from: http://www.nap.edu/openbook.php?record_id=11621&page=1.

Figure 27. Discharge status of emergency department visits, by age: United States, average annual, 2009–2010



NOTES: A small percentage of visits result in death. See data table for Figure 27.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS)

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig27

Drugs Prescribed at Discharge From the Emergency Department

In 2009–2010, 59% of emergency department visits (excluding hospital admissions) included at least one drug prescribed at discharge.

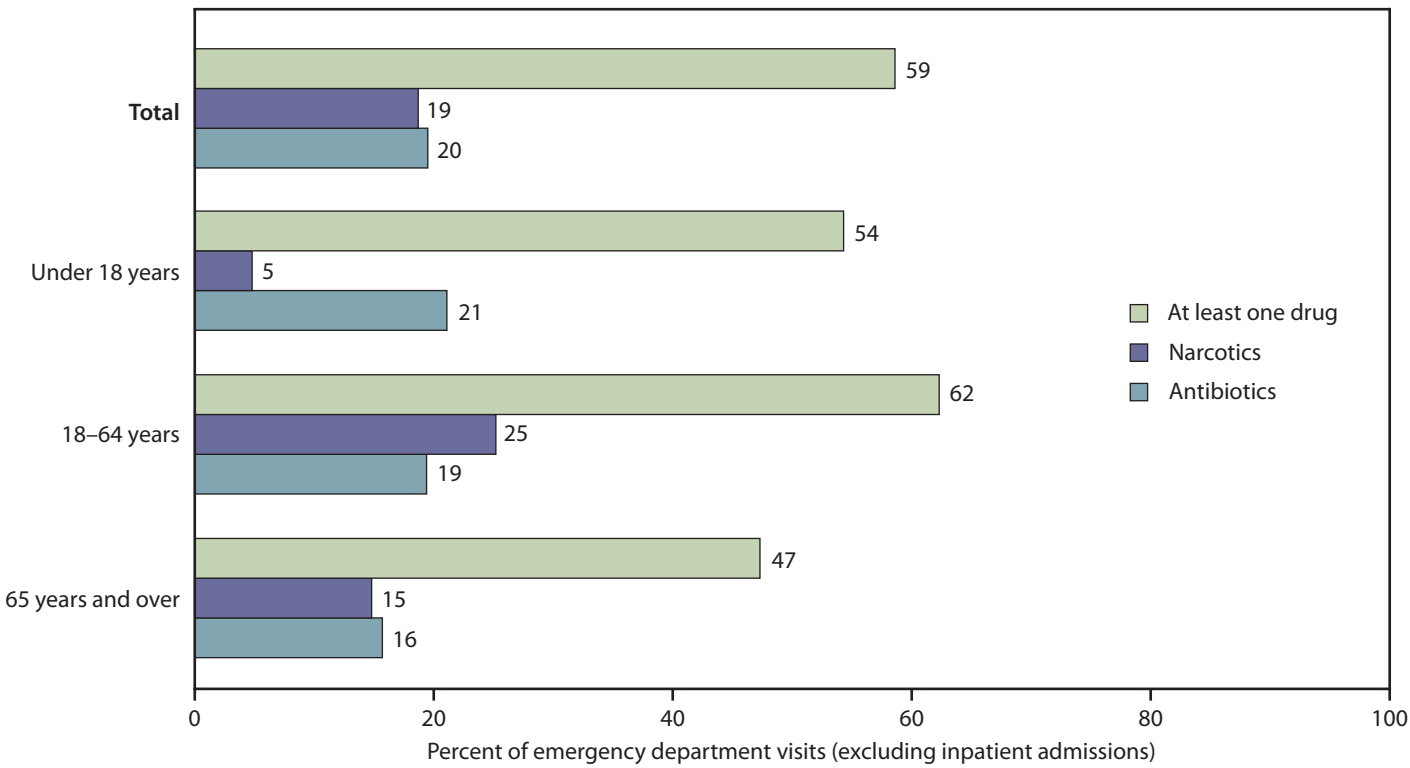
Drugs play an important role in emergency department care, both in treating the patient while in the emergency department and when the patient is sent home with the needed prescriptions to continue appropriate treatment. Drugs used in the emergency department may be for the immediate stabilization of the patient and require physician oversight, and therefore often differ from those prescribed at discharge. In 2009–2010, 59% of emergency department visits (excluding hospital admissions) included at least one drug prescribed at discharge. In 2009–2010, visits by those aged 18–64 were more likely to include drugs at discharge (62%), compared with visits by children (54%) and older adults aged 65 and over (47%). These percentages would likely differ for emergency department visits that result in hospital admission, due to differences in the patient's condition and severity. This distinction is especially important when considering visits by older adults because 42% of their emergency department visits resulted in a hospital admission (Figure 27).

Across all medical care settings, the appropriate use of two of the most commonly-used classes of drugs (narcotics and antibiotics) is of concern. Narcotics play an important role in appropriate pain management, and some studies conclude that narcotic analgesics are underused for pain control in emergency departments (1). However, emergency department physicians must balance pain management against drug-seeking behavior by patients with abuse issues, all within the context of a fast-paced, transient interaction in the emergency department (1–3). In 2009–2010, narcotic analgesics were prescribed at discharge for 5% of visits by children, 25% by those aged 18–64, and 15% by those aged 65 and over.

Antibiotics are a mainstay of treating bacterial infections, but unnecessary antibiotic use is ineffective and costly and may contribute to future bacterial resistance (4). In 2009–2010, 21% of visits by children, 19% by adults aged 18–64, and 16% by adults aged 65 and over had an antibiotic prescribed at discharge.

(References on data table for Figure 28)

Figure 28. Drugs prescribed at discharge from the emergency department, by selected drug class and age (excluding visits resulting in inpatient admission): United States, average annual, 2009–2010



NOTE: See data table for Figure 28.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig28

Expenses per Emergency Department Visit

In the past decade, the mean expenditure (in 2010 dollars) for an emergency department visit that did not result in a hospital admission increased 77%, from $546 in 2000 to $969 in 2010.

Emergency care represents about 4% of all health care spending in the United States (1). On average, expenses for emergency department visits are higher than for visits to physician offices or other outpatient settings (2).

Estimates of emergency department visit expenses presented here include both hospital facility and physician charges and are limited to visits that did not result in a hospital admission. Emergency department visits that result in hospital admission are different from other emergency department visits because they are likely to involve more severe conditions, and the expenses for these visits are often combined with inpatient expenses. Data for 2000 are adjusted to 2010 dollars for comparison. Because a small proportion of visits account for a large proportion of total emergency department expenses, the mean expense is higher than the median; both mean and median expenses per visit are presented in the data table for Figure 29.

In 2010, the mean average expense for emergency department visits (where the patient was not admitted to the hospital) was $969. For children, the average was $542. Adults had higher average expenses than children, at $1,097 for working-age adults and $1,062 for older adults aged 65 and over.

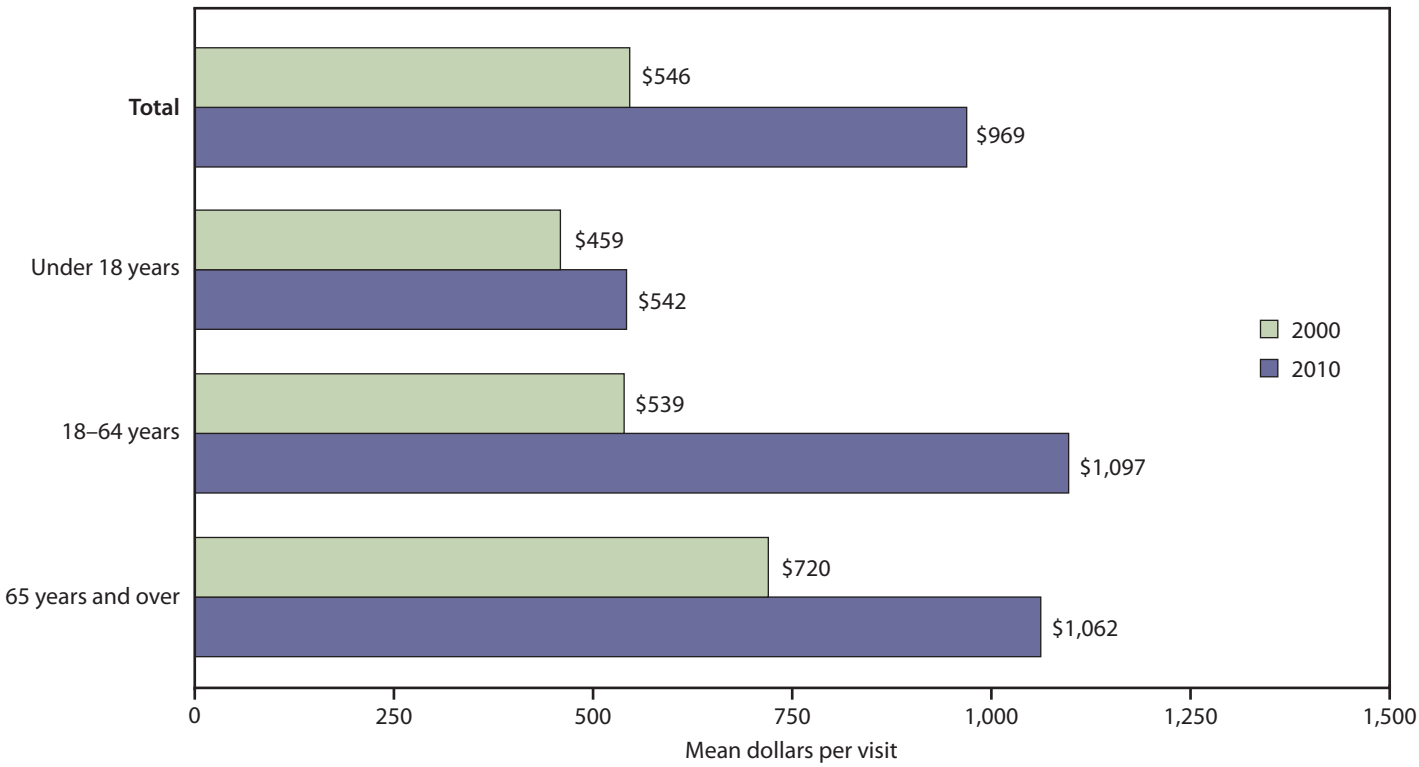
Between 2000 and 2010, the mean expense for emergency department visits that did not result in a hospital admission increased 77%, from $546 (in 2010 dollars) to $969. Per-visit expenses between 2000 and 2010 were similar for visits by children. For working-age adults aged 18–64, the mean expense more than doubled, from $539 in 2000 to $1,097 in 2010. For older adults, the mean expense per visit increased by almost 50%, from $720 to $1,062.

References

1. Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey [unpublished analysis]. For more information, visit: http://meps.ahrq.gov/mepsweb/.

(References continue on data table for Figure 29)

Figure 29. Emergency department expenditures, mean dollars per visit, by age (excluding visits resulting in inpatient admission): United States, 2000 and 2010



NOTES: Expenditure data for 2000 were adjusted to 2010 dollars by the gross domestic product (GDP) implicit price deflator. See data table for Figure 29.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey. See Appendix I, Medical Expenditure Panel Survey (MEPS).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig29

Data table for Figure 20. Emergency department visits in the past 12 months, by age: United States, 2001–2011

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig20

Number of visits and age	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*
One or more visits[1]					Percent of persons						
Total	19.9	21.0	20.2	20.7	20.4	20.6	20.1	20.6	21.1	21.5	19.8
Under 6 years	25.0	28.0	26.5	26.2	26.8	28.2	23.9	27.4	25.9	27.8	24.2
6–17 years	18.6	19.7	18.2	18.4	17.4	17.9	18.3	17.5	18.2	19.1	15.6
18–64 years	19.1	19.8	19.4	19.8	19.7	19.6	19.5	19.9	20.5	20.8	19.6
65–74 years	19.7	21.2	19.7	20.8	20.8	20.6	20.2	20.7	21.6	20.7	20.4
75 years and over	25.4	27.1	26.6	28.7	27.1	28.9	26.5	26.4	28.8	27.4	27.0
					Standard error						
Total	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Under 6 years	0.8	0.8	0.8	0.8	0.9	1.0	1.0	1.0	0.9	0.8	0.8
6–17 years	0.5	0.5	0.5	0.5	0.5	0.7	0.6	0.6	0.6	0.6	0.5
18–64 years	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3
65–74 years	0.8	0.8	0.8	0.9	0.8	1.0	1.0	1.0	1.0	0.9	0.8
75 years and over	0.9	1.0	1.0	1.0	0.9	1.3	1.1	1.2	1.2	1.1	0.9
Two or more visits					Percent of persons						
Total	6.5	7.2	7.0	7.6	7.0	7.5	7.3	7.3	7.7	7.9	7.0
Under 6 years	9.6	10.2	8.7	9.4	9.8	10.6	9.3	9.4	8.9	10.8	8.6
6–17 years	5.5	6.2	6.2	7.4	5.3	6.3	6.2	5.9	5.6	7.2	4.5
18–64 years	6.2	6.8	6.7	7.0	6.8	7.1	7.0	7.0	7.9	7.7	7.2
65–74 years	7.1	7.7	7.1	7.5	7.4	6.8	7.6	7.9	6.7	6.4	6.7
75 years and over	7.9	9.0	10.4	11.8	9.1	11.6	10.6	10.5	10.4	9.4	9.3
					Standard error						
Total	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Under 6 years	0.5	0.5	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.5
6–17 years	0.3	0.3	0.3	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.3
18–64 years	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2
65–74 years	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.7	0.5	0.5	0.5
75 years and over	0.6	0.6	0.7	0.8	0.6	1.0	0.8	0.8	0.8	0.7	0.6

[1]Includes persons with two or more visits.

NOTES: Data are for the civilian noninstitutionalized population. Estimates are not age adjusted. See Appendix II, Emergency department or emergency room visit. Also see Tables 85 and 86.

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

Data table for Figure 21. One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2001–2011

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig21

Age and type of coverage[1]	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
						Percent of persons					
Under 18 years	20.6	22.4	20.9	20.9	20.5	21.3	20.2	20.9	20.8	22.1	18.5
Private	18.6	20.0	18.1	18.5	17.4	19.2	17.1	16.8	16.6	17.1	14.9
Medicaid	28.3	30.7	28.9	27.2	28.5	27.2	27.3	29.1	27.8	30.0	24.4
Uninsured	17.3	18.2	17.1	20.7	18.4	16.8	17.7	18.4	16.8	19.4	13.8
18–64 years	19.1	19.8	19.4	19.8	19.7	19.6	19.5	19.9	20.5	20.8	19.6
Private	17.1	17.3	17.3	17.8	17.1	17.0	16.8	16.8	16.4	17.2	15.5
Medicaid	39.5	40.5	39.8	36.5	40.0	38.9	38.0	39.8	41.5	39.8	37.7
Uninsured	19.0	20.8	18.3	19.5	19.6	19.2	20.5	19.5	21.6	21.5	21.1
						Standard error					
Under 18 years	0.4	0.5	0.5	0.5	0.5	0.6	0.5	0.6	0.5	0.5	0.4
Private	0.5	0.5	0.5	0.5	0.5	0.8	0.6	0.6	0.6	0.6	0.5
Medicaid	1.1	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.0	1.0	0.8
Uninsured	1.2	1.3	1.2	1.6	1.4	1.4	1.6	1.8	1.6	1.6	1.3
18–64 years	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3
Private	0.3	0.3	0.4	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.3
Medicaid	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.6	1.4	1.2	1.2
Uninsured	0.7	0.7	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.7	0.7

[1]Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. State-sponsored health plan coverage and coverage by the Children's Health Insurance Program (CHIP) are included with Medicaid coverage. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans, Medicare, or military plans are considered to be uninsured. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. Persons with military, other government, and Medicare coverage are considered insured but are not included in the insurance categories presented here.

NOTES: Data are for the civilian noninstitutionalized population. Estimates are not age adjusted. Totals include those with other or unknown health insurance coverage. See Appendix II, Emergency department or emergency room visit; Health insurance coverage. Also see Tables 85 and 86.

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

References *(continued from Figure 21 text)*

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Data table for Figure 22. Triage of emergency department visits, by age and primary payer: United States, average annual, 2009–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig22

Age and primary payer[1]	Triage category[2]			
	Emergent	Urgent	Semiurgent	Nonurgent
	Percent of visits			
Under 18 years	8.5	35.0	46.1	10.4
Medicaid	6.9	33.1	49.0	10.9
Private	10.1	37.4	43.8	8.7
Other and self-pay (excluding Medicare)	8.9	36.2	44.2	10.6
18–64 years	11.9	45.8	34.7	7.6
Medicaid	11.7	45.8	34.0	8.5
Private	11.6	47.7	34.6	6.1
Medicare	14.3	50.1	29.2	6.3
Other and self-pay (excluding Medicare)	11.2	42.6	37.5	8.6
	Standard error			
Under 18 years	0.9	1.0	1.3	0.6
Medicaid	0.7	1.4	1.7	0.8
Private	1.7	1.3	1.4	0.8
Other and self-pay (excluding Medicare)	1.7	1.8	2.1	1.4
18–64 years	0.6	0.8	0.8	0.5
Medicaid	0.8	1.0	1.1	0.7
Private	0.6	1.0	0.9	0.6
Medicare	0.9	1.3	1.2	0.6
Other and self-pay (excluding Medicare)	0.8	1.0	1.0	0.7

[1]Primary expected source of payment for this visit is defined using this hierarchy of payment categories: Medicare, Medicaid or Children's Health Insurance Progran (CHIP), private insurance, and other and self-pay. Other and self-pay includes workers' compensation, self-pay, no charge, charity, and other. Because of the small number of children with Medicare, those estimates are not presented.

[2]Triage is based on emergency department classification of the immediacy with which patient should be seen. Emergent includes visits classified as immediate or needing to be seen within 14 minutes. Urgent visits are classified as needing to be seen within 15 to 60 minutes. Semiurgent visits are classified as needing to be seen within 61 minutes to 2 hours (119 minutes). Nonurgent visits are classified as needing to be seen within 2 hours or more. Nonurgent does not imply an unnecessary visit. Triage was rescaled for hospitals that use a three- or four-category triage system and was imputed for those with missing data. In 2009–2010, 19% of records were imputed.

NOTES: Totals by age group include all visits, including those with unknown or blank primary payer. See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Data table for Figure 23. Patient's primary reason for emergency department visit, by age and reason: United States, average annual, 2009–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig23

Age and reason for visit[1]	*Percent of visits*	*Standard error*
Under 18 years		
Cold symptoms	26.8	0.7
Injury	21.0	0.6
Nausea or vomiting	5.2	0.2
Skin symptoms	4.5	0.2
Abdominal pain	4.3	0.2
Breathing problems	3.5	0.2
Leg problems	3.5	0.2
Arm problems	3.4	0.2
Earache	3.3	0.2
Headache	2.2	0.2
All other	22.2	0.5
18 years and over[2]		
Injury	14.0	0.3
Abdominal pain	8.6	0.2
Chest pain	6.7	0.2
Back and neck problems	6.4	0.1
Cold symptoms	6.1	0.2
Leg problems	5.8	0.1
Breathing problems	4.4	0.1
Arm problems	3.7	0.1
Unspecified pain	3.6	0.1
Headache	3.3	0.1
Nausea or vomiting	3.1	0.1
All other	34.3	0.4

[1]Reason for visit (RFV) is the patient's main complaint, symptom, or reason for visiting the emergency department. RFVs are recoded according to the guidelines in Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. Vital Health Stat 2(78). 1979. For this analysis, only the first RFV was considered. Some RFV codes were combined as follows:

- Cold symptoms includes codes 1005, 1010, 1012, 1435, 1440, 1445, 1450, 1455, 1460, 1470, and 1475.
- Injury (including adverse effects) includes codes 5001–5999.
- Nausea or vomiting includes codes 1525 or 1530.
- Abdominal pain is code 1545.
- Skin symptoms includes codes 1830–1899.
- Breathing problems includes codes 1415, 1420, 1425, and 1430.
- Arm problems includes codes 1940, 1945, 1950, 1955, and 1960.
- Earache is code 1355.
- Leg problems includes codes 1915, 1920, 1925, 1930, and 1935.
- Chest pain is code 1050.
- Back and neck problems includes codes 1900, 1905, and 1910.
- Unspecified pain includes codes 1055 and 1060.
- Headache is code 1210.
- All other excludes blank and uncodable RFVs.

[2]Eleven RFVs are shown for adults because nausea or vomiting and headache were the primary reasons for a similar percentage of visits.

NOTE: See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Data table for Figure 24. Diagnosed injury-related emergency department visits, by age, sex, and mechanism of injury: United States, average annual, 2008–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig24

Age and selected mechanism of injury[1]	Both sexes		Male		Female	
	Percent of visits	Standard error	Percent of visits	Standard error	Percent of visits	Standard error
Total						
Falls	7.8	0.1	7.8	0.2	7.8	0.2
Struck by or against objects or persons	3.5	0.1	4.8	0.1	2.4	0.1
Motor vehicle traffic	3.1	0.1	3.3	0.1	2.8	0.1
Cut or pierce	1.9	0.1	2.6	0.1	1.2	0.1
Environmental, exposure, or natural[2]	1.5	0.1	1.7	0.1	1.3	0.1
Poisoning	1.1	0.0	1.0	0.1	1.1	0.1
Overexertion	1.2	0.1	1.4	0.1	0.9	0.1
Under 18 years						
Falls	9.6	0.3	10.6	0.4	8.6	0.4
Struck by or against objects or persons	5.6	0.2	7.0	0.3	4.0	0.2
Motor vehicle traffic	2.0	0.1	2.0	0.2	2.0	0.2
Cut or pierce	1.7	0.1	1.9	0.2	1.4	0.1
Environmental, exposure, or natural[2]	2.1	0.2	2.3	0.2	1.8	0.2
Poisoning	0.9	0.1	0.9	0.1	0.9	0.1
Overexertion	1.0	0.1	0.9	0.1	1.1	0.1
18–64 years						
Falls	5.8	0.1	6.0	0.2	5.6	0.2
Struck by or against objects or persons	3.3	0.1	4.7	0.2	2.2	0.1
Motor vehicle traffic	3.9	0.1	4.4	0.2	3.5	0.1
Cut or pierce	2.2	0.1	3.4	0.2	1.4	0.1
Environmental, exposure, or natural[2]	1.4	0.1	1.6	0.1	1.3	0.1
Poisoning	1.3	0.1	1.3	0.1	1.3	0.1
Overexertion	1.4	0.1	1.9	0.1	1.0	0.1
65 years and over						
Falls	13.4	0.4	10.3	0.5	15.5	0.5
Struck by or against objects or persons	1.0	0.1	1.1	0.2	0.9	0.1
Motor vehicle traffic	1.4	0.1	1.5	0.2	1.3	0.2
Cut or pierce	0.7	0.1	1.0	0.1	*0.5	0.1
Environmental, exposure, or natural[2]	0.7	0.1	0.8	0.1	0.7	0.1
Poisoning	0.3	0.1	*0.2	0.0	0.5	0.1
Overexertion	0.4	0.1	*0.5	0.1	*0.3	0.1

0.0 Quantity more than zero but less than 0.05.

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

[1]Injury visits are based on the physician's diagnosis, not the patient's stated reason for visit. Diagnoses are coded based on the *International Classification of Diseases, 9th revision, Clinical Modification* (ICD–9–CM). 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). Injury visits are classified regardless of manner or intent. See: http://www.cdc.gov/nchs/injury/injury_tools.htm for code to classify injury-related visits. 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.

[2]Includes insect and animal bites and stings.

NOTES: 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. See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

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3. Burt CW, Fingerhut LA. Injury visits to hospital emergency departments: United States, 1992–95. NCHS. Vital Health Stat 1998;13(131). Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_131.pdf.
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Data table for Figure 25. Wait time to see a physician in an emergency department, by selected characteristics: United States, average annual, 1998–2000 and 2008–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig25

Selected characteristic	Wait time[1]							
	1998–2000				2008–2010			
	Mean		Median		Mean		Median	
	Minutes	SE	Minutes	SE	Minutes	SE	Minutes	SE
Total	45.0	1.4	24.7	1.0	55.1	1.3	31.3	0.9
Age								
Under 18 years	45.5	1.7	27.0	1.3	51.3	1.3	31.0	1.1
18–64 years	46.6	1.5	25.2	1.0	58.4	1.5	33.1	1.1
65 years and over	38.3	1.4	19.2	0.8	48.1	1.4	25.7	0.9
Sex								
Male	44.5	1.5	24.3	1.0	52.8	1.2	29.6	0.9
Female	45.5	1.4	24.9	0.9	57.1	1.4	32.9	0.9
Race and Hispanic origin[2]								
White, not Hispanic	39.5	1.4	21.7	1.2	49.7	1.2	28.9	0.8
Black, not Hispanic	54.2	2.4	30.2	1.7	67.7	2.4	39.4	1.6
Hispanic	56.6	2.6	33.3	1.6	59.7	2.0	34.1	1.6
Urbanization level[3]								
Metropolitan:								
Large central	55.6	1.8	34.1	1.5	66.5	2.2	38.4	1.7
Large fringe	54.1	4.4	29.3	2.4	52.1	2.5	30.6	1.9
Medium and small	42.0	2.2	24.7	1.3	55.8	2.5	32.7	1.6
Nonmetropolitan:								
Micropolitan (town/city)	27.3	2.8	14.9	2.3	43.6	3.0	27.3	2.0
Rural	22.7	2.0	11.0	1.4	33.2	3.3	19.5	2.7

[1]Time spent waiting to see a medical doctor, doctor of osteopathy, physician assistant, or nurse practitioner. Prior to 2009, wait time was time spent waiting to see a physician.

[2]Based on hospital records, not patient self-report. In 2008–2010, race and Hispanic origin were missing and imputed for 18% of visits.

[3]Counties (of the hospital's location) were classified based on a scheme developed by NCHS that considers metropolitan-nonmetropolitan status, population, and other factors. For more information, see: Ingram DD, Franco SJ. NCHS urban-rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(154); 2012. Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_154.pdf.

NOTES: SE is standard error. See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

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Data table for Figure 26. Emergency department visits with x-rays or advanced imaging scans ordered or provided during the visit, by age: United States, 2000 and 2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig26

Type of imaging and patient age	2000		2010	
	Percent of visits	Standard error	Percent of visits	Standard error
X-rays				
Total	34.6	0.7	35.0	0.6
Under 18 years	27.0	1.0	27.0	0.9
18–64 years	33.2	0.7	32.9	0.6
65 years and over	53.1	1.4	55.4	1.2
Advanced imaging (CT or MRI) scans				
Total	5.4	0.2	16.7	0.5
Under 18 years	3.3	0.3	6.3	0.4
18–64 years	4.9	0.3	17.7	0.5
65 years and over	11.3	0.7	28.8	0.9

NOTES: CT is computed tomography; MRI is magnetic resonance imaging. See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Data table for Figure 27. Discharge status of emergency department visits, by age: United States, average annual, 1999–2000 and 2009–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig27

Discharge status[1] and age	1999–2000		2009–2010	
	Percent of visits	Standard error	Percent of visits	Standard error
Died[2]				
Total	0.3	0.0	0.2	0.0
Under 18 years	*	*	*	*
18–44 years	*0.1	0.0	*	*
45–64 years	*0.4	0.1	*0.3	0.1
65 years and over	1.1	0.2	*0.6	0.1
Admitted or transferred to hospital[3]				
Total	14.5	0.3	16.1	0.5
Under 18 years	5.7	0.4	5.4	0.4
18–44 years	8.5	0.3	9.7	0.4
45–64 years	19.0	0.7	22.4	0.7
65 years and over	40.8	1.0	41.6	1.0
Follow-up and other[4]				
Total	83.8	0.4	81.4	0.5
Under 18 years	92.7	0.4	92.3	0.5
18–44 years	89.7	0.3	87.4	0.4
45–64 years	79.4	0.7	75.2	0.7
65 years and over	57.7	1.0	56.9	1.0
Left without completing visit[5]				
Total	1.4	0.1	2.3	0.1
Under 18 years	1.5	0.2	2.3	0.2
18–44 years	1.7	0.1	2.8	0.2
45–64 years	1.2	0.2	2.1	0.2
65 years and over	*0.5	0.1	0.9	0.1

0.0 Quantity more than zero but less than 0.05.

* 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]Discharge disposition categories are mutually exclusive. The hierarchy of the categories was: died, admitted or transferred to the hospital, follow-up and other, and left.

[2]Includes patient dead on arrival and those who died while in the emergency department.

[3]Includes patients admitted as inpatients or transferred to another hospital.

[4]Includes patients discharged to follow-up with physician or clinic, return if needed, referred to social services, transferred to a nursing home (2010 data), no follow-up planned, or other.

[5]Includes patients who left before or after medical screening exam and those who left against medical advice.

NOTE: See Appendix II, Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Data table for Figure 28. Drugs prescribed at discharge from the emergency department, by selected drug class and age (excluding visits resulting in inpatient admission): United States, average annual, 2009–2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig28

Age	At least one drug[1]		Narcotics[1,2]		Antibiotics[1,2]	
	Percent of visits	SE	Percent of visits	SE	Percent of visits	SE
Total	58.6	0.9	18.7	0.5	19.5	0.4
Under 18 years	54.3	1.4	4.8	0.3	21.1	0.7
18–64 years	62.3	0.9	25.2	0.7	19.4	0.4
65 years and over	47.3	1.3	14.8	0.7	15.7	0.6

[1]Drugs given in the emergency department are not included.

[2]Narcotics and antibiotics are based on drug classes from 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. Narcotics includes one or more narcotic analgesics (level 3, class 60 or 191). Antibiotics includes one or more antibiotic drugs (level 2, class 6, 8–18, 240, 315, or 406).

NOTES: SE is standard error. Refers to visits at which one or more medications were provided or prescribed at discharge. It is not known whether the patient took the medications after discharge. Excludes visits where the patient died or was admitted or transferred to hospital. A small percentage of visits result in death. See data table for Figure 27. See Appendix II, Drug; Emergency department or emergency room visit.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

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Data table for Figure 29. Emergency department expenditures, dollars per visit, by age (excluding visits resulting in inpatient admission): United States, 2000 and 2010

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2012.htm#fig29

Age	2000[1]		2010	
	Mean	Standard error	Mean	Standard error
	Dollars (2010$)			
Total	$546	21	$969	37
Under 18 years	459	41	542	34
18–64 years	539	21	1,097	53
65 years and over	720	65	1,062	87
	Median	Standard error	Median	Standard error
Total	$298	10	$425	14
Under 18 years	254	13	301	18
18–64 years	305	13	449	20
65 years and over	350	30	517	26

[1]Expenditure data for 2000 were adjusted by the gross domestic product (GDP) implicit price deflator from the National Income and Product Accounts Tables, Bureau of Economic Analysis, Department of Commerce.

NOTES: Excludes visits where the patient was admitted or transferred to hospital. Hospital inpatient admissions following an emergency department visit are more likely for older, sicker patients.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey. See Appendix I, Medical Expenditure Panel Survey (MEPS).

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Technical Notes

Data Sources and Comparability

Data for the *Health, United States, 2012* 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. Data Sources. 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, and this is noted in the data tables that accompany the charts (see Appendix II, Age adjustment). Age-adjusted rates are computed to eliminate differences in observed rates that result from age differences in population composition. 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. Data tables with point estimates and standard errors accompany Figures 20–29. Some data tables contain additional data that were not graphed because of space considerations. Point estimates and standard errors for Figures 1–19 are available in the Trend Table and Excel spreadsheet specified in the figure Note.

Statistical Testing

Data trends can be described in many ways. For trend analyses presented in the Chartbook, the statistical significance of increases or decreases in the estimates during the entire time period shown was assessed at the 0.05 level using weighted least squares regression, performed using the National Cancer Institute's Joinpoint software. For more information on Joinpoint, see: http://srab.cancer.gov/joinpoint. For analyses that show 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 used in the text 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 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), even statistically significant differences or trends do not necessarily have public health significance (1).

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. However, they 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 figures. 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 (2). 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.

References

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Trend Tables

Table 1 (page 1 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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
2009	306,772	4,004	16,241	40,843	43,577	40,723	41,488	44,867	35,406	21,233	13,023	5,367
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
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
2009	150,807	2,044	8,298	20,880	22,313	20,456	20,646	22,069	17,076	9,858	5,432	1,735
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
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
2009	155,964	1,959	7,943	19,963	21,264	20,267	20,842	22,798	18,330	11,375	7,591	3,632
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
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
2009	120,883	1,541	6,299	16,010	17,116	16,024	16,430	18,090	14,436	8,528	4,838	1,570
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
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
2009	123,506	1,473	6,009	15,231	16,168	15,443	16,161	18,312	15,172	9,655	6,625	3,257
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
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
2009	19,888	347	1,375	3,395	3,572	2,758	2,658	2,672	1,753	864	388	106
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

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 1950–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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
2009	21,745	337	1,329	3,280	3,542	3,033	2,985	3,022	2,109	1,166	668	274
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
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
2009	2,079	39	154	367	387	324	284	257	159	73	28	7
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
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
2009	2,062	38	149	358	359	305	279	267	170	84	39	13
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
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
2009	7,958	117	471	1,108	1,239	1,349	1,274	1,050	727	392	178	52
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
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
2009	8,651	111	456	1,094	1,195	1,486	1,417	1,197	878	471	259	88
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

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 1950–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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
Hispanic or Latino male	Number, in thousands											
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
2009	25,064	525	2,077	4,626	4,559	4,377	3,667	2,641	1,458	706	339	89
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
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
2009	24,263	507	1,991	4,436	4,101	3,958	3,492	2,635	1,600	882	493	167
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
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
2009	98,293	1,080	4,465	11,880	13,042	12,080	13,088	15,681	13,097	7,874	4,519	1,487
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
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
2009	101,700	1,028	4,250	11,275	12,521	11,904	12,997	15,919	13,704	8,837	6,164	3,100
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

- - - Data not available.
[1]Population for age group under 5 years.
[2]Population 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 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 Appendix III.

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, and July 1, 2011 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 1973–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#002.

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

Selected characteristic, race, and Hispanic origin[1]	*1973*	*1980*	*1985*	*1990*	*1995*	*2000*[2]	*2005*	*2010*[4]	*2011*
All persons				Percent below poverty					
All races	11.1	13.0	14.0	13.5	13.8	11.3	12.6	15.1	15.0
White only	8.4	10.2	11.4	10.7	11.2	9.5	10.6	13.0	12.8
Black or African American only	31.4	32.5	31.3	31.9	29.3	22.5	24.9	27.4	27.6
Asian only	---	---	---	12.2	14.6	9.9	11.1	12.2	12.3
Hispanic or Latino	21.9	25.7	29.0	28.1	30.3	21.5	21.8	26.5	25.3
Mexican	---	---	28.8	28.1	31.2	22.9	---	---	---
Puerto Rican	---	---	43.3	40.6	38.1	25.6	---	---	---
White only, not Hispanic or Latino	7.5	9.1	9.7	8.8	8.5	7.4	8.3	9.9	9.8
Related children under 18 years of age in families									
All races	14.2	17.9	20.1	19.9	20.2	15.6	17.1	21.5	21.4
White only	9.7	13.4	15.6	15.1	15.5	12.4	13.9	17.9	18.1
Black or African American only	40.6	42.1	43.1	44.2	41.5	30.9	34.2	39.0	38.6
Asian only	---	---	---	17.0	18.6	12.5	11.0	14.0	13.0
Hispanic or Latino	27.8	33.0	39.6	37.7	39.3	27.6	27.7	34.3	33.7
Mexican	---	---	37.4	35.5	39.3	29.5	---	---	---
Puerto Rican	---	---	58.6	56.7	53.2	32.1	---	---	---
White only, not Hispanic or Latino	---	11.3	12.3	11.6	10.6	8.5	9.5	11.7	11.9
Related children under 18 years of age in families with female householder and no spouse present									
All races	---	50.8	53.6	53.4	50.3	40.1	42.8	46.6	47.6
White only	---	41.6	45.2	45.9	42.5	33.9	38.8	43.3	44.3
Black or African American only	---	64.8	66.9	64.7	61.6	49.3	50.2	53.2	54.2
Asian only	---	---	---	32.2	42.4	38.0	25.6	36.9	34.5
Hispanic or Latino	---	65.0	72.4	68.4	65.7	49.8	50.2	56.3	56.8
Mexican	---	---	64.4	62.4	65.9	51.4	---	---	---
Puerto Rican	---	---	85.4	82.7	79.6	55.3	---	---	---
White only, not Hispanic or Latino	---	---	---	39.6	33.5	28.0	33.1	34.7	35.5
All persons				Number below poverty, in thousands					
All races	22,973	29,272	33,064	33,585	36,425	31,581	36,950	46,343	46,247
White only	15,142	19,699	22,860	22,326	24,423	21,645	24,872	31,083	30,849
Black or African American only	7,388	8,579	8,926	9,837	9,872	7,982	9,168	10,746	10,929
Asian only	---	---	---	858	1,411	1,258	1,402	1,899	1,973
Hispanic or Latino	2,366	3,491	5,236	6,006	8,574	7,747	9,368	13,522	13,244
Mexican	---	---	3,220	3,764	5,608	5,460	---	---	---
Puerto Rican	---	---	1,011	966	1,183	814	---	---	---
White only, not Hispanic or Latino	12,864	16,365	17,839	16,622	16,267	14,366	16,227	19,251	19,171
Related children under 18 years of age in families									
All races	9,453	11,114	12,483	12,715	13,999	11,005	12,335	15,598	15,539
White only	5,462	6,817	7,838	7,696	8,474	6,834	7,652	9,590	9,643
Black or African American only	3,822	3,906	4,057	4,412	4,644	3,495	3,743	4,271	4,247
Asian only	---	---	---	356	532	407	312	477	466
Hispanic or Latino	1,364	1,718	2,512	2,750	3,938	3,342	3,977	5,815	5,820
Mexican	---	---	1,589	1,733	2,655	2,537	---	---	---
Puerto Rican	---	---	535	490	610	329	---	---	---
White only, not Hispanic or Latino	---	5,174	5,421	5,106	4,745	3,715	3,973	4,544	4,554

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 1973–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#002.

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

Selected characteristic, race, and Hispanic origin[1]	*1973*	*1980*	*1985*	*1990*	*1995*	*2000*[2]	*2005*	*2010*[4]	*2011*
Related children under 18 years of age in families with female householder and no spouse present				Number below poverty in thousands					
All races	- - -	5,866	6,716	7,363	8,364	6,300	7,210	8,603	9,026
White only	- - -	2,813	3,372	3,597	4,051	3,090	3,747	4,495	4,792
Black or African American only	- - -	2,944	3,181	3,543	3,954	2,908	2,993	3,252	3,331
Asian only	- - -	- - -	- - -	80	145	162	68	141	147
Hispanic or Latino	- - -	809	1,247	1,314	1,872	1,407	1,774	2,707	2,955
Mexican	- - -	- - -	553	615	1,056	938	- - -	- - -	- - -
Puerto Rican	- - -	- - -	449	382	459	242	- - -	- - -	- - -
White only, not Hispanic or Latino	- - -	- - -	- - -	2,411	2,299	1,832	2,158	2,209	2,321

- - - Data not available.
[1]The 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.
[2]Estimates are consistent with 2001 data through implementation of the 2000 census-based population controls and a 28,000-household sample expansion.
[3]The 2004 data (shown in spreadsheet version) were revised to 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).
[4]Data for 2010 were revised to 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. 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 28.3%, representing 896,000 persons. Data for additional years are available. See Appendix III.

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: 2011. Current Population Reports, P60–243. Washington, DC: U.S. Government Printing Office. 2012. Available from: http://www.census.gov/prod/2012pubs/p60-243.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 1950–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#003.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate[1]	Fertility rate[2]	Age of mother									
				15–19 years								
			10–14 years	Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years[3]
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
2007	14.3	69.3	0.6	41.5	21.7	71.7	105.4	118.1	100.6	47.6	9.6	0.6
2008	14.0	68.1	0.6	40.2	21.1	68.2	101.8	115.0	99.4	46.8	9.9	0.7
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
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
2007	13.8	69.4	0.5	38.4	19.5	67.2	103.5	122.0	104.4	48.5	9.5	0.6
2008	13.5	68.3	0.4	37.3	19.1	64.0	99.8	118.8	103.3	47.5	9.7	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
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
2007	16.7	71.7	1.4	62.1	34.7	105.2	134.6	110.4	74.9	36.4	8.7	0.6
2008	16.3	70.6	1.3	60.1	33.5	99.5	130.6	107.9	74.8	36.4	8.8	0.6
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
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
2007	12.9	55.5	0.7	49.3	26.1	86.3	105.8	86.2	52.5	24.3	5.2	0.3
2008	12.4	54.0	0.7	47.3	25.8	80.2	102.7	83.2	51.2	23.1	5.3	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

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 1950–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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						
Asian or Pacific Islander mother[5]			Live births per 1,000 women									
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
2007	16.4	65.3	0.2	14.8	7.4	24.9	53.2	99.2	121.6	65.8	14.2	1.1
2008	15.7	63.3	0.2	13.8	7.0	23.0	50.4	96.6	117.7	64.9	14.7	1.2
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
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
2007	23.0	97.4	1.2	75.3	44.4	124.7	164.6	149.5	108.5	55.0	13.1	0.8
2008	21.8	92.7	1.1	70.3	42.2	114.0	154.1	142.3	105.3	54.0	13.3	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
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
2007	11.7	61.0	0.2	27.2	11.9	50.4	85.1	112.0	101.5	46.3	8.7	0.6
2008	11.5	60.5	0.2	26.7	11.6	48.6	82.8	109.7	100.8	45.2	8.9	0.6
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
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
2007	16.6	71.4	1.4	62.0	34.6	105.2	134.5	110.5	74.7	36.2	8.5	0.6
2008	16.3	70.8	1.4	60.4	33.6	100.0	131.6	108.8	75.3	36.3	8.7	0.6
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

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 1950–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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. 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 Appendix III.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.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/mvsr/supp/mv32_06sacc.pdf and http://www.cdc.gov/nchs/data/mvsr/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 1970–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#004.

[Data are based on birth certificates]

Maternal age, race, and Hispanic origin	*1970*	*1975*	*1980*	*1985*	*1990*	*1995*	*2000*	*2005*	*2009*	*2010*
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	3.1	2.8
White	4.8	6.0	4.5	3.7	3.6	4.3	3.5	2.9	2.8	2.5
Black or African American	14.8	16.3	12.5	10.6	10.1	10.8	7.8	6.2	5.4	4.9
American Indian or Alaska Native	7.5	11.2	9.4	7.6	7.2	8.7	7.3	6.5	5.7	5.1
Asian or Pacific Islander[1]	---	---	1.5	1.6	2.1	2.2	1.5	1.0	0.8	0.7
Hispanic or Latina[2]	---	---	7.4	6.4	6.6	7.6	6.3	5.3	5.0	4.7
Mexican	---	---	7.7	6.9	6.9	8.0	6.6	5.7	5.4	5.0
Puerto Rican	---	---	10.0	8.5	9.1	10.8	7.8	6.5	5.5	5.0
Cuban	---	---	3.8	2.2	2.7	2.8	3.1	2.4	1.7	1.5
Central and South American	---	---	2.4	2.4	3.2	4.1	3.3	2.9	2.5	2.4
Other and unknown Hispanic or Latina	---	---	6.5	7.0	8.0	9.0	7.6	6.6	6.3	5.7
Not Hispanic or Latina:[2]										
White	---	---	4.0	3.2	3.0	3.4	2.6	2.0	1.9	1.7
Black or African American	---	---	12.7	10.7	10.2	10.8	7.8	6.3	5.5	4.9
18–19 years										
All races	11.3	11.3	9.8	8.0	8.1	7.9	7.7	6.8	6.9	6.5
White	10.4	10.3	9.0	7.1	7.3	7.2	7.1	6.3	6.4	6.0
Black or African American	16.6	16.9	14.5	12.9	13.0	12.4	11.9	10.6	10.9	10.3
American Indian or Alaska Native	12.8	15.2	14.6	12.4	12.3	12.7	12.4	11.3	11.6	11.0
Asian or Pacific Islander[1]	---	---	3.9	3.4	3.7	3.5	3.0	2.3	2.0	1.9
Hispanic or Latina[2]	---	---	11.6	10.1	10.2	10.3	9.9	8.8	8.8	8.4
Mexican	---	---	12.0	10.6	10.7	10.8	10.4	9.2	9.1	8.7
Puerto Rican	---	---	13.3	12.4	12.6	12.7	12.2	10.9	11.0	10.3
Cuban	---	---	9.2	4.9	5.0	4.9	4.4	5.3	5.2	4.7
Central and South American	---	---	6.0	5.8	5.9	6.5	6.5	5.7	5.3	4.8
Other and unknown Hispanic or Latina	---	---	10.8	10.5	11.1	11.1	11.3	10.5	10.9	10.5
Not Hispanic or Latina:[2]										
White	---	---	8.5	6.5	6.6	6.4	6.1	5.3	5.4	5.0
Black or African American	---	---	14.7	12.9	13.0	12.4	12.0	10.7	11.0	10.3
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	129,276	113,670
White	149,258	155,254	133,541	112,155	119,908	133,019	111,225	95,148	88,607	78,185
Black or African American	83,390	81,198	70,842	61,481	69,219	65,039	48,426	39,541	35,777	31,371
American Indian or Alaska Native	1,664	2,548	2,769	2,573	2,825	3,228	3,057	2,891	2,788	2,382
Asian or Pacific Islander[1]	---	---	1,090	1,721	2,924	3,464	3,020	2,333	2,104	1,732
Hispanic or Latina[2]	---	---	22,763	23,975	39,529	51,862	51,061	52,512	50,091	44,106
Mexican	---	---	16,690	16,735	26,739	37,347	38,649	39,471	34,628	30,161
Puerto Rican	---	---	3,353	2,985	5,360	5,915	4,519	4,140	3,757	3,310
Cuban	---	---	273	220	303	354	423	392	288	259
Central and South American	---	---	519	976	2,648	3,923	3,762	4,408	3,776	3,426
Other and unknown Hispanic or Latina	---	---	1,928	3,059	4,479	4,323	3,708	4,101	7,642	6,950
Not Hispanic or Latina:[2]										
White	---	---	50,569	44,604	78,376	81,054	60,599	45,195	41,028	36,437
Black or African American	---	---	38,105	35,941	67,454	63,734	47,256	36,875	33,265	29,092
18–19 years										
All races	421,118	354,968	353,939	299,696	338,499	307,365	311,781	281,402	285,555	258,505
White	322,626	265,566	264,223	216,597	239,548	222,470	226,227	203,762	203,124	183,565
Black or African American	93,342	83,812	82,309	75,201	88,732	74,582	74,336	67,201	71,771	65,235
American Indian or Alaska Native	2,856	3,442	4,277	4,221	4,798	4,739	5,158	5,052	5,635	5,126
Asian or Pacific Islander[1]	---	---	2,873	3,553	5,218	5,574	6,060	5,387	5,025	4,579
Hispanic or Latina[2]	---	---	35,484	37,537	60,502	69,774	81,046	86,860	88,245	79,503
Mexican	---	---	25,881	25,739	41,432	50,753	60,426	64,089	58,789	52,346
Puerto Rican	---	---	4,482	4,363	7,420	6,978	7,092	6,874	7,546	6,860
Cuban	---	---	658	487	564	611	589	847	869	788
Central and South American	---	---	1,271	2,370	4,861	6,139	7,405	8,597	7,887	6,798
Other and unknown Hispanic or Latina	---	---	3,192	4,578	6,225	5,293	5,534	6,453	13,154	12,711
Not Hispanic or Latina:[2]										
White	---	---	106,303	91,871	174,180	151,681	145,297	121,141	119,604	108,633
Black or African American	---	---	44,042	43,542	86,271	72,995	72,499	62,635	66,888	60,810

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 1970–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#004.

[Data are based on birth certificates]

- - - Data not available.
[1]Estimates 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.
[2]Prior 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 Appendix III.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.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 1970–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#005.

[Data are based on birth certificates]

Maternal race, Hispanic origin, and age	1970	1975	1980	1985	1990	1995	2000	2005	2009	2010
					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	49.9	47.6
White[2]	13.9	12.4	18.1	22.5	32.9	37.0	38.2	43.2	46.6	44.5
Black or African American[2]	95.5	84.2	81.1	77.0	90.5	74.5	70.5	67.2	68.7	65.3
Asian or Pacific Islander	---	---	---	---	---	---	20.9	22.8	23.6	22.3
Hispanic or Latina[3]	---	---	---	---	89.6	88.8	87.2	96.2	89.4	80.6
White, not Hispanic or Latina	---	---	---	---	24.4	28.1	28.0	30.4	33.6	32.9
					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	41.0	40.8
White	5.5	7.1	11.2	14.7	20.4	25.3	27.1	31.7	36.0	35.9
Black or African American	37.5	49.5	56.1	61.2	66.5	69.9	68.5	69.3	72.3	72.1
American Indian or Alaska Native	22.4	32.7	39.2	46.8	53.6	57.2	58.4	63.5	65.4	65.6
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	53.2	53.4
Mexican	---	---	20.3	25.7	33.3	38.1	40.7	46.7	51.8	52.0
Puerto Rican	---	---	46.3	51.1	55.9	60.0	59.6	61.7	65.2	65.2
Cuban	---	---	10.0	16.1	18.2	23.8	27.3	36.4	46.0	47.0
Central and South American	---	---	27.1	34.9	41.2	44.1	44.7	49.2	52.4	51.8
Other and unknown Hispanic or Latina	---	---	22.4	31.1	37.2	44.0	46.2	48.6	55.8	56.3
Not Hispanic or Latina:[3]										
White	---	---	9.5	12.4	16.9	21.2	22.1	25.3	29.0	29.0
Black or African American	---	---	57.2	62.0	66.7	70.0	68.7	69.9	72.8	72.5
					Number of live births, in thousands					
Live births to unmarried mothers	399	448	666	828	1,165	1,254	1,347	1,527	1,694	1,633
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	21.4	20.1
20–24 years	31.8	29.9	35.6	36.3	34.7	34.5	37.4	38.3	36.9	36.8
25 years and over	18.1	18.0	23.5	29.9	34.4	34.7	34.6	38.7	41.7	43.1

--- Data not available.

[1]Rates 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.

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

[3]Prior 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.

[4]Estimates 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. Interpretation of trend data for Hispanic births should take into consideration expansion of reporting areas. See Appendix II, Marital status. 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 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. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.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 1970–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#006.

[Data are based on birth certificates]

Birthweight, maternal race, Hispanic origin, and smoking status	*1970*	*1975*	*1980*	*1985*	*1990*	*1995*	*2000*	*2005*	*2009*	*2010*
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	8.16	8.15
White	6.85	6.27	5.72	5.65	5.70	6.22	6.55	7.16	7.10	7.08
Black or African American	13.90	13.19	12.69	12.65	13.25	13.13	12.99	13.59	13.31	13.21
American Indian or Alaska Native	7.97	6.41	6.44	5.86	6.11	6.61	6.76	7.36	7.28	7.61
Asian or Pacific Islander[2]	---	---	6.68	6.16	6.45	6.90	7.31	7.98	8.27	8.49
Hispanic or Latina[3]	---	---	6.12	6.16	6.06	6.29	6.41	6.88	6.94	6.97
Mexican	---	---	5.62	5.77	5.55	5.81	6.01	6.49	6.47	6.49
Puerto Rican	---	---	8.95	8.69	8.99	9.41	9.30	9.92	9.59	9.55
Cuban	---	---	5.62	6.02	5.67	6.50	6.49	7.64	7.55	7.30
Central and South American	---	---	5.76	5.68	5.84	6.20	6.34	6.78	6.64	6.55
Other and unknown Hispanic or Latina	---	---	6.96	6.83	6.87	7.55	7.84	8.27	8.28	8.38
Not Hispanic or Latina:[3]										
White	---	---	5.69	5.61	5.61	6.20	6.60	7.29	7.19	7.14
Black or African American	---	---	12.71	12.62	13.32	13.21	13.13	14.02	13.61	13.53
									25 states	
Cigarette smoker[4]	---	---	---	---	†	†	†	†	11.81	11.98
Nonsmoker[4]	---	---	---	---	†	†	†	†	7.38	7.37
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	1.45	1.45
White	0.95	0.92	0.90	0.94	0.95	1.06	1.14	1.20	1.17	1.17
Black or African American	2.40	2.40	2.48	2.71	2.92	2.97	3.07	3.15	2.97	2.90
American Indian or Alaska Native	0.98	0.95	0.92	1.01	1.01	1.10	1.16	1.17	1.31	1.28
Asian or Pacific Islander[2]	---	---	0.92	0.85	0.87	0.91	1.05	1.14	1.13	1.17
Hispanic or Latina[3]	---	---	0.98	1.01	1.03	1.11	1.14	1.20	1.19	1.20
Mexican	---	---	0.92	0.97	0.92	1.01	1.03	1.12	1.08	1.09
Puerto Rican	---	---	1.29	1.30	1.62	1.79	1.93	1.87	1.88	1.82
Cuban	---	---	1.02	1.18	1.20	1.19	1.21	1.50	1.46	1.42
Central and South American	---	---	0.99	1.01	1.05	1.13	1.20	1.19	1.12	1.09
Other and unknown Hispanic or Latina	---	---	1.01	0.96	1.09	1.28	1.42	1.36	1.40	1.46
Not Hispanic or Latina:[3]										
White	---	---	0.87	0.91	0.93	1.04	1.14	1.21	1.16	1.16
Black or African American	---	---	2.47	2.67	2.93	2.98	3.10	3.27	3.06	2.98
									25 states	
Cigarette smoker[4]	---	---	---	---	†	†	†	†	1.76	1.83
Nonsmoker[4]	---	---	---	---	†	†	†	†	1.30	1.30

--- Data not available.

† Data are 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.

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

[2]Estimates 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.

[3]Prior 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.

[4]Percentage 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. Only data for the 25 states that used the 2003 Revision of the U.S. Standard Certificate of Live Birth for data on smoking in both 2009 and 2010 are shown. See Appendix II, Cigarette smoking. 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 Appendix III.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf. See Appendix I, National Vital Statistics System (NVSS).

Table 7 (page 1 of 2). Low birthweight live births, by race and Hispanic origin of mother, and state: United States, 2000–2002, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#007.

[Data are based on birth certificates]

State	All races			Not Hispanic or Latina					
				White			Black or African American		
	2000–2002	2003–2005	2008–2010	2000–2002	2003–2005	2008–2010	2000–2002	2003–2005	2008–2010
	Percent of live births weighing less than 2,500 grams[1]								
United States	7.69	8.07	8.16	6.75	7.18	7.18	13.19	13.77	13.62
Alabama	9.75	10.35	10.40	7.77	8.46	8.40	14.10	15.02	15.41
Alaska	5.71	6.02	5.84	4.84	5.34	4.99	10.70	11.74	12.58
Arizona	6.91	7.05	7.08	6.78	7.01	6.80	13.16	12.38	11.86
Arkansas	8.64	9.04	8.99	7.48	7.83	7.72	13.81	14.86	14.73
California	6.29	6.71	6.80	5.86	6.30	6.28	11.66	12.46	11.95
Colorado	8.60	9.04	8.81	8.24	8.81	8.47	14.59	15.20	14.00
Connecticut	7.52	7.74	8.02	6.48	6.60	6.81	12.28	12.88	12.69
Delaware	9.29	9.31	8.68	7.80	7.62	7.06	14.08	14.32	13.12
District of Columbia	11.85	11.06	10.33	6.35	6.28	6.72	14.60	13.96	13.33
Florida	8.18	8.59	8.73	6.98	7.38	7.33	12.58	13.28	13.51
Georgia	8.79	9.27	9.57	6.92	7.44	7.67	12.98	13.81	13.72
Hawaii	7.98	8.23	8.29	6.17	6.42	6.53	11.01	11.44	11.57
Idaho	6.41	6.65	6.59	6.29	6.60	6.29	*	*7.03	*9.13
Illinois	8.04	8.40	8.34	6.74	7.22	7.15	14.04	14.70	13.90
Indiana	7.54	8.10	8.24	6.95	7.54	7.57	12.89	13.46	13.76
Iowa	6.39	6.92	6.78	6.19	6.72	6.48	11.77	12.22	12.01
Kansas	6.96	7.28	7.19	6.66	6.97	6.70	12.37	13.42	12.82
Kentucky	8.38	8.86	9.06	7.84	8.50	8.65	13.84	13.52	14.04
Louisiana	10.40	11.02	10.73	7.56	8.12	8.00	14.44	15.33	15.05
Maine	6.12	6.58	6.43	6.13	6.57	6.42	*9.47	8.47	6.55
Maryland	8.88	9.17	9.05	6.79	7.19	7.08	13.00	13.13	12.72
Massachusetts	7.26	7.77	7.76	6.56	7.15	7.11	11.54	11.82	10.89
Michigan	7.94	8.28	8.45	6.55	7.00	7.08	14.24	14.43	14.06
Minnesota	6.23	6.43	6.44	5.80	5.93	5.83	10.54	10.71	10.38
Mississippi	10.82	11.62	12.05	7.97	8.67	8.74	14.48	15.60	16.41
Missouri	7.74	8.12	8.15	6.79	7.18	7.15	13.27	13.90	13.67
Montana	6.65	7.02	7.31	6.60	6.81	7.28	*	*15.58	*
Nebraska	6.88	6.97	7.09	6.52	6.76	6.58	13.07	12.16	13.30
Nevada	7.44	8.11	8.13	7.19	7.78	7.88	13.40	13.98	13.72
New Hampshire	6.40	6.65	6.76	6.24	6.59	6.62	10.58	10.85	9.51
New Jersey	7.89	8.19	8.33	6.59	7.11	7.25	13.20	13.48	12.93
New Mexico	7.99	8.38	8.50	7.89	8.33	8.38	13.88	15.01	14.27
New York	7.76	8.11	8.21	6.48	6.82	6.85	12.02	12.78	12.82
North Carolina	8.90	9.07	9.07	7.49	7.73	7.64	13.83	14.33	14.23
North Dakota	6.28	6.49	6.62	6.13	6.37	6.22	*9.02	*9.43	*8.55
Ohio	8.07	8.51	8.58	7.08	7.53	7.43	13.45	13.83	14.06
Oklahoma	7.75	7.92	8.35	7.35	7.63	7.98	13.57	13.62	14.53
Oregon	5.65	6.09	6.21	5.44	6.02	5.99	10.32	11.16	10.51
Pennsylvania	7.93	8.20	8.33	6.78	7.06	7.15	13.79	13.67	13.43
Rhode Island	7.47	8.12	7.87	6.75	7.39	7.03	12.32	11.22	11.06
South Carolina	9.74	10.15	9.92	7.40	7.82	7.74	14.29	15.19	14.69
South Dakota	6.58	6.71	6.38	6.37	6.62	6.23	*11.51	*7.27	10.83
Tennessee	9.20	9.35	9.13	7.95	8.26	8.06	14.23	14.51	13.89
Texas	7.54	8.07	8.45	6.81	7.43	7.67	12.82	13.91	14.03
Utah	6.48	6.68	6.93	6.28	6.45	6.66	13.09	12.05	11.24
Vermont	6.15	6.57	6.62	6.12	6.55	6.57	*	*	*8.42
Virginia	7.90	8.23	8.29	6.54	7.01	7.01	12.56	12.83	12.88
Washington	5.75	6.13	6.31	5.43	5.63	5.92	10.34	10.63	9.54
West Virginia	8.60	9.16	9.31	8.39	9.03	9.14	13.81	13.15	14.75
Wisconsin	6.58	6.93	7.05	5.83	6.18	6.27	13.25	13.59	13.65
Wyoming	8.35	8.71	8.56	8.12	8.74	8.26	*13.29	*	*15.50

See footnotes at end of table.

Table 7 (page 2 of 2). Low birthweight live births, by race and Hispanic origin of mother, and state: United States, 2000–2002, 2003–2005, and 2008–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#007.

[Data are based on birth certificates]

State	Hispanic or Latina[2]			American Indian or Alaska Native[3]			Asian or Pacific Islander[3]		
	2000–2002	2003–2005	2008–2010	2000–2002	2003–2005	2008–2010	2000–2002	2003–2005	2008–2010
	Percent of live births weighing less than 2,500 grams[1]								
United States	6.48	6.79	6.96	7.11	7.39	7.43	7.54	7.89	8.31
Alabama	6.95	6.92	6.44	9.68	10.53	8.44	7.38	8.02	8.80
Alaska	6.07	5.31	7.14	5.81	5.86	6.38	7.33	6.57	6.09
Arizona	6.56	6.69	6.76	6.85	7.11	6.77	7.95	7.92	8.64
Arkansas	5.79	6.54	6.51	8.11	8.86	7.98	7.73	6.74	9.26
California	5.66	6.10	6.14	6.21	6.49	6.59	7.15	7.42	7.90
Colorado	8.33	8.53	8.38	9.05	9.45	8.59	10.17	10.26	11.28
Connecticut	8.25	8.49	8.37	10.06	7.45	8.22	8.07	7.83	8.61
Delaware	6.81	7.03	6.56	*	*	*	9.89	9.33	8.01
District of Columbia	8.04	7.46	6.72	*	*	*	*7.00	8.97	6.99
Florida	6.61	6.98	7.13	7.11	7.38	6.91	8.35	8.73	8.56
Georgia	5.77	5.96	6.54	9.29	9.00	8.57	8.18	8.35	8.14
Hawaii	8.00	8.34	8.64	*4.99	*	*	8.45	8.84	8.86
Idaho	6.95	6.67	7.47	6.15	8.31	8.43	7.38	6.67	10.00
Illinois	6.31	6.60	6.70	8.60	9.46	8.78	8.49	8.28	9.15
Indiana	6.09	6.33	6.68	*7.74	*10.00	*8.38	7.41	7.87	8.43
Iowa	6.01	6.12	6.49	7.23	9.15	6.25	7.13	7.71	8.05
Kansas	5.93	6.09	6.30	6.20	7.09	7.77	6.69	7.34	9.18
Kentucky	7.73	6.85	6.71	*7.17	*8.54	*7.17	7.75	7.56	8.41
Louisiana	6.56	7.62	6.99	9.06	10.11	10.85	7.89	8.46	9.26
Maine	*6.03	*4.74	*7.47	*	*	*6.63	*5.46	8.69	*5.28
Maryland	6.73	7.18	6.90	9.74	10.87	8.85	7.42	7.93	8.49
Massachusetts	8.37	8.41	8.45	*7.11	*7.62	9.87	7.57	7.63	8.25
Michigan	6.26	6.46	6.78	7.26	6.98	8.26	7.46	8.33	8.96
Minnesota	6.02	5.70	5.84	7.10	6.87	7.01	7.28	7.43	7.80
Mississippi	6.61	6.42	6.85	7.30	6.24	8.79	6.83	8.06	8.40
Missouri	6.18	6.33	6.57	8.67	7.63	8.07	7.34	7.61	8.27
Montana	7.44	8.63	6.43	7.14	7.80	7.62	*5.95	*8.70	*7.03
Nebraska	6.30	6.20	6.60	7.27	6.78	7.06	8.05	7.61	8.71
Nevada	6.34	6.74	6.83	6.80	7.58	7.19	7.56	10.35	9.29
New Hampshire	4.84	6.55	8.35	*	*	*	5.95	7.75	7.53
New Jersey	7.15	7.27	7.31	11.09	9.83	*8.50	7.57	8.10	8.83
New Mexico	8.13	8.45	8.54	6.88	7.32	7.39	7.67	8.60	9.71
New York	7.38	7.59	7.81	7.81	7.31	7.58	7.33	7.89	7.95
North Carolina	6.13	6.27	6.28	10.30	11.01	11.00	8.20	7.77	8.59
North Dakota	*8.10	*5.84	7.59	6.62	6.78	8.64	*	*8.39	*7.78
Ohio	7.20	7.13	7.49	8.86	10.22	9.13	7.86	8.27	8.26
Oklahoma	6.41	6.46	6.71	6.48	6.69	7.44	7.87	6.82	7.20
Oregon	5.54	5.43	6.04	7.23	7.34	6.85	6.78	7.00	7.40
Pennsylvania	8.97	9.00	8.79	9.15	10.95	9.47	7.48	7.99	8.11
Rhode Island	7.20	8.61	7.99	*10.32	13.66	10.40	9.31	10.11	9.32
South Carolina	6.87	6.66	6.54	10.22	10.75	8.45	8.02	8.13	8.99
South Dakota	6.89	5.94	6.85	6.84	7.04	6.14	*11.39	*9.50	*9.96
Tennessee	6.28	6.04	6.28	*7.11	*6.63	5.95	8.60	7.76	8.04
Texas	6.88	7.23	7.64	6.67	7.33	7.58	7.78	8.33	9.31
Utah	7.20	7.26	7.48	6.37	7.46	7.34	7.23	8.20	9.14
Vermont	*	*	*	*	*	*	*	*8.08	*6.87
Virginia	6.07	6.28	6.39	*10.73	*9.20	*4.69	7.50	7.71	8.12
Washington	5.31	5.93	6.10	7.08	7.31	7.31	6.37	6.90	7.26
West Virginia	*	*6.06	*5.81	*	*	*	*9.16	*9.51	*6.56
Wisconsin	6.13	6.34	6.06	6.12	6.04	6.81	6.97	7.50	7.35
Wyoming	8.81	8.43	9.59	9.55	8.39	8.55	*12.04	*	*12.98

* Percentages preceded by an asterisk are based on fewer than 50 births. Percentages not shown are based on fewer than 20 births.
[1]Excludes live births with unknown birthweight.
[2]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[3]Includes 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, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf. 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.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use and nonpublic-use Birth File. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC, Mathews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: NCHS. 2012; Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf. See Appendix I, National Vital Statistics System (NVSS).

Table 8. Legal abortions, legal abortion rates, and legal abortion ratios: United States and 45 continuous reporting areas, 2000–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#008.

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

Data provider	2000[1]	2001[1]	2002[1]	2003[2]	2004[2]	2005[3]	2006[3]	2007[4]	2008[4]	2009[5]
					Number of legal abortions reported, in thousands					
Centers for Disease Control and Prevention (CDC)[6]	857	853	854	848	839	820	852	828	826	785
Guttmacher Institute[7]	1,313	1,291	1,269	1,250	1,222	1,206	1,242	1,210	1,212	- - -
					CDC 45 continuous reporting areas[8]					
Number of legal abortions reported, in thousands	826	822	824	820	811	802	828	812	810	773
Percent of total legal abortions reported to CDC[9]	96.3	96.3	96.4	96.7	96.7	97.7	97.1	98.1	98.2	98.5
Number of legal abortions per 1,000 women aged 15–44	16.2	16.1	16.1	16.1	15.9	15.6	16.1	15.8	15.9	15.1
Number of legal abortions per 1,000 live births	248	249	250	245	241	236	236	229	232	227

- - - Data not available.
[1]In 2000, 2001, and 2002, Alaska, California, and New Hampshire did not report abortion data to CDC.
[2]In 2003 and 2004, California, New Hampshire, and West Virginia did not report abortion data to CDC.
[3]In 2005 and 2006, California, Louisiana, and New Hampshire did not report abortion data to CDC. For 2006, Louisiana provided 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.
[4]In 2007 and 2008, California, Maryland, and New Hampshire did not report abortion data to CDC.
[5]In 2009, California, Delaware, Maryland, and New Hampshire did not report abortion data to CDC.
[6]Overall 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.
[7]No 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.
[8]Because 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 45 reporting areas that provided data for the entire period from 2000 to 2009. The 45 continuous reporting areas includes all states except Alaska, California, Delaware, Louisiana, Maryland, New Hampshire, and West Virginia. The District of Columbia and New York City are included in the 45 continuous reporting areas.
[9]Percentage of legal abortions that the 45 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. http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm For methodological differences between CDC and 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, 2009. 61(SS08);1–44. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6108a1.htm?s_cid=ss6108a1_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/contents2012.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/contents2012.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/contents2012.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/contents2012.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]		Hispanic or Latina[3]
	White only	Black or African American only	
	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 contraceptives[5]			
1982	. . .	. . .	. . .
1995	*1.0	*2.4	*2.0
2002	*0.6	*	*2.6
2006–2010	3.0	4.7	3.3
Injectable[5]			
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 pill[6]			
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/contents2012.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]		Hispanic or Latina[3]
	White only	Black or African American only	
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.
[1]Starting 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.
[2]Includes women of other or multiple race not shown separately.
[3]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[4]Had sexual (vaginal) intercourse in the past 3 months.
[5]Data 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.
[6]Includes the oral contraceptive pill and emergency contraception/morning-after pill.
[7]In 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 Appendix III.

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/contents2012.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%.

[1]Starting 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.

[2]Educational 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.

[3]See 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 1983–2008

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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]	2007[2]	2008[2]
				Infant[3] deaths per 1,000 live births				
All mothers	10.9	10.4	8.9	7.6	6.9	6.9	6.8	6.6
White	9.3	8.9	7.3	6.3	5.7	5.7	5.6	5.6
Black or African American	19.2	18.6	16.9	14.6	13.5	13.3	12.9	12.4
American Indian or Alaska Native	15.2	13.1	13.1	9.0	8.3	8.1	9.2	8.4
Asian or Pacific Islander[4]	8.3	7.8	6.6	5.3	4.9	4.9	4.8	4.5
Hispanic or Latina[5,6]	9.5	8.8	7.5	6.3	5.6	5.6	5.5	5.6
Mexican	9.1	8.5	7.2	6.0	5.4	5.5	5.4	5.6
Puerto Rican	12.9	11.2	9.9	8.9	8.2	8.3	7.7	7.3
Cuban	7.5	8.5	7.2	5.3	4.6	4.4	5.2	4.9
Central and South American	8.5	8.0	6.8	5.5	4.6	4.7	4.6	4.8
Other and unknown Hispanic or Latina	10.6	9.5	8.0	7.4	6.9	6.4	6.4	5.9
Not Hispanic or Latina[6]:								
White	9.2	8.6	7.2	6.3	5.7	5.8	5.6	5.5
Black or African American	19.1	18.3	16.9	14.7	13.6	13.6	13.3	12.7
				Neonatal[3] deaths per 1,000 live births				
All mothers	7.1	6.8	5.7	4.9	4.6	4.5	4.4	4.3
White	6.1	5.8	4.6	4.1	3.8	3.8	3.7	3.6
Black or African American	12.5	12.3	11.1	9.6	9.1	8.9	8.5	8.1
American Indian or Alaska Native	7.5	6.1	6.1	4.0	4.4	4.0	4.6	4.2
Asian or Pacific Islander[4]	5.2	4.8	3.9	3.4	3.4	3.4	3.4	3.1
Hispanic or Latina[5,6]	6.2	5.7	4.8	4.1	3.8	3.9	3.7	3.8
Mexican	5.9	5.4	4.5	3.9	3.6	3.8	3.7	3.8
Puerto Rican	8.7	7.6	6.9	6.1	5.8	5.9	5.1	5.0
Cuban	*5.0	6.2	5.3	*3.6	*3.2	*3.1	3.7	3.3
Central and South American	5.8	5.6	4.4	3.7	3.3	3.2	3.1	3.2
Other and unknown Hispanic or Latina	6.4	5.6	5.0	4.8	4.6	4.3	4.1	3.8
Not Hispanic or Latina[6]:								
White	5.9	5.6	4.5	4.0	3.8	3.7	3.6	3.5
Black or African American	12.0	11.9	11.0	9.6	9.2	9.1	8.7	8.3
				Postneonatal[3] deaths per 1,000 live births				
All mothers	3.8	3.6	3.2	2.6	2.3	2.3	2.3	2.3
White	3.2	3.1	2.7	2.2	1.9	2.0	1.9	2.0
Black or African American	6.7	6.3	5.9	5.0	4.3	4.3	4.4	4.3
American Indian or Alaska Native	7.7	7.0	7.0	5.1	3.9	4.0	4.7	4.2
Asian or Pacific Islander[4]	3.1	2.9	2.7	1.9	1.4	1.5	1.4	1.4
Hispanic or Latina[5,6]	3.3	3.2	2.7	2.1	1.8	1.8	1.8	1.8
Mexican	3.2	3.2	2.7	2.1	1.8	1.7	1.7	1.8
Puerto Rican	4.2	3.5	3.0	2.8	2.4	2.4	2.6	2.3
Cuban	*2.5	*2.3	*1.9	*1.7	*	*1.4	*1.5	*1.6
Central and South American	2.6	2.4	2.4	1.9	1.4	1.5	1.4	1.6
Other and unknown Hispanic or Latina	4.2	3.9	3.0	2.6	2.3	2.1	2.3	2.1
Not Hispanic or Latina[6]:								
White	3.2	3.0	2.7	2.2	1.9	2.1	2.0	2.0
Black or African American	7.0	6.4	5.9	5.0	4.4	4.5	4.6	4.4

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator.
[1]Rates based on unweighted birth cohort data.
[2]Rates based on a period file using weighted data. See Appendix I, National Vital Statistics System (NVSS), Linked Birth/Infant Death Data Set.
[3]Infant (under 1 year of age), neonatal (under 28 days), and postneonatal (28 days–11 months).
[4]Estimates 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.
[5]Persons of Hispanic origin may be of any race.
[6]Prior 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 Appendix III.

SOURCE: CDC/NCHS, National Vital Statistics System. Mathews TJ, MacDorman MF. Infant mortality statistics from the public-use 2008 period linked birth/infant death data set. National vital statistics reports; vol 60 no 5. Hyattsville, MD: NCHS; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_05.pdf. See Appendix I, National Vital Statistics System (NVSS).

Table 12. Infant mortality rates, by birthweight: United States, selected years 1983–2008

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#012.

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

Birthweight	*1983*[1]	*1985*[1]	*1990*[1]	*1995*[2]	*2000*[2]	*2005*[2]	*2007*[2]	*2008*[2]
	Infant[3] deaths per 1,000 live births							
All birthweights	10.9	10.4	8.9	7.6	6.9	6.9	6.8	6.6
Less than 2,500 grams	95.9	93.9	78.1	65.3	60.2	57.6	56.3	54.8
Less than 1,500 grams	400.6	387.7	317.6	270.7	246.9	245.7	241.5	238.2
Less than 500 grams	890.3	895.9	898.2	904.9	847.9	857.2	859.7	869.2
500–999 grams	584.2	559.2	440.1	351.0	313.8	305.1	300.3	290.7
1,000–1,499 grams	162.3	145.4	97.9	69.6	60.9	58.1	56.9	56.5
1,500–1,999 grams	58.4	54.0	43.8	33.5	28.7	27.0	26.9	27.5
2,000–2,499 grams	22.5	20.9	17.8	13.7	11.9	10.9	10.8	10.3
2,500 grams or more	4.7	4.3	3.7	3.0	2.5	2.3	2.3	2.3
2,500–2,999 grams	8.8	7.9	6.7	5.5	4.6	4.2	4.2	4.2
3,000–3,499 grams	4.4	4.3	3.7	2.9	2.4	2.2	2.1	2.1
3,500–3,999 grams	3.2	3.0	2.6	2.0	1.7	1.5	1.5	1.5
4,000 grams or more	3.3	3.2	2.4	2.0	1.6	1.6	1.5	1.5
4,000–4,499 grams	2.9	2.9	2.2	1.8	1.5	1.5	1.4	1.4
4,500–4,999 grams	3.9	3.8	2.5	2.2	2.1	2.2	1.9	2.3
5,000 grams or more[4]	14.4	14.7	9.8	8.5	*6.1	*4.6	*5.2	*6.4

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator.
[1]Rates based on unweighted birth cohort data.
[2]Rates 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.
[3]For 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.
[4]In 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 Appendix III.

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/contents2012.htm#013.

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

Race and year	Infant[1]	Neonatal[1]		Postneonatal[1]	Fetal mortality rate[2]	Late fetal mortality rate[3]	Perinatal mortality rate[4]
		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
2005	6.9	4.5	3.6	2.3	6.2	3.0	6.6
2006	6.7	4.5	3.5	2.2	6.1	3.0	6.5
2007	6.8	4.4	3.5	2.3	---	---	---
2008	6.6	4.3	3.4	2.3	---	---	---
2009	6.4	4.2	3.3	2.2	---	---	---
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
2006	5.6	3.7	2.9	1.8	5.2	2.7	5.6
2007	5.6	3.7	2.9	1.9	---	---	---
2008	5.5	3.6	2.9	1.9	---	---	---
2009	5.3	3.5	2.8	1.8	---	---	---
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
2006	13.3	8.8	7.0	4.5	10.8	4.6	11.5
2007	13.2	8.6	6.9	4.6	---	---	---
2008	12.7	8.2	6.6	4.5	---	---	---
2009	12.6	8.2	6.6	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.
[1]Infant (under 1 year of age), neonatal (under 28 days), early neonatal (under 7 days), and postneonatal (28 days–11 months).
[2]Number of fetal deaths of 20 weeks or more gestation per 1,000 live births plus fetal deaths.
[3]Number of fetal deaths of 28 weeks or more gestation (late fetal deaths) per 1,000 live births plus late fetal deaths.
[4]Number of late fetal deaths plus infant deaths within 7 days of birth per 1,000 live births plus late fetal deaths.
[5]Includes births and deaths of persons who were not residents of the 50 states and the District of Columbia.
[6]Infant deaths, live births, and fetal deaths are tabulated by race of child. See Appendix II, Race.
[7]Infant 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 minority 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 Appendix III.

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 2). Infant mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2003–2005, and 2006–2008

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#014.

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

State	All races			Not Hispanic or Latina					
				White			Black or African American		
	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]
	Infant[3] deaths per 1,000 live births								
United States	9.0	6.8	6.7	7.3	5.7	5.6	17.2	13.6	13.1
Alabama	11.4	9.0	9.5	8.6	6.8	7.7	16.8	13.6	13.7
Alaska	9.2	6.5	6.5	7.2	5.3	4.1	*	*	*
Arizona	8.8	6.7	6.5	8.2	6.0	6.0	17.3	11.2	14.9
Arkansas	9.8	8.3	7.9	8.1	7.2	6.7	15.2	13.6	13.5
California	7.6	5.2	5.1	6.9	4.6	4.5	15.4	11.4	10.7
Colorado	8.7	6.3	6.0	8.0	5.2	5.1	16.7	16.3	12.0
Connecticut	7.9	5.5	6.3	5.9	3.9	4.8	17.0	12.7	13.1
Delaware	11.2	9.0	8.0	8.2	6.5	5.9	20.1	16.8	13.5
District of Columbia	20.3	12.2	12.0	*8.2	*3.4	*4.5	23.9	17.2	17.7
Florida	9.4	7.2	7.2	7.2	5.8	5.7	16.2	12.9	12.8
Georgia	11.9	8.4	8.0	8.4	6.1	5.9	17.9	13.3	12.7
Hawaii	7.0	6.7	6.0	5.5	3.9	4.6	*13.6	*15.5	*18.5
Idaho	8.9	6.1	6.5	8.9	6.1	5.9	*	*	*
Illinois	10.7	7.5	7.1	7.6	5.9	5.7	20.5	15.3	13.4
Indiana	9.4	7.9	7.4	8.4	7.1	6.5	17.3	15.1	15.4
Iowa	8.2	5.4	5.4	7.8	5.1	5.1	15.8	*11.0	11.1
Kansas	8.5	7.1	7.5	7.8	6.7	6.9	15.4	14.3	14.6
Kentucky	8.7	6.8	7.0	8.1	6.4	6.6	14.4	10.9	12.1
Louisiana[4]	10.2	9.8	9.4	7.5	7.1	6.6	14.3	13.9	13.9
Maine	6.6	5.9	6.0	6.2	5.8	5.9	*	*	*
Maryland	9.1	8.0	8.0	6.3	5.2	5.5	15.0	13.7	13.0
Massachusetts	7.0	4.9	4.9	5.9	4.0	4.0	14.2	10.0	10.9
Michigan	10.5	8.0	7.6	7.7	6.2	5.9	20.7	16.4	14.7
Minnesota	7.3	4.8	5.6	6.4	4.3	4.8	18.5	8.9	11.3
Mississippi	11.5	10.7	10.2	7.9	7.0	7.1	15.2	15.6	13.8
Missouri	9.7	7.6	7.3	8.0	6.6	6.2	18.0	13.8	14.5
Montana	9.0	6.3	6.5	8.0	5.7	5.9	*	*	*
Nebraska	8.1	5.9	5.9	7.2	5.1	5.3	18.3	14.0	13.0
Nevada	8.6	5.9	6.1	7.8	5.6	5.3	16.9	12.2	12.5
New Hampshire[4]	7.1	5.0	5.1	7.2	4.8	5.0	*	*	*
New Jersey	8.4	5.4	5.3	6.1	3.7	3.8	17.8	11.9	12.1
New Mexico	8.4	6.1	5.8	8.1	6.9	6.1	*17.2	*	*
New York	9.5	6.0	5.6	6.3	4.6	4.3	18.4	11.8	11.3
North Carolina	10.7	8.6	8.3	8.0	6.3	6.2	16.9	15.8	14.6
North Dakota	8.0	6.4	6.4	7.3	6.0	5.6	*	*	*
Ohio	9.0	7.8	7.7	7.7	6.4	6.3	16.2	15.6	15.0
Oklahoma[4]	8.0	7.9	7.9	7.3	7.5	7.5	12.7	13.0	13.9
Oregon	8.0	5.7	5.4	7.4	5.5	5.2	21.3	*8.6	*10.2
Pennsylvania	9.2	7.3	7.5	7.2	5.8	5.8	19.1	13.6	14.0
Rhode Island	8.7	6.2	6.5	7.5	4.5	4.3	*13.6	*10.8	*10.6
South Carolina	11.8	9.0	8.3	8.4	6.4	6.0	17.2	14.2	13.0
South Dakota	9.5	7.2	7.1	7.5	6.2	5.6	*	*	*
Tennessee	10.2	8.9	8.4	7.8	7.0	6.5	18.2	16.3	15.4
Texas	7.9	6.5	6.2	6.9	5.9	5.5	14.1	12.4	11.7
Utah	7.0	4.9	4.9	6.8	4.5	4.7	*	*	*
Vermont	6.6	5.4	5.1	6.3	5.3	4.9	*	*	*
Virginia	9.9	7.5	7.2	7.4	6.0	5.5	18.0	13.7	13.4
Washington	8.0	5.4	5.0	7.4	5.0	4.3	15.1	9.0	7.7
West Virginia	9.1	7.7	7.4	8.8	7.5	7.1	*15.7	*12.0	*14.9
Wisconsin	8.4	6.3	6.6	7.4	5.1	5.4	17.0	16.4	15.1
Wyoming	8.4	6.9	7.0	8.0	6.8	6.3	*	*	*

See footnotes at end of table.

Table 14 (page 2 of 2). Infant mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989–1991, 2003–2005, and 2006–2008

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#014.

[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]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]
	Infant[3] deaths per 1,000 live births								
United States	7.5	5.6	5.5	12.6	8.4	8.6	6.6	4.8	4.6
Alabama	*	7.7	7.5	*	*	*	*	*	*
Alaska	*	*	*	15.7	9.2	12.2	*	*	*
Arizona	8.0	6.7	6.1	11.4	8.3	7.6	*8.5	6.7	6.5
Arkansas	*	6.0	5.7	*	*	*	*	*	*
California	7.0	5.0	4.9	11.0	6.2	7.0	6.4	4.2	4.3
Colorado	8.5	7.0	7.0	*16.5	*	*	*7.8	*5.7	*4.9
Connecticut	7.9	7.4	6.4	*	*	*	*	*	*5.7
Delaware	*	*6.1	*7.1	*	*	*	*	*	*
District of Columbia	*8.8	*7.2	*	*	*	*	*	*	*
Florida	7.1	5.2	5.4	*	*	*	*6.2	5.9	5.8
Georgia	9.0	5.5	5.1	*	*	*	*8.2	5.8	4.4
Hawaii	10.7	7.9	*5.0	*	*	*	7.1	7.2	6.3
Idaho	*7.2	6.2	7.9	*	*	*	*	*	*
Illinois	9.2	6.2	5.9	*	*	*	6.0	4.5	5.3
Indiana	*7.2	6.8	6.3	*	*	*	*	*	*
Iowa	*11.9	*5.2	6.6	*	*	*	*	*	*
Kansas	8.7	6.2	7.1	*	*	*	*	*5.6	*5.4
Kentucky	*	7.6	*5.1	*	*	*	*	*	*
Louisiana[7]	- - -	*5.7	*3.9	*	*	*	*	*	*7.2
Maine	*	*	*	*	*	*	*	*	*
Maryland	7.2	5.8	5.3	*	*	*	7.5	4.3	5.3
Massachusetts	8.3	6.5	6.1	*	*	*	5.7	3.8	3.1
Michigan	7.9	7.6	7.1	*10.7	*	*	*6.1	5.1	4.9
Minnesota	*8.4	4.3	4.6	17.3	*8.6	10.2	*5.1	3.8	5.6
Mississippi	*	*	*6.6	*	*	*	*	*	*
Missouri	*9.1	6.6	5.1	*	*	*	*9.1	*6.1	*4.0
Montana	*	*	*	16.7	*9.3	*9.2	*	*	*
Nebraska	*8.8	5.7	5.2	*18.2	*	*	*	*	*
Nevada	7.0	4.5	5.7	*	*	*	*	*5.8	*5.0
New Hampshire[7]	- - -	*	*	*	*	*	*	*	*
New Jersey	7.5	5.2	5.1	*	*	*	5.6	5.0	2.9
New Mexico	7.8	5.3	5.6	9.8	7.6	5.7	*	*	*
New York	9.4	5.5	5.0	*15.2	*	*	6.4	3.9	3.3
North Carolina	*7.5	6.6	6.3	12.2	10.2	15.4	*6.3	5.9	5.6
North Dakota	*	*	*	*13.8	*8.6	*12.3	*	*	*
Ohio	8.0	6.5	6.9	*	*	*	*4.8	*4.5	*4.6
Oklahoma[7]	- - -	6.0	5.1	7.8	7.9	8.4	*	*	*5.6
Oregon	8.5	5.5	5.4	*15.7	*11.0	*9.3	*8.4	*5.8	*4.8
Pennsylvania	10.9	7.6	7.9	*	*	*	7.8	4.9	6.1
Rhode Island	*7.2	7.4	7.8	*	*	*	*	*	*
South Carolina	*	7.3	5.9	*	*	*	*	*	*5.3
South Dakota	*	*	*	19.9	12.7	13.0	*	*	*
Tennessee	*	6.5	6.5	*	*	*	*	*8.1	*5.8
Texas	7.0	5.6	5.6	*	*	*7.5	6.8	4.3	4.2
Utah	*7.0	5.8	5.0	*10.0	*	*	*10.7	*7.7	*7.1
Vermont	*	*	*	*	*	*	*	*	*
Virginia	7.6	5.4	6.0	*	*	*	6.0	4.5	4.7
Washington	7.6	4.9	5.3	19.6	9.5	9.2	6.2	4.8	4.3
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*7.3	6.1	6.3	*11.9	*8.2	*9.9	*6.7	*6.6	6.8
Wyoming	*	*	*7.9	*	*	*	*	*	*

* 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.
[1]Rates based on unweighted birth cohort data.
[2]Rates based on period file using weighted data. See Appendix I, National Vital Statistics System (NVSS), Linked Birth/Infant Death Data Set.
[3]Under 1 year of age.
[4]Rates 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.
[5]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[6]Includes persons of Hispanic origin.
[7]Rates 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 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 2006–2008

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#015.

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

State	All races			Not Hispanic or Latina					
				White			Black or African American		
	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]
	Neonatal[3] deaths per 1,000 live births								
United States	5.7	4.6	4.4	4.6	3.7	3.6	11.1	9.2	8.7
Alabama	7.5	5.4	6.0	5.7	4.0	4.6	11.1	8.5	9.0
Alaska	4.1	3.2	3.1	3.7	*2.6	*2.3	*	*	*
Arizona	5.3	4.5	4.4	4.9	4.0	4.0	11.0	7.4	8.9
Arkansas	5.4	5.1	4.5	4.5	4.3	3.6	8.5	8.9	8.5
California	4.6	3.5	3.5	4.1	3.0	3.0	9.2	7.2	7.1
Colorado	5.0	4.6	4.3	4.7	3.8	3.6	10.9	11.9	8.5
Connecticut	5.7	4.0	4.8	4.2	2.8	3.8	12.5	8.3	9.9
Delaware	7.5	6.4	5.7	5.8	4.5	4.1	12.4	12.1	10.3
District of Columbia	14.1	8.6	8.4	*5.2	*	*3.9	16.7	11.9	12.3
Florida	6.2	4.7	4.6	4.7	3.5	3.5	10.5	8.4	8.0
Georgia	7.9	5.6	5.2	5.5	3.9	3.7	12.0	9.2	8.3
Hawaii	4.3	4.7	4.1	3.5	*3.1	*3.1	*	*	*16.4
Idaho	5.3	3.9	4.4	5.2	4.0	4.0	*	*	*
Illinois	7.0	5.1	4.8	5.1	4.1	3.9	12.7	10.0	8.5
Indiana	6.0	5.3	4.6	5.2	4.6	4.0	11.5	10.7	10.2
Iowa	4.8	3.4	3.4	4.5	3.2	3.2	*10.5	*6.4	*5.6
Kansas	4.9	4.6	4.7	4.6	4.4	4.3	8.3	9.6	9.2
Kentucky	5.0	4.0	4.2	4.6	3.7	4.0	8.9	7.0	7.1
Louisiana[4]	6.3	5.8	5.5	4.8	4.0	3.5	8.5	8.5	8.6
Maine	4.5	4.4	4.1	4.2	4.3	4.1	*	*	*
Maryland	5.9	5.8	5.8	3.9	3.7	3.9	10.2	10.1	9.5
Massachusetts	4.9	3.7	3.7	4.1	3.0	3.0	10.4	7.5	8.0
Michigan	6.9	5.6	5.3	4.9	4.3	4.1	14.0	11.6	10.1
Minnesota	4.3	3.2	3.6	3.9	2.9	3.2	10.7	5.5	7.5
Mississippi	7.1	6.2	6.1	4.9	3.5	4.0	9.5	9.7	8.6
Missouri	6.0	5.1	4.8	5.0	4.4	3.8	10.6	9.4	10.2
Montana	4.6	3.5	3.4	4.2	3.4	3.1	*	*	*
Nebraska	4.5	3.7	3.8	4.2	3.3	3.5	*9.8	*9.4	*7.4
Nevada	4.3	3.7	3.9	3.8	3.6	3.3	*8.3	7.7	7.4
New Hampshire[4]	4.3	3.9	3.4	4.4	3.6	3.2	*	*	*
New Jersey	5.8	3.8	3.6	4.5	2.6	2.7	11.4	8.2	7.4
New Mexico	5.0	3.6	3.5	4.8	4.1	3.9	*	*	*
New York	6.5	4.2	3.7	4.3	3.4	2.9	12.6	8.0	7.5
North Carolina	7.3	6.0	5.5	5.3	4.2	4.0	11.9	11.4	9.9
North Dakota	5.0	4.8	4.4	4.7	4.5	4.3	*	*	*
Ohio	5.5	5.3	5.2	4.8	4.2	4.1	9.8	10.7	10.4
Oklahoma[4]	4.4	4.6	4.6	4.1	4.3	4.3	6.3	8.8	8.9
Oregon	4.4	3.8	3.6	4.0	3.7	3.5	*11.6	*	*
Pennsylvania	6.2	5.2	5.2	4.9	4.0	3.9	12.5	9.5	9.7
Rhode Island	6.4	4.8	5.0	5.3	3.5	3.1	*9.8	*7.6	*8.9
South Carolina	7.7	6.1	5.4	5.4	4.2	3.7	11.3	9.8	8.7
South Dakota	5.1	4.3	4.2	4.5	4.1	3.6	*	*	*
Tennessee	6.5	5.7	5.3	4.9	4.0	3.9	11.8	11.7	10.5
Texas	4.7	4.2	3.9	4.1	3.7	3.2	8.5	8.0	7.3
Utah	3.7	3.4	3.4	3.6	3.1	3.2	*	*	*
Vermont	4.1	3.8	3.2	3.9	3.7	2.9	*	*	*
Virginia	6.8	5.2	4.9	4.8	3.9	3.6	13.0	9.6	9.4
Washington	4.3	3.4	3.1	3.8	2.9	2.5	9.7	5.6	4.9
West Virginia	5.8	4.8	4.3	5.6	4.7	4.0	*9.7	*	*11.0
Wisconsin	5.1	4.3	4.3	4.6	3.5	3.6	9.1	10.3	9.9
Wyoming	3.9	4.6	4.2	3.8	4.6	3.9	*	*	*

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 2006–2008

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]	1989–1991[1]	2003–2005[2]	2006–2008[2]
	Neonatal[3] deaths per 1,000 live births								
United States	4.8	3.9	3.7	5.9	4.3	4.3	3.9	3.3	3.2
Alabama	*	*4.4	4.7	*	*	*	*	*	*
Alaska	*	*	*	*5.7	*4.2	*4.2	*	*	*
Arizona	5.0	4.8	4.4	5.4	4.2	4.3	*	*4.3	*4.8
Arkansas	*	*3.8	*3.7	*	*	*	*	*	*
California	4.4	3.5	3.3	6.3	*3.1	*4.2	3.6	2.9	3.0
Colorado	4.4	5.3	5.1	*	*	*	*	*4.0	*4.1
Connecticut	5.3	6.1	4.6	*	*	*	*	*	*4.4
Delaware	*	*4.4	*4.3	*	*	*	*	*	*
District of Columbia	*	*	*	*	*	*	*	*	*
Florida	5.1	3.5	3.7	*	*	*	*4.4	3.9	4.0
Georgia	*5.7	3.8	3.3	*	*	*	*5.3	4.1	3.2
Hawaii	*6.6	*5.7	*3.3	*	*	*	4.2	4.8	4.1
Idaho	*	*3.8	5.5	*	*	*	*	*	*
Illinois	6.4	4.3	4.3	*	*	*	3.9	3.3	4.0
Indiana	*4.7	4.9	3.8	*	*	*	*	*	*
Iowa	*	*3.7	*4.3	*	*	*	*	*	*
Kansas	*5.4	3.4	4.9	*	*	*	*	*	*
Kentucky	*	*5.5	*3.9	*	*	*	*	*	*
Louisiana[7]	- - -	*	*2.3	*	*	*	*	*	*6.3
Maine	*	*	*	*	*	*	*	*	*
Maryland	*4.7	3.8	4.0	*	*	*	*4.5	*3.4	4.1
Massachusetts	5.8	4.9	4.5	*	*	*	*3.9	*2.8	*2.2
Michigan	5.2	5.1	4.9	*	*	*	*	3.7	*3.6
Minnesota	*	*2.9	2.9	*4.9	*	*4.6	*3.2	*2.4	3.9
Mississippi	*	*	*4.8	*	*	*	*	*	*
Missouri	*	4.6	*3.6	*	*	*	*	*4.0	*
Montana	*	*	*	*7.6	*	*4.8	*	*	*
Nebraska	*	*3.6	*3.5	*	*	*	*	*	*
Nevada	*4.1	2.6	3.8	*	*	*	*	*4.0	*3.2
New Hampshire[7]	- - -	*	*	*	*	*	*	*	*
New Jersey	5.1	3.7	3.6	*	*	*	*3.4	3.4	2.0
New Mexico	4.9	3.3	3.4	4.9	*3.5	*2.8	*	*	*
New York	6.4	3.8	3.3	*	*	*	4.1	2.7	2.3
North Carolina	*5.5	4.7	4.5	*7.7	*8.2	10.2	*	*4.4	*3.4
North Dakota	*	*	*	*	*7.5	*	*	*	*
Ohio	*5.4	4.8	4.4	*	*	*	*	*3.3	*3.4
Oklahoma[7]	- - -	4.0	3.2	*3.7	3.6	4.4	*	*	*
Oregon	6.5	3.8	3.8	*	*	*	*5.3	*3.9	*2.4
Pennsylvania	7.3	5.5	5.7	*	*	*	*5.2	3.7	4.5
Rhode Island	*4.9	*5.8	*5.9	*	*	*	*	*	*
South Carolina	*	4.7	4.3	*	*	*	*	*	*
South Dakota	*	*	*	*8.2	*5.6	*6.0	*	*	*
Tennessee	*	5.0	3.7	*	*	*	*	*4.7	*4.3
Texas	4.2	3.8	3.7	*	*	*	4.0	2.8	2.8
Utah	*3.6	4.2	3.6	*	*	*	*	*5.3	*4.4
Vermont	*	*	*	*	*	*	*	*	*
Virginia	*4.8	4.0	4.0	*	*	*	*4.1	3.6	3.0
Washington	4.9	3.7	3.5	*8.5	*4.6	*4.5	*2.7	2.9	2.7
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*3.9	4.4	4.1	*	*	*	*	*5.3	*4.1
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.
[1]Rates based on unweighted birth cohort data.
[2]Rates based on period file using weighted data. See Appendix I, National Vital Statistics System (NVSS), Linked Birth/Infant Death Data Set.
[3]Infants under 28 days of age.
[4]Rates 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.
[5]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[6]Includes persons of Hispanic origin.
[7]Rates 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 1960–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#016.

[Data are based on reporting by OECD countries]

Country[2]	1960	1970	1980	1990	2000	2007	2008	2009	International rankings[1] 1960	International rankings[1] 2009
	Infant[3] deaths per 1,000 live births									
Australia	20.2	17.9	10.7	8.2	5.2	4.2	4.1	4.3	6	20
Austria	37.5	25.9	14.3	7.8	4.8	3.7	3.7	3.8	20	15
Belgium	31.4	21.1	12.1	8.0	4.8	3.9	3.7	3.4	18	12
Canada	27.3	18.8	10.4	6.8	5.3	5.1	5.1	- - -	13	- - -
Chile	120.3	79.3	33.0	16.0	8.9	8.3	7.8	7.9	28	28
Czech Republic	20.0	20.2	16.9	10.8	4.1	3.1	2.8	2.9	5	5
Denmark	21.5	14.2	8.4	7.5	5.3	4.0	4.0	3.1	9	6
Finland	21.0	13.2	7.6	5.6	3.8	2.7	2.6	2.6	7	4
France	27.7	18.2	10.0	7.3	4.5	3.8	3.8	†3.9	14	18
Germany	35.0	22.5	12.4	7.0	4.4	3.9	3.5	3.5	19	13
Greece	40.1	29.6	17.9	9.7	5.9	3.5	2.7	3.1	21	6
Hungary	47.6	35.9	23.2	14.8	9.2	5.9	5.6	5.1	24	23
Iceland	13.0	13.2	7.7	5.9	3.0	2.0	2.5	1.8	1	1
Ireland	29.3	19.5	11.1	8.2	6.2	3.1	3.8	3.2	16	9
Israel[4]	- - -	24.2	15.6	9.9	5.5	3.9	3.8	3.8	- - -	15
Italy	43.9	29.6	14.6	8.1	4.3	3.5	3.3	3.9	23	18
Japan	30.7	13.1	7.5	4.6	3.2	2.6	2.6	2.4	17	2
Korea	- - -	45.0	- - -	- - -	- - -	3.6	3.5	3.2	- - -	9
Mexico	92.3	- - -	52.6	- - -	19.4	15.7	15.2	14.7	27	30
Netherlands	16.5	12.7	8.6	7.1	5.1	4.1	3.8	3.8	3	15
New Zealand	22.6	16.7	13.0	8.4	6.3	4.8	5.0	5.2	11	24
Norway	16.0	11.3	8.1	6.9	3.8	3.1	2.7	3.1	2	6
Poland	56.1	36.4	25.4	19.4	8.1	6.0	5.6	5.6	25	25
Portugal	77.5	55.5	24.3	10.9	5.5	3.4	3.3	3.6	26	14
Slovak Republic	28.6	25.7	20.9	12.0	8.6	6.1	5.9	5.7	15	26
Spain	43.7	28.1	††12.3	7.6	4.3	3.4	3.3	3.2	22	9
Sweden	16.6	11.0	6.9	6.0	3.4	2.5	2.5	2.5	4	3
Switzerland	21.1	15.1	9.1	6.8	4.9	3.9	4.0	4.3	8	20
Turkey	189.5	145.0	117.5	††51.5	31.6	15.9	14.9	13.1	29	29
United Kingdom	22.5	18.5	12.1	7.9	5.6	4.8	4.7	4.6	10	22
United States	26.0	20.0	12.6	9.2	6.9	6.8	[5]6.6	6.4	12	27

- - - Data not available.
† Data 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/.
[1]Rankings 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 2009 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.
[2]Refers to countries, territories, cities, or geographic areas with at least 2.5 million population and with complete counts of live births and infant deaths according to the United Nations Demographic Yearbook.
[3]Under 1 year of age.
[4]The statistical 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.
[5]Data are from Table 13.

NOTES: 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 2012, 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 1980–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#017.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2009	2010	1980	1990	2000	2009	2010
At birth	Life expectancy, in years									
Australia	71.0	73.9	76.6	79.3	79.5	78.1	80.1	82.0	83.9	84.0
Austria	69.0	72.3	75.2	77.6	77.9	76.1	79.0	81.2	83.2	83.5
Belgium	69.9	72.7	74.6	77.3	77.6	76.7	79.5	81.0	82.8	83.0
Canada	71.7	74.4	76.3	- - -	- - -	78.9	80.8	81.7	- - -	- - -
Chile	- - -	69.4	73.7	75.8	†75.9	- - -	76.5	80.0	81.8	†82.0
Czech Republic[1]	66.9	67.6	71.7	74.2	74.5	74.0	75.5	78.5	80.5	80.9
Denmark	71.2	72.0	74.5	76.9	77.2	77.3	77.8	79.2	81.1	81.4
Estonia	64.2	64.5	65.1	69.8	70.6	74.2	74.7	76.0	80.1	80.5
Finland	69.3	71.0	74.2	76.6	76.9	78.0	79.0	81.2	83.5	83.5
France	70.2	72.8	75.3	†77.7	†78.0	78.4	80.9	82.8	†84.5	†84.7
Germany[2]	69.6	72.0	75.1	77.8	78.0	76.2	78.5	81.2	82.8	83.0
Greece	73.0	74.7	75.5	77.8	78.4	77.5	79.5	80.6	82.7	82.8
Hungary	65.5	65.1	67.4	70.0	70.5	72.7	73.7	75.9	77.9	78.1
Iceland	73.7	75.4	78.4	79.7	79.5	79.7	80.5	81.8	83.3	83.5
Ireland	70.1	72.1	74.0	77.4	78.7	75.6	77.7	79.2	82.5	83.2
Israel[3]	72.1	74.9	76.7	††79.6	79.7	75.7	78.4	80.9	††83.3	83.6
Italy	70.6	73.8	76.9	79.4	- - -	77.4	80.3	82.8	84.6	- - -
Japan	73.3	75.9	77.7	79.6	79.6	78.8	81.9	84.6	86.4	86.4
Korea	61.8	67.3	72.3	77.0	77.2	70.0	75.5	79.6	83.8	84.1
Luxembourg	70.0	72.4	74.6	78.1	77.9	75.6	78.7	81.3	83.3	83.5
Mexico	64.1	67.7	71.3	72.9	73.1	70.2	73.5	76.5	77.6	77.8
Netherlands	72.5	73.8	75.5	78.5	78.8	79.2	80.1	80.5	82.7	82.7
New Zealand	70.1	72.5	75.9	78.8	79.1	76.2	78.4	80.8	82.7	82.8
Norway	72.4	73.5	76.0	78.7	79.0	79.3	79.9	81.5	83.2	83.3
Poland	66.0	66.2	69.7	71.5	72.1	74.4	75.2	78.0	80.0	80.6
Portugal	67.9	70.6	73.2	76.5	76.7	74.9	77.5	80.2	82.6	82.8
Slovak Republic[1]	66.8	66.6	69.1	71.3	71.6	74.3	75.4	77.4	78.7	78.8
Slovenia	- - -	69.4	71.9	75.8	76.3	- - -	77.2	79.1	82.3	82.7
Spain	72.3	73.4	75.8	78.7	79.1	78.5	80.6	82.9	84.9	85.3
Sweden	72.8	74.8	77.4	79.4	79.5	78.8	80.4	82.0	83.4	83.5
Switzerland	72.3	74.0	77.0	79.9	80.3	79.0	80.9	82.8	84.6	84.9
Turkey	55.8	††65.4	69.0	71.5	71.8	60.3	††69.5	73.1	76.1	76.8
United Kingdom	70.2	72.9	75.5	78.3	78.6	76.2	78.5	80.3	82.5	82.6
United States	70.0	71.8	74.1	76.0	[4]76.2	77.4	78.8	79.3	80.9	[4]81.1

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 1980–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#017.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2009	2010	1980	1990	2000	2009	2010
At 65 years	Life expectancy, in years									
Australia	13.7	15.2	16.9	18.7	18.9	17.9	19.0	20.4	21.8	21.8
Austria	12.9	14.4	16.0	17.7	17.9	16.3	18.1	19.6	21.2	21.4
Belgium	12.9	14.3	15.6	17.5	17.6	16.8	18.8	19.7	21.1	21.3
Canada	14.5	15.7	16.5	- - -	- - -	18.9	19.9	20.2	- - -	- - -
Chile	- - -	13.7	15.5	17.1	†17.1	- - -	17.2	19.3	20.6	†20.8
Czech Republic[1]	11.2	11.7	13.8	15.2	15.5	14.4	15.3	17.3	18.8	19.0
Denmark	13.6	14.0	15.2	16.8	17.0	17.7	17.9	18.3	19.5	19.7
Estonia	- - -	11.9	12.5	14.4	14.6	- - -	15.5	16.8	18.3	18.8
Finland	12.6	13.8	15.5	17.3	17.5	17.0	17.8	19.5	21.5	21.5
France	13.6	15.5	16.7	†18.4	- - -	18.2	19.8	21.2	†22.6	- - -
Germany[2]	12.8	14.0	15.8	17.6	17.8	16.3	17.7	19.6	20.8	20.9
Greece	15.2	15.7	16.1	18.1	18.5	17.0	18.0	18.4	20.2	20.4
Hungary	11.6	12.0	12.7	13.7	13.8	14.6	15.3	16.5	17.6	17.6
Iceland	15.8	16.2	18.1	18.3	18.2	19.1	19.5	19.7	20.6	20.8
Ireland	12.6	13.3	14.6	17.2	18.1	15.7	17.0	18.0	20.6	21.1
Israel[3]	- - -	15.7	17.0	††18.7	18.9	- - -	17.8	19.0	††21.0	21.1
Italy	13.3	15.2	16.7	18.3	- - -	17.1	18.9	20.7	22.1	- - -
Japan	14.6	16.2	17.5	18.9	18.9	17.7	20.0	22.4	24.0	23.9
Korea	10.5	12.4	14.3	17.1	17.2	15.1	16.3	18.2	21.5	21.6
Luxembourg	12.6	14.3	15.5	17.6	17.3	16.5	18.5	20.1	21.4	21.6
Mexico	15.4	16.0	16.5	16.8	16.8	17.0	17.8	18.1	18.3	18.3
Netherlands	13.7	14.4	15.3	17.4	17.9	18.0	18.9	19.2	20.8	21.2
New Zealand	13.2	14.6	16.5	18.6	18.8	17.0	18.3	19.8	21.1	21.2
Norway	14.3	14.6	16.1	18.0	18.0	18.2	18.7	19.9	21.1	21.2
Poland	12.0	12.4	13.6	14.7	15.1	15.5	16.1	17.5	19.1	19.4
Portugal	13.1	14.0	15.4	17.1	17.1	16.1	17.1	18.9	20.5	20.6
Slovak Republic[1]	12.3	12.2	12.9	13.9	13.9	15.4	15.7	16.5	17.6	17.5
Slovenia	- - -	13.2	14.1	16.3	16.6	- - -	16.7	17.9	20.1	20.5
Spain	14.6	15.5	16.7	18.3	18.6	17.8	19.3	20.8	22.4	22.7
Sweden	14.3	15.3	16.7	18.2	18.2	17.9	19.0	20.0	21.0	21.1
Switzerland	14.3	15.3	17.0	19.0	19.0	18.2	19.7	20.9	22.2	22.5
Turkey	11.7	††12.8	13.4	14.0	14.1	12.8	††14.3	15.1	15.9	16.1
United Kingdom	12.6	14.0	15.8	18.1	18.3	16.6	17.9	19.0	20.8	20.9
United States	14.1	15.1	16.0	17.7	[4]17.7	18.3	18.9	19.0	20.3	[4]20.3

- - - Data not available.
† Data 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/.
[1]In 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.
[2]Until 1990, estimates refer to the Federal Republic of Germany; from 1995 onwards data refer to Germany after reunification.
[3]The statistical 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.
[4]Data 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 2012, 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/contents2012.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
	Life expectancy, in years								
At birth									
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/contents2012.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
	Life expectancy, in years								
At birth									
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

[1]Data shown for 1900–1960 are for the nonwhite population.
[2]Death 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.
[3]Includes deaths of persons who were not residents of the 50 states and D.C.
[4]Hispanic 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. 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 Appendix III.

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, and state: United States, average annual 1979–1981, 1989–1991, and 2008–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#019.

[Data are based on death certificates]

State	All persons			White	Black or African American	American Indian or Alaska Native[1]	Asian or Pacific Islander	Hispanic or Latino[2]	White, not Hispanic or Latino
	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[3]								
United States	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	1,108.7	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

See footnotes at end of table.

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

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#019.

[Data are based on death certificates]

* 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.
[1]All data for the American Indian or Alaska Native (AIAN) category should be used with caution. Agreement between self-reported race and death certificate proxy reporting was found to be poor for the AIAN population. (Arias E, Schauman WS, Eschbach K, et al. The validity of race and Hispanic origin reporting on death certificates in the United States. National Center for Health Statistics. Vital Health Stat 2(148). 2008.) See Appendix II, Race.
[2]Data for Hispanic origin and race among states should be interpreted with caution because of inconsistencies between reporting Hispanic origin and race on death certificates and on censuses and surveys. See Appendix I, National Vital Statistics System (NVSS), Mortality File, and Appendix II, Hispanic origin; Race.
[3]Average annual death rates, age-adjusted 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. 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, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin. 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 and 2009 from bridged-race intercensal file; 2010 from April 1, 2010 bridged-race file. 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/contents2012.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]
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/contents2012.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/contents2012.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]
Asian or Pacific Islander[7]				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 Latino[8]									
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/contents2012.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 the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[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 Appendix III.

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/contents2012.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/contents2012.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/contents2012.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/contents2012.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.
[1]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.
[2]Underlying 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.
[3]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.
[4]Rate for male population only.
[5]Rate for female population only.
[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 the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[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. 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 Appendix III.

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/contents2012.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/contents2012.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/contents2012.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/contents2012.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/contents2012.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/contents2012.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/contents2012.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/contents2012.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/contents2012.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.

[1]Urbanization 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.

[2]Age-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/contents2012.htm#025.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	*1950*[1]	*1960*[1]	*1970*	*1980*	*1990*	*2000*	*2009*	*2010*
All persons			Deaths per 100,000 resident population					
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/contents2012.htm#025.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	*1950*[1]	*1960*[1]	*1970*	*1980*	*1990*	*2000*	*2009*	*2010*
Black or African American male[3]				Deaths per 100,000 resident population				
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/contents2012.htm#025.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	*1950*[1]	*1960*[1]	*1970*	*1980*	*1990*	*2000*	*2009*	*2010*
White, not Hispanic or Latino male[6]				Deaths per 100,000 resident population				
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/contents2012.htm#025.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950[1]	1960[1]	1970	1980	1990	2000	2009	2010
Asian or Pacific Islander female[3]				Deaths per 100,000 resident population				
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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]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.
[3]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[4]In 1950, rate is for the age group under 5 years.
[5]In 1950, rate is for the age group 75 years and over.
[6]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 Appendix III.

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/contents2012.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]
All persons			Deaths per 100,000 resident population					
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/contents2012.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]
American Indian or Alaska Native male[5]				Deaths per 100,000 resident population				
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 male[5]								
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 male[7]								
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 female[5]								
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 female[5]								
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/contents2012.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]
American Indian or Alaska Native female[5]				Deaths per 100,000 resident population				
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 female[5]								
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 female[7]								
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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons			Deaths per 100,000 resident population					
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/contents2012.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]
American Indian or Alaska Native male[5]				Deaths per 100,000 resident population				
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 male[5]								
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 male[7]								
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 female[5]								
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 female[5]								
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/contents2012.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]
American Indian or Alaska Native female[5]				Deaths per 100,000 resident population				
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 female[5]								
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 female[7]								
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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]Prior 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 Appendix III.

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/contents2012.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]
All persons			Deaths per 100,000 resident population					
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/contents2012.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]
American Indian or Alaska Native male[5]				Deaths per 100,000 resident population				
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 male[5]								
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 male[7]								
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 female[5]								
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/contents2012.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]
Black or African American female[5]	Deaths per 100,000 resident population							
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/contents2012.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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons	Deaths per 100,000 resident population							
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/contents2012.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]
Asian or Pacific Islander male[5]				Deaths per 100,000 resident population				
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/contents2012.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]
Asian or Pacific Islander female[5]				Deaths per 100,000 resident population				
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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]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. 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 Appendix III.

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/contents2012.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]
All females	Deaths per 100,000 resident population							
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/contents2012.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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons	Deaths per 100,000 resident population										
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/contents2012.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.

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

[2]Categories 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.

[3]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.

[4]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.

[5]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 Appendix III.

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/contents2012.htm#032.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	*1999*	*2000*	*2001*	*2002*	*2003*	*2004*	*2005*	*2009*	*2010*
All persons	Drug poisoning deaths per 100,000 resident population[1]								
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/contents2012.htm#032.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	*1999*	*2000*	*2001*	*2002*	*2003*	*2004*	*2005*	*2009*	*2010*
All persons	Drug poisoning deaths involving opioid analgesics per 100,000 resident population[4]								
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/contents2012.htm#032.

[Data are based on death certificates]

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* 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.
[1]Drug 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.
[2]Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. See Appendix II, Age adjustment.
[3]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[4]Opioid 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.

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 Appendix III.

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/contents2012.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]
All persons	Deaths per 100,000 resident population							
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/contents2012.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]
Black or African American male[5]	Deaths per 100,000 resident population							
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/contents2012.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]
Black or African American female[5]				Deaths per 100,000 resident population				
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 female[5]								
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 female[5]								
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 female[7]								
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/contents2012.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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group under 15 years.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons				Deaths per 100,000 resident population				
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/contents2012.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]
White male[5]	Deaths per 100,000 resident population							
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/contents2012.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]
White female[5]	Deaths per 100,000 resident population							
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[6]	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/contents2012.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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group under 15 years.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons	Deaths per 100,000 resident population							
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/contents2012.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]
Black or African American male[5]				Deaths per 100,000 resident population				
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 male[5]								
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 male[5]								
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 male[7]								
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 female[5]								
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 female[5]								
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/contents2012.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]
American Indian or Alaska Native female[5]	Deaths per 100,000 resident population							
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 female[5]								
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 female[7]								
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.
[1]Includes deaths of persons who were not residents of the 50 states and the District of Columbia (D.C.).
[2]Underlying 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.
[3]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.
[4]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.
[5]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[6]In 1950, rate is for the age group 75 years and over.
[7]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. 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 Appendix III.

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/contents2012.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]
All persons	Deaths per 100,000 resident population							
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/contents2012.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]
Black or African American male[4]				Deaths per 100,000 resident population				
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/contents2012.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]
Black or African American female[4]	Deaths per 100,000 resident population							
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.
[1]Underlying 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.
[2]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.
[3]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.
[4]The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native, Asian or Pacific Islander, and Hispanic populations are known to be underestimated. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.
[5]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. 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 Appendix III.

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/contents2012.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.
[1]For 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.
[2]Starting 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.
[3]Prior to 1999, there was no discrete code for this condition.
[4]Prior 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.
[5]For 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 Appendix III.

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 2). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#038.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2001[1]	2004	2005	2006	2007	2008	2009	2010
	Deaths per 100,000 employed workers[2]							Deaths per full-time equivalent workers[3]		
Total workforce	4.9	4.3	4.3	4.1	4.0	4.0	3.8	3.7	3.5	3.6
Sex										
Male	8.3	7.4	7.4	7.1	6.9	6.9	6.6	6.1	5.7	5.8
Female	0.9	0.7	0.7	0.6	0.6	0.7	0.6	0.6	0.6	0.6
Age[4]										
16–17 years	1.6	1.6	1.3	1.1	1.4	0.9	0.9	2.5	*	3.0
18–19 years	3.3	2.7	2.8	2.7	2.9	2.8	2.6	2.4	2.5	2.8
20–24 years	3.8	3.2	3.2	3.0	2.8	2.7	3.0	2.8	2.4	2.2
25–34 years	4.3	3.8	3.8	3.2	3.3	3.3	3.1	2.8	2.4	2.7
35–44 years	4.6	4.0	4.0	3.9	3.6	3.7	3.4	3.3	3.0	2.9
45–54 years	5.2	4.4	4.5	4.3	4.2	4.2	4.1	3.8	3.6	3.6
55–64 years	7.2	6.1	5.5	5.2	5.1	5.0	4.6	4.7	4.3	4.7
65 years and over	14.0	12.0	12.7	11.8	11.3	11.2	10.2	12.7	12.1	11.9
Race and Hispanic origin[5]										
Hispanic or Latino	5.5	5.6	6.0	5.0	4.9	5.0	4.6	4.2	4.0	3.9
Not Hispanic or Latino	---	---	---	---	---	---	---	---	---	---
White	---	4.2	4.2	4.1	3.9	4.0	3.8	3.8	3.5	3.7
Black or African American	---	3.8	3.8	3.7	3.9	3.7	3.9	3.7	3.1	3.0
Industry[6]										
Private sector	---	---	---	4.4	4.3	4.3	4.1	4.0	3.7	3.8
Agriculture, forestry, fishing, and hunting	---	---	---	30.5	32.5	30.0	27.9	30.4	27.2	27.9
Mining	---	---	---	28.3	25.6	28.1	25.1	18.1	12.4	19.8
Utilities	---	---	---	6.1	3.6	6.3	4.0	3.9	1.7	2.8
Construction	---	---	---	12.0	11.1	10.9	10.5	9.7	9.9	9.8
Manufacturing	---	---	---	2.8	2.4	2.8	2.5	2.5	2.3	2.3
Wholesale trade	---	---	---	4.5	4.6	4.9	4.7	4.4	5.0	4.9
Retail trade	---	---	---	2.3	2.4	2.2	2.1	2.0	2.2	2.2
Transportation and warehousing	---	---	---	18.0	17.7	16.8	16.9	14.9	13.3	13.7
Information	---	---	---	1.7	2.0	2.0	2.3	1.5	1.1	1.5
Finance and insurance	---	---	---	0.7	0.6	0.6	0.6	0.3	0.5	0.4
Real estate and rental and leasing	---	---	---	2.4	1.9	2.6	2.4	3.1	3.0	3.6
Professional, scientific, and technical services	---	---	---	0.9	1.0	0.9	0.9	0.8	1.0	0.9
Management of companies and enterprises	---	---	---	*	*	*	*	*	*	*
Administrative and support and waste management and remediation services	---	---	---	6.7	7.2	6.6	6.3	6.1	6.7	5.3
Educational services	---	---	---	1.3	1.3	1.3	0.9	0.9	0.7	0.8
Health care and social assistance	---	---	---	0.8	0.7	0.8	0.7	0.7	0.8	0.9
Arts, entertainment, and recreation	---	---	---	4.3	3.2	3.5	3.9	4.0	3.6	3.6
Accommodation and food services	---	---	---	1.6	1.5	2.0	1.7	1.8	1.9	2.0
Other services (except public administration)	---	---	---	3.0	3.0	2.6	2.5	2.6	2.8	3.0
Government[7]	---	---	---	2.5	2.4	2.4	2.5	2.4	1.9	2.2
	Number of deaths[8]									
Total workforce	6,275	5,920	5,915	5,764	5,734	5,840	5,657	5,214	4,551	4,690
Sex										
Male	5,736	5,471	5,442	5,349	5,328	5,396	5,228	4,827	4,216	4,322
Female	539	449	473	415	406	444	429	387	335	368
Age[4]										
Under 16 years	26	29	20	13	23	11	18	11	13	16
16–17 years	42	44	33	25	31	21	20	23	14	18
18–19 years	130	127	122	103	111	106	97	66	57	56
20–24 years	486	446	441	421	403	390	424	353	275	245
25–34 years	1,409	1,163	1,142	996	1,017	1,041	991	850	704	785
35–44 years	1,571	1,473	1,478	1,342	1,243	1,288	1,168	1,113	908	868
45–54 years	1,256	1,313	1,368	1,384	1,389	1,417	1,425	1,292	1,173	1,169
55–64 years	827	831	775	907	933	963	934	920	853	948
65 years and over	515	488	530	569	578	599	574	580	551	582
Unspecified	13	6	6	4	6	4	6	6	3	3

See footnotes at end of table.

Table 38 (page 2 of 2). Occupational fatal injuries and rates, by industry, sex, age, race, and Hispanic origin: United States, selected years 1995–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#038.

[Data are compiled from various federal, state, and local administrative sources]

Characteristic	1995	2000	2001[1]	2004	2005	2006	2007	2008	2009	2010
Race and Hispanic origin[5]					Number of deaths[8]					
White	5,120	---	---	---	---	---	---	---	---	---
Black or African American	697	---	---	---	---	---	---	---	---	---
Hispanic or Latino	619	815	895	902	923	990	937	804	713	707
Not Hispanic or Latino	5,656	5,105	5,020	4,862	4,809	4,850	4,734	4,410	3,838	3,983
White	4,599	4,244	4,175	4,066	3,977	4,019	3,867	3,663	3,204	3,363
Black or African American	684	575	565	546	584	565	609	533	421	412
American Indian or Alaska Native	27	33	48	28	50	46	29	32	33	32
Asian[9]	188	171	173	168	154	148	166	145	141	143
Native Hawaiian or Other Pacific Islander	---	14	9	12	9	11	6	7	7	6
Multiple races	---	---	6	4	---	11	10	6	7	8
Other races or not reported	158	68	44	38	35	50	33	24	25	19
Industry[6]										
Private sector	---	---	---	5,229	5,214	5,320	5,112	4,670	4,090	4,206
Agriculture, forestry, fishing, and hunting	---	---	---	669	715	655	585	672	575	621
Mining	---	---	---	152	159	192	183	176	99	172
Utilities	---	---	---	51	30	53	34	37	16	26
Construction	---	---	---	1,234	1,192	1,239	1,204	975	834	774
Manufacturing	---	---	---	463	393	456	400	411	319	329
Wholesale trade	---	---	---	205	209	222	207	180	190	191
Retail trade	---	---	---	377	400	359	348	301	307	311
Transportation and warehousing	---	---	---	840	885	860	890	796	633	661
Information	---	---	---	55	65	66	79	47	33	43
Finance and insurance	---	---	---	46	42	44	46	24	33	24
Real estate and rental and leasing	---	---	---	70	57	82	73	82	75	89
Professional, scientific, and technical services	---	---	---	77	83	78	77	69	85	76
Management of companies and enterprises	---	---	---	*	*	*	4	*	*	*
Administrative and support and waste management and remediation services	---	---	---	373	398	381	395	332	336	288
Educational services	---	---	---	44	46	49	34	28	27	30
Health care and social assistance	---	---	---	113	104	129	115	113	123	141
Arts, entertainment, and recreation	---	---	---	99	77	80	96	92	80	84
Accommodation and food services	---	---	---	148	136	185	164	146	151	154
Other services (except public administration)	---	---	---	207	210	183	175	178	173	192
Government[7]	---	---	---	535	520	520	545	544	461	484

--- Data not available.
* Estimates are unreliable or data do not meet publication criteria.
[1]Excludes 2,886 fatal work injuries due to the September 11 terrorist attacks.
[2]Numerator excludes deaths to workers under age 16. Employment data in denominators are average annual estimates of employed civilians aged 16 and over from the CPS, regardless of the number of hours worked. These data are supplemented by data for the resident military, which were supplied by 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, revised annual data. Starting with 2008 data, employment data in denominators are based on hours. See Appendix I, Census of Fatal Occupational Injuries (CFOI).
[3]Numerator excludes deaths to workers under age 16, volunteers, and members of the resident military. Starting with 2008 data, fatal injury rates are based on hours, rather than employment, and consequently are not directly comparable with earlier data. Hours-based rates standardize the amount of exposure and are considered more accurate than employment-based rates. 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 which have a high percentage of part-time workers, such as younger workers. Hours worked are converted to full-time equivalent workers. A total of 200 million hours worked equals 100,000 full-time equivalent workers, working 40 hours per week, 50 weeks per year. Hours worked data are provided by the Current Population Survey (CPS). For more information, see http://www.bls.gov/iif/oshnotice10.htm.
[4]Employment data for Under 16 years and Unspecified were not available for the calculation of rates.
[5]Employment 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.
[6]Starting with 2003 data, establishments were classified by industry according to the North American Industry Classification System (NAICS). Prior to 2003, the Standard Industrial Classification (SIC) system was used. 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.
[7]Includes fatal work injuries to workers employed by governmental organizations, regardless of industry.
[8]Includes fatal work injuries to all workers, regardless of age.
[9]In 1999 and earlier years, category also included Native Hawaiian or Other Pacific Islander.

NOTES: Fatal work injuries and rates are based on revised data and may differ from originally published data from the Census of Fatal Occupational Injuries (CFOI). See Appendix I, Census of Fatal Occupational Injuries (CFOI). 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 1950–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#039.

[Data are based on reporting by state health departments]

Disease	1950	1960	1970	1980	1990	2000	2008	2009	2010
					New cases per 100,000 population				
Diphtheria	3.83	0.51	0.21	0.00	0.00	0.00	–	–	–
Haemophilus influenzae, invasive	---	---	---	---	---	0.51	0.96	0.99	1.03
Hepatitis A	---	---	27.87	12.84	12.64	4.91	0.86	0.65	0.54
Hepatitis B	---	---	4.08	8.39	8.48	2.95	1.34	1.12	1.10
Lyme disease[1]	---	---	---	---	---	6.53	11.67	12.71	9.86
Meningococcal disease	---	---	1.23	1.25	0.99	0.83	0.39	0.32	0.27
Mumps	---	---	55.55	3.86	2.17	0.13	0.15	0.65	0.85
Pertussis (whooping cough)	79.82	8.23	2.08	0.76	1.84	2.88	4.40	5.54	8.97
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	0.85	0.60	0.65
Rubella (German measles)	---	---	27.75	1.72	0.45	0.06	0.01	0.00	0.00
Rubeola (measles)	211.01	245.42	23.23	5.96	11.17	0.03	0.05	0.02	0.02
Salmonellosis, excluding typhoid fever	---	3.85	10.84	14.88	19.54	14.51	16.92	16.18	17.73
Shigellosis	15.45	6.94	6.79	8.41	10.89	8.41	7.50	5.24	4.82
Tuberculosis[4]	---	30.83	18.28	12.25	10.33	6.01	4.28	3.80	3.64
Sexually transmitted diseases:[5]									
Syphilis[6]	146.02	68.78	44.80	30.30	54.32	11.20	15.22	14.74	14.93
Primary and secondary	16.73	9.06	10.80	12.00	20.26	2.12	4.44	4.60	4.49
Early latent	39.71	10.11	8.00	8.90	22.19	3.35	4.08	4.30	4.43
Late and late latent[7]	70.22	45.91	24.70	9.20	10.32	5.53	6.56	5.70	5.89
Congenital[8]	368.30	103.70	52.30	7.70	92.95	14.29	10.43	10.01	8.73
Chlamydia[9]	---	---	---	---	160.19	251.38	398.12	409.19	426.01
Gonorrhea[10]	192.50	145.40	294.20	442.10	276.43	128.67	110.75	99.05	100.76
Chancroid	3.34	0.94	0.70	0.30	1.69	0.03	0.01	0.01	0.01
					Number of new cases				
Diphtheria	5,796	918	435	3	4	1	–	–	–
Haemophilus influenzae, invasive	---	---	---	---	---	1,398	2,886	3,022	3,151
Hepatitis A	---	---	56,797	29,087	31,441	13,397	2,585	1,987	1,670
Hepatitis B	---	---	8,310	19,015	21,102	8,036	4,033	3,405	3,374
Lyme disease[1]	---	---	---	---	---	17,730	35,198	38,468	30,158
Meningococcal disease	---	---	2,505	2,840	2,451	2,256	1,172	980	833
Mumps	---	---	104,953	8,576	5,292	338	454	1,991	2,612
Pertussis (whooping cough)	120,718	14,809	4,249	1,730	4,570	7,867	13,278	16,858	27,550
Poliomyelitis, paralytic[2]	---	2,525	31	9	6	–	–	1	–
Rocky Mountain spotted fever[3]	---	---	380	1,163	651	495	2,563	1,815	1,985
Rubella (German measles)	---	---	56,552	3,904	1,125	176	16	3	5
Rubeola (measles)	319,124	441,703	47,351	13,506	27,786	86	140	71	63
Salmonellosis, excluding typhoid fever	---	6,929	22,096	33,715	48,603	39,574	51,040	49,192	54,424
Shigellosis	23,367	12,487	13,845	19,041	27,077	22,922	22,625	15,931	14,786
Tuberculosis[4]	---	55,494	37,137	27,749	25,701	16,377	12,904	11,545	11,182
Sexually transmitted diseases:[5]									
Syphilis[6]	217,558	122,538	91,382	68,832	135,590	31,618	46,292	44,830	45,834
Primary and secondary	23,939	16,145	21,982	27,204	50,578	5,979	13,500	13,997	13,774
Early latent	59,256	18,017	16,311	20,297	55,397	9,465	12,401	13,066	13,604
Late and late latent[7]	113,569	81,798	50,348	20,979	25,750	15,594	19,945	17,338	18,079
Congenital[8]	13,377	4,416	1,953	277	3,865	580	446	429	377
Chlamydia[9]	---	---	---	---	323,663	709,452	1,210,523	1,244,180	1,307,893
Gonorrhea[10]	286,746	258,933	600,072	1,004,029	690,042	363,136	336,742	301,174	309,341
Chancroid	4,977	1,680	1,416	788	4,212	78	25	28	24

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 1950–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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.
[1]National surveillance case definition revised in 2008; probable cases not previously reported.
[2]Cases of vaccine-associated paralytic poliomyelitis caused by polio vaccine virus.
[3]Revision of national surveillance case definition distinguishing between confirmed and probable cases; total case count includes two case reports with unknown case status.
[4]Case 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.
[5]Starting 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.
[6]Includes stage of syphilis not stated.
[7]Includes cases of unknown duration.
[8]Rates 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 less than 1 year of age were reported. See STD Surveillance Report for congenital syphilis rates per 100,000 live births.
[9]Prior 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.
[10]Data 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 Appendix III.

SOURCE: CDC, Office of Surveillance, Epidemiology and Laboratory Services (OSELS), Public Health Surveillance Program Office (PHSPO), Division of Notifiable Diseases and Healthcare Information (DNHDI) (Proposed). 2010. MMWR 2012;59(53):1–114 and CDC. Available from: http://www.cdc.gov/mmwr/mmwr_su/mmwr_nd/. Sexually transmitted disease surveillance, 2010. Atlanta, GA: U.S. Department of Health and Human Services, 2011. Available from: http://www.cdc.gov/std/stats/. See Appendix I, National Notifiable Disease Surveillance System (NNDSS).

Table 40 (page 1 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2007–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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	All years[1]	Year of diagnosis			
		2007	2008	2009	2010
		Estimated number of AIDS diagnoses[2]			
All persons[3]	1,129,127	34,319	33,613	32,942	33,015
Male, 13 years and over	893,058	24,979	24,735	24,507	24,749
Female, 13 years and over	226,593	9,304	8,839	8,421	8,242
Children, under 13 years	9,475	36	39	14	23
Region of residence					
Northeast	343,357	8,824	7,909	7,742	7,824
Midwest	118,260	3,811	3,962	4,019	4,178
South	440,261	15,843	15,721	15,018	14,722
West	227,249	5,840	6,021	6,163	6,292
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	385,023	8,196	7,886	7,683	7,596
Black or African American	327,877	10,450	10,497	10,319	10,754
Asian[4]	7,436	360	399	358	408
Native Hawaiian or Other Pacific Islander	723	39	37	46	34
American Indian or Alaska Native	2,881	86	132	108	126
Hispanic or Latino[5]	157,853	5,295	5,268	5,449	5,406
Multiple race	11,120	552	515	543	426
Age at diagnosis:					
13–14 years	745	28	27	22	20
15–24 years	36,920	1,686	1,756	2,000	2,250
25–34 years	275,806	5,222	5,304	5,454	5,641
35–44 years	349,525	8,803	8,219	7,430	7,110
45–54 years	165,995	6,631	6,548	6,723	6,750
55–64 years	49,926	2,065	2,278	2,287	2,329
65 years and over	14,140	544	603	591	650
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	43,182	1,474	1,353	1,291	1,275
Black or African American	139,621	5,981	5,783	5,468	5,422
Asian[4]	1,274	85	84	87	70
Native Hawaiian or Other Pacific Islander	140	8	4	6	10
American Indian or Alaska Native	809	41	35	28	44
Hispanic or Latina[5]	37,667	1,490	1,371	1,349	1,224
Multiple race	3,877	224	210	193	197
Age at diagnosis:					
13–14 years	653	51	33	30	31
15–24 years	15,611	590	536	547	541
25–34 years	72,469	2,060	2,062	1,834	1,746
35–44 years	82,599	3,168	2,930	2,676	2,552
45–54 years	38,745	2,385	2,295	2,300	2,269
55–64 years	12,226	835	802	805	864
65 years and over	4,291	215	181	229	239
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	1,599	4	5	1	4
Black or African American	5,731	27	25	8	12
Asian[4]	49	0	2	0	1
Native Hawaiian or Other Pacific Islander	7	0	0	0	0
American Indian or Alaska Native	31	0	0	0	0
Hispanic or Latino[5]	1,929	4	3	4	6
Multiple race	129	0	4	0	0

See footnotes at end of table.

Table 40 (page 2 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2007–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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	All years[1]	Year of diagnosis			
		2007	2008	2009	2010
	Percent distribution[6]				
All persons[3]	100.0	100.0	100.0	100.0	100.0
Male, 13 years and over	79.1	72.8	73.6	74.4	75.0
Female, 13 years and over	20.1	27.1	26.3	25.6	25.0
Children, under 13 years	0.8	0.1	0.1	0.0	0.1
Region of residence					
Northeast	30.4	25.7	23.5	23.5	23.7
Midwest	10.5	11.1	11.8	12.2	12.7
South	39.0	46.2	46.8	45.6	44.6
West	20.1	17.0	17.9	18.7	19.1
Male, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	43.1	32.8	31.9	31.4	30.7
Black or African American	36.7	41.8	42.4	42.1	43.5
Asian[4]	0.8	1.4	1.6	1.5	1.6
Native Hawaiian or Other Pacific Islander	0.1	0.2	0.2	0.2	0.1
American Indian or Alaska Native	0.3	0.3	0.5	0.4	0.5
Hispanic or Latino[5]	17.7	21.2	21.3	22.2	21.8
Multiple race	1.2	2.2	2.1	2.2	1.7
Age at diagnosis:					
13–14 years	0.1	0.1	0.1	0.1	0.1
15–24 years	4.1	6.8	7.1	8.2	9.1
25–34 years	30.9	20.9	21.4	22.3	22.8
35–44 years	39.1	35.2	33.2	30.3	28.7
45–54 years	18.6	26.5	26.5	27.4	27.3
55–64 years	5.6	8.3	9.2	9.3	9.4
65 years and over	1.6	2.2	2.4	2.4	2.6
Female, 13 years and over					
Hispanic origin and race:					
Not Hispanic or Latina:					
White	19.1	15.8	15.3	15.3	15.5
Black or African American	61.6	64.3	65.4	64.9	65.8
Asian[4]	0.6	0.9	0.9	1.0	0.9
Native Hawaiian or Other Pacific Islander	0.1	0.1	0.0	0.1	0.1
American Indian or Alaska Native	0.4	0.4	0.4	0.3	0.5
Hispanic or Latina[5]	16.6	16.0	15.5	16.0	14.9
Multiple race	1.7	2.4	2.4	2.3	2.4
Age at diagnosis:					
13–14 years	0.3	0.5	0.4	0.4	0.4
15–24 years	6.9	6.3	6.1	6.5	6.6
25–34 years	32.0	22.1	23.3	21.8	21.2
35–44 years	36.5	34.1	33.2	31.8	31.0
45–54 years	17.1	25.6	26.0	27.3	27.5
55–64 years	5.4	9.0	9.1	9.6	10.5
65 years and over	1.9	2.3	2.0	2.7	2.9
Children, under 13 years					
Hispanic origin and race:					
Not Hispanic or Latino:					
White	16.9	11.7	13.3	7.6	15.9
Black or African American	60.5	76.5	62.7	60.3	52.4
Asian[4]	0.5	–	5.4	–	6.2
Native Hawaiian or Other Pacific Islander	0.1	–	–	–	–
American Indian or Alaska Native	0.3	–	–	–	–
Hispanic or Latino[5]	20.4	11.7	8.1	32.1	25.5
Multiple race	1.4	–	10.5	–	–

See footnotes at end of table.

Table 40 (page 3 of 3). Acquired immunodeficiency syndrome (AIDS) diagnoses, by year of diagnosis and selected characteristics: United States, 2007–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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.
[1]Based on diagnoses reported to CDC from the beginning of the epidemic (1981) through June 30, 2011.
[2]Numbers 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.
[3]Total for all years includes 170 persons of unknown race and Hispanic origin. All persons totals were calculated independent of values for subpopulations. Consequently, sums of subpopulations may not equal totals for all persons.
[4]Includes Asian and Pacific Islander legacy cases.
[5]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[6]Percents may not sum to 100% due to rounding and because persons of unknown race and Hispanic origin are included in totals.

NOTES: See Appendix II, Acquired immunodeficiency syndrome (AIDS), for discussion of AIDS diagnoses reporting definitions and other issues affecting interpretation of trends. Data are for the 50 states and the District of Columbia. This table replaces surveillance data by year of report in previous editions of *Health, United States*. Starting with *Health, United States, 2010*, the title of this table was changed from AIDS cases to AIDS diagnoses to be consistent with language used by CDC.

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 and AIDS in the United States and Dependent Areas, 2010 (vol. 22). Atlanta, GA: U.S. Department of Health and Human Services, CDC. 2011 and unpublished data. Available from: http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm. See Appendix I, National HIV Surveillance System.

Table 41 (page 1 of 5). Health conditions among children under age 18 years, by selected characteristics: United States, average annual, selected years 1997–1999 through 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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*	*2009–2011*	*1997–1999*	*2000–2002*	*2003–2005*	*2009–2011*
				Percent of children				
Under 18 years[3]	- - -	- - -	8.7	9.5	5.4	5.7	5.4	5.6
Age								
0–4 years	- - -	- - -	6.1	6.4	4.3	4.7	4.2	4.5
5–17 years	- - -	- - -	9.6	10.7	5.7	6.1	5.8	6.0
5–9 years	- - -	- - -	9.1	10.2	5.6	6.3	6.1	6.2
10–17 years	- - -	- - -	9.9	11.1	5.8	5.9	5.7	5.8
Sex								
Male	- - -	- - -	9.9	10.7	6.2	6.6	6.3	6.3
Female	- - -	- - -	7.3	8.3	4.5	4.7	4.4	4.8
Race[4]								
White only	- - -	- - -	7.7	8.1	5.0	5.2	4.9	4.8
Black or African American only	- - -	- - -	13.0	16.4	7.0	8.0	7.6	8.8
American Indian or Alaska Native only	- - -	- - -	12.2	*6.6	6.4	*8.7	*6.1	*3.5
Asian only	- - -	- - -	4.8	7.7	4.3	4.7	3.3	5.2
Native Hawaiian or Other Pacific Islander only	- - -	- - -	*	*	- - -	*	*	*
2 or more races	- - -	- - -	13.5	13.3	- - -	7.3	8.8	8.0
Hispanic origin and race[4]								
Hispanic or Latino	- - -	- - -	7.6	8.5	4.8	4.2	4.6	4.7
Not Hispanic or Latino	- - -	- - -	8.9	9.8	5.5	6.0	5.6	5.8
White only	- - -	- - -	7.9	8.2	5.1	5.5	5.0	5.0
Black or African American only	- - -	- - -	13.0	16.4	7.0	7.9	7.5	8.8
Percent of poverty level[5]								
Below 100%	- - -	- - -	10.4	12.7	6.1	7.1	6.5	7.5
100%–199%	- - -	- - -	8.6	9.9	5.3	5.4	5.2	5.9
200%–399%	- - -	- - -	8.3	8.3	5.0	5.3	5.2	4.6
400% or more	- - -	- - -	7.9	7.8	5.2	5.5	4.9	4.7
Health insurance status at the time of interview[6]								
Insured	- - -	- - -	9.0	9.7	5.6	5.9	5.6	5.7
Private	- - -	- - -	8.0	8.2	5.0	5.3	5.0	4.9
Medicaid	- - -	- - -	11.4	12.0	7.7	7.7	7.1	6.9
Uninsured	- - -	- - -	5.6	6.8	3.9	4.3	3.3	3.6

See footnotes at end of table.

Table 41 (page 2 of 5). Health conditions among children under age 18 years, by selected characteristics: United States, average annual, selected years 1997–1999 through 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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*	*2009–2011*	*1997–1999*	*2000–2002*	*2003–2005*	*2009–2011*
	Percent of children							
Age								
5–17 years[3]	6.5	7.5	7.6	9.6	- - -	- - -	5.1	5.8
5–9 years	4.8	5.2	5.6	6.3	- - -	- - -	4.3	5.0
10–17 years	7.6	9.0	8.9	11.7	- - -	- - -	5.6	6.3
Sex								
Male	9.6	10.8	10.7	13.1	- - -	- - -	6.1	7.1
Female	3.2	4.2	4.4	5.9	- - -	- - -	4.1	4.4
Race[4]								
White only	7.1	8.1	7.8	9.8	- - -	- - -	5.1	5.7
Black or African American only	5.0	7.0	7.7	10.8	- - -	- - -	5.3	6.6
American Indian or Alaska Native only	*8.5	*	*9.4	*7.5	- - -	- - -	*	*9.2
Asian only	*1.7	*	*1.6	*1.8	- - -	- - -	*1.7	*2.3
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	- - -	*	*
2 or more races	- - -	7.4	9.7	10.7	- - -	- - -	8.2	8.9
Hispanic origin and race[4]								
Hispanic or Latino	3.6	4.2	4.6	5.6	- - -	- - -	3.8	4.3
Not Hispanic or Latino	7.0	8.2	8.3	10.7	- - -	- - -	5.4	6.2
White only	7.7	9.0	8.8	11.3	- - -	- - -	5.6	6.2
Black or African American only	5.0	6.8	7.5	11.1	- - -	- - -	5.2	6.6
Percent of poverty level[5]								
Below 100%	7.2	8.2	8.4	12.5	- - -	- - -	7.4	9.0
100%–199%	6.7	7.5	7.8	9.7	- - -	- - -	5.4	6.3
200%–399%	6.2	7.7	7.8	8.6	- - -	- - -	4.9	5.0
400% or more	6.1	7.1	6.9	8.3	- - -	- - -	3.7	3.9
Health insurance status at the time of interview[6]								
Insured	6.7	7.8	7.8	9.9	- - -	- - -	5.2	5.9
Private	5.9	7.0	7.0	8.1	- - -	- - -	4.1	4.2
Medicaid	10.5	10.7	10.3	13.1	- - -	- - -	8.5	9.1
Uninsured	4.8	5.4	6.1	5.8	- - -	- - -	4.6	4.4

See footnotes at end of table.

Table 41 (page 3 of 5). Health conditions among children under age 18 years, by selected characteristics: United States, average annual, selected years 1997–1999 through 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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	2009–2011	1997–1999	2000–2002	2003–2005	2009–2011
	Percent of children							
Under 18 years[3]	3.4	3.6	3.8	5.1	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	14.2
5–17 years	3.3	3.4	3.6	5.1	7.2	7.9	9.1	11.8
5–9 years	3.1	3.6	3.5	5.2	7.5	8.6	10.0	13.1
10–17 years	3.4	3.3	3.6	5.1	7.1	7.5	8.6	10.9
Sex								
Male	3.4	3.7	3.8	5.3	7.3	7.9	9.5	12.3
Female	3.5	3.4	3.8	5.0	7.6	8.4	9.8	12.7
Race[4]								
White only	3.5	3.6	3.8	4.8	7.1	7.6	9.0	11.4
Black or African American only	3.1	3.0	3.7	6.1	9.0	10.4	12.4	17.3
American Indian or Alaska Native only	*	*4.8	*	*4.5	*4.1	*9.1	11.3	9.3
Asian only	3.9	4.4	4.3	6.1	8.0	8.4	7.5	12.3
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	5.2	4.6	5.9	- - -	10.9	14.0	15.8
Hispanic origin and race[4]								
Hispanic or Latino	2.1	2.5	2.8	3.6	5.5	5.6	7.2	10.1
Not Hispanic or Latino	3.7	3.8	4.0	5.6	7.8	8.7	10.2	13.2
White only	3.8	3.9	4.1	5.3	7.5	8.2	9.7	12.0
Black or African American only	3.1	3.1	3.7	6.1	9.0	10.4	12.4	17.4
Percent of poverty level[5]								
Below 100%	3.3	3.2	3.3	4.4	7.3	7.1	9.0	13.1
100%–199%	3.0	3.4	3.8	5.0	7.2	7.6	8.7	12.2
200%–399%	3.2	3.4	3.8	5.5	7.3	8.5	10.0	12.6
400% or more	4.2	4.0	4.1	5.4	7.9	8.8	10.5	12.1
Health insurance status at the time of interview[6]								
Insured	3.5	3.7	3.9	5.2	7.7	8.5	10.0	12.7
Private	3.5	3.7	4.0	5.5	7.4	8.5	10.1	12.6
Medicaid	3.6	3.7	3.6	4.5	8.4	8.4	9.5	12.4
Uninsured	2.6	2.4	3.0	4.8	5.9	5.3	6.8	10.5

See footnotes at end of table.

Table 41 (page 4 of 5). Health conditions among children under age 18 years, by selected characteristics: United States, average annual, selected years 1997–1999 through 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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	2009–2011	1997–1999	2000–2002	2003–2005	2009–2011
	Percent of children							
Under 18 years[3]	17.5	17.7	17.3	17.0	7.1	6.7	5.8	5.6
Age								
0–4 years	10.7	10.4	10.1	10.8	13.7	12.8	11.0	10.4
5–17 years	19.9	20.3	20.0	19.5	4.8	4.5	3.8	3.7
5–9 years	17.3	18.1	17.9	17.4	7.1	6.9	5.7	6.0
10–17 years	21.6	21.7	21.2	20.8	3.2	2.9	2.7	2.2
Sex								
Male	18.6	18.8	18.9	18.4	7.3	6.9	5.9	5.6
Female	16.3	16.5	15.6	15.6	6.9	6.5	5.6	5.6
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	15.6	5.9	5.0	4.1	4.2
American Indian or Alaska Native only	15.2	16.4	16.5	14.8	*10.8	*6.3	*5.1	*
Asian only	15.3	12.6	11.3	14.1	3.7	2.6	3.3	3.6
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	20.9	20.8	20.1	- - -	7.4	5.0	5.6
Hispanic origin and race[4]								
Hispanic or Latino	12.4	12.4	12.8	13.0	6.1	6.7	6.2	6.1
Not Hispanic or Latino	18.4	18.8	18.3	18.2	7.3	6.7	5.7	5.5
White only	19.1	19.9	19.4	19.1	7.7	7.3	6.3	5.9
Black or African American only	16.3	15.5	15.1	15.6	5.9	4.9	4.0	4.1
Percent of poverty level[5]								
Below 100%	14.3	14.0	14.2	14.9	8.3	7.9	6.7	7.1
100%–199%	15.4	15.6	16.0	15.8	7.1	6.8	5.7	6.1
200%–399%	18.5	18.1	17.7	16.8	6.8	6.5	5.6	4.9
400% or more	20.3	21.1	19.7	20.1	6.6	6.1	5.5	4.8
Health insurance status at the time of interview[6]								
Insured	18.0	18.3	17.7	17.2	7.3	6.9	5.8	5.7
Private	18.8	19.2	18.5	18.6	6.6	6.4	5.2	4.8
Medicaid	15.0	16.0	16.1	14.9	10.2	8.7	7.4	7.2
Uninsured	14.3	12.6	13.5	15.0	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 years, by selected characteristics: United States, average annual, selected years 1997–1999 through 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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%.
[1]Based 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?"
[2]Based 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?"
[3]Includes all other races not shown separately and unknown health insurance status.
[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. Missing family income data were imputed for 1997 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 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.
[7]Based 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)?"
[8]Based 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?"
[9]Based 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?"
[10]Based 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?"
[11]Based on parent or knowledgeable adult responding to the question, "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?"
[12]Based 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 Appendix III.

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 1990–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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	2007	2008	2009	1990–2009 APC[1]
All sites	Number of new cases per 100,000 population[2]									
All persons	475.6	470.9	474.1	473.0	461.8	457.8	463.7	455.9	450.9	†–0.4
White	483.3	477.5	485.5	483.4	472.0	468.7	472.7	464.4	457.5	†–0.4
Black or African American	513.2	535.1	519.5	519.6	508.0	495.8	500.4	492.4	487.0	†–0.6
American Indian or Alaska Native[3]	347.9	368.1	362.1	353.2	374.4	400.1	366.3	383.2	386.9	0.3
Asian or Pacific Islander	334.2	336.8	336.5	344.0	333.0	331.6	338.7	332.0	324.6	†–0.3
Hispanic or Latino[4]	357.3	359.7	360.7	368.6	354.8	360.0	355.0	349.5	343.6	†–0.3
White, not Hispanic or Latino[4]	495.0	491.3	503.4	501.1	490.5	487.2	493.9	485.5	479.4	†–0.2
Male	583.9	564.1	564.1	557.0	543.8	531.5	543.5	523.1	511.2	†–0.9
White	591.0	563.5	569.1	562.4	548.4	538.7	547.9	526.6	513.3	†–0.9
Black or African American	686.4	736.1	698.9	685.0	664.1	627.6	640.5	629.9	604.5	†–1.2
American Indian or Alaska Native[3]	394.5	421.6	373.0	378.8	434.4	421.8	400.2	416.6	429.2	–0.2
Asian or Pacific Islander	385.2	395.2	393.9	386.4	383.7	369.1	376.4	358.0	344.0	†–0.8
Hispanic or Latino[4]	416.2	439.1	432.4	434.1	413.0	412.6	407.9	392.7	385.1	†–0.7
White, not Hispanic or Latino[4]	606.6	577.5	588.5	581.0	568.2	558.5	572.0	550.4	537.1	†–0.8
Female	411.3	410.3	413.3	416.2	406.0	407.6	407.6	409.7	409.8	–0.1
White	421.4	423.4	430.1	430.7	420.9	421.7	420.3	422.3	420.2	0.0
Black or African American	404.4	400.7	398.7	409.9	403.9	407.9	406.0	399.3	408.3	0.0
American Indian or Alaska Native[3]	316.5	334.0	360.6	333.1	334.7	385.5	346.5	365.4	361.0	†0.8
Asian or Pacific Islander	294.1	293.9	297.1	317.5	300.1	308.5	315.4	318.1	316.2	†0.4
Hispanic or Latina[4]	325.8	311.3	318.5	328.6	319.6	327.8	322.9	324.6	319.3	0.1
White, not Hispanic or Latina[4]	430.3	436.7	446.0	447.1	437.8	438.5	438.0	440.5	439.8	0.1
Lung and bronchus										
Male	95.0	86.9	77.7	75.6	75.4	71.4	68.7	66.7	64.9	†–2.0
White	94.2	85.0	76.4	74.9	74.2	70.6	68.0	65.3	63.9	†–2.0
Black or African American	133.9	136.7	110.6	108.9	111.5	98.3	94.4	95.6	91.5	†–2.3
American Indian or Alaska Native[3]	74.9	83.0	62.8	46.2	71.4	67.0	60.3	68.0	58.0	–0.9
Asian or Pacific Islander	64.2	60.0	63.2	57.7	58.4	57.9	55.1	55.5	52.0	†–1.0
Hispanic or Latino[4]	59.3	52.3	45.3	48.1	45.4	42.4	42.1	37.7	35.7	†–2.1
White, not Hispanic or Latino[4]	97.5	88.4	80.3	78.4	78.0	74.7	72.0	69.6	68.4	†–1.8
Female	47.2	49.3	48.6	49.4	49.7	49.7	48.9	47.4	47.5	0.0
White	48.5	51.8	50.8	51.6	52.3	51.6	51.4	49.7	49.2	0.0
Black or African American	52.9	49.7	54.6	55.0	54.4	57.4	53.8	52.5	54.2	0.2
American Indian or Alaska Native[3]	*	46.2	38.7	39.7	40.6	45.3	34.4	44.9	33.1	†1.6
Asian or Pacific Islander	28.3	27.1	27.2	29.3	29.1	30.9	28.6	27.8	30.7	†0.4
Hispanic or Latina[4]	26.4	25.1	24.1	24.9	25.0	23.7	25.0	24.3	25.1	†–0.5
White, not Hispanic or Latina[4]	50.8	54.9	54.4	55.5	56.5	56.0	55.8	54.0	53.4	0.2
Colon and rectum										
Male	72.3	63.2	62.6	60.0	58.3	54.4	52.7	51.2	48.3	†–1.8
White	73.0	62.5	62.2	58.9	57.0	53.9	51.3	49.9	46.5	†–2.0
Black or African American	72.7	74.5	72.7	72.6	75.8	66.4	66.6	65.7	60.4	†–0.9
American Indian or Alaska Native[3]	62.0	65.3	48.2	49.7	68.1	65.6	52.1	48.6	63.1	–0.5
Asian or Pacific Islander	60.8	58.2	57.3	58.4	52.8	47.4	49.1	46.9	46.3	†–1.4
Hispanic or Latino[4]	47.3	45.7	50.1	45.1	46.2	45.6	44.0	45.5	42.9	†–0.6
White, not Hispanic or Latino[4]	75.1	64.0	63.6	60.4	58.3	54.9	52.2	50.5	47.0	†–2.1
Female	50.2	45.9	46.0	45.1	43.4	41.2	39.9	39.3	37.7	†–1.3
White	49.7	45.5	45.6	44.1	42.8	40.0	38.8	38.4	36.0	†–1.4
Black or African American	61.1	54.7	57.8	55.9	55.0	53.3	51.6	47.9	49.7	†–0.8
American Indian or Alaska Native[3]	45.9	46.7	39.2	49.6	44.1	47.6	43.8	46.8	43.5	0.2
Asian or Pacific Islander	37.7	38.4	37.2	41.6	36.5	37.2	35.6	35.6	34.8	†–0.7
Hispanic or Latina[4]	34.9	32.1	34.2	31.8	34.4	33.1	34.0	31.6	30.8	†–0.3
White, not Hispanic or Latina[4]	50.8	46.7	46.8	45.5	43.7	41.0	39.3	39.5	36.8	†–1.4
Prostate										
Male	166.8	166.3	178.4	177.6	165.0	153.3	166.1	151.2	146.7	†–1.4
White	168.4	161.3	174.5	174.1	160.9	148.6	159.7	145.6	140.0	†–1.6
Black or African American	218.9	275.9	287.8	278.8	251.7	237.9	250.6	234.5	229.0	†–1.3
American Indian or Alaska Native[3]	99.6	92.6	69.8	92.4	108.8	92.0	91.7	79.4	91.3	†–1.5
Asian or Pacific Islander	88.4	103.5	106.0	102.6	103.6	95.0	98.8	86.6	82.0	†–1.1
Hispanic or Latino[4]	118.7	140.2	148.5	149.0	135.5	128.9	127.4	120.7	116.8	†–1.1
White, not Hispanic or Latino[4]	172.1	163.7	178.5	177.6	164.8	151.7	165.7	150.6	145.0	†–1.5

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 1990–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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	2007	2008	2009	1990–2009 APC[1]
Breast	Number of new cases per 100,000 population[2]									
Female	129.3	130.8	134.0	132.7	124.0	124.1	125.6	125.9	127.2	–0.3
White	134.3	136.4	140.8	138.7	128.9	129.2	129.2	128.7	130.3	†–0.3
Black or African American	116.7	122.3	120.5	122.2	121.8	117.0	124.5	123.4	126.0	0.2
American Indian or Alaska Native[3]	69.9	94.5	98.8	79.3	93.2	106.1	91.7	90.5	99.6	0.5
Asian or Pacific Islander	87.5	86.6	93.4	100.3	92.1	95.5	101.3	104.9	102.0	†0.9
Hispanic or Latina[4]	91.8	90.1	96.9	94.0	88.0	93.4	91.7	93.7	91.4	0.1
White, not Hispanic or Latina[4]	138.5	141.9	147.2	145.7	135.5	135.7	136.0	135.2	138.0	–0.2
Cervix uteri										
Female	11.9	9.9	8.9	8.4	8.2	7.9	7.4	7.5	7.4	†–2.5
White	11.2	9.2	8.9	8.3	7.9	7.7	7.3	7.4	7.4	†–2.2
Black or African American	16.4	14.7	10.6	10.0	10.6	9.1	8.2	9.0	7.9	†–3.8
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	12.1	11.0	7.9	8.2	8.1	8.0	7.1	6.4	7.0	†–3.8
Hispanic or Latina[4]	21.4	17.4	17.1	14.7	14.3	13.9	10.9	11.9	10.4	†–3.6
White, not Hispanic or Latina[4]	9.7	7.8	7.1	6.9	6.4	6.3	6.4	6.3	6.5	†–2.2
Corpus and uterus, not otherwise specified										
Female	24.7	24.9	23.8	24.0	23.6	24.1	24.5	25.3	26.5	0.1
White	26.4	26.4	25.6	24.8	24.9	25.4	25.3	26.1	27.1	–0.1
Black or African American	16.9	17.7	17.2	22.0	20.2	21.3	22.9	23.6	25.4	†2.0
American Indian or Alaska Native[3]	*	*	*	18.8	19.6	*	22.0	19.8	30.2	*
Asian or Pacific Islander	13.5	17.7	16.5	19.0	16.9	19.2	19.8	20.8	21.6	†1.8
Hispanic or Latina[4]	18.0	16.5	16.2	17.7	18.0	19.6	19.2	19.4	21.1	†1.0
White, not Hispanic or Latina[4]	27.0	27.5	26.8	25.7	25.9	26.1	26.2	27.2	28.0	–0.1
Ovary										
Female	15.5	14.6	14.2	13.9	13.5	13.1	13.0	12.8	12.4	†–1.0
White	16.4	15.4	15.1	14.7	14.2	13.8	13.6	13.5	13.1	†–1.1
Black or African American	11.3	10.9	10.7	9.8	11.4	10.5	11.3	9.9	9.8	–0.4
American Indian or Alaska Native[3]	*	*	19.0	*	*	*	*	*	16.8	*
Asian or Pacific Islander	11.2	10.4	10.2	12.1	10.3	11.0	10.6	10.2	9.7	–0.1
Hispanic or Latina[4]	12.3	11.7	10.9	13.9	12.0	11.8	11.2	12.0	10.0	–0.5
White, not Hispanic or Latina[4]	16.7	15.9	15.6	14.6	14.6	14.0	14.0	13.7	13.5	†–1.1
Oral cavity and pharynx										
Male	18.5	16.5	15.8	15.7	15.2	15.0	15.3	15.7	15.6	†–1.0
White	18.0	16.3	15.6	15.8	15.2	15.3	15.6	16.1	16.0	†–0.7
Black or African American	25.4	22.3	19.3	17.9	17.3	15.8	16.0	14.4	14.6	†–2.8
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	14.8	11.7	13.2	12.8	11.7	11.5	11.2	12.8	11.5	†–1.0
Hispanic or Latino[4]	10.8	12.3	9.0	9.4	8.8	9.3	8.9	9.9	10.7	†–1.1
White, not Hispanic or Latino[4]	18.8	16.9	16.7	16.9	16.3	16.4	17.0	17.3	17.1	†–0.5
Female	7.3	7.0	6.2	6.5	5.9	6.1	6.0	6.2	6.0	†–1.0
White	7.4	7.1	6.2	6.5	5.8	6.0	6.1	6.3	6.0	†–1.1
Black or African American	6.4	6.6	5.3	6.3	6.7	6.8	5.5	4.9	6.1	†–1.1
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	6.1	5.2	6.1	6.0	5.2	6.0	5.2	5.8	4.6	†–0.9
Hispanic or Latina[4]	4.1	3.7	3.7	3.7	3.9	3.4	4.1	4.4	4.1	–0.5
White, not Hispanic or Latina[4]	7.8	7.6	6.6	7.1	6.2	6.4	6.5	6.6	6.4	†–1.0
Stomach										
Male	14.6	13.5	12.6	12.0	11.7	11.4	11.4	10.5	11.1	†–1.7
White	12.8	11.9	10.7	10.4	10.1	9.6	9.7	9.2	9.7	†–1.7
Black or African American	21.4	18.6	18.4	15.8	18.5	17.4	17.5	16.7	15.1	†–2.0
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	26.8	24.5	22.7	20.4	19.1	20.0	18.1	15.6	17.1	†–2.7
Hispanic or Latino[4]	20.2	19.4	16.0	16.1	15.8	15.0	16.7	14.9	15.0	†–1.8
White, not Hispanic or Latino[4]	12.1	11.1	10.0	9.6	9.2	8.7	8.5	8.1	8.7	†–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 1990–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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	2007	2008	2009	1990–2009 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	5.5	5.7	†–0.9
White	5.7	5.1	5.0	5.1	4.9	4.7	4.5	4.5	4.4	†–1.1
Black or African American	9.9	9.8	8.6	9.9	9.5	8.0	7.7	8.0	8.8	†–1.2
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	15.4	13.0	12.9	11.3	11.2	10.5	10.6	10.0	10.6	†–2.4
Hispanic or Latina[4]	10.8	11.3	10.8	10.6	10.2	10.3	9.4	8.5	8.1	†–1.1
White, not Hispanic or Latina[4]	5.1	4.4	4.2	4.2	4.1	3.7	3.5	3.6	3.7	†–1.8
Pancreas										
Male	13.0	12.7	12.8	12.8	12.5	13.6	13.9	13.8	13.8	†0.5
White	12.7	12.4	12.6	13.0	12.3	13.4	13.8	13.6	13.8	†0.6
Black or African American	19.3	19.1	18.1	13.7	17.2	18.2	16.6	18.5	18.2	–0.4
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	11.0	10.3	10.7	9.8	10.1	11.7	11.9	11.7	10.4	0.0
Hispanic or Latino[4]	10.7	12.0	12.2	10.7	9.7	11.8	11.4	11.0	12.7	0.7
White, not Hispanic or Latino[4]	12.8	12.4	12.7	13.3	12.7	13.5	14.2	14.0	13.9	†0.7
Female	10.0	9.9	9.9	10.4	10.3	10.8	10.6	10.8	10.9	†0.5
White	9.7	9.6	9.6	10.1	10.2	10.5	10.4	10.5	10.7	†0.5
Black or African American	12.9	15.5	12.6	15.8	14.3	16.2	14.5	15.1	14.4	–0.1
American Indian or Alaska Native[3]	*	*	20.5	*	*	*	*	*	*	*
Asian or Pacific Islander	9.9	8.1	9.2	8.9	8.2	8.1	8.9	9.1	9.6	†0.8
Hispanic or Latina[4]	9.9	8.9	9.2	10.8	8.8	11.4	10.6	9.5	9.2	0.0
White, not Hispanic or Latina[4]	9.7	9.7	9.6	10.0	10.4	10.4	10.3	10.7	11.0	†0.6
Urinary bladder										
Male	37.2	35.4	36.8	35.7	36.8	36.8	37.1	35.2	34.4	–0.2
White	40.7	38.9	40.8	39.3	40.6	40.6	41.0	38.5	37.5	–0.1
Black or African American	19.5	19.3	20.2	20.5	22.7	22.7	21.6	22.5	21.3	0.5
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	15.4	16.4	16.5	19.4	17.7	17.0	17.9	18.1	17.1	†1.0
Hispanic or Latino[4]	22.1	17.8	20.3	20.5	19.6	19.3	19.7	16.1	17.4	†–0.7
White, not Hispanic or Latino[4]	42.4	41.0	43.2	41.7	43.3	43.5	44.2	41.9	40.7	0.1
Female	9.5	9.3	9.1	9.1	9.2	8.9	8.5	8.7	8.3	†–0.5
White	10.0	10.1	9.9	10.1	9.9	9.6	9.3	9.5	9.0	†–0.4
Black or African American	8.6	7.2	7.7	8.5	7.7	7.7	7.5	6.3	6.7	–0.3
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	5.3	4.4	4.1	3.2	4.9	5.1	3.8	5.0	3.7	–0.3
Hispanic or Latina[4]	6.0	5.3	5.7	6.4	4.4	6.2	5.2	5.4	4.6	–0.6
White, not Hispanic or Latina[4]	10.3	10.6	10.5	10.6	10.8	10.1	10.0	10.2	9.7	–0.2
Non-Hodgkin's lymphoma										
Male	22.6	25.0	23.5	23.8	24.1	24.4	24.7	24.4	24.2	0.2
White	23.6	26.2	24.9	25.0	25.6	25.6	26.3	25.5	25.2	†0.2
Black or African American	17.4	21.4	17.5	18.0	19.1	19.3	17.5	18.0	18.8	0.0
American Indian or Alaska Native[3]	*	*	*	*	*	23.3	*	*	20.2	*
Asian or Pacific Islander	16.7	16.5	15.9	16.3	16.3	17.9	16.7	17.8	16.7	0.1
Hispanic or Latino[4]	17.3	21.0	20.3	20.2	19.1	19.1	20.1	20.2	18.8	0.1
White, not Hispanic or Latino[4]	24.3	26.7	25.4	25.7	26.4	26.7	27.4	26.4	26.4	†0.4
Female	14.5	15.2	16.0	16.4	17.1	16.3	16.6	16.4	16.6	†0.8
White	15.4	16.0	16.9	17.4	17.9	17.5	17.5	17.1	17.5	†0.8
Black or African American	10.3	10.1	11.7	11.7	13.2	13.0	13.0	12.8	11.9	†1.6
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	9.1	11.8	11.4	12.2	12.7	9.7	11.6	12.3	11.6	0.7
Hispanic or Latina[4]	13.8	13.2	13.6	13.9	15.3	15.1	14.6	14.6	17.0	†1.1
White, not Hispanic or Latina[4]	15.6	16.2	17.3	18.0	18.3	17.8	18.1	17.4	17.6	†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 1990–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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*	*2007*	*2008*	*2009*	*1990–2009 APC*[1]
Leukemia	Number of new cases per 100,000 population[2]									
Male	17.1	17.6	16.9	16.9	17.1	16.9	16.7	16.5	16.1	†–0.2
White	18.0	18.9	18.0	18.3	18.1	18.3	18.1	17.4	16.9	–0.2
Black or African American	16.0	13.3	13.8	12.6	14.5	12.4	13.0	13.6	13.4	–0.1
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	8.5	10.0	10.3	9.3	10.3	9.1	9.3	9.8	9.1	–0.4
Hispanic or Latino[4]	12.1	14.6	12.9	12.1	11.9	12.7	11.2	11.6	11.3	–0.2
White, not Hispanic or Latino[4]	18.2	19.2	18.5	18.9	18.7	18.7	18.8	17.9	17.7	–0.1
Female	9.9	10.2	10.3	9.9	9.9	9.8	9.7	10.3	9.5	0.0
White	10.3	10.8	10.9	10.7	10.4	10.2	10.4	10.7	9.9	0.0
Black or African American	8.5	8.2	9.7	7.4	8.9	9.1	7.5	7.4	7.3	–0.5
American Indian or Alaska Native[3]	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander	5.7	6.3	6.3	6.3	6.4	6.4	6.1	7.0	6.7	0.2
Hispanic or Latina[4]	8.6	8.2	7.8	8.5	7.0	8.3	7.7	9.3	8.0	0.2
White, not Hispanic or Latina[4]	10.2	11.0	10.9	10.7	10.9	10.2	10.7	10.7	10.0	0.1

† 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.
* Estimate not shown. Rate based on fewer than 25 cases for the time interval. Trend 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 1990–2009.
[2]Age-adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 25 cases. See Appendix II, Age adjustment.
[3]Starting with *Health, United States, 2007*, estimates for the American Indian or Alaska Native population 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 2011 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. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See Appendix III.

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 2002–2008

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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*	*1999–2001*	*2002–2008*	*1975–1977*	*1981–1983*	*1987–1989*	*1999–2001*	*2002–2008*
Both sexes					Percent of patients					
All sites	50.0	51.5	56.8	67.3	68.9	39.2	39.0	43.1	57.8	59.9
Oral cavity and pharynx	54.4	54.2	56.3	62.3	66.5	36.1	31.4	33.9	44.3	45.2
Esophagus	5.5	7.3	10.6	18.8	20.5	3.2	4.3	6.6	12.9	13.5
Stomach	14.2	16.2	18.5	22.5	26.6	16.1	16.6	18.8	22.5	28.3
Colon	51.1	55.7	60.9	66.9	66.2	45.3	48.7	52.5	52.6	55.4
Rectum	48.4	52.4	58.8	66.8	68.8	44.6	39.8	52.3	59.4	60.7
Pancreas	2.5	2.6	3.2	4.9	6.2	2.3	3.6	5.5	5.5	4.8
Lung and bronchus	12.3	13.4	13.4	15.5	17.3	11.4	11.4	11.0	12.6	13.5
Urinary bladder	73.5	77.7	80.0	81.4	80.7	50.3	59.7	62.5	67.3	62.1
Non-Hodgkin's lymphoma	47.0	51.1	51.6	65.1	71.8	48.4	49.9	46.4	55.8	62.8
Leukemia	34.8	38.4	44.1	50.9	58.8	33.1	33.9	35.3	42.0	51.4
Male										
All sites	42.9	46.8	53.0	67.6	69.7	32.9	34.3	39.0	60.9	63.6
Oral cavity and pharynx	54.1	53.1	54.3	62.3	66.5	29.8	26.0	29.8	39.0	41.3
Esophagus	4.8	6.5	11.1	18.6	20.6	1.6	3.7	5.3	11.1	12.5
Stomach	13.2	15.4	15.7	21.3	24.9	16.1	16.5	16.6	24.2	22.8
Colon	50.8	56.4	61.7	68.0	66.9	43.9	44.9	50.9	53.8	53.4
Rectum	47.5	51.3	59.1	66.9	69.2	41.8	37.3	47.7	60.3	58.1
Pancreas	2.6	2.2	3.1	5.3	5.9	2.6	3.7	5.1	3.7	4.5
Lung and bronchus	11.1	11.8	12.1	13.3	15.2	10.7	10.2	10.8	10.8	12.6
Prostate gland	69.0	73.5	84.8	99.9	99.9	61.0	63.2	71.5	97.4	97.7
Urinary bladder	74.6	78.9	82.2	81.9	82.2	56.5	64.9	67.6	71.6	66.8
Non-Hodgkin's lymphoma	46.4	50.7	48.4	63.0	71.0	42.6	49.4	41.7	49.0	58.7
Leukemia	33.8	38.2	45.8	51.9	59.0	30.0	33.4	33.5	42.6	53.3
Female										
All sites	56.7	56.2	60.8	66.9	68.0	46.4	44.6	47.8	54.1	55.8
Colon	51.4	55.1	60.2	65.9	65.6	46.1	51.7	53.8	51.5	56.9
Rectum	49.5	53.6	58.5	66.7	68.3	46.9	42.4	57.1	58.3	63.3
Pancreas	2.3	3.0	3.3	4.4	6.5	1.9	3.2	5.8	7.2	5.0
Lung and bronchus	15.6	16.7	15.4	18.1	19.7	13.8	14.9	11.2	15.2	14.6
Melanoma of skin	86.3	87.2	91.3	94.7	95.3	*	*	89.5	75.3	72.8
Breast	75.9	77.3	85.3	91.0	91.7	62.2	63.8	71.3	78.8	78.0
Cervix uteri	69.8	67.9	72.5	73.4	70.2	64.5	59.4	57.4	66.0	61.1
Corpus and uterus, not otherwise specified	88.1	82.2	84.1	86.2	85.4	60.3	50.9	57.0	60.8	62.6
Ovary	35.3	38.8	38.2	43.6	42.8	41.9	37.6	33.8	35.7	35.6
Non-Hodgkin's lymphoma	47.6	51.4	55.4	67.6	72.7	54.9	50.4	52.1	63.8	67.4

* 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 2009. 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 Appendix III.

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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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	2000–2001	2007–2008	2010–2011	1997–1998	2000–2001	2007–2008	2010–2011	1997–1998	2000–2001	2007–2008	2010–2011
	Percent of adults											
18 years and over, age-adjusted[4,5]	12.0	11.5	11.3	11.1	4.9	5.1	5.6	6.0	2.3	2.3	2.6	2.6
18 years and over, crude[5]	11.6	11.3	11.6	11.6	4.8	5.0	5.8	6.3	2.2	2.3	2.7	2.7
Age												
18–44 years	4.6	4.4	4.4	4.0	1.7	1.7	1.7	1.7	0.4	0.4	0.5	0.6
18–24 years	3.2	3.4	3.1	3.0	0.8	0.8	0.8	0.7	*	*	*	*
25–44 years	5.0	4.7	4.8	4.4	2.0	2.0	2.0	2.0	0.4	0.5	0.6	0.7
45–64 years	13.5	12.9	12.2	13.0	5.4	5.3	6.3	6.9	2.3	2.2	2.9	2.9
45–54 years	10.9	10.2	8.8	9.6	4.0	4.1	4.6	4.9	1.4	1.5	2.0	2.1
55–64 years	17.4	17.1	16.8	17.1	7.4	7.3	8.6	9.3	3.8	3.3	4.0	3.9
65 years and over	31.8	30.9	31.8	30.5	14.1	15.2	17.0	18.5	8.1	8.6	8.8	8.2
65–74 years	27.8	26.6	26.9	25.6	12.4	13.1	14.6	15.9	6.7	6.7	6.3	6.3
75 years and over	37.0	36.0	37.5	36.5	16.2	17.8	19.8	21.7	9.8	10.9	11.8	10.6
Sex[4]												
Male	12.3	12.3	12.5	12.4	4.1	4.4	4.8	5.5	2.6	2.5	2.5	2.6
Female	11.8	10.9	10.5	10.2	5.8	5.8	6.5	6.6	2.1	2.2	2.6	2.6
Sex and age												
Male:												
18–44 years	3.7	3.6	3.8	3.7	0.8	0.8	0.8	0.9	0.3	0.3	*0.3	0.5
45–54 years	11.0	10.2	9.2	9.5	2.0	2.0	2.6	3.1	1.2	1.6	2.0	1.9
55–64 years	18.7	19.4	18.3	19.1	5.8	5.7	7.2	7.5	4.6	3.6	4.2	4.0
65–74 years	32.0	31.4	32.0	31.3	12.8	14.0	14.3	16.9	8.1	7.2	7.0	6.6
75 years and over	40.8	42.7	46.5	44.7	18.3	21.6	21.9	26.1	11.2	12.0	11.1	10.6
Female:												
18–44 years	5.5	5.1	4.9	4.3	2.6	2.6	2.5	2.5	0.4	0.5	0.6	0.6
45–54 years	10.8	10.1	8.4	9.6	6.0	6.0	6.4	6.6	1.5	1.4	2.1	2.2
55–64 years	16.2	14.9	15.4	15.3	8.8	8.7	10.0	10.9	3.2	2.9	3.8	3.9
65–74 years	24.5	22.7	22.5	20.6	12.1	12.3	14.8	15.0	5.5	6.2	5.7	6.1
75 years and over	34.6	31.9	31.7	30.9	14.9	15.4	18.5	18.7	9.0	10.3	12.2	10.6
Race[4,6]												
White only	12.2	11.7	11.7	11.2	5.2	5.4	6.0	6.3	2.2	2.2	2.5	2.3
Black or African American only	11.4	10.9	10.2	10.7	3.5	3.4	4.4	5.1	3.3	3.4	3.6	4.1
American Indian or Alaska Native only	18.6	14.2	11.1	12.5	*6.5	*	*4.3	6.5	*5.0	*2.6	*	*4.7
Asian only	6.9	7.3	6.0	7.2	2.4	*2.0	3.1	3.0	*1.2	*2.7	2.1	2.4
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	16.8	16.9	16.7	- - -	*4.5	5.8	7.9	- - -	*4.4	*4.1	*3.9
Hispanic origin and race[4,6]												
Hispanic or Latino	8.7	8.0	8.5	8.4	2.9	2.9	3.7	3.4	2.1	2.5	2.6	2.7
Mexican	7.5	7.5	8.3	8.4	3.0	2.6	3.6	3.2	2.5	2.8	2.5	2.6
Not Hispanic or Latino	12.2	11.8	11.7	11.4	5.1	5.3	5.9	6.3	2.3	2.3	2.6	2.6
White only	12.5	12.0	12.1	11.7	5.4	5.7	6.3	6.7	2.2	2.2	2.4	2.3
Black or African American only	11.4	10.9	10.2	10.8	3.6	3.4	4.3	5.1	3.3	3.5	3.6	4.2
Education[7,8]												
No high school diploma or GED	15.1	14.3	14.9	14.6	5.3	5.2	5.8	5.8	3.9	3.7	4.4	4.4
High school diploma or GED	12.8	12.3	11.9	12.4	5.5	6.1	6.1	6.8	2.5	2.7	3.2	3.4
Some college or more	12.7	12.5	12.4	11.9	6.0	6.0	6.9	7.4	2.1	2.2	2.3	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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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	*2000–2001*	*2007–2008*	*2010–2011*	*1997–1998*	*2000–2001*	*2007–2008*	*2010–2011*	*1997–1998*	*2000–2001*	*2007–2008*	*2010–2011*
Percent of poverty level[4,9]	Percent of adults											
Below 100%	15.3	14.7	14.0	13.9	4.9	5.4	6.2	5.3	4.3	3.6	4.4	4.6
100%–199%	13.2	12.5	13.0	12.3	4.8	5.0	5.8	5.9	3.1	3.4	3.9	3.7
200%–399%	11.5	11.3	11.7	11.3	4.9	5.3	5.4	6.2	2.1	2.2	2.5	2.5
400% or more	11.0	10.6	10.0	9.8	5.2	5.1	5.8	6.2	1.6	1.7	1.6	1.5
Hispanic origin and race and percent of poverty level[4,6,9]												
Hispanic or Latino:												
Below 100%	9.7	8.8	11.0	9.4	2.2	2.7	5.0	2.9	3.0	2.3	3.8	3.4
100%–199%	8.7	8.9	9.6	8.3	2.8	2.2	3.2	2.6	2.2	3.0	2.6	3.2
200%–399%	8.4	7.3	7.1	8.5	2.7	*3.5	3.2	4.7	*1.8	*2.6	*2.2	2.2
400% or more	8.4	6.6	8.0	7.5	*5.5	*	3.6	3.3	*	*	*2.7	*2.1
Not Hispanic or Latino:												
White only:												
Below 100%	17.8	16.9	16.0	15.8	6.3	7.1	8.0	6.8	4.4	3.5	4.3	4.4
100%–199%	14.1	13.6	14.7	13.8	5.6	6.0	7.4	7.3	3.2	3.3	4.1	3.6
200%–399%	12.2	12.0	12.9	11.8	5.2	5.8	6.0	6.8	2.1	2.2	2.6	2.3
400% or more	11.3	11.0	10.5	10.2	5.4	5.3	6.0	6.6	1.6	1.7	1.5	1.4
Black or African American only:												
Below 100%	14.6	14.5	13.2	14.7	4.4	3.8	4.6	4.5	5.0	4.5	5.5	6.2
100%–199%	12.9	11.9	11.3	11.2	3.3	3.6	3.5	5.2	4.2	4.6	4.7	4.6
200%–399%	9.2	9.8	9.3	10.5	3.2	3.0	4.4	5.3	2.5	3.1	2.7	3.9
400% or more	9.5	8.1	7.7	7.3	4.0	*3.7	5.4	5.6	*	*	*2.6	*2.1
Geographic region[4]												
Northeast	11.6	10.8	10.9	10.1	4.5	4.9	6.1	5.6	1.8	1.7	2.4	2.0
Midwest	12.1	12.2	12.4	11.5	5.1	5.2	5.5	6.7	2.3	2.4	2.5	2.6
South	12.5	11.9	11.7	12.1	5.0	5.2	5.8	6.2	2.6	2.7	3.0	2.9
West	11.1	10.5	9.9	9.9	5.1	5.0	5.3	5.5	2.1	2.4	2.2	2.4
Location of residence[4]												
Within MSA[10]	11.7	11.1	10.8	10.8	4.9	5.0	5.6	5.9	2.2	2.3	2.5	2.4
Outside MSA[10]	12.8	12.9	14.1	13.0	5.1	5.5	6.2	6.7	2.7	2.5	2.9	3.4

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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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.
[1]Heart 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 or heart disease or heart condition.
[2]Cancer 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.
[3]Stroke 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.
[4]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.
[5]Includes all other races not shown separately and unknown education level.
[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]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.
[8]GED is General Educational Development high school equivalency diploma. See Appendix II, Education.
[9]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 1997–1998 and beyond. See Appendix II, Family income; Poverty; Table VI.
[10]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 have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See Appendix III.

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). 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/contents2012.htm#045.

[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	2007–2010	1988–1994	1999–2002	2007–2010	1988–1994	1999–2002	2007–2010
20 years and over, age-adjusted[4]	Percent of population								
All persons[5]	9.1	9.8	11.4	5.5	6.6	8.1	3.6	3.2	3.3
Male	9.6	10.8	13.0	5.5	7.0	8.5	4.1	3.8	4.5
Female	8.7	8.8	10.1	5.6	6.2	7.7	3.1	2.6	2.3
Not Hispanic or Latino:									
White only	8.0	8.3	9.5	5.1	5.3	6.7	2.9	3.0	2.8
Black or African American only	16.0	16.3	19.6	8.8	11.9	14.7	7.2	4.4	4.9
Mexican	14.9	13.2	17.9	9.8	10.1	12.3	5.0	*3.1	5.6
Percent of poverty level:[6]									
Below 100%	14.2	14.5	14.5	8.8	9.1	10.9	5.4	5.4	3.7
100% or more	8.4	8.9	10.9	5.1	6.0	7.5	3.3	2.9	3.3
100%–199%	10.9	12.6	14.6	6.6	9.0	10.7	4.3	*3.6	3.9
200% or more	7.7	7.7	10.0	4.6	5.1	6.7	3.1	2.7	3.2
200%–399%	8.4	10.0	11.5	4.8	6.8	8.1	3.6	3.2	3.4
400% or more	6.8	5.9	8.5	4.3	3.6	5.6	2.6	2.3	2.9
20 years and over, crude									
All persons[5]	8.4	9.7	11.9	5.1	6.5	8.5	3.3	3.2	3.4
Male	8.6	10.4	13.2	4.8	6.7	8.7	3.7	3.7	4.5
Female	8.3	9.0	10.8	5.4	6.3	8.3	3.0	2.7	2.5
Not Hispanic or Latino:									
White only	7.8	8.7	10.8	5.0	5.5	7.6	2.8	3.2	3.2
Black or African American only	12.9	14.1	18.1	6.9	10.1	13.6	6.0	4.0	4.5
Mexican	9.7	8.5	12.7	5.6	6.5	8.5	4.1	1.9	4.2
Percent of poverty level:[6]									
Below 100%	11.3	13.0	12.0	7.0	8.1	9.0	4.3	4.9	3
100% or more	7.8	8.8	11.6	4.7	5.9	8.1	3.0	2.8	3.5
100%–199%	10.1	12.6	15.3	6.4	9.1	11.3	3.8	*3.5	4.1
200% or more	7.0	7.5	10.5	4.2	4.9	7.1	2.8	2.6	3.4
200%–399%	7.3	9.6	11.9	4.3	6.5	8.4	3.1	*3.1	3.5
400% or more	6.5	6.0	9.3	4.1	3.7	6.1	*2.4	2.2	3.2
Age									
20–44 years	2.6	3.4	3.4	1.6	2.3	2.3	*1.0	*	1.1
45–64 years	13.9	13.0	15.0	7.9	8.5	11.1	6.0	4.5	3.9
65 years and over	19.6	22.4	28.5	12.9	15.8	19.7	6.7	6.6	8.8

See footnotes at end of table.

Table 45 (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/contents2012.htm#045.

[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*	*2007–2010*
20 years and over, crude[7]	Percent of population with diagnosed diabetes		
All persons[5]	23.3	18.4	12.5
Male	20.2	20.2	14.0
Female	25.8	16.6	11.0
Not Hispanic or Latino:			
White only	20.6	13.6	9.5
Black or African American only	34.2	25.4	19.0
Mexican	29.2	26.5	19.5
Percent of poverty level:[6]			
Below 100%	30.2	25.6	18.5
100% or more	21.4	15.9	11.1
100%–199%	24.2	*14.9	9.8
200% or more	20.0	16.4	11.8
200%–399%	*21.2	*17.3	12.4
400% or more	*18.3	*	*11.2
Age			
20–44 years	29.5	*32.1	24.7
45–64 years	26.0	19.9	14.1
65 years and over	18.0	*10.2	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%.

[1]Physician-diagnosed diabetes was obtained by self-report and excludes women who reported having diabetes only during pregnancy.

[2]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. 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.

[3]Persons 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.

[4]Estimates 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.

[5]Includes all other races and Hispanic origins not shown separately.

[6]Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See Appendix II, Family income; Poverty.

[7]Age-adjusted estimates are not provided because the 2000 standard population used for age adjustment in *Health, United States* is not sufficiently similar to the age distribution of the population with diabetes.

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 Appendix III.

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

Table 46 (page 1 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#046.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2009	2010	1980	1990	2000	2009	2010
	Number of new patients					Number of patients alive on December 31				
Total	17,338	49,766	92,069	114,168	114,281	58,330	182,804	384,246	559,448	580,741
Age										
Under 20 years	737	1,054	1,173	1,304	1,308	2,374	4,494	6,288	7,331	7,388
20–44 years	4,702	10,351	12,810	13,940	13,434	20,266	57,214	87,916	97,261	98,277
45–64 years	6,950	17,154	32,129	43,769	43,788	23,695	67,162	156,840	251,282	261,940
65–74 years	3,644	13,338	23,345	26,519	27,084	9,205	35,616	76,326	114,341	119,875
75 years and over	1,305	7,869	22,612	28,636	28,667	2,790	18,318	56,876	89,233	93,261
Sex										
Male	9,662	26,676	49,161	64,694	65,038	32,211	98,542	209,727	316,015	329,098
Female	7,676	23,090	42,908	49,474	49,243	26,119	84,262	174,519	243,433	251,643
Race [1]										
White	12,293	33,143	61,059	74,944	75,690	41,111	118,694	237,414	342,160	354,460
Black or African American	4,816	14,827	26,660	32,431	31,739	16,442	57,395	126,180	180,330	186,785
American Indian or Alaska Native	124	600	1,202	1,411	1,390	375	2,176	5,402	7,613	7,968
Asian or Pacific Islander	105	1,196	3,148	5,382	5,462	402	4,539	15,250	29,345	31,528
Hispanic origin [1,2]										
Hispanic	- - -	- - -	10,731	14,822	15,284	- - -	- - -	42,443	79,934	85,202
Not Hispanic [3]	- - -	- - -	81,338	99,346	98,997	- - -	- - -	341,803	479,514	495,539
Primary diagnosis										
Diabetes	2,592	17,712	41,118	49,987	50,356	5,586	46,982	136,097	211,003	219,794
Hypertension	3,096	15,196	24,708	32,545	32,537	9,443	47,316	94,929	139,053	145,182
Glomerulonephritis	2,721	6,915	8,445	7,536	7,312	13,371	39,726	67,728	83,047	84,521
Cystic kidney	756	1,551	2,141	2,641	2,605	3,628	9,979	17,879	26,906	27,960
Other urologic	461	1,259	2,664	1,556	1,544	1,587	6,101	11,655	12,845	12,919
Other cause	1,793	4,812	8,920	14,666	14,796	6,624	21,525	39,670	61,733	64,469
Unknown cause	1,508	1,848	3,639	4,231	3,924	5,849	8,182	13,665	20,834	21,361
Missing disease	4,411	473	434	1,006	1,207	12,242	2,993	2,623	4,027	4,535

See footnotes at end of table.

Table 46 (page 2 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 1980–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#046.

[Data are based on the Centers for Medicare & Medicaid Services' Renal Beneficiary and Utilization System]

Characteristic	Incidence					Prevalence				
	1980	1990	2000	2009	2010	1980	1990	2000	2009	2010
	New patients per million population					Patients alive on December 31 per million population				
Total	76.3	199.4	326.3	372.2	369.4	255.3	727.4	1,355.1	1,816.0	1,869.5
Age										
Under 20 years	10.2	14.7	14.6	15.7	15.7	32.8	62.2	77.9	88.1	88.8
20–44 years	55.6	103.4	123.1	134.6	129.3	237.2	566.7	843.8	937.5	944.5
45–64 years	156.2	370.4	514.7	545.3	535.4	531.1	1,441.6	2,471.5	3,101.2	3,173.8
65–74 years	232.8	736.7	1,269.9	1,248.9	1,240.0	583.3	1,957.0	4,151.7	5,309.0	5,413.1
75 years and over	129.8	598.7	1,355.2	1,557.1	1,541.6	273.4	1,374.1	3,386.3	4,825.2	4,987.4
Sex										
Male	87.5	219.2	355.1	429.0	427.6	290.1	804.0	1,507.0	2,086.5	2,154.4
Female	65.7	180.5	298.6	317.2	313.2	222.5	654.5	1,208.6	1,554.5	1,593.9
Race [1]										
White	63.0	158.3	264.8	306.7	307.9	209.8	563.9	1,026.1	1,396.0	1,437.9
Black or African American	179.8	483.8	725.8	778.8	752.3	609.3	1,853.3	3,410.9	4,302.2	4,399.0
American Indian or Alaska Native	86.7	291.4	402.9	341.8	325.2	256.4	1,039.7	1,779.5	1,811.8	1,832.6
Asian or Pacific Islander	27.4	158.4	264.7	324.0	319.7	100.1	585.4	1,254.0	1,741.8	1,820.5
Hispanic origin [1,2]										
Hispanic	- - -	- - -	300.9	300.5	300.8	- - -	- - -	1,165.9	1,596.5	1,652.8
Not Hispanic [3]	- - -	- - -	330.0	385.9	382.9	- - -	- - -	1,382.9	1,858.6	1,912.6
Primary diagnosis										
Diabetes	11.4	71.0	145.7	162.9	162.8	24.5	187.0	479.9	684.9	707.6
Hypertension	13.6	60.9	87.6	106.1	105.2	41.3	188.3	334.8	451.4	467.4
Glomerulonephritis	12.0	27.7	29.9	24.6	23.6	58.5	158.1	238.8	269.6	272.1
Cystic kidney	3.3	6.2	7.6	8.6	8.4	15.9	39.7	63.1	87.3	90.0
Other urologic	2.0	5.0	9.4	5.1	5.0	6.9	24.3	41.1	41.7	41.6
Other cause	7.9	19.3	31.6	47.8	47.8	29.0	85.7	139.9	200.4	207.5
Unknown cause	6.6	7.4	12.9	13.8	12.7	25.6	32.6	48.2	67.6	68.8
Missing disease	19.4	1.9	1.5	3.3	3.9	53.6	11.9	9.3	13.1	14.6

- - - Data not available.
[1]The 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.
[2]The Centers for Medicare & Medicaid Services began collecting Hispanic ethnicity data in April 1995.
[3]Not 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 2012 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, 2012. Available from: http://www.usrds.org/reference.htm. See Appendix I, United States Renal Data System (USRDS).

Table 47 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#047.

[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	2011	1997	2010	2011	1997	2010	2011
	Percent of adults with pain during the past 3 months								
18 years and over, age-adjusted[2,3]	15.8	16.6	16.6	28.2	28.4	28.4	14.7	15.4	15.1
18 years and over, crude[3]	16.0	16.4	16.4	28.1	28.8	28.9	14.6	15.8	15.5
Age									
18–44 years	18.7	20.4	19.4	26.1	25.2	24.4	13.3	13.1	12.4
18–24 years	18.7	19.6	18.4	21.9	19.4	18.0	9.8	8.3	7.6
25–44 years	18.7	20.7	19.8	27.3	27.2	26.8	14.3	14.8	14.1
45–64 years	15.8	15.6	16.4	31.3	32.4	33.3	17.0	20.0	19.4
45–54 years	17.8	16.7	18.4	31.3	31.3	32.2	17.3	19.1	19.2
55–64 years	12.7	14.1	14.0	31.2	33.8	34.5	16.6	21.0	19.7
65 years and over	7.0	6.4	8.0	29.5	31.8	32.7	15.0	14.8	16.2
65–74 years	8.2	7.4	9.5	30.2	32.5	33.2	15.0	15.5	17.7
75 years and over	5.4	5.1	6.1	28.6	30.9	32.1	15.0	14.0	14.4
Sex[2]									
Male	9.9	11.0	10.8	26.5	26.3	26.8	12.6	13.1	12.6
Female	21.4	22.1	22.3	29.6	30.3	29.9	16.6	17.6	17.4
Sex and age									
Male:									
18–44 years	11.9	13.5	12.7	24.8	23.2	22.7	11.6	11.0	10.4
45–54 years	10.3	10.4	10.8	29.4	29.6	31.4	13.9	16.3	15.3
55–64 years	8.8	9.6	9.7	30.7	32.8	34.2	14.6	17.6	16.5
65–74 years	5.0	5.5	6.9	29.0	28.4	30.7	13.6	12.8	15.4
75 years and over	*2.4	4.0	4.6	22.5	27.4	28.5	12.6	13.0	12.2
Female:									
18–44 years	25.4	27.3	26.1	27.3	27.1	26.2	14.9	15.2	14.3
45–54 years	24.9	22.9	25.7	33.1	33.0	33.0	20.6	21.8	22.9
55–64 years	16.3	18.2	18.0	31.7	34.7	34.7	18.4	24.1	22.8
65–74 years	10.7	9.1	11.8	31.1	36.1	35.5	16.1	17.8	19.7
75 years and over	7.4	5.8	7.1	32.4	33.2	34.6	16.5	14.6	15.8
Race[2,4]									
White only	15.9	16.7	16.9	28.7	29.1	29.0	15.1	16.0	15.6
Black or African American only	16.7	18.2	17.2	26.9	27.2	27.6	13.3	13.3	13.0
American Indian or Alaska Native only	18.9	18.8	21.5	33.3	33.6	31.0	16.2	16.9	16.6
Asian only	11.7	10.1	11.4	21.0	19.1	19.8	9.2	9.6	10.6
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	21.5	19.5	---	35.6	37.6	---	22.0	20.2
Hispanic origin and race[2,4]									
Hispanic or Latino	15.5	16.2	16.1	26.4	27.4	27.4	13.9	15.1	14.7
Mexican	14.6	15.7	15.7	25.2	26.5	26.6	12.9	14.7	13.9
Not Hispanic or Latino	15.9	16.8	16.9	28.4	28.7	28.7	14.9	15.5	15.3
White only	16.1	17.0	17.3	29.1	29.7	29.4	15.4	16.3	16.0
Black or African American only	16.8	18.4	17.2	26.9	27.1	27.5	13.3	13.3	12.9
Education[5,6]									
25 years and over:									
No high school diploma or GED	19.2	18.2	20.2	33.6	34.5	37.1	16.5	18.9	19.2
High school diploma or GED	16.0	17.4	16.7	30.2	31.9	33.0	15.5	16.8	16.5
Some college or more	13.8	15.1	15.3	26.9	28.0	27.4	14.6	15.8	15.6

See footnotes at end of table.

Table 47 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#047.

[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	2011	1997	2010	2011	1997	2010	2011
Percent of poverty level[2,7]	Percent of adults with pain during the past 3 months								
Below 100%	23.3	22.7	23.7	35.4	34.9	37.5	18.6	20.2	19.9
100%–199%	18.9	19.5	20.7	30.8	32.5	33.4	16.1	17.7	18.2
200%–399%	15.5	16.6	16.0	27.9	28.5	28.4	14.8	15.2	15.0
400% or more	12.4	13.3	12.7	24.8	24.7	23.2	12.8	13.1	12.3
Hispanic origin and race and percent of poverty level[2,4,7]									
Hispanic or Latino:									
Below 100%	18.9	19.6	21.6	29.5	29.0	31.6	16.4	17.4	18.0
100%–199%	15.7	15.1	15.8	26.8	27.2	29.3	12.9	15.7	15.9
200%–399%	14.0	16.5	14.4	25.0	27.5	26.0	13.8	12.9	13.8
400% or more	13.0	14.0	11.6	21.6	25.6	20.0	12.1	15.3	9.5
Not Hispanic or Latino:									
White only:									
Below 100%	26.1	24.8	25.8	38.9	40.5	42.1	20.5	23.7	22.3
100%–199%	20.4	22.0	23.9	33.3	35.9	36.9	18.0	19.9	21.4
200%–399%	16.3	16.9	17.1	29.1	30.5	30.2	15.9	16.8	16.2
400% or more	12.5	13.8	13.3	25.4	25.2	23.7	13.1	13.6	12.9
Black or African American only:									
Below 100%	22.7	24.0	23.8	34.5	32.5	36.0	17.9	18.6	17.4
100%–199%	17.6	19.6	20.2	27.7	31.2	30.2	14.0	14.4	13.8
200%–399%	14.0	17.6	13.6	24.3	23.7	22.7	10.2	11.7	11.3
400% or more	12.9	12.2	12.2	21.5	21.0	23.4	11.9	8.5	9.6
Disability measure[2,8]									
Any basic actions difficulty or complex activity limitation	29.3	30.1	31.1	48.0	49.5	51.1	27.2	28.1	29.1
Any basic actions difficulty	30.0	30.9	32.1	49.3	51.1	52.5	27.9	29.0	30.1
Any complex activity limitation	34.6	36.0	34.7	55.1	54.5	57.1	33.1	34.3	35.7
No disability	11.0	11.7	11.4	19.4	19.0	18.6	9.1	9.7	9.0
Geographic region[2]									
Northeast	14.5	15.4	14.0	27.1	28.0	27.1	14.0	14.9	13.5
Midwest	15.6	16.8	16.8	28.7	28.1	28.1	15.3	16.0	15.5
South	17.1	18.2	17.8	27.5	28.3	29.4	13.9	14.6	14.8
West	15.3	15.1	16.7	30.0	29.3	28.4	16.1	16.5	16.3
Location of residence[2]									
Within MSA[9]	15.2	16.3	16.0	27.0	27.5	27.6	14.2	14.9	14.7
Outside MSA[9]	18.1	18.6	20.0	32.5	33.8	33.0	16.4	18.1	17.2

See footnotes at end of table.

Table 47 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#047.

[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%.
[1]In 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.
[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, unknown education level, and unknown disability status.
[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]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]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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

Table 48 (page 1 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#048.

[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]	2011[1]	1997	2000	2010[1]	2011[1]	1997	2000	2010[1]	2011[1]
	Number, in millions											
At least one basic actions difficulty or complex activity limitation[2,3]	60.9	59.0	73.7	74.6	41.3	39.3	50.7	50.9	19.6	19.7	23.0	23.7
At least one basic actions difficulty[2]	56.7	55.2	69.2	70.1	38.1	36.4	47.2	47.3	18.6	18.7	22.0	22.7
At least one complex activity limitation[3]	29.0	27.2	35.0	36.4	18.1	16.7	22.9	23.7	11.0	10.5	12.1	12.7
	At least one basic actions difficulty or complex activity limitation[2,3]											
	Percent											
Total, age-adjusted[4,5]	32.5	29.9	31.9	31.9	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Total, crude[4]	31.8	29.5	32.8	32.9	25.8	23.5	27.1	27.0	62.2	60.8	61.7	62.0
	At least one basic actions difficulty[2]											
	Percent											
Total, age-adjusted[4,5]	30.1	27.9	29.9	29.8	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Total, crude[4]	29.4	27.5	30.8	30.8	23.6	21.7	25.1	25.0	58.8	58.1	59.3	59.3
Sex												
Male	25.6	23.8	26.3	26.7	20.7	18.9	21.4	21.8	54.5	53.4	53.8	53.5
Female	32.9	31.0	35.1	34.6	26.4	24.3	28.8	28.1	61.9	61.5	63.6	63.9
Race[6]												
White only	29.6	28.1	31.2	31.0	23.5	21.8	25.1	24.9	58.5	58.0	59.2	59.0
Black or African American only	31.4	27.2	32.3	33.1	26.9	22.7	28.4	28.9	64.4	60.6	62.9	64.0
American Indian or Alaska Native only	43.8	36.8	41.6	40.8	41.9	34.1	38.5	35.7	66.0	70.2	74.0	65.6
Asian only	15.5	15.5	17.5	19.0	13.0	12.6	12.8	14.5	46.4	44.7	50.1	49.4
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	38.0	36.3	31.6	- - -	34.4	33.9	27.3	- - -	70.7	65.4	76.9
Hispanic origin and race[6]												
Hispanic or Latino	23.8	19.6	24.7	24.4	21.0	16.6	21.2	20.9	54.6	57.5	61.5	60.9
Not Hispanic or Latino	30.0	28.5	31.8	31.8	23.9	22.4	25.9	25.8	59.0	58.2	59.1	59.2
White only	30.3	29.1	32.4	32.4	23.8	22.5	26.0	25.9	58.7	58.2	59.0	59.0
Black or African American only	31.5	27.3	32.6	33.3	27.0	22.9	28.6	29.2	64.4	60.4	63.2	63.3
Percent of poverty level[7]												
Below 100%	41.9	38.4	40.6	41.0	36.2	31.9	36.3	36.6	74.1	71.6	72.7	74.6
100%–199%	38.2	37.1	38.7	40.0	29.2	26.5	30.5	31.7	66.6	69.4	69.5	71.3
200%–399%	28.4	28.2	31.1	31.4	22.0	22.1	24.1	24.6	56.1	53.9	58.9	58.9
400% or more	21.0	19.4	23.0	21.7	18.2	16.8	19.3	17.7	45.5	44.7	47.0	46.1
Location of residence												
Within MSA[8]	27.7	25.9	29.2	29.3	22.3	20.3	23.6	23.8	56.6	56.7	59.2	58.4
Outside MSA[8]	35.6	33.6	39.3	38.3	28.6	26.8	33.8	31.6	65.8	62.6	59.9	62.8

See footnotes at end of table.

Table 48 (page 2 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#048.

[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]	2011[1]	1997	2000	2010[1]	2011[1]	1997	2000	2010[1]	2011[1]
	At least one complex activity limitation[3]											
	Percent											
Total, age-adjusted[4,5]	15.6	13.7	14.9	15.4	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Total, crude[4]	15.1	13.4	15.5	16.0	11.2	9.8	12.1	12.5	35.1	32.0	32.3	33.2
Sex												
Male	13.7	12.0	14.0	14.5	10.6	9.4	11.3	11.8	31.9	28.1	30.1	29.1
Female	16.5	14.7	16.8	17.4	11.9	10.3	12.9	13.1	37.4	34.9	34.0	36.3
Race[6]												
White only	15.0	13.6	15.2	15.9	10.9	9.8	11.7	12.2	34.3	31.5	31.7	32.4
Black or African American only	19.0	15.0	19.7	19.0	15.2	11.7	17.0	16.1	47.1	40.4	39.9	39.9
American Indian or Alaska Native only	23.7	20.6	15.4	18.0	22.1	17.8	14.5	13.6	*42.6	*54.9	*	*42.2
Asian only	5.7	4.7	7.7	8.6	4.9	3.6	5.0	5.4	*14.8	*15.5	26.7	30.2
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	22.5	19.6	20.6	- - -	20.3	17.0	17.9	- - -	*42.2	53.6	49.8
Hispanic origin and race[6]												
Hispanic or Latino	11.9	9.1	10.4	11.1	9.8	7.3	7.9	8.6	33.9	32.4	37.6	37.7
Not Hispanic or Latino	15.5	14.0	16.3	16.8	11.4	10.2	12.9	13.2	35.1	32.0	31.9	32.8
White only	15.4	14.1	16.1	16.8	11.1	10.1	12.5	13.0	34.4	31.5	31.1	32.0
Black or African American only	18.8	15.1	20.0	19.2	15.0	11.7	17.3	16.5	46.8	40.3	40.0	39.1
Percent of poverty level[7]												
Below 100%	30.0	26.0	27.5	28.4	25.2	22.0	24.0	25.1	56.9	46.7	54.5	53.7
100%–199%	23.3	22.0	23.7	24.0	16.7	15.1	18.4	18.2	43.9	42.8	43.7	45.9
200%–399%	13.3	12.8	14.5	15.0	9.3	9.2	10.8	10.9	30.6	27.5	29.3	31.3
400% or more	7.3	6.4	7.7	8.1	5.8	5.0	5.8	6.2	20.2	19.6	19.8	19.8
Location of residence												
Within MSA[8]	14.1	12.1	14.2	14.8	10.6	8.9	10.9	11.5	32.7	29.8	31.6	32.5
Outside MSA[8]	19.0	18.2	22.2	21.8	13.6	13.4	18.8	18.1	42.8	38.8	35.2	35.6

. . . 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

Table 49 (page 1 of 3). Vision and hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#049.

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

Characteristic	Any trouble seeing, even with glasses or contacts[1]				A lot of trouble hearing or deaf[2]			
	1997	2000	2010	2011	1997	2000	2010	2011
	Percent of adults							
18 years and over, age-adjusted[3,4]	10.0	9.0	9.1	8.8	3.2	3.2	2.1	2.2
18 years and over, crude[4]	9.8	8.9	9.4	9.2	3.1	3.1	2.2	2.2
Age								
18–44 years	6.2	5.3	6.2	5.5	1.0	0.9	0.5	0.6
18–24 years	5.4	4.2	5.8	5.2	*0.5	*0.7	*	*
25–44 years	6.5	5.7	6.3	5.6	1.2	1.0	0.5	0.7
45–64 years	12.0	10.7	11.6	12.0	3.1	3.0	1.9	1.9
45–54 years	12.2	10.9	10.7	11.7	2.6	2.3	1.2	1.5
55–64 years	11.6	10.5	12.7	12.4	3.9	4.0	2.7	2.4
65 years and over	18.1	17.4	13.9	13.6	9.8	10.5	7.6	7.7
65–74 years	14.2	13.6	12.2	12.2	6.6	7.4	4.6	4.6
75 years and over	23.1	21.9	16.1	15.2	14.1	14.3	11.1	11.6
Sex[3]								
Male	8.8	7.9	7.9	7.6	4.2	4.3	2.8	2.7
Female	11.1	10.1	10.3	10.1	2.4	2.3	1.6	1.7
Sex and age								
Male:								
18–44 years	5.3	4.4	5.2	4.2	1.2	1.1	*0.7	*0.6
45–54 years	10.1	8.8	9.1	10.4	3.6	2.9	*1.1	*1.8
55–64 years	10.5	9.5	10.7	11.8	5.4	6.2	3.9	3.2
65–74 years	13.2	12.8	10.5	9.7	9.4	10.8	6.7	6.0
75 years and over	21.4	20.7	15.7	14.9	17.7	18.0	14.5	14.7
Female:								
18–44 years	7.1	6.2	7.1	6.9	0.9	0.8	*0.3	0.5
45–54 years	14.2	12.8	12.3	13.0	1.7	1.8	*1.3	1.1
55–64 years	12.6	11.5	14.6	13.0	2.6	1.9	1.6	1.6
65–74 years	15.0	14.4	13.6	14.5	4.4	4.5	2.9	3.3
75 years and over	24.2	22.7	16.4	15.4	11.7	12.1	8.9	9.5
Race[3,5]								
White only	9.7	8.8	8.8	8.6	3.4	3.4	2.3	2.3
Black or African American only	12.8	10.6	12.1	10.8	2.0	1.6	1.1	1.2
American Indian or Alaska Native only	19.2	16.6	15.0	15.0	14.1	*	*	*
Asian only	6.2	6.3	5.3	6.3	*	*2.4	*1.0	*1.8
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	16.2	13.1	12.4	- - -	*5.7	*	*
Hispanic origin and race[3,5]								
Hispanic or Latino	10.0	9.7	9.2	9.4	1.5	2.3	1.4	1.4
Mexican	10.2	8.3	9.0	10.4	1.8	3.0	*1.5	1.6
Not Hispanic or Latino	10.0	9.1	9.2	8.8	3.3	3.3	2.2	2.3
White only	9.8	8.9	8.9	8.6	3.5	3.5	2.4	2.4
Black or African American only	12.8	10.6	12.2	10.7	2.0	1.6	1.1	1.2
Education[6,7]								
25 years of age and over:								
No high school diploma or GED	15.0	12.2	14.1	13.9	4.8	4.6	3.2	3.1
High school diploma or GED	10.6	9.5	10.5	10.4	3.7	3.9	2.5	2.8
Some college or more	8.9	8.9	8.0	7.9	2.9	2.8	2.0	2.0

See footnotes at end of table.

Table 49 (page 2 of 3). Vision and hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#049.

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

Characteristic	*Any trouble seeing, even with glasses or contacts*[1]				*A lot of trouble hearing or deaf*[2]			
	1997	*2000*	*2010*	*2011*	*1997*	*2000*	*2010*	*2011*
Percent of poverty level[3,8]	Percent of adults							
Below 100%	17.0	12.9	14.8	14.2	4.5	3.7	2.7	2.7
100%–199%	12.9	11.6	12.2	11.5	3.6	4.2	2.5	2.5
200%–399%	9.1	8.8	9.0	8.7	3.3	3.3	2.1	2.4
400% or more	7.3	7.1	6.4	6.0	2.7	2.5	1.8	1.7
Hispanic origin and race and percent of poverty level[3,5,8]								
Hispanic or Latino:								
Below 100%	12.8	11.0	10.8	13.9	*1.9	3.3	*	*1.3
100%–199%	11.2	9.4	10.8	9.6	*1.5	*2.3	*2.3	*1.8
200%–399%	8.1	9.2	8.9	8.3	*	*	*	*1.3
400% or more	*8.1	10.5	5.3	5.1	*	*	*	*
Not Hispanic or Latino:								
White only:								
Below 100%	17.9	13.1	16.8	14.4	5.8	4.5	3.7	3.6
100%–199%	13.1	12.0	12.6	12.3	4.3	5.0	3.0	2.8
200%–399%	9.2	9.2	8.8	9.0	3.7	3.7	2.3	2.8
400% or more	7.3	7.0	6.7	5.9	2.7	2.6	2.0	1.8
Black or African American only:								
Below 100%	17.9	13.6	15.8	15.5	3.3	*1.6	*1.5	*1.6
100%–199%	16.0	12.9	14.9	12.3	*2.0	*2.0	*0.7	*1.5
200%–399%	9.3	7.7	12.0	8.5	*	*	*	*1.0
400% or more	7.7	8.3	6.6	8.6	*	*	*	*
Geographic region[3]								
Northeast	8.6	7.4	7.8	7.6	2.2	2.4	1.4	2.3
Midwest	9.5	9.6	9.1	8.7	3.5	3.5	2.3	1.9
South	11.4	9.2	10.6	9.4	3.5	3.3	2.6	2.4
West	9.7	9.9	8.0	9.1	3.4	3.5	1.9	2.1
Location of residence[3]								
Within MSA[9]	9.5	8.5	8.6	8.6	2.9	3.0	1.9	2.0
Outside MSA[9]	12.0	11.1	11.6	10.3	4.5	3.9	3.0	3.0

See footnotes at end of table.

Table 49 (page 3 of 3). Vision and hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#049.

[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.
[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. In 2011, 0.4% of adults aged 18 and over identified themselves as blind.
[2]Prior to 2007, respondents were asked, "Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, or deaf?" In this analysis, a lot of trouble and deaf are combined into one category. Starting with 2007, the question was revised to expand the response categories. Respondents were asked, "Which statement best describes your hearing without a hearing aid: excellent, good, a little trouble, moderate trouble, a lot of trouble, or deaf?" For 2007 and beyond, a lot of trouble and deaf are combined into one category. The decline from 2006 to 2007 in the estimate of those with hearing trouble is likely due to the addition of the "moderate trouble" response category. Data prior to 2007 are not comparable with 2007 and later data due to the revised question. For more information on the impact of this revised question, see Appendix II, Hearing trouble. In 2006, 0.3% of adults aged 18 and over identified themselves as deaf; in 2007–2009, this estimate was 0.2% and it was 0.3% in 2010 and 0.2% in 2011.
[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]Includes all other races not shown separately and unknown education level.
[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]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.
[7]GED is General Educational Development high school equivalency diploma. See Appendix II, Education.
[8]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.
[9]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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

Table 50 (page 1 of 2). Respondent-assessed health status, by selected characteristics: United States, selected years 1991–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#050.

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

Characteristic	1991[1]	1995[1]	1997	2000	2005	2009	2010	2011
				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	9.4	9.6	9.8
All ages, crude[4]	10.0	10.1	8.9	8.9	9.3	9.9	10.1	10.4
Age								
Under 18 years	2.6	2.6	2.1	1.7	1.8	1.8	2.0	2.0
Under 6 years	2.7	2.7	1.9	1.5	1.6	1.3	1.8	1.5
6–17 years	2.6	2.5	2.1	1.8	1.9	2.0	2.2	2.2
18–44 years	6.1	6.6	5.3	5.1	5.5	6.3	6.3	6.5
18–24 years	4.8	4.5	3.4	3.3	3.3	3.6	3.9	4.2
25–44 years	6.4	7.2	5.9	5.7	6.3	7.2	7.2	7.3
45–54 years	13.4	13.4	11.7	11.9	11.6	13.1	13.3	14.1
55–64 years	20.7	21.4	18.2	17.9	18.3	19.1	19.4	19.1
65 years and over	29.0	28.3	26.7	26.9	26.6	24.0	24.4	24.7
65–74 years	26.0	25.6	23.1	22.5	23.4	19.9	21.2	21.5
75 years and over	33.6	32.2	31.5	32.1	30.2	28.9	28.3	28.6
Sex[3]								
Male	10.0	10.1	8.8	8.8	8.8	9.1	9.2	9.4
Female	10.8	11.1	9.7	9.3	9.5	9.7	10.0	10.1
Race[3,5]								
White only	9.6	9.7	8.3	8.2	8.6	8.7	8.8	9.0
Black or African American only	16.8	17.2	15.8	14.6	14.3	14.2	14.9	15.0
American Indian or Alaska Native only	18.3	18.7	17.3	17.2	13.2	16.3	17.8	14.4
Asian only	7.8	9.3	7.8	7.4	6.8	8.4	8.1	8.7
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	16.2	14.5	15.3	15.6	14.2
Black or African American; White	---	---	---	*14.5	8.3	18.0	*16.7	16.7
American Indian or Alaska Native; White	---	---	---	18.7	17.2	15.2	19.0	16.5
Hispanic origin and race[3,5]								
Hispanic or Latino	15.6	15.1	13.0	12.8	13.3	13.3	13.1	13.2
Mexican	17.0	16.7	13.1	12.8	14.3	13.7	13.7	14.0
Not Hispanic or Latino	10.0	10.1	8.9	8.7	8.7	8.9	9.2	9.4
White only	9.1	9.1	8.0	7.9	8.0	8.0	8.2	8.4
Black or African American only	16.8	17.3	15.8	14.6	14.4	14.2	14.9	15.0
Percent of poverty level[3,6]								
Below 100%	22.8	23.7	20.8	19.6	20.4	21.8	20.9	21.5
100%–199%	14.7	15.5	13.9	14.1	14.4	14.9	15.2	15.0
200%–399%	7.9	7.9	8.2	8.4	8.3	8.6	8.3	8.7
400% or more	4.9	4.7	4.1	4.5	4.7	4.3	4.3	4.3
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	22.1	19.2	21.0
100%–199%	18.0	16.9	13.5	15.3	15.3	16.2	15.6	14.4
200%–399%	10.3	10.1	10.0	10.3	10.3	9.7	10.3	10.8
400% or more	6.6	4.0	5.7	5.5	7.6	5.6	6.4	5.0
Not Hispanic or Latino:								
White only:								
Below 100%	21.9	22.8	19.7	18.8	20.1	20.5	20.9	21.2
100%–199%	14.0	14.8	13.3	13.4	13.8	14.6	14.8	15.0
200%–399%	7.5	7.3	7.7	7.9	7.9	8.1	7.7	8.1
400% or more	4.7	4.6	3.9	4.2	4.3	4.0	4.0	4.1
Black or African American only:								
Below 100%	25.8	27.7	25.3	23.8	23.3	25.2	23.9	24.7
100%–199%	17.0	19.3	19.2	18.2	17.6	16.6	18.3	18.5
200%–399%	12.0	11.4	12.2	11.7	11.2	11.0	11.2	10.7
400% or more	5.9	6.5	6.1	7.3	7.1	5.9	6.8	6.9

See footnotes at end of table.

Table 50 (page 2 of 2). Respondent-assessed health status, by selected characteristics: United States, selected years 1991–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#050.

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

Characteristic	1991[1]	1995[1]	1997	2000	2005	2009	2010	2011
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	30.3	28.7	30.1
Any basic actions difficulty	- - -	- - -	27.3	27.7	29.1	30.9	28.9	30.6
Any complex activity limitation	- - -	- - -	42.9	45.6	46.3	48.8	46.0	48.3
No disability	- - -	- - -	3.4	3.8	3.6	3.6	3.5	3.6
Geographic region[3]								
Northeast	8.3	9.1	8.0	7.6	7.5	8.4	7.9	8.4
Midwest	9.1	9.7	8.1	8.0	8.3	8.6	9.0	8.8
South	13.1	12.3	10.8	10.7	11.0	10.9	11.1	11.2
West	9.7	10.1	8.8	8.8	8.6	8.8	9.2	9.5
Location of residence[3]								
Within MSA[8]	9.9	10.1	8.7	8.5	8.7	9.1	9.2	9.4
Outside MSA[8]	11.9	12.6	11.1	11.1	11.2	11.2	11.9	11.7

- - - 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]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).
[2]See Appendix II, Health status, respondent-assessed.
[3]Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. See Appendix II, Age adjustment.
[4]Includes all other races not shown separately and unknown disability status.
[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. 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: 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 51 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#051.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Geographic region[4]	Percent of population, crude					
All regions:						
Metropolitan counties:						
Large central	21.5	21.8	23.1	8.7	9.0	9.8
Large fringe	22.4	23.1	24.9	6.9	7.1	8.1
Medium and small	27.4	27.3	28.3	9.6	9.8	11.0
Nonmetropolitan counties:						
Micropolitan	30.4	31.2	32.6	11.4	12.4	13.7
Nonmicropolitan	30.9	33.7	36.1	14.0	14.6	15.7
Northeast:						
Metropolitan counties:						
Large central	20.1	21.0	22.0	9.0	10.1	9.3
Large fringe	22.3	22.8	23.5	6.9	6.1	6.9
Medium and small	25.9	24.6	28.4	7.6	7.5	9.3
Nonmetropolitan counties:						
Micropolitan	31.0	31.0	35.5	9.7	9.8	12.1
Nonmicropolitan	27.4	34.1	33.0	8.9	10.6	10.2
Midwest:						
Metropolitan counties:						
Large central	26.1	25.7	26.6	8.9	8.8	10.8
Large fringe	24.4	26.2	26.1	6.3	8.0	8.2
Medium and small	28.1	27.1	27.2	8.1	8.1	9.8
Nonmetropolitan counties:						
Micropolitan	27.0	28.3	28.7	8.0	9.8	11.7
Nonmicropolitan	28.6	29.1	31.7	9.1	10.9	10.7
South:						
Metropolitan counties:						
Large central	21.5	21.9	23.9	8.9	9.9	10.5
Large fringe	20.9	21.4	23.7	7.1	7.2	8.7
Medium and small	27.8	28.0	29.9	11.9	11.9	12.9
Nonmetropolitan counties:						
Micropolitan	32.3	31.4	33.7	14.3	14.6	15.3
Nonmicropolitan	34.7	36.5	41.9	20.2	18.2	22.6
West:						
Metropolitan counties:						
Large central	20.0	19.9	21.4	8.3	7.9	9.0
Large fringe	23.1	23.0	28.1	7.3	7.7	8.7
Medium and small	26.8	28.3	26.7	8.7	9.4	10.0
Nonmetropolitan counties:						
Micropolitan	30.8	37.1	35.0	10.9	13.1	14.1
Nonmicropolitan	*24.2	36.1	33.0	*7.6	14.1	12.1
Age						
18–44 years:						
Metropolitan counties:						
Large central	15.4	15.1	15.9	5.3	5.6	6.1
Large fringe	16.1	16.2	17.9	4.3	4.3	5.2
Medium and small	20.0	19.0	20.0	6.0	6.0	6.6
Nonmetropolitan counties:						
Micropolitan	22.5	21.6	21.8	6.6	7.3	8.1
Nonmicropolitan	21.5	23.4	24.0	9.3	8.5	8.8
45–64 years:						
Metropolitan counties:						
Large central	33.2	33.7	34.9	15.1	15.1	15.6
Large fringe	32.2	33.0	33.7	10.9	11.2	11.9
Medium and small	39.0	39.8	40.1	15.3	15.3	17.0
Nonmetropolitan counties:						
Micropolitan	42.0	42.8	45.8	18.4	19.0	20.4
Nonmicropolitan	42.6	45.2	49.2	20.0	21.3	23.3
Sex						
Men:						
Metropolitan counties:						
Large central	18.2	18.9	19.7	7.6	8.3	8.9
Large fringe	19.7	20.3	21.9	6.3	6.6	7.6
Medium and small	23.8	24.9	25.5	8.9	8.9	10.4
Nonmetropolitan counties:						
Micropolitan	28.3	28.2	29.9	11.2	11.8	13.0
Nonmicropolitan	28.5	31.0	33.1	13.5	14.7	14.3

See footnotes at end of table.

Table 51 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#051.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Sex	Percent of population, crude					
Women:						
Metropolitan counties:						
Large central	24.8	24.6	26.5	9.8	9.7	10.6
Large fringe	25.0	25.8	27.8	7.5	7.7	8.5
Medium and small	30.8	29.7	31.0	10.3	10.5	11.5
Nonmetropolitan counties:						
Micropolitan	32.3	34.1	35.1	11.6	13.0	14.3
Nonmicropolitan	33.2	36.4	38.9	14.5	14.5	17.1
Hispanic origin and race[5]						
Hispanic or Latino:						
Metropolitan counties:						
Large central	17.7	17.9	20.5	10.4	11.3	11.6
Large fringe	18.3	17.5	21.5	9.0	8.1	9.9
Medium and small	21.5	23.6	24.1	11.6	11.2	12.2
Nonmetropolitan counties:						
Micropolitan	23.1	22.8	22.0	13.1	10.6	10.5
Nonmicropolitan	21.8	29.4	30.8	10.3	13.8	12.8
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	22.4	23.1	23.4	6.4	6.5	7.5
Large fringe	23.5	24.3	26.3	6.5	6.8	7.3
Medium and small	27.8	27.8	28.3	8.7	8.9	9.8
Nonmetropolitan counties:						
Micropolitan	30.6	31.8	32.7	10.5	11.8	13.3
Nonmicropolitan	30.9	33.4	36.0	13.1	13.7	15.3
Black or African American only:						
Metropolitan counties:						
Large central	26.9	27.5	30.4	13.6	14.3	15.0
Large fringe	21.0	23.1	25.1	8.8	9.1	11.0
Medium and small	30.5	29.1	34.2	14.5	15.5	16.5
Nonmetropolitan counties:						
Micropolitan	33.8	31.4	37.1	18.7	17.4	18.5
Nonmicropolitan	31.6	37.6	43.0	23.3	26.4	28.2
Percent of poverty level[6]						
Below 100%:						
Metropolitan counties:						
Large central	31.8	31.4	32.1	19.7	18.6	19.4
Large fringe	33.2	38.9	38.6	17.4	19.1	20.8
Medium and small	38.8	37.8	40.2	21.1	20.1	22.6
Nonmetropolitan counties:						
Micropolitan	42.0	46.8	47.1	23.1	23.8	26.9
Nonmicropolitan	47.6	51.8	55.9	27.8	31.3	31.9
100%–199%:						
Metropolitan counties:						
Large central	24.7	25.2	28.8	12.7	13.3	14.5
Large fringe	30.8	31.1	34.3	13.6	14.1	15.2
Medium and small	32.9	33.8	34.6	15.1	15.5	17.0
Nonmetropolitan counties:						
Micropolitan	38.2	39.0	38.5	17.2	19.3	18.9
Nonmicropolitan	39.5	40.8	43.3	19.8	19.6	22.0
200%–399%:						
Metropolitan counties:						
Large central	20.3	20.4	21.3	7.9	8.3	8.7
Large fringe	23.8	23.2	26.0	7.5	7.3	8.4
Medium and small	27.3	26.3	28.0	8.5	8.7	9.5
Nonmetropolitan counties:						
Micropolitan	27.1	28.0	29.7	8.7	10.1	11.0
Nonmicropolitan	26.6	29.0	31.2	10.9	10.8	11.1

See footnotes at end of table.

Table 51 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#051.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Percent of poverty level[6]	Percent of population, crude					
400% or more:						
Metropolitan counties:						
Large central	17.6	17.7	17.9	4.0	4.4	4.3
Large fringe	18.4	19.0	19.2	3.7	3.9	3.8
Medium and small	21.2	21.1	20.8	4.5	4.5	4.7
Nonmetropolitan counties:						
Micropolitan	22.8	22.4	22.6	4.8	5.3	5.1
Nonmicropolitan	20.0	23.4	23.2	5.2	5.9	6.0
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	9.7
Large fringe	21.9	22.2	23.6	6.7	6.8	7.6
Medium and small	27.0	26.7	27.6	9.4	9.5	10.6
Nonmetropolitan counties:						
Micropolitan	29.8	29.4	30.8	10.9	11.6	12.7
Nonmicropolitan	29.1	31.2	33.2	13.2	13.1	14.1
Northeast:						
Metropolitan counties:						
Large central	20.0	20.9	21.5	8.9	10.1	9.1
Large fringe	21.3	21.7	22.0	6.6	5.8	6.4
Medium and small	24.6	23.1	26.4	7.1	7.2	8.6
Nonmetropolitan counties:						
Micropolitan	31.0	29.4	33.3	9.4	9.1	10.9
Nonmicropolitan	24.8	32.9	29.0	8.2	9.6	9.0
Midwest:						
Metropolitan counties:						
Large central	26.3	26.4	26.8	9.1	9.0	10.8
Large fringe	24.0	25.4	24.7	6.2	7.6	7.7
Medium and small	28.2	26.9	26.9	8.1	8.0	9.5
Nonmetropolitan counties:						
Micropolitan	26.5	26.8	27.3	7.7	9.1	11.1
Nonmicropolitan	26.9	26.8	29.5	8.5	9.5	9.5
South:						
Metropolitan counties:						
Large central	22.0	22.4	23.9	9.1	10.3	10.5
Large fringe	20.7	20.9	22.6	7.0	6.8	8.2
Medium and small	27.4	27.4	29.2	11.6	11.6	12.3
Nonmetropolitan counties:						
Micropolitan	31.4	29.8	32.0	13.7	13.8	14.1
Nonmicropolitan	33.1	34.2	38.9	19.4	16.6	20.3
West:						
Metropolitan counties:						
Large central	20.8	19.9	21.3	8.7	7.9	8.9
Large fringe	22.6	21.7	27.2	7.1	7.3	8.3
Medium and small	26.6	27.8	26.4	8.6	9.2	9.8
Nonmetropolitan counties:						
Micropolitan	30.1	34.5	32.4	10.3	12.1	12.6
Nonmicropolitan	*22.7	32.4	29.7	*7.3	13.0	11.1
Sex						
Men:						
Metropolitan counties:						
Large central	18.7	19.3	19.9	7.9	8.5	8.9
Large fringe	19.4	19.7	20.8	6.1	6.2	7.2
Medium and small	23.5	24.4	24.9	8.7	8.7	10.0
Nonmetropolitan counties:						
Micropolitan	27.6	26.6	28.3	10.7	10.9	12.0
Nonmicropolitan	27.1	28.5	30.4	12.8	13.1	12.7
Women:						
Metropolitan counties:						
Large central	25.1	24.8	26.0	9.9	9.8	10.5
Large fringe	24.2	24.6	26.3	7.2	7.3	8.0
Medium and small	30.3	28.9	30.1	10.1	10.2	11.1
Nonmetropolitan counties:						
Micropolitan	31.7	32.1	33.3	11.2	12.2	13.4
Nonmicropolitan	31.1	33.8	35.9	13.6	13.1	15.5

See footnotes at end of table.

Table 51 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#051.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Hispanic origin and race[5]	Percent of population, age-adjusted[7]					
Hispanic or Latino:						
Metropolitan counties:						
Large central	19.9	19.9	22.1	12.4	12.8	12.6
Large fringe	20.9	19.2	22.7	10.7	9.3	10.9
Medium and small	24.3	26.1	26.2	13.7	13.0	13.5
Nonmetropolitan counties:						
Micropolitan	26.0	24.7	25.7	15.5	12.7	12.1
Nonmicropolitan	27.5	30.0	33.0	12.3	14.5	14.1
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	21.8	22.3	22.5	6.1	6.2	7.1
Large fringe	22.3	22.7	24.4	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	12.0
Nonmicropolitan	28.7	30.7	32.7	12.1	12.1	13.5
Black or African American only:						
Metropolitan counties:						
Large central	27.4	27.8	30.3	13.8	14.5	15.0
Large fringe	22.0	23.3	25.4	9.4	9.2	11.0
Medium and small	30.9	29.7	34.0	15.0	16.0	16.6
Nonmetropolitan counties:						
Micropolitan	34.0	31.6	36.5	18.6	17.3	18.1
Nonmicropolitan	33.3	32.5	43.2	24.1	24.6	26.4
Percent of poverty level[6]						
Below 100%:						
Metropolitan counties:						
Large central	36.3	37.2	37.0	23.5	22.6	22.4
Large fringe	39.4	43.5	42.2	20.9	22.0	23.3
Medium and small	45.3	45.1	46.6	25.6	25.0	27.3
Nonmetropolitan counties:						
Micropolitan	48.7	51.1	52.2	27.3	26.3	29.9
Nonmicropolitan	49.9	51.3	56.1	29.5	31.5	31.9
100%–199%:						
Metropolitan counties:						
Large central	27.9	28.2	30.9	14.6	15.0	15.7
Large fringe	33.0	31.8	35.4	14.8	14.7	15.9
Medium and small	36.0	36.6	37.1	16.9	17.2	18.4
Nonmetropolitan counties:						
Micropolitan	39.4	39.3	38.8	18.0	19.9	18.7
Nonmicropolitan	39.4	39.9	41.9	19.8	18.6	21.0
200%–399%:						
Metropolitan counties:						
Large central	21.4	20.9	21.6	8.4	8.6	8.8
Large fringe	24.0	23.5	25.6	7.6	7.3	8.2
Medium and small	27.6	26.2	27.6	8.6	8.6	9.3
Nonmetropolitan counties:						
Micropolitan	26.9	26.6	27.8	8.5	9.5	9.9
Nonmicropolitan	25.0	26.3	28.1	10.2	9.5	9.5
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	18.3	3.9	3.7	4.0
Nonmetropolitan counties:						
Micropolitan	19.9	17.8	18.2	3.9	4.2	4.3
Nonmicropolitan	16.1	19.1	18.6	4.3	4.8	4.6

See footnotes at end of table.

Table 51 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#051.

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

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* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20%–30%.
[1]Urbanization 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.
[2]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.
[3]Based 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.
[4]See Appendix II, Geographic region.
[5]Persons 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.
[6]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; Poverty; Table VI.
[7]Estimates 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.

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 52 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#052.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Geographic region[4]	Percent of population, crude					
All regions:						
Metropolitan counties:						
Large central	59.6	61.2	60.5	27.6	27.8	27.4
Large fringe	60.1	59.1	58.0	23.0	22.1	21.1
Medium and small	63.1	64.3	62.6	25.4	25.5	23.7
Nonmetropolitan counties:						
Micropolitan	67.6	64.1	62.4	28.9	27.3	24.0
Nonmicropolitan	66.1	67.4	67.9	30.2	31.0	26.7
Northeast:						
Metropolitan counties:						
Large central	59.7	64.1	56.6	26.7	28.8	30.3
Large fringe	60.1	57.3	56.4	22.8	21.7	20.1
Medium and small	59.4	62.7	63.5	20.4	20.1	22.0
Nonmetropolitan counties:						
Micropolitan	61.4	64.9	56.2	21.2	19.8	16.1
Nonmicropolitan	68.1	51.3	50.5	18.6	*15.7	*
Midwest:						
Metropolitan counties:						
Large central	63.8	67.8	63.6	28.7	29.9	25.8
Large fringe	64.5	63.3	60.2	23.4	21.3	19.3
Medium and small	64.5	64.3	60.5	23.9	23.1	19.9
Nonmetropolitan counties:						
Micropolitan	65.4	66.1	66.4	24.4	23.5	20.7
Nonmicropolitan	62.9	63.7	69.5	21.9	27.0	18.7
South:						
Metropolitan counties:						
Large central	58.1	58.3	60.8	28.1	29.0	27.7
Large fringe	57.4	58.5	58.9	23.6	22.7	23.3
Medium and small	63.5	64.8	63.1	30.5	30.5	27.1
Nonmetropolitan counties:						
Micropolitan	71.2	61.3	59.0	36.3	33.8	29.2
Nonmicropolitan	68.3	71.8	70.3	40.9	37.3	37.4
West:						
Metropolitan counties:						
Large central	58.4	57.8	60.8	27.2	25.2	26.6
Large fringe	59.8	56.7	55.3	21.2	23.6	20.4
Medium and small	64.0	64.8	63.3	20.4	21.9	22.3
Nonmetropolitan counties:						
Micropolitan	66.7	68.2	69.1	23.0	21.2	20.6
Nonmicropolitan	69.5	72.4	64.5	25.4	30.5	23.5
Age						
65–74 years:						
Metropolitan counties:						
Large central	51.7	51.2	50.4	24.1	24.2	22.8
Large fringe	49.0	50.2	49.3	19.2	19.0	17.7
Medium and small	53.5	54.1	54.1	20.8	22.5	20.3
Nonmetropolitan counties:						
Micropolitan	61.1	55.2	55.7	25.9	24.1	21.2
Nonmicropolitan	56.0	58.7	60.9	25.6	28.0	25.2
75 years and over:						
Metropolitan counties:						
Large central	68.4	72.5	71.7	31.6	32.0	32.6
Large fringe	73.0	69.7	69.3	27.4	25.7	25.3
Medium and small	73.8	75.3	73.2	30.5	28.6	27.8
Nonmetropolitan counties:						
Micropolitan	75.4	74.8	71.8	32.3	31.0	27.6
Nonmicropolitan	78.8	78.3	75.9	35.9	34.9	28.6
Sex						
Men:						
Metropolitan counties:						
Large central	53.5	55.7	53.9	26.8	26.1	26.4
Large fringe	55.9	52.5	52.3	24.0	21.7	21.6
Medium and small	60.2	61.6	58.9	24.6	25.0	23.5
Nonmetropolitan counties:						
Micropolitan	63.7	61.8	57.2	30.5	28.6	24.4
Nonmicropolitan	62.8	65.4	67.0	31.8	31.4	27.7

See footnotes at end of table.

Table 52 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#052.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Sex	Percent of population, crude					
Women:						
Metropolitan counties:						
Large central	64.2	65.2	65.1	28.2	29.1	28.1
Large fringe	63.5	64.3	62.7	22.3	22.5	20.6
Medium and small	65.2	66.3	65.6	26.0	25.8	23.8
Nonmetropolitan counties:						
Micropolitan	70.3	66.0	66.5	27.7	26.3	23.6
Nonmicropolitan	68.6	68.9	68.6	29.0	30.7	25.9
Hispanic origin and race[5]						
Hispanic or Latino:						
Metropolitan counties:						
Large central	58.2	58.8	63.0	39.1	36.5	37.4
Large fringe	49.3	55.0	59.0	33.1	38.2	33.0
Medium and small	65.4	63.9	64.8	38.4	42.7	40.4
Nonmetropolitan counties:						
Micropolitan	71.6	61.5	53.3	43.9	30.9	*29.8
Nonmicropolitan	77.3	63.4	69.2	*47.9	28.4	46.7
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.6	60.8	59.6	22.9	24.1	22.2
Large fringe	60.6	59.3	58.2	21.9	20.4	19.2
Medium and small	62.6	64.3	62.5	23.5	23.5	21.3
Nonmetropolitan counties:						
Micropolitan	67.1	63.4	62.2	27.3	25.3	21.8
Nonmicropolitan	64.9	67.7	67.2	28.4	30.6	24.5
Black or African American only:						
Metropolitan counties:						
Large central	66.0	68.9	65.0	37.3	36.1	36.5
Large fringe	63.9	62.1	60.3	33.3	34.8	31.6
Medium and small	67.7	66.5	66.3	43.7	40.0	38.1
Nonmetropolitan counties:						
Micropolitan	71.8	74.0	68.7	45.5	53.9	46.0
Nonmicropolitan	82.5	59.4	78.7	57.4	37.8	52.9
Percent of poverty level[6]						
Below 100%:						
Metropolitan counties:						
Large central	70.9	75.9	77.8	43.3	43.9	48.8
Large fringe	71.4	76.6	73.1	34.1	40.4	34.4
Medium and small	75.9	78.8	72.2	41.9	40.5	41.1
Nonmetropolitan counties:						
Micropolitan	80.6	78.1	80.8	45.4	46.3	42.2
Nonmicropolitan	77.5	81.9	82.6	44.2	45.7	44.4
100%–199%:						
Metropolitan counties:						
Large central	66.8	68.6	70.5	33.9	35.7	35.7
Large fringe	70.5	67.8	70.2	31.3	30.1	28.9
Medium and small	73.1	71.9	72.3	33.5	32.6	31.6
Nonmetropolitan counties:						
Micropolitan	72.8	75.3	72.8	34.3	36.0	35.1
Nonmicropolitan	71.1	73.5	76.7	35.4	36.2	34.5
200%–399%:						
Metropolitan counties:						
Large central	58.8	61.0	61.0	25.5	24.4	25.2
Large fringe	59.7	59.6	61.3	22.3	22.0	22.3
Medium and small	61.3	64.5	65.2	22.7	24.2	22.9
Nonmetropolitan counties:						
Micropolitan	63.4	62.0	56.8	23.3	22.8	19.4
Nonmicropolitan	61.7	63.0	67.1	24.6	26.8	20.8

See footnotes at end of table.

Table 52 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#052.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Percent of poverty level[6]			Percent of population, crude			
400% or more:						
Metropolitan counties:						
Large central	47.3	47.0	44.9	16.4	17.4	14.3
Large fringe	50.2	51.0	46.7	15.2	14.8	13.6
Medium and small	50.3	52.4	49.4	14.5	15.1	13.5
Nonmetropolitan counties:						
Micropolitan	57.0	45.6	53.2	17.6	13.3	11.6
Nonmicropolitan	52.5	49.7	43.8	17.7	17.1	13.7
Geographic region[4]			Percent of population, age-adjusted[7]			
All regions:						
Metropolitan counties:						
Large central	60.1	61.4	60.5	27.8	27.9	27.4
Large fringe	60.8	59.7	58.9	23.3	22.4	21.3
Medium and small	63.5	64.3	63.0	25.5	25.5	23.8
Nonmetropolitan counties:						
Micropolitan	68.1	64.7	63.4	29.0	27.5	24.3
Nonmicropolitan	67.0	68.0	68.3	30.5	31.3	26.8
Northeast:						
Metropolitan counties:						
Large central	59.9	63.8	57.2	26.8	28.8	30.3
Large fringe	59.0	57.2	56.3	22.6	21.7	20.1
Medium and small	58.9	61.3	63.5	19.9	20.0	21.9
Nonmetropolitan counties:						
Micropolitan	61.3	63.6	57.6	21.1	19.1	16.7
Nonmicropolitan	71.4	57.8	51.3	18.5	*16.1	*
Midwest:						
Metropolitan counties:						
Large central	64.2	68.7	63.7	28.8	29.9	25.7
Large fringe	65.4	63.5	62.2	23.7	21.5	19.5
Medium and small	65.0	64.1	60.8	24.1	23.0	19.9
Nonmetropolitan counties:						
Micropolitan	65.6	65.7	65.9	24.4	23.3	20.3
Nonmicropolitan	63.0	63.2	69.1	21.9	26.8	18.6
South:						
Metropolitan counties:						
Large central	58.5	59.0	60.2	28.3	29.3	27.8
Large fringe	59.5	60.0	60.2	24.1	23.2	23.8
Medium and small	64.3	65.4	64.1	30.8	30.6	27.5
Nonmetropolitan counties:						
Micropolitan	72.2	63.1	61.4	36.3	34.4	29.9
Nonmicropolitan	69.4	72.6	71.2	40.9	37.4	37.6
West:						
Metropolitan counties:						
Large central	59.0	57.6	60.7	27.4	25.3	26.6
Large fringe	60.2	58.3	57.1	21.8	23.8	20.8
Medium and small	64.5	64.7	63.2	20.4	21.9	22.6
Nonmetropolitan counties:						
Micropolitan	67.6	68.7	68.9	23.3	21.4	21.0
Nonmicropolitan	71.9	73.2	66.6	26.3	31.5	23.5
Sex						
Men:						
Metropolitan counties:						
Large central	54.4	57.5	54.8	27.1	26.7	26.9
Large fringe	57.9	54.1	54.6	24.9	22.2	22.4
Medium and small	61.8	62.7	60.2	25.4	25.5	24.1
Nonmetropolitan counties:						
Micropolitan	64.7	63.0	59.1	31.0	29.0	25.0
Nonmicropolitan	65.6	66.6	67.6	32.8	32.1	28.0
Women:						
Metropolitan counties:						
Large central	64.4	64.7	64.6	28.1	28.9	27.9
Large fringe	63.2	64.1	62.6	22.2	22.4	20.5
Medium and small	64.8	65.5	65.4	25.6	25.6	23.7
Nonmetropolitan counties:						
Micropolitan	70.2	66.0	66.8	27.7	26.2	23.6
Nonmicropolitan	68.3	69.0	68.8	28.9	30.8	25.9

See footnotes at end of table.

Table 52 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#052.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Hispanic origin and race[5]	Percent of population, age-adjusted[7]					
Hispanic or Latino:						
Metropolitan counties:						
Large central	60.9	60.7	64.0	40.3	37.6	37.9
Large fringe	54.7	57.2	62.2	34.8	40.2	34.8
Medium and small	67.3	67.1	67.8	39.4	44.8	41.8
Nonmetropolitan counties:						
Micropolitan	74.4	66.7	54.3	44.0	33.1	*30.1
Nonmicropolitan	85.6	64.2	72.1	59.7	*27.6	49.8
Not Hispanic or Latino:						
White only:						
Metropolitan counties:						
Large central	58.4	60.0	58.7	22.7	23.9	21.7
Large fringe	60.8	59.4	58.7	22.0	20.5	19.3
Medium and small	62.9	64.0	62.7	23.5	23.4	21.4
Nonmetropolitan counties:						
Micropolitan	67.4	63.8	63.2	27.3	25.4	22.0
Nonmicropolitan	65.8	68.2	67.4	28.7	30.8	24.6
Black or African American only:						
Metropolitan counties:						
Large central	67.7	70.4	65.6	37.7	36.5	37.1
Large fringe	67.6	64.6	63.3	34.4	36.1	32.1
Medium and small	68.4	68.1	67.4	44.0	40.7	38.6
Nonmetropolitan counties:						
Micropolitan	75.0	76.0	69.8	46.3	54.9	46.4
Nonmicropolitan	82.6	61.2	79.7	57.2	37.3	53.3
Percent of poverty level[6]						
Below 100%:						
Metropolitan counties:						
Large central	71.8	75.9	77.3	43.5	43.9	48.8
Large fringe	69.6	76.2	72.9	33.8	40.4	34.8
Medium and small	75.6	78.2	71.5	41.9	40.9	41.0
Nonmetropolitan counties:						
Micropolitan	80.1	76.7	80.4	45.6	45.8	42.4
Nonmicropolitan	77.2	81.8	82.7	44.3	45.6	44.3
100%–199%:						
Metropolitan counties:						
Large central	66.3	67.6	69.0	33.8	35.7	35.4
Large fringe	68.8	66.5	68.8	31.2	30.3	29.0
Medium and small	72.0	70.9	71.5	33.1	32.7	31.5
Nonmetropolitan counties:						
Micropolitan	72.0	75.3	72.4	34.3	36.1	35.2
Nonmicropolitan	70.7	73.5	76.3	35.2	36.3	34.9
200%–399%:						
Metropolitan counties:						
Large central	58.7	61.1	60.2	25.4	24.4	24.9
Large fringe	60.6	60.0	61.6	22.6	22.1	22.3
Medium and small	61.8	64.3	65.2	22.9	24.1	22.9
Nonmetropolitan counties:						
Micropolitan	64.6	63.0	58.4	23.7	23.1	19.6
Nonmicropolitan	63.7	64.0	67.9	25.5	27.0	20.9
400% or more:						
Metropolitan counties:						
Large central	49.4	49.0	48.4	17.6	18.9	15.4
Large fringe	54.1	53.6	50.1	17.0	16.2	15.2
Medium and small	53.9	55.0	52.6	16.4	16.3	15.4
Nonmetropolitan counties:						
Micropolitan	58.9	50.2	57.0	19.1	14.6	13.3
Nonmicropolitan	58.6	53.3	47.2	19.4	19.4	15.8

See footnotes at end of table.

Table 52 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#052.

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

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* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20%–30%.
[1]Urbanization 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.
[2]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.
[3]Based 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.
[4]See Appendix II, Geographic region.
[5]Persons 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.
[6]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; Poverty; Table VI.
[7]Estimates 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.

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 53 (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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#053.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2007–2008	2010–2011
			Percent of adults with serious psychological distress[1]			
18 years and over, age-adjusted[2,3]	3.2	2.6	3.1	3.0	2.9	3.3
18 years and over, crude[3]	3.2	2.6	3.1	3.0	2.9	3.4
Age						
18–44 years	2.9	2.3	2.9	2.8	2.7	2.9
18–24 years	2.7	2.2	2.8	2.5	2.3	2.4
25–44 years	3.0	2.4	3.0	2.9	2.8	3.1
45–64 years	3.7	3.2	3.9	3.7	3.6	4.5
45–54 years	3.9	3.5	4.2	3.9	3.6	4.2
55–64 years	3.4	2.6	3.4	3.4	3.6	4.7
65 years and over	3.1	2.4	2.4	2.5	2.4	2.4
65–74 years	2.5	2.3	2.4	2.2	2.4	2.6
75 years and over	3.8	2.5	2.4	2.9	2.4	2.1
Sex[2]						
Male	2.5	2.0	2.4	2.3	2.2	2.8
Female	3.8	3.1	3.8	3.7	3.5	3.7
Race[2,4]						
White only	3.1	2.5	3.0	2.9	2.9	3.2
Black or African American only	4.0	2.9	3.5	3.6	3.2	3.7
American Indian or Alaska Native only	7.8	*7.2	8.1	*3.5	*	5.6
Asian only	2.0	*1.4	*1.8	1.7	*1.0	1.7
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	*	*
2 or more races	- - -	4.8	5.0	7.9	5.9	5.6
Hispanic origin and race[2,4]						
Hispanic or Latino	5.0	3.5	4.0	3.7	3.6	4.0
Mexican	5.2	2.9	3.8	3.6	3.3	3.6
Not Hispanic or Latino	3.0	2.5	3.1	3.0	2.8	3.2
White only	2.9	2.4	3.0	2.9	2.9	3.2
Black or African American only	3.9	2.9	3.5	3.6	3.1	3.7
Percent of poverty level[2,5]						
Below 100%	9.1	6.8	8.4	8.6	8.3	8.2
100%–199%	5.0	4.4	5.2	5.0	4.7	5.0
200%–399%	2.5	2.3	2.8	2.5	2.4	2.9
400% or more	1.3	1.2	1.3	1.1	1.1	1.2
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	7.0	7.5
100%–199%	5.4	3.8	4.1	3.9	4.5	4.3
200%–399%	3.4	2.1	3.5	2.6	2.2	3.1
400% or more	*	2.3	*	*1.9	*1.6	*1.4
Not Hispanic or Latino:						
White only:						
Below 100%	9.6	7.8	9.2	10.2	10.7	9.6
100%–199%	5.2	4.9	5.9	5.6	5.4	5.6
200%–399%	2.5	2.3	2.9	2.6	2.6	3.2
400% or more	1.3	1.1	1.3	1.1	1.0	1.1
Black or African American only:						
Below 100%	8.7	6.0	7.2	7.6	6.2	7.7
100%–199%	4.3	3.6	4.9	4.8	3.6	4.4
200%–399%	2.2	*1.7	2.3	2.1	2.4	1.9
400% or more	*	*1.0	*	*	*	*1.5

See footnotes at end of table.

Table 53 (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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#053.

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

Characteristic	*1997–1998*	*1999–2000*	*2001–2002*	*2004–2005*	*2007–2008*	*2010–2011*
Geographic region[2]	Percent of adults with serious psychological distress[1]					
Northeast	2.7	1.9	2.8	2.5	2.6	3.0
Midwest	2.6	2.5	2.9	2.7	2.7	3.1
South	3.8	2.9	3.5	3.7	3.3	3.6
West	3.3	2.8	3.0	2.8	2.7	3.3
Location of residence[2]						
Within MSA[6]	3.0	2.3	3.0	2.8	2.7	3.1
Outside MSA[6]	3.9	3.5	3.8	4.0	3.7	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.
[1]Serious 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.
[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. See Appendix II, Age adjustment.
[3]Includes all other races not shown separately.
[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. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.
[6]MSA 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

Table 54 (page 1 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#054.

[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]	1995[1]	2000	2001	2005	2010	2011
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	24.6	23.1	22.6	20.8	19.3	19.0
Male	51.2	42.8	37.0	32.2	28.0	26.5	25.2	24.6	23.4	21.2	21.2
Female	33.7	32.2	30.1	27.9	22.9	22.7	21.1	20.7	18.3	17.5	16.8
White male[4]	50.4	41.7	36.4	31.3	27.6	26.2	25.4	24.8	23.3	21.4	21.4
Black or African American male[4]	58.8	53.6	43.9	40.2	32.8	29.4	25.7	27.5	25.9	23.3	23.2
White female[4]	33.9	32.0	30.3	27.9	23.5	23.4	22.0	22.0	19.1	18.3	17.7
Black or African American female[4]	31.8	35.6	30.5	30.9	20.8	23.5	20.7	18.0	17.1	16.6	15.2
18 years and over, crude											
All persons	42.4	37.1	33.5	30.1	25.5	24.7	23.2	22.7	20.9	19.3	19.0
Male	51.9	43.1	37.5	32.6	28.4	27.0	25.6	25.1	23.9	21.5	21.6
Female	33.9	32.1	29.9	27.9	22.8	22.6	20.9	20.6	18.1	17.3	16.5
White male[4]	51.1	41.9	36.8	31.7	28.0	26.6	25.7	25.0	23.6	21.4	21.6
Black or African American male[4]	60.4	54.3	44.1	39.9	32.5	28.5	26.2	27.6	26.5	24.3	23.8
White female[4]	34.0	31.7	30.1	27.7	23.4	23.1	21.4	21.5	18.7	17.9	17.2
Black or African American female[4]	33.7	36.4	31.1	31.0	21.2	23.5	20.8	18.1	17.3	17.0	15.3
All males											
18–44 years	57.9	47.9	40.4	35.2	31.4	29.9	29.2	27.9	27.1	23.9	23.6
18–24 years	54.1	42.1	35.0	28.0	26.6	27.8	28.1	30.2	28.0	22.8	21.3
25–34 years	60.7	50.5	43.9	38.2	31.6	29.5	28.9	26.9	27.7	26.1	27.5
35–44 years	58.2	51.0	41.8	37.6	34.5	31.5	30.2	27.3	26.0	22.5	21.2
45–64 years	51.9	42.6	39.3	33.4	29.3	27.1	26.4	26.4	25.2	23.2	24.4
45–54 years	55.9	46.8	42.0	34.9	32.1	27.2	28.8	27.7	28.1	25.2	27.0
55–64 years	46.6	37.7	36.4	31.9	25.9	26.9	22.6	24.2	21.1	20.7	21.4
65 years and over	28.5	24.8	20.9	19.6	14.6	14.9	10.2	11.5	8.9	9.7	8.9
White male[4]											
18–44 years	57.1	46.8	40.0	34.6	31.3	30.1	30.2	29.2	27.7	24.6	24.3
18–24 years	53.0	40.8	34.3	28.4	27.4	28.4	30.4	32.3	29.7	23.8	22.1
25–34 years	60.1	49.5	43.6	37.3	31.6	29.9	29.7	28.7	27.7	26.6	28.6
35–44 years	57.3	50.1	41.3	36.6	33.5	31.2	30.6	27.8	26.3	23.1	21.4
45–64 years	51.3	41.2	38.3	32.1	28.7	26.3	25.8	25.1	24.5	22.5	24.0
45–54 years	55.3	45.0	40.9	33.7	31.3	25.9	28.0	26.3	27.4	24.5	26.6
55–64 years	46.1	36.6	35.3	30.5	25.6	27.0	22.5	23.2	20.4	20.1	20.8
65 years and over	27.7	24.3	20.5	18.9	13.7	14.1	9.8	10.7	7.9	9.6	8.6
Black or African American male[4]											
18–44 years	66.3	58.1	45.2	39.6	32.9	26.4	25.5	25.5	25.1	22.6	22.7
18–24 years	62.8	54.9	40.2	27.2	21.3	*	20.9	21.6	21.6	18.8	18.4
25–34 years	68.4	58.5	47.5	45.6	33.8	25.1	23.2	23.8	29.8	25.7	25.0
35–44 years	67.3	61.5	48.6	45.0	42.0	36.3	30.7	29.9	23.3	22.6	24.3
45–64 years	57.9	57.8	50.0	46.1	36.7	33.9	32.2	34.3	32.4	31.8	28.9
45–54 years	62.4	63.6	51.5	47.7	42.0	36.9	35.6	34.6	33.9	33.2	29.2
55–64 years	51.8	50.1	47.9	44.4	30.2	29.1	26.3	33.8	29.8	29.6	28.4
65 years and over	36.4	29.7	26.2	27.7	21.5	28.5	14.2	21.1	16.8	10.0	13.7
All females											
18–44 years	42.1	37.5	34.7	31.4	25.6	25.6	24.5	24.1	21.2	19.1	18.8
18–24 years	38.1	34.1	33.8	30.4	22.5	21.8	24.9	23.2	20.7	17.4	16.4
25–34 years	43.7	38.8	33.7	32.0	28.2	26.4	22.3	22.7	21.5	20.6	19.5
35–44 years	43.7	39.8	37.0	31.5	24.8	27.1	26.2	25.7	21.3	19.0	19.9
45–64 years	32.0	33.4	30.7	29.9	24.8	24.0	21.7	21.4	18.8	19.1	18.5
45–54 years	37.5	36.0	32.6	32.4	28.5	24.3	22.2	22.4	20.9	21.3	21.6
55–64 years	25.0	30.4	28.6	27.4	20.5	23.7	20.9	19.8	16.1	16.5	15.0
65 years and over	9.6	12.0	13.2	13.5	11.5	11.5	9.3	9.1	8.3	9.3	7.1
White female[4]											
18–44 years	42.2	37.3	35.1	31.6	26.5	26.6	26.5	26.4	22.6	20.5	20.3
18–24 years	38.4	34.0	34.5	31.8	25.4	24.9	28.5	27.1	22.6	18.4	18.4
25–34 years	43.4	38.6	34.1	32.0	28.5	27.3	24.9	25.2	23.1	22.0	20.6
35–44 years	43.9	39.3	37.2	31.0	25.0	27.0	26.6	26.9	22.2	20.5	21.5
45–64 years	32.7	33.0	30.6	29.7	25.4	24.3	21.4	21.6	18.9	19.5	19.0
45–54 years	38.2	34.9	32.5	32.4	29.1	24.6	21.9	22.6	21.0	22.4	22.5
55–64 years	25.7	30.6	28.5	27.2	21.2	23.8	20.6	20.2	16.2	15.9	15.1
65 years and over	9.8	12.3	13.8	13.3	11.5	11.7	9.1	9.4	8.4	9.4	7.0

See footnotes at end of table.

Table 54 (page 2 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#054.

[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]	1995[1]	2000	2001	2005	2010	2011
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	24.0	20.8	17.8	16.9	17.1	15.0
18–24 years	37.1	35.6	31.8	23.7	10.0	*8.8	14.2	10.0	14.2	14.2	9.1
25–34 years	47.8	42.2	35.2	36.2	29.1	26.7	15.5	16.8	16.9	19.3	17.5
35–44 years	42.8	46.4	37.7	40.2	25.5	31.9	30.2	24.0	19.0	17.2	17.4
45–64 years	25.7	38.9	34.2	33.4	22.6	27.5	25.6	22.6	21.0	19.8	18.3
45–54 years	32.3	46.2	36.2	36.4	26.5	28.3	26.5	24.7	22.2	20.4	20.1
55–64 years	16.5	29.3	31.9	29.8	17.6	26.3	24.2	18.9	19.1	18.9	16.0
65 years and over	7.1	*8.9	*8.5	14.5	11.1	13.3	10.2	9.3	10.0	9.4	9.1

* 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%.

[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).

[2]Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. 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]Starting 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.

[4]The 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 Appendix III.

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 55. Age-adjusted prevalence of current cigarette smoking among adults aged 25 and over, by sex, race, and education level: United States, selected years 1974–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#055.

[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	2009	2010	2011
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	20.4	19.2	19.0
No high school diploma or GED	43.7	40.7	40.8	36.7	35.6	31.6	28.2	28.9	26.9	27.2
High school diploma or GED	36.2	33.6	32.0	29.1	29.1	29.2	27.0	28.7	27.0	27.4
Some college, no bachelor's degree	35.9	33.2	29.5	23.4	22.6	21.7	21.8	21.4	21.3	20.7
Bachelor's degree or higher	27.2	22.6	18.5	13.9	13.6	10.9	9.1	9.0	8.3	7.5
All males[4]	42.9	37.3	32.8	28.2	26.4	24.7	22.7	22.4	21.0	21.2
No high school diploma or GED	52.3	47.6	45.7	42.0	39.7	36.0	31.7	32.3	29.7	31.6
High school diploma or GED	42.4	38.9	35.5	33.1	32.7	32.1	29.9	31.4	29.3	29.8
Some college, no bachelor's degree	41.8	36.5	32.9	25.9	23.7	23.3	24.9	23.0	23.2	22.6
Bachelor's degree or higher	28.3	22.7	19.6	14.5	13.8	11.6	9.7	9.6	8.7	7.9
White males[4,5]	41.9	36.7	31.7	27.6	25.9	24.7	22.4	22.7	21.0	21.3
No high school diploma or GED	51.5	47.6	45.0	41.8	38.7	38.2	31.6	32.2	29.4	32.0
High school diploma or GED	42.0	38.5	34.8	32.9	32.9	32.4	30.0	32.4	29.6	29.9
Some college, no bachelor's degree	41.6	36.4	32.2	25.4	23.3	23.5	24.5	22.4	23.4	22.4
Bachelor's degree or higher	27.8	22.5	19.1	14.4	13.4	11.3	9.3	9.6	8.8	7.9
Black or African American males[4,5]	53.4	44.4	42.1	34.5	31.6	26.4	26.5	23.7	23.9	23.9
No high school diploma or GED	58.1	49.7	50.5	41.6	41.9	38.2	35.9	39.1	34.4	32.3
High school diploma or GED	*50.7	48.6	41.8	37.4	36.6	29.0	30.1	26.0	28.8	29.4
Some college, no bachelor's degree	*45.3	39.2	41.8	28.1	26.4	19.9	27.4	26.5	24.2	24.7
Bachelor's degree or higher	*41.4	*36.8	*32.0	*20.8	*17.3	14.6	10.0	9.9	8.1	7.9
All females[4]	32.0	29.5	27.5	22.9	22.9	20.5	18.0	18.5	17.5	16.8
No high school diploma or GED	36.6	34.8	36.5	31.8	31.7	27.1	24.6	24.8	23.7	22.7
High school diploma or GED	32.2	29.8	29.5	26.1	26.4	26.6	24.1	26.1	24.9	24.7
Some college, no bachelor's degree	30.1	30.0	26.3	21.0	21.6	20.4	19.1	20.0	19.6	19.0
Bachelor's degree or higher	25.9	22.5	17.1	13.3	13.3	10.1	8.5	8.4	7.9	7.1
White females[4,5]	31.7	29.7	27.3	23.3	23.1	21.0	18.6	19.0	18.3	17.6
No high school diploma or GED	36.8	35.8	36.7	33.4	32.4	28.4	24.6	24.4	24.0	22.7
High school diploma or GED	31.9	29.9	29.4	26.5	26.8	27.8	25.9	26.5	25.8	26.8
Some college, no bachelor's degree	30.4	30.7	26.7	21.2	22.2	21.1	19.5	21.2	21.0	20.0
Bachelor's degree or higher	25.5	21.9	16.5	13.4	13.5	10.2	9.1	9.1	8.7	7.5
Black or African American females[4,5]	35.6	30.3	32.0	22.4	25.7	21.6	17.5	19.3	17.0	16.1
No high school diploma or GED	36.1	31.6	39.4	26.3	32.3	31.1	27.8	31.0	25.8	29.6
High school diploma or GED	40.9	32.6	32.1	24.1	27.8	25.4	18.2	27.3	22.9	16.9
Some college, no bachelor's degree	32.3	*28.9	23.9	22.7	20.8	20.4	17.5	16.2	15.0	15.0
Bachelor's degree or higher	*36.3	*43.3	26.6	17.0	17.3	10.8	*6.6	*7.3	*6.6	7.2

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

[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).

[2]Estimates 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.

[3]Starting 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.

[4]Includes 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.

[5]The 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 Appendix III.

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 56 (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 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#056.

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

Characteristic	Male			Female		
	1990–1992[1]	1999–2001	2009–2011	1990–1992[1]	1999–2001	2009–2011
18 years and over, age-adjusted[2]	Percent of adults who were current cigarette smokers[3]					
All persons[4]	27.9	25.0	21.9	23.7	21.1	17.4
Race[5]						
White only	27.4	25.1	22.1	24.3	22.2	18.3
Black or African American only	33.9	27.2	23.2	23.1	19.7	16.8
American Indian or Alaska Native only	34.2	30.3	23.7	36.7	34.7	23.6
Asian only	24.8	20.3	15.0	6.3	6.7	5.7
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	34.4	26.9	---	30.7	22.5
American Indian or Alaska Native; White	---	38.7	31.2	---	38.9	29.8
Hispanic origin and race[5]						
Hispanic or Latino	25.7	22.2	16.4	15.8	12.1	9.0
Mexican	26.2	21.9	16.9	14.8	10.6	7.9
Not Hispanic or Latino	28.1	25.5	23.0	24.4	22.3	18.9
White only	27.7	25.5	23.5	25.2	23.5	20.3
Black or African American only	33.9	27.2	23.5	23.2	19.7	17.0
18 years and over, crude						
All persons[4]	28.4	25.5	22.2	23.6	21.0	17.3
Race[5]						
White only	27.8	25.4	22.2	24.1	21.7	17.8
Black or African American only	33.2	27.5	24.0	23.3	19.8	17.0
American Indian or Alaska Native only	35.5	31.8	24.1	37.3	36.9	24.5
Asian only	24.9	21.4	15.6	6.3	6.9	5.9
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	35.9	28.4	---	31.5	23.0
American Indian or Alaska Native; White	---	41.1	31.6	---	40.1	29.9
Hispanic origin and race[5]						
Hispanic or Latino	26.5	23.2	17.2	16.6	12.6	9.1
Mexican	27.1	22.8	17.7	15.0	11.0	8.1
Not Hispanic or Latino	28.5	25.8	23.0	24.2	21.9	18.5
White only	28.0	25.5	23.2	24.8	22.7	19.4
Black or African American only	33.3	27.5	24.3	23.3	19.8	17.3
Age and Hispanic origin and race[5]						
18–24 years:						
Hispanic or Latino	19.3	22.6	16.4	12.8	12.9	7.7
Not Hispanic or Latino:						
White only	28.9	32.7	27.9	28.7	30.8	20.5
Black or African American only	17.7	21.9	18.6	10.8	13.0	12.6
25–34 years:						
Hispanic or Latino	29.9	23.2	18.6	19.2	12.5	9.0
Not Hispanic or Latino:						
White only	32.7	30.8	30.9	30.9	27.4	25.5
Black or African American only	34.6	23.3	25.5	29.2	16.9	19.0
35–44 years:						
Hispanic or Latino	32.1	25.3	18.1	19.9	14.1	9.7
Not Hispanic or Latino:						
White only	32.3	29.6	25.0	27.3	28.3	24.5
Black or African American only	44.1	32.0	24.3	31.3	27.5	18.5
45–64 years:						
Hispanic or Latino	26.6	24.7	18.0	17.1	13.5	11.0
Not Hispanic or Latino:						
White only	28.4	25.1	24.3	26.1	22.1	20.4
Black or African American only	38.0	34.0	30.1	26.1	23.6	20.5
65 years and over:						
Hispanic or Latino	16.1	12.6	9.1	6.6	5.9	5.3
Not Hispanic or Latino:						
White only	14.2	10.0	9.2	12.3	9.8	9.0
Black or African American only	25.2	17.6	12.6	10.7	11.0	10.2

See footnotes at end of table.

Table 56 (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 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#056.

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

Characteristic	Male			Female		
	1990–1992[1]	1999–2001	2009–2011	1990–1992[1]	1999–2001	2009–2011
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	26.7
100%–199%	35.0	32.8	28.4	26.9	25.6	22.3
200%–399%	26.5	27.3	23.6	22.6	22.3	18.1
400% or more	22.5	18.8	15.1	19.0	15.9	10.9
Hispanic origin and race and percent of poverty level[2,4,6]						
Hispanic or Latino:						
Below 100%	29.2	25.3	20.8	16.3	14.4	10.6
100%–199%	29.5	22.0	17.0	16.0	11.8	8.4
200%–399%	23.7	23.6	15.4	15.9	12.0	9.6
400% or more	19.7	18.1	13.3	13.6	9.4	6.2
Not Hispanic or Latino:						
White only:						
Below 100%	44.2	40.7	41.1	37.8	38.3	38.1
100%–199%	36.3	37.5	34.5	31.1	32.0	30.1
200%–399%	26.4	28.5	26.7	23.7	24.8	21.4
400% or more	22.5	19.1	15.8	19.5	17.1	12.2
Black or African American only:						
Below 100%	43.5	40.6	36.5	28.9	27.7	27.1
100%–199%	36.0	33.9	30.3	20.3	21.3	18.6
200%–399%	31.4	24.9	20.5	21.4	17.3	13.3
400% or more	24.3	17.9	13.4	19.2	12.6	7.4
Disability measure[7]						
Any basic actions difficulty or complex activity limitation	- - -	33.1	29.9	- - -	28.1	26.4
Any basic actions difficulty	- - -	33.2	30.3	- - -	28.2	26.7
Any complex activity limitation	- - -	37.6	33.0	- - -	30.6	31.5
No disability	- - -	22.8	19.2	- - -	18.8	14.1
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	17.5	15.8	12.1	7.9
Not Hispanic or Latino:						
White only	46.1	43.5	46.7	40.4	39.3	42.0
Black or African American only	45.4	40.0	37.2	31.3	29.4	30.4
High school diploma or GED:						
Hispanic or Latino	29.6	24.1	21.0	18.4	12.5	11.0
Not Hispanic or Latino:						
White only	32.9	31.8	33.3	28.4	29.2	30.6
Black or African American only	38.2	31.4	28.3	25.4	23.0	22.5
Some college or more:						
Hispanic or Latino	20.4	17.1	11.5	14.3	11.1	9.0
Not Hispanic or Latino:						
White only	19.3	17.6	15.8	18.1	16.7	15.1
Black or African American only	25.6	19.2	18.6	22.8	16.9	12.3

See footnotes at end of table.

Table 56 (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 2009–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#056.

[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%.
[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).
[2]Estimates are age-adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See Appendix II, Age adjustment. For age groups where smoking is 0% or 100%, the age-adjustment procedure was modified to substitute the percentage smoking from the previous 3-year period.
[3]Starting 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.
[4]Includes all other races not shown separately, unknown education level, and unknown disability measure.
[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 1999–2001 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.
[6]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 1990 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]Education 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.
[9]Estimates are age-adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See Appendix II, Age 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 Appendix III.

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 57 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#057.

[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*	*2009–2011*
Geographic region[3]	Percent of population, crude		
All regions:			
Metropolitan counties:			
Large central	21.1	20.4	18.0
Large fringe	21.5	19.5	20.0
Medium and small	25.4	24.6	23.1
Nonmetropolitan counties:			
Micropolitan	30.1	28.1	29.8
Nonmicropolitan	30.2	26.6	28.8
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	17.1
Large fringe	20.6	18.0	19.6
Medium and small	23.7	24.0	21.0
Nonmetropolitan counties:			
Micropolitan	30.2	29.0	30.2
Nonmicropolitan	31.0	20.9	26.8
Midwest:			
Metropolitan counties:			
Large central	26.5	25.8	22.4
Large fringe	23.9	24.3	22.3
Medium and small	27.5	27.0	26.2
Nonmetropolitan counties:			
Micropolitan	30.8	27.7	30.0
Nonmicropolitan	29.1	25.5	27.3
South:			
Metropolitan counties:			
Large central	22.6	21.0	19.8
Large fringe	21.6	18.8	19.7
Medium and small	27.5	25.9	24.8
Nonmetropolitan counties:			
Micropolitan	30.7	29.1	31.0
Nonmicropolitan	32.5	28.6	31.9
West:			
Metropolitan counties:			
Large central	17.1	16.9	15.0
Large fringe	18.4	15.0	16.9
Medium and small	19.9	20.0	18.5
Nonmetropolitan counties:			
Micropolitan	26.4	24.7	25.0
Nonmicropolitan	*22.2	25.8	25.6
Age			
18–44 years:			
Metropolitan counties:			
Large central	21.4	20.3	17.5
Large fringe	22.2	19.8	21.3
Medium and small	27.0	26.2	23.1
Nonmetropolitan counties:			
Micropolitan	32.5	30.0	31.5
Nonmicropolitan	33.0	28.7	30.4
45–64 years:			
Metropolitan counties:			
Large central	20.6	20.6	18.8
Large fringe	20.5	19.0	18.4
Medium and small	23.0	22.2	23.1
Nonmetropolitan counties:			
Micropolitan	26.4	25.9	27.8
Nonmicropolitan	26.6	24.2	27.1
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	21.4
Large fringe	23.6	22.0	22.2
Medium and small	27.4	27.7	25.7
Nonmetropolitan counties:			
Micropolitan	32.3	30.3	32.0
Nonmicropolitan	33.1	28.2	31.7

See footnotes at end of table.

Table 57 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#057.

[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*	*2009–2011*
Sex	Percent of population, crude		
Women:			
Metropolitan counties:			
Large central	17.7	17.1	14.6
Large fringe	19.5	17.1	17.8
Medium and small	23.5	21.6	20.7
Nonmetropolitan counties:			
Micropolitan	28.1	26.1	27.8
Nonmicropolitan	27.2	25.0	26.1
Hispanic origin and race[4]			
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.1	14.2	13.5
Large fringe	15.5	14.5	12.4
Medium and small	17.6	17.0	14.1
Nonmetropolitan counties:			
Micropolitan	23.2	20.9	18.7
Nonmicropolitan	22.9	23.4	18.8
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.6	23.5	20.0
Large fringe	23.3	21.0	22.4
Medium and small	26.7	26.0	24.9
Nonmetropolitan counties:			
Micropolitan	31.1	28.9	31.2
Nonmicropolitan	30.2	27.1	29.7
Black or African American only:			
Metropolitan counties:			
Large central	23.7	24.5	21.5
Large fringe	17.4	16.8	16.6
Medium and small	24.6	24.8	23.8
Nonmetropolitan counties:			
Micropolitan	22.7	25.0	28.5
Nonmicropolitan	27.3	18.5	28.0
Percent of poverty level[5]			
Below 100%:			
Metropolitan counties:			
Large central	26.2	24.6	23.0
Large fringe	27.9	30.5	31.5
Medium and small	34.9	32.0	32.1
Nonmetropolitan counties:			
Micropolitan	37.9	41.1	45.3
Nonmicropolitan	42.1	37.5	41.7
100%–199%:			
Metropolitan counties:			
Large central	23.1	21.8	20.8
Large fringe	29.0	26.8	27.7
Medium and small	32.7	31.1	29.7
Nonmetropolitan counties:			
Micropolitan	36.2	35.5	36.8
Nonmicropolitan	36.8	33.5	36.8
200%–399%:			
Metropolitan counties:			
Large central	23.2	22.7	19.7
Large fringe	24.8	22.1	23.8
Medium and small	26.4	26.0	24.7
Nonmetropolitan counties:			
Micropolitan	30.7	27.6	26.8
Nonmicropolitan	27.5	23.4	26.4
400% or more:			
Metropolitan counties:			
Large central	17.2	16.6	13.3
Large fringe	17.4	14.9	13.6
Medium and small	18.4	17.7	14.9
Nonmetropolitan counties:			
Micropolitan	21.2	18.0	18.6
Nonmicropolitan	21.7	18.5	16.7

See footnotes at end of table.

Table 57 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#057.

[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*	*2009–2011*
Geographic region[3]	Percent of population, age-adjusted[6]		
All regions:			
Metropolitan counties:			
Large central	21.2	20.4	18.0
Large fringe	21.6	19.5	20.2
Medium and small	25.5	24.7	23.2
Nonmetropolitan counties:			
Micropolitan	30.4	28.5	30.3
Nonmicropolitan	30.7	27.2	29.2
Northeast:			
Metropolitan counties:			
Large central	21.4	20.4	17.1
Large fringe	20.7	18.2	20.0
Medium and small	23.9	24.2	21.0
Nonmetropolitan counties:			
Micropolitan	30.4	29.6	30.3
Nonmicropolitan	31.2	21.9	27.9
Midwest:			
Metropolitan counties:			
Large central	26.5	25.9	22.2
Large fringe	23.9	24.4	22.5
Medium and small	27.5	27.1	26.3
Nonmetropolitan counties:			
Micropolitan	31.2	27.8	30.5
Nonmicropolitan	30.1	26.3	27.6
South:			
Metropolitan counties:			
Large central	22.7	21.0	20.0
Large fringe	21.6	18.8	19.9
Medium and small	27.5	25.9	24.8
Nonmetropolitan counties:			
Micropolitan	30.9	29.5	31.4
Nonmicropolitan	32.8	29.0	32.3
West:			
Metropolitan counties:			
Large central	17.1	16.9	14.9
Large fringe	18.3	15.0	16.9
Medium and small	19.9	20.1	18.6
Nonmetropolitan counties:			
Micropolitan	26.8	25.2	24.9
Nonmicropolitan	*23.5	26.7	25.9
Sex			
Men:			
Metropolitan counties:			
Large central	24.7	23.8	21.3
Large fringe	23.7	22.0	22.5
Medium and small	27.5	27.7	25.7
Nonmetropolitan counties:			
Micropolitan	32.5	30.7	32.2
Nonmicropolitan	33.5	28.8	32.1
Women:			
Metropolitan counties:			
Large central	17.8	17.2	14.6
Large fringe	19.6	17.1	18.0
Medium and small	23.6	21.8	20.8
Nonmetropolitan counties:			
Micropolitan	28.4	26.4	28.5
Nonmicropolitan	27.8	25.7	26.3

See footnotes at end of table.

Table 57 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#057.

[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*	*2009–2011*
Hispanic origin and race[4]	Percent of population, age-adjusted[6]		
Hispanic or Latino:			
Metropolitan counties:			
Large central	16.3	14.5	13.7
Large fringe	15.8	14.6	12.3
Medium and small	17.8	17.4	14.1
Nonmetropolitan counties:			
Micropolitan	23.7	20.5	18.5
Nonmicropolitan	23.9	23.9	19.0
Not Hispanic or Latino:			
White only:			
Metropolitan counties:			
Large central	23.8	23.8	20.1
Large fringe	23.6	21.4	23.1
Medium and small	27.0	26.5	25.2
Nonmetropolitan counties:			
Micropolitan	31.6	29.6	31.9
Nonmicropolitan	31.1	28.1	30.3
Black or African American only:			
Metropolitan counties:			
Large central	23.9	24.6	21.7
Large fringe	17.7	16.8	16.6
Medium and small	24.8	24.9	23.8
Nonmetropolitan counties:			
Micropolitan	23.2	25.4	28.5
Nonmicropolitan	28.7	18.6	27.8
Percent of poverty level[5]			
Below 100%:			
Metropolitan counties:			
Large central	26.9	26.7	24.9
Large fringe	30.3	32.0	32.3
Medium and small	36.6	34.0	34.2
Nonmetropolitan counties:			
Micropolitan	40.7	42.6	46.7
Nonmicropolitan	42.2	37.5	42.2
100%–199%:			
Metropolitan counties:			
Large central	23.8	22.4	21.1
Large fringe	29.5	27.0	27.7
Medium and small	32.9	31.3	30.5
Nonmetropolitan counties:			
Micropolitan	36.4	35.9	36.8
Nonmicropolitan	37.0	33.6	36.8
200%–399%:			
Metropolitan counties:			
Large central	23.3	22.6	19.6
Large fringe	24.8	22.2	23.8
Medium and small	26.3	25.9	24.6
Nonmetropolitan counties:			
Micropolitan	30.7	27.4	27.0
Nonmicropolitan	27.8	23.6	26.0

See footnotes at end of table.

Table 57 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#057.

[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*	*2009–2011*
Percent of poverty level[5]	Percent of population, age-adjusted[6]		
400% or more:			
Metropolitan counties:			
Large central	17.4	16.7	13.4
Large fringe	17.8	15.1	14.1
Medium and small	18.9	18.7	14.8
Nonmetropolitan counties:			
Micropolitan	22.4	19.2	18.4
Nonmicropolitan	21.7	19.2	17.7

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20%–30%.
[1]Urbanization 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.
[2]Current 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.
[3]See Appendix II, Geographic region.
[4]Persons 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.
[5]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; Poverty; Table VI.
[6]Estimates 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.

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 58 (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 2002–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#058.

[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	2009	2010	2002	2009	2010	2002	2009	2010
	Percent of population								
12 years and over	8.3	8.7	8.9	6.2	6.6	6.9	2.7	2.8	2.7
Age									
12–13 years	4.2	3.6	4.0	1.4	0.8	0.9	1.7	1.6	2.0
14–15 years	11.2	9.0	9.3	7.6	6.3	6.5	4.0	3.3	3.0
16–17 years	19.8	16.7	16.6	15.7	14.0	14.3	6.3	4.3	3.9
18–25 years	20.2	21.2	21.5	17.3	18.1	18.5	5.5	6.3	5.9
26–34 years	10.5	12.3	13.8	7.7	9.6	10.5	3.7	3.8	4.4
35 years and over	4.6	4.9	4.9	3.1	3.4	3.4	1.6	1.7	1.7
Sex									
Male	10.3	10.8	11.2	8.1	8.6	9.1	2.8	3.1	3.0
Female	6.4	6.6	6.8	4.4	4.8	4.7	2.6	2.4	2.5
Age and sex									
12–17 years	11.6	10.0	10.1	8.2	7.3	7.4	4.0	3.1	3.0
Male	12.3	10.6	10.4	9.1	8.3	8.3	3.6	2.8	2.3
Female	10.9	9.4	9.8	7.2	6.3	6.4	4.4	3.5	3.7
Hispanic origin and race[3]									
Not Hispanic or Latino:									
White only	8.5	8.8	9.1	6.5	6.8	7.0	2.8	3.0	3.0
Black or African American only	9.7	9.6	10.7	7.4	7.8	8.6	2.0	2.0	2.0
American Indian or Alaska Native only	10.1	18.3	12.1	6.7	10.6	10.0	3.2	6.2	4.6
Native Hawaiian or Other Pacific Islander only	7.9	*	5.4	4.4	4.3	2.9	3.8	*	2.4
Asian only	3.5	3.7	3.5	1.8	2.4	2.6	0.7	1.4	1.0
2 or more races	11.4	14.3	12.5	9.0	12.2	10.2	3.5	3.4	3.1
Hispanic or Latino	7.2	7.9	8.1	4.3	5.8	5.8	2.9	2.4	2.5

Age, sex, race, and Hispanic origin	Alcohol use			Binge alcohol use[4]			Heavy alcohol use[5]		
	2002	2009	2010	2002	2009	2010	2002	2009	2010
	Percent of population								
12 years and over	51.0	51.9	51.8	22.9	23.7	23.1	6.7	6.8	6.7
Age									
12–13 years	4.3	3.5	3.1	1.8	1.6	1.0	0.3	0.2	0.1
14–15 years	16.6	13.0	12.4	9.2	7.0	6.7	1.9	1.4	1.2
16–17 years	32.6	26.3	24.6	21.4	17.0	15.3	5.6	4.5	3.6
18–25 years	60.5	61.8	61.5	40.9	41.7	40.6	14.9	13.7	13.6
26–34 years	61.4	64.3	64.6	33.1	36.3	36.5	9.0	10.1	10.3
35 years and over	52.1	52.7	52.6	18.6	19.2	18.6	5.2	5.3	5.1
Sex									
Male	57.4	57.6	57.4	31.2	31.6	30.9	10.8	10.3	10.1
Female	44.9	46.5	46.5	15.1	16.1	15.7	3.0	3.5	3.4
Age and sex									
12–17 years	17.6	14.7	13.6	10.7	8.8	7.8	2.5	2.1	1.7
Male	17.4	15.1	13.7	11.4	9.6	8.3	3.1	2.3	2.1
Female	17.9	14.3	13.5	9.9	8.0	7.3	1.9	1.9	1.3
Hispanic origin and race[3]									
Not Hispanic or Latino:									
White only	55.0	56.7	56.7	23.4	24.8	24.0	7.5	7.9	7.7
Black or African American only	39.9	42.8	42.8	21.0	19.8	19.8	4.4	4.5	4.5
American Indian or Alaska Native only	44.7	37.1	36.6	27.9	22.2	24.7	8.7	8.3	6.9
Native Hawaiian or Other Pacific Islander only	*	*	*	25.2	*	*	8.3	3.6	*
Asian only	37.1	37.6	38.4	12.4	11.1	12.4	2.6	1.5	2.4
2 or more races	49.9	47.6	45.2	19.8	24.1	21.5	7.5	6.4	5.8
Hispanic or Latino	42.8	41.7	41.8	24.8	25.0	25.1	5.9	5.2	5.1

See footnotes at end of table.

Table 58 (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 2002–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#058.

[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	2009	2010	2002	2009	2010	2002	2009	2010
	Percent of population								
12 years and over	30.4	27.7	27.4	26.0	23.3	23.0	5.4	5.3	5.2
Age									
12–13 years	3.8	2.3	2.4	3.2	1.4	1.8	0.7	0.7	0.5
14–15 years	13.4	9.8	9.5	11.2	7.5	7.4	3.8	3.1	2.0
16–17 years	29.0	21.6	19.6	24.9	16.9	15.4	9.3	7.7	6.2
18–25 years	45.3	41.6	40.8	40.8	35.8	34.2	11.0	11.4	11.2
26–34 years	38.2	39.6	38.5	32.7	34.0	33.6	6.6	7.4	6.8
35 years and over	27.9	24.5	24.6	23.4	20.4	20.4	4.1	3.7	3.8
Sex									
Male	37.0	33.5	33.7	28.7	25.3	25.4	9.4	8.7	8.5
Female	24.3	22.2	21.5	23.4	21.4	20.7	1.7	2.0	2.0
Age and sex									
12–17 years	15.2	11.6	10.7	13.0	8.9	8.3	4.5	4.0	3.2
Male	16.0	13.6	12.2	12.3	9.2	8.6	6.2	5.2	4.3
Female	14.4	9.5	9.1	13.6	8.6	8.1	2.7	2.7	2.1
Hispanic origin and race[3]									
Not Hispanic or Latino:									
White only	32.0	29.6	29.5	26.9	24.5	24.3	5.5	5.2	5.2
Black or African American only	28.8	26.5	27.3	25.3	22.8	22.6	6.8	7.2	7.4
American Indian or Alaska Native only	44.3	41.8	35.8	37.1	33.0	31.1	5.2	6.9	5.6
Native Hawaiian or Other Pacific Islander only	28.8	*	*	*	15.4	*	4.1	*	*
Asian only	18.6	11.9	12.5	17.7	10.9	10.9	1.1	1.5	2.0
2 or more races	38.1	36.6	32.0	35.0	30.7	27.7	5.5	7.7	5.0
Hispanic or Latino	25.2	23.2	21.9	23.0	21.2	20.1	5.0	4.7	4.4

* 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%.
[1]Any 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.
[2]Nonmedical 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.
[3]Persons 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.
[4]Binge 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.
[5]Heavy 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.
[6]Any 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. 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 Appendix III.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use & Health. Available from: http://oas.samhsa.gov/nsduh.htm. See Appendix I, National Survey on Drug Use & Health (NSDUH).

Table 59 (page 1 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#059.

[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*	*2007*	*2008*	*2009*	*2010*	*2011*
Cigarettes				Percent using substance in the past month						
All high school seniors	30.5	30.1	29.4	33.5	31.4	21.6	20.4	20.1	19.2	18.7
Male	26.8	28.2	29.1	34.5	32.8	23.1	21.5	22.1	21.9	21.5
Female	33.4	31.4	29.2	32.0	29.7	19.6	19.1	17.6	15.7	15.1
White	31.0	31.7	32.5	37.3	36.6	25.2	24.1	23.7	22.2	22.2
Black or African American	25.2	18.7	12.0	15.0	13.6	10.6	10.1	9.3	10.7	8.7
All 10th graders	---	---	---	27.9	23.9	14.0	12.3	13.1	13.6	11.8
Male	---	---	---	27.7	23.8	14.6	12.7	13.7	15.0	13.4
Female	---	---	---	27.9	23.6	13.3	11.9	12.5	12.1	10.0
White	---	---	---	31.2	27.3	16.1	14.1	14.6	14.8	13.7
Black or African American	---	---	---	12.2	11.3	5.8	7.1	6.4	7.0	7.2
All 8th graders	---	---	---	19.1	14.6	7.1	6.8	6.5	7.1	6.1
Male	---	---	---	18.8	14.3	7.5	6.7	6.7	7.4	6.2
Female	---	---	---	19.0	14.7	6.4	6.7	6.0	6.8	5.7
White	---	---	---	21.7	16.4	7.1	7.3	7.3	7.9	6.5
Black or African American	---	---	---	8.2	8.4	4.8	4.4	4.5	4.0	4.2
Marijuana										
All high school seniors	33.7	25.7	14.0	21.2	21.6	18.8	19.4	20.6	21.4	22.6
Male	37.8	28.7	16.1	24.6	24.7	22.3	22.2	24.3	25.2	26.4
Female	29.1	22.4	11.5	17.2	18.3	15.0	16.2	16.8	16.9	18.4
White	34.2	26.4	15.6	21.5	22.0	19.9	20.4	21.2	21.6	22.9
Black or African American	26.5	21.7	5.2	17.8	17.5	15.4	17.1	20.6	19.7	22.2
All 10th graders	---	---	---	17.2	19.7	14.2	13.8	15.9	16.7	17.6
Male	---	---	---	19.2	23.3	15.8	15.2	18.7	20.1	20.8
Female	---	---	---	15.0	16.2	12.5	12.3	13.2	13.3	14.5
White	---	---	---	17.7	20.1	14.8	13.5	15.6	15.9	16.9
Black or African American	---	---	---	15.1	17.0	11.0	12.3	15.1	15.9	20.0
All 8th graders	---	---	---	9.1	9.1	5.7	5.8	6.5	8.0	7.2
Male	---	---	---	9.8	10.2	6.2	6.6	7.5	9.2	8.5
Female	---	---	---	8.2	7.8	4.9	4.8	5.3	6.8	5.7
White	---	---	---	9.0	8.3	5.1	4.9	5.9	7.1	5.9
Black or African American	---	---	---	7.0	8.5	6.0	6.2	7.2	8.2	8.0
Cocaine										
All high school seniors	5.2	6.7	1.9	1.8	2.1	2.0	1.9	1.3	1.3	1.1
Male	6.0	7.7	2.3	2.2	2.7	2.4	2.3	1.5	1.9	1.5
Female	4.3	5.6	1.3	1.3	1.6	1.5	1.3	0.9	0.7	0.7
White	5.4	7.0	1.8	1.7	2.2	2.3	2.0	1.2	1.2	1.2
Black or African American	2.0	2.7	0.5	0.4	1.0	0.5	0.5	0.2	0.9	0.8
All 10th graders	---	---	---	1.7	1.8	1.3	1.2	0.9	0.9	0.7
Male	---	---	---	1.8	2.1	1.4	1.4	1.0	1.1	0.8
Female	---	---	---	1.5	1.4	1.1	1.0	0.8	0.5	0.5
White	---	---	---	1.7	1.7	1.2	1.0	0.7	0.7	0.5
Black or African American	---	---	---	0.4	0.4	0.4	0.7	0.5	0.6	0.6
All 8th graders	---	---	---	1.2	1.2	0.9	0.8	0.8	0.6	0.8
Male	---	---	---	1.1	1.3	0.7	0.9	0.8	0.6	0.7
Female	---	---	---	1.2	1.1	1.0	0.7	0.7	0.6	0.7
White	---	---	---	1.0	1.1	0.6	0.6	0.6	0.5	0.5
Black or African American	---	---	---	0.4	0.5	0.6	0.4	0.7	0.3	0.5

See footnotes at end of table.

Table 59 (page 2 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#059.

[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*	*2007*	*2008*	*2009*	*2010*	*2011*
Inhalants				Percent using substance in the past month						
All high school seniors	1.4	2.2	2.7	3.2	2.2	1.2	1.4	1.2	1.4	1.0
Male	1.8	2.8	3.5	3.9	2.9	1.5	1.6	1.2	2.1	1.1
Female	1.0	1.7	2.0	2.5	1.7	0.9	1.2	1.0	0.7	0.9
White	1.4	2.4	3.0	3.7	2.1	1.2	1.5	1.1	1.1	0.9
Black or African American	1.0	0.8	1.5	1.1	2.1	0.9	1.0	1.1	1.5	1.3
All 10th graders	---	---	---	3.5	2.6	2.5	2.1	2.2	2.0	1.7
Male	---	---	---	3.8	3.0	2.7	1.9	1.8	1.6	1.5
Female	---	---	---	3.2	2.2	2.4	2.3	2.6	2.4	2.0
White	---	---	---	3.9	2.8	2.6	1.6	1.9	1.7	1.4
Black or African American	---	---	---	1.2	1.5	1.5	1.9	1.3	1.8	1.6
All 8th graders	---	---	---	6.1	4.5	3.9	4.1	3.8	3.6	3.2
Male	---	---	---	5.6	4.1	3.4	2.9	3.3	2.8	2.5
Female	---	---	---	6.6	4.8	4.3	5.3	4.3	4.4	3.9
White	---	---	---	7.0	4.8	3.6	3.8	3.7	3.2	2.7
Black or African American	---	---	---	2.3	2.3	2.8	2.8	3.4	2.2	2.8
MDMA (Ecstasy)										
All high school seniors	---	---	---	---	3.6	1.6	1.8	1.8	1.4	2.3
Male	---	---	---	---	4.1	1.5	2.3	2.4	1.5	2.8
Female	---	---	---	---	3.1	1.6	1.2	1.2	1.2	1.8
White	---	---	---	---	3.9	1.7	1.7	1.7	0.9	2.1
Black or African American	---	---	---	---	1.9	0.8	1.1	1.8	1.1	1.1
All 10th graders	---	---	---	---	2.6	1.2	1.1	1.3	1.9	1.6
Male	---	---	---	---	2.5	1.3	1.6	1.6	2.3	1.7
Female	---	---	---	---	2.5	1.1	0.7	1.0	1.5	1.3
White	---	---	---	---	2.5	1.4	1.0	1.0	1.5	1.1
Black or African American	---	---	---	---	1.8	0.4	0.1	0.6	1.1	1.1
All 8th graders	---	---	---	---	1.4	0.6	0.8	0.6	1.1	0.6
Male	---	---	---	---	1.6	0.7	0.7	0.5	1.2	0.7
Female	---	---	---	---	1.2	0.6	0.9	0.6	1.1	0.5
White	---	---	---	---	1.4	0.5	0.7	0.6	1.0	0.4
Black or African American	---	---	---	---	0.8	0.8	0.3	0.1	0.5	0.2
Alcohol [1]										
All high school seniors	72.0	65.9	57.1	51.3	50.0	44.4	43.1	43.5	41.2	40.0
Male	77.4	69.8	61.3	55.7	54.0	47.1	45.8	47.8	44.2	42.1
Female	66.8	62.1	52.3	47.0	46.1	41.4	40.9	38.9	37.9	37.5
White	75.8	70.2	62.2	54.8	55.3	49.4	47.8	46.6	44.1	43.4
Black or African American	47.7	43.6	32.9	37.4	29.3	27.9	29.3	32.2	30.8	29.4
All 10th graders	---	---	---	38.8	41.0	33.4	28.8	30.4	28.9	27.2
Male	---	---	---	39.7	43.3	33.4	28.6	31.0	30.1	28.2
Female	---	---	---	37.8	38.6	33.3	29.0	29.8	27.7	26.0
White	---	---	---	41.3	44.3	35.7	30.5	32.4	29.2	28.9
Black or African American	---	---	---	24.9	24.7	21.0	20.4	20.1	21.3	20.3
All 8th graders	---	---	---	24.6	22.4	15.9	15.9	14.9	13.8	12.7
Male	---	---	---	25.0	22.5	15.6	15.4	14.7	13.2	12.1
Female	---	---	---	24.0	22.0	16.0	16.4	14.9	14.3	12.8
White	---	---	---	25.4	23.9	14.7	15.8	15.1	12.8	11.8
Black or African American	---	---	---	17.3	15.1	12.3	13.5	11.1	12.7	10.5

See footnotes at end of table.

Table 59 (page 3 of 3). Use of selected substances among high school seniors, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#059.

[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*	*2007*	*2008*	*2009*	*2010*	*2011*
Binge drinking[2]					Percent in the last 2 weeks					
All high school seniors	41.2	36.7	32.2	29.8	30.0	25.9	24.6	25.2	23.2	21.6
Male	52.1	45.3	39.1	36.9	36.7	30.7	28.4	30.5	28.0	25.5
Female	30.5	28.2	24.4	23.0	23.5	21.5	21.3	20.2	18.4	17.6
White	44.6	40.1	36.2	32.9	34.4	30.5	29.3	28.7	26.5	25.3
Black or African American	17.0	16.7	11.6	15.5	11.0	11.0	10.8	13.7	12.6	10.0
All 10th graders	- - -	- - -	- - -	22.0	24.1	19.6	16.0	17.5	16.3	14.7
Male	- - -	- - -	- - -	24.1	27.6	20.9	16.6	18.8	17.9	16.5
Female	- - -	- - -	- - -	19.7	20.6	18.3	15.4	16.1	14.6	12.7
White	- - -	- - -	- - -	24.1	26.6	21.7	17.4	18.4	16.0	16.1
Black or African American	- - -	- - -	- - -	9.6	10.6	10.0	9.6	10.0	11.5	7.3
All 8th graders	- - -	- - -	- - -	12.3	11.7	8.3	8.1	7.8	7.2	6.4
Male	- - -	- - -	- - -	12.5	11.7	8.2	8.1	7.8	6.5	6.1
Female	- - -	- - -	- - -	12.1	11.3	8.2	8.0	7.7	7.8	6.5
White	- - -	- - -	- - -	12.6	12.5	7.7	8.0	7.4	6.7	5.8
Black or African American	- - -	- - -	- - -	7.8	6.2	5.7	5.7	4.8	5.9	4.4

- - - Data not available.
[1]In 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.
[2]Five 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: 1975–2010. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. 2010. Available from: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2010.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 Appendix III.

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 60 (page 1 of 2). Health-related behaviors of children aged 6–11 years, by selected characteristics: United States, 2003 and 2007

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#060.

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

Characteristic	Did not get daily vigorous physical activity[1]		Greater than 2 hours of screen time per day[2]		Did not get enough sleep nightly[3]	
	2003	2007	2003	2007	2003	2007
	Percent of population					
Age						
6–11 years	68.7	62.3	36.2	39.5	24.5	27.6
6–8 years	67.0	59.2	33.8	35.1	22.8	26.1
9–11 years	70.3	65.4	38.5	44.0	26.1	29.1
Sex						
Male	63.7	57.8	37.0	39.4	24.6	27.6
Female	74.0	67.0	35.4	39.7	24.4	27.6
Sex and age						
Male:						
6–8 years	62.3	55.4	34.9	34.9	22.4	25.2
9–11 years	65.0	60.4	39.0	44.1	26.7	30.1
Female:						
6–8 years	72.0	63.3	32.8	35.3	23.2	27.0
9–11 years	75.8	70.5	37.9	44.0	25.5	28.1
Hispanic origin and race[4]						
Hispanic or Latino	70.1	69.3	35.5	41.7	21.7	24.4
Not Hispanic or Latino	68.5	60.4	36.3	38.9	25.2	28.4
White only	68.3	59.7	33.0	34.7	25.8	29.1
Black or African American only	66.2	62.1	48.8	58.2	25.4	27.1
Sex and Hispanic origin and race[4]						
Male:						
Hispanic or Latino	66.2	61.7	34.4	39.9	21.1	24.6
Not Hispanic or Latino	63.4	56.8	37.6	39.2	25.4	28.4
White only	62.7	54.9	34.7	35.0	25.8	29.3
Black or African American only	60.3	61.4	49.1	58.3	25.4	27.4
Female:						
Hispanic or Latina	73.9	76.5	36.6	43.4	22.2	24.3
Not Hispanic or Latina	74.0	64.4	35.0	38.6	25.1	28.3
White only	74.4	64.9	31.2	34.4	25.8	29.0
Black or African American only	71.9	62.8	48.6	58.1	25.5	26.8
Percent of poverty level[5]						
Below 100%	63.3	62.6	38.2	43.9	22.4	25.9
100%–199%	66.7	63.1	41.8	44.4	22.8	25.6
200%–399%	70.7	60.8	36.8	40.1	25.0	28.9
400% or more	71.6	63.1	29.3	32.6	26.8	28.7
Sex and percent of poverty level[5]						
Male:						
Below 100%	57.9	59.3	39.0	43.1	21.7	26.7
100%–199%	61.2	58.0	42.8	44.6	23.7	26.2
200%–399%	65.4	57.6	38.1	40.1	24.6	29.0
400% or more	67.6	57.1	29.3	32.6	27.3	27.6
Female:						
Below 100%	68.9	66.2	37.5	44.7	23.2	25.1
100%–199%	72.4	68.4	40.9	44.2	22.0	24.9
200%–399%	76.3	64.4	35.5	40.3	25.4	28.7
400% or more	75.8	69.3	29.3	32.8	26.2	29.7

See footnotes at end of table.

Table 60 (page 2 of 2). Health-related behaviors of children aged 6–11 years, by selected characteristics: United States, 2003 and 2007

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#060.

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

[1]Based on respondent's answer to question, "During the past week, on how many days did CHILD exercise, play a sport, or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard?" Children whose parent/guardian responded that the child did not exercise, play a sport, or participate in physical activity every day were classified as not getting daily vigorous physical activity.
[2]Based on respondent's answer to question, "On an average weekday, about how much time does CHILD use a computer for purposes other than schoolwork?" and "On an average weekday, about how much time does CHILD usually watch TV, watch videos, or play video games?" Children whose parent's/guardian's combined responses to both questions equaled more than 2 hours were classified as engaging in more than 2 hours of screen time daily.
[3]Based on respondent's answer to question, "In the past week, on how many nights did CHILD get enough sleep for a child of his/her age?" Children whose parent/guardian responded that the child did not get enough sleep on at least one night were classified as not getting enough sleep nightly.
[4]Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.
[5]Percent of poverty level is based on total household income and family composition using U.S. Census Bureau poverty thresholds. The poverty categories available in the two survey years used slightly different cut points. In 2003, the available categories were: below 100%, 100%–199%, 200%–399%, and 400% or more. In 2007, the poverty categories were: at or below 100%, above 100%–200%, above 200%–400%, and above 400%. Poverty level was unknown for 1% of households in 2003 and 8% of households in 2007. Missing household income data were imputed. 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.

SOURCE: CDC/NCHS, State and Local Area Integrated Telephone Survey, National Survey of Children's Health. See Appendix I, National Survey of Children's Health (NSCH).

Table 61 (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/contents2012.htm#061.

[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 61 (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/contents2012.htm#061.

[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.
[1]During the last 12 months.
[2]During the last 30 days.
[3]Weapon refers to gun, knife, or club.
[4]When riding in a car driven by someone else.
[5]In car or other vehicle.
[6]Among 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. See Appendix III.

SOURCE: CDC/National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey. See Appendix I, Youth Risk Behavior Survey (YRBS).

Table 62 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#062.

[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	2011	1997	2000	2010	2011	1997	2000	2010	2011
Both sexes						Percent of adults						
18 years and over, age-adjusted[2]	4.9	4.3	5.2	4.8	21.1	19.2	23.8	23.1	9.7	8.7	10.1	9.4
18 years and over, crude	5.0	4.3	5.2	4.8	21.5	19.3	23.2	22.4	9.8	8.7	9.9	9.2
Age												
All persons:												
18–44 years	5.2	4.7	5.7	4.9	29.2	26.9	32.5	31.6	13.2	12.2	13.7	13.1
18–24 years	5.3	5.8	6.2	5.2	31.8	30.3	34.0	31.7	15.2	15.5	16.2	15.1
25–44 years	5.2	4.3	5.5	4.8	28.5	25.8	31.9	31.5	12.6	11.1	12.7	12.3
45–64 years	5.5	4.6	5.4	5.5	15.9	14.4	19.0	18.1	7.6	6.4	8.1	7.2
45–54 years	5.5	4.4	5.9	5.6	19.0	16.4	22.9	21.4	8.7	7.0	9.3	8.3
55–64 years	5.4	5.0	4.7	5.3	11.1	11.3	14.1	14.2	5.8	5.4	6.7	5.9
65 years and over	3.1	2.6	3.7	3.4	4.9	3.8	5.5	5.5	2.2	1.8	2.6	2.4
65–74 years	3.9	3.1	4.4	4.2	6.7	5.2	7.9	7.7	3.0	2.5	3.5	3.3
75 years and over	2.1	2.0	2.8	2.4	2.4	2.1	2.7	2.7	1.1	*0.9	*1.4	1.3
Race[2,3]												
White only	5.2	4.5	5.6	5.2	22.9	20.8	26.3	25.2	10.3	9.2	11.1	10.3
Black or African American only	4.0	3.5	4.1	3.3	11.7	11.6	14.0	14.2	6.5	6.5	6.1	6.3
American Indian or Alaska Native only	*	*	*	*7.9	29.2	23.7	15.3	26.4	17.4	*12.1	*9.5	15.4
Asian only	*1.9	*2.3	*1.3	*1.7	11.4	8.8	12.1	13.3	*4.8	3.6	4.3	4.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*7.5	*5.9	5.8	---	28.0	25.7	25.9	---	15.9	12.5	8.4
Hispanic origin and race[2,3]												
Hispanic or Latino	3.9	3.2	2.8	3.1	20.4	17.3	19.7	21.2	11.2	9.0	9.2	9.0
Mexican	4.4	3.8	3.1	3.9	21.2	19.9	21.4	23.8	12.6	10.8	10.1	10.4
Not Hispanic or Latino	5.1	4.5	5.6	5.1	21.3	19.7	24.7	23.6	9.5	8.8	10.3	9.6
White only	5.4	4.7	6.2	5.6	23.5	21.5	27.9	26.2	10.3	9.3	11.5	10.6
Black or African American only	3.9	3.4	4.2	3.3	11.6	11.5	13.9	14.1	6.5	6.5	6.1	6.2
Percent of poverty level[2,4]												
Below 100%	4.8	4.3	4.7	4.5	17.3	15.0	17.6	18.9	9.7	8.6	8.5	8.9
100%–199%	4.9	4.2	4.9	4.8	18.4	15.7	20.9	20.1	9.8	8.0	9.8	9.3
200%–399%	4.9	4.2	4.8	4.6	21.0	18.7	23.3	22.7	9.8	8.9	10.1	9.4
400% or more	5.1	4.4	6.0	5.0	24.3	22.1	28.1	26.4	9.7	8.9	10.9	9.9
Disability measure[2,5]												
Any basic actions difficulty or complex activity limitation	5.7	5.2	5.5	5.0	20.2	18.8	21.9	21.2	10.2	9.3	9.5	9.0
Any basic actions difficulty	5.8	5.3	5.5	5.2	20.6	19.1	22.3	21.6	10.5	9.4	9.7	9.3
Any complex activity limitation	4.5	4.3	5.5	3.9	16.4	14.3	16.2	16.7	8.8	7.3	7.8	7.6
No disability	4.9	4.1	5.3	4.9	21.8	19.7	25.0	24.1	9.6	8.7	10.4	9.6
Male												
18 years and over, age-adjusted[2]	6.1	5.1	5.7	5.3	30.7	28.3	32.4	32.0	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	31.5	16.3	14.7	15.6	14.8
Age												
Male:												
18–44 years	6.5	5.6	6.1	5.6	40.6	37.8	42.5	42.3	21.1	19.6	20.6	20.5
18–24 years	6.0	6.3	6.0	6.0	40.6	38.0	39.9	41.0	22.9	22.9	21.5	22.9
25–44 years	6.6	5.3	6.2	5.4	40.6	37.7	43.5	42.8	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	26.1	12.7	11.3	13.2	11.3
45–54 years	6.6	5.7	5.9	6.1	29.4	26.3	32.0	29.7	14.5	12.3	14.5	12.5
55–64 years	6.6	5.4	5.7	5.9	18.9	19.0	21.4	21.8	10.0	9.8	11.6	9.8
65 years and over	3.7	3.1	4.0	3.3	9.3	7.4	9.8	9.9	4.7	3.7	4.7	4.5
65–74 years	4.8	3.9	4.4	4.3	12.2	9.5	13.5	13.2	6.1	4.9	6.3	6.1
75 years and over	*2.1	*2.0	*3.5	*2.1	5.1	4.4	4.6	5.2	*2.5	*2.0	*2.5	2.4

See footnotes at end of table.

Table 62 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#062.

[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	2011	1997	2000	2010	2011	1997	2000	2010	2011
Race[2,3]	Percent of adults											
White only	6.3	5.1	6.1	5.6	32.8	29.9	35.3	34.4	16.7	14.9	17.1	16.1
Black or African American only	5.3	5.4	4.6	4.5	18.4	19.8	20.2	22.2	11.0	12.4	9.8	10.7
American Indian or Alaska Native only	*	*	*	*9.4	45.7	29.2	*20.5	32.8	30.4	*14.0	*15.7	20.7
Asian only	*2.3	*3.5	*1.4	*1.6	17.8	14.1	17.2	18.7	*7.5	*5.9	6.8	7.7
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*12.1	*8.4	*6.4	---	39.2	37.6	31.6	---	23.7	20.3	12.9
Hispanic origin and race[2,3]												
Hispanic or Latino	5.7	5.2	3.9	4.2	30.9	27.9	28.8	31.8	18.8	15.9	14.6	14.9
Mexican	6.9	6.6	4.4	5.4	34.2	32.2	32.2	34.8	21.9	19.1	16.3	16.6
Not Hispanic or Latino	6.1	5.2	6.0	5.5	30.7	28.6	33.3	32.3	15.5	14.3	15.9	15.1
White only	6.4	5.2	6.5	5.9	33.3	30.6	36.9	35.3	16.6	15.0	17.6	16.5
Black or African American only	5.3	5.4	4.7	4.5	18.4	19.7	20.3	22.0	11.1	12.3	9.9	10.5
Percent of poverty level[2,4]												
Below 100%	6.8	6.4	6.5	6.3	26.9	24.8	26.0	28.7	16.5	15.7	14.1	15.0
100%–199%	7.1	5.8	5.8	6.4	27.3	23.6	29.1	28.8	16.4	13.3	14.8	15.5
200%–399%	6.6	5.3	5.8	5.0	30.4	27.4	31.8	30.6	16.0	14.7	16.4	14.5
400% or more	5.0	4.4	5.4	4.7	33.6	31.3	36.4	35.3	15.4	14.4	15.8	15.2
Disability measure[2,5]												
Any basic actions difficulty or complex activity limitation	7.2	6.8	6.6	6.1	29.4	28.9	30.6	29.0	17.0	16.5	14.8	14.3
Any basic actions difficulty	7.5	6.8	6.7	6.2	30.4	29.8	31.8	29.8	17.7	16.8	15.5	14.7
Any complex activity limitation	5.4	5.8	6.6	4.7	23.1	20.5	21.1	21.5	14.2	11.9	11.3	11.0
No disability	5.8	4.8	5.4	5.0	31.5	28.5	33.5	33.0	15.6	14.1	15.9	15.1
Female												
18 years and over, age-adjusted[2]	3.9	3.5	4.8	4.3	12.2	10.8	15.6	14.6	3.9	3.4	4.8	4.1
18 years and over, crude	3.9	3.5	4.8	4.4	12.1	10.6	14.9	13.8	3.9	3.3	4.6	3.9
Age												
Female:												
18–44 years	4.0	3.8	5.2	4.2	18.3	16.5	22.6	21.0	5.5	5.2	6.9	5.7
18–24 years	4.5	5.2	6.4	4.4	23.0	22.8	28.1	22.2	7.6	8.3	10.9	7.1
25–44 years	3.9	3.4	4.8	4.1	16.9	14.5	20.6	20.5	4.9	4.2	5.4	5.2
45–64 years	4.4	3.8	4.9	5.0	7.2	6.0	11.1	10.6	2.9	1.9	3.4	3.3
45–54 years	4.5	3.2	5.9	5.2	9.2	7.1	14.3	13.6	3.3	2.1	4.3	4.2
55–64 years	4.4	4.6	3.8	4.9	4.1	4.4	7.3	7.1	2.1	1.5	2.3	2.3
65 years and over	2.6	2.2	3.4	3.4	1.6	1.2	2.3	2.1	*0.4	*0.4	*	*0.7
65–74 years	3.1	2.5	4.5	4.2	2.3	1.7	*3.1	3.0	*	*	*	*0.8
75 years and over	2.0	1.9	2.3	2.6	*0.7	*	*1.4	*1.0	*	*	*	*
Race[2,3]												
White only	4.2	4.0	5.2	4.8	13.5	12.1	17.4	16.2	4.2	3.7	5.2	4.5
Black or African American only	2.9	2.0	3.8	2.3	6.5	5.2	9.0	7.6	2.9	1.9	3.1	2.6
American Indian or Alaska Native only	*	*	*	*	18.1	*19.0	*11.7	19.2	*	*	*	*
Asian only	*	*	*	*	*5.2	*3.7	7.3	8.5	*	*	*	*2.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*	*	*4.8	---	17.0	16.4	20.5	---	*8.2	*6.3	*4.1

See footnotes at end of table.

Table 62 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#062.

[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	2011	1997	2000	2010	2011	1997	2000	2010	2011
Hispanic origin and race[2,3]	Percent of adults											
Hispanic or Latina	2.2	1.2	1.7	1.9	9.7	6.8	10.3	10.2	3.5	2.1	3.6	2.9
Mexican	*1.9	*1.1	*1.7	2.1	8.2	7.1	10.4	11.6	3.2	*2.2	3.7	3.4
Not Hispanic or Latina	4.1	3.8	5.3	4.7	12.6	11.5	16.6	15.5	4.0	3.6	5.0	4.4
White only	4.4	4.3	5.9	5.3	14.2	13.0	19.1	17.5	4.3	4.0	5.6	4.9
Black or African American only	2.9	2.0	3.8	2.3	6.2	5.2	8.9	7.6	2.9	1.9	3.0	2.5
Percent of poverty level[2,4]												
Below 100%	3.6	2.8	3.4	3.2	10.8	8.2	11.3	11.9	5.1	3.6	4.2	4.4
100%–199%	3.1	2.9	4.1	3.3	10.5	9.0	13.5	12.3	4.0	3.5	5.1	3.8
200%–399%	3.3	3.2	3.9	4.2	12.1	10.7	15.3	14.6	4.0	3.5	4.2	4.2
400% or more	5.2	4.5	6.7	5.3	14.2	12.6	19.2	16.8	3.4	3.3	5.6	4.0
Disability measure[2,5]												
Any basic actions difficulty or complex activity limitation	4.5	4.1	4.7	4.2	13.1	11.3	15.2	15.2	5.0	4.1	5.4	5.1
Any basic actions difficulty	4.5	4.2	4.7	4.3	13.2	11.6	15.4	15.6	5.1	4.1	5.4	5.3
Any complex activity limitation	3.7	*3.2	4.6	3.2	10.8	9.1	12.3	12.6	4.2	*3.1	5.0	4.6
No disability	3.9	3.5	5.1	4.7	12.0	10.9	16.1	14.8	3.6	3.3	4.7	3.9

* 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%.

- - - Data not available.

[1]Heavier 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.

[2]Estimates 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.

[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 for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.

[5]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.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: http://www.cdc.gov/nchs/hus.htm. For more data on alcohol consumption, see the Early Release reports on the National Health Interview Survey home page: http://www.cdc.gov/nchs/nhis.htm. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 63 (page 1 of 2). Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#063.

[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*
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	25.0	24.4	27.5	27.0	27.2	26.7
Total, crude	21.5	24.0	23.9	27.5	27.6	28.3	27.9
High serum total cholesterol[5]							
Total, age-adjusted[4]	20.8	18.3	16.5	16.9	15.6	14.2	13.2
Total, crude	19.6	17.7	16.4	17.0	15.9	14.6	13.6
Hypertension[6]							
Total, age-adjusted[4]	25.5	30.0	29.7	32.1	30.5	31.2	30.0
Total, crude	24.1	28.9	28.9	32.5	31.7	32.6	31.9
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
Total, crude	73.9	69.1	65.4	60.8	56.6	51.8	46.7
Overweight (includes obesity)[8]							
Total, age-adjusted[4]	56.0	64.5	65.6	66.4	66.9	68.1	68.8
Total, crude	54.9	64.1	65.6	66.5	67.3	68.3	69.2
Obesity[9]							
Total, age-adjusted[4]	22.9	30.5	30.5	32.3	34.4	33.7	35.7
Total, crude	22.3	30.3	30.6	32.3	34.7	33.9	35.9
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
6–11 years	11.3	15.1	16.3	18.8	15.1	19.6	18.0
12–19 years	10.5	14.8	16.7	17.4	17.8	18.1	18.4
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 63 (page 2 of 2). Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#063.

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

- - - Data not available.
[1]Includes 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 45.
[2]Age-adjusted to the 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.
[3]High 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 65.
[4]Age-adjusted to the 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.
[5]High 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 65.
[6]Hypertension 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 mmHg or diastolic pressure of at least 90 mmHg. 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 64.
[7]Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg, among those with measured high blood pressure or reporting taking antihypertensive medication. See Appendix II, Blood pressure, high. See related Table 64.
[8]Excludes 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 68.
[9]Excludes 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 68.
[10]Untreated dental caries refers to untreated coronal caries. For estimates prior to 2005–2010, caries in both permanent and primary teeth was evaluated for children 6–11 years of age. For children 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. 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/data/nhanes/nhanes_05_06/ohx_d.pdf and Dye BA, Barker LK, Li X, Lewis BG, Beltràn-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 70.
[11]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 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 69.

NOTES: 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 64 (page 1 of 2). Hypertension among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#064.

[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] (high blood pressure and/or taking antihypertensive medication)				Uncontrolled high blood pressure among persons with hypertension[4]			
	1988–1994	1999–2002	2003–2006	2007–2010	1988–1994	1999–2002	2003–2006	2007–2010
20 years and over, age-adjusted[5]	Percent of population							
Both sexes[6]	25.5	30.0	31.3	30.6	77.2	70.6	63.3	55.8
Male	26.4	28.8	31.8	31.3	83.2	73.3	65.0	61.4
Female	24.4	30.6	30.3	29.6	68.5	61.8	53.6	46.3
Not Hispanic or Latino:								
White only, male	25.6	27.6	31.2	31.1	82.6	70.3	63.3	57.3
White only, female	23.0	28.5	28.3	28.1	67.0	63.6	47.5	44.2
Black or African American only, male	37.5	40.6	42.2	40.5	84.0	74.3	70.2	71.5
Black or African American only, female	38.3	43.5	44.1	44.3	71.1	67.2	59.0	51.0
Mexican male	26.9	26.8	24.8	28.6	87.9	89.5	70.7	71.6
Mexican female	25.0	27.9	28.6	27.8	77.6	71.5	66.1	56.4
Percent of poverty level:[7]								
Below 100%	31.7	33.9	35.0	33.8	75.0	71.2	69.8	54.5
100%–199%	26.6	33.5	34.1	33.4	76.0	73.4	68.2	60.4
200%–399%	24.7	30.2	31.9	31.7	76.2	67.8	63.9	51.9
400% or more	22.6	26.4	28.9	28.5	81.5	70.3	56.8	56.2
20 years and over, crude								
Both sexes[6]	24.1	30.2	32.1	32.2	73.9	67.3	58.6	49.3
Male	23.8	27.6	31.3	31.7	79.3	67.1	58.4	52.3
Female	24.4	32.7	32.9	32.8	68.8	67.4	58.8	46.4
Not Hispanic or Latino:								
White only, male	24.3	28.3	32.4	33.7	78.0	64.0	56.2	48.7
White only, female	24.6	32.8	33.4	33.4	67.8	66.9	58.2	44.6
Black or African American only, male	31.1	35.9	38.8	37.6	83.3	71.3	65.9	62.3
Black or African American only, female	32.5	41.9	42.8	44.4	70.0	67.5	55.5	49.2
Mexican male	16.4	16.5	16.6	19.9	86.5	86.9	66.9	66.2
Mexican female	15.9	18.8	20.0	21.4	80.6	74.5	68.6	58.6
Percent of poverty level:[7]								
Below 100%	25.7	30.3	28.8	27.5	74.0	71.3	67.3	54.4
100%–199%	26.7	34.8	36.8	36.2	75.1	70.7	63.2	54.5
200%–399%	22.4	29.9	33.1	34.2	73.4	64.4	58.0	46.3
400% or more	22.0	26.8	29.2	30.6	74.3	63.8	53.4	45.1
Male								
20–44 years	10.9	12.1	14.2	12.5	90.5	79.7	71.1	67.9
20–34 years	7.1	*8.1	9.2	6.8	92.6	89.9	83.1	82.5
35–44 years	17.1	17.1	21.1	20.7	89.0	73.3	63.6	60.8
45–64 years	34.2	36.4	41.2	41.2	73.1	61.4	57.0	50.6
45–54 years	29.2	31.0	36.2	35.5	76.2	66.4	59.3	54.4
55–64 years	40.6	45.0	50.2	49.5	70.3	55.9	53.9	46.7
65–74 years	54.4	59.6	64.1	64.1	74.3	59.1	45.9	42.2
75 years and over	60.4	69.0	65.0	71.7	82.5	74.3	59.7	50.7
Female								
20–44 years	6.5	8.3	6.9	8.3	63.4	58.3	49.1	44.4
20–34 years	2.9	*2.7	*2.2	3.8	82.2	56.9	*47.9	52.6
35–44 years	11.2	15.1	12.6	14.2	56.8	58.6	49.4	41.6
45–64 years	32.8	40.0	43.4	39.7	62.1	60.5	55.5	42.9
45–54 years	23.9	31.8	36.2	31.2	58.5	61.1	57.4	38.9
55–64 years	42.6	53.9	54.4	50.4	64.3	60.0	53.6	46.1
65–74 years	56.2	72.7	70.8	69.3	68.7	73.5	58.5	44.9
75 years and over	73.6	83.1	80.2	81.3	81.9	78.1	70.3	56.0

See footnotes at end of table.

Table 64 (page 2 of 2). Hypertension among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#064.

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

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* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20%–30%.
[1]Persons 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.
[2]Hypertension 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 mmHg or diastolic pressure of at least 90 mmHg. 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.
[3]Respondents were asked, "Are you now taking prescribed medicine for your high blood pressure?"
[4]Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg, among those with measured high blood pressure or reporting taking antihypertensive medication. See Appendix II, Blood pressure, high.
[5]Age-adjusted to the 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.
[6]Includes persons of all races and Hispanic origins, not just those shown separately.
[7]Percent of poverty level is based on family income and family size. 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 2007–2010, 81% of participants had three 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 Appendix III.

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

Table 65 (page 1 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#065.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin[1], *and percent of poverty level*	*1988–1994*	*1999–2002*	*2003–2006*	*2007–2010*
20 years and over, age-adjusted[2]	Percent of population with high cholesterol (serum total cholesterol greater than or equal to 240 mg/dL or taking cholesterol-lowering medications)[3]			
Both sexes[4]	22.8	25.0	27.7	27.4
Male	21.1	25.3	27.7	28.0
Female	24.0	24.3	27.4	26.7
Not Hispanic or Latino:				
White only, male	21.1	26.0	28.7	28.1
White only, female	24.2	25.1	28.2	27.4
Black or African American only, male	18.6	20.1	22.8	25.4
Black or African American only, female	23.1	22.0	23.3	25.6
Mexican male	19.9	21.6	24.2	28.6
Mexican female	19.8	19.3	24.1	25.5
Percent of poverty level:[5]				
Below 100%	23.0	25.0	27.9	26.5
100%–199%	22.1	25.9	27.6	27.6
200%–399%	23.1	26.5	27.5	28.9
400% or more	21.7	23.1	27.9	26.6
20 years and over, crude				
Both sexes[4]	21.5	25.0	28.0	28.7
Male	19.6	25.1	27.5	28.7
Female	23.2	24.8	28.5	28.7
Not Hispanic or Latino:				
White only, male	20.0	26.8	29.7	30.4
White only, female	24.5	27.0	30.8	31.4
Black or African American only, male	16.0	18.5	21.3	24.1
Black or African American only, female	19.7	19.9	21.9	24.7
Mexican male	16.2	17.0	19.3	23.7
Mexican female	14.9	13.8	18.7	21.0
Percent of poverty level:[5]				
Below 100%	19.4	21.6	24.1	22.3
100%–199%	21.3	25.4	28.3	28.7
200%–399%	21.3	26.2	28.1	30.6
400% or more	21.9	24.2	28.7	29.6
Male				
20–44 years	13.1	16.1	16.5	14.3
20–34 years	8.2	10.4	10.2	8.5
35–44 years	21.0	23.1	25.2	22.5
45–64 years	30.1	36.0	35.7	39.0
45–54 years	29.6	34.1	32.4	34.0
55–64 years	30.8	39.1	41.6	46.2
65–74 years	27.4	36.3	49.4	48.9
75 years and over	24.4	29.0	37.1	45.2
Female				
20–44 years	9.9	11.4	12.9	10.6
20–34 years	7.3	9.1	10.8	6.8
35–44 years	13.5	14.4	15.8	15.7
45–64 years	36.4	31.7	37.3	39.1
45–54 years	28.2	27.2	29.6	29.1
55–64 years	45.8	39.2	49.2	51.4
65–74 years	46.9	51.9	55.3	53.3
75 years and over	41.2	44.0	47.3	52.5

See footnotes at end of table.

Table 65 (page 2 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#065.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin[1], *and percent of poverty level*	*1988–1994*	*1999–2002*	*2003–2006*	*2007–2010*
	Percent of population with high serum total cholesterol (greater than or equal to 240 mg/dL)[6]			
20 years and over, age-adjusted[2]				
Both sexes[4]	20.8	17.3	16.3	13.7
Male	19.0	16.4	15.1	12.6
Female	22.0	17.8	17.1	14.4
Not Hispanic or Latino:				
White only, male	18.8	16.5	15.5	12.2
White only, female	22.2	18.1	18.0	15.3
Black or African American only, male	16.9	12.4	10.9	10.8
Black or African American only, female	21.4	17.7	13.3	11.5
Mexican male	18.5	17.4	17.6	15.1
Mexican female	18.7	13.8	14.4	13.6
Percent of poverty level:[5]				
Below 100%	20.6	18.3	18.1	14.4
100%–199%	20.6	19.1	16.7	15.0
200%–399%	20.8	18.9	15.8	14.4
400% or more	19.5	14.4	15.9	12.3
20 years and over, crude				
Both sexes[4]	19.6	17.3	16.4	14.1
Male	17.7	16.5	15.2	12.9
Female	21.3	18.0	17.5	15.2
Not Hispanic or Latino:				
White only, male	18.0	16.9	15.7	12.6
White only, female	22.5	19.1	18.9	16.7
Black or African American only, male	14.7	12.2	10.8	10.9
Black or African American only, female	18.2	16.1	12.5	11.3
Mexican male	15.4	15.0	15.7	14.7
Mexican female	14.3	10.7	12.6	12.3
Percent of poverty level:[5]				
Below 100%	17.6	16.4	16.8	12.8
100%–199%	19.8	18.2	16.0	14.6
200%–399%	19.3	18.7	15.8	14.6
400% or more	19.9	15.5	17.1	13.7
Male				
20–44 years	12.5	14.2	14.1	11.1
20–34 years	8.2	9.8	9.5	7.6
35–44 years	19.4	19.7	20.5	16.2
45–64 years	27.2	22.2	19.1	17.7
45–54 years	26.6	23.6	20.8	18.7
55–64 years	28.0	19.9	16.0	16.3
65–74 years	21.9	13.7	10.9	7.5
75 years and over	20.4	10.2	9.6	6.8
Female				
20–44 years	9.4	10.4	11.3	8.4
20–34 years	7.3	8.9	10.3	5.8
35–44 years	12.3	12.4	12.7	11.9
45–64 years	33.4	23.0	23.9	21.3
45–54 years	26.7	21.4	19.7	17.7
55–64 years	40.9	25.6	30.5	25.6
65–74 years	41.3	32.3	24.2	20.6
75 years and over	38.2	26.5	18.6	20.2

See footnotes at end of table.

Table 65 (page 3 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#065.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin[1]*, and percent of poverty level*	*1988–1994*	*1999–2002*	*2003–2006*	*2007–2010*
20 years and over, age-adjusted[2]		Mean serum total cholesterol level, mg/dL[7]		
Both sexes[4]	206	203	200	196
Male	204	202	198	194
Female	207	204	202	198
Not Hispanic or Latino:				
White only, male	205	202	198	193
White only, female	208	205	203	199
Black or African American only, male	202	195	193	191
Black or African American only, female	207	202	195	192
Mexican male	206	204	203	200
Mexican female	206	199	200	196
Percent of poverty level:[5]				
Below 100%	205	201	203	196
100%–199%	205	204	201	198
200%–399%	207	205	199	196
400% or more	205	202	201	195
20 years and over, crude				
Both sexes[4]	204	203	200	197
Male	202	202	198	194
Female	206	204	202	199
Not Hispanic or Latino:				
White only, male	203	203	198	193
White only, female	208	206	205	201
Black or African American only, male	198	194	192	191
Black or African American only, female	201	199	194	191
Mexican male	199	200	200	200
Mexican female	198	194	196	195
Percent of poverty level:[5]				
Below 100%	200	198	200	194
100%–199%	202	202	199	197
200%–399%	205	204	199	197
400% or more	206	204	203	198
Male				
20–44 years	194	196	196	194
20–34 years	186	188	186	186
35–44 years	206	207	209	205
45–64 years	216	213	206	202
45–54 years	216	215	208	204
55–64 years	216	212	202	199
65–74 years	212	202	191	182
75 years and over	205	195	187	176
Female				
20–44 years	189	191	192	187
20–34 years	184	185	188	181
35–44 years	195	198	197	195
45–64 years	225	215	213	211
45–54 years	217	211	208	208
55–64 years	235	221	219	214
65–74 years	233	224	214	207
75 years and over	229	217	206	203

See footnotes at end of table.

Table 65 (page 4 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: 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/contents2012.htm#065.

[Data are based on interviews and laboratory data of a sample of the civilian noninstitutionalized population]

[1]Persons 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.
[2]Age-adjusted to the 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.
[3]High 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]?"
[4]Includes persons of all races and Hispanic origins, not just those shown separately.
[5]Percent of poverty level is based on family income and family size. Persons with unknown percent of poverty level are excluded (8% in 2007–2010). See Appendix II, Family income; Poverty.
[6]High 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.
[7]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.

NOTES: 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 Appendix III.

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

Table 66 (page 1 of 2). Mean energy and 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/contents2012.htm#066.

[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
			Mean energy intake, in kilocalories (kcal)			
Male, age-adjusted[1]	2,450	2,439	2,592	2,551	2,615	2,502
Male, crude	2,461	2,459	2,648	2,570	2,625	2,510
20–39 years	2,784	2,753	2,964	2,850	2,916	2,694
40–59 years	2,303	2,315	2,567	2,554	2,660	2,602
60–74 years	1,918	1,906	2,104	2,131	2,122	2,137
75 years and over	---	---	1,814	1,874	1,862	1,797
Female, age-adjusted[1]	1,542	1,522	1,762	1,830	1,828	1,778
Female, crude	1,540	1,525	1,772	1,822	1,818	1,772
20–39 years	1,652	1,643	1,956	2,012	1,988	1,866
40–59 years	1,510	1,473	1,734	1,818	1,819	1,808
60–74 years	1,325	1,322	1,520	1,587	1,621	1,638
75 years and over	---	---	1,401	1,450	1,480	1,476
			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

See footnotes at end of table.

Table 66 (page 2 of 2). Mean energy and 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/contents2012.htm#066.

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

- - - Data not available.
[1]Age-adjusted to the 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: Estimates of energy intake include kilocalories from all foods and beverages, including alcoholic beverages, consumed during the preceding 24 hours. Individuals who reported no energy intake were excluded. Starting with 1999 data, this table includes only data collected in the Mobile Examination Center (MEC) (day 1 file using the day 1 dietary recall weights) to calculate dietary intake. Standard errors are available in the spreadsheet version of this table. Available from: http://www.cdc.gov/nchs/hus.htm. Data for 1999 through 2006 have been revised and differ from previous editions of *Health, United States*.

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 67 (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 1998–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#067.

[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	2011	1998	2000	2010	2011
	Percent							
18 years and over, age-adjusted[2,3]	14.3	15.0	20.7	21.0	56.6	54.7	49.1	47.6
18 years and over, crude[3]	14.5	15.1	20.4	20.6	56.3	54.6	49.5	48.1
Age								
18–44 years	18.9	18.9	25.7	26.0	50.7	49.1	43.1	41.4
18–24 years	23.8	23.8	29.6	30.3	46.5	44.5	39.4	36.2
25–44 years	17.4	17.3	24.3	24.5	51.9	50.6	44.4	43.3
45–64 years	11.4	12.8	17.7	17.5	58.8	57.6	51.0	51.5
45–54 years	13.2	14.5	19.2	18.8	56.9	55.4	48.9	49.9
55–64 years	8.6	10.1	15.9	16.1	61.8	61.0	53.7	53.3
65 years and over	5.5	6.8	10.4	11.3	71.0	67.0	64.6	60.3
65–74 years	7.0	8.4	13.6	14.3	65.6	60.3	59.9	54.3
75 years and over	3.5	4.9	6.4	7.7	77.8	75.0	70.3	67.7
Sex[2]								
Male	17.5	17.9	25.1	25.0	50.8	49.6	43.8	43.5
Female	11.4	12.3	16.5	17.2	61.9	59.4	54.0	51.5
Sex and age								
Male:								
18–44 years	23.0	23.0	31.8	31.9	44.3	43.0	37.1	36.7
45–54 years	16.1	16.0	20.9	19.6	52.9	52.7	45.2	48.4
55–64 years	9.4	11.3	19.1	17.6	58.2	58.7	50.1	50.5
65–74 years	9.5	9.4	16.6	16.8	58.9	55.3	55.6	50.8
75 years and over	4.9	7.1	9.1	11.2	69.5	66.7	62.8	59.0
Female:								
18–44 years	14.9	15.0	19.6	20.2	56.9	55.0	49.0	46.1
45–54 years	10.5	13.1	17.5	17.9	60.8	57.9	52.4	51.4
55–64 years	7.8	9.0	13.1	14.7	65.0	63.1	57.0	56.0
65–74 years	5.1	7.7	11.0	12.1	70.9	64.3	63.6	57.2
75 years and over	2.6	3.6	4.6	5.3	83.0	80.0	75.3	73.8
Race[2,4]								
White only	14.8	15.7	21.4	21.7	55.2	53.1	47.6	46.2
Black or African American only	11.7	12.2	17.2	17.9	65.7	64.6	58.5	55.0
American Indian or Alaska Native only	16.0	*10.6	*12.7	17.0	57.6	67.1	54.0	51.4
Asian only	13.5	14.1	17.8	16.8	59.1	55.0	51.7	52.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	19.0	25.9	24.1	---	52.8	45.0	45.6
Hispanic origin and race[2,4]								
Hispanic or Latino	9.4	9.2	14.4	15.4	67.7	66.5	60.2	56.3
Mexican	8.7	8.1	13.2	14.0	69.5	67.0	60.7	56.7
Not Hispanic or Latino	14.9	15.8	21.9	22.0	55.3	53.2	47.2	46.1
White only	15.5	16.5	22.9	23.1	53.6	51.4	45.0	44.0
Black or African American only	11.7	12.2	17.4	18.1	65.8	64.6	58.4	55.1
Education[5,6]								
No high school diploma or GED	4.6	4.3	7.7	7.4	76.3	74.0	69.8	68.3
High school diploma or GED	8.6	9.5	12.7	12.2	64.6	61.7	59.0	59.0
Some college or more	18.2	18.9	25.0	25.4	48.0	47.1	42.1	40.8

See footnotes at end of table.

Table 67 (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 1998–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#067.

[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*	*2011*	*1998*	*2000*	*2010*	*2011*
Percent of poverty level[2,7]					Percent			
Below 100%	8.0	9.3	12.0	11.7	71.3	68.0	63.9	61.5
100%–199%	9.0	9.0	12.7	13.9	67.1	65.5	60.6	58.7
200%–399%	12.6	13.2	19.2	19.5	58.0	56.8	50.6	48.6
400% or more	20.2	20.5	29.1	29.5	46.2	45.0	36.9	36.4
Hispanic origin and race and percent of poverty level[2,4,7]								
Hispanic or Latino:								
Below 100%	4.6	4.4	8.9	8.4	78.0	75.2	68.6	66.1
100%–199%	7.0	5.0	9.3	11.7	71.2	72.2	66.7	61.8
200%–399%	11.1	10.2	15.7	17.5	63.8	63.1	57.6	52.6
400% or more	17.4	19.6	28.1	27.9	55.6	52.8	42.5	40.0
Not Hispanic or Latino:								
White only:								
Below 100%	9.9	11.7	13.7	14.4	66.9	63.5	60.5	58.7
100%–199%	9.6	10.3	14.1	14.9	65.1	62.6	56.4	56.3
200%–399%	13.1	13.9	20.0	19.5	56.1	54.7	48.6	46.9
400% or more	20.2	21.0	29.9	30.4	45.2	43.7	35.2	34.6
Black or African American only:								
Below 100%	7.1	9.5	11.3	11.0	74.6	72.1	66.9	63.4
100%–199%	8.8	9.5	11.7	13.6	69.8	69.2	67.0	61.7
200%–399%	10.6	11.8	20.8	22.8	64.5	64.3	53.3	51.4
400% or more	21.2	17.6	26.1	25.1	54.2	54.9	47.7	44.8
Disability measure[2,8]								
Any basic actions difficulty or complex activity limitation	10.2	10.3	13.6	13.2	64.4	62.2	59.1	58.7
Any basic actions difficulty	9.8	10.3	13.8	12.7	64.8	62.1	59.2	59.2
Any complex activity limitation	7.7	7.2	8.9	9.7	71.9	71.2	67.2	66.7
No disability	16.0	17.0	24.2	24.7	52.5	50.6	43.3	41.3
Geographic region[2]								
Northeast	14.2	17.0	20.2	19.5	57.0	51.8	49.1	50.9
Midwest	15.0	16.4	20.7	22.0	54.9	53.4	49.7	47.7
South	11.8	12.1	18.8	18.3	61.4	59.7	51.8	50.8
West	18.5	16.7	24.0	25.3	49.5	50.1	44.5	40.3
Location of residence[2]								
Within MSA[9]	14.9	15.7	21.8	22.1	55.8	54.1	47.8	46.2
Outside MSA[9]	12.2	12.3	14.5	14.9	59.7	56.9	56.9	55.3

See footnotes at end of table.

Table 67 (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 1998–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#067.

[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	2011	1998	2000	2010	2011
	Percent							
18 years and over, age-adjusted[2,3]	40.0	42.2	47.3	49.0	17.7	18.0	24.4	24.4
18 years and over, crude[3]	40.3	42.4	46.9	48.4	17.9	18.1	24.0	24.0
Age								
18–44 years	45.7	47.7	53.8	55.8	22.5	22.1	28.8	28.8
18–24 years	49.3	52.2	57.2	61.2	28.0	27.2	32.8	32.9
25–44 years	44.6	46.3	52.5	53.8	20.8	20.5	27.4	27.3
45–64 years	38.2	39.7	45.2	44.9	14.4	15.5	21.5	21.1
45–54 years	40.1	42.1	47.6	46.4	16.2	17.0	22.6	22.4
55–64 years	35.3	36.1	42.1	43.2	11.5	13.1	20.1	19.5
65 years and over	26.0	30.1	30.5	34.9	8.6	9.8	15.4	16.2
65–74 years	31.7	36.8	35.9	41.0	9.7	11.3	17.9	19.2
75 years and over	18.7	22.1	23.9	27.4	7.2	8.0	12.3	12.5
Sex[2]								
Male	45.4	47.4	52.1	52.7	21.2	20.8	29.1	28.7
Female	35.1	37.6	42.7	45.6	14.4	15.4	19.8	20.2
Sex and age								
Male:								
18–44 years	51.5	53.6	59.0	59.8	27.2	26.3	35.6	35.4
45–54 years	44.3	45.2	50.7	47.8	18.8	18.0	24.8	23.3
55–64 years	38.3	38.9	46.0	45.8	12.9	13.8	22.9	21.3
65–74 years	38.5	41.8	40.7	45.5	12.0	12.2	20.6	20.5
75 years and over	26.1	30.7	32.3	35.5	9.5	10.1	14.5	16.7
Female:								
18–44 years	40.0	42.0	48.5	51.9	17.9	17.9	22.1	22.2
45–54 years	36.1	39.1	44.7	45.1	13.7	16.1	20.4	21.5
55–64 years	32.5	33.5	38.6	40.7	10.3	12.4	17.5	17.9
65–74 years	26.2	32.6	31.8	37.2	7.8	10.5	15.6	18.1
75 years and over	14.0	16.8	18.3	21.8	5.7	6.7	10.8	9.6
Race[2,4]								
White only	41.5	44.1	48.9	50.4	18.0	18.5	24.8	25.1
Black or African American only	30.4	31.7	37.3	41.5	15.6	16.0	21.4	21.4
American Indian or Alaska Native only	39.7	29.7	42.0	43.1	18.2	13.9	16.7	23.4
Asian only	37.1	41.7	44.2	44.8	17.2	17.2	21.9	19.3
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	43.9	50.2	50.9	- - -	22.2	30.4	28.3
Hispanic origin and race[2,4]								
Hispanic or Latino	29.1	30.8	36.2	40.1	12.7	11.9	18.1	19.0
Mexican	27.4	30.0	35.9	39.4	11.9	11.3	16.7	18.0
Not Hispanic or Latino	41.3	43.7	49.1	50.5	18.3	18.8	25.5	25.3
White only	43.1	45.7	51.5	52.6	18.7	19.3	26.3	26.4
Black or African American only	30.4	31.7	37.3	41.3	15.6	16.0	21.6	21.6
Education[5,6]								
No high school diploma or GED	21.4	23.9	27.1	28.7	7.0	6.6	10.9	10.6
High school diploma or GED	32.6	35.7	37.3	37.8	11.4	12.1	16.2	15.5
Some college or more	48.1	49.4	53.9	55.3	22.1	22.4	28.9	29.1

See footnotes at end of table.

Table 67 (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 1998–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#067.

[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	2011	1998	2000	2010	2011
Percent of poverty level[2,7]					Percent			
Below 100%	25.9	29.3	32.2	36.1	10.8	12.3	15.8	14.2
100%–199%	29.9	32.0	36.0	37.8	12.0	11.5	16.1	17.5
200%–399%	38.8	39.9	45.5	47.8	15.9	16.5	23.1	23.1
400% or more	50.0	52.0	59.3	60.1	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	31.5	7.1	7.2	12.4	10.8
100%–199%	25.6	25.8	30.1	34.6	10.2	7.1	12.6	15.4
200%–399%	33.1	33.0	38.8	43.1	14.6	14.0	19.5	21.8
400% or more	40.6	45.1	53.4	56.1	21.1	21.7	32.1	32.0
Not Hispanic or Latino:								
White only:								
Below 100%	30.2	34.0	35.5	39.1	12.8	14.7	17.5	16.5
100%–199%	32.2	34.8	40.6	40.4	12.5	12.9	17.0	18.3
200%–399%	40.8	42.3	47.8	49.6	16.2	16.9	23.6	23.1
400% or more	51.0	53.4	61.0	61.9	24.0	23.8	33.5	33.7
Black or African American only:								
Below 100%	22.7	25.4	29.3	33.2	10.0	12.1	15.3	14.2
100%–199%	26.9	28.0	28.5	34.2	12.1	12.3	16.0	17.6
200%–399%	30.6	31.4	41.9	45.2	15.5	16.2	25.7	26.2
400% or more	41.7	40.3	48.5	52.0	25.4	22.4	29.8	28.4
Disability measure[2,8]								
Any basic actions difficulty or complex activity limitation	31.8	34.2	36.4	37.6	13.9	14.0	18.0	17.1
Any basic actions difficulty	31.3	34.0	36.6	37.0	13.6	14.2	18.1	16.6
Any complex activity limitation	24.4	24.9	27.9	28.8	11.5	11.3	13.9	14.2
No disability	44.3	46.6	53.4	55.5	19.3	19.8	27.4	27.7
Geographic region[2]								
Northeast	39.6	45.3	46.9	45.8	17.5	20.0	24.3	22.6
Midwest	42.0	43.5	46.1	48.9	18.2	19.3	24.7	25.4
South	35.3	37.3	45.0	46.1	15.0	15.1	22.0	21.4
West	46.7	46.9	52.0	55.9	22.3	19.7	27.5	29.1
Location of residence[2]								
Within MSA[9]	40.8	42.9	48.7	50.3	18.3	18.6	25.4	25.6
Outside MSA[9]	37.1	39.9	39.1	41.9	15.4	15.5	18.5	17.8

See footnotes at end of table.

Table 67 (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 1998–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#067.

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

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* 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 *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.
[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, unknown education level, and unknown disability status.
[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]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]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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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	2007–2010
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	51.2	48.8	49.6	41.7	32.9	31.4	29.8
Male	48.3	43.0	45.4	37.9	30.2	26.1	25.8
Female	54.1	54.3	53.7	45.3	35.6	36.6	33.6
Not Hispanic or Latino:							
White only, male	---	---	45.3	37.4	29.5	26.5	25.6
White only, female	---	---	56.7	49.2	39.7	40.0	36.9
Black or African American only, male	---	---	46.6	40.0	35.5	26.8	28.3
Black or African American only, female	---	---	35.0	28.9	21.2	18.4	17.7
Mexican male	---	---	36.6	29.8	25.6	22.4	18.0
Mexican female	---	---	35.9	29.0	27.6	24.5	20.2
Percent of poverty level:[6]							
Below 100%	---	45.8	45.1	37.3	32.4	31.7	27.5
100%–199%	---	45.1	47.6	39.2	29.7	31.1	27.2
200%–399%	---	48.3	50.1	41.9	29.5	29.4	29.4
400% or more	---	53.9	53.0	46.0	36.9	33.8	32.3
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	41.6	33.0	31.6	29.8
Male	---	---	---	37.9	30.2	26.6	25.7
Female	---	---	---	45.0	35.7	36.5	33.7
Not Hispanic or Latino:							
White only, male	---	---	---	37.3	29.6	26.8	25.5
White only, female	---	---	---	48.7	39.5	39.6	36.9
Black or African American only, male	---	---	---	40.1	34.7	27.0	28.5
Black or African American only, female	---	---	---	29.2	21.6	19.2	17.9
Mexican male	---	---	---	30.2	26.5	23.8	18.5
Mexican female	---	---	---	29.7	27.5	25.1	21.3
Percent of poverty level:[6]							
Below 100%	---	---	---	37.5	32.7	32.1	27.3
100%–199%	---	---	---	39.3	30.5	31.3	27.6
200%–399%	---	---	---	41.8	29.6	29.7	29.7
400% or more	---	---	---	45.5	36.5	33.7	32.1
20 years and over, crude							
Both sexes[5]	---	---	---	42.6	32.9	31.4	29.6
Male	---	---	---	39.4	30.4	26.6	25.8
Female	---	---	---	45.7	35.4	35.9	33.2
Not Hispanic or Latino:							
White only, male	---	---	---	38.2	29.2	26.2	24.8
White only, female	---	---	---	48.8	38.7	38.2	35.7
Black or African American only, male	---	---	---	41.5	35.9	27.1	29.4
Black or African American only, female	---	---	---	31.2	21.8	19.2	17.6
Mexican male	---	---	---	35.2	29.4	25.2	19.5
Mexican female	---	---	---	32.4	29.5	25.8	22.3
Percent of poverty level:[6]							
Below 100%	---	---	---	39.8	34.5	33.2	29.2
100%–199%	---	---	---	41.5	31.5	31.7	28.0
200%–399%	---	---	---	42.9	29.7	29.6	29.5
400% or more	---	---	---	44.6	35.3	32.1	30.5
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	19.8
45–54 years	44.8	38.5	38.7	33.6	24.0	20.8	21.8
55–64 years	44.9	38.3	38.7	28.6	23.8	19.3	19.4
65–74 years	46.2	42.1	42.3	30.1	22.8	21.2	21.6
75 years and over	---	---	---	40.9	32.0	33.1	25.4
Female							
20–34 years	67.6	65.8	65.0	57.9	42.5	45.1	41.1
35–44 years	58.4	56.7	55.6	47.1	37.1	37.6	34.4
45–54 years	47.6	49.3	48.7	37.2	33.1	31.1	30.7
55–64 years	38.1	41.1	43.5	31.5	27.6	29.5	26.7
65–74 years	36.4	40.6	37.8	37.0	26.4	28.5	23.9
75 years and over	---	---	---	43.0	36.9	35.4	35.4

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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*	*2007–2010*
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	44.8	47.7	47.4	56.0	65.2	66.9	68.5
Male	49.5	54.7	52.9	61.0	68.8	72.6	73.3
Female	40.2	41.1	42.0	51.2	61.7	61.2	63.9
Not Hispanic or Latino:							
White only, male	---	---	53.4	61.6	69.5	72.1	73.5
White only, female	---	---	38.7	47.2	57.0	57.4	60.2
Black or African American only, male	---	---	51.3	58.2	62.0	72.0	70.2
Black or African American only, female	---	---	62.6	68.5	77.6	80.5	80.3
Mexican male	---	---	62.2	69.4	74.1	77.3	81.8
Mexican female	---	---	62.2	69.6	71.4	74.4	79.2
Percent of poverty level:[6]							
Below 100%	---	49.3	50.0	59.8	65.2	66.0	69.5
100%–199%	---	50.9	49.0	58.2	68.0	66.6	70.9
200%–399%	---	48.4	47.3	56.0	68.7	69.3	68.8
400% or more	---	43.4	45.0	51.8	61.8	64.7	66.7
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	56.0	65.1	66.7	68.5
Male	---	---	---	60.9	68.8	72.1	73.3
Female	---	---	---	51.4	61.6	61.3	63.9
Not Hispanic or Latino:							
White only, male	---	---	---	61.6	69.4	71.8	73.6
White only, female	---	---	---	47.5	57.2	57.9	60.3
Black or African American only, male	---	---	---	57.8	62.6	71.6	70.0
Black or African American only, female	---	---	---	68.2	77.2	79.8	80.0
Mexican male	---	---	---	68.9	73.2	75.8	81.3
Mexican female	---	---	---	68.9	71.2	73.9	78.0
Percent of poverty level:[6]							
Below 100%	---	---	---	59.6	64.7	65.7	69.7
100%–199%	---	---	---	58.0	67.3	66.5	70.5
200%–399%	---	---	---	56.0	68.6	69.0	68.6
400% or more	---	---	---	52.4	62.2	64.7	66.9
20 years and over, crude							
Both sexes[5]	---	---	---	54.9	65.2	66.9	68.7
Male	---	---	---	59.4	68.6	72.1	73.2
Female	---	---	---	50.7	62.0	61.9	64.5
Not Hispanic or Latino:							
White only, male	---	---	---	60.6	69.9	72.5	74.2
White only, female	---	---	---	47.4	58.2	59.4	61.7
Black or African American only, male	---	---	---	56.7	61.7	71.6	69.1
Black or African American only, female	---	---	---	66.0	76.9	79.7	80.2
Mexican male	---	---	---	63.9	70.1	74.6	80.2
Mexican female	---	---	---	65.9	69.3	73.0	77.1
Percent of poverty level:[6]							
Below 100%	---	---	---	56.8	62.5	64.4	67.8
100%–199%	---	---	---	55.7	66.2	66.0	70.1
200%–399%	---	---	---	54.9	68.5	69.0	68.8
400% or more	---	---	---	53.3	63.7	66.5	68.5
Male							
20–34 years	42.7	42.8	41.2	47.5	57.4	61.6	61.1
35–44 years	53.5	63.2	57.2	65.5	70.5	75.2	80.2
45–54 years	53.9	59.7	60.2	66.1	75.7	78.5	76.8
55–64 years	52.2	58.5	60.2	70.5	75.4	79.7	79.8
65–74 years	47.8	54.6	54.2	68.5	76.2	78.0	77.5
75 years and over	---	---	---	56.5	67.4	65.8	73.2
Female							
20–34 years	21.2	25.8	27.9	37.0	52.9	50.9	55.4
35–44 years	37.2	40.5	40.7	49.6	60.6	60.7	63.9
45–54 years	49.3	49.0	48.7	60.3	65.1	67.3	66.2
55–64 years	59.9	54.5	53.7	66.3	72.2	69.6	72.2
65–74 years	60.9	55.9	59.5	60.3	70.9	70.5	74.2
75 years and over	---	---	---	52.3	59.9	62.6	63.2

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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*	*Obesity (BMI greater than or equal to 30.0)*[2]						
	1960–1962	*1971–1974*	*1976–1980*[3]	*1988–1994*	*1999–2002*	*2003–2006*	*2007–2010*
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	13.3	14.6	15.1	23.3	31.1	34.1	35.3
Male	10.7	12.2	12.8	20.6	28.1	33.1	34.4
Female	15.7	16.8	17.1	26.0	34.0	35.2	36.1
Not Hispanic or Latino:							
White only, male	---	---	12.4	20.7	28.7	33.0	34.7
White only, female	---	---	15.4	23.3	31.3	32.5	32.9
Black or African American only, male	---	---	16.5	21.3	27.9	36.3	38.7
Black or African American only, female	---	---	31.0	39.1	49.4	54.3	54.4
Mexican male	---	---	16.0	24.4	29.0	30.4	36.5
Mexican female	---	---	26.6	36.1	38.9	42.6	45.8
Percent of poverty level:[6]							
Below 100%	---	20.7	21.9	29.2	36.0	35.9	37.9
100%–199%	---	18.4	18.7	26.6	35.4	36.7	38.2
200%–399%	---	13.7	14.1	23.2	33.0	36.9	37.6
400% or more	---	10.1	10.0	18.9	25.8	29.4	31.4
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	22.9	30.4	33.4	34.7
Male	---	---	---	20.2	27.5	32.4	33.9
Female	---	---	---	25.5	33.2	34.3	35.5
Not Hispanic or Latino:							
White only, male	---	---	---	20.3	28.0	32.4	34.1
White only, female	---	---	---	22.9	30.7	31.6	32.5
Black or African American only, male	---	---	---	20.9	27.8	35.7	38.3
Black or African American only, female	---	---	---	38.3	48.6	53.4	54.0
Mexican male	---	---	---	23.8	27.8	29.5	36.3
Mexican female	---	---	---	35.2	38.0	41.8	44.6
Percent of poverty level:[6]							
Below 100%	---	---	---	28.1	34.7	35.0	37.2
100%–199%	---	---	---	26.1	34.1	35.9	37.3
200%–399%	---	---	---	22.7	32.1	35.7	36.8
400% or more	---	---	---	18.7	25.5	28.9	31.3
20 years and over, crude							
Both sexes[5]	---	---	---	22.3	30.5	33.5	34.9
Male	---	---	---	19.5	27.5	32.4	33.9
Female	---	---	---	25.0	33.4	34.6	35.9
Not Hispanic or Latino:							
White only, male	---	---	---	19.9	28.4	32.6	34.4
White only, female	---	---	---	22.7	31.3	32.2	33.2
Black or African American only, male	---	---	---	20.7	27.5	35.8	38.1
Black or African American only, female	---	---	---	36.7	48.7	53.2	54.2
Mexican male	---	---	---	20.6	26.0	29.0	35.6
Mexican female	---	---	---	33.3	37.0	41.2	44.2
Percent of poverty level:[6]							
Below 100%	---	---	---	25.9	33.0	34.6	36.5
100%–199%	---	---	---	24.3	32.8	35.0	36.8
200%–399%	---	---	---	22.1	31.8	35.5	36.8
400% or more	---	---	---	19.3	27.2	30.7	32.4
Male							
20–34 years	9.2	9.7	8.9	14.1	21.7	26.2	27.1
35–44 years	12.1	13.5	13.5	21.5	28.5	37.0	37.2
45–54 years	12.5	13.7	16.7	23.2	30.6	34.6	36.6
55–64 years	9.2	14.1	14.1	27.2	35.5	39.3	37.3
65–74 years	10.4	10.9	13.2	24.1	31.9	33.0	41.5
75 years and over	---	---	---	13.2	18.0	24.0	26.6
Female							
20–34 years	7.2	9.7	11.0	18.5	28.3	28.4	30.4
35–44 years	14.7	17.7	17.8	25.5	32.1	36.1	37.1
45–54 years	20.3	18.9	19.6	32.4	36.9	40.0	36.9
55–64 years	24.4	24.1	22.9	33.7	42.1	41.0	43.4
65–74 years	23.2	22.0	21.5	26.9	39.3	36.4	40.3
75 years and over	---	---	---	19.2	23.6	24.2	28.7

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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*	*2007–2010*
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	11.2	10.5	10.5	14.8	18.1	20.0	19.8
Male	10.5	10.0	10.5	15.0	18.3	22.1	22.3
Female	11.7	10.8	10.5	14.7	17.8	17.8	17.4
Not Hispanic or Latino:							
White only, male	---	---	10.1	15.1	19.1	21.9	22.9
White only, female	---	---	9.4	13.0	16.3	16.9	15.6
Black or African American only, male	---	---	13.3	14.5	16.0	22.7	20.6
Black or African American only, female	---	---	18.6	19.8	21.9	23.8	24.3
Mexican male	---	---	12.8	19.3	20.2	22.6	24.6
Mexican female	---	---	16.0	22.4	23.5	23.8	25.5
Percent of poverty level:[6]							
Below 100%	---	12.7	13.0	17.0	18.0	19.3	19.7
100%–199%	---	12.9	12.7	16.2	18.0	20.4	19.6
200%–399%	---	10.4	10.3	14.6	20.2	22.3	20.3
400% or more	---	7.6	7.3	13.2	16.7	17.9	19.4
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	14.8	17.9	19.8	19.9
Male	---	---	---	14.9	18.2	21.8	22.3
Female	---	---	---	14.7	17.6	17.9	17.6
Not Hispanic or Latino:							
White only, male	---	---	---	14.9	18.9	21.6	22.7
White only, female	---	---	---	13.1	16.2	17.0	15.9
Black or African American only, male	---	---	---	14.2	16.1	22.4	20.8
Black or African American only, female	---	---	---	19.6	21.6	23.8	24.8
Mexican male	---	---	---	18.9	19.5	22.0	24.7
Mexican female	---	---	---	22.0	22.9	23.6	24.9
Percent of poverty level:[6]							
Below 100%	---	---	---	16.6	17.3	19.3	19.8
100%–199%	---	---	---	16.1	17.7	20.6	19.8
200%–399%	---	---	---	14.5	19.8	21.6	20.2
400% or more	---	---	---	13.3	16.6	18.0	19.4
20 years and over, crude							
Both sexes[5]	---	---	---	14.4	17.9	19.8	20.0
Male	---	---	---	14.3	18.1	21.8	22.3
Female	---	---	---	14.5	17.7	18.0	17.9
Not Hispanic or Latino:							
White only, male	---	---	---	14.6	19.1	21.8	22.8
White only, female	---	---	---	13.1	16.6	17.3	16.6
Black or African American only, male	---	---	---	14.0	15.8	22.2	20.6
Black or African American only, female	---	---	---	18.7	21.7	23.5	24.6
Mexican male	---	---	---	15.8	18.2	21.6	23.8
Mexican female	---	---	---	20.7	22.4	22.9	24.5
Percent of poverty level:[6]							
Below 100%	---	---	---	15.2	16.4	19.1	19.2
100%–199%	---	---	---	15.2	17.5	20.4	19.8
200%–399%	---	---	---	14.0	19.6	21.5	20.3
400% or more	---	---	---	13.5	17.4	18.6	19.9
Male							
20–34 years	8.2	7.1	6.8	9.8	13.7	18.1	19.0
35–44 years	11.5	11.6	11.2	14.7	19.3	24.9	23.2
45–54 years	12.9	11.6	13.5	17.3	17.8	22.4	22.6
55–64 years	9.5	11.2	11.8	20.6	25.3	27.0	25.2
65–74 years	*11.0	9.7	11.9	19.4	22.1	20.5	26.1
75 years and over	---	---	---	10.9	15.7	18.5	20.6
Female							
20–34 years	5.6	5.8	6.6	10.8	15.9	14.2	14.0
35–44 years	10.1	10.7	10.7	13.9	14.8	19.7	17.0
45–54 years	15.4	12.1	11.3	17.5	19.4	18.4	18.6
55–64 years	18.4	17.0	15.0	20.0	21.6	19.8	22.5
65–74 years	18.3	15.8	14.3	16.0	23.4	20.3	19.4
75 years and over	---	---	---	14.4	14.1	18.2	19.8

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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*	*2007–2010*
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	2.6	2.8	3.3	5.4	7.8	8.5	9.2
Male	1.4	1.6	1.9	3.6	6.2	7.3	7.6
Female	3.6	3.9	4.4	7.0	9.4	9.8	10.7
Not Hispanic or Latino:							
White only, male	---	---	2.0	3.6	6.1	7.5	7.5
White only, female	---	---	4.0	6.5	9.1	8.9	10.3
Black or African American only, male	---	---	*	4.2	8.4	7.6	10.5
Black or African American only, female	---	---	7.1	11.0	13.8	15.6	13.4
Mexican male	---	---	2.4	4.0	5.7	5.3	7.5
Mexican female	---	---	7.7	8.7	9.4	11.7	13.4
Percent of poverty level:[6]							
Below 100%	---	3.7	5.6	7.1	9.6	9.2	10.2
100%–199%	---	4.3	4.3	6.6	10.2	9.6	9.8
200%–399%	---	2.4	2.8	5.3	7.7	9.1	10.8
400% or more	---	1.6	2.2	3.7	5.8	7.0	7.6
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	5.2	7.6	8.2	8.9
Male	---	---	---	3.5	5.9	7.1	7.4
Female	---	---	---	6.8	9.2	9.3	10.3
Not Hispanic or Latino:							
White only, male	---	---	---	3.5	5.8	7.2	7.3
White only, female	---	---	---	6.3	9.0	8.4	9.9
Black or African American only, male	---	---	---	4.1	8.3	7.6	10.2
Black or African American only, female	---	---	---	10.7	13.6	15.4	13.4
Mexican male	---	---	---	3.8	5.4	5.1	7.2
Mexican female	---	---	---	8.4	9.4	11.2	12.9
Percent of poverty level:[6]							
Below 100%	---	---	---	6.8	9.6	8.6	10.0
100%–199%	---	---	---	6.5	9.7	9.0	9.4
200%–399%	---	---	---	5.2	7.5	8.8	10.3
400% or more	---	---	---	3.6	5.7	6.7	7.6
20 years and over, crude							
Both sexes[5]	---	---	---	5.1	7.7	8.2	8.8
Male	---	---	---	3.5	6.0	7.0	7.3
Female	---	---	---	6.6	9.3	9.4	10.3
Not Hispanic or Latino:							
White only, male	---	---	---	3.4	5.9	7.4	7.4
White only, female	---	---	---	6.2	9.1	8.5	9.9
Black or African American only, male	---	---	---	4.2	8.2	7.5	10.2
Black or African American only, female	---	---	---	10.4	13.5	15.3	13.3
Mexican male	---	---	---	3.7	5.1	4.7	7.0
Mexican female	---	---	---	7.9	8.8	11.2	13.0
Percent of poverty level:[6]							
Below 100%	---	---	---	6.3	9.5	8.4	9.7
100%–199%	---	---	---	6.2	8.9	8.7	9.2
200%–399%	---	---	---	5.1	7.5	8.8	10.1
400% or more	---	---	---	3.8	6.4	7.4	7.9
Male							
20–34 years	*	1.9	1.8	2.9	4.1	4.5	4.7
35–44 years	*	*	*	*3.5	5.9	7.9	8.8
45–54 years	*	*1.4	*2.5	*3.5	8.5	8.3	8.9
55–64 years	*	*2.2	*	5.5	*7.4	8.4	6.7
65–74 years	*	*	*1.2	*3.8	6.9	10.3	11.8
75 years and over	---	---	---	*	*	*3.9	4.6
Female							
20–34 years	1.6	2.5	3.0	5.1	8.0	7.9	8.6
35–44 years	3.5	4.5	4.8	7.1	9.4	9.2	12.6
45–54 years	*4.0	*4.3	5.7	8.4	10.4	12.4	10.6
55–64 years	*5.7	5.2	4.9	9.4	10.9	11.4	11.5
65–74 years	*6.7	4.7	4.9	6.7	9.8	9.6	11.7
75 years and over	---	---	---	3.7	7.2	*3.9	5.5

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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	2007–2010
20–74 years, age-adjusted[4]	Percent of population						
Both sexes[5]	1.0	1.3	1.3	3.1	5.2	5.7	6.3
Male	*	*0.6	*0.4	1.9	3.5	3.7	4.5
Female	1.7	2.0	2.2	4.3	6.8	7.6	8.0
Not Hispanic or Latino:							
White only, male	---	---	*0.4	*2.0	3.6	3.7	4.3
White only, female	---	---	2.0	3.7	5.9	6.7	7.0
Black or African American only, male	---	---	*	2.6	3.6	6.1	7.6
Black or African American only, female	---	---	5.3	8.3	13.7	14.9	16.7
Mexican male	---	---	*	*	*3.1	*2.6	4.4
Mexican female	---	---	3.0	5.0	5.9	7.1	7.0
Percent of poverty level:[6]							
Below 100%	---	*4.3	3.3	5.0	8.4	7.5	7.9
100%–199%	---	1.3	1.7	3.7	7.3	6.8	8.8
200%–399%	---	1.0	1.0	3.2	5.1	5.6	6.6
400% or more	---	*0.9	*	2.0	3.3	4.4	4.5
20 years and over, age-adjusted[4]							
Both sexes[5]	---	---	---	3.0	4.9	5.4	6.0
Male	---	---	---	1.8	3.3	3.5	4.2
Female	---	---	---	4.0	6.4	7.2	7.6
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.3	3.5	4.0
White only, female	---	---	---	3.5	5.5	6.3	6.7
Black or African American only, male	---	---	---	2.5	3.4	5.6	7.3
Black or African American only, female	---	---	---	8.0	13.4	14.2	15.8
Mexican male	---	---	---	*	*2.9	*2.4	4.4
Mexican female	---	---	---	4.9	5.7	6.9	6.8
Percent of poverty level:[6]							
Below 100%	---	---	---	4.7	7.8	7.0	7.5
100%–199%	---	---	---	3.6	6.7	6.3	8.1
200%–399%	---	---	---	3.1	4.8	5.2	6.3
400% or more	---	---	---	1.9	3.2	4.2	4.4
20 years and over, crude							
Both sexes[5]	---	---	---	2.8	4.9	5.4	6.0
Male	---	---	---	1.8	3.4	3.5	4.3
Female	---	---	---	3.8	6.4	7.2	7.7
Not Hispanic or Latino:							
White only, male	---	---	---	*1.9	3.4	3.5	4.1
White only, female	---	---	---	3.3	5.6	6.3	6.8
Black or African American only, male	---	---	---	2.6	3.5	6.1	7.2
Black or African American only, female	---	---	---	7.6	13.4	14.4	16.3
Mexican male	---	---	---	*1.1	*2.7	*2.7	4.9
Mexican female	---	---	---	4.7	5.7	7.0	6.6
Percent of poverty level:[6]							
Below 100%	---	---	---	4.3	7.1	7.1	7.5
100%–199%	---	---	---	3.0	6.4	5.9	7.9
200%–399%	---	---	---	3.0	4.7	5.2	6.3
400% or more	---	---	---	2.0	3.5	4.7	4.6
Male							
20–34 years	*	*	*	*1.3	3.9	3.6	3.4
35–44 years	*	*	*	*	*3.2	4.2	5.2
45–54 years	*	*	*	*	*4.2	*3.9	5.1
55–64 years	*	*	*	*	*2.8	3.9	5.4
65–74 years	*	*	*	*	*	*2.1	*3.6
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	7.5
45–54 years	*	*	*2.7	6.4	7.2	9.2	7.7
55–64 years	*3.2	*	*3.0	4.2	9.5	9.8	9.4
65–74 years	*	1.5	2.4	4.2	6.2	*6.4	9.2
75 years and over	---	---	---	*	*	*2.1	*3.4

See footnotes at end of table.

Table 68 (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 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#068.

[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%.
[1]Persons 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.
[2]Body mass index (BMI) equals weight in kilograms divided by height in meters squared. See Appendix II, Body mass index (BMI).
[3]Data for Mexican-origin persons are for 1982–1984. See Appendix I, National Health and Nutrition Examination Survey (NHANES).
[4]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.
[5]Includes all other races not shown separately.
[6]Percent of poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. 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 Appendix III. Data have been revised and differ from previous editions of *Health, United States*.

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 69 (page 1 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1963–1965 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#069.

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

Sex, age, race and Hispanic origin[1]*, and percent of poverty level*	*1963–1965 1966–1970*[2]	*1971–1974*	*1976–1980*[3]	*1988–1994*	*1999–2002*	*2003–2006*	*2007–2010*
2–5 years				Percent of population			
Both sexes[4]	---	---	---	7.2	10.3	12.5	11.1
Not Hispanic or Latino:							
White only	---	---	---	5.2	8.7	10.8	9.0
Black or African American only	---	---	---	7.7	8.8	14.9	15.0
Mexican	---	---	---	12.3	13.1	16.7	14.6
Boys	---	---	---	6.1	10.0	12.8	11.9
Not Hispanic or Latino:							
White only	---	---	---	*4.5	*8.2	11.1	8.8
Black or African American only	---	---	---	7.7	*8.0	13.3	15.7
Mexican	---	---	---	12.4	14.1	18.8	19.1
Girls	---	---	---	8.2	10.6	12.2	10.2
Not Hispanic or Latina:							
White only	---	---	---	5.9	*9.0	10.4	*9.2
Black or African American only	---	---	---	7.6	9.6	16.6	*14.2
Mexican	---	---	---	12.3	*12.2	14.5	*9.9
Percent of poverty level:[5]							
Below 100%	---	---	---	9.7	10.9	14.3	13.2
100%–199%	---	---	---	7.2	*13.8	12.7	11.8
200%–399%	---	---	---	5.6	*7.6	11.9	13.9
400% or more	---	---	---	*	*	*10.0	*5.8
6–11 years							
Both sexes[4]	4.2	4.0	6.5	11.3	15.9	17.0	18.8
Boys	4.0	*4.3	6.6	11.6	16.9	18.0	20.7
Not Hispanic or Latino:							
White only	---	---	6.1	10.7	14.0	15.5	18.6
Black or African American only	---	---	6.8	12.3	17.0	18.6	23.3
Mexican	---	---	13.3	17.5	26.5	27.5	24.3
Girls	4.5	*3.6	6.4	11.0	14.7	15.8	16.9
Not Hispanic or Latina:							
White only	---	---	5.2	*9.8	13.1	14.4	14.0
Black or African American only	---	---	11.2	17.0	22.8	24.0	24.5
Mexican	---	---	9.8	15.3	17.1	19.7	22.4
Percent of poverty level:[5]							
Below 100%	---	---	---	11.4	19.1	22.0	22.2
100%–199%	---	---	---	11.1	16.4	19.2	20.7
200%–399%	---	---	---	11.7	15.3	16.7	18.9
400% or more	---	---	---	*	12.9	9.2	*12.5
12–19 years							
Both sexes[4]	4.6	6.1	5.0	10.5	16.0	17.6	18.2
Boys	4.5	6.1	4.8	11.3	16.7	18.2	19.4
Not Hispanic or Latino:							
White only	---	---	3.8	11.6	14.6	17.3	17.1
Black or African American only	---	---	6.1	10.7	18.8	18.4	21.2
Mexican	---	---	7.7	14.1	24.7	22.1	27.9
Girls	4.7	6.2	5.3	9.7	15.3	16.8	16.9
Not Hispanic or Latina:							
White only	---	---	4.6	8.9	12.6	14.5	14.6
Black or African American only	---	---	10.7	16.3	23.5	27.7	27.1
Mexican	---	---	8.8	*13.4	19.6	19.9	18.0
Percent of poverty level:[5]							
Below 100%	---	---	---	15.8	19.8	19.3	24.3
100%–199%	---	---	---	11.2	15.1	18.4	20.1
200%–399%	---	---	---	9.4	15.7	19.3	16.3
400% or more	---	---	---	*	13.9	12.6	14.0

See footnotes at end of table.

Table 69 (page 2 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1963–1965 through 2007–2010

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#069.

[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%.
[1]Persons 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.
[2]Data for 1963–1965 are for children aged 6–11; data for 1966–1970 are for adolescents aged 12–17, not 12–19.
[3]Data for Mexican-origin persons are for 1982–1984. See Appendix I, National Health and Nutrition Examination Survey (NHANES).
[4]Includes persons of all races and Hispanic origins, not just those shown separately.
[5]Percent of poverty level is based on family income and family size. 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 Appendix III.

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 70 (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/contents2012.htm#070.

[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	- - -	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:									
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	- - -	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:								
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 70 (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/contents2012.htm#070.

[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	- - -	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:				
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%.
[1]Persons 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.
[2]Includes persons of all races and Hispanic origins, not just those shown separately, and those with unknown percent of poverty level.
[3]Percent of poverty level is based on family income and family size. 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 2005–2008. 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/data/nhanes/nhanes_05_06/ohx_d.pdf and Dye BA, Barker LK, Li X, Lewis BG, Beltràn-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/hus.htm. Data for additional years are available. See Appendix III.

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

Table 71 (page 1 of 2). No usual source of health care among children under age 18 years, by selected characteristics: United States, average annual, selected years 1993–1994 through 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#071.

[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	2010–2011	1993–1994[1]	1999–2000	2010–2011	1993–1994[1]	1999–2000	2010–2011
	Percent of children without a usual source of health care[2]								
All children[3]	7.7	6.9	4.7	5.2	4.6	3.0	9.0	8.0	5.6
Sex									
Male	8.1	6.7	4.6	5.3	4.5	2.9	9.6	7.8	5.6
Female	7.3	7.1	4.8	5.0	4.7	3.2	8.5	8.2	5.6
Race[4]									
White only	7.0	6.3	4.5	4.7	4.4	2.6	8.3	7.2	5.4
Black or African American only	10.3	7.7	5.3	7.6	4.4	4.5	11.9	9.1	5.8
American Indian or Alaska Native only	*9.3	*9.4	*7.0	*	*	*	*8.7	*9.4	*9.6
Asian only	9.7	10.0	5.8	*3.4	*5.8	*2.7	13.5	12.2	7.5
Native Hawaiian or Other Pacific Islander only	- - -	*	*	- - -	*	*	- - -	*	*
2 or more races	- - -	*4.9	4.8	- - -	*	*4.7	- - -	*7.2	4.8
Hispanic origin and race[4]									
Hispanic or Latino	14.3	14.2	7.9	9.3	9.0	4.3	17.7	17.2	10.2
Not Hispanic or Latino	6.7	5.5	3.7	4.4	3.6	2.6	7.8	6.3	4.3
White only	5.7	4.7	3.1	3.7	3.3	2.0	6.7	5.4	3.6
Black or African American only	10.2	7.6	5.4	7.7	4.5	4.5	11.6	9.0	5.8
Percent of poverty level[5]									
Below 100%	13.9	13.1	6.8	9.4	7.6	4.3	16.8	16.2	8.4
100%–199%	9.8	10.6	7.1	6.7	7.5	4.3	11.6	12.2	8.6
200%–399%	3.7	4.8	3.9	1.9	3.2	2.2	4.5	5.6	4.8
400% or more	3.7	2.6	1.7	*1.6	1.5	*1.3	5.0	3.0	1.8
Hispanic origin and race and percent of poverty level[4,5]									
Hispanic or Latino:									
Below 100%	19.6	19.4	8.0	12.7	11.6	*3.7	24.8	24.5	11.1
100%–199%	15.3	17.1	9.6	9.9	11.3	5.5	18.9	20.4	12.1
200%–399%	5.2	8.3	7.3	*	*5.0	*4.1	6.7	10.1	9.2
400% or more	*	*3.8	*3.1	*	*	*	*	*5.0	*3.3
Not Hispanic or Latino:									
White only:									
Below 100%	10.2	10.7	4.8	6.5	*6.3	*	12.7	13.1	5.9
100%–199%	8.7	7.8	5.4	6.3	5.7	*3.9	10.1	8.8	6.2
200%–399%	3.3	4.0	2.9	1.6	2.7	*1.3	4.0	4.6	3.7
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	6.6	10.9	*4.7	*6.0	15.5	11.8	7.0
100%–199%	9.1	9.7	6.7	*6.0	*6.4	*	10.8	11.2	8.0
200%–399%	5.0	5.0	3.5	*	*	*	6.2	5.7	3.4
400% or more	*	*3.5	*	*	*	*	*	*4.0	*
Health insurance status at the time of interview[6]									
Insured	5.0	3.9	2.8	3.3	2.6	2.0	5.9	4.5	3.2
Private	3.8	3.4	2.1	1.9	2.2	1.3	4.6	3.9	2.5
Medicaid	8.9	5.3	3.7	6.4	3.5	2.7	11.3	6.7	4.4
Uninsured	23.5	29.3	28.4	18.0	20.8	19.5	26.0	32.9	31.5
Health insurance status prior to interview[6]									
Insured continuously all 12 months	4.6	3.6	2.6	3.1	2.3	1.9	5.5	4.2	3.0
Uninsured for any period up to 12 months	15.3	15.0	12.8	10.9	12.5	9.2	18.1	16.4	14.6
Uninsured more than 12 months	27.6	35.8	36.2	21.4	26.8	29.5	30.0	39.1	37.7

See footnotes at end of table.

Table 71 (page 2 of 2). No usual source of health care among children under age 18 years, by selected characteristics: United States, average annual, selected years 1993–1994 through 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#071.

[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	2010–2011	1993–1994[1]	1999–2000	2010–2011	1993–1994[1]	1999–2000	2010–2011
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	3.9	5.8	*2.7	2.5	10.7	7.5	4.8
Uninsured for any period up to 12 months	21.7	19.8	15.1	18.0	*16.0	*11.7	23.7	21.9	17.2
Uninsured more than 12 months	31.2	42.7	41.1	25.5	31.0	*41.4	33.4	47.1	41.0
100%–199%:									
Insured continuously all 12 months	5.6	5.2	3.4	3.7	3.7	2.7	6.7	6.0	3.8
Uninsured for any period up to 12 months	14.5	15.4	13.3	*9.7	*14.4	*7.2	18.0	15.9	16.6
Uninsured more than 12 months	27.6	34.4	38.2	21.4	26.4	*28.5	30.2	37.4	40.5
200%–399%:									
Insured continuously all 12 months	2.8	3.2	2.3	1.5	2.1	*1.3	3.4	3.7	2.8
Uninsured for any period up to 12 months	9.1	11.1	11.7	*	*8.4	*9.9	11.6	12.7	12.6
Uninsured more than 12 months	18.2	27.1	30.7	*9.7	*20.3	*	21.0	29.4	32.4
400% or more:									
Insured continuously all 12 months	3.1	2.0	1.3	*	*1.2	*1.0	4.3	2.4	1.4
Uninsured for any period up to 12 months	*	*10.3	*	*	*	*	*	*	*
Uninsured more than 12 months	*	*30.0	*	*	*	*	*	*33.3	*
Geographic region									
Northeast	4.1	2.8	2.2	2.9	2.3	*1.8	4.8	3.0	2.4
Midwest	5.2	5.3	3.8	4.1	3.7	2.3	5.9	6.0	4.5
South	10.9	8.5	5.5	7.3	5.8	3.7	12.7	9.8	6.5
West	8.6	9.7	6.0	5.3	5.7	3.5	10.6	11.7	7.4
Location of residence									
Within MSA[7]	7.7	6.8	4.9	5.0	4.7	3.2	9.2	7.8	5.8
Outside MSA[7]	7.8	7.4	3.8	6.0	4.2	*2.3	8.7	8.7	4.6

* 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.
[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).
[2]Persons 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.
[3]Includes all other races not shown separately and unknown health insurance status.
[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. Missing family income data were imputed starting in 1993. 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. 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 1997–2011. See Appendix II, Health insurance coverage.
[7]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: 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 Appendix III.

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 72 (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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#072.

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

Characteristic	1993–1994[1]	1995–1996[1]	1997–1998	1999–2000	2001–2002	2007–2008	2010–2011
	Percent of adults without a usual source of health care[2]						
18–64 years[3]	18.9	16.9	17.7	17.8	16.4	18.5	19.6
Age							
18–44 years	21.7	19.6	21.1	21.6	20.6	23.6	25.2
18–24 years	26.6	22.6	27.0	27.2	27.2	28.6	28.1
25–44 years	20.3	18.8	19.3	19.9	18.5	21.8	24.1
45–64 years	12.8	11.3	11.2	10.9	9.2	11.0	11.8
45–54 years	14.1	12.2	12.6	12.0	10.3	13.1	14.0
55–64 years	11.1	9.8	9.0	9.2	7.6	8.3	9.0
Sex							
Male	23.9	21.4	23.6	24.1	21.6	23.9	24.6
Female	14.1	12.6	12.0	11.8	11.4	13.1	14.7
Race[4]							
White only	18.4	16.5	17.0	16.7	15.4	18.0	18.9
Black or African American only	20.0	18.3	19.4	19.2	16.9	20.5	22.5
American Indian or Alaska Native only	19.7	16.5	21.3	19.2	16.3	24.4	22.4
Asian only	24.8	21.5	21.7	22.1	20.1	17.8	20.8
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*
2 or more races	---	---	---	21.0	20.1	21.4	24.4
American Indian or Alaska Native; White	---	---	---	25.8	18.1	20.9	23.9
Hispanic origin and race[4]							
Hispanic or Latino	30.3	27.4	30.4	32.6	32.5	32.5	33.3
Mexican	32.4	29.8	35.9	36.5	36.5	36.6	35.2
Not Hispanic or Latino	17.7	15.7	16.2	15.8	14.0	16.0	17.0
White only	17.1	15.0	15.4	14.9	13.1	15.1	15.8
Black or African American only	19.7	18.1	19.3	19.2	16.8	20.2	22.1
Percent of poverty level[5]							
Below 100%	29.5	26.1	29.1	29.6	29.3	30.4	32.8
100%–199%	25.4	22.9	25.6	27.1	25.6	29.1	30.4
200%–399%	15.6	13.4	16.6	17.2	16.0	18.9	19.3
400% or more	13.4	13.8	11.6	11.6	9.6	10.2	9.7
Hispanic origin and race and percent of poverty level[4,5]							
Hispanic or Latino:							
Below 100%	40.0	34.3	42.8	44.4	46.3	43.7	44.3
100%–199%	36.9	32.9	35.4	40.6	40.0	40.6	40.4
200%–399%	20.7	19.5	23.6	26.9	27.9	28.0	28.9
400% or more	13.8	16.3	14.4	16.1	13.7	16.9	13.4
Not Hispanic or Latino:							
White only:							
Below 100%	28.2	23.6	25.0	24.2	23.4	25.2	27.5
100%–199%	23.3	20.7	22.4	23.0	20.7	24.9	26.0
200%–399%	14.8	12.5	15.4	15.3	13.6	16.7	17.2
400% or more	13.4	13.7	11.3	11.2	9.1	9.5	9.1
Black or African American only:							
Below 100%	24.7	21.9	23.9	23.7	22.8	27.1	30.3
100%–199%	22.3	22.1	25.3	24.4	20.4	25.7	29.6
200%–399%	16.5	14.5	17.6	18.2	16.2	19.7	18.1
400% or more	11.7	12.6	11.2	12.0	9.6	10.2	10.6
Health insurance status at the time of interview[6]							
Insured	13.3	11.4	11.4	10.9	9.1	10.1	10.2
Private	13.1	11.3	11.5	11.1	9.0	10.0	10.1
Medicaid	16.3	13.0	10.3	9.9	11.1	11.7	12.3
Uninsured	43.1	41.8	46.7	49.2	49.1	52.1	54.2
Health insurance status prior to interview[6]							
Insured continuously all 12 months	12.7	10.8	10.6	10.3	8.3	9.1	9.3
Uninsured for any period up to 12 months	30.9	29.6	30.7	31.2	33.3	35.1	33.6
Uninsured more than 12 months	46.9	44.8	51.4	54.8	54.6	56.1	58.3

See footnotes at end of table.

Table 72 (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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#072.

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

Characteristic	1993–1994[1]	1995–1996[1]	1997–1998	1999–2000	2001–2002	2007–2008	2010–2011
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	13.3	13.1	11.6	11.5	12.7	13.4
Uninsured for any period up to 12 months	33.6	28.5	33.0	31.9	36.5	37.4	36.6
Uninsured more than 12 months	50.1	46.1	54.3	57.1	58.8	61.1	62.6
100%–199%:							
Insured continuously all 12 months	14.7	12.2	13.0	12.3	11.0	11.9	11.9
Uninsured for any period up to 12 months	30.9	31.1	31.1	34.6	35.1	35.9	37.0
Uninsured more than 12 months	47.6	43.8	51.1	54.9	54.5	56.8	58.2
200%–399%:							
Insured continuously all 12 months	11.7	9.4	10.6	10.6	8.3	9.4	10.0
Uninsured for any period up to 12 months	29.2	28.3	30.1	29.0	32.0	36.3	33.7
Uninsured more than 12 months	44.5	44.7	50.9	53.6	53.4	54.2	55.4
400% or more:							
Insured continuously all 12 months	11.8	11.8	9.5	9.3	7.2	7.5	7.3
Uninsured for any period up to 12 months	31.5	32.3	28.6	30.2	30.7	30.3	24.6
Uninsured more than 12 months	36.5	45.5	44.6	51.8	47.0	47.9	52.5
Disability measure[7]							
Any basic actions difficulty or complex activity limitation	- - -	- - -	15.5	14.1	13.2	16.6	16.2
Any basic actions difficulty	- - -	- - -	15.7	14.1	13.1	16.5	16.2
Any complex activity limitation	- - -	- - -	13.1	11.6	10.4	13.6	13.1
No disability	- - -	- - -	18.2	18.8	17.5	19.1	20.7
Geographic region							
Northeast	14.7	13.4	13.3	12.8	11.9	12.5	13.9
Midwest	16.2	14.7	15.1	17.0	14.1	16.6	16.7
South	21.8	18.7	20.7	19.7	18.3	21.4	22.3
West	21.1	19.9	20.2	20.1	19.9	20.0	22.4
Location of residence							
Within MSA[8]	19.3	17.3	17.9	18.1	16.6	18.7	19.8
Outside MSA[8]	17.5	15.4	17.0	16.8	15.4	16.9	18.4

- - - Data not available.
* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.
[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).
[2]Persons 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.
[3]Includes all other races not shown separately, unknown health insurance status, and unknown disability status.
[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. Missing family income data were imputed starting in 1993. 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. 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 1997–2011, health insurance status was unknown for about 1% of adults. See Appendix II, Health insurance coverage.
[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 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 Appendix III.

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 73 (page 1 of 3). Reduced access to medical care, prescription drugs, and dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#073.

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

Characteristic	Did not get or delayed medical care due to cost[1]				Did not get prescription drugs due to cost[2]				Did not get dental care due to cost[3]			
	1997	2001	2010	2011	1997	2001	2010	2011	1997	2001	2010	2011
						Percent						
Total[4]	8.3	7.6	10.9	10.3	4.8	5.6	8.3	7.7	8.6	8.7	13.5	12.9
Age												
Under 19 years	4.5	4.7	4.5	4.0	2.1	3.0	2.8	2.4	6.0	6.7	6.6	6.2
Under 18 years	4.4	4.7	4.4	3.8	2.2	2.9	2.7	2.3	6.0	6.7	6.6	6.1
Under 6 years	3.3	3.7	3.7	2.9	1.6	2.7	2.5	1.4	3.9	4.3	3.9	3.9
6–17 years	4.9	5.2	4.8	4.2	2.4	3.0	2.8	2.7	6.8	7.5	7.5	6.9
18–64 years	10.7	9.5	14.7	14.0	6.3	7.0	11.2	10.5	10.6	10.4	17.3	16.4
18–44 years	11.0	9.8	14.5	13.6	6.9	7.2	11.2	10.3	11.7	11.3	17.9	16.7
18–24 years	10.2	10.2	13.5	11.8	6.7	7.6	9.7	7.6	11.6	11.7	17.4	13.3
25–34 years	11.4	9.9	15.3	15.1	6.9	7.3	12.0	11.7	12.3	12.1	18.3	18.5
35–44 years	11.0	9.5	14.4	13.5	7.1	6.9	11.3	10.9	11.2	10.4	17.8	17.3
19–25 years	11.1	11.2	14.8	13.2	7.7	8.3	10.9	8.3	13.1	12.8	18.9	14.7
45–64 years	10.1	8.9	14.9	14.4	5.1	6.6	11.3	10.8	8.4	8.7	16.5	16.1
45–54 years	10.6	8.9	15.0	15.6	5.6	6.9	11.5	11.6	9.4	9.7	17.8	17.4
55–64 years	9.3	8.8	14.6	13.1	4.2	6.2	11.0	9.8	7.0	7.2	14.9	14.6
65 years and over	4.6	4.0	5.0	4.6	2.8	3.9	4.7	4.3	3.5	3.5	6.9	7.0
65–74 years	5.0	4.4	6.3	5.8	3.4	4.6	6.3	5.7	4.2	4.4	9.0	9.0
75 years and over	4.1	3.5	3.4	3.1	2.0	3.1	2.8	2.6	2.6	2.6	4.3	4.5
18–64 years												
Sex												
Male	9.3	8.5	13.5	12.9	5.1	5.3	8.8	8.7	8.8	8.5	15.2	14.5
Female	12.0	10.4	15.7	15.0	7.4	8.6	13.5	12.3	12.4	12.1	19.4	18.3
Race[5]												
White only	10.8	9.4	14.5	13.9	5.9	6.8	10.8	10.2	10.6	10.3	17.1	16.4
Black or African American only	10.8	10.3	17.4	15.4	9.5	8.3	15.6	13.7	10.8	10.4	20.7	18.3
American Indian or Alaska Native only	14.5	12.9	*15.7	16.4	*10.1	*11.3	18.6	11.0	18.8	*13.2	23.1	17.2
Asian only	6.3	5.7	8.0	8.9	*2.8	*3.5	4.2	5.1	7.8	5.1	8.7	9.9
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	17.3	24.0	20.0	---	11.2	16.6	14.7	---	18.4	25.6	22.5
Hispanic origin and race[5]												
Hispanic or Latino	10.5	9.9	15.4	15.8	6.7	8.6	13.0	12.5	11.5	12.0	21.6	21.1
Mexican	9.7	9.3	15.6	15.4	6.5	9.2	13.5	12.1	11.3	13.3	22.0	21.6
Not Hispanic or Latino	10.7	9.4	14.5	13.6	6.3	6.7	10.9	10.1	10.5	10.1	16.6	15.6
White only	10.9	9.4	14.3	13.6	5.9	6.6	10.3	9.7	10.5	10.2	16.2	15.4
Black or African American only	10.8	10.1	17.5	15.3	9.5	8.2	15.6	13.8	10.8	10.3	20.8	18.2
Education[6]												
No high school diploma or GED	16.2	14.9	20.6	20.2	11.5	13.7	18.1	18.3	14.5	15.6	26.3	26.2
High school diploma or GED	11.1	9.2	16.1	16.4	7.0	7.3	13.8	13.1	11.4	11.1	20.1	19.8
Some college or more	9.2	8.2	13.4	12.5	4.3	4.9	9.2	8.8	8.8	8.3	14.4	14.0
Percent of poverty level[7]												
Below 100%	19.6	17.6	23.4	24.1	14.8	15.5	21.5	20.2	19.4	19.6	30.4	29.4
100%–199%	17.9	16.8	24.0	23.5	11.6	14.2	18.4	17.9	18.3	18.9	29.2	28.6
200%–399%	10.5	10.2	15.2	14.2	5.5	6.3	11.4	10.6	10.2	11.0	17.3	15.8
400% or more	4.6	4.0	6.8	5.5	1.7	2.4	3.9	3.2	4.5	4.1	7.0	6.2

See footnotes at end of table.

Table 73 (page 2 of 3). Reduced access to medical care, prescription drugs, and dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#073.

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

Characteristic	Did not get or delayed medical care due to cost[1]				Did not get prescription drugs due to cost[2]				Did not get dental care due to cost[3]			
	1997	2001	2010	2011	1997	2001	2010	2011	1997	2001	2010	2011
Hispanic origin and race and percent of poverty level[5,7]	Percent											
Hispanic or Latino:												
Below 100%	14.6	13.9	19.0	22.3	10.6	12.5	18.9	18.0	16.1	16.2	30.5	32.2
100%–199%	12.2	11.3	18.6	18.3	8.1	11.0	14.7	14.6	13.5	15.1	25.2	27.7
200%–399%	8.0	8.5	13.9	13.4	4.4	5.8	11.5	11.3	9.2	9.7	18.1	13.6
400% or more	5.1	5.1	7.7	6.2	*	*4.4	4.6	*3.1	4.5	5.7	9.1	6.3
Not Hispanic or Latino:												
White only:												
Below 100%	24.3	20.9	26.1	27.2	17.3	17.7	24.6	21.4	23.4	23.1	31.8	29.5
100%–199%	20.9	20.3	27.6	27.6	12.4	16.3	19.9	20.1	20.6	21.8	31.7	31.3
200%–399%	11.4	10.7	16.0	14.7	5.4	6.6	11.3	10.6	10.6	11.8	18.0	16.9
400% or more	4.6	3.9	6.9	5.5	1.7	2.3	3.8	3.3	4.5	4.1	6.9	6.3
Black or African American only:												
Below 100%	16.1	14.5	24.4	22.6	14.9	14.5	21.1	22.6	14.8	15.8	29.7	28.8
100%–199%	14.3	13.4	22.9	20.7	13.9	12.3	21.3	17.2	16.4	14.9	28.2	24.4
200%–399%	8.8	9.4	14.6	12.8	7.0	5.7	13.7	11.6	8.6	8.5	16.1	14.3
400% or more	4.6	5.0	8.1	5.4	*2.9	*2.8	5.6	*3.9	4.3	3.9	9.1	5.8
Health insurance status at the time of interview[8]												
Insured	6.8	5.9	9.1	8.5	3.7	4.4	7.3	6.9	7.2	7.1	11.8	11.1
Private	6.0	5.1	8.2	7.4	2.9	3.3	6.0	5.3	6.2	6.0	9.2	8.3
Medicaid	11.9	12.3	12.5	12.7	11.1	12.2	13.5	13.7	14.8	16.7	24.2	22.8
Uninsured	27.6	25.5	34.5	34.8	18.0	19.3	25.7	24.2	26.1	25.9	37.7	36.6
Health insurance status prior to interview[8]												
Insured continuously all 12 months	5.5	4.7	7.6	6.9	2.8	3.5	6.2	5.9	6.0	6.0	10.5	10.0
Uninsured for any period up to 12 months	28.7	29.7	35.1	34.4	17.7	19.7	25.1	23.0	25.2	26.5	33.6	31.5
Uninsured more than 12 months	30.6	27.4	35.9	36.2	18.9	20.8	26.2	24.7	28.0	27.5	39.4	37.8
Percent of poverty level and health insurance status prior to interview[7,8]												
Below 100%:												
Insured continuously all 12 months	9.4	9.2	10.1	10.8	8.1	8.0	11.4	11.0	10.7	10.7	20.7	18.9
Uninsured for any period up to 12 months	31.9	31.3	36.7	39.7	25.5	27.4	35.7	32.1	31.6	34.9	39.0	38.9
Uninsured more than 12 months	32.4	27.9	38.5	40.9	21.6	24.0	31.5	30.9	29.4	29.3	42.3	43.2
100%–199%:												
Insured continuously all 12 months	9.5	9.1	12.5	12.6	6.0	8.2	11.9	12.3	11.0	11.7	19.7	20.2
Uninsured for any period up to 12 months	33.6	33.2	38.5	37.9	20.5	21.8	26.5	25.5	28.2	29.8	38.9	35.8
Uninsured more than 12 months	30.0	28.0	37.4	37.0	19.5	24.4	26.1	23.9	29.3	30.4	40.7	40.0
200%–399%:												
Insured continuously all 12 months	6.1	5.5	9.5	8.3	2.9	3.5	7.4	7.2	6.8	7.5	11.6	11.0
Uninsured for any period up to 12 months	27.1	30.2	33.7	31.7	14.0	17.2	23.2	19.2	21.6	23.6	32.5	27.2
Uninsured more than 12 months	31.3	28.5	32.4	32.8	17.3	17.2	23.7	21.6	26.5	25.1	36.1	31.3
400% or more:												
Insured continuously all 12 months	3.1	2.5	4.6	3.7	0.8	1.6	2.9	2.3	3.1	2.9	5.2	4.6
Uninsured for any period up to 12 months	20.8	23.6	30.7	27.1	10.7	13.8	14.0	14.1	19.3	19.3	21.6	22.3
Uninsured more than 12 months	25.5	21.5	31.8	27.6	13.5	*9.7	16.3	16.0	23.6	19.9	34.6	29.8

See footnotes at end of table.

Table 73 (page 3 of 3). Reduced access to medical care, prescription drugs, and dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#073.

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

Characteristic	Did not get or delayed medical care due to cost[1]				Did not get prescription drugs due to cost[2]				Did not get dental care due to cost[3]			
	1997	2001	2010	2011	1997	2001	2010	2011	1997	2001	2010	2011
Disability measure[9]						Percent						
Any basic actions difficulty or complex activity limitation	23.3	21.5	28.9	28.5	14.8	15.3	22.6	22.6	19.8	18.9	28.8	29.6
Any basic actions difficulty	24.2	22.1	28.9	30.1	15.3	15.6	23.3	23.2	20.1	19.2	29.2	30.2
Any complex activity limitation	25.7	24.6	30.8	29.4	19.4	20.8	27.3	27.8	23.2	23.1	33.7	34.5
No disability	9.0	8.2	13.2	12.3	3.4	4.0	7.0	6.0	7.5	7.4	13.1	11.5
Geographic region												
Northeast	8.8	7.6	10.2	9.9	4.9	5.4	7.7	7.9	8.9	8.4	12.9	11.8
Midwest	10.5	8.7	14.8	13.7	5.9	6.6	11.6	9.5	9.7	9.5	16.0	14.3
South	11.8	10.8	16.5	15.3	7.3	7.9	13.5	12.2	10.9	10.9	19.6	17.9
West	10.8	9.8	15.1	15.3	6.3	7.2	10.0	10.8	13.1	12.3	18.4	19.7
Location of residence												
Within MSA[10]	10.2	9.0	14.2	13.7	5.9	6.7	10.8	10.2	10.0	10.1	17.0	16.3
Outside MSA[10]	12.5	11.5	17.4	15.6	7.9	8.3	13.6	12.3	12.9	11.5	19.1	17.4

* 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]Based on persons responding to the question, "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?"

[2]Based 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?"

[3]Based 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?"

[4]Includes all other races not shown separately, unknown health insurance status, unknown education level, and unknown disability status.

[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]Estimates are for persons aged 25–64. 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]For information on the health insurance categories see Appendix II, Health insurance coverage.

[9]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.

[10]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 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core, sample child, and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 74 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#074.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Geographic region[5]	Percent of population								
All regions:									
Metropolitan counties:									
Large central	9.9	10.9	14.5	22.6	22.3	23.7	24.1	23.9	22.9
Large fringe	8.9	9.2	12.6	15.2	15.1	17.2	17.4	17.6	17.4
Medium and small	11.4	12.7	15.3	18.3	19.4	21.4	18.2	19.7	19.0
Nonmetropolitan counties:									
Micropolitan	12.8	13.7	16.4	20.7	21.9	23.8	18.2	19.8	19.7
Nonmicropolitan	13.6	14.4	17.1	23.2	22.6	25.8	19.9	20.0	19.8
Northeast:									
Metropolitan counties:									
Large central	7.7	8.3	10.4	18.7	18.1	18.3	16.3	19.1	19.4
Large fringe	7.0	6.6	8.5	12.5	11.4	12.7	13.4	13.1	15.9
Medium and small	9.0	8.8	11.6	11.0	11.4	12.5	14.1	14.1	13.3
Nonmetropolitan counties:									
Micropolitan	12.4	12.1	12.6	15.7	14.5	16.8	13.2	17.1	16.8
Nonmicropolitan	12.8	14.9	14.2	15.5	13.8	19.7	15.7	16.7	18.8
Midwest:									
Metropolitan counties:									
Large central	10.3	12.2	15.5	17.3	18.7	21.2	20.2	21.5	19.5
Large fringe	8.9	10.8	14.0	12.3	12.8	14.7	18.0	16.9	16.1
Medium and small	10.4	12.2	15.2	13.7	14.5	16.2	16.4	18.4	18.0
Nonmetropolitan counties:									
Micropolitan	11.2	11.3	15.6	15.6	15.6	18.8	16.0	16.8	18.8
Nonmicropolitan	11.1	12.0	14.9	18.0	15.8	18.5	19.9	18.9	18.4
South:									
Metropolitan counties:									
Large central	11.5	14.0	16.4	26.2	26.4	27.0	24.4	23.7	22.7
Large fringe	10.0	9.7	14.0	18.6	18.8	21.2	18.9	19.9	18.1
Medium and small	12.6	14.2	16.3	23.2	25.2	26.6	19.7	21.1	20.3
Nonmetropolitan counties:									
Micropolitan	12.8	14.0	16.7	24.5	26.5	28.1	20.6	22.1	19.6
Nonmicropolitan	15.0	14.9	18.6	27.7	26.4	29.0	20.6	21.2	19.2
West:									
Metropolitan counties:									
Large central	9.4	9.1	14.3	24.2	22.8	24.6	29.9	27.7	26.1
Large fringe	9.2	10.6	14.3	16.9	16.2	19.7	21.3	21.1	20.7
Medium and small	12.4	13.5	16.1	20.3	21.0	23.7	21.1	23.2	21.8
Nonmetropolitan counties:									
Micropolitan	16.4	20.1	21.5	24.8	27.9	26.8	20.5	21.4	24.8
Nonmicropolitan	16.5	18.4	19.6	*28.6	31.7	36.6	20.6	20.8	25.1
Age									
18–44 years:									
Metropolitan counties:									
Large central	9.9	11.0	14.3	26.8	26.3	27.8	27.5	27.0	26.7
Large fringe	9.1	9.5	12.7	18.6	18.9	21.6	20.6	20.7	20.3
Medium and small	11.7	13.1	15.2	22.2	23.9	26.0	20.9	23.7	22.8
Nonmetropolitan counties:									
Micropolitan	12.7	14.0	16.3	24.9	27.3	29.3	20.6	24.4	23.1
Nonmicropolitan	14.6	13.8	15.7	28.7	28.3	31.9	23.5	22.8	23.4
45–64 years:									
Metropolitan counties:									
Large central	9.8	10.8	14.7	14.7	15.3	17.2	17.6	18.3	16.9
Large fringe	8.5	8.9	12.5	9.9	9.7	11.5	12.6	13.2	13.6
Medium and small	11.1	12.1	15.4	12.3	12.9	15.0	14.0	13.7	13.7
Nonmetropolitan counties:									
Micropolitan	12.9	13.4	16.6	14.7	14.8	17.3	14.7	14.2	15.5
Nonmicropolitan	12.2	15.2	18.6	16.0	16.4	19.2	15.4	17.0	15.9

See footnotes at end of table.

Table 74 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#074.

[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*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*	*2002–2004*	*2005–2007*	*2009–2011*
Sex				Percent of population					
Men:									
Metropolitan counties:									
Large central	9.0	10.1	13.4	25.4	25.6	27.1	31.7	32.5	31.1
Large fringe	8.1	8.2	12.0	17.3	17.0	19.7	24.9	25.0	23.4
Medium and small	10.3	11.5	14.0	20.2	21.9	23.9	26.1	27.5	26.0
Nonmetropolitan counties:									
Micropolitan	11.4	12.2	15.1	22.3	23.4	26.7	24.5	27.1	26.6
Nonmicropolitan	12.4	12.2	15.5	25.1	23.4	27.4	27.9	26.1	28.3
Women:									
Metropolitan counties:									
Large central	10.7	11.7	15.5	19.9	19.1	20.4	16.6	15.5	14.8
Large fringe	9.6	10.2	13.2	13.2	13.2	14.8	10.3	10.7	11.3
Medium and small	12.5	13.9	16.5	16.5	17.1	19.0	10.6	12.1	12.3
Nonmetropolitan counties:									
Micropolitan	14.1	15.2	17.8	19.2	20.4	21.1	12.3	12.9	13.1
Nonmicropolitan	14.7	16.6	18.6	21.2	21.9	24.3	11.9	14.1	11.7
Hispanic origin and race[6]									
Hispanic or Latino:									
Metropolitan counties:									
Large central	9.9	10.7	15.2	42.9	41.7	42.5	36.6	34.0	32.8
Large fringe	11.7	11.5	16.0	41.0	40.9	41.4	31.1	33.9	29.9
Medium and small	11.0	13.9	17.2	40.5	42.9	43.1	31.4	32.5	31.8
Nonmetropolitan counties:									
Micropolitan	10.8	13.9	15.9	44.0	48.7	49.6	34.6	40.5	35.3
Nonmicropolitan	8.9	13.0	14.9	55.7	44.5	48.3	32.5	33.0	31.8
Not Hispanic or Latino:									
White only:									
Metropolitan counties:									
Large central	9.8	11.4	14.2	13.1	13.3	14.2	19.2	19.3	17.6
Large fringe	8.5	9.0	12.0	10.9	10.6	12.5	15.2	14.7	15.0
Medium and small	11.5	12.6	14.9	14.6	15.3	16.6	16.2	17.5	16.3
Nonmetropolitan counties:									
Micropolitan	13.0	13.7	16.2	17.7	18.5	20.2	16.7	17.4	17.9
Nonmicropolitan	13.9	14.6	17.2	20.6	19.3	22.5	19.0	18.9	18.7
Black or African American only:									
Metropolitan counties:									
Large central	11.4	12.2	16.5	21.9	22.2	25.1	18.3	19.9	19.6
Large fringe	9.6	9.5	14.6	20.7	18.5	21.5	18.1	17.9	17.2
Medium and small	11.9	13.5	17.4	24.6	24.7	26.7	18.7	19.3	19.7
Nonmetropolitan counties:									
Micropolitan	12.2	14.0	18.1	28.1	26.4	31.9	17.4	25.9	20.9
Nonmicropolitan	13.1	14.8	19.7	28.3	29.3	32.4	24.3	24.2	19.4
Percent of poverty level[7]									
Below 100%:									
Metropolitan counties:									
Large central	15.9	17.7	21.4	43.5	40.1	42.0	33.2	29.1	29.0
Large fringe	18.8	21.2	25.5	34.0	37.0	42.9	23.1	24.6	26.8
Medium and small	19.8	21.8	25.4	38.5	39.9	41.1	24.0	26.4	24.7
Nonmetropolitan counties:									
Micropolitan	19.5	22.6	24.9	39.1	42.2	40.7	21.1	25.2	25.0
Nonmicropolitan	22.8	24.3	27.1	44.7	43.4	43.6	23.7	23.4	20.1
100%–199%:									
Metropolitan counties:									
Large central	15.1	16.3	22.1	40.9	40.2	42.7	31.8	30.4	32.4
Large fringe	19.4	18.7	24.0	36.0	35.3	38.6	25.4	27.0	25.2
Medium and small	19.6	21.5	25.4	34.1	34.9	38.8	22.7	25.6	26.1
Nonmetropolitan counties:									
Micropolitan	20.3	21.7	23.7	33.2	36.9	38.7	21.4	23.3	22.8
Nonmicropolitan	21.1	20.4	24.4	35.1	35.0	40.5	23.9	24.2	22.4

See footnotes at end of table.

Table 74 (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 2009–2011

Updated data when available, Excel, PDF, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#074.

[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	2009–2011	2002–2004	2005–2007	2009–2011	2002–2004	2005–2007	2009–2011
Percent of poverty level[7]	Percent of population								
200%–399%:									
Metropolitan counties:									
Large central	10.5	12.0	15.4	23.3	23.5	23.5	24.8	26.1	24.0
Large fringe	10.9	11.3	15.5	18.6	18.5	19.7	19.5	20.6	20.0
Medium and small	11.7	12.8	15.4	17.0	17.5	20.5	18.5	20.5	19.8
Nonmetropolitan counties:									
Micropolitan	11.6	13.4	15.6	17.6	18.2	20.2	17.8	20.6	20.4
Nonmicropolitan	10.8	12.1	14.3	17.3	16.9	21.0	19.4	19.6	21.5
400% or more:									
Metropolitan counties:									
Large central	5.2	5.5	7.3	7.6	7.7	7.2	17.2	17.4	15.0
Large fringe	4.2	4.5	5.7	6.6	6.1	5.6	13.9	13.1	12.0
Medium and small	5.1	5.5	6.3	6.3	7.0	6.2	14.1	13.8	12.7
Nonmetropolitan counties:									
Micropolitan	5.8	5.3	6.9	7.0	7.5	6.8	15.0	14.3	13.2
Nonmicropolitan	6.0	7.1	8.1	9.0	8.2	8.2	15.3	15.1	15.2

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20%–30%.
[1]Urbanization 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.
[2]Based on persons responding to the question, "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?"
[3]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. See Appendix II, Health insurance coverage.
[4]This 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.
[5]See Appendix II, Geographic region.
[6]Persons 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.
[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. 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.

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 75. Reduced access to 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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#075.

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

State	Did not get or delayed medical care due to cost[1]			Did not get prescription drugs due to cost[2]			Did not get dental care due to cost[3]		
	1997–1998	2000–2001	2010–2011	1997–1998	2000–2001	2010–2011	1997–1998	2000–2001	2010–2011
	Percent								
Total, United States	7.9	7.5	10.6	4.5	5.3	8.0	8.1	8.4	13.2
Alabama	7.6	7.7	11.9	6.8	8.3	12.3	8.7	10.3	15.0
Arizona	8.0	7.4	14.4	4.1	4.6	11.1	9.4	8.4	20.6
California	6.8	6.6	10.4	3.9	4.7	7.2	8.3	8.1	15.0
Colorado	6.4	8.1	12.2	3.1	5.5	6.9	8.9	11.5	13.5
Florida	9.8	9.6	13.2	4.8	5.8	10.1	7.2	8.4	17.4
Georgia	8.0	7.7	12.1	4.2	4.0	9.7	5.8	5.3	13.8
Illinois	6.1	6.5	8.7	3.0	4.2	6.0	5.7	6.8	9.9
Indiana	9.0	8.6	12.0	5.1	6.8	11.9	7.2	6.9	12.2
Louisiana	9.8	11.1	11.4	8.7	9.8	12.0	11.3	16.4	18.0
Maryland	8.0	7.4	8.5	5.8	5.2	5.7	9.8	7.8	9.1
Massachusetts	5.1	4.3	5.1	*1.7	4.2	4.7	5.0	5.2	7.9
Michigan	7.2	7.0	11.4	3.8	5.1	9.8	7.5	7.9	15.9
Minnesota	8.1	7.0	10.3	3.6	3.9	6.0	8.7	8.3	10.7
Missouri	7.1	6.4	12.4	4.3	5.2	8.4	7.3	7.1	14.7
New Jersey	7.2	6.1	7.1	3.8	3.5	4.7	7.3	5.9	9.9
New York	6.4	5.8	6.9	2.8	3.8	5.4	5.6	7.5	7.8
North Carolina	7.8	7.9	11.3	4.0	5.8	7.9	8.2	7.9	12.4
Ohio	9.2	7.6	10.5	5.0	5.1	8.1	8.8	8.1	10.5
Pennsylvania	5.9	5.9	9.1	4.3	3.5	7.0	7.4	6.0	11.4
South Carolina	7.6	6.3	11.2	5.2	4.4	8.4	5.7	5.2	11.3
Tennessee	10.0	8.6	13.1	8.0	8.5	10.7	10.5	10.4	15.3
Texas	7.9	8.1	12.0	4.7	6.6	9.9	8.8	10.4	16.4
Virginia	6.2	7.2	9.3	4.1	5.2	6.9	8.3	7.4	9.6
Washington	8.6	9.2	13.0	4.8	6.8	8.3	11.6	11.9	17.6
Wisconsin	6.5	5.9	8.2	3.0	4.0	5.0	5.5	6.6	10.6

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

[1]Based on persons responding to the question, "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?"

[2]Based 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?"

[3]Based 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 population in 2010–2011. 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 76 (page 1 of 2). 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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#076.

[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	2010–2011	1997–1998	2001–2002	2010–2011	1997–1998	2001–2002	2010–2011
	Percent of children without a health care visit[1]								
All children[2]	12.8	12.1	9.1	5.7	6.3	4.8	16.3	14.9	11.3
Sex									
Male	12.9	12.3	9.3	4.9	6.4	5.3	16.8	15.1	11.4
Female	12.7	11.9	8.9	6.5	6.1	4.3	15.8	14.6	11.3
Race[3]									
White only	12.2	11.5	8.8	5.5	6.4	4.4	15.5	13.9	11.0
Black or African American only	14.3	13.3	9.3	6.5	5.9	6.1	18.1	16.8	11.0
American Indian or Alaska Native only	13.8	*18.6	13.3	*	*	*	*17.6	*23.0	16.7
Asian only	16.3	15.6	12.6	*5.6	*6.8	*6.1	22.1	20.5	16.1
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	8.3	8.5	---	*3.3	*5.7	---	12.4	10.5
Hispanic origin and race[3]									
Hispanic or Latino	19.3	18.8	12.6	9.7	9.6	6.7	25.3	24.0	16.4
Not Hispanic or Latino	11.6	10.6	8.0	4.8	5.4	4.2	14.9	13.0	9.9
White only	10.7	9.7	7.2	4.3	5.3	3.5	13.7	11.7	9.0
Black or African American only	14.5	13.4	9.3	6.5	6.0	5.9	18.3	16.8	11.1
Percent of poverty level[4]									
Below 100%	17.6	17.3	11.3	8.1	9.1	6.1	23.6	21.8	14.7
100%–199%	16.2	14.8	12.3	7.2	7.4	6.6	20.8	18.7	15.5
200%–399%	11.7	11.2	8.5	4.9	5.4	4.4	14.8	13.8	10.5
400% or more	7.4	7.7	5.0	3.0	4.1	2.1	9.5	9.3	6.2
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	7.2	31.1	29.4	18.5
100%–199%	20.9	21.3	14.0	9.7	12.3	7.8	28.1	26.2	17.8
200%–399%	15.7	15.5	10.9	8.0	*7.3	*4.8	19.7	20.0	14.5
400% or more	7.8	9.7	7.5	*	*	*	9.3	12.5	9.0
Not Hispanic or Latino:									
White only:									
Below 100%	14.0	13.2	7.4	*5.6	*8.6	*4.2	19.7	15.6	9.5
100%–199%	14.1	11.8	11.8	6.0	*6.0	*5.4	18.0	14.8	15.2
200%–399%	10.9	10.2	7.8	4.3	4.8	4.0	13.9	12.5	9.5
400% or more	7.2	7.4	4.3	*2.8	4.2	*1.6	9.1	8.6	5.4
Black or African American only:									
Below 100%	15.8	16.1	10.3	7.6	*7.8	*6.3	20.5	20.3	13.2
100%–199%	16.4	13.3	10.1	*7.7	*4.4	*	20.4	17.5	11.9
200%–399%	13.3	12.2	7.8	*4.9	*6.5	*	16.7	14.6	8.7
400% or more	8.3	8.9	7.3	*	*	*	10.7	11.5	8.7
Health insurance status at the time of interview[5]									
Insured	10.4	9.8	7.6	4.5	4.7	4.3	13.4	12.3	9.3
Private	10.4	9.5	6.8	4.3	4.3	3.2	13.1	11.8	8.4
Medicaid	10.1	10.3	8.7	5.0	5.5	5.5	14.4	13.3	10.9
Uninsured	28.8	31.9	27.8	14.6	21.0	14.1	34.9	36.3	32.6
Health insurance status prior to interview[5]									
Insured continuously all 12 months	10.3	9.5	7.4	4.4	4.6	4.1	13.2	12.0	9.1
Uninsured for any period up to 12 months	15.9	17.7	14.3	7.7	10.3	8.8	20.9	21.9	17.2
Uninsured more than 12 months	34.9	41.4	36.5	19.9	30.2	21.4	40.2	45.3	40.0

See footnotes at end of table.

Table 76 (page 2 of 2). 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 2010–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#076.

[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*	*2010–2011*	*1997–1998*	*2001–2002*	*2010–2011*	*1997–1998*	*2001–2002*	*2010–2011*
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	9.3	5.7	6.1	5.4	17.6	14.9	12.0
Uninsured for any period up to 12 months	19.9	21.8	13.6	*9.9	*14.4	*9.0	26.1	26.6	16.3
Uninsured more than 12 months	39.9	48.2	38.8	24.9	*28.0	*	45.2	55.7	42.1
100%–199%:									
Insured continuously all 12 months	12.6	10.9	9.1	4.8	4.2	5.5	16.7	14.5	11.2
Uninsured for any period up to 12 months	15.6	18.9	16.4	*8.7	*10.7	*8.9	20.2	23.2	20.5
Uninsured more than 12 months	33.7	41.3	39.9	21.3	35.4	*	37.9	43.6	44.4
200%–399%:									
Insured continuously all 12 months	10.5	10.0	7.4	4.5	4.6	3.9	13.2	12.4	9.1
Uninsured for any period up to 12 months	12.8	14.5	12.1	*	*7.1	*	17.2	18.7	14.6
Uninsured more than 12 months	29.9	30.8	30.4	*11.8	*24.2	*	36.5	32.9	31.9
400% or more:									
Insured continuously all 12 months	7.0	7.2	4.6	2.9	3.9	1.8	8.8	8.7	5.8
Uninsured for any period up to 12 months	*10.8	*11.4	*14.7	*	*	*	*15.1	*14.1	*
Uninsured more than 12 months	*28.8	*38.4	*24.7	*	*	*	*37.7	*40.3	*30.6
Geographic region									
Northeast	7.0	6.0	5.7	3.1	3.9	4.4	8.9	6.9	6.4
Midwest	12.2	10.3	7.7	5.9	5.1	3.5	15.3	12.8	9.8
South	14.3	14.0	9.0	5.6	7.0	4.7	18.5	17.4	11.3
West	16.3	16.0	12.8	7.9	8.1	6.6	20.7	20.0	16.1
Location of residence									
Within MSA[6]	12.3	11.7	9.0	5.4	6.1	4.9	15.9	14.5	11.2
Outside MSA[6]	14.6	13.5	9.5	6.9	6.9	4.3	17.9	16.3	12.2

* 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%.

- - - 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 77 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#077.

[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	2011	1997	2010	2011	1997	2010	2011	1997	2010	2011
	Percent distribution											
Total, age-adjusted[2,3]	16.5	15.6	15.5	46.2	45.4	46.8	23.6	25.8	24.7	13.7	13.2	13.0
Total, crude[2]	16.5	15.4	15.2	46.5	45.2	46.5	23.5	26.0	25.0	13.5	13.5	13.2
Age												
Under 18 years	11.8	8.1	8.3	54.1	55.6	57.3	25.2	28.2	27.0	8.9	8.2	7.4
Under 6 years	5.0	3.7	4.5	44.9	48.9	50.1	37.0	36.8	36.3	13.0	10.6	9.1
6–17 years	15.3	10.4	10.3	58.7	59.1	61.0	19.3	23.6	22.1	6.8	6.9	6.5
18–44 years	21.7	24.2	23.7	46.7	43.9	45.5	19.0	20.6	19.2	12.6	11.3	11.6
18–24 years	22.0	25.9	25.3	46.8	43.4	46.1	20.0	21.1	18.6	11.2	9.6	10.1
25–44 years	21.6	23.6	23.2	46.7	44.1	45.4	18.7	20.5	19.4	13.0	11.9	12.1
45–64 years	16.9	14.8	14.6	42.9	42.8	44.0	24.7	26.1	26.0	15.5	16.4	15.3
45–54 years	17.9	17.6	16.8	43.9	43.5	45.2	23.4	23.9	24.1	14.8	15.0	13.9
55–64 years	15.3	11.1	12.0	41.3	41.9	42.7	26.7	28.8	28.3	16.7	18.2	17.0
65 years and over	8.9	5.3	5.5	34.7	33.8	34.0	32.5	36.7	35.8	23.8	24.2	24.7
65–74 years	9.8	6.3	6.2	36.9	36.1	36.0	31.6	35.7	34.9	21.6	21.9	22.9
75 years and over	7.7	4.1	4.7	31.8	31.0	31.5	33.8	38.0	37.0	26.6	27.0	26.8
Sex[3]												
Male	21.3	20.4	20.0	47.1	46.4	47.8	20.6	22.7	21.9	11.0	10.5	10.3
Female	11.8	10.9	11.0	45.4	44.4	45.9	26.5	28.8	27.6	16.3	15.9	15.5
Race[3,4]												
White only	16.0	15.3	15.2	46.1	44.9	46.4	23.9	26.1	25.1	14.0	13.7	13.2
Black or African American only	16.8	15.7	15.0	46.1	47.2	47.6	23.2	24.7	24.3	13.9	12.4	13.1
American Indian or Alaska Native only	17.1	19.4	18.6	38.0	40.3	47.5	24.2	28.1	22.2	20.7	12.2	11.7
Asian only	22.8	20.4	20.4	49.1	49.9	49.8	19.7	22.1	22.1	8.3	7.6	7.8
Native Hawaiian or Other Pacific Islander only	- - -	*	*	- - -	*	*	- - -	*	*	- - -	*	*
2 or more races	- - -	13.9	14.0	- - -	42.3	45.7	- - -	25.2	24.3	- - -	18.6	15.9
Hispanic origin and race[3,4]												
Hispanic or Latino	24.9	23.5	23.3	42.3	43.2	43.7	20.3	22.6	22.6	12.5	10.7	10.4
Mexican	28.9	25.2	25.6	40.8	43.3	42.8	18.5	21.4	21.8	11.8	10.1	9.9
Not Hispanic or Latino	15.4	14.0	13.9	46.7	45.8	47.4	24.0	26.5	25.2	13.9	13.7	13.4
White only	14.7	13.2	13.1	46.6	45.3	47.1	24.4	27.1	25.9	14.3	14.4	13.9
Black or African American only	16.9	15.6	14.8	46.1	47.3	47.9	23.1	24.9	24.3	13.8	12.2	13.0
Percent of poverty level[3,5]												
Below 100%	20.6	20.4	18.9	37.8	37.5	39.5	22.7	25.1	24.7	18.9	17.0	16.9
100%–199%	20.1	20.8	21.1	43.3	42.1	42.7	21.7	23.1	22.7	14.9	13.9	13.5
200%–399%	16.4	16.2	15.7	47.2	46.3	48.1	23.6	25.4	23.8	12.8	12.1	12.4
400% or more	12.8	10.2	10.5	49.8	49.4	51.0	24.9	27.6	26.8	12.5	12.7	11.7

See footnotes at end of table.

Table 77 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#077.

[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	2011	1997	2010	2011	1997	2010	2011	1997	2010	2011
Hispanic origin and race and percent of poverty level[3,4,5]	Percent distribution											
Hispanic or Latino:												
Below 100%	30.2	28.7	26.4	34.8	36.5	38.6	19.9	22.5	21.8	15.0	12.3	13.2
100%–199%	28.7	27.7	29.2	39.7	42.7	41.4	20.4	19.9	20.1	11.2	9.8	9.3
200%–399%	20.7	21.6	19.6	47.4	45.0	45.9	19.8	23.1	24.1	12.1	10.3	10.3
400% or more	15.2	11.3	14.1	50.4	51.1	52.1	22.6	26.1	24.3	11.8	11.5	9.5
Not Hispanic or Latino:												
White only:												
Below 100%	17.0	15.0	15.6	38.3	37.0	38.8	23.9	27.4	26.5	20.9	20.6	19.2
100%–199%	17.3	18.4	17.9	44.1	40.4	42.8	22.2	24.7	23.5	16.3	16.5	15.7
200%–399%	15.4	14.7	14.4	46.9	46.0	47.7	24.3	26.3	24.2	13.4	13.0	13.7
400% or more	12.5	9.9	9.8	49.1	48.2	50.2	25.5	28.4	27.8	13.0	13.5	12.2
Black or African American only:												
Below 100%	17.4	18.4	15.2	38.5	39.8	40.2	23.4	25.0	26.5	20.7	16.8	18.2
100%–199%	18.8	17.6	17.2	43.7	45.7	45.5	22.9	24.3	24.2	14.5	12.5	13.0
200%–399%	16.6	15.1	15.7	49.7	49.0	51.4	22.9	25.7	23.0	10.8	10.2	9.8
400% or more	14.0	10.0	10.4	54.3	58.2	54.7	22.7	22.5	23.2	9.0	9.3	11.6
Health insurance status at the time of interview[6,7]												
Under 65 years:												
Insured	14.3	12.3	12.4	49.0	48.5	50.3	23.6	26.1	24.9	13.1	13.1	12.4
Private	14.7	12.4	12.7	50.6	51.0	53.1	23.1	25.5	24.2	11.6	11.1	9.9
Medicaid	9.8	10.9	10.6	35.5	38.2	40.0	26.5	28.0	26.4	28.2	23.0	23.0
Uninsured	33.7	37.2	37.1	42.8	42.2	43.5	15.3	15.2	13.9	8.2	5.4	5.5
Health insurance status prior to interview[6,7]												
Under 65 years:												
Insured continuously all 12 months	14.1	12.1	12.2	49.2	48.6	50.5	23.6	26.2	25.0	13.0	13.0	12.3
Uninsured for any period up to 12 months	18.9	18.5	19.0	46.0	47.8	47.3	20.8	22.0	21.5	14.4	11.6	12.2
Uninsured more than 12 months	39.0	43.8	43.0	41.4	39.7	41.7	13.2	12.6	11.2	6.4	3.9	4.1
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	13.0	39.7	39.5	40.6	25.2	27.5	27.2	21.4	20.3	19.2
Uninsured for any period up to 12 months	19.7	16.9	18.0	37.6	43.0	45.0	21.9	25.0	19.8	20.9	15.1	17.2
Uninsured more than 12 months	41.2	45.0	41.6	39.9	38.1	40.9	12.2	13.6	12.1	6.6	3.3	5.3
100%–199%:												
Insured continuously all 12 months	16.0	14.8	13.6	46.4	44.4	47.1	21.9	24.8	24.4	15.8	16.0	14.9
Uninsured for any period up to 12 months	18.8	21.0	22.1	45.1	46.0	42.8	21.0	20.6	22.3	15.0	12.4	12.9
Uninsured more than 12 months	38.7	43.2	46.4	41.0	39.4	40.3	14.0	12.4	10.0	6.3	5.0	3.3
200%–399%:												
Insured continuously all 12 months	15.1	13.6	13.2	49.4	49.4	51.1	23.4	25.3	23.8	12.1	11.7	12.0
Uninsured for any period up to 12 months	17.9	18.8	18.5	49.3	49.7	51.6	20.0	19.7	20.7	12.8	11.8	9.2
Uninsured more than 12 months	37.0	43.8	40.6	43.8	40.7	43.5	12.6	13.3	11.6	6.6	*2.2	4.3
400% or more:												
Insured continuously all 12 months	12.4	9.7	10.3	52.2	51.8	53.8	23.9	26.8	25.6	11.5	11.6	10.3
Uninsured for any period up to 12 months	17.2	16.6	17.1	50.0	53.5	50.5	24.2	23.9	22.6	*8.5	*6.0	9.8
Uninsured more than 12 months	35.1	39.2	37.5	44.1	46.0	47.0	15.1	*8.8	13.4	*5.7	*	*
Respondent-assessed health status[3]												
Fair or poor	7.8	8.4	10.3	23.3	24.0	23.0	29.0	30.2	28.0	39.9	37.3	38.7
Good to excellent	17.2	16.3	16.2	48.4	47.5	49.2	23.3	25.5	24.4	11.1	10.7	10.3

See footnotes at end of table.

Table 77 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#077.

[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	2011	1997	2010	2011	1997	2010	2011	1997	2010	2011
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	10.3	32.0	30.9	30.1	27.9	29.3	29.6	29.1	28.3	30.0
Any basic actions difficulty	11.1	11.5	10.1	31.9	30.3	30.1	27.5	29.2	29.8	29.4	29.0	30.0
Any complex activity limitation	7.1	6.9	6.9	23.7	23.0	21.5	27.5	29.1	27.2	41.7	41.0	44.3
No disability	20.9	20.5	20.6	49.6	47.5	49.7	20.8	23.4	21.8	8.7	8.5	7.8
Geographic region[3]												
Northeast	13.2	12.6	13.0	45.9	46.3	47.0	26.0	26.4	26.2	14.9	14.7	13.8
Midwest	15.9	13.4	13.6	47.7	46.8	49.2	22.8	26.4	24.2	13.6	13.3	13.0
South	17.2	16.1	15.4	46.1	44.2	45.5	23.3	26.6	25.7	13.5	13.2	13.4
West	19.1	19.1	19.3	44.8	45.2	46.5	22.8	23.5	22.7	13.3	12.2	11.5
Location of residence[3]												
Within MSA[9]	16.2	15.6	15.4	46.4	45.8	47.4	23.7	25.6	24.5	13.7	13.0	12.7
Outside MSA[9]	17.3	15.9	15.7	45.4	42.7	43.6	23.3	27.0	26.2	13.9	14.4	14.5

- - - 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]This table presents 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.
[2]Includes all other races not shown separately, unknown health insurance status, and unknown disability status.
[3]Estimates are age-adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. The disability measure is age-adjusted using the five adult age groups. 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. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.
[6]Estimates 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.
[7]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, 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.
[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]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, 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 78 (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 1995–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#078.

[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	All	Race and Hispanic origin[1]							Poverty level		Location of residence		
		Not Hispanic or Latino									Inside MSA[2]		
		White	Black or African American	American Indian or Alaska Native	Asian[3]	Native Hawaiian or Other Pacific Islander[3]	2 or more races	Hispanic or Latino	Below poverty level	At or above 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
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
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
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
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

See footnotes at end of table.

Table 78 (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 1995–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#078.

[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	All	Race and Hispanic origin[1]							Poverty level		Location of residence		
		Not Hispanic or Latino						Hispanic or Latino	Below poverty level	At or above poverty level	Inside MSA[2]		Outside MSA[2]
		White	Black or African American	American Indian or Alaska Native	Asian[3]	Native Hawaiian or Other Pacific Islander[3]	2 or more races				Central city	Remaining area	
	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
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
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
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
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

See footnotes at end of table.

Table 78 (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 1995–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#078.

[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				Hispanic or Latino	
	White		Black or African American			
	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

- - - 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.
[1]Persons 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.
[2]MSA is metropolitan statistical area. See Appendix II, Metropolitan statistical area (MSA).
[3]Prior to data year 2002, the category Asian included Native Hawaiian and Other Pacific Islander.
[4]The 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.
[5]Diphtheria 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.
[7]Recommended in 1996. Data collection for varicella began in July 1996.
[8]PCV 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.
[9]Rotavirus 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 2011, 5.9% of all 19,144 children with provider-reported vaccination history data, 9.5% of Hispanic, 3.6% of non-Hispanic white, and 6.5% of non-Hispanic black children were missing information about poverty level and were omitted from the estimates of vaccination coverage by poverty level. See Appendix II, Poverty. See Appendix I, National Immunization Survey (NIS). Additional information on childhood immunizations is available from: http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable. Data for additional years are available. See Appendix III.

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 79 (page 1 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2011

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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 coverage	2006[1]	2007[1]	2008	2009	2010	2011
			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
Hepatitis B (3 doses or more)	81.3	87.6	87.9	89.9	91.6	92.3
History of varicella or received varicella vaccine (2 doses or more)[2]	- - -	- - -	73.5	75.7	76.8	79.9
Td or Tdap (1 dose or more)[3]	60.1	72.3	72.2	76.2	81.2	85.3
Tdap (1 dose or more)[3]	10.8	30.4	40.8	55.6	68.7	78.2
Meningococcal conjugate vaccine (MenACWY) (1 dose or more)[4]	11.7	32.4	41.8	53.6	62.7	70.5
Human papillomavirus (HPV) (1 dose or more among females)	- - -	25.1	37.2	44.3	48.7	53.0
Human papillomavirus (HPV) (3 doses or more among females)	- - -	- - -	17.9	26.7	32.0	34.8
Human papillomavirus (HPV) (1 dose or more among males)	. . .	. . .	. . .	. . .	. . .	8.3
Human papillomavirus (HPV) (3 doses or more among males)	. . .	. . .	. . .	. . .	. . .	1.3

	Race and Hispanic origin[5]					Poverty level[6]		Location of residence		
	Not Hispanic or Latino							Inside MSA[7]		
Vaccination coverage, 2011	White	Black or African American	American Indian or Alaska Native	Asian	Hispanic or Latino	Below poverty level	At or above poverty level	Central city	Remaining area	Outside MSA[7]
					Percent of adolescents aged 13–17					
Measles, mumps, rubella (2 doses or more)	91.4	90.6	81.1	94.6	90.6	90.3	91.4	90.5	91.7	91.1
Hepatitis B (3 doses or more)	92.8	91.7	89.1	91.9	91.7	91.4	92.6	91.3	93.3	91.9
Varicella (2 doses or more)[2]	67.3	65.3	61.8	74.8	71.4	67.2	68.4	70.9	69.0	58.0
Td or Tdap (1 dose or more)[3]	85.1	83.1	80.8	89.6	86.7	81.5	86.5	87.3	86.2	77.7
Tdap (1 dose or more)[3]	78.6	75.7	72.3	83.8	78.4	74.0	79.5	80.2	78.7	71.6
Meningococcal conjugate vaccine (MenACWY) (1 dose or more)[4]	68.4	72.1	64.4	76.0	75.3	69.0	70.7	73.9	72.5	56.1
Human papillomavirus (HPV) (1 dose or more among females)	47.5	56.0	59.4	55.8	65.0	62.1	50.1	56.9	53.1	43.1
Human papillomavirus (HPV) (3 doses or more among females)	33.0	31.7	37.8	35.0	41.6	39.0	33.4	37.1	35.4	27.3
Human papillomavirus (HPV) (1 dose or more among males)	5.6	10.6	*	*	14.9	14.1	6.7	10.3	7.2	6.4
Human papillomavirus (HPV) (3 doses or more among males)	0.8	*	*	*	2.7	2.5	1.1	1.8	1.1	1.0

- - - 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.
[1]For 2006 and 2007, data were only collected in the 4th quarter of the year. Starting with 2008, data were collected for the entire year.
[2]Varicella is chickenpox.
[3]Td 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.
[4]Includes persons receiving MenACWY or meningococcal-unknown type vaccine.
[5]Persons 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.
[6]Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2011, less than 4% (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.
[7]MSA is metropolitan statistical area. See Appendix II, Metropolitan statistical area (MSA).

See notes at end of table.

Table 79 (page 2 of 2). Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2006–2011

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.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]

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), 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/recs/schedules/child-schedule.htm#printable.

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 80 (page 1 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#080.

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

Characteristic	1989	1995	2000	2005	2008	2009	2010	2011
	Percent receiving influenza vaccination during past 12 months[1]							
18 years and over, age-adjusted[2,3]	9.6	23.7	28.7	21.6	32.1	34.1	35.1	37.1
18 years and over, crude[3]	9.1	23.0	28.4	21.4	32.6	34.7	35.8	37.9
Age								
18–49 years	3.4	13.1	17.1	10.7	20.1	23.0	25.2	27.2
50 years and over	19.9	41.9	47.9	38.1	50.7	51.1	50.5	52.4
50–64 years	10.6	27.0	34.6	23.0	39.6	40.7	41.6	42.7
65 years and over	30.4	58.2	64.4	59.7	67.2	66.8	63.9	66.9
65–74 years	28.0	54.9	61.1	53.7	60.9	61.5	60.5	63.0
75 years and over	34.2	63.0	68.4	66.3	74.3	73.2	68.2	71.9
50 years and over								
Sex								
Male	19.2	40.2	45.9	34.7	47.6	49.2	47.4	49.3
Female	20.6	43.4	49.5	40.9	53.5	52.8	53.2	55.1
Race[4]								
White only	20.9	43.6	49.8	39.7	52.1	52.4	51.5	53.8
Black or African American only	12.5	28.2	33.2	26.9	41.1	41.7	40.4	40.8
American Indian or Alaska Native only	26.2	*	43.6	*22.9	49.3	42.8	54.7	51.2
Asian only	*9.2	35.6	43.3	30.6	47.1	50.4	55.9	53.4
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*
2 or more races	---	---	50.7	30.4	46.3	47.7	49.8	47.7
Hispanic origin and race[4]								
Hispanic or Latino	13.2	33.8	34.4	24.7	38.0	40.3	40.6	43.2
Mexican	13.0	35.4	33.0	26.1	36.5	40.4	41.3	44.9
Not Hispanic or Latino	20.3	42.4	48.8	39.1	51.9	52.1	51.5	53.3
White only	21.3	44.3	50.6	41.0	53.6	53.7	52.7	54.9
Black or African American only	12.4	28.5	33.2	26.9	41.0	41.7	40.0	41.0
Percent of poverty level[5]								
Below 100%	19.6	39.7	44.1	35.8	44.4	45.2	37.5	42.8
100%–199%	24.0	43.2	50.7	41.2	52.0	49.4	47.6	50.4
200%–399%	20.5	43.7	51.5	42.1	51.8	52.6	51.2	53.9
400% or more	17.5	39.3	44.3	33.9	50.8	52.0	54.3	54.5
Hispanic origin and race and percent of poverty level[4,5]								
Hispanic or Latino:								
Below 100%	12.7	29.7	35.8	22.3	37.0	42.2	36.3	37.9
100%–199%	20.4	34.7	35.6	27.5	41.3	32.4	36.6	43.2
200%–399%	12.7	34.2	33.7	22.3	34.5	41.1	41.8	43.7
400% or more	*9.8	39.1	32.2	26.6	39.9	48.7	47.7	47.8
Not Hispanic or Latino:								
White only:								
Below 100%	22.5	44.4	48.6	42.2	49.3	49.8	38.7	46.1
100%–199%	26.1	46.7	54.8	46.1	57.0	54.3	51.1	53.0
200%–399%	21.6	45.4	54.6	46.4	54.6	55.0	53.4	56.4
400% or more	18.1	40.8	46.0	35.1	52.3	53.3	54.9	56.0
Black or African American only:								
Below 100%	14.6	31.8	35.5	28.9	36.7	37.8	32.4	36.4
100%–199%	12.0	28.3	37.9	27.4	38.4	41.8	39.2	42.3
200%–399%	14.1	29.0	31.0	25.7	44.1	45.1	42.6	43.5
400% or more	*8.8	*20.0	28.7	26.2	42.9	41.0	44.4	40.6

See footnotes at end of table.

Table 80 (page 2 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#080.

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

Characteristic	1989	1995	2000	2005	2008	2009	2010	2011
Disability measure[6]	Percent receiving influenza vaccination during past 12 months[1]							
Any basic actions difficulty or complex activity limitation	- - -	- - -	55.2	46.5	57.2	56.9	54.5	58.6
Any basic actions difficulty	- - -	- - -	55.3	46.7	57.6	57.1	54.8	59.0
Any complex activity limitation	- - -	- - -	57.1	50.3	58.9	58.8	55.3	60.3
No disability	- - -	- - -	41.3	29.7	44.8	46.0	47.0	46.7
Geographic region								
Northeast	17.9	39.7	45.9	38.4	52.7	52.0	52.4	54.0
Midwest	20.0	43.2	49.3	39.9	53.7	52.9	51.8	51.7
South	20.2	41.4	46.8	37.3	49.4	50.9	49.3	52.7
West	21.8	43.8	50.1	36.8	48.1	48.8	49.5	51.2
Location of residence								
Within MSA[7]	18.9	41.6	47.1	37.2	50.2	51.0	50.8	52.3
Outside MSA[7]	23.3	42.9	50.2	41.0	53.0	51.6	49.3	52.7

* 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.

[1]Questions 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.

[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 disability status, and unknown poverty level in 1989.

[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 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.

[6]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.

[7]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 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 Appendix III.

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 81 (page 1 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#081.

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

Characteristic	1989	1995	2000	2005	2008	2009	2010	2011
	Percent of adults ever receiving pneumococcal vaccination[1]							
18 years and over, age-adjusted[2,3]	4.6	12.0	15.4	16.7	18.3	19.0	19.0	20.4
18 years and over, crude[3]	4.4	11.7	15.1	16.5	18.5	19.3	19.6	21.1
Age								
18–49 years	2.1	6.5	5.4	5.8	6.8	7.5	7.3	8.8
50–64 years	4.4	10.0	14.7	17.1	18.5	19.2	21.0	20.9
65 years and over	14.1	34.0	53.1	56.2	60.0	60.6	59.7	62.3
65–74 years	13.1	31.4	48.2	49.4	52.5	54.6	54.6	56.0
75 years and over	15.7	37.8	59.1	63.9	68.7	68.0	66.0	70.0
High-risk group[4]								
Total, 18–64 years	---	---	18.3	22.6	24.9	17.4	18.3	20.0
18–49 years	---	---	12.2	15.0	16.0	11.2	10.6	13.6
50–64 years	---	---	26.0	30.6	33.9	28.2	30.8	30.1
65 years and over								
Sex								
Male	13.9	34.6	52.1	53.4	56.4	59.2	57.6	59.5
Female	14.3	33.6	53.9	58.4	62.8	61.7	61.3	64.5
Race[5]								
White only	14.8	35.3	55.6	58.4	62.5	63.1	61.6	64.7
Black or African American only	6.4	21.9	30.6	40.2	44.1	44.2	45.5	47.5
American Indian or Alaska Native only	31.2	*	70.1	*	66.9	*	*48.5	53.0
Asian only	*	*23.4	40.9	35.0	45.7	44.8	47.9	40.3
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*
2 or more races	---	---	55.6	64.8	*35.9	67.9	65.5	77.1
Hispanic origin and race[5]								
Hispanic or Latino	9.8	23.2	30.4	27.5	36.4	40.1	39.0	43.1
Mexican	12.9	*18.8	32.0	31.3	39.5	42.8	41.4	47.1
Not Hispanic or Latino	14.3	34.5	54.4	58.1	61.8	62.2	61.3	63.8
White only	15.0	35.9	56.8	60.6	64.5	64.8	63.5	66.5
Black or African American only	6.2	21.8	30.6	40.4	44.5	44.7	46.2	47.6
Percent of poverty level[6]								
Below 100%	11.2	28.7	40.6	46.7	46.5	48.5	42.6	49.6
100%–199%	15.1	30.7	51.4	54.5	59.5	60.6	57.2	60.3
200%–399%	15.1	36.1	55.8	60.8	61.4	62.9	62.2	63.4
400% or more	15.5	39.5	56.9	55.3	62.8	61.5	64.0	66.4
Hispanic origin and race and percent of poverty level[5,6]								
Hispanic or Latino:								
Below 100%	*	*14.1	23.8	20.9	*25.7	32.6	30.2	34.8
100%–199%	*11.0	*15.6	32.3	26.9	32.9	41.8	36.9	49.3
200%–399%	*11.1	*34.4	37.6	35.2	44.8	40.0	45.8	39.2
400% or more	*	*55.1	*26.4	*25.2	42.4	49.1	43.0	49.1
Not Hispanic or Latino:								
White only:								
Below 100%	13.3	32.5	47.9	55.6	60.4	61.0	51.1	60.3
100%–199%	16.0	33.5	56.1	60.5	66.3	66.3	61.3	64.6
200%–399%	15.7	37.1	57.6	64.1	64.5	66.3	64.9	66.9
400% or more	15.9	39.3	59.5	57.4	64.1	62.9	66.0	68.6
Black or African American only:								
Below 100%	*5.0	*22.6	28.8	42.3	37.6	33.8	34.9	39.5
100%–199%	7.8	*20.9	28.1	36.6	43.5	46.9	46.4	45.6
200%–399%	*5.9	*21.7	35.5	41.6	44.5	49.3	51.8	54.2
400% or more	*	*	*32.6	44.6	56.5	45.8	50.1	49.1

See footnotes at end of table.

Table 81 (page 2 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#081.

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

Characteristic	1989	1995	2000	2005	2008	2009	2010	2011
Any basic actions difficulty or complex activity limitation[7]	Percent of adults ever receiving pneumococcal vaccination[1]							
Any basic actions difficulty or complex activity limitation	- - -	- - -	56.6	61.6	64.9	65.9	63.9	67.0
Any basic actions difficulty	- - -	- - -	56.8	61.6	65.1	66.0	64.2	67.3
Any complex activity limitation	- - -	- - -	58.0	63.3	67.0	67.8	65.2	66.7
No disability	- - -	- - -	48.0	47.8	53.4	53.1	53.3	55.6
Geographic region								
Northeast	10.4	28.2	51.2	55.8	60.9	58.5	56.7	60.0
Midwest	13.7	31.0	52.6	58.5	63.8	58.4	61.2	65.6
South	14.9	35.9	51.3	57.4	59.8	61.9	60.9	63.2
West	17.9	41.1	59.7	51.4	55.4	63.0	58.9	59.5
Location of residence								
Within MSA[8]	13.1	33.8	52.4	55.1	59.1	60.0	58.8	61.7
Outside MSA[8]	17.1	34.8	55.4	59.8	63.2	62.9	63.3	64.6

- - - 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 the 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 group also includes persons who reported asthma or cigarette smoking, to be consistent with the revised ACIP recommendation. For more information on high-risk groups, see the 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. Pneumococcal vaccination among adults aged 19–64 is recommended for those with other risk factors (medical, occupational, lifestyle, or other indications). For information on high-risk groups, see the ACIP recommendation available from: http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf. 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 Appendix III.

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 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/contents2012.htm#082.

[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 82 (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/contents2012.htm#082.

[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 82 (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/contents2012.htm#082.

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

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* 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]Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. See Appendix II, Mammography.
[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 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.
[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 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.
[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 (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: 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 Appendix III.

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 83 (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/contents2012.htm#083.

[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 83 (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/contents2012.htm#083.

[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 83 (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/contents2012.htm#083.

[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 83 (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/contents2012.htm#083.

[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 83 (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/contents2012.htm#083.

[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. 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: 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 Appendix III.

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 84 (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/contents2012.htm#084.

[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 84 (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/contents2012.htm#084.

[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%.
[1]Includes 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.
[2]Questions differed slightly on the National Health Interview Survey across the years for which data are shown. See Appendix II, Colorectal tests or procedures.
[3]Includes any colonoscopy in the past 10 years, alone or in addition to another type of colorectal test or procedure.
[4]Includes all other races not shown separately, unknown disability status, and unknown education level.
[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 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]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.
[7]GED is General Educational Development high school equivalency diploma. 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]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 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 85 (page 1 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#085.

[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	2011	1997	2010	2011	1997	2010	2011
	Percent of children with one or more emergency department visits[1]								
All children[2]	19.9	22.1	18.5	24.3	27.8	24.2	17.7	19.1	15.6
Sex									
Male	21.5	23.3	18.9	25.2	29.3	25.1	19.6	20.1	15.7
Female	18.3	20.9	18.1	23.3	26.3	23.3	15.7	18.2	15.4
Race[3]									
White only	19.4	21.2	17.9	22.6	26.6	22.7	17.8	18.4	15.5
Black or African American only	24.0	27.6	22.6	33.1	34.0	30.7	19.4	24.2	18.2
American Indian or Alaska Native only	*24.1	20.9	21.9	*24.3	*35.4	*33.7	*24.0	*	*16.8
Asian only	12.6	15.0	9.3	20.8	18.4	17.7	8.6	13.3	4.7
Native Hawaiian or Other Pacific Islander only	- - -	*	*	- - -	*	*	- - -	*	*
2 or more races	- - -	27.2	24.1	- - -	34.9	31.7	- - -	21.6	19.0
Hispanic origin and race[3]									
Hispanic or Latino	21.1	23.6	19.2	25.7	30.2	25.3	18.1	19.4	15.5
Not Hispanic or Latino	19.7	21.7	18.3	24.0	27.0	23.8	17.6	19.0	15.6
White only	19.2	20.4	17.6	22.2	25.1	21.7	17.7	18.2	15.7
Black or African American only	23.6	27.2	22.8	32.7	34.4	31.2	19.2	23.3	18.3
Percent of poverty level[4]									
Below 100%	25.1	30.6	24.9	29.5	35.4	30.0	22.2	27.6	21.4
100%–199%	22.0	25.7	19.8	28.0	31.6	27.4	19.0	22.3	15.9
200%–399%	18.0	18.4	15.9	21.4	22.7	20.5	16.4	16.4	13.6
400% or more	16.3	15.9	14.6	19.1	21.7	18.5	15.1	13.3	12.9
Hispanic origin and race and percent of poverty level[3,4]									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	21.9	27.0	21.5	25.0	32.0	26.5	19.6	23.4	18.0
100%–199%	20.8	23.3	18.8	28.8	31.6	27.3	15.6	18.0	13.9
200%–399%	21.4	19.5	17.7	24.6	25.2	22.5	19.6	16.1	14.9
400% or more	17.7	21.4	15.4	*20.2	28.6	*18.9	16.4	18.0	14.0
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	25.5	33.7	27.8	27.2	37.4	30.9	24.4	31.6	25.8
100%–199%	22.3	26.3	20.4	25.8	29.2	25.3	20.7	24.7	18.0
200%–399%	17.8	17.6	15.1	20.9	21.2	18.0	16.3	15.9	13.7
400% or more	16.5	15.5	14.6	19.0	21.0	18.6	15.4	13.2	13.0
Black or African American only:									
Percent of poverty level:									
Below 100%	29.3	32.4	27.1	39.5	41.6	31.3	23.0	26.6	23.9
100%–199%	22.5	27.5	22.2	31.7	34.5	34.2	18.5	23.7	17.4
200%–399%	18.5	22.3	19.9	23.9	24.6	32.9	16.3	21.4	14.4
400% or more	16.1	18.9	15.2	*18.8	*24.1	*19.6	15.2	16.1	13.5
Health insurance status at the time of interview[5]									
Insured	19.8	22.3	18.8	24.4	28.1	24.4	17.5	19.2	15.9
Private	17.5	17.1	14.9	20.9	21.8	18.8	15.9	14.9	13.2
Medicaid	28.2	30.0	24.4	33.0	35.5	30.2	24.1	26.4	20.2
Uninsured	20.2	19.4	13.8	23.0	24.0	20.1	18.9	17.6	12.0
Health insurance status prior to interview[5]									
Insured continuously all 12 months	19.6	22.2	18.6	24.1	28.1	23.9	17.3	19.1	15.7
Uninsured for any period up to 12 months	24.0	23.7	22.9	27.1	28.0	32.1	21.9	21.3	18.3
Uninsured more than 12 months	18.4	17.6	9.2	19.3	*21.3	*	18.1	16.7	9.0

See footnotes at end of table.

Table 85 (page 2 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#085.

[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	2011	1997	2010	2011	1997	2010	2011
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	25.3	30.9	36.3	30.1	22.8	28.7	21.7
Uninsured for any period up to 12 months	26.5	30.3	28.7	29.7	34.7	33.9	24.4	27.5	25.7
Uninsured more than 12 months	17.5	*19.6	*	*16.0	*	*	18.0	*16.0	*
100%–199%:									
Insured continuously all 12 months	21.8	26.2	20.3	28.0	32.4	26.9	18.6	22.4	16.8
Uninsured for any period up to 12 months	24.5	28.4	23.3	29.7	30.9	35.3	21.0	27.0	17.1
Uninsured more than 12 months	19.5	17.6	*8.4	*22.5	*	*	18.6	*17.2	*
200%–399%:									
Insured continuously all 12 months	17.7	18.4	15.9	21.2	22.8	20.1	16.1	16.3	13.7
Uninsured for any period up to 12 months	21.1	16.2	18.6	*19.5	*22.7	*27.6	22.1	*12.6	*14.7
Uninsured more than 12 months	19.2	*17.4	*11.0	*22.7	*	*	17.6	*18.7	*11.1
400% or more:									
Insured continuously all 12 months	16.2	16.1	14.6	18.9	22.0	18.5	15.1	13.5	12.9
Uninsured for any period up to 12 months	*19.2	*	*17.3	*	*	*	*	*	*
Uninsured more than 12 months	*	*	*	*	*	*	*	*	*
Geographic region									
Northeast	18.5	22.3	19.1	20.7	27.8	23.8	17.4	19.6	16.8
Midwest	19.5	23.3	19.0	26.0	28.8	24.5	16.4	20.7	16.1
South	21.8	23.4	19.8	25.6	30.4	25.5	19.9	19.5	16.8
West	18.5	19.1	15.7	23.5	23.3	22.2	15.9	16.8	12.3
Location of residence									
Within MSA[6]	19.7	21.8	17.9	23.9	27.7	23.9	17.4	18.6	14.8
Outside MSA[6]	20.8	24.2	21.9	26.2	28.6	25.8	18.6	22.1	19.8
	Percent of children with two or more emergency department visits[1]								
All children[2]	7.1	8.4	5.9	9.6	10.8	8.6	5.8	7.2	4.5
Sex									
Male	7.3	8.5	5.4	9.9	11.3	8.8	6.0	7.0	3.6
Female	6.9	8.3	6.4	9.4	10.3	8.3	5.7	7.3	5.4
Race[3]									
White only	6.6	7.6	5.3	8.4	10.1	7.6	5.7	6.3	4.2
Black or African American only	9.6	12.6	8.4	14.9	15.7	12.9	6.9	11.0	6.0
American Indian and Alaska Native only	*	*	*8.6	*	*	*	*	*	*8.3
Asian only	*5.7	7.3	*2.9	*12.9	*	*5.8	*	*7.1	*
Native Hawaiian and Other Pacific Islander only	- - -	*	*	- - -	*	*	- - -	*	*
2 or more races	- - -	10.3	9.1	- - -	*11.7	12.2	- - -	*9.2	*7.0
Hispanic origin and race[3]									
Hispanic or Latino	8.9	8.6	6.5	11.8	11.7	9.5	7.0	6.6	4.7
Not Hispanic or Latino	6.8	8.4	5.7	9.2	10.5	8.2	5.7	7.3	4.4
White only	6.2	7.4	5.1	7.8	9.3	6.9	5.5	6.4	4.2
Black or African American only	9.3	12.3	8.4	14.6	15.8	13.2	6.8	10.4	5.9
Percent of poverty level[4]									
Below 100%	11.1	13.4	10.3	14.5	15.3	13.7	8.9	12.1	7.9
100%–199%	8.3	10.3	6.3	12.2	13.4	9.5	6.3	8.4	4.7
200%–399%	6.2	6.3	4.5	7.4	7.3	6.9	5.6	5.9	3.3
400% or more	4.0	5.0	3.1	5.0	7.3	3.4	3.6	3.9	2.9

See footnotes at end of table.

Table 85 (page 3 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#085.

[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	2011	1997	2010	2011	1997	2010	2011
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	9.8	8.0	9.2	6.4
100%–199%	8.2	9.4	6.0	12.0	15.4	10.2	5.7	5.5	*3.6
200%–399%	8.5	5.9	5.9	10.0	*8.0	*9.1	*7.6	*4.6	*3.9
400% or more	*5.0	*6.5	*4.6	*	*	*	*	*5.2	*
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	10.7	14.0	11.8	12.2	15.5	15.5	9.8	13.1	9.5
100%–199%	8.0	10.4	6.2	11.2	12.3	*8.1	6.4	9.4	5.3
200%–399%	6.0	5.7	4.1	6.7	*6.5	5.4	5.6	5.4	3.4
400% or more	3.7	5.0	2.9	4.6	7.6	*3.4	3.3	3.9	2.7
Black or African American only:									
Percent of poverty level:									
Below 100%	12.7	16.1	13.1	19.1	22.1	17.1	8.8	12.4	9.9
100%–199%	9.2	12.4	7.7	*13.5	*14.6	*12.6	*7.2	11.1	*5.7
200%–399%	5.8	9.9	*4.6	*8.9	*10.2	*	*4.5	*9.8	*3.0
400% or more	*	*3.7	*	*	*	*	*	*	*
Health insurance status at the time of interview[5]									
Insured	7.0	8.5	6.0	9.6	11.0	8.7	5.7	7.1	4.5
Private	5.2	5.5	3.5	6.8	7.4	5.0	4.5	4.6	2.9
Medicaid	13.1	12.8	9.6	16.2	15.3	12.7	10.4	11.2	7.4
Uninsured	7.7	8.0	4.2	9.8	*8.5	*	6.8	7.8	*3.7
Health insurance status prior to interview[5]									
Insured continuously all 12 months	6.9	8.4	5.8	9.4	10.8	8.3	5.7	7.1	4.4
Uninsured for any period up to 12 months	8.5	10.1	9.0	11.5	13.3	13.1	6.6	8.4	7.0
Uninsured more than 12 months	6.8	7.8	*	*8.6	*	*	6.2	*7.9	*
Geographic region									
Northeast	6.2	7.8	6.7	7.6	10.3	8.1	5.4	6.6	6.0
Midwest	6.6	9.1	5.9	10.4	11.4	8.9	4.8	8.0	4.4
South	8.0	9.1	6.1	10.1	12.9	9.1	6.9	7.1	4.5
West	7.1	7.2	4.9	10.0	7.6	7.7	5.6	7.0	3.4
Location of residence									
Within MSA[6]	7.2	8.3	5.6	9.6	10.6	8.4	5.9	7.0	4.1
Outside MSA[6]	6.8	9.3	7.3	9.7	12.2	9.2	5.6	7.9	6.3

See footnotes at end of table.

Table 85 (page 4 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#085.

[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.
[1]See Appendix II, Emergency department or emergency room visit.
[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 for 1997 and beyond. 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 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample child questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 86 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#086.

[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	2011	1997	2000	2010	2011
	Percent of adults with emergency department visits[1]							
18 years and over, age-adjusted[2,3]	19.6	20.2	21.4	20.4	6.7	6.9	7.8	7.4
18 years and over, crude[2]	19.6	20.1	21.3	20.3	6.7	6.8	7.7	7.3
Age								
18–44 years	20.7	20.5	22.0	20.6	6.8	7.0	8.4	7.7
18–24 years	26.3	25.7	25.4	23.8	9.1	8.8	9.6	9.0
25–44 years	19.0	18.8	20.7	19.5	6.2	6.4	8.0	7.2
45–64 years	16.2	17.6	19.2	18.2	5.6	5.6	6.7	6.6
45–54 years	15.7	17.9	18.6	18.0	5.5	5.8	6.6	6.6
55–64 years	16.9	17.0	19.8	18.5	5.7	5.3	6.8	6.6
65 years and over	22.0	23.7	23.7	23.3	8.1	8.6	7.7	7.8
65–74 years	20.3	21.6	20.7	20.4	7.1	7.4	6.4	6.7
75 years and over	24.3	26.2	27.4	27.0	9.3	10.0	9.4	9.3
Sex[3]								
Male	19.1	18.7	18.5	18.0	5.9	5.7	6.0	5.9
Female	20.2	21.6	24.3	22.7	7.5	7.9	9.6	8.8
Race[3,4]								
White only	19.0	19.4	20.7	19.8	6.2	6.4	7.2	6.8
Black or African American only	25.9	26.5	28.6	28.0	11.1	10.8	12.6	12.3
American Indian or Alaska Native only	24.8	30.3	22.6	27.3	13.1	*12.6	*11.8	12.7
Asian only	11.6	13.6	13.3	9.9	*2.9	*3.8	3.3	2.3
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	32.5	29.7	24.3	- - -	11.3	11.1	12.7
American Indian or Alaska Native; White	- - -	33.9	31.1	26.1	- - -	*9.4	*15.2	*17.2
Hispanic origin and race[3,4]								
Hispanic or Latino	19.2	18.3	19.8	18.9	7.4	7.0	6.9	7.0
Mexican	17.8	17.4	18.1	17.4	6.4	7.1	6.1	6.4
Not Hispanic or Latino	19.7	20.6	21.9	20.7	6.7	6.9	8.1	7.5
White only	19.1	19.8	21.1	20.1	6.2	6.4	7.4	6.9
Black or African American only	25.9	26.5	29.0	27.9	11.0	10.8	12.7	12.5
Percent of poverty level[3,5]								
Below 100%	28.1	29.0	30.6	30.5	12.8	13.3	14.9	14.5
100%–199%	23.8	23.9	25.6	24.1	9.3	9.6	10.5	10.0
200%–399%	18.3	19.8	20.4	18.8	5.9	6.3	6.8	6.5
400% or more	15.9	16.8	17.0	16.1	3.9	4.5	4.7	4.0
Hispanic origin and race and percent of poverty level[3,4,5]								
Hispanic or Latino:								
Below 100%	22.1	22.4	23.6	22.6	9.8	9.7	11.5	10.0
100%–199%	19.2	18.1	19.9	19.1	8.1	6.7	6.3	7.3
200%–399%	18.5	17.3	18.1	17.2	6.0	7.4	5.2	6.3
400% or more	14.6	16.4	18.8	15.6	*3.8	*4.3	*5.5	*2.9
Not Hispanic or Latino:								
White only:								
Below 100%	29.5	30.1	33.3	31.6	13.0	13.9	15.5	14.8
100%–199%	24.3	25.5	26.8	25.4	9.1	10.4	11.2	10.8
200%–399%	18.1	20.1	20.3	19.1	5.8	6.3	6.5	6.4
400% or more	15.8	16.3	16.9	16.4	3.8	4.1	4.9	3.9
Black or African American only:								
Below 100%	34.6	35.4	36.9	41.1	17.5	17.4	20.2	22.1
100%–199%	29.2	28.5	33.5	31.6	12.8	12.2	15.9	13.0
200%–399%	20.8	23.2	25.7	21.3	8.1	8.0	10.2	8.4
400% or more	18.2	22.6	18.8	18.6	5.9	8.8	*4.0	6.9

See footnotes at end of table.

Table 86 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#086.

[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	2011	1997	2000	2010	2011
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	19.4	6.1	6.4	7.5	6.9
Private	16.9	17.6	17.4	15.7	4.7	5.1	5.2	4.3
Medicaid	37.6	42.2	40.2	37.6	19.7	21.0	21.1	19.7
Uninsured	20.0	19.3	21.3	21.0	7.5	6.9	8.9	8.7
Health insurance status prior to interview[6,7]								
18–64 years:								
Insured continuously all 12 months	18.3	19.0	20.2	18.7	5.8	6.1	7.1	6.5
Uninsured for any period up to 12 months	25.5	28.2	26.0	28.3	9.4	10.3	12.5	11.0
Uninsured more than 12 months	18.9	17.3	20.6	19.4	7.1	6.4	8.1	8.1
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	32.4	14.7	15.4	18.3	16.6
Uninsured for any period up to 12 months	34.1	43.7	34.2	39.3	16.1	18.1	16.5	17.4
Uninsured more than 12 months	20.8	20.5	23.4	25.7	8.1	9.1	11.7	12.2
100%–199%:								
Insured continuously all 12 months	24.5	25.5	26.1	25.5	8.9	10.2	10.8	10.8
Uninsured for any period up to 12 months	28.7	27.7	29.7	30.5	12.3	11.7	15.6	12.5
Uninsured more than 12 months	19.0	17.4	21.2	17.5	8.3	6.4	7.8	7.6
200%–399%:								
Insured continuously all 12 months	17.5	19.5	19.6	17.3	5.3	6.3	6.0	6.0
Uninsured for any period up to 12 months	21.6	24.6	25.4	22.8	6.6	7.3	12.2	7.8
Uninsured more than 12 months	16.8	15.6	17.6	17.0	5.9	4.5	5.7	5.3
400% or more:								
Insured continuously all 12 months	14.9	15.5	15.9	14.5	3.7	3.7	4.5	3.3
Uninsured for any period up to 12 months	18.0	20.1	12.5	22.0	*3.1	6.4	*	*5.6
Uninsured more than 12 months	19.1	15.8	19.4	13.0	*	*5.2	*	*
Disability measure[3,8]								
Any basic actions difficulty or complex activity limitation	30.8	32.0	34.9	34.7	13.5	14.6	16.8	17.3
Any basic actions difficulty	30.5	32.4	35.0	35.3	13.5	14.9	17.2	17.7
Any complex activity limitation	39.7	41.5	43.8	42.9	19.9	21.2	24.5	23.9
No disability	14.5	15.3	16.1	14.2	3.7	3.9	4.4	3.6
Geographic region[3]								
Northeast	19.5	20.0	22.6	20.8	6.9	6.2	8.4	6.9
Midwest	19.3	20.1	22.3	20.9	6.2	6.9	8.2	7.9
South	20.9	21.2	22.1	21.6	7.3	7.6	8.0	8.2
West	17.7	18.6	18.9	17.8	6.0	6.3	6.7	6.0
Location of residence[3]								
Within MSA[9]	19.1	19.6	20.8	20.0	6.4	6.6	7.5	7.1
Outside MSA[9]	21.5	22.5	25.5	23.0	7.8	7.8	9.8	9.2

See footnotes at end of table.

Table 86 (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 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#086.

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

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* 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]See Appendix II, Emergency department or emergency room visit.
[2]Includes all other races not shown separately, unknown health insurance status, and unknown disability status.
[3]Estimates 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.
[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. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.
[6]Estimates 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.
[7]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, 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.
[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]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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 87 (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 2009–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#087.

[Data are based on reporting by a sample of hospital emergency departments]

Sex, age, and intent and mechanism of injury[1]	*2005–2006*	*2007–2008*	*2009–2010*	*2005–2006*	*2007–2008*	*2009–2010*
Both sexes	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted[2,3]	31,706	28,699	32,204	1,076.4	960.9	1,063.2
All ages, crude[2]	31,706	28,699	32,204	1,068.6	951.3	1,049.7
Unintentional injuries[4]	25,658	23,670	26,523	864.7	784.6	864.5
Falls	8,100	8,144	9,393	273.0	270.0	306.2
Struck by or against objects or persons	2,935	2,746	3,055	98.9	91.0	99.6
Motor vehicle traffic	3,714	3,387	3,622	125.2	112.3	118.1
Cut or pierce	2,145	1,944	1,829	72.3	64.4	59.6
Intentional injuries	1,977	1,888	2,418	66.6	62.6	78.8
Male						
All ages, age-adjusted[2,3]	16,966	15,332	17,124	1,166.1	1,039.7	1,143.0
All ages, crude[2]	16,966	15,332	17,124	1,164.2	1,033.8	1,133.8
Unintentional injuries[4]	13,736	12,611	14,083	942.5	850.3	932.4
Falls	3,685	3,581	4,285	252.9	241.4	283.7
Struck by or against objects or persons	1,833	1,771	1,931	125.8	119.4	127.8
Motor vehicle traffic	1,733	1,693	1,762	118.9	114.2	116.7
Cut or pierce	1,392	1,270	1,183	95.5	85.7	78.3
Intentional injuries	1,135	1,020	1,348	77.8	68.8	89.3
Under 18 years[2]	5,072	4,602	5,403	1,346.6	1,216.8	1,416.3
Unintentional injuries[4]	4,391	3,995	4,817	1,165.8	1,056.3	1,262.9
Falls	1,362	1,305	1,647	361.5	345.0	431.8
Struck by or against objects or persons	816	850	1,022	216.6	224.6	267.9
Motor vehicle traffic	357	265	309	94.8	70.0	81.0
Cut or pierce	291	264	248	77.3	69.8	64.9
Intentional injuries	190	198	173	50.4	52.2	45.3
18–24 years[2]	2,552	2,305	2,516	1,729.5	1,547.4	1,630.1
Unintentional injuries[4]	1,985	1,788	1,878	1,345.4	1,200.6	1,216.7
Falls	318	309	375	215.2	207.7	243.0
Struck by or against objects or persons	290	280	216	196.9	188.0	140.2
Motor vehicle traffic	386	366	406	261.6	245.8	263.2
Cut or pierce	265	190	187	179.5	127.8	121.4
Intentional injuries	273	308	389	185.2	206.9	252.2
25–44 years[2]	5,199	4,471	4,719	1,243.6	1,072.7	1,140.9
Unintentional injuries[4]	4,001	3,531	3,577	957.1	847.0	864.8
Falls	763	677	739	182.4	162.5	178.7
Struck by or against objects or persons	472	384	400	112.9	92.1	96.8
Motor vehicle traffic	629	638	585	150.5	153.0	141.5
Cut or pierce	480	426	380	114.8	102.2	91.9
Intentional injuries	436	350	586	104.4	83.9	141.6
45–64 years[2]	2,842	2,707	3,071	790.0	718.3	788.7
Unintentional injuries[4]	2,275	2,223	2,531	632.5	590.0	649.9
Falls	599	651	775	166.6	172.8	199.0
Struck by or against objects or persons	208	205	208	57.9	54.3	53.3
Motor vehicle traffic	262	331	334	72.9	87.9	85.9
Cut or pierce	285	309	297	79.2	81.9	76.2
Intentional injuries	205	145	180	57.1	38.4	46.2
65 years and over[2]	1,301	1,247	1,415	837.5	768.6	824.7
Unintentional injuries[4]	1,082	1,073	1,280	696.8	661.7	746.1
Falls	644	638	749	414.5	393.2	436.3
Struck by or against objects or persons	46	*52	84	29.8	*32.3	49.1
Motor vehicle traffic	98	93	127	63.4	57.4	74.1
Cut or pierce	70	81	71	45.3	50.0	41.1
Intentional injuries	*	*	*	*	*	*

See footnotes at end of table.

Table 87 (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 2009–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#087.

[Data are based on reporting by a sample of hospital emergency departments]

Sex, age, and intent and mechanism of injury[1]	*2005–2006*	*2007–2008*	*2009–2010*	*2005–2006*	*2007–2008*	*2009–2010*
Female	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted[2,3]	14,740	13,367	15,080	980.5	874.2	976.8
All ages, crude[2]	14,740	13,367	15,080	976.3	871.6	968.2
Unintentional injuries[4]	11,922	11,060	12,439	789.7	721.1	798.6
Falls	4,415	4,564	5,109	292.4	297.6	328.0
Struck by or against objects or persons	1,102	976	1,124	73.0	63.6	72.2
Motor vehicle traffic	1,981	1,695	1,860	131.2	110.5	119.4
Cut or pierce	753	673	646	49.9	43.9	41.5
Intentional injuries	843	867	1,070	55.8	56.5	68.7
Under 18 years[2]	3,625	3,062	3,645	1,008.7	848.2	1,001.6
Unintentional injuries[4]	3,058	2,690	3,115	851.1	745.3	855.9
Falls	1,039	1,014	1,144	289.1	280.9	314.3
Struck by or against objects or persons	419	391	454	116.7	108.3	124.7
Motor vehicle traffic	367	282	285	102.1	78.2	78.3
Cut or pierce	160	145	139	44.4	40.1	38.2
Intentional injuries	188	163	207	52.3	45.1	56.8
18–24 years[2]	1,882	1,698	1,854	1,329.3	1,186.5	1,259.9
Unintentional injuries[4]	1,431	1,318	1,437	1,010.5	921.0	976.4
Falls	290	301	299	205.0	210.5	203.5
Struck by or against objects or persons	146	106	135	103.4	74.0	91.6
Motor vehicle traffic	397	378	426	280.6	264.5	289.8
Cut or pierce	116	89	*81	82.2	61.9	*55.1
Intentional injuries	176	209	262	124.2	145.8	177.9
25–44 years[2]	4,173	3,733	4,152	1,004.2	905.4	1,016.6
Unintentional injuries[4]	3,266	2,865	3,244	785.8	694.7	794.2
Falls	873	900	986	210.1	218.2	241.4
Struck by or against objects or persons	309	216	250	74.3	52.4	61.2
Motor vehicle traffic	719	572	612	173.1	138.8	149.9
Cut or pierce	269	214	230	64.7	51.8	56.4
Intentional injuries	313	345	396	75.4	83.6	96.9
45–64 years[2]	2,904	2,681	3,106	767.8	677.5	759.3
Unintentional injuries[4]	2,278	2,209	2,536	602.2	558.3	619.9
Falls	865	886	1,067	228.7	223.9	260.8
Struck by or against objects or persons	160	171	205	42.2	43.2	50.0
Motor vehicle traffic	359	345	403	94.8	87.3	98.4
Cut or pierce	158	163	159	41.7	41.1	38.8
Intentional injuries	149	130	184	39.4	32.9	45.0
65 years and over[2]	2,155	2,193	2,322	1,002.9	989.9	1,014.2
Unintentional injuries[4]	1,889	1,978	2,108	879.1	892.5	920.4
Falls	1,347	1,463	1,612	626.9	660.1	704.1
Struck by or against objects or persons	69	91	81	31.9	41.2	35.5
Motor vehicle traffic	139	116	134	64.5	52.5	58.3
Cut or pierce	*50	*64	*37	*23.3	*28.8	*16.3
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%.

[1]Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See Appendix II, External cause of injury; Injury; Injury-related visit; Table IX for a listing of E codes.

[2]Includes all injury-related visits not shown separately in table, including those with undetermined intent (2% in 2009–2010) and insufficient or no information to code cause of injury (9% in 2009–2010).

[3]Rates 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.

[4]Includes 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, 12% in 2008–2009 (shown in spreadsheet version), and 10% in 2009–2010. Rates were calculated using estimates of the civilian population of the United States including institutionalized persons. The population estimates used are the same used for rates calculated for the National Hospital Discharge Survey. Population data are from unpublished tabulations provided by the U.S. Census Bureau. Rates prior to 2001 were calculated using population estimates based on the 1990 census. Rates for 2005 and beyond were calculated using postcensal population estimates based on the 2000 census. Data for additional years are available. See Appendix III.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey. See Appendix I, National Hospital Ambulatory Medical Care Survey (NHAMCS).

Table 88 (page 1 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#088.

[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	2009	2010	1995	2000	2009	2010
Age	Number of visits, in thousands							
Total	860,859	1,014,848	1,270,001	1,239,387	697,082	823,542	1,037,796	1,008,802
Under 18 years	194,644	212,165	239,590	246,228	150,351	163,459	183,999	191,500
18–44 years	285,184	315,774	341,209	342,797	219,065	243,011	257,890	261,941
45–64 years	188,320	255,894	374,775	352,001	159,531	216,783	316,395	296,385
45–54 years	104,891	142,233	190,701	171,039	88,266	119,474	158,120	140,819
55–64 years	83,429	113,661	184,074	180,962	71,264	97,309	158,275	155,566
65 years and over	192,712	231,014	314,428	298,362	168,135	200,289	279,514	258,976
65–74 years	102,605	116,505	153,884	151,075	90,544	102,447	137,452	132,201
75 years and over	90,106	114,510	160,544	147,287	77,591	97,842	142,062	126,775
	Number of visits per 100 persons							
Total, age-adjusted[2]	334	374	414	401	271	304	337	325
Total, crude	329	370	421	408	266	300	344	332
Under 18 years	275	293	322	331	213	226	247	257
18–44 years	264	291	309	310	203	224	234	237
45–64 years	364	422	475	441	309	358	401	371
45–54 years	339	385	431	388	286	323	358	320
55–64 years	401	481	532	505	343	412	457	434
65 years and over	612	706	829	767	534	612	737	666
65–74 years	560	656	749	713	494	577	669	624
75 years and over	683	766	923	831	588	654	817	715
Sex and age								
Male, age-adjusted[2]	290	325	358	350	232	261	290	283
Male, crude	277	314	356	350	220	251	289	283
Under 18 years	273	302	334	340	209	231	257	262
18–44 years	190	203	201	205	139	148	145	151
45–54 years	275	316	361	324	229	260	296	265
55–64 years	351	428	473	460	300	367	403	396
65–74 years	508	614	731	680	445	539	654	597
75 years and over	711	771	907	871	616	670	807	760
Female, age-adjusted[2]	377	420	469	452	309	345	383	367
Female, crude	378	424	483	464	310	348	397	379
Under 18 years	277	285	310	322	217	221	237	252
18–44 years	336	377	416	415	265	298	322	323
45–54 years	400	451	499	450	339	384	417	372
55–64 years	446	529	586	546	382	453	507	469
65–74 years	603	692	764	741	534	609	681	647
75 years and over	666	763	934	804	571	645	823	685
Race and age[3]								
White, age-adjusted[2]	339	380	421	408	282	315	351	336
White, crude	338	381	434	421	281	316	365	349
Under 18 years	295	306	339	341	237	243	269	270
18–44 years	267	301	312	319	211	239	244	249
45–54 years	334	386	432	389	286	330	369	326
55–64 years	397	480	531	505	345	416	466	440
65–74 years	557	641	752	727	496	568	678	642
75 years and over	689	764	936	838	598	658	835	723
Black or African American, age-adjusted[2]	309	353	459	439	204	239	314	316
Black or African American, crude	281	324	438	425	178	214	296	303
Under 18 years	193	264	315	351	100	167	198	241
18–44 years	260	257	373	339	158	149	228	222
45–54 years	387	383	486	466	281	269	329	339
55–64 years	414	495	645	617	294	373	478	481
65–74 years	553	656	821	715	429	512	667	565
75 years and over	534	745	908	845	395	568	718	682

See footnotes at end of table.

Table 88 (page 2 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#088.

[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	2009	2010	1995	2000	2009	2010
Age	Number of visits, in thousands							
Total	67,232	83,289	96,132	100,742	96,545	108,017	136,072	129,843
Under 18 years	17,636	21,076	22,418	24,913	26,657	27,630	33,173	29,815
18–44 years	24,299	26,947	29,535	28,159	41,820	45,816	53,784	52,697
45–64 years	14,811	20,772	29,083	27,739	13,978	18,339	29,297	27,877
45–54 years	8,029	11,558	15,310	13,639	8,595	11,201	17,271	16,581
55–64 years	6,782	9,214	13,774	14,100	5,383	7,138	12,026	11,296
65 years and over	10,486	14,494	15,096	19,932	14,090	16,232	19,818	19,454
65–74 years	6,004	7,515	8,036	10,675	6,057	6,543	8,396	8,199
75 years and over	4,482	6,979	7,060	9,257	8,033	9,690	11,423	11,255
	Number of visits per 100 persons							
Total, age-adjusted[2]	26	31	31	33	37	40	46	43
Total, crude	26	30	32	33	37	39	45	43
Under 18 years	25	29	30	33	38	38	45	40
18–44 years	22	25	27	25	39	42	49	48
45–64 years	29	34	37	35	27	30	37	35
45–54 years	26	31	35	31	28	30	39	38
55–64 years	33	39	40	39	26	30	35	32
65 years and over	33	44	40	51	45	50	52	50
65–74 years	33	42	39	50	33	37	41	39
75 years and over	34	47	41	52	61	65	66	64
Sex and age								
Male, age-adjusted[2]	21	26	25	27	37	38	42	40
Male, crude	21	25	26	27	36	38	42	39
Under 18 years	25	29	30	34	40	41	46	43
18–44 years	14	17	16	16	37	38	40	38
45–54 years	20	26	28	24	26	30	36	35
55–64 years	26	32	35	32	25	30	34	32
65–74 years	29	38	37	47	34	36	40	37
75 years and over	34	42	37	50	61	59	63	60
Female, age-adjusted[2]	31	35	37	38	37	41	49	47
Female, crude	31	35	38	39	37	41	48	46
Under 18 years	25	29	30	33	35	35	43	37
18–44 years	31	33	38	35	40	46	57	57
45–54 years	32	36	41	37	29	31	42	40
55–64 years	38	45	44	46	26	31	35	31
65–74 years	36	46	41	54	32	37	42	40
75 years and over	34	49	43	53	61	69	68	66
Race and age[3]								
White, age-adjusted[2]	23	28	29	31	34	37	41	41
White, crude	23	28	29	32	34	37	41	40
Under 18 years	23	27	29	33	35	36	40	39
18–44 years	20	23	24	25	36	39	43	45
45–54 years	23	28	30	28	25	28	34	34
55–64 years	28	36	34	36	24	28	30	29
65–74 years	29	38	35	48	32	35	38	37
75 years and over	31	44	36	52	60	63	64	62
Black or African American, age-adjusted[2]	48	51	59	51	58	62	85	73
Black or African American, crude	45	48	58	50	58	62	84	72
Under 18 years	39	40	42	48	53	57	75	62
18–44 years	38	40	50	37	64	68	94	81
45–54 years	55	61	74	54	51	53	83	73
55–64 years	73	70	91	73	47	52	76	62
65–74 years	*77	85	*81	*85	47	59	73	66
75 years and over	66	85	*	*74	73	92	95	89

See footnotes at end of table.

Table 88 (page 3 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#088.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

* 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]All 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.
[2]Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.
[3]Estimates 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, 14% of visits to hospital outpatient departments, and 11% 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 checked. 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 checked, estimates for visits with multiple races checked are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. Starting with 2001 data, rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. More information is available from: http://www.cdc.gov/nchs/ahcd.htm. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator (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 Appendix III.

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 89 (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/contents2012.htm#089.

[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 89 (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/contents2012.htm#089.

[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
Age	Percent distribution											
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 age[2]												
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.

[1]Type 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.

[2]Estimates 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 Appendix III.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey. See Appendix I, National Ambulatory Medical Care Survey (NAMCS).

Table 90 (page 1 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#090.

[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	2011	1997	2010	2011	1997	2010	2011	1997	2010	2011
	Percent of persons with a dental visit in the past year[2]											
Total[3]	65.1	64.7	66.0	72.7	78.9	81.4	64.1	61.1	61.6	54.8	57.7	61.2
Sex												
Male	62.9	61.7	63.5	72.3	78.3	81.4	60.4	56.8	57.5	55.4	56.2	61.2
Female	67.1	67.5	68.3	73.0	79.6	81.4	67.7	65.4	65.5	54.4	58.9	61.2
Race[4]												
White only	66.4	65.6	66.7	74.0	79.2	81.8	65.7	62.4	62.6	56.8	59.3	63.1
Black or African American only	58.9	58.8	61.4	68.8	79.0	81.3	57.0	53.1	55.5	35.4	40.6	44.9
American Indian or Alaska Native only	55.1	57.4	61.6	66.8	73.2	86.9	49.9	49.8	53.0	*	72.2	46.7
Asian only	62.5	66.5	66.3	69.9	74.8	76.0	60.3	64.6	63.9	53.9	61.9	61.7
Native Hawaiian or Other Pacific Islander only	- - -	*	*	- - -	*	*	- - -	*	*	- - -	*	*
2 or more races	- - -	65.2	66.5	- - -	77.9	80.5	- - -	54.7	56.6	- - -	48.1	50.0
Black or African American; White	- - -	72.5	71.9	- - -	78.4	81.3	- - -	62.1	56.1	- - -	*	*
American Indian or Alaska Native; White	- - -	54.7	56.3	- - -	70.0	72.2	- - -	49.0	52.3	- - -	*54.5	48.6
Hispanic origin and race[4]												
Hispanic or Latino	54.0	56.5	57.2	61.0	74.8	79.7	50.8	48.5	46.5	47.8	42.1	46.6
Not Hispanic or Latino	66.4	66.2	67.6	74.7	80.1	81.9	65.7	63.4	64.3	55.2	59.0	62.4
White only	68.0	67.6	69.0	76.4	80.9	82.6	67.5	65.4	66.1	57.2	60.9	64.4
Black or African American only	58.8	58.7	61.4	68.8	79.2	81.4	56.9	53.1	55.7	35.3	40.5	45.4
Percent of poverty level[5]												
Below 100%	50.5	50.6	51.7	62.0	73.2	75.5	46.9	41.0	41.3	31.5	32.8	36.7
100%–199%	50.8	51.6	52.3	62.5	73.4	77.9	48.3	44.1	43.0	40.8	43.8	44.2
200%–399%	66.2	63.5	65.2	76.1	79.0	81.4	63.4	59.6	60.4	60.7	57.9	62.1
400% or more	78.9	79.3	80.9	85.7	88.0	89.6	77.7	77.5	78.9	74.7	77.2	80.5
Hispanic origin and race and percent of poverty level[4,5]												
Hispanic or Latino:												
Below 100%	45.7	50.8	52.4	55.9	74.3	79.0	39.2	34.7	33.6	33.6	32.4	36.3
100%–199%	47.2	50.8	51.8	53.8	71.1	78.5	43.5	40.2	37.5	47.9	39.5	40.7
200%–399%	61.2	59.1	59.6	70.5	76.5	77.6	57.5	54.1	53.6	57.0	46.0	49.9
400% or more	73.0	73.3	73.3	82.4	84.2	90.3	70.8	71.6	68.4	64.9	54.3	72.1
Not Hispanic or Latino:												
White only:												
Below 100%	51.7	49.3	49.8	64.4	69.1	70.9	50.6	44.4	44.4	32.0	36.4	37.5
100%–199%	52.4	52.7	51.0	66.1	75.3	75.5	50.4	47.2	43.8	42.2	45.4	45.4
200%–399%	67.5	64.7	66.4	77.1	79.6	82.7	65.0	61.4	61.9	61.9	59.8	63.8
400% or more	79.7	79.8	82.4	86.8	88.6	90.4	78.5	77.9	80.6	75.5	78.8	82.2
Black or African American only:												
Below 100%	52.8	52.0	54.3	66.1	78.0	77.2	46.2	39.7	43.4	27.7	20.9	30.9
100%–199%	48.7	50.0	55.1	61.2	75.9	83.3	46.3	41.5	45.9	26.9	33.6	33.4
200%–399%	63.3	61.2	64.3	75.0	81.2	83.7	60.7	57.2	60.0	41.5	45.3	50.5
400% or more	74.6	77.2	74.8	81.8	87.2	86.0	73.4	75.9	73.1	66.1	69.8	70.6

See footnotes at end of table.

Table 90 (page 2 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#090.

[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	2011	1997	2010	2011	1997	2010	2011	1997	2010	2011
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	52.2	49.0	50.7	54.7
Any basic actions difficulty	. . .	. . .	. . .	. . .	. . .	. . .	54.7	53.2	51.9	48.7	50.5	54.5
Any complex activity limitation	. . .	. . .	. . .	. . .	. . .	. . .	51.0	47.4	48.2	44.6	43.1	48.5
No disability	. . .	. . .	. . .	. . .	. . .	. . .	67.4	64.2	65.1	64.2	68.8	72.2
Geographic region												
Northeast	69.6	70.1	71.5	77.5	83.8	84.2	69.6	67.9	69.2	55.5	61.5	63.6
Midwest	68.4	67.3	67.6	76.4	80.8	80.6	67.4	64.3	64.2	57.6	58.2	61.5
South	60.2	60.9	62.6	68.0	77.4	81.2	59.4	56.5	56.9	49.0	54.1	58.7
West	65.0	63.9	65.2	71.5	76.1	80.5	62.9	60.2	60.3	61.9	59.8	63.0
Location of residence												
Within MSA[7]	66.7	65.9	67.1	73.6	79.3	81.9	65.7	62.4	62.6	57.6	59.4	63.9
Outside MSA[7]	59.1	58.4	60.0	69.3	76.4	78.6	58.0	53.8	55.9	46.1	51.3	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%.
- - - Data not available.
. . . Category not applicable.
[1]Based on the 1997–2011 National Health Interview Surveys, about 23%–30% of persons aged 65 and over were edentulous (having lost all their natural teeth). In 1997–2011, about 69%–73% of older dentate persons, compared with 17%–23% of older edentate persons, had a dental visit in the past year.
[2]Respondents were asked "About how long has it been since you last saw or talked to a dentist?" See Appendix II, Dental visit.
[3]Includes all other races not shown separately and unknown disability status.
[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. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.
[6]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.
[7]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, 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, sample child and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 91 (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/contents2012.htm#091.

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

Sex and age	All persons[1]			Not Hispanic or Latino								
				White only[2]			Black or African American only[2]			Mexican[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 91 (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/contents2012.htm#091.

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

Sex and age	All persons[1]			Not Hispanic or Latino								
				White only[2]			Black or African American only[2]			Mexican[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%.

[1]Includes persons of all races and Hispanic origins, not just those shown separately.

[2]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.

[3]Persons of Mexican origin may be of any race.

[4]Age-adjusted to the 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 Appendix III.

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

Table 92 (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/contents2012.htm#092.

[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 92 (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/contents2012.htm#092.

[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 92 (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/contents2012.htm#092.

[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.

[1]The 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.

[2]The drugs classes proton pump inhibitors (272) and H2 antagonists (94) have been combined because of their similar indications for use.

[3]This category includes carbonic anhydrase inhibitors which are primarily used to treat glaucoma.

[4]Although sex hormones may be used by males, most are used by females. Therefore, data for sex hormones are only presented for females.

[5]The 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. Data for all years 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 93 (page 1 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#093.

[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	2011	1997	2000	2010	2011
	Percent							
1 year and over, age-adjusted[2,3]	7.8	7.6	7.0	7.1	1.8	1.8	1.8	1.9
1 year and over, crude[2]	7.7	7.5	7.2	7.3	1.7	1.8	1.9	2.0
Age								
1–17 years	2.8	2.5	2.4	2.3	0.5	0.4	0.5	0.5
1–5 years	3.9	3.8	3.4	3.5	0.7	0.7	0.6	0.9
6–17 years	2.3	1.9	1.9	1.8	0.4	0.3	0.5	0.3
18–44 years	7.4	7.0	6.3	6.4	1.2	1.1	1.3	1.3
18–24 years	7.9	7.0	5.7	5.3	1.3	1.1	1.1	1.0
25–44 years	7.3	7.0	6.6	6.8	1.2	1.2	1.3	1.4
45–64 years	8.2	8.4	8.3	8.3	2.2	2.2	2.5	2.6
45–54 years	6.9	7.3	7.3	6.6	1.7	1.8	2.1	2.0
55–64 years	10.2	10.0	9.5	10.2	2.9	2.8	2.9	3.3
65 years and over	18.0	18.2	16.1	16.7	5.4	5.8	4.9	5.5
65–74 years	16.1	16.1	13.6	13.8	4.8	4.9	3.8	4.4
75 years and over	20.4	20.7	19.0	20.4	6.2	6.8	6.2	6.9
75–84 years	19.8	20.1	18.3	19.6	6.1	6.2	6.1	6.4
85 years and over	22.8	23.4	20.8	22.5	6.2	9.0	6.6	8.0
1–64 years								
Total, 1–64 years[2,4]	6.3	6.1	5.7	5.7	1.3	1.2	1.3	1.4
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	2.3	0.6	0.4	0.5	0.5
18–44 years	3.6	3.1	2.9	3.1	0.6	0.6	0.7	0.7
45–54 years	6.0	7.0	6.4	5.5	1.4	1.8	1.9	1.7
55–64 years	11.1	10.2	9.3	10.1	3.0	3.0	2.8	3.4
Female, crude	8.0	7.9	7.6	7.5	1.6	1.5	1.7	1.7
1–17 years	2.6	2.5	2.3	2.3	0.5	0.4	0.5	0.5
18–44 years	11.2	10.8	9.8	9.7	1.8	1.7	1.9	1.8
45–54 years	7.6	7.6	8.3	7.6	2.0	1.9	2.3	2.3
55–64 years	9.4	9.8	9.7	10.4	2.9	2.7	2.9	3.2
Race[4,5]								
White only	6.2	5.9	5.6	5.6	1.2	1.1	1.3	1.3
Black or African American only	7.6	7.4	6.7	6.8	1.9	1.9	1.9	2.3
American Indian or Alaska Native only	7.6	7.0	*7.6	4.9	*	*	*2.4	*1.5
Asian only	3.9	3.9	3.6	3.4	*0.5	*0.6	*0.4	0.6
Native Hawaiian or Other Pacific Islander only	- - -	*	*	*	- - -	*	*	*
2 or more races	- - -	8.8	7.7	6.9	- - -	*1.6	*2.4	2.2
Hispanic origin and race[4,5]								
Hispanic or Latino	6.8	5.5	5.2	4.9	1.3	0.9	1.1	1.3
Not Hispanic or Latino	6.2	6.1	5.8	5.8	1.3	1.3	1.4	1.4
White only	6.1	6.0	5.7	5.8	1.2	1.2	1.3	1.3
Black or African American only	7.5	7.4	6.7	6.8	1.9	1.9	1.9	2.2
Percent of poverty level[4,6]								
Below 100%	10.3	9.1	8.3	8.5	2.8	2.6	2.7	2.9
100%–199%	7.3	7.3	7.0	6.6	1.7	1.9	1.9	1.8
200%–399%	6.0	6.0	5.2	5.3	1.2	1.1	1.1	1.2
400% or more	4.7	5.0	4.5	4.4	0.7	0.8	0.8	0.8

See footnotes at end of table.

Table 93 (page 2 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#093.

[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	2011	1997	2000	2010	2011
Hispanic origin and race and percent of poverty level[4,5,6]				Percent				
Hispanic or Latino:								
Below 100%	9.1	7.4	7.3	7.1	2.0	1.6	2.0	2.1
100%–199%	5.9	5.4	4.8	4.7	1.0	0.8	1.1	1.3
200%–399%	5.9	4.6	4.3	4.2	1.1	0.7	0.7	0.9
400% or more	5.5	4.7	4.4	3.5	*1.1	*0.6	*0.8	*0.8
Not Hispanic or Latino:								
White only:								
Below 100%	10.7	9.6	8.8	9.3	3.2	2.7	2.9	3.2
100%–199%	7.7	7.8	7.8	7.5	1.8	2.2	2.2	2.0
200%–399%	6.1	6.1	5.5	5.7	1.2	1.1	1.2	1.1
400% or more	4.7	5.0	4.6	4.5	0.7	0.8	0.8	0.8
Black or African American only:								
Below 100%	11.4	10.8	9.4	10.1	3.3	3.4	3.1	3.9
100%–199%	8.0	8.5	7.7	7.0	2.1	2.3	2.3	2.1
200%–399%	6.2	6.1	5.3	5.6	1.5	1.3	1.4	1.8
400% or more	4.7	5.8	4.5	4.4	*0.9	*1.3	*1.0	1.3
Health insurance status at the time of interview[4,7]								
Insured	6.6	6.4	6.2	6.1	1.3	1.3	1.4	1.5
Private	5.6	5.5	5.0	4.8	1.0	1.0	0.9	0.9
Medicaid	16.1	15.9	12.7	12.1	4.9	4.7	4.5	4.6
Uninsured	4.8	4.5	4.0	4.1	1.0	0.9	0.9	1.0
Health insurance status prior to interview[4,7]								
Insured continuously all 12 months	6.5	6.3	6.0	5.9	1.3	1.2	1.4	1.4
Uninsured for any period up to 12 months	8.5	8.4	7.9	8.1	1.8	1.9	1.9	2.1
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	10.0	3.7	3.1	3.4	3.6
Uninsured for any period up to 12 months	13.7	13.4	10.4	12.9	3.4	*3.4	3.0	4.2
Uninsured more than 12 months	4.9	5.0	4.0	4.0	1.0	*1.6	1.3	1.2
100%–199%:								
Insured continuously all 12 months	8.5	8.6	8.5	7.8	2.0	2.3	2.5	2.2
Uninsured for any period up to 12 months	9.3	9.1	10.1	9.3	*1.9	*2.2	1.9	2.3
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	5.9	1.3	1.2	1.2	1.3
Uninsured for any period up to 12 months	7.0	6.6	6.1	5.0	*1.5	*1.3	*1.6	*1.0
Uninsured more than 12 months	3.3	2.8	2.6	2.4	*0.7	*0.4	*0.7	*0.5
400% or more:								
Insured continuously all 12 months	4.9	5.1	4.7	4.5	0.7	0.8	0.8	0.8
Uninsured for any period up to 12 months	3.9	6.0	4.1	5.3	*	*	*	*1.5
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	14.7	4.1	4.4	5.2	5.6
Any basic actions difficulty	13.9	15.1	14.2	14.9	4.1	4.4	5.1	5.8
Any complex activity limitation	21.5	22.6	21.2	20.8	7.7	8.8	8.6	9.5
No disability	5.8	5.6	5.4	4.9	0.6	0.7	0.8	0.6

See footnotes at end of table.

Table 93 (page 3 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#093.

[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	2011	1997	2000	2010	2011
	Percent							
Geographic region[4]								
Northeast	6.0	5.5	5.2	5.2	1.2	1.0	1.2	1.4
Midwest	6.5	6.3	6.3	6.3	1.5	1.3	1.5	1.5
South	6.8	6.6	6.0	6.1	1.4	1.5	1.5	1.5
West	5.4	5.2	4.9	4.7	0.8	0.9	1.1	1.1
Location of residence[4]								
Within MSA[9]	6.1	5.8	5.5	5.5	1.2	1.1	1.3	1.3
Outside MSA[9]	7.0	6.9	6.9	6.5	1.6	1.5	1.6	1.7
65 years and over								
Total 65 years and over[2,10]	18.1	18.3	16.2	16.9	5.4	5.8	4.9	5.5
65–74 years	16.1	16.1	13.6	13.8	4.8	4.9	3.8	4.4
75 years and over	20.4	20.7	19.0	20.4	6.2	6.8	6.2	6.9
Sex[10]								
Male	19.0	19.5	16.2	16.8	5.8	5.8	5.4	5.0
Female	17.5	17.4	16.2	17.0	5.1	5.7	4.6	6.0
Hispanic origin and race[5,10]								
Hispanic or Latino	17.3	16.6	13.9	16.5	6.2	6.4	5.0	5.3
Not Hispanic or Latino	18.2	18.4	16.4	16.9	5.4	5.8	4.9	5.6
White only	18.3	18.4	16.5	16.8	5.4	5.7	4.9	5.4
Black or African American only	18.9	19.8	16.9	20.5	5.5	7.5	5.5	8.2
Percent of poverty level[6,10]								
Below 100%	20.9	20.9	18.8	20.6	6.4	7.5	5.1	7.8
100%–199%	19.6	19.2	17.2	18.8	6.5	6.6	5.2	6.3
200%–399%	17.3	18.1	16.0	16.5	4.9	5.8	5.5	5.6
400% or more	16.6	16.0	15.0	15.2	4.7	4.2	4.1	4.4
Disability measure[8,10]								
Any basic actions difficulty or complex activity limitation	22.6	24.7	20.2	23.1	7.2	8.6	6.4	8.1
Any basic actions difficulty	22.7	24.7	20.4	23.3	7.2	8.7	6.6	8.3
Any complex activity limitation	29.0	31.5	25.4	29.5	10.8	12.2	9.2	11.5
No disability	7.8	9.7	10.6	9.1	1.1	1.9	*1.6	*1.7
Geographic region[10]								
Northeast	17.2	16.6	16.5	18.4	5.1	4.5	6.1	6.4
Midwest	18.2	19.5	16.4	17.1	5.6	7.2	4.7	5.4
South	19.4	19.5	16.4	17.4	6.1	6.3	4.7	5.8
West	16.5	16.4	15.3	14.7	4.4	4.4	4.5	4.5
Location of residence[10]								
Within MSA[9]	17.8	17.8	15.9	17.1	5.2	5.4	4.8	5.7
Outside MSA[9]	19.1	19.6	17.3	16.3	6.3	6.9	5.6	5.1

See footnotes at end of table.

Table 93 (page 4 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#093.

[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.
[1]These 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.
[2]Includes all other races not shown separately, unknown health insurance status, and unknown disability status.
[3]Estimates 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.
[4]Estimates 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.
[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. Missing family income data were imputed for 1997 and beyond. See Appendix II, Family income; Poverty; Table VI.
[7]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.
[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]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.
[10]Estimates 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 Appendix III.

SOURCE: CDC/NCHS, National Health Interview Survey, family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

Table 94 (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/contents2012.htm#094.

[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 94 (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/contents2012.htm#094.

[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 94 (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/contents2012.htm#094.

[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

[1]Comparisons 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).
[2]Starting 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).
[3]Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

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 Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 95 (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/contents2012.htm#095.

[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 95 (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/contents2012.htm#095.

[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 95 (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/contents2012.htm#095.

[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.

[1]Starting 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).

[2]Includes discharges with first-listed diagnoses not shown in table.

[3]Shown 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 Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 96 (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/contents2012.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 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 96 (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/contents2012.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 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 96 (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/contents2012.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 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.

[1]Starting 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).

[2]Estimates are age-adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

[3]Includes discharges with first-listed diagnoses not shown in table.

[4]Shown 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 Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 97 (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/contents2012.htm#097.

[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 97 (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/contents2012.htm#097.

[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 97 (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/contents2012.htm#097.

[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.

[1]Average length of stay is calculated by dividing days of care by number of discharges. See Appendix II, Average length of stay; Days of care.

[2]Starting 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).

[3]Includes discharges with first-listed diagnoses not shown in table.

[4]Shown 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 Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 98 (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/contents2012.htm#098.

[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 arthrectomy	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 angiocardiography 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 arthrectomy	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 angiocardiography 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 98 (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/contents2012.htm#098.

[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 arthrectomy	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 angiocardiography 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 arthrectomy	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 angiocardiography 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 98 (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/contents2012.htm#098.

[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					Percent				
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
					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 arthrectomy	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 angiocardiography 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					Percent				
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
					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 arthrectomy	*	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 angiocardiography 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 98 (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/contents2012.htm#098.

[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%.
[1]Starting 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).
[2]Includes discharges for procedures not shown separately.
[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. 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 Appendix III.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

Table 99. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2010

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2005	2007	2010
Admissions				Number, in thousands				
All hospitals	36,157	38,892	33,774	33,282	34,891	37,006	37,120	36,915
Federal	1,913	2,044	1,759	1,559	1,034	952	981	911
Nonfederal[1]	34,243	36,848	32,015	31,723	33,946	36,054	36,139	36,004
Community[2]	33,435	36,143	31,181	30,945	33,089	35,239	35,346	35,149
Nonprofit	23,722	25,566	22,878	22,557	24,453	25,881	25,752	25,532
For profit	2,646	3,165	3,066	3,428	4,141	4,618	4,626	4,925
State-local government	7,067	7,413	5,236	4,961	4,496	4,740	4,967	4,693
6–24 beds	174	159	95	124	141	186	200	199
25–49 beds	1,431	1,254	870	944	995	1,173	1,170	1,169
50–99 beds	3,675	3,700	2,474	2,299	2,355	2,412	2,295	2,173
100–199 beds	7,017	7,162	5,833	6,288	6,735	6,678	6,341	6,125
200–299 beds	6,174	6,596	6,333	6,495	6,702	7,075	7,009	6,569
300–399 beds	4,739	5,358	5,091	4,693	5,135	6,025	5,637	5,835
400–499 beds	3,689	4,401	3,644	3,413	3,617	3,634	4,044	3,869
500 beds or more	6,537	7,513	6,840	6,690	7,410	8,054	8,650	9,210
Average length of stay[3]				Number of days				
All hospitals	11.4	10.0	9.1	7.8	6.8	6.5	6.3	6.2
Federal	20.3	16.8	14.9	13.1	12.8	11.6	11.5	11.8
Nonfederal[1]	10.8	9.6	8.8	7.5	6.6	6.3	6.2	6.1
Community[2]	7.7	7.6	7.2	6.5	5.8	5.6	5.5	5.4
Nonprofit	7.8	7.7	7.3	6.4	5.7	5.5	5.4	5.3
For profit	6.6	6.5	6.4	5.8	5.4	5.3	5.2	5.3
State-local government	7.6	7.3	7.7	7.4	6.7	6.6	6.4	6.2
6–24 beds	5.6	5.3	5.4	5.5	4.3	4.2	4.0	4.3
25–49 beds	6.0	5.8	6.1	5.7	5.1	4.9	4.9	5.2
50–99 beds	6.8	6.7	7.2	7.0	6.5	6.4	6.3	6.4
100–199 beds	7.1	7.0	7.1	6.4	5.7	5.6	5.5	5.3
200–299 beds	7.5	7.4	6.9	6.2	5.7	5.3	5.2	5.1
300–399 beds	7.8	7.6	7.0	6.1	5.5	5.4	5.3	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	5.9	5.7
Outpatient visits[4]				Number, in thousands				
All hospitals	254,844	262,951	368,184	483,195	592,673	673,689	693,510	750,408
Federal	51,957	50,566	58,527	59,934	63,402	80,018	82,187	90,134
Nonfederal[1]	202,887	212,385	309,657	423,261	531,972	593,671	611,323	660,274
Community[2]	190,672	202,310	301,329	414,345	521,405	584,429	603,300	651,424
Nonprofit	131,435	142,156	221,073	303,851	393,168	441,653	455,825	494,178
For profit	7,713	9,696	20,110	31,940	43,378	46,016	43,943	48,201
State-local government	51,525	50,459	60,146	78,554	84,858	96,760	103,532	109,045
6–24 beds	915	1,155	1,471	3,644	4,555	7,970	7,698	9,934
25–49 beds	5,855	6,227	10,812	19,465	27,007	35,172	39,176	43,099
50–99 beds	16,303	17,976	27,582	38,597	49,385	53,382	54,312	57,701
100–199 beds	35,156	36,453	58,940	91,312	114,183	121,053	119,455	120,902
200–299 beds	32,772	36,073	60,561	84,080	99,248	107,332	106,535	110,661
300–399 beds	29,169	30,495	43,699	54,277	73,444	85,366	81,671	90,515
400–499 beds	22,127	25,501	33,394	44,284	52,205	56,023	60,604	65,543
500 beds or more	48,375	48,430	64,870	78,685	101,378	118,131	133,849	153,067
Outpatient surgery				Percent of total surgeries[5]				
Community hospitals[2]	- - -	16.3	50.5	58.1	62.7	63.3	62.7	63.6

- - - Data not available.
[1]The 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.
[2]Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See Appendix II, Hospital.
[3]Average length of stay is calculated as the number of inpatient days divided by the number of admissions. See Appendix II, Average length of stay.
[4]Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See Appendix II, Outpatient visit.
[5]Total 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, 1991–2012 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2012: Used with the permission of Health Forum LLC, an affiliate of AHA.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

Table 100. Active physicians and physicians in patient care, by state: United States, selected years 1975–2010

[Data are based on reporting by physicians]

State	Active physicians[1,2]						Physicians in patient care[1,2,3]					
	1975	1985	1995	2000[4]	2009	2010	1975	1985	1995	2000	2009	2010
	Number per 10,000 civilian population											
United States	15.3	20.7	24.2	25.8	27.3	27.2	13.5	18.0	21.3	22.7	25.8	24.0
Alabama	9.2	14.2	18.4	19.8	21.5	21.4	8.6	13.1	17.0	18.2	20.6	20.6
Alaska	8.4	13.0	15.7	18.5	24.1	24.3	7.8	12.1	14.2	16.3	23.0	23.3
Arizona	16.7	20.2	21.4	20.9	22.6	22.6	14.1	17.1	18.2	17.6	21.6	21.6
Arkansas	9.1	13.8	17.3	18.8	20.4	20.2	8.5	12.8	16.0	17.3	19.6	19.4
California	18.8	23.7	23.7	23.8	26.2	26.1	17.3	21.5	21.7	21.6	24.7	24.7
Colorado	17.3	20.7	23.7	24.0	26.9	26.9	15.0	17.7	20.6	20.9	25.5	25.5
Connecticut	19.8	27.6	32.8	33.7	36.6	36.0	17.7	24.3	29.5	30.3	34.1	33.6
Delaware	14.3	19.7	23.4	24.7	26.3	26.3	12.7	17.1	19.7	21.0	25.1	25.2
District of Columbia	39.6	55.3	63.6	62.5	74.1	76.9	34.6	45.6	53.6	54.5	65.7	68.8
Florida	15.2	20.2	22.9	24.1	26.0	26.0	13.4	17.8	20.3	21.2	24.9	25.0
Georgia	11.5	16.2	19.7	20.4	21.3	21.3	10.6	14.7	18.0	18.6	20.1	20.2
Hawaii	16.2	21.5	24.8	26.4	31.7	31.3	14.7	19.8	22.8	24.0	30.0	29.6
Idaho	9.5	12.1	13.9	15.8	18.3	18.4	8.9	11.4	13.1	14.4	17.9	17.9
Illinois	14.5	20.5	24.8	26.1	27.8	27.9	13.1	18.2	22.1	23.1	26.5	26.6
Indiana	10.6	14.7	18.4	20.0	22.3	22.2	9.6	13.2	16.6	18.0	21.3	21.3
Iowa	11.4	15.6	19.2	19.8	22.8	21.8	9.4	12.4	15.1	15.5	20.5	20.8
Kansas	12.8	17.3	20.8	21.8	24.0	24.0	11.2	15.1	18.0	18.8	23.0	23.1
Kentucky	10.9	15.1	19.2	20.6	23.1	23.1	10.1	13.9	18.0	19.1	22.3	22.2
Louisiana	11.4	17.3	21.7	23.8	25.3	25.4	10.5	16.1	20.3	22.4	24.3	24.5
Maine	12.8	18.7	22.3	26.8	31.5	31.8	10.7	15.6	18.2	21.7	29.8	30.2
Maryland	18.6	30.4	34.1	35.4	39.9	39.1	16.5	24.9	29.9	31.1	35.6	34.9
Massachusetts	20.8	30.2	37.5	38.6	43.3	43.4	18.3	25.4	33.2	34.4	39.9	40.0
Michigan	15.4	20.8	24.8	26.3	28.8	28.9	12.0	16.0	19.0	20.2	27.5	27.6
Minnesota	14.9	20.5	23.4	24.9	28.9	30.1	13.7	18.5	21.5	23.0	27.4	28.2
Mississippi	8.4	11.8	13.9	16.6	18.2	18.3	8.0	11.1	13.0	15.2	17.5	17.6
Missouri	15.0	20.5	23.9	24.7	26.1	26.3	11.6	16.3	19.7	20.2	24.8	25.1
Montana	10.6	14.0	18.4	20.4	22.9	22.5	10.1	13.2	17.1	18.8	22.2	21.8
Nebraska	12.1	15.7	19.8	21.7	25.0	24.5	10.9	14.4	18.3	20.1	23.8	23.4
Nevada	11.9	16.0	16.7	18.0	19.8	19.8	10.9	14.5	14.6	15.9	19.2	19.2
New Hampshire	14.3	18.1	21.5	23.8	29.2	29.5	13.1	16.7	19.8	21.7	28.0	28.2
New Jersey	16.2	23.4	29.3	31.1	32.5	31.8	14.0	19.8	24.9	26.2	30.7	30.1
New Mexico	12.2	17.0	20.2	20.9	24.1	23.8	10.1	14.7	18.0	18.5	22.6	22.5
New York	22.7	29.0	35.3	36.2	37.3	36.4	20.2	25.2	31.6	32.3	35.1	34.2
North Carolina	11.7	16.9	21.1	22.3	25.0	25.0	10.6	15.0	19.4	20.5	23.6	23.7
North Dakota	9.7	15.8	20.5	19.2	25.1	25.0	9.2	14.9	18.9	19.8	24.2	24.1
Ohio	14.1	19.9	23.8	25.4	28.3	28.5	12.2	16.8	20.0	21.3	27.0	27.3
Oklahoma	11.6	16.1	18.8	19.4	21.0	21.0	9.4	12.9	14.7	14.8	20.2	20.2
Oregon	15.6	19.7	21.6	22.9	28.0	28.3	13.8	17.6	19.5	20.5	26.7	26.9
Pennsylvania	16.6	23.6	30.1	31.6	32.7	32.6	13.9	19.2	24.6	25.4	30.8	30.7
Rhode Island	17.8	23.3	30.4	32.5	37.0	37.1	16.1	20.2	26.7	28.8	35.1	35.2
South Carolina	10.0	14.7	18.9	21.0	22.8	23.3	9.3	13.6	17.6	19.4	21.9	22.4
South Dakota	8.2	13.4	16.7	19.2	23.4	23.0	7.7	12.3	15.7	17.7	22.6	22.2
Tennessee	12.4	17.7	22.5	23.6	26.2	26.0	11.3	16.2	20.8	21.8	25.0	24.8
Texas	12.5	16.8	19.4	20.3	21.6	21.5	11.0	14.7	17.3	17.9	20.6	20.6
Utah	14.1	17.2	19.2	19.6	21.0	21.0	13.0	15.5	17.6	17.8	19.8	20.0
Vermont	18.2	23.8	26.9	32.0	35.9	35.7	15.5	20.3	24.2	28.8	33.5	33.4
Virginia	12.9	19.5	22.5	23.9	27.4	27.0	11.9	17.8	20.8	22.0	26.0	25.7
Washington	15.3	20.2	22.5	23.7	27.0	27.1	13.6	17.9	20.2	21.2	25.4	25.5
West Virginia	11.0	16.3	21.0	23.5	25.8	25.5	10.0	14.6	17.9	19.5	24.7	24.5
Wisconsin	12.5	17.7	21.5	23.1	26.5	26.8	11.4	15.9	19.6	20.9	25.3	25.6
Wyoming	9.5	12.9	15.3	17.3	19.7	19.7	8.9	12.0	13.9	15.7	19.1	19.1

[1]Includes active doctors of medicine (MDs) and active doctors of osteopathy (DOs). See Appendix II, Physician.
[2]Starting with 2003 data, federal and nonfederal physicians are included. Data prior to 2003 included nonfederal physicians only.
[3]Prior to 2006, excludes DOs. Excludes physicians in medical teaching, administration, research, and other nonpatient care activities. Includes residents.
[4]Data 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: Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996–1997 edition; 2009–2012 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: Used with the 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 101. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2010

[Data are based on reporting by physicians]

Place of medical education and activity	1975	1985	1995	2000	2005	2007	2008	2009	2010
	Number of doctors of medicine								
Total doctors of medicine	393,742	552,716	720,325	813,770	902,053	941,304	954,224	972,376	985,375
Active doctors of medicine[1]	340,280	497,140	625,443	692,368	762,438	776,554	784,199	792,805	794,862
Place of medical education:									
U.S. medical graduates	- - -	392,007	481,137	527,931	571,798	580,336	586,421	591,835	595,908
International medical graduates[2]	- - -	105,133	144,306	164,437	190,640	196,218	197,778	200,970	198,954
Activity:									
Patient care[3,4]	287,837	431,527	564,074	631,431	718,473	732,234	740,867	749,566	752,572
Office-based practice	213,334	329,041	427,275	490,398	563,225	562,897	556,818	560,381	565,024
General and family practice	46,347	53,862	59,932	67,534	74,999	75,952	75,443	76,514	77,098
Cardiovascular diseases	5,046	9,054	13,739	16,300	17,519	17,504	17,352	17,443	17,454
Dermatology	3,442	5,325	6,959	7,969	8,795	9,036	9,066	9,192	9,272
Gastroenterology	1,696	4,135	7,300	8,515	9,742	10,042	10,119	10,293	10,466
Internal medicine	28,188	52,712	72,612	88,699	107,028	108,552	107,943	109,305	110,612
Pediatrics	12,687	22,392	33,890	42,215	51,854	52,095	51,719	52,420	53,054
Pulmonary diseases	1,166	3,035	4,964	6,095	7,321	7,490	7,535	7,677	7,846
General surgery	19,710	24,708	24,086	24,475	26,079	25,434	24,640	24,536	24,327
Obstetrics and gynecology	15,613	23,525	29,111	31,726	34,659	34,405	33,968	34,092	34,083
Ophthalmology	8,795	12,212	14,596	15,598	16,580	15,852	15,656	15,731	15,723
Orthopedic surgery	8,148	13,033	17,136	17,367	19,115	19,299	19,110	19,205	19,325
Otolaryngology	4,297	5,751	7,139	7,581	8,206	8,177	8,034	8,025	7,964
Plastic surgery	1,706	3,299	4,612	5,308	6,011	6,100	6,093	6,110	6,180
Urological surgery	5,025	7,081	7,991	8,460	8,955	8,796	8,656	8,678	8,606
Anesthesiology	8,970	15,285	23,770	27,624	31,887	31,617	31,389	31,294	31,819
Diagnostic radiology	1,978	7,735	12,751	14,622	17,618	17,327	17,197	17,100	17,503
Emergency medicine	- - -	- - -	11,700	14,541	20,173	20,036	19,965	19,978	20,654
Neurology	1,862	4,691	7,623	8,559	10,400	10,476	10,386	10,433	10,547
Pathology, anatomical/clinical	4,195	6,877	9,031	10,267	11,747	11,191	10,738	10,554	10,688
Psychiatry	12,173	18,521	23,334	24,955	27,638	27,492	26,521	26,235	25,690
Radiology	6,970	7,355	5,994	6,674	7,049	6,913	6,809	6,837	7,032
Other specialty	15,320	28,453	29,005	35,314	39,850	39,111	38,479	38,729	39,081
Hospital-based practice	74,503	102,486	136,799	141,033	155,248	169,337	184,049	189,185	187,548
Residents and interns[5]	53,527	72,159	93,650	95,125	95,391	98,688	108,073	109,065	108,142
Full-time hospital staff	20,976	30,327	43,149	45,908	59,857	70,649	75,976	80,120	79,406
Other professional activity[6]	24,252	44,046	40,290	41,556	43,965	44,320	43,332	43,239	42,290
Inactive	21,449	38,646	72,326	75,168	99,823	111,551	119,239	121,704	125,928
Not classified	26,145	13,950	20,579	45,136	39,304	52,740	50,347	57,427	64,153
Unknown address	5,868	2,980	1,977	1,098	488	459	439	440	432

- - - Data not available.

[1]Doctors of medicine who are inactive, have unknown address, or primary specialty not classified are excluded. See Appendix II, Physician.

[2]International medical graduates received their medical education in schools outside the United States and Canada.

[3]Specialty information is based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See Appendix II, Physician specialty.

[4]Starting 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.

[5]Starting with 1990 data, clinical fellows are included in this category. In prior years, clinical fellows were included in the other professional activity category.

[6]Includes 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, 2004–2012 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, 1996–2012: Used with the permission of the AMA.) See Appendix I, American Medical Association (AMA) Physician Masterfile.

Table 102. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2010

[Data are based on reporting by physicians]

Specialty	1949[1]	1960[1]	1970	1980	1990	1995	2000	2008	2009	2010
					Number					
Total doctors of medicine[2]	201,277	260,484	334,028	467,679	615,421	720,325	813,770	954,224	972,376	985,375
Active doctors of medicine[3]	191,577	247,257	310,845	414,916	547,310	625,443	692,368	784,199	792,805	794,862
General primary care specialists	113,222	125,359	134,354	170,705	213,514	241,329	274,653	305,264	307,586	304,687
General practice/family medicine	95,980	88,023	57,948	60,049	70,480	75,976	86,312	93,761	94,671	94,746
Internal medicine	12,453	26,209	39,924	58,462	76,295	88,240	101,353	115,314	116,148	113,591
Obstetrics/Gynecology	---	---	18,532	24,612	30,220	33,519	35,922	38,272	38,573	38,520
Pediatrics	4,789	11,127	17,950	27,582	36,519	43,594	51,066	57,917	58,194	57,830
Primary care subspecialists	---	---	3,161	16,642	30,911	39,659	52,294	71,794	74,000	76,122
Family medicine	---	---	---	---	---	236	483	1,193	1,303	1,445
Internal medicine	---	---	1,948	13,069	22,054	26,928	34,831	47,779	49,324	50,730
Obstetrics/Gynecology	---	---	344	1,693	3,477	4,133	4,319	4,363	4,282	4,277
Pediatrics	---	---	869	1,880	5,380	8,362	12,661	18,459	19,091	19,670
					Percent of active doctors of medicine					
General primary care specialists	59.1	50.7	43.2	41.1	39.0	38.6	39.7	38.9	38.8	38.3
General practice/family medicine	50.1	35.6	18.6	14.5	12.9	12.1	12.5	12.0	11.9	11.9
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.1	14.6	14.7	14.7	14.3
Obstetrics/Gynecology	---	---	6.0	5.9	5.5	5.4	5.2	4.9	4.9	4.8
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.0	7.4	7.4	7.3	7.3
Primary care subspecialists	---	---	1.0	4.0	5.6	6.3	7.6	9.2	9.3	9.6
Family medicine	---	---	0.0	0.0	0.0	0.0	0.1	0.2	0.2	0.2
Internal medicine	---	---	0.6	3.1	4.0	4.3	5.0	6.1	6.2	6.4
Obstetrics/Gynecology	---	---	0.1	0.4	0.6	0.7	0.6	0.6	0.5	0.5
Pediatrics	---	---	0.3	0.5	1.0	1.3	1.8	2.4	2.4	2.5

--- Data not available.
0.0 Percentage greater than zero but less than 0.05.
[1]Estimated by the Bureau of Health Professions, Health Resources Administration. Active doctors of medicine (MDs) include those with address unknown and primary specialty not classified.
[2]Includes MDs engaged in federal and nonfederal patient care (office-based or hospital-based) and other professional activities.
[3]Starting 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 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: Used with the permission of the AMA.) See Appendix I, American Medical Association (AMA) Physician Masterfile.

Table 103. Active dentists, by state: United States, selected years 1993–2009

[Data are based on reporting by dentists]

State	1993	2000	2007	2008	2009	1993	2000	2007	2008	2009
	Number of dentists					Number of dentists per 10,000 civilian population				
United States	155,087	166,383	181,725	181,774	186,084	6.1	6.1	6.0	6.0	6.0
Alabama	1,779	1,912	2,032	2,032	2,069	4.3	4.3	4.4	4.4	4.4
Alaska	421	467	519	505	534	7.5	7.5	7.6	7.4	7.4
Arizona	2,032	2,322	3,225	3,302	3,447	5.3	4.5	5.1	5.1	5.1
Arkansas	1,001	1,080	1,162	1,125	1,162	4.2	4.0	4.1	3.9	3.9
California	20,909	22,963	27,654	27,922	28,776	6.8	6.8	7.6	7.6	7.6
Colorado	2,503	2,818	3,181	3,212	3,328	7.3	6.6	6.5	6.5	6.5
Connecticut	2,587	2,636	2,710	2,610	2,702	7.9	7.7	7.7	7.5	7.5
Delaware	331	357	403	403	406	4.8	4.6	4.7	4.6	4.6
District of Columbia	810	728	614	634	646	13.9	12.7	10.4	10.7	10.7
Florida	7,110	8,170	9,640	9,741	9,877	5.3	5.1	5.3	5.3	5.3
Georgia	3,251	3,611	4,295	4,260	4,430	4.9	4.4	4.5	4.4	4.4
Hawaii	976	992	1,043	1,039	1,048	8.8	8.2	8.1	8.1	8.1
Idaho	573	678	863	890	932	5.4	5.2	5.8	5.8	5.8
Illinois	7,978	8,205	8,268	8,192	8,345	6.9	6.6	6.4	6.3	6.3
Indiana	2,716	2,867	3,035	3,009	3,078	4.8	4.7	4.8	4.7	4.7
Iowa	1,545	1,564	1,610	1,600	1,625	5.5	5.3	5.4	5.3	5.3
Kansas	1,316	1,329	1,437	1,413	1,446	5.3	4.9	5.2	5.0	5.0
Kentucky	2,129	2,258	2,356	2,388	2,437	5.7	5.6	5.6	5.6	5.6
Louisiana	2,029	2,086	2,118	2,066	2,133	4.8	4.7	4.9	4.7	4.7
Maine	592	601	662	657	662	4.8	4.7	5.0	5.0	5.0
Maryland	3,753	3,986	4,212	4,138	4,211	7.7	7.5	7.5	7.3	7.3
Massachusetts	4,652	5,137	5,314	5,442	5,502	7.8	8.1	8.2	8.4	8.4
Michigan	5,884	5,913	6,126	6,060	6,068	6.2	5.9	6.1	6.1	6.1
Minnesota	2,913	2,960	3,196	3,174	3,201	6.5	6.0	6.1	6.1	6.1
Mississippi	1,040	1,115	1,190	1,160	1,190	4.0	3.9	4.1	3.9	3.9
Missouri	2,773	2,680	2,813	2,803	2,865	5.4	4.8	4.8	4.7	4.7
Montana	476	485	549	548	582	5.8	5.4	5.7	5.7	5.7
Nebraska	1,054	1,087	1,111	1,105	1,112	6.6	6.4	6.3	6.2	6.2
Nevada	570	763	1,285	1,330	1,367	4.3	3.8	5.0	5.1	5.1
New Hampshire	642	707	830	817	837	5.8	5.7	6.3	6.2	6.2
New Jersey	6,144	6,607	7,042	6,925	7,062	7.9	7.9	8.1	8.0	8.0
New Mexico	719	809	907	916	935	4.6	4.4	4.6	4.6	4.6
New York	14,395	15,159	15,184	14,980	15,131	8.0	8.0	7.9	7.7	7.7
North Carolina	2,968	3,394	4,108	4,183	4,315	4.4	4.2	4.5	4.5	4.5
North Dakota	315	300	326	329	339	5.0	4.7	5.1	5.1	5.1
Ohio	5,981	6,108	6,063	6,029	6,093	5.4	5.4	5.3	5.2	5.2
Oklahoma	1,584	1,683	1,804	1,805	1,846	5.0	4.9	5.0	5.0	5.0
Oregon	2,034	2,273	2,551	2,574	2,651	6.8	6.6	6.8	6.8	6.8
Pennsylvania	7,915	8,031	7,747	7,756	7,798	6.6	6.5	6.2	6.2	6.2
Rhode Island	581	589	569	573	578	5.8	5.6	5.4	5.5	5.5
South Carolina	1,601	1,803	2,026	2,065	2,116	4.5	4.5	4.6	4.6	4.6
South Dakota	347	359	397	406	418	4.9	4.8	5.0	5.0	5.0
Tennessee	2,748	2,993	3,076	3,015	3,093	5.5	5.3	5.0	4.9	4.9
Texas	8,860	9,873	10,981	10,936	11,567	5.1	4.7	4.6	4.5	4.5
Utah	1,162	1,398	1,713	1,743	1,809	6.4	6.3	6.5	6.4	6.4
Vermont	323	353	361	360	355	5.7	5.8	5.8	5.8	5.8
Virginia	3,686	4,036	4,563	4,640	4,796	5.9	5.7	5.9	6.0	6.0
Washington	3,271	3,860	4,528	4,579	4,737	6.4	6.5	7.0	7.0	7.0
West Virginia	816	828	847	844	861	4.5	4.6	4.7	4.7	4.7
Wisconsin	3,054	3,119	3,186	3,208	3,246	6.1	5.8	5.7	5.7	5.7
Wyoming	235	267	269	266	282	5.1	5.4	5.1	5.0	5.0

NOTES: The data include professionally active dentists only. Professionally active dentist occupation categories include active practitioners (full- or part-time); dental school faculty or staff; armed forces dentists; government-employed dentists at the federal, state, or local levels; graduate students/interns and residents; and other health or dental organization staff members. U.S. totals include dentists with unknown state of practice not shown separately. Rates were calculated using the number of dentists from the American Dental Association and civilian population data from the American Medical Association to be consistent with Table 100.

SOURCE: American Dental Association, Survey Center, Distribution of Dentists in the United States: Historical Report, 1993–2001, Table 1; p. 6 (number of dentists); Distribution of Dentists in the United States by Region and State, 2003, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2006, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2007, Table 1; p. 6–7 (number of dentists); Distribution of Dentists in the United States by Region and State, 2008, Table 1; p. 6–7 (number of dentists) United States by Region and State, 2009, Table 1; p. 6–7 (number of dentists) (Copyright 2003, 2005, 2008, 2009, 2010, 2011, 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; American Medical Association (AMA). Physician characteristics and distribution in the U.S., 2011 and previous editions (number of civilian population) (Copyright 1994, 1997, 2002, 2005, 2008, 2009, 2010, 2011, 2012: Used with the permission of the AMA). See Appendix I, American Dental Association (ADA).

Table 104. Health care employment and wages, by selected occupations: United States, selected years 2001–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#104.

[Data are based on a semiannual mail survey of nonfarm establishments]

Occupation title	2001	2005	2009	2011	2001–2011	2001	2005	2009	2011	2001–2011
Health care practitioners and technical occupations	Employment[1]				AAPC[2]	Mean hourly wage[3]				AAPC[2]
Audiologists	11,040	10,030	12,590	12,490	1.2	$23.89	$27.72	$32.14	$34.13	3.6
Cardiovascular technologists and technicians	40,990	43,560	48,070	50,410	2.1	17.55	19.99	23.91	25.08	3.6
Dental hygienists	149,880	161,140	173,900	184,110	2.1	27.30	29.15	32.63	33.54	2.1
Diagnostic medical sonographers	32,990	43,590	51,630	54,760	5.2	23.08	26.65	30.60	31.63	3.2
Dietetic technicians	28,940	23,780	24,510	23,490	–2.1	11.23	12.20	13.72	14.04	2.3
Dietitians and nutritionists	43,200	48,850	53,220	56,130	2.7	19.74	22.09	25.59	26.66	3.1
Emergency medical technicians and paramedics	170,690	196,880	217,920	229,340	3.0	12.24	13.68	15.88	16.36	2.9
Licensed practical and licensed vocational nurses	683,790	710,020	728,670	729,140	0.6	15.14	17.41	19.66	20.21	2.9
Medical and clinical laboratory technicians	146,920	144,710	152,420	156,860	0.7	14.52	15.95	18.20	18.73	2.6
Medical and clinical laboratory technologists	145,400	160,760	166,860	165,220	1.3	20.70	23.37	26.74	27.94	3.0
Medical records and health information technicians	142,170	164,700	170,580	180,280	2.4	12.20	13.81	16.29	17.27	3.5
Nuclear medicine technologists	17,360	18,280	21,670	21,200	2.0	24.65	29.10	32.91	33.64	3.2
Occupational therapists	77,080	87,430	97,840	103,570	3.0	25.10	28.41	33.98	36.05	3.7
Opticians, dispensing	63,120	70,090	60,840	60,680	–0.4	13.49	14.80	16.73	16.70	2.2
Pharmacists	223,630	229,740	267,860	272,320	2.0	35.02	42.62	51.27	53.92	4.4
Pharmacy technicians	207,140	266,790	331,890	343,550	5.2	10.82	12.19	13.92	14.43	2.9
Physical therapists	126,450	151,280	174,490	185,440	3.9	28.43	31.42	36.64	38.38	3.0
Physician assistants	56,200	63,350	76,900	83,540	4.0	30.00	34.17	40.78	43.01	3.7
Psychiatric technicians	59,750	62,040	70,730	69,840	1.6	12.94	14.04	14.77	15.08	1.5
Radiation therapists	13,460	14,120	15,570	18,380	3.2	25.71	30.59	37.18	38.14	4.0
Radiologic technologists and technicians	168,240	184,580	213,560	220,540	2.7	18.68	22.60	26.05	27.29	3.9
Recreational therapists	26,830	23,260	21,960	19,650	–3.1	14.92	16.90	19.84	20.65	3.3
Registered nurses	2,217,990	2,368,070	2,583,770	2,724,570	2.1	23.19	27.35	31.99	33.23	3.7
Respiratory therapists	82,930	95,320	107,270	113,980	3.2	19.17	22.24	26.06	27.05	3.5
Respiratory therapy technicians	28,700	22,060	15,100	13,940	–7.0	16.93	18.57	21.96	22.76	3.0
Speech-language pathologists	83,110	94,660	111,640	117,210	3.5	24.20	27.89	32.86	34.61	3.6
Health care support occupations										
Dental assistants	267,840	270,720	294,020	296,810	1.0	13.29	14.41	16.35	16.70	2.3
Home health aides	560,190	663,280	955,220	924,650	5.1	8.90	9.34	10.39	10.49	1.7
Massage therapists	26,440	37,670	55,920	63,810	9.2	15.93	19.33	19.13	19.19	1.9
Medical assistants	345,930	382,720	495,970	539,220	4.5	11.71	12.58	14.16	14.51	2.2
Medical equipment preparers	33,540	41,790	47,070	49,560	4.0	11.29	12.42	14.32	14.99	2.9
Medical transcriptionists	94,090	90,380	82,810	76,570	–2.0	12.99	14.36	16.03	16.37	2.3
Nursing aides, orderlies, and attendants	1,307,600	1,391,430	1,438,010	1,466,700	1.2	9.54	10.67	12.01	12.22	2.5
Occupational therapy aides	7,560	6,220	8,040	7,090	–0.6	11.70	13.20	13.89	15.28	2.7
Occupational therapy assistants	17,520	22,160	26,680	29,130	5.2	17.39	19.13	24.44	25.07	3.7
Pharmacy aides	58,130	46,610	52,230	45,130	–2.5	9.22	9.76	10.74	11.23	2.0
Physical therapist aides	35,250	41,930	44,160	47,640	3.1	10.45	11.01	12.01	12.11	1.5
Physical therapist assistants	47,810	58,670	63,750	67,550	3.5	17.18	18.98	23.36	24.57	3.6
Psychiatric aides	59,640	56,150	62,610	71,570	1.8	11.42	11.47	13.19	13.11	1.4

[1]Employment 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 and were rounded to the nearest 10.

[2]AAPC is average annual percent change. See Appendix II, Average annual rate of change (percent change).

[3]The 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 employment of the occupation. More information is available from: http://www.bls.gov/oes/current/oes_tec.htm.

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). Data for additional years are available. See Appendix III.

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 105. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2009–2010

[Data are based on reporting by health professions associations]

Profession	Academic years					
	1980–1981	1990–1991	2000–2001	2007–2008	2008–2009	2009–2010
First-year enrollment			Number			
Dentistry	6,030	4,001	4,327	4,770	4,918	5,089
Medicine (Allopathic)[1,2]	17,186	16,876	16,699	18,287	18,370	18,853
Medicine (Osteopathic)[3]	1,496	1,950	2,927	4,528	4,950	5,227
Optometry[1]	1,174	1,245	1,384	1,443	1,486	1,676
Pharmacy[1,4]	7,377	8,267	8,382	11,557	12,379	12,705
Podiatry[5]	695	561	475	666	626	687
Public Health[1,6,7]	3,348	4,087	5,840	7,481	7,893	10,251
Graduates						
Dentistry	5,256	5,550	3,995	4,367	4,796	4,873
Medicine (Allopathic)[1]	15,632	15,427	15,796	16,168	16,467	16,838
Medicine (Osteopathic)	1,151	1,534	2,510	3,364	3,588	3,631
Optometry[1]	1,092	1,224	1,310	1,317	1,327	1,325
Pharmacy[1,8]	7,323	7,122	7,000	10,500	10,988	11,487
Podiatry	597	591	531	444	430	503
Public Health[1,7]	3,168	3,995	5,747	7,482	8,406	8,957
Schools						
Dentistry	60	56	55	56	57	58
Medicine (Allopathic)[1,9]	125	125	124	129	131	133
Medicine (Osteopathic)	14	15	19	25	26	31
Optometry[1]	13	17	17	17	17	20
Pharmacy[1]	72	74	82	103	112	116
Podiatry	5	7	7	8	8	9
Public Health[1,7]	21	24	28	40	40	43

[1]Includes data from schools in Puerto Rico.
[2]Includes new entrants and those repeating the initial year.
[3]May also include persons enrolled in first-year classes for data years 1980–1981 and 2006–2007.
[4]Starting 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.
[5]First-year enrollment data for podiatry in 1980–1981 are reported as of the beginning of the academic year.
[6]Starting 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.
[7]Includes data from a school of public health in Mexico as of 2007.
[8]Data reflect the number of graduates for the previous academic year. For example, the number of pharmacy graduates reported in 2009–2010 graduated from the period September 2008 to August 2009.
[9]Includes 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 American Dental Association; Association of American Medical Colleges: 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 the permission of the AAMC; American Association of Colleges of Osteopathic Medicine: A Report on a Survey of Osteopathic Medical School Growth, 2007–2008, Chevy Chase, MD. Fast Facts about Osteopathic Medical Education. Available from: http://www.aacom.org/data/studentenrollment/Pages/default.aspx. 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 and unpublished data. Available from: http://www.opted.org/i4a/pages/index.cfm?pageid=3396; American Association of Colleges of Pharmacy: Fall 2000 and Fall 2007–2011 editions of the Profile of Pharmacy Students. Available from: http://www.aacp.org; American Association of Colleges of Podiatric Medicine: Applicant, Matriculant, and Graduate Statistics, 2006 through 2010. Available from: http://www.aacpm.org. Association of Schools of Public Health: Annual Data Reports, 2010. 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 106. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2010

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	2000	2005	2007	2010
Hospitals				Number				
All hospitals	7,156	6,965	6,649	6,291	5,810	5,756	5,708	5,754
Federal	382	359	337	299	245	226	213	213
Nonfederal[1]	6,774	6,606	6,312	5,992	5,565	5,530	5,495	5,541
Community[2]	5,875	5,830	5,384	5,194	4,915	4,936	4,897	4,985
Nonprofit	3,339	3,322	3,191	3,092	3,003	2,958	2,913	2,904
For profit	775	730	749	752	749	868	873	1,013
State-local government	1,761	1,778	1,444	1,350	1,163	1,110	1,111	1,068
6–24 beds	299	259	226	278	288	370	360	424
25–49 beds	1,155	1,029	935	922	910	1,032	1,076	1,167
50–99 beds	1,481	1,462	1,263	1,139	1,055	1,001	971	970
100–199 beds	1,363	1,370	1,306	1,324	1,236	1,129	1,083	1,029
200–299 beds	678	715	739	718	656	619	613	585
300–399 beds	378	412	408	354	341	368	343	352
400–499 beds	230	266	222	195	182	173	191	185
500 beds or more	291	317	285	264	247	244	260	273
Beds								
All hospitals	1,465,828	1,364,516	1,213,327	1,080,601	983,628	946,997	945,199	941,995
Federal	131,946	117,328	98,255	77,079	53,067	45,837	45,744	44,940
Nonfederal[1]	1,333,882	1,247,188	1,115,072	1,003,522	930,561	901,160	899,455	897,055
Community[2]	941,844	988,387	927,360	872,736	823,560	802,311	800,892	804,943
Nonprofit	658,195	692,459	656,755	609,729	582,988	561,106	553,748	555,768
For profit	73,495	87,033	101,377	105,737	109,883	113,510	115,742	124,652
State-local government	210,154	208,895	169,228	157,270	130,689	127,695	131,402	124,523
6–24 beds	5,615	4,932	4,427	5,085	5,156	6,316	6,238	7,261
25–49 beds	41,783	37,478	35,420	34,352	33,333	33,726	34,350	37,446
50–99 beds	106,776	105,278	90,394	82,024	75,865	71,737	69,974	69,470
100–199 beds	192,438	192,892	183,867	187,381	175,778	161,593	155,291	148,090
200–299 beds	164,405	172,390	179,670	175,240	159,807	151,290	149,546	142,616
300–399 beds	127,728	139,434	138,938	121,136	117,220	126,899	118,160	121,749
400–499 beds	101,278	117,724	98,833	86,459	80,763	76,894	84,136	82,071
500 beds or more	201,821	218,259	195,811	181,059	175,638	173,856	183,197	196,240
Occupancy rate[3]				Percent				
All hospitals	76.7	77.7	69.5	65.7	66.1	69.3	68.3	66.6
Federal	80.7	80.1	72.9	72.6	68.2	66.0	67.7	65.3
Nonfederal[1]	76.3	77.4	69.2	65.1	65.9	69.5	68.3	66.6
Community[2]	75.0	75.6	66.8	62.8	63.9	67.3	66.6	64.5
Nonprofit	77.5	78.2	69.3	64.5	65.5	69.1	68.6	66.2
For profit	65.9	65.2	52.8	51.8	55.9	59.6	57.2	57.1
State-local government	70.4	71.1	65.3	63.7	63.2	66.7	66.5	64.4
6–24 beds	48.0	46.8	32.3	36.9	31.7	33.5	34.7	32.3
25–49 beds	56.7	52.8	41.3	42.6	41.3	47.1	46.2	44.8
50–99 beds	64.7	64.2	53.8	54.1	54.8	59.0	56.2	55.1
100–199 beds	71.2	71.4	61.5	58.8	60.0	63.2	61.8	60.4
200–299 beds	77.1	77.4	67.1	63.1	65.0	67.7	66.6	64.0
300–399 beds	79.7	79.7	70.0	64.8	65.7	70.1	69.6	67.4
400–499 beds	81.1	81.2	73.5	68.1	69.1	71.2	70.2	68.5
500 beds or more	80.9	82.1	77.3	71.4	72.2	75.9	75.8	73.0

[1]The 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.
[2]Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. See Appendix II, Hospital.
[3]Estimated 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 Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2012 editions. Chicago, IL. (Copyright 1976, 1981, 1991–2012: Used with permission of Health Forum LLC, an affiliate of AHA.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

Table 107. Community hospital beds and average annual percent change, by state: United States, selected years 1960–2010

[Data are based on reporting by a census of hospitals]

State	1960	1970	1980	1990	2000	2010	1960–1970	1970–1980	1980–1990	1990–2000	2000–2010
	Beds per 1,000 resident population						Average annual percent change[1]				
United States	3.6	4.3	4.5	3.7	2.9	2.6	1.8	0.5	–1.9	–2.4	–1.1
Alabama	2.8	4.3	5.1	4.6	3.7	3.2	4.4	1.7	–1.0	–2.2	–1.4
Alaska	2.4	2.3	2.7	2.3	2.3	2.2	–0.4	1.6	–1.6	–	–0.4
Arizona	3.0	4.1	3.6	2.7	2.1	2.0	3.2	–1.3	–2.8	–2.5	–0.5
Arkansas	2.9	4.2	5.0	4.6	3.7	3.2	3.8	1.8	–0.8	–2.2	–1.4
California	3.0	3.8	3.6	2.7	2.1	1.9	2.4	–0.5	–2.8	–2.5	–1.0
Colorado	3.8	4.6	4.2	3.2	2.2	2.0	1.9	–0.9	–2.7	–3.7	–0.9
Connecticut	3.4	3.4	3.5	2.9	2.3	2.3	–	0.3	–1.9	–2.3	–
Delaware	3.7	3.7	3.6	3.0	2.3	2.4	–	–0.3	–1.8	–2.6	0.4
District of Columbia	5.9	7.4	7.3	7.6	5.8	5.7	2.3	–0.1	0.4	–2.7	–0.2
Florida	3.1	4.4	5.1	3.9	3.2	2.9	3.6	1.5	–2.6	–2.0	–1.0
Georgia	2.8	3.8	4.6	4.0	2.9	2.6	3.1	1.9	–1.4	–3.2	–1.1
Hawaii	3.7	3.4	3.1	2.7	2.5	2.4	–0.8	–0.9	–1.4	–0.8	–0.4
Idaho	3.2	4.0	3.7	3.2	2.7	2.2	2.3	–0.8	–1.4	–1.7	–2.0
Illinois	4.0	4.7	5.1	4.0	3.0	2.6	1.6	0.8	–2.4	–2.8	–1.4
Indiana	3.1	4.0	4.5	3.9	3.2	2.8	2.6	1.2	–1.4	–2.0	–1.3
Iowa	3.9	5.6	5.7	5.1	4.0	3.3	3.7	0.2	–1.1	–2.4	–1.9
Kansas	4.2	5.4	5.8	4.8	4.0	3.5	2.5	0.7	–1.9	–1.8	–1.3
Kentucky	3.0	4.0	4.5	4.3	3.7	3.3	2.9	1.2	–0.5	–1.5	–1.1
Louisiana	3.9	4.2	4.8	4.6	3.9	3.4	0.7	1.3	–0.4	–1.6	–1.4
Maine	3.4	4.7	4.7	3.7	2.9	2.7	3.3	–	–2.4	–2.4	–0.7
Maryland	3.3	3.1	3.6	2.8	2.1	2.0	–0.6	1.5	–2.5	–2.8	–0.5
Massachusetts	4.2	4.4	4.4	3.6	2.6	2.4	0.5	–	–2.0	–3.2	–0.8
Michigan	3.3	4.3	4.4	3.7	2.6	2.6	2.7	0.2	–1.7	–3.5	–
Minnesota	4.8	6.1	5.7	4.4	3.4	2.9	2.4	–0.7	–2.6	–2.5	–1.6
Mississippi	2.9	4.4	5.3	5.0	4.8	4.4	4.3	1.9	–0.6	–0.4	–0.9
Missouri	3.9	5.1	5.7	4.8	3.6	3.1	2.7	1.1	–1.7	–2.8	–1.5
Montana	5.1	5.8	5.9	5.8	4.7	3.8	1.3	0.2	–0.2	–2.1	–2.1
Nebraska	4.4	6.2	6.0	5.5	4.8	4.0	3.5	–0.3	–0.9	–1.4	–1.8
Nevada	3.9	4.2	4.2	2.8	1.9	2.0	0.7	–	–4.0	–3.8	0.5
New Hampshire	4.4	4.0	3.9	3.1	2.3	2.2	–0.9	–0.3	–2.3	–2.9	–0.4
New Jersey	3.1	3.6	4.2	3.7	3.0	2.4	1.5	1.6	–1.3	–2.1	–2.2
New Mexico	2.9	3.5	3.1	2.8	1.9	2.0	1.9	–1.2	–1.0	–3.8	0.5
New York	4.3	4.6	4.5	4.1	3.5	3.0	0.7	–0.2	–0.9	–1.6	–1.5
North Carolina	3.4	3.8	4.2	3.3	2.9	2.4	1.1	1.0	–2.4	–1.3	–1.9
North Dakota	5.2	6.8	7.4	7.0	6.0	5.1	2.7	0.8	–0.6	–1.5	–1.6
Ohio	3.4	4.2	4.7	4.0	3.0	3.0	2.1	1.1	–1.6	–2.8	–
Oklahoma	3.2	4.5	4.6	4.0	3.2	3.0	3.5	0.2	–1.4	–2.2	–0.6
Oregon	3.5	4.0	3.5	2.8	1.9	1.7	1.3	–1.3	–2.2	–3.8	–1.1
Pennsylvania	4.1	4.7	4.8	4.4	3.4	3.2	1.4	0.2	–0.9	–2.5	–0.6
Rhode Island	3.7	4.0	3.8	3.2	2.3	2.3	0.8	–0.5	–1.7	–3.2	–
South Carolina	2.9	3.7	3.9	3.3	2.9	2.7	2.5	0.5	–1.7	–1.3	–0.7
South Dakota	4.5	5.6	5.5	6.1	5.7	5.0	2.2	–0.2	1.0	–0.7	–1.3
Tennessee	3.4	4.7	5.5	4.8	3.6	3.3	3.3	1.6	–1.4	–2.8	–0.9
Texas	3.3	4.3	4.7	3.5	2.7	2.4	2.7	0.9	–2.9	–2.6	–1.2
Utah	2.8	3.6	3.1	2.6	1.9	1.8	2.5	–1.5	–1.7	–3.1	–0.5
Vermont	4.5	4.5	4.4	3.0	2.7	2.1	–	–0.2	–3.8	–1.0	–2.5
Virginia	3.0	3.7	4.1	3.3	2.4	2.2	2.1	1.0	–2.1	–3.1	–0.9
Washington	3.3	3.5	3.1	2.5	1.9	1.7	0.6	–1.2	–2.1	–2.7	–1.1
West Virginia	4.1	5.4	5.5	4.7	4.4	4.0	2.8	0.2	–1.6	–0.7	–0.9
Wisconsin	4.3	5.2	4.9	3.8	2.9	2.4	1.9	–0.6	–2.5	–2.7	–1.9
Wyoming	4.6	5.5	3.6	4.8	3.9	3.6	1.8	–4.1	2.9	–2.1	–0.8

– Quantity zero.
[1]See 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: 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, 2001–2012 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2012: Used with the permission of Health Forum LLC, an affiliate of AHA.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

Table 108. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1960–2010

[Data are based on reporting by a census of hospitals]

State	1960	1970	1980	1990	2000	2010	1960–1970	1970–1980	1980–1990	1990–2000	2000–2010
	Occupancy rate[1]						Average annual percent change[2]				
United States	75	77	75	67	64	65	0.3	–0.3	–1.1	–0.5	0.2
Alabama	71	80	73	63	60	61	1.2	–0.9	–1.5	–0.5	0.2
Alaska	54	59	58	50	57	61	0.9	–0.2	–1.5	1.3	0.7
Arizona	74	73	74	62	63	65	–0.1	0.1	–1.8	0.2	0.3
Arkansas	70	74	70	62	59	55	0.6	–0.6	–1.2	–0.5	–0.7
California	74	71	69	64	66	68	–0.4	–0.3	–0.7	0.3	0.3
Colorado	81	74	72	64	58	60	–0.9	–0.3	–1.2	–1.0	0.3
Connecticut	78	83	80	77	75	78	0.6	–0.4	–0.4	–0.3	0.4
Delaware	70	79	82	77	75	74	1.2	0.4	–0.6	–0.3	–0.1
District of Columbia	81	78	83	75	74	73	–0.4	0.6	–1.0	–0.1	–0.1
Florida	74	76	72	62	61	63	0.3	–0.5	–1.5	–0.2	0.3
Georgia	72	77	70	66	63	66	0.7	–0.9	–0.6	–0.5	0.5
Hawaii	62	76	75	85	76	72	2.1	–0.1	1.3	–1.1	–0.5
Idaho	56	66	65	56	53	51	1.7	–0.2	–1.5	–0.5	–0.4
Illinois	76	79	75	66	60	62	0.4	–0.5	–1.3	–0.9	0.3
Indiana	80	80	78	61	56	58	–	–0.3	–2.4	–0.9	0.4
Iowa	73	72	69	62	58	56	–0.1	–0.4	–1.1	–0.7	–0.4
Kansas	69	71	69	56	53	54	0.3	–0.3	–2.1	–0.5	0.2
Kentucky	73	80	77	62	62	60	0.9	–0.4	–2.1	–	–0.3
Louisiana	68	74	70	57	56	59	0.8	–0.6	–2.0	–0.2	0.5
Maine	73	73	75	72	64	62	–	0.3	–0.4	–1.2	–0.3
Maryland	74	79	84	79	73	74	0.7	0.6	–0.6	–0.8	0.1
Massachusetts	76	80	82	74	71	73	0.5	0.2	–1.0	–0.4	0.3
Michigan	81	81	78	66	65	66	–	–0.4	–1.7	–0.2	0.2
Minnesota	72	74	74	67	67	64	0.3	–	–1.0	–	–0.5
Mississippi	63	74	71	59	59	54	1.6	–0.4	–1.8	–	–0.9
Missouri	76	79	75	62	58	61	0.4	–0.5	–1.9	–0.7	0.5
Montana	60	66	66	61	67	63	1.0	–	–0.8	0.9	–0.6
Nebraska	66	70	67	58	59	55	0.6	–0.4	–1.4	0.2	–0.7
Nevada	71	73	69	60	71	68	0.3	–0.6	–1.4	1.7	–0.4
New Hampshire	67	73	73	67	59	60	0.9	–	–0.9	–1.3	0.2
New Jersey	78	83	83	80	69	71	0.6	–	–0.4	–1.5	0.3
New Mexico	65	70	66	58	58	57	0.7	–0.6	–1.3	–	–0.2
New York	79	83	86	86	79	79	0.5	0.4	–	–0.8	–
North Carolina	74	79	78	73	70	70	0.7	–0.1	–0.7	–0.4	0.0
North Dakota	71	67	69	64	60	59	–0.6	0.3	–0.7	–0.6	–0.2
Ohio	81	82	79	65	61	61	0.1	–0.4	–1.9	–0.6	–
Oklahoma	71	73	68	58	56	57	0.3	–0.7	–1.6	–0.4	0.2
Oregon	66	69	69	57	59	59	0.4	–	–1.9	0.3	–
Pennsylvania	76	82	80	73	68	67	0.8	–0.2	–0.9	–0.7	–0.1
Rhode Island	76	83	86	79	72	69	0.9	0.4	–0.8	–0.9	–0.4
South Carolina	77	76	77	71	69	66	–0.1	0.1	–0.8	–0.3	–0.4
South Dakota	66	66	61	62	65	62	–	–0.8	0.2	0.5	–0.5
Tennessee	76	78	76	64	56	60	0.3	–0.3	–1.7	–1.3	0.7
Texas	68	73	70	57	59	60	0.7	–0.4	–2.0	0.3	0.2
Utah	70	74	70	59	56	53	0.6	–0.6	–1.7	–0.5	–0.5
Vermont	69	76	74	67	67	65	1.0	–0.3	–1.0	–	–0.3
Virginia	78	81	78	67	68	67	0.4	–0.4	–1.5	0.1	–0.1
Washington	63	70	72	63	60	63	1.1	0.3	–1.3	–0.5	0.5
West Virginia	75	79	76	63	61	61	0.5	–0.4	–1.9	–0.3	–
Wisconsin	74	73	74	65	60	60	–0.1	0.1	–1.3	–0.8	–
Wyoming	61	63	57	54	56	56	0.3	–1.0	–0.5	0.4	–

– Quantity zero.

[1]Estimated 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.

[2]See Appendix II, Average annual rate of change (percent change).

NOTES: The types of facilities included in the category of community hospitals have changed over time. See Appendix II, Hospital.

SOURCE: American Hospital Association: 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, 2001–2011 editions. Chicago, IL. (Copyright 1971, 1981, 1991, 2001–2011: 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 (page 1 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#109.

[Data are based on a census of certified nursing facilities]

State	Nursing homes				Beds			
	1995	2000	2010	2011	1995	2000	2010	2011
					Number			
United States	16,389	16,886	15,690	15,702	1,751,302	1,795,388	1,703,398	1,703,486
Alabama	221	225	227	228	23,353	25,248	26,656	26,692
Alaska	15	15	15	15	814	821	682	662
Arizona	152	150	139	141	16,162	17,458	16,460	16,401
Arkansas	256	255	232	234	29,952	25,715	24,548	24,600
California	1,382	1,369	1,239	1,235	140,203	131,762	121,167	120,833
Colorado	219	225	213	212	19,912	20,240	20,259	20,115
Connecticut	267	259	239	238	32,827	32,433	29,255	29,045
Delaware	42	43	47	47	4,739	4,906	4,990	4,990
District of Columbia	19	20	19	19	3,206	3,078	2,775	2,772
Florida	627	732	678	681	72,656	83,365	82,226	82,567
Georgia	352	363	360	359	38,097	39,817	39,960	39,857
Hawaii	34	45	48	48	2,513	4,006	4,303	4,315
Idaho	76	84	79	79	5,747	6,181	6,153	6,131
Illinois	827	869	787	781	103,230	110,766	101,061	100,346
Indiana	556	564	506	510	59,538	56,762	57,721	58,782
Iowa	419	467	443	442	39,959	37,034	32,842	32,548
Kansas	429	392	340	341	30,016	27,067	25,598	25,683
Kentucky	288	307	285	282	23,221	25,341	26,063	25,934
Louisiana	337	337	281	281	37,769	39,430	36,098	35,990
Maine	132	126	109	109	9,243	8,248	7,127	7,121
Maryland	218	255	231	231	28,394	31,495	29,004	28,763
Massachusetts	550	526	427	426	54,532	56,030	49,175	49,095
Michigan	432	439	428	425	49,473	50,696	47,054	46,903
Minnesota	432	433	385	384	43,865	42,149	32,339	31,620
Mississippi	183	190	203	203	16,059	17,068	18,589	18,632
Missouri	546	551	514	514	52,679	54,829	55,393	55,114
Montana	100	104	88	85	7,210	7,667	6,991	6,927
Nebraska	231	236	222	222	18,169	17,877	16,065	16,141
Nevada	42	51	50	51	3,998	5,547	5,856	5,984
New Hampshire	74	83	79	78	7,412	7,837	7,692	7,710
New Jersey	300	361	360	362	43,967	52,195	51,101	51,681
New Mexico	83	80	70	71	6,969	7,289	6,769	6,789
New York	624	665	635	634	107,750	120,514	117,984	117,931
North Carolina	391	410	424	422	38,322	41,376	44,392	44,421
North Dakota	87	88	85	84	7,125	6,954	6,438	6,370
Ohio	943	1,009	960	962	106,884	105,038	93,043	92,584
Oklahoma	405	392	314	312	33,918	33,903	28,932	29,073
Oregon	161	150	137	137	13,885	13,500	12,218	12,232
Pennsylvania	726	770	710	710	92,625	95,063	88,829	88,927
Rhode Island	94	99	86	85	9,612	10,271	8,802	8,792
South Carolina	166	178	184	188	16,682	18,102	19,474	19,605
South Dakota	114	114	110	111	8,296	7,844	7,932	6,892
Tennessee	322	349	318	319	37,074	38,593	37,279	37,235
Texas	1,266	1,215	1,173	1,194	123,056	125,052	130,665	133,268
Utah	91	93	99	100	7,101	7,651	8,255	8,377
Vermont	23	44	40	40	1,862	3,743	3,276	3,250
Virginia	271	278	286	286	30,070	30,595	32,152	32,358
Washington	285	277	229	228	28,464	25,905	21,837	21,811
West Virginia	129	139	127	125	10,903	11,413	10,840	10,789
Wisconsin	413	420	392	393	48,754	46,395	36,113	35,859
Wyoming	37	40	38	38	3,035	3,119	2,965	2,969

See footnotes at end of table.

Table 109 (page 2 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#109.

[Data are based on a census of certified nursing facilities]

State	Residents				Occupancy rate[1]			
	1995	2000	2010	2011	1995	2000	2010	2011
	Number							
United States	1,479,550	1,480,076	1,396,473	1,389,241	84.5	82.4	82.0	81.6
Alabama	21,691	23,089	22,968	22,855	92.9	91.4	86.2	85.6
Alaska	634	595	641	607	77.9	72.5	94.0	91.7
Arizona	12,382	13,253	11,878	11,472	76.6	75.9	72.2	69.9
Arkansas	20,823	19,317	17,864	18,071	69.5	75.1	72.8	73.5
California	109,805	106,460	102,591	102,377	78.3	80.8	84.7	84.7
Colorado	17,055	17,045	16,302	16,099	85.7	84.2	80.5	80.0
Connecticut	29,948	29,657	25,972	25,748	91.2	91.4	88.8	88.6
Delaware	3,819	3,900	4,145	4,195	80.6	79.5	83.1	84.1
District of Columbia	2,576	2,858	2,595	2,610	80.3	92.9	93.5	94.2
Florida	61,845	69,050	71,907	72,068	85.1	82.8	87.5	87.3
Georgia	35,933	36,559	34,704	34,272	94.3	91.8	86.8	86.0
Hawaii	2,413	3,558	3,880	3,800	96.0	88.8	90.2	88.1
Idaho	4,697	4,640	4,388	4,315	81.7	75.1	71.3	70.4
Illinois	83,696	83,604	75,224	74,580	81.1	75.5	74.4	74.3
Indiana	44,328	42,328	39,167	38,994	74.5	74.6	67.9	66.3
Iowa	27,506	29,204	25,463	25,121	68.8	78.9	77.5	77.2
Kansas	25,140	22,230	18,985	18,877	83.8	82.1	74.2	73.5
Kentucky	20,696	22,730	23,252	23,242	89.1	89.7	89.2	89.6
Louisiana	32,493	30,735	25,198	25,586	86.0	77.9	69.8	71.1
Maine	8,587	7,298	6,417	6,391	92.9	88.5	90.0	89.7
Maryland	24,716	25,629	24,816	24,683	87.0	81.4	85.6	85.8
Massachusetts	49,765	49,805	42,880	42,801	91.3	88.9	87.2	87.2
Michigan	43,271	42,615	39,894	39,545	87.5	84.1	84.8	84.3
Minnesota	41,163	38,813	29,434	28,529	93.8	92.1	91.0	90.2
Mississippi	15,247	15,815	16,489	16,447	94.9	92.7	88.7	88.3
Missouri	39,891	38,586	37,839	37,519	75.7	70.4	68.3	68.1
Montana	6,415	5,973	4,943	4,799	89.0	77.9	70.7	69.3
Nebraska	16,166	14,989	12,630	12,522	89.0	83.8	78.6	77.6
Nevada	3,645	3,657	4,735	4,717	91.2	65.9	80.9	78.8
New Hampshire	6,877	7,158	6,932	6,906	92.8	91.3	90.1	89.6
New Jersey	40,397	45,837	45,917	45,486	91.9	87.8	89.9	88.0
New Mexico	6,051	6,503	5,555	5,645	86.8	89.2	82.1	83.1
New York	103,409	112,957	109,044	108,077	96.0	93.7	92.4	91.6
North Carolina	35,511	36,658	37,199	37,486	92.7	88.6	83.8	84.4
North Dakota	6,868	6,343	5,629	5,733	96.4	91.2	87.4	90.0
Ohio	79,026	81,946	79,234	78,673	73.9	78.0	85.2	85.0
Oklahoma	26,377	23,833	19,227	19,491	77.8	70.3	66.5	67.0
Oregon	11,673	9,990	7,549	7,498	84.1	74.0	61.8	61.3
Pennsylvania	84,843	83,880	81,014	80,253	91.6	88.2	91.2	90.2
Rhode Island	8,823	9,041	8,043	8,053	91.8	88.0	91.4	91.6
South Carolina	14,568	15,739	17,133	17,240	87.3	86.9	88.0	87.9
South Dakota	7,926	7,059	6,497	6,471	95.5	90.0	81.9	93.9
Tennessee	33,929	34,714	31,927	31,437	91.5	89.9	85.6	84.4
Texas	89,354	85,275	91,099	92,133	72.6	68.2	69.7	69.1
Utah	5,832	5,703	5,361	5,448	82.1	74.5	64.9	65.0
Vermont	1,792	3,349	2,931	2,833	96.2	89.5	89.5	87.2
Virginia	28,119	27,091	28,314	28,308	93.5	88.5	88.1	87.5
Washington	24,954	21,158	18,065	17,578	87.7	81.7	82.7	80.6
West Virginia	10,216	10,334	9,557	9,448	93.7	90.5	88.2	87.6
Wisconsin	43,998	38,911	30,618	29,801	90.2	83.9	84.8	83.1
Wyoming	2,661	2,605	2,427	2,401	87.7	83.5	81.9	80.9

- - - Data not available.

[1]Percentage 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 Appendix III.

SOURCE: Cowles CM ed., 2011 Nursing Home Statistical Yearbook. McMinnville, OR: Cowles Research Group, 2012 and previous editions; and Cowles Research Group, unpublished data. Based on data from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting (OSCAR) database. See Appendix I, Online Survey Certification and Reporting Database (OSCAR).

Table 110. Medicare-certified providers and suppliers: United States, selected years 1975–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#110.

[Data are compiled from various Centers for Medicare & Medicaid Services data systems]

Providers or suppliers	*1975*	*1980*	*1985*	*1990*	*1996*	*2000*	*2004*	*2006*	*2008*	*2010*
					Number of providers or suppliers					
Skilled nursing facilities	- - -	5,052	6,451	8,937	- - -	14,841	14,968	15,028	15,032	15,084
Home health agencies	2,242	2,924	5,679	5,730	8,437	7,857	7,519	8,618	9,407	10,914
Clinical Laboratory Improvement Amendments facilities	- - -	- - -	- - -	- - -	159,907	171,018	189,340	199,817	210,872	224,679
End-stage renal disease facilities	- - -	999	1,393	1,937	2,876	3,787	4,618	4,892	5,317	5,631
Outpatient physical therapy	117	419	854	1,195	2,302	2,867	2,971	3,009	2,781	2,536
Portable X-ray	132	216	308	443	555	666	608	549	547	561
Rural health clinics	- - -	391	428	551	2,775	3,453	3,536	3,723	3,757	3,845
Comprehensive outpatient rehabilitation facilities	- - -	- - -	72	186	307	522	635	589	476	354
Ambulatory surgical centers	- - -	- - -	336	1,197	2,112	2,894	4,136	4,707	5,174	5,316
Hospices	- - -	- - -	164	825	1,927	2,326	2,645	3,071	3,346	3,509
Critical access hospitals	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	1,302	1,325

- - - Data not available.

NOTES: Data for 1975–1990 are as of July 1. Data for 1996–2010 are as of December 31. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services (CMS). 2011 CMS Statistics. Baltimore, MD: CMS; 2011 and previous editions. Available from: http://www.cms.gov/DataCompendium/, Tables VI.2 and VI.3.

Table 111. Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#111.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Gross domestic product and national health expenditures	*1960*	*1970*	*1980*	*1990*	*2000*	*2005*	*2009*	*2010*
				Amount in billions				
Gross domestic product (GDP)	$526	$1,038	$2,788	$5,801	$9,952	$12,623	$13,939	$14,527
				Deflator (2005 = 100.0)				
Implicit price deflator for GDP[1]	18.6	24.3	47.8	72.3	88.7	100.0	109.7	111.0
				Amount in billions				
National health expenditures	$27.4	$74.9	$255.8	$724.3	$1,377.2	$2,029.1	$2,495.8	$2,593.6
Health consumption expenditures	24.8	67.1	235.7	675.6	1,289.6	1,902.6	2,349.5	2,444.6
Personal health care	23.4	63.1	217.2	616.8	1,165.4	1,697.2	2,109.0	2,186.0
Administration and net cost of private health insurance	1.1	2.6	12.0	38.8	81.2	149.2	164.3	176.1
Public health	0.4	1.4	6.4	20.0	43.0	56.2	76.2	82.5
Investment[2]	2.6	7.8	20.1	48.7	87.5	126.5	146.3	149.0
				Per capita amount in dollars				
National health expenditures	$147	$356	$1,110	$2,854	$4,878	$6,868	$8,149	$8,402
Health consumption expenditures	133	319	1,023	2,662	4,568	6,440	7,671	7,919
Personal health care	125	300	943	2,430	4,128	5,745	6,886	7,082
Administration and net cost of private health insurance	6	12	52	153	288	505	536	570
Public health	2	6	28	79	152	190	249	267
Investment[2]	14	37	87	192	310	428	478	483
				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	94.1	94.3
Personal health care	85.4	84.3	84.9	85.2	84.6	83.6	84.5	84.3
Administration and net cost of private health insurance	3.9	3.5	4.7	5.4	5.9	7.4	6.6	6.8
Public health	1.4	1.8	2.5	2.8	3.1	2.8	3.1	3.2
Investment[2]	9.4	10.4	7.9	6.7	6.4	6.2	5.9	5.7
				Average annual percent change from previous year shown[3]				
GDP	. . .	7.0	10.4	7.6	5.5	4.9	–2.5	4.2
National health expenditures	. . .	10.6	13.1	11.0	6.6	8.1	3.8	3.9
Health consumption expenditures	. . .	10.5	13.4	11.1	6.7	8.1	4.4	4.0
Personal health care	. . .	10.4	13.2	11.0	6.6	7.8	4.9	3.7
Administration and net cost of private health insurance	. . .	9.0	16.5	12.5	7.7	12.9	–1.7	7.2
Public health	. . .	13.3	16.4	12.1	8.0	5.5	4.8	8.3
Investment[2]	. . .	11.6	9.9	9.3	6.0	7.7	–4.9	1.8
National health expenditures, per capita	. . .	9.2	12.0	9.9	5.5	7.1	3.0	3.1
Health consumption expenditures	. . .	9.1	12.4	10.0	5.5	7.1	3.6	3.2
Personal health care	. . .	9.1	12.1	9.9	5.4	6.8	4.1	2.8
Administration and net cost of private health insurance	. . .	7.2	15.8	11.4	6.5	11.9	–2.5	6.3
Public health	. . .	11.6	16.7	10.9	6.8	4.6	4.2	7.2
Investment[2]	. . .	10.2	8.9	8.2	4.9	6.7	–5.5	1.0

. . . Category not applicable.
[1]Year 2005 = 100.
[2]Investment consists of research and structures and equipment.
[3]See Appendix II, Average annual rate of change (percent change).

NOTES: Dollar amounts shown are in current dollars. The data reflect preliminary annual estimates of the resident population for the United States, as of July 1, 2010 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, 1960–2010. Available from: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html. Economic Analysis, National Economic Accounts, National Income and Product Accounts Table 1.1.9 accessed on June 15, 2012. 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 112 (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 1960–2011

Excel and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#112.

[Data are based on reporting by samples of providers and other retail outlets]

Items and medical care components	*1960*	*1970*	*1980*	*1990*	*1995*	*2000*	*2005*	*2010*	*2011*
					Consumer Price Index (CPI)				
All items	29.6	38.8	82.4	130.7	152.4	172.2	195.3	218.1	224.9
All items less medical care	30.2	39.2	82.8	128.8	148.6	167.3	188.7	209.7	216.3
Services	24.1	35.0	77.9	139.2	168.7	195.3	230.1	261.3	265.8
Food	30.0	39.2	86.8	132.4	148.4	167.8	190.7	219.6	227.8
Apparel	45.7	59.2	90.9	124.1	132.0	129.6	119.5	119.5	122.1
Housing	---	36.4	81.1	128.5	148.5	169.6	195.7	216.3	219.1
Energy	22.4	25.5	86.0	102.1	105.2	124.6	177.1	211.4	243.9
Medical care	22.3	34.0	74.9	162.8	220.5	260.8	323.2	388.4	400.3
Components of medical care									
Medical care services	19.5	32.3	74.8	162.7	224.2	266.0	336.7	411.2	423.8
Professional services	---	37.0	77.9	156.1	201.0	237.7	281.7	328.2	335.7
Physician services	21.9	34.5	76.5	160.8	208.8	244.7	287.5	331.3	340.3
Dental services	27.0	39.2	78.9	155.8	206.8	258.5	324.0	398.8	408.0
Eyeglasses and eye care[1]	---	---	---	117.3	137.0	149.7	163.2	176.7	178.3
Services by other medical professionals[1]	---	---	---	120.2	143.9	161.9	186.8	214.4	217.4
Hospital and related services	---	---	69.2	178.0	257.8	317.3	439.9	607.7	641.5
Hospital services[2]	---	---	---	---	---	115.9	161.6	227.2	241.2
Inpatient hospital services[2,3]	---	---	---	---	---	113.8	156.6	221.5	236.6
Outpatient hospital services[1,3]	---	---	---	138.7	204.6	263.8	373.0	520.6	546.9
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	177.0	182.2
Health insurance[4]	---	---	---	---	---	---	---	106.6	105.5
Medical care commodities	46.9	46.5	75.4	163.4	204.5	238.1	276.0	314.7	324.1
Medicinal drugs[5]	---	---	---	---	---	---	---	102.3	105.5
Prescription drugs[6]	54.0	47.4	72.5	181.7	235.0	285.4	349.0	407.8	425.0
Nonprescription drugs[5]	---	---	---	---	---	---	---	100.0	98.6
Medical equipment and supplies[5]	---	---	---	---	---	---	---	99.1	99.3
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	1.6	3.2
All items less medical care	...	2.6	7.8	4.5	2.9	2.4	2.4	1.5	3.2
Services	...	3.8	8.3	6.0	3.9	3.0	3.3	0.8	1.7
Food	...	2.7	8.3	4.3	2.3	2.5	2.6	0.8	3.7
Apparel	...	2.6	4.4	3.2	1.2	–0.4	–1.6	–0.5	2.2
Housing	...	---	8.3	4.7	2.9	2.7	2.9	–0.4	1.3
Energy	...	1.3	12.9	1.7	0.6	3.4	7.3	9.5	15.4
Medical care	...	4.3	8.2	8.1	6.3	3.4	4.4	3.4	3.0
Components of medical care									
Medical care services	...	5.2	8.8	8.1	6.6	3.5	4.8	3.5	3.1
Professional services	...	---	7.7	7.2	5.2	3.4	3.5	2.8	2.3
Physician services	...	4.6	8.3	7.7	5.4	3.2	3.3	3.3	2.7
Dental services	...	3.8	7.2	7.0	5.8	4.6	4.6	2.7	2.3
Eyeglasses and eye care[1]	...	---	---	---	3.2	1.8	1.7	0.7	0.9
Services by other medical professionals[1]	...	---	---	---	3.7	2.4	2.9	2.2	1.4
Hospital and related services	...	---	---	9.9	7.7	4.2	6.8	7.0	5.6
Hospital services[2]	...	---	---	---	---	---	6.9	7.8	6.2
Inpatient hospital services[2,3]	...	---	---	---	---	---	6.6	8.8	6.8
Outpatient hospital services[1,3]	...	---	---	---	8.1	5.2	7.2	6.1	5.1
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	3.1	2.9
Health insurance[4]	...	---	---	---	---	---	---	–3.5	–1.1
Medical care commodities	...	–0.1	5.0	8.0	4.6	3.1	3.0	3.1	3.0
Medicinal drugs[5]	...	---	---	---	---	---	---	...	3.1
Prescription drugs[6]	...	–1.3	4.3	9.6	5.3	4.0	4.1	4.3	4.2
Nonprescription drugs[5]	...	---	---	---	---	---	---	...	–1.3
Medical equipment and supplies[5]	...	---	---	---	---	---	---	...	0.3
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 112 (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 1960–2011

Excel and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#112.

[Data are based on reporting by samples of providers and other retail outlets]

- - - Data not available.
. . . Category not applicable.
[1]December 1986 = 100.
[2]December 1996 = 100.
[3]Special index based on a substantially smaller sample.
[4]December 2005 = 100.
[5]December 2009 = 100.
[6]Prior to 2006, this category included medical supplies.
[7]Starting with 2010 updates, this index series will no longer be published.
[8]Starting with 2010 updates, replaced by the series, Nonprescription drugs.
[9]Starting 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 Appendix III.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index. Various releases. 2011 data available from Tables 1A and 3A at: http://www.bls.gov/cpi/cpid11av.pdf. See Appendix I, Consumer Price Index (CPI).

Table 113 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#113.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	*1960*	*1970*	*1980*	*1990*	*2000*	*2005*	*2008*	*2009*	*2010*
					Amount, in billions				
National health expenditures	$27.4	$74.9	$255.8	$724.3	$1,377.2	$2,029.1	$2,403.9	$2,495.8	$2,593.6
Health consumption expenditures	24.8	67.1	235.7	675.6	1,289.6	1,902.6	2,250.1	2,349.5	2,444.6
Personal health care	23.4	63.1	217.2	616.8	1,165.4	1,697.2	2,010.2	2,109.0	2,186.0
Hospital care	9.0	27.2	100.5	250.4	415.5	609.4	729.3	776.1	814.0
Professional services	8.0	19.8	64.6	208.1	390.2	557.0	652.6	671.2	688.6
Physician and clinical services	5.6	14.3	47.7	158.9	290.9	416.9	486.6	502.7	515.5
Other professional services	0.4	0.7	3.5	17.4	37.0	53.0	63.6	66.0	68.4
Dental services	2.0	4.7	13.4	31.7	62.3	87.0	102.4	102.5	104.8
Other health, residential, and personal care	0.5	1.3	8.5	24.3	64.6	96.5	113.3	122.0	128.5
Home health care[1]	0.1	0.2	2.4	12.6	32.4	48.7	61.5	66.1	70.2
Nursing care facilities and continuing care retirement communities[1]	0.8	4.0	15.3	44.9	85.1	112.5	132.7	138.7	143.1
Retail outlet sales of medical products	5.0	10.6	25.9	76.5	177.6	273.2	321.0	334.9	341.6
Prescription drugs	2.7	5.5	12.0	40.3	120.9	204.8	243.6	256.1	259.1
Durable medical equipment	0.7	1.7	4.1	13.8	25.1	31.2	34.9	35.2	37.7
Other nondurable medical products	1.6	3.3	9.8	22.4	31.6	37.2	42.5	43.6	44.8
Government administration[2]	0.1	0.7	2.8	7.2	17.1	28.0	29.5	29.6	30.1
Net cost of health insurance[3]	1.0	1.9	9.3	31.6	64.2	121.2	137.8	134.7	146.0
Government public health activities[4]	0.4	1.4	6.4	20.0	43.0	56.2	72.7	76.2	82.5
Investment	2.6	7.8	20.1	48.7	87.5	126.5	153.8	146.3	149.0
Research[5]	0.7	2.0	5.4	12.7	25.5	40.3	43.4	45.7	49.3
Structures and equipment	1.9	5.8	14.7	36.0	62.1	86.2	110.4	100.6	99.8
					Average annual percent change from previous year shown				
National health expenditures	...	10.6	13.1	11.0	6.6	8.1	5.8	3.8	3.9
Health consumption expenditures	...	10.5	13.4	11.1	6.7	8.1	5.8	4.4	4.0
Personal health care	...	10.4	13.2	11.0	6.6	7.8	5.8	4.9	3.7
Hospital care	...	11.7	14.0	9.6	5.2	8.0	6.2	6.4	4.9
Professional services	...	9.5	12.6	12.4	6.5	7.4	5.4	2.9	2.6
Physician and clinical services	...	9.8	12.8	12.8	6.2	7.5	5.3	3.3	2.5
Other professional services	...	6.3	17.0	17.5	7.8	7.4	6.3	3.8	3.6
Dental services	...	9.0	11.0	9.0	7.0	6.9	5.6	0.1	2.3
Other health, residential, and personal care	...	11.4	20.4	11.1	10.3	8.4	5.5	7.7	5.3
Home health care[1]	...	14.5	26.9	18.1	9.9	8.5	8.1	7.5	6.2
Nursing care facilities and continuing care retirement communities[1]	...	17.4	14.2	11.4	6.6	5.7	5.7	4.5	3.2
Retail outlet sales of medical products	...	7.7	9.4	11.4	8.8	9.0	5.5	4.3	2.0
Prescription drugs	...	7.5	8.2	12.8	11.6	11.1	6.0	5.1	1.2
Durable medical equipment	...	9.0	8.8	13.0	6.2	4.4	3.8	0.8	7.3
Other nondurable medical products	...	7.4	11.4	8.6	3.5	3.4	4.5	2.6	2.6
Government administration[2]	...	30.0	14.1	10.0	9.1	10.4	1.6	0.4	1.7
Net cost of health insurance[3]	...	6.4	17.3	13.1	7.3	13.6	4.4	–2.2	8.4
Government public health activities[4]	...	13.8	16.9	12.0	8.0	5.5	9.0	4.9	8.2
Investment	...	11.7	10.0	9.2	6.0	7.6	6.7	–4.9	1.9
Research[5]	...	10.9	10.8	8.9	7.2	9.6	2.5	5.3	7.9
Structures and equipment	...	12.0	9.7	9.4	5.6	6.8	8.6	–8.9	–0.8

See footnotes at end of table.

Table 113 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#113.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	*1960*	*1970*	*1980*	*1990*	*2000*	*2005*	*2008*	*2009*	*2010*
					Percent distribution				
National health expenditures	100.0	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	93.6	94.1	94.3
Personal health care	85.4	84.3	84.9	85.2	84.6	83.6	83.6	84.5	84.3
Hospital care	32.8	36.3	39.3	34.6	30.2	30.0	30.3	31.1	31.4
Professional services	29.3	26.4	25.3	28.7	28.3	27.4	27.1	26.9	26.6
Physician and clinical services	20.6	19.1	18.7	21.9	21.1	20.5	20.2	20.1	19.9
Other professional services	1.4	1.0	1.4	2.4	2.7	2.6	2.6	2.6	2.6
Dental services	7.3	6.3	5.2	4.4	4.5	4.3	4.3	4.1	4.0
Other health, residential, and personal care	1.6	1.8	3.3	3.4	4.7	4.8	4.7	4.9	5.0
Home health care[1]	0.2	0.3	0.9	1.7	2.4	2.4	2.6	2.6	2.7
Nursing care facilities and continuing care retirement communities[1]	3.0	5.4	6.0	6.2	6.2	5.5	5.5	5.6	5.5
Retail outlet sales of medical products	18.4	14.1	10.1	10.6	12.9	13.5	13.4	13.4	13.2
Prescription drugs	9.8	7.3	4.7	5.6	8.8	10.1	10.1	10.3	10.0
Durable medical equipment	2.7	2.3	1.6	1.9	1.8	1.5	1.5	1.4	1.5
Other nondurable medical products	5.9	4.4	3.8	3.1	2.3	1.8	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	1.2
Net cost of health insurance[3]	3.7	2.5	3.6	4.4	4.7	6.0	5.7	5.4	5.6
Government public health activities[4]	1.4	1.8	2.5	2.8	3.1	2.8	3.0	3.1	3.2
Investment	9.4	10.4	7.9	6.7	6.4	6.2	6.4	5.9	5.7
Research[5]	2.5	2.6	2.1	1.8	1.8	2.0	1.8	1.8	1.9
Structures and equipment	6.8	7.8	5.7	5.0	4.5	4.2	4.6	4.0	3.8

. . . Category not applicable.
[1]Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.
[2]Includes 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.
[3]Net cost of health insurance is calculated as the difference between calendar year incurred premiums earned and benefits paid for private health insurance. This includes administrative costs, and in some cases, additions to reserves, rate credits and dividends, premium taxes, and plan profits or losses. Also included in this category is the difference between premiums earned and benefits paid 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).
[4]Includes personal care services delivered by government public health agencies.
[5]Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded. They are included in the expenditure class in which the product falls because such expenditures are covered by the payment received for that product.

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, 2010. Available from: http://www.cms.hhs.gov/NationalHealthExpendData/. See Appendix I, National Health Expenditure Accounts (NHEA).

Table 114 (page 1 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#114.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	1960	1970	1980	1990	2000	2005	2008	2009	2010
				Amount					
Per capita	$125	$300	$943	$2,430	$4,128	$5,745	$6,615	$6,886	$7,082
				Amount, in billions					
All personal health care expenditures[1]	$23.4	$63.1	$217.2	$616.8	$1,165.4	$1,697.2	$2,010.2	$2,109.0	$2,186.0
Out-of-pocket payments	13.1	25.0	58.4	138.7	201.8	263.4	294.0	294.4	299.7
Health insurance	6.6	29.6	132.0	403.3	844.8	1,281.4	1,544.9	1,637.1	1,703.0
Private health insurance	4.9	14.0	61.4	205.1	407.1	607.7	707.5	734.0	746.0
Medicare	...	7.3	36.3	107.3	215.8	325.3	442.0	471.2	493.8
Medicaid	...	5.0	24.7	69.7	186.9	287.7	317.1	345.9	371.6
Federal	...	2.7	13.7	40.3	109.3	165.5	187.8	230.5	251.5
State and local	...	2.3	11.0	29.4	77.6	122.2	129.3	115.4	120.1
CHIP[2]	...	...	...	...	2.5	6.4	8.7	9.6	10.0
Federal	...	...	...	...	1.8	4.5	6.1	6.7	7.0
State and local	...	...	...	...	0.8	2.0	2.6	2.8	3.0
Other health insurance programs[3]	1.7	3.3	9.6	21.2	32.4	54.3	69.6	76.5	81.6
Other third-party payers and programs[4]	3.7	8.5	26.8	74.9	118.8	152.5	171.4	177.4	183.3
				Deflator (2005 = 100.0)					
Personal health care implicit price deflator[5]	10.1	14.7	31.4	63.1	85.0	100.0	109.3	112.3	115.3
				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	55.9	39.6	26.9	22.5	17.3	15.5	14.6	14.0	13.7
Health insurance	28.3	46.9	60.8	65.4	72.5	75.5	76.8	77.6	77.9
Private health insurance	21.1	22.2	28.3	33.3	34.9	35.8	35.2	34.8	34.1
Medicare	...	11.5	16.7	17.4	18.5	19.2	22.0	22.3	22.6
Medicaid	...	8.0	11.4	11.3	16.0	17.0	15.8	16.4	17.0
Federal	...	4.3	6.3	6.5	9.4	9.8	9.3	10.9	11.5
State and local	...	3.7	5.1	4.8	6.7	7.2	6.4	5.5	5.5
CHIP[2]	...	...	...	...	0.2	0.4	0.4	0.5	0.5
Federal	...	...	...	...	0.2	0.3	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	3.2	3.5	3.6	3.7
Other third-party payers and programs[4]	15.8	13.5	12.3	12.1	10.2	9.0	8.5	8.4	8.4
				Amount, in billions					
Hospital expenditures[6]	$9.0	$27.2	$100.5	$250.4	$415.5	$609.4	$729.3	$776.1	$814.0
				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	20.6	9.0	5.4	4.5	3.3	3.2	3.2	3.2	3.2
Health insurance	50.7	71.4	79.6	82.6	86.1	87.4	87.7	87.6	87.8
Private health insurance	35.6	32.5	36.7	38.7	34.2	35.8	36.6	36.0	35.1
Medicare	...	19.7	26.1	26.9	29.6	28.8	28.2	27.9	27.8
Medicaid	...	9.7	9.2	10.6	17.1	17.2	17.0	17.7	18.7
Federal	...	5.2	5.0	6.3	10.3	10.0	10.1	11.7	12.6
State and local	...	4.5	4.2	4.3	6.8	7.2	6.9	6.0	6.1
CHIP[2]	...	...	...	...	0.2	0.4	0.4	0.4	0.4
Federal	...	...	...	...	0.2	0.3	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	5.1	5.5	5.6	5.7
Other third-party payers and programs[4]	28.7	19.5	15.0	13.0	10.6	9.4	9.1	9.2	9.1
				Amount, in billions					
Physician and clinical expenditures	$5.6	$14.3	$47.7	$158.9	$290.9	$416.9	$486.6	$502.7	$515.5
				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	29.9	18.9	11.2	10.2	10.0	9.5	9.6
Health insurance	32.6	48.8	59.9	67.8	76.6	79.2	80.3	81.3	81.2
Private health insurance	28.3	29.4	34.9	42.2	47.5	48.4	47.9	47.2	46.4
Medicare	...	11.5	17.4	19.2	20.2	20.6	21.3	22.2	22.2
Medicaid	...	4.5	5.1	4.4	6.6	7.2	7.3	8.0	8.3
Federal	...	2.4	2.9	2.6	3.9	4.3	4.5	5.5	5.8
State and local	...	2.1	2.2	1.8	2.7	2.9	2.8	2.5	2.5
CHIP[2]	...	...	...	...	0.3	0.4	0.6	0.6	0.6
Federal	...	...	...	...	0.2	0.3	0.4	0.4	0.4
State and local	...	...	...	...	0.1	0.1	0.2	0.2	0.2
Other health insurance programs[3]	4.3	3.4	2.4	2.1	2.1	2.6	3.2	3.5	3.6
Other third-party payers and programs[4]	7.3	6.1	10.2	13.2	12.2	10.6	9.7	9.2	9.2

See footnotes at end of table.

Table 114 (page 2 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#114.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	*1960*	*1970*	*1980*	*1990*	*2000*	*2005*	*2008*	*2009*	*2010*
				Amount, in billions					
Nursing care facilities and continuing care retirement communities expenditures[7]	$0.8	$4.0	$15.3	$44.9	$85.1	$112.5	$132.7	$138.7	$143.1
				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	74.8	49.5	40.7	40.3	31.9	28.9	29.1	28.5	28.3
Health insurance	0.0	28.5	51.9	48.8	61.1	64.7	64.7	65.3	65.5
Private health insurance	0.0	0.2	1.3	6.2	8.8	7.4	8.2	8.5	8.9
Medicare	. . .	3.5	2.0	3.8	12.7	18.3	20.8	21.6	22.3
Medicaid	. . .	23.3	46.2	36.6	37.4	36.6	33.0	32.4	31.5
Federal	. . .	12.5	26.1	20.6	21.7	20.6	19.3	21.6	21.4
State and local	. . .	10.8	20.1	16.0	15.7	15.9	13.7	10.8	10.1
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	2.5	2.8	2.9	2.8
Other third-party payers and programs[4]	25.2	21.9	7.4	10.9	6.9	6.4	6.2	6.2	6.3
				Amount, in billions					
Home health care expenditures	$0.1	$0.2	$2.4	$12.6	$32.4	$48.7	$61.5	$66.1	$70.2
				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	12.5	9.4	15.2	17.9	19.6	12.8	8.2	7.2	7.1
Health insurance	5.6	37.9	53.7	66.2	71.4	81.5	88.1	89.6	89.8
Private health insurance	2.5	3.0	14.7	22.9	23.8	12.6	7.3	6.7	6.4
Medicare	. . .	26.7	26.8	26.0	26.4	37.4	43.8	45.3	44.9
Medicaid	. . .	6.7	11.7	17.1	20.9	31.0	36.2	36.8	37.3
Federal	. . .	3.3	6.2	9.1	11.3	16.8	20.5	23.9	24.6
State and local	. . .	3.4	5.4	7.9	9.6	14.3	15.7	12.9	12.7
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	0.5	0.7	0.9	1.2
Other third-party payers and programs[4]	81.9	52.7	31.1	16.0	9.0	5.6	3.7	3.2	3.1
				Amount, in billions					
Prescription drug expenditures	$2.7	$5.5	$12.0	$40.3	$120.9	$204.8	$243.6	$256.1	$259.1
				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	25.2	21.0	19.9	18.8
Health insurance	1.5	16.5	26.9	40.3	70.0	72.9	77.6	78.8	79.9
Private health insurance	1.3	8.8	15.0	27.0	50.2	49.6	45.2	45.8	45.2
Medicare	. . .	. . .	. . .	0.5	1.7	1.9	20.8	21.3	23.0
Medicaid	. . .	7.6	11.7	12.6	16.3	17.7	7.8	7.8	7.8
Federal	. . .	4.1	6.8	7.2	9.3	10.1	4.6	5.2	5.3
State and local	. . .	3.5	4.9	5.4	7.0	7.6	3.2	2.6	2.5
CHIP[2]	. . .	. . .	. . .	. . .	0.3	0.5	0.5	0.6	0.6
Federal	. . .	. . .	. . .	. . .	0.2	0.4	0.4	0.4	0.4
State and local	. . .	. . .	. . .	. . .	0.1	0.2	0.2	0.2	0.2
Other health insurance programs[3]	0.1	0.1	0.2	0.2	1.5	3.1	3.2	3.3	3.3
Other third-party payers and programs[4]	2.5	1.1	1.8	3.0	1.9	1.9	1.5	1.4	1.3
				Amount, in billions					
Dental services expenditures	$2.0	$4.7	$13.4	$31.7	$62.3	$87.0	$102.4	$102.5	$104.8
				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	96.0	90.0	65.8	48.1	44.4	44.0	44.4	42.0	41.3
Health insurance	3.2	9.5	33.3	51.3	55.0	55.6	55.2	57.5	58.2
Private health insurance	1.9	4.5	28.4	48.1	50.2	49.3	47.9	48.7	48.7
Medicare	. . .	. . .	. . .	0.0	0.1	0.1	0.2	0.3	0.2
Medicaid	. . .	3.4	3.7	2.4	3.7	4.8	5.4	6.6	7.1
Federal	. . .	1.8	2.0	1.3	2.1	2.7	3.2	4.5	4.9
State and local	. . .	1.6	1.7	1.0	1.6	2.0	2.1	2.1	2.2
CHIP[2]	. . .	. . .	. . .	. . .	0.4	0.5	0.7	0.7	1.0
Federal	. . .	. . .	. . .	. . .	0.3	0.4	0.5	0.5	0.7
State and local	. . .	. . .	. . .	. . .	0.1	0.2	0.2	0.2	0.3
Other health insurance programs[3]	1.3	1.6	1.2	0.9	0.6	0.9	1.0	1.1	1.2
Other third-party payers and programs[4]	0.8	0.4	0.8	0.6	0.6	0.4	0.4	0.5	0.5

See footnotes at end of table.

Table 114 (page 3 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#114.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditures and source of funds	*1960*	*1970*	*1980*	*1990*	*2000*	*2005*	*2008*	*2009*	*2010*
					Amount, in billions				
All other personal health care expenditures[8]	$3.2	$7.1	$25.8	$77.9	$158.3	$218.0	$254.3	$266.8	$279.4
					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	84.8	74.5	57.2	49.9	38.3	33.3	32.1	31.3	31.2
Health insurance	3.4	8.3	25.0	33.2	44.2	49.9	50.7	51.6	52.0
Private health insurance	2.0	3.4	6.7	12.0	12.6	13.0	13.0	12.7	12.7
Medicare	. . .	1.0	2.8	5.5	8.0	9.7	10.7	10.7	10.6
Medicaid	. . .	2.9	14.7	14.9	22.6	25.9	26.2	27.3	27.6
Federal	. . .	1.6	8.1	8.5	12.9	14.7	15.5	18.1	18.7
State and local	. . .	1.4	6.7	6.4	9.7	11.2	10.8	9.2	8.9
CHIP[2]	. . .	. . .	. . .	. . .	0.2	0.3	0.4	0.4	0.4
Federal	. . .	. . .	. . .	. . .	0.1	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]	1.4	0.9	0.8	0.9	0.8	1.0	0.4	0.5	0.7
Other third-party payers and programs[4]	11.7	17.2	17.9	16.9	17.5	16.8	17.1	17.0	16.8

. . . Category not applicable.
0.0 Quantity more than zero but less than 0.05.
[1]Includes 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.
[2]Children's Health Insurance Program (CHIP). Medicaid CHIP expansions are included.
[3]Includes Department of Defense and Department of Veterans Affairs.
[4]Includes 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.
[5]Constructed from 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.
[6]Includes expenditures for hospital-based nursing home and home health agency care.
[7]Includes expenditures for care in freestanding nursing homes. Expenditures for care in hospital-based nursing homes are included with hospital care.
[8]Includes 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.* Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures. Available from: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html; Martin AB, Lassman D, Washington B, Catlin A. Growth In US Health Spending Remained Slow In 2010; Health Share Of Gross Domestic Product Was Unchanged From 2009. Health Aff 2012;31(1):208–19. See Appendix I, National Health Expenditure Accounts (NHEA).

Table 115 (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 2000–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#115.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure[1]	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*
All ages	Mean inflation-adjusted cost per hospitalization: 2010 dollars[2]			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2010 dollars (in millions)		
Hospital discharges with an operating room principal procedure[3]	$12,994	$15,551	$17,922	9,022,288	10,285,810	10,049,810	$116,513	$160,101	$179,935
Laminectomy (back surgery)	7,999	9,025	11,089	294,345	255,955	213,277	2,365	2,312	2,364
Heart valve procedures	42,003	51,340	52,442	82,826	96,715	102,543	3,473	4,985	5,383
Coronary artery bypass graft (CABG)	30,615	37,191	38,895	349,967	227,774	173,074	10,754	8,485	6,734
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,665	18,030	19,498	601,832	749,572	511,109	8,828	13,521	9,968
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	27,106	34,553	35,311	68,723	165,619	128,664	1,878	5,715	4,539
Colorectal resection (removal of part of the bowel)	19,069	22,122	23,788	261,519	283,453	272,865	5,089	6,278	6,488
Appendectomy	7,175	8,298	9,242	277,029	308,634	284,039	1,965	2,561	2,625
Cholecystectomy (gall bladder removal)	10,185	11,808	12,822	400,818	388,252	394,304	4,047	4,585	5,060
Hysterectomy	6,400	7,097	8,941	596,889	567,964	368,471	3,792	4,038	3,298
Cesarean section	5,323	5,349	5,874	927,397	1,301,770	1,275,164	4,820	6,966	7,498
Treatment, fracture or dislocation of hip and femur	12,322	14,913	17,549	244,706	259,071	258,181	3,066	3,861	4,528
Arthroplasty knee (knee replacement)	13,517	15,240	16,348	328,118	549,867	721,443	4,409	8,384	11,799
Hip replacement	14,661	16,682	17,510	304,709	381,318	453,621	4,523	6,355	7,940
Spinal fusion	17,068	24,214	28,665	210,677	331,912	463,470	3,512	8,045	13,290
Under 18 years									
Hospital discharges with an operating room principal procedure[3]	13,029	18,858	19,655	394,504	551,952	431,421	4,969	10,366	8,496
Incision and excision of CNS (a type of brain surgery)	28,254	34,200	41,131	6,581	11,786	9,308	179	404	383
Tonsillectomy and/or adenoidectomy	4,312	5,580	5,992	12,524	16,842	13,571	56	94	83
Small bowel resection (removal of part of the small bowel)	35,453	49,331	41,795	1,769	3,075	2,811	61	150	117
Appendectomy	6,438	7,922	8,561	77,676	88,563	82,782	487	702	709
Cesarean section	5,909	5,615	6,252	24,419	29,549	23,501	130	167	147
Spinal fusion	28,651	44,961	52,211	7,704	13,305	11,087	218	593	578
18–44 years									
Hospital discharges with an operating room principal procedure[3]	8,587	9,683	11,735	2,894,835	3,202,648	2,960,738	24,325	31,043	34,745
Incision and excision of CNS (a type of brain surgery)	24,939	29,799	36,389	20,221	18,779	23,874	485	563	875
Laminectomy (back surgery)	7,197	8,405	10,427	98,649	69,320	46,309	714	584	484
Appendectomy	6,609	7,552	8,476	137,667	140,028	120,890	897	1,058	1,025
Cholecystectomy (gall bladder removal)	8,343	9,187	10,191	136,587	133,060	144,351	1,095	1,223	1,473
Oophorectomy (removal of one or both ovaries)	6,218	7,216	8,919	39,388	34,430	33,422	248	249	298
Ligation of fallopian tubes ("tying" of fallopian tubes)	4,605	4,442	5,157	77,428	77,073	47,276	337	343	244
Hysterectomy	5,933	6,444	8,116	299,858	262,861	155,684	1,754	1,696	1,265
Cesarean section	5,306	5,338	5,862	900,964	1,267,786	1,246,610	4,678	6,772	7,315
Treatment, fracture or dislocation of lower extremity (other than hip or femur)	9,143	11,556	14,101	70,112	61,369	62,138	629	708	875
Spinal fusion	16,042	22,414	26,903	75,502	89,893	93,911	1,171	2,016	2,527
45–64 years									
Hospital discharges with an operating room principal procedure[3]	14,212	17,052	20,079	2,513,848	3,001,674	3,220,135	35,570	51,255	64,557
Laminectomy (back surgery)	8,068	8,909	11,447	111,022	98,847	83,913	897	881	959
Heart valve procedures	39,460	47,027	50,688	23,731	27,467	29,926	931	1,299	1,518
Coronary artery bypass graft (CABG)	28,601	34,059	37,437	144,812	97,449	77,190	4,162	3,327	2,891
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,193	17,408	19,125	261,110	328,248	234,877	3,699	5,719	4,493
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	33,171	37,492	37,210	16,558	45,357	38,159	545	1,699	1,419
Colorectal resection (removal of part of the bowel)	17,156	19,705	21,872	78,937	98,142	104,318	1,381	1,937	2,284
Cholecystectomy (gall bladder removal)	9,604	11,366	12,904	120,985	121,446	125,138	1,162	1,383	1,615
Oophorectomy	7,449	8,484	9,994	21,888	23,172	38,646	163	196	386
Hysterectomy	6,529	7,237	9,060	238,417	249,676	170,718	1,554	1,810	1,548
Arthroplasty knee (knee replacement)	13,828	15,294	16,382	98,691	205,869	303,860	1,357	3,149	4,979
Hip replacement	15,233	16,920	17,182	67,121	108,449	155,998	1,030	1,832	2,679
Spinal fusion	16,382	22,501	27,364	90,101	154,618	227,953	1,437	3,482	6,240

See footnotes at end of table.

Table 115 (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 2000–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#115.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure[1]	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*
65–74 years	Mean inflation-adjusted cost per hospitalization: 2010 dollars[2]			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2010 dollars (in millions)		
Hospital discharges with an operating room principal procedure[3]	15,924	18,985	21,245	1,559,874	1,653,945	1,720,707	24,970	31,451	36,493
Laminectomy (back surgery)	8,456	8,997	10,675	47,332	47,031	45,588	400	423	486
Heart valve procedures	42,981	52,231	52,757	24,127	25,535	27,262	1,028	1,338	1,440
Coronary artery bypass graft (CABG)	31,155	37,932	38,996	116,648	72,447	56,415	3,633	2,751	2,200
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	14,602	17,861	19,577	172,403	202,718	130,974	2,513	3,623	2,564
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	29,608	35,659	36,741	19,805	46,292	34,225	589	1,648	1,256
Endarterectomy (plaque removal from artery lining brain, head, neck)	8,517	9,106	10,070	52,875	41,903	36,037	462	383	363
Colorectal resection (removal of part of the bowel)	19,168	22,404	24,319	65,640	64,326	61,732	1,296	1,444	1,497
Cholecystectomy (gall bladder removal)	11,260	13,479	14,878	67,897	57,382	54,433	777	774	809
Arthroplasty knee (knee replacement)	13,769	15,195	16,208	114,150	182,838	241,232	1,556	2,781	3,913
Hip replacement	14,605	16,409	17,235	74,103	89,657	110,806	1,098	1,471	1,909
Spinal fusion	18,050	26,008	30,017	24,143	48,299	88,132	434	1,257	2,646
75–84 years									
Hospital discharges with an operating room principal procedure[3]	16,165	19,633	21,373	1,263,420	1,405,406	1,240,660	20,720	27,626	26,466
Laminectomy (back surgery)	9,127	9,876	10,854	31,988	32,853	29,357	295	324	319
Heart valve procedures	44,332	55,018	54,089	21,844	25,893	27,829	980	1,431	1,506
Coronary artery bypass graft (CABG)	33,778	42,167	41,615	71,235	46,557	31,244	2,426	1,965	1,301
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	15,458	19,091	20,196	115,128	149,285	91,574	1,792	2,850	1,850
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	24,296	33,516	34,303	20,711	50,092	34,900	513	1,676	1,196
Endarterectomy (plaque removal from artery lining brain, head, neck)	8,846	9,445	10,242	46,719	39,208	29,200	427	372	299
Colorectal resection (removal of part of the bowel	20,905	24,856	26,236	63,982	63,255	50,875	1,374	1,573	1,332
Cholecystectomy (gall bladder removal)	12,890	15,883	16,880	54,014	51,443	44,590	711	816	753
Treatment, fracture or dislocation of hip and femur	11,601	13,897	16,204	75,452	75,221	68,395	901	1,047	1,109
Arthroplasty knee (knee replacement)	13,762	15,290	16,285	81,404	125,729	138,682	1,122	1,923	2,260
Hip replacement	14,429	16,553	17,831	95,401	108,919	106,315	1,399	1,802	1,895
Spinal fusion	18,796	27,133	30,514	12,139	23,530	37,687	226	638	1,150

See footnotes at end of table.

Table 115 (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 2000–2010

Updated data when available, Excel, and PDF: http://www.cdc.gov/nchs/hus/contents2012.htm#115.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure[1]	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*	*2000*	*2005*	*2010*
85 years and over	Mean inflation-adjusted cost per hospitalization: 2010 dollars[2]			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2010 dollars (in millions)		
Hospital discharges with an operating room principal procedure[3]	$14,823	$18,085	$19,456	394,256	450,122	464,057	$5,935	$8,149	$9,028
Heart valve procedures	46,636	59,001	49,030	3,114	4,088	5,887	145	241	289
Coronary artery bypass graft (CABG)	38,005	48,587	48,466	5,483	4,315	3,079	206	211	149
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart)	17,554	21,291	20,852	17,268	29,810	24,543	300	634	512
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator	14,425	24,432	26,701	7,301	14,121	12,167	108	344	324
Colorectal resection (removal of part of the bowel)	22,602	26,607	28,673	21,347	21,140	19,145	493	563	549
Cholecystectomy (gall bladder removal)	15,705	17,645	18,382	16,163	17,286	17,157	256	304	315
Treatment, fracture or dislocation of hip and femur	11,295	13,347	15,432	79,202	80,284	79,568	921	1,073	1,230
Arthroplasty knee (knee replacement)	13,956	16,059	17,237	10,414	16,274	19,466	146	261	335
Hip replacement	14,038	16,620	18,142	51,469	55,699	59,894	734	925	1,087
Amputation of lower extremity (amputation of leg, foot or toe)	12,961	16,793	17,366	13,260	10,403	8,768	175	175	153

[1]Data 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.

[2]Charges (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 2010 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). See Appendix II, Cost-charge ratio.

[3]Includes 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 45 states in 2010. 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 Appendix III.

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 116 (page 1 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#116.

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

Characteristic	Population in millions[2]			Total expenses[1]: Percent of persons with expense				Total expenses[1]: Mean annual expense per person with expense[3]			
	1997	2000	2009	1987	1997	2000	2009	1987	1997	2000	2009
All ages	271.3	278.4	306.7	84.5	84.1	83.5	84.6	$2,940	$3,240	$3,363	$4,855
Under 65 years:											
Total	237.1	243.6	266.3	83.2	82.5	81.8	82.8	2,285	2,456	2,649	3,931
Under 6 years	23.8	24.1	25.8	88.9	88.0	86.7	88.7	1,950	1,147	1,400	2,711
6–17 years	48.1	48.4	49.0	80.2	81.7	80.0	85.3	1,270	1,287	1,391	1,941
18–44 years	108.9	109.0	111.1	81.5	78.3	77.7	76.2	2,008	2,227	2,373	3,285
45–64 years	56.3	62.1	80.3	87.0	89.2	88.5	88.4	3,896	4,311	4,437	6,266
Sex											
Male	118.0	120.9	133.1	78.8	77.6	76.6	77.6	2,159	2,220	2,536	3,408
Female	119.1	122.7	133.2	87.5	87.4	87.0	88.0	2,395	2,665	2,748	4,393
Hispanic origin and race[4]											
Hispanic or Latino	29.4	32.0	46.2	71.0	69.5	69.0	70.4	1,829	2,045	1,805	2,507
Not Hispanic or Latino:											
White	166.2	169.2	166.9	86.9	87.2	86.6	87.8	2,291	2,635	2,772	4,445
Black or African American	31.3	32.1	33.4	72.2	72.1	71.3	76.4	2,777	1,970	2,814	3,663
Asian	. . .	. . .	12.5	. . .	. . .	. . .	78.3	. . .	. . .	. . .	2,180
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	7.2	. . .	. . .	. . .	83.6	. . .	. . .	. . .	3,112
Insurance status[5]											
Any private insurance	174.0	181.6	177.4	86.5	86.5	85.9	88.3	2,191	2,503	2,524	4,025
Public insurance only	29.8	29.7	47.6	82.4	83.3	83.6	85.4	3,689	2,986	4,022	4,596
Uninsured all year	33.3	32.3	41.3	61.8	61.1	57.3	56.0	1,408	1,467	1,868	2,132
65 years and over:											
Total	34.2	34.8	40.3	93.7	95.2	95.5	96.6	7,275	7,948	7,648	10,082
Sex											
Male	14.6	15.0	17.5	92.0	94.5	93.4	96.1	7,444	8,931	8,201	10,958
Female	19.6	19.8	22.9	94.9	95.7	97.1	96.9	7,160	7,224	7,246	9,419
Hispanic origin and race[4]											
Hispanic or Latino	1.7	1.9	2.9	82.5	94.2	92.5	92.8	6,920	8,317	6,864	8,979
Not Hispanic or Latino:											
White	28.8	28.9	32.0	94.9	95.9	95.9	97.2	7,161	7,988	7,764	10,181
Black or African American	2.8	2.9	3.4	88.5	92.2	94.0	95.7	8,794	7,828	7,356	10,570
Asian	. . .	. . .	1.4	. . .	. . .	. . .	91.3	. . .	. . .	. . .	6,587
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	*	. . .	. . .	. . .	*	. . .	. . .	. . .	*
Insurance status[6]											
Medicare only	8.8	12.0	16.0	85.9	92.1	94.8	95.3	5,729	7,322	6,567	9,540
Medicare and private insurance	21.7	19.2	18.5	95.4	97.0	96.0	97.9	7,198	7,751	7,843	9,799
Medicare and other public coverage	3.2	3.2	5.4	94.4	93.2	96.3	97.3	11,191	11,202	10,495	13,046

See footnotes at end of table.

Table 116 (page 2 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#116.

[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	2009	1987	1997	2000	2009
All ages	57.3	62.1	62.3	62.5	$174	$270	$341	$292
Under 65 years:								
Total	54.0	58.7	58.5	58.1	128	191	248	231
Under 6 years	61.8	61.3	56.9	50.6	45	47	46	35
6–17 years	44.3	48.2	46.2	46.9	86	72	87	75
18–44 years	51.3	55.9	56.0	53.5	100	163	188	191
45–64 years	65.3	71.8	73.3	73.8	244	355	467	374
Sex								
Male	46.5	51.5	51.3	51.5	119	170	218	219
Female	61.4	65.8	65.6	64.7	135	207	272	240
Hispanic origin and race[4]								
Hispanic or Latino	41.6	47.7	45.0	44.0	93	127	182	124
Not Hispanic or Latino:								
White	57.7	63.1	63.8	64.7	134	207	267	266
Black or African American	44.1	50.0	47.6	50.6	114	154	204	175
Asian	. . .	. . .	. . .	42.9	. . .	. . .	. . .	132
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	. . .	57.3	. . .	. . .	. . .	178
Insurance status[5]								
Any private insurance	56.5	61.6	61.6	62.6	133	182	213	238
Public insurance only	56.5	62.0	62.4	59.4	88	188	355	135
Uninsured all year	35.1	40.2	37.6	37.2	141	275	411	353
65 years and over:								
Total	81.6	86.0	88.3	91.2	399	646	776	553
Sex								
Male	78.0	82.8	83.9	89.7	372	581	582	525
Female	84.0	88.3	91.5	92.4	417	690	911	573
Hispanic origin and race[4]								
Hispanic or Latino	74.7	87.5	83.9	87.1	*530	527	654	327
Not Hispanic or Latino:								
White	82.3	86.7	89.0	92.0	408	667	805	588
Black or African American	79.5	85.3	85.3	90.5	313	536	663	423
Asian	. . .	. . .	. . .	85.7	. . .	. . .	. . .	317
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	. . .	*	. . .	. . .	. . .	*
Insurance status[6]								
Medicare only	70.6	82.1	87.7	88.9	442	746	927	616
Medicare and private insurance	83.4	88.1	89.0	93.4	416	655	717	601
Medicare and other public coverage	88.2	85.0	88.5	91.9	150	361	614	208

See footnotes at end of table.

Table 116 (page 3 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#116.

[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.
[1]Includes 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.
[2]Includes 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).
[3]Estimates of expenses were converted to 2009 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*. See Appendix II, Consumer Price Index (CPI).
[4]Persons 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.
[5]Any 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.
[6]Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.
[7]Includes 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 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 Appendix III.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2009 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

Table 117 (page 1 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#117.

[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	2009	1987	1997	2000	2009
	Percent distribution								
All ages	100.0	24.8	19.4	19.4	14.6	36.6	40.3	40.3	41.6
Under 65 years:									
Total	100.0	26.2	21.1	20.3	15.5	46.6	53.1	52.5	54.4
Under 6 years	100.0	18.5	14.2	10.3	*5.7	39.5	49.3	51.2	67.4
6–17 years	100.0	35.7	29.0	27.7	18.5	47.3	53.2	48.8	48.0
18–44 years	100.0	27.4	21.1	19.9	16.6	46.8	52.9	51.2	55.2
45–64 years	100.0	24.0	20.1	20.2	15.6	47.8	53.6	54.5	53.2
Sex									
Male	100.0	24.5	21.3	18.1	15.4	44.6	50.3	52.2	53.3
Female	100.0	27.5	21.0	22.1	15.5	48.1	55.1	52.7	55.1
Hispanic origin and race[2]									
Hispanic or Latino	100.0	22.0	18.8	20.5	14.8	36.1	42.3	45.8	38.4
Not Hispanic or Latino:									
White	100.0	28.2	21.8	21.7	16.3	50.1	55.8	55.1	58.7
Black or African American	100.0	15.5	17.1	11.8	10.0	30.0	42.3	40.5	38.7
Asian	100.0	. . .	. . .	. . .	19.9	. . .	. . .	. . .	63.2
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	100.0	. . .	. . .	. . .	13.2	. . .	. . .	. . .	42.2
Insurance status									
Any private insurance[3]	100.0	29.0	21.6	21.2	16.7	60.0	67.6	70.2	74.6
Public insurance only[4]	100.0	8.9	10.6	9.8	5.6	. . .	. . .	. . .	. . .
Uninsured all year[5]	100.0	40.6	41.3	40.4	37.7	. . .	. . .	. . .	. . .
65 years and over	100.0	22.0	16.3	17.5	12.5	15.8	16.5	14.9	13.4
Sex									
Male	100.0	21.7	14.2	14.2	11.4	17.6	20.1	16.8	15.5
Female	100.0	22.2	18.1	20.2	13.5	14.4	13.2	13.3	11.6
Hispanic origin and race[2]									
Hispanic or Latino	100.0	*13.5	13.6	13.9	6.6	*4.7	5.9	8.4	*7.0
Not Hispanic or Latino:									
White	100.0	23.7	17.0	18.3	13.5	16.7	17.9	15.2	14.5
Black or African American	100.0	11.2	11.4	13.6	8.3	*11.9	8.8	9.3	8.0
Asian	100.0	. . .	. . .	. . .	13.0	. . .	. . .	. . .	15.8
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	14.4	. . .	. . .	. . .	. . .
Medicare and private insurance	100.0	23.4	17.3	17.0	13.6	18.9	25.7	25.3	28.8
Medicare and other public coverage	100.0	*6.2	5.2	9.1	5.4	. . .	. . .	. . .	. . .

See footnotes at end of table.

Table 117 (page 2 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#117.

[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	2009	1987	1997	2000	2009
	Percent distribution							
All ages	34.1	34.4	35.4	37.9	4.5	5.9	5.0	5.9
Under 65 years:								
Total	21.3	18.1	21.3	23.4	6.0	7.7	6.0	6.8
Under 6 years	35.8	25.4	33.6	*23.0	6.2	11.2	4.9	*3.9
6–17 years	11.8	14.1	20.1	30.1	5.2	3.7	3.4	3.4
18–44 years	19.4	15.7	21.1	21.3	6.4	10.3	7.8	6.9
45–64 years	22.4	20.3	20.2	23.4	5.8	6.0	5.2	7.7
Sex								
Male	23.9	19.5	23.5	24.2	7.1	8.9	6.3	7.1
Female	19.2	17.0	19.5	22.8	5.2	6.8	5.7	6.6
Hispanic origin and race[2]								
Hispanic or Latino	35.8	28.9	27.5	37.9	6.0	10.0	6.2	8.9
Not Hispanic or Latino:								
White	15.9	15.3	18.0	18.6	5.8	7.1	5.2	6.4
Black or African American	47.2	30.7	38.8	43.3	7.3	9.9	8.8	8.1
Asian	. . .	. . .	. . .	11.9	. . .	. . .	. . .	*5.1
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	. . .	38.2	. . .	. . .	. . .	*6.4
Insurance status								
Any private insurance[3]	6.2	6.6	5.3	5.7	4.8	4.2	3.3	3.0
Public insurance only[4]	87.2	80.7	84.4	86.4	3.9	8.7	5.8	8.0
Uninsured all year[5]	28.6	7.5	*21.2	10.4	30.9	51.1	38.4	51.9
65 years and over	60.8	64.8	64.7	70.0	1.5	2.5	2.9	4.0
Sex								
Male	58.8	63.4	66.9	69.9	*1.9	2.3	2.2	3.2
Female	62.3	65.9	63.0	70.2	1.1	2.7	3.5	4.7
Hispanic origin and race[2]								
Hispanic or Latino	80.2	77.8	75.6	83.4	*1.6	*2.7	*2.2	2.9
Not Hispanic or Latino:								
White	58.0	62.6	64.1	67.9	1.6	2.5	2.4	4.1
Black or African American	76.3	77.6	68.3	79.3	0.6	2.2	*8.9	4.4
Asian	. . .	. . .	. . .	68.9	. . .	. . .	. . .	*2.2
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race	. . .	. . .	. . .	*	. . .	. . .	. . .	*
Insurance status								
Medicare only	68.8	72.4	72.2	76.9	1.4	7.7	5.7	8.8
Medicare and private insurance	56.1	56.3	57.1	57.2	1.6	0.6	*0.6	0.4
Medicare and other public coverage	92.9	92.7	87.3	90.2	1.0	*2.1	*3.6	*3.3

See footnotes at end of table.

Table 117 (page 3 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.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.
[1]Private insurance includes any type of private insurance payments reported for people with private health insurance coverage during the year.
[2]Persons 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.
[3]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.
[4]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.
[5]Includes 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.
[6]Public 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).
[7]Other 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 Appendix III.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2009 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

Table 118. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#118.

[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
					Percent distribution			
All ages								
1987	84.5	100.0	10.4	20.0	36.7	15.2	10.0	7.7
1997	84.1	100.0	8.5	26.3	35.0	14.2	9.4	6.6
2000	83.5	100.0	6.9	26.6	34.5	14.3	9.8	7.7
2005	84.7	100.0	8.7	21.5	31.3	15.8	11.9	10.8
2008	84.4	100.0	9.9	22.9	32.2	14.8	11.2	9.0
2009	84.6	100.0	11.0	23.0	31.7	15.2	10.8	8.2
Under 6 years								
1987	88.9	100.0	19.2	28.0	39.8	8.4	2.5	2.0
1997	88.0	100.0	20.0	44.9	28.3	4.0	2.1	0.7
2000	86.7	100.0	16.7	51.4	26.1	4.0	1.3	0.5
2005	88.9	100.0	27.2	36.8	27.3	6.0	1.9	0.7
2008	88.8	100.0	31.4	36.1	26.0	3.9	1.9	0.8
2009	88.7	100.0	34.2	34.4	23.8	5.0	1.9	0.8
6–17 years								
1987	80.2	100.0	15.5	27.4	37.4	9.0	5.7	5.0
1997	81.7	100.0	16.5	36.6	31.8	7.4	3.6	4.1
2000	80.0	100.0	14.7	37.2	33.2	6.4	4.0	4.5
2005	83.0	100.0	18.6	32.9	30.7	9.2	4.6	4.0
2008	82.5	100.0	22.4	33.0	28.4	7.4	4.0	4.9
2009	85.3	100.0	24.5	31.2	28.2	7.7	4.5	3.9
18–44 years								
1987	81.5	100.0	10.1	22.1	39.4	14.8	8.3	5.4
1997	78.3	100.0	7.3	28.6	39.5	13.9	6.9	3.9
2000	77.7	100.0	5.8	29.4	39.9	13.7	6.9	4.3
2005	77.1	100.0	7.0	25.2	37.6	15.0	9.0	6.2
2008	76.5	100.0	7.9	27.1	36.7	14.0	8.3	6.0
2009	76.2	100.0	8.5	26.6	36.3	14.8	8.2	5.6
45–64 years								
1987	87.0	100.0	5.7	12.6	35.7	20.9	14.7	10.5
1997	89.2	100.0	3.4	16.9	36.3	19.5	14.7	9.1
2000	88.5	100.0	2.6	15.7	35.4	20.2	15.2	10.9
2005	89.7	100.0	2.4	13.1	29.4	21.6	18.7	14.8
2008	89.1	100.0	2.8	15.2	33.3	19.9	16.5	12.3
2009	88.4	100.0	3.4	16.6	33.3	18.7	16.3	11.7
65–74 years								
1987	92.8	100.0	5.3	10.0	27.3	21.9	19.5	16.0
1997	94.6	100.0	3.2	10.7	31.9	23.5	16.8	13.9
2000	94.7	100.0	1.5	9.9	27.1	22.1	21.3	18.0
2005	95.9	100.0	1.7	6.6	24.7	21.0	21.5	24.5
2008	95.8	100.0	1.5	9.6	29.0	21.9	20.3	17.7
2009	95.7	100.0	2.0	12.2	28.6	24.8	18.4	14.0
75 years and over								
1987	95.1	100.0	5.6	7.6	24.9	19.9	19.6	22.3
1997	95.8	100.0	2.4	10.1	27.3	19.4	21.7	19.1
2000	96.5	100.0	2.6	10.0	25.2	21.6	19.7	20.8
2005	97.4	100.0	1.6	6.4	21.2	19.6	19.7	31.4
2008	97.6	100.0	1.9	10.0	26.0	20.5	22.0	19.6
2009	97.5	100.0	2.7	10.6	25.6	23.4	18.4	19.3

[1]Estimates of expenses were converted to 2009 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 Appendix III.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1997–2009 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

Table 119 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#119.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2008	2009	2010
				Amount, in billions				
National health expenditures	$519.1	$724.3	$1,027.5	$1,377.2	$2,029.1	$2,403.9	$2,495.8	$2,593.6
Businesses, households, and other private revenues	354.1	488.2	642.3	888.5	1,226.8	1,407.8	1,402.8	1,429.9
Private business	122.3	178.3	243.6	346.3	487.7	531.4	529.8	534.5
Employer contribution to private health insurance premiums[1]	84.4	129.5	176.2	254.9	370.4	404.9	412.0	414.1
Employer contribution to Medicare hospital insurance trust fund	24.6	29.4	43.1	62.3	72.6	82.8	77.7	79.7
Workers compensation and temporary disability insurance and worksite health care	13.4	19.3	24.3	29.1	44.7	43.7	40.1	40.7
Household	189.9	253.0	319.0	434.3	596.7	703.1	705.5	725.5
Employee contribution to private health insurance premiums and individual policy premiums[2]	44.0	68.5	100.3	133.6	207.6	252.5	256.2	263.1
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund[3]	29.5	35.6	56.0	82.6	96.5	112.1	108.2	112.2
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	6.2	10.2	16.4	16.4	29.3	44.6	46.7	50.6
Out-of-pocket health spending	110.2	138.7	146.4	201.8	263.4	294.0	294.4	299.7
Other private revenues	41.9	56.9	79.7	107.9	142.3	173.4	167.4	169.9
Governments	165.0	236.1	385.1	488.7	802.4	996.1	1,093.1	1,163.7
Federal government	86.1	125.3	217.2	261.0	451.8	582.4	684.0	742.7
Employer contributions to private health insurance premiums	4.9	9.9	11.4	14.3	23.1	25.1	26.8	28.5
Employer contributions to Medicare hospital insurance trust fund	1.7	2.0	2.3	2.7	3.3	3.8	3.9	4.0
Adjusted Medicare[4]	17.4	27.7	57.6	48.8	119.4	198.7	237.4	254.0
Health program expenditures (excluding Medicare)	62.1	85.7	145.9	195.3	305.9	354.8	415.8	456.2
Medicaid[5]	28.2	43.3	87.9	119.3	182.3	209.2	254.8	278.1
Other programs[6]	33.9	42.5	58.1	75.9	123.6	145.7	161.1	178.0
State and local government	78.9	110.8	167.9	227.7	350.6	413.6	409.1	421.1
Employer contributions to private health insurance premiums	16.0	26.4	38.9	56.8	101.8	121.4	127.9	134.1
Employer contributions to Medicare hospital insurance trust fund	3.1	4.1	5.6	7.5	9.4	11.0	11.3	11.4
Health expenditures by program:								
Medicaid[5]	22.7	31.5	60.3	85.3	135.4	145.3	130.5	135.9
Other programs[7]	37.1	48.8	63.1	78.0	104.0	136.0	139.4	139.6
				Percent distribution				
National health expenditures	100	100	100	100	100	100	100	100
Businesses, households, and other private revenues	68	67	63	65	60	59	56	55
Private business	24	25	24	25	24	22	21	21
Employer contribution to private health insurance premiums[1]	69	73	72	74	76	76	78	77
Employer contribution to Medicare hospital insurance trust fund	20	16	18	18	15	16	15	15
Workers compensation and temporary disability insurance and worksite health care	11	11	10	8	9	8	8	8
Household	37	35	31	32	29	29	28	28
Employee contribution to private health insurance premiums and individual policy premiums[2]	23	27	31	31	35	36	36	36
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund[3]	16	14	18	19	16	16	15	15
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	3	4	5	4	5	6	7	7
Out-of-pocket health spending	58	55	46	46	44	42	42	41
Other private revenues	8	8	8	8	7	7	7	7

See footnotes at end of table.

Table 119 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by sponsor: United States, selected years 1987–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#119.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2005	2008	2009	2010
				Percent distribution				
Governments	32	33	37	35	40	41	44	45
Federal government	17	17	21	19	22	24	27	29
Employer contributions to private health insurance premiums	6	8	5	5	5	4	4	4
Employer contributions to Medicare hospital insurance trust fund	2	2	1	1	1	1	1	1
Adjusted Medicare[4]	20	22	27	19	26	34	35	34
Health program expenditures (excluding Medicare)	72	68	67	75	68	61	61	61
Medicaid[5]	33	35	40	46	40	36	37	37
Other programs[6]	39	34	27	29	27	25	24	24
State and local government	15	15	16	17	17	17	16	16
Employer contributions to private health insurance premiums	20	24	23	25	29	29	31	32
Employer contributions to Medicare hospital insurance trust fund	4	4	3	3	3	3	3	3
Health expenditures by program	76	72	73	72	68	68	66	65
Medicaid[5]	29	28	36	37	39	35	32	32
Other programs[7]	47	44	38	34	30	33	34	33

[1]Estimates for 2006 and beyond exclude Retiree Drug Subsidy (RDS) payments to private plans.
[2]Estimates for 2009 and beyond exclude subsidized Consolidated Omnibus Budget Reconciliation Act (COBRA) payments.
[3]Includes one-half of self-employment contribution to Medicare hospital insurance trust fund and taxation of Social Security benefits.
[4]Excludes Medicaid buy-in premiums for Medicare. Estimates for 2006 and beyond, and includes RDS payments to private and state and local plans.
[5]Includes Medicaid buy-in premiums for Medicare.
[6]Includes 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, and Children's Health Insurance Program (CHIP), investment (research, structures and equipment) and COBRA subsidies.
[7]Includes other public and general assistance, maternal and child health, vocational rehabilitation, public health activities, hospital subsidies, other state and local programs, and state phase-down payments and investment (research, structures, and equipment). 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, 1987–2010. National Health Expenditure Accounts, National health expenditures. Available from: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/sponsors.pdf. See Appendix I, National Health Expenditure Accounts (NHEA).

Table 120 (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 1991–2012

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#120.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2005	2008	2010	2011	2012
					Total compensation per employee-hour worked				
State and local government	$22.31	$25.27	$25.73	$29.05	$35.50	$37.84	$39.81	$40.54	$41.16
Total private industry	15.40	17.08	17.49	19.85	24.17	26.76	27.73	28.10	28.78
Industry:									
Goods producing	18.48	20.85	21.27	23.55	28.48	31.38	32.42	32.91	33.76
Service providing	14.31	15.82	16.28	18.72	23.11	25.63	26.77	27.11	27.78
Occupational group:[1]									
White collar	18.15	20.26	21.10	24.19	---	---	---	---	---
Blue collar	15.15	16.92	17.04	18.73	---	---	---	---	---
Service	7.82	8.38	8.61	9.72	---	---	---	---	---
Management, professional, and related	---	---	---	---	42.09	47.55	48.80	50.08	50.88
Sales and office	---	---	---	---	19.30	21.15	21.77	22.02	22.60
Service	---	---	---	---	12.07	13.27	13.71	13.98	14.03
Natural resources, construction, and maintenance	---	---	---	---	27.26	30.13	31.10	30.93	31.46
Production, transportation, and material moving	---	---	---	---	20.82	23.07	23.72	23.70	24.08
Census region:									
Northeast	17.56	20.03	20.57	22.67	27.09	30.56	32.13	32.16	32.99
Midwest	15.05	16.26	16.30	19.22	24.23	25.98	26.75	27.47	27.92
South	13.68	15.05	15.62	17.81	21.36	23.90	24.72	24.93	26.16
West	15.97	18.08	18.78	20.88	25.98	28.70	29.52	29.95	30.03
Union status:									
Union	19.76	23.26	23.31	25.88	33.17	36.28	37.16	37.68	38.41
Nonunion	14.56	16.04	16.61	19.07	23.09	25.64	26.67	27.08	27.80
Establishment employment size:									
1–99 employees	13.38	14.58	14.85	17.16	20.22	22.23	22.84	23.21	23.84
100 or more	17.34	19.45	20.09	22.81	28.94	31.68	33.33	33.69	34.65
100–499	14.31	15.88	16.61	19.30	24.44	26.80	28.55	28.69	29.15
500 or more	20.60	23.35	24.03	26.93	34.59	37.60	39.76	40.53	42.33
					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	65.9	65.5	65.2
Total private industry	72.3	71.1	71.9	73.0	71.0	70.6	70.6	70.7	70.4
Industry:									
Goods producing	68.7	66.5	67.6	69.0	65.5	66.7	66.7	66.5	66.7
Service providing	74.0	73.1	73.7	74.5	72.6	71.8	71.6	71.7	71.3
Occupational group:[1]									
White collar	73.8	72.7	73.2	74.0	---	---	---	---	---
Blue collar	68.4	66.8	68.1	69.4	---	---	---	---	---
Service	76.3	75.5	75.9	77.9	---	---	---	---	---
Management, professional, and related	---	---	---	---	71.5	71.0	70.7	70.8	70.3
Sales and office	---	---	---	---	72.6	72.0	71.6	71.6	71.4
Service	---	---	---	---	75.7	74.8	75.4	75.4	75.2
Natural resources, construction, and maintenance	---	---	---	---	68.0	68.3	68.0	68.3	67.8
Production, transportation, and material moving	---	---	---	---	66.2	66.6	66.8	66.7	66.8
Census region:									
Northeast	72.1	70.5	70.9	72.2	70.4	69.8	69.0	69.5	69.2
Midwest	71.1	69.8	71.1	72.4	70.1	69.8	70.0	69.8	69.5
South	73.3	72.1	72.7	73.5	72.1	71.8	71.8	71.9	71.5
West	72.8	72.0	73.1	74.0	70.9	70.8	71.1	71.0	70.8
Union status:									
Union	65.9	63.4	64.1	65.2	62.6	61.9	61.6	61.1	60.3
Nonunion	74.0	72.9	73.6	74.4	72.4	72.1	72.0	72.1	71.8
Establishment employment size:									
1–99 employees	74.7	73.5	74.7	75.5	73.9	73.8	73.6	74.0	73.7
100 or more	70.5	69.3	69.9	71.0	68.5	68.2	68.2	68.0	67.6
100–499	72.1	71.6	71.6	72.8	70.2	69.8	70.0	69.9	69.7
500 or more	69.3	67.6	68.6	69.4	67.0	66.9	66.5	66.2	65.6

See footnotes at end of table.

Table 120 (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 1991–2012

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#120.

[Data are based on surveys of a sample of employers]

Characteristic	1991	1994	1996	2000	2005	2008	2010	2011	2012
					Health insurance as a percent of total compensation				
State and local government	6.9	8.2	7.7	7.8	10.2	11.0	11.4	11.7	11.6
Total private industry	6.0	6.7	5.9	5.5	6.8	7.2	7.5	7.5	7.7
Industry:									
Goods producing	6.9	8.1	7.2	6.9	8.0	8.5	8.9	8.9	8.9
Service providing	5.5	6.0	5.4	4.9	6.4	6.8	7.2	7.2	7.4
Occupational group:[1]									
White collar	5.6	6.2	5.5	5.0	- - -	- - -	- - -	- - -	- - -
Blue collar	7.0	8.0	7.2	6.8	- - -	- - -	- - -	- - -	- - -
Service	4.6	5.4	4.8	4.3	- - -	- - -	- - -	- - -	- - -
Management, professional, and related	- - -	- - -	- - -	- - -	5.5	5.8	6.2	6.3	6.5
Sales and office	- - -	- - -	- - -	- - -	7.5	7.9	8.6	8.6	8.9
Service	- - -	- - -	- - -	- - -	6.1	6.8	6.7	6.5	6.5
Natural resources, construction, and maintenance	- - -	- - -	- - -	- - -	7.5	7.6	8.0	8.0	8.2
Production, transportation, and material moving	- - -	- - -	- - -	- - -	8.9	9.6	9.9	10.1	9.9
Census region:									
Northeast	6.2	6.9	6.2	5.6	6.8	6.9	7.5	7.8	7.9
Midwest	6.3	7.3	6.3	5.8	7.3	7.9	8.3	8.3	2.4
South	5.5	6.3	5.9	5.4	6.6	6.9	7.2	7.2	7.1
West	5.8	6.1	5.2	5.0	6.3	6.9	7.1	7.1	7.3
Union status:									
Union	8.2	9.8	8.8	8.4	10.3	10.9	11.8	12.3	12.9
Nonunion	5.4	5.9	5.3	5.0	6.2	6.5	6.8	6.8	6.9
Establishment employment size:									
1–99 employees	5.1	5.7	5.0	4.8	5.9	6.1	6.4	6.3	6.4
100 or more	6.6	7.3	6.6	6.0	7.5	8.0	8.4	8.6	8.7
100–499	6.3	6.5	6.3	5.6	7.5	7.9	8.3	8.4	8.5
500 or more	6.8	7.9	6.9	6.4	7.6	8.0	8.5	8.7	8.9

- - - Data not available.

[1]Starting 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.

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 Appendix III.

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: ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ecechist.pdf Employer Costs for Employee Compensation Historical Listing (Quarterly), 2002–2003. Available from: ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ececqrt.pdf Employer Costs for Employee Compensation Historical Listing March 2004—September 2011. Available from: ftp://ftp.bls.gov/pub/special.requests/ocwc/ect/ececqrtn.pdf Employer Costs for Employee Compensation March 2012, 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 121 (page 1 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#121.

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

Characteristic	Private health insurance[1]								
	1984[2]	1989[2]	1995[2]	1997	2000[3]	2001[3]	2005	2010	2011
	Number, in millions								
Total[4]	157.5	162.7	164.2	165.8	174.0	175.3	174.7	163.9	164.5
	Percent of population								
Total[4]	76.8	75.9	71.3	70.7	71.5	71.2	68.2	61.7	61.8
Age									
Under 19 years	72.6	71.9	65.4	66.1	66.7	66.4	62.3	54.3	53.9
Under 6 years	68.1	67.9	59.5	61.3	62.7	62.9	56.6	48.3	47.8
6–18 years	74.8	73.9	68.3	68.4	68.5	67.9	64.9	57.2	56.9
Under 18 years	72.6	71.8	65.2	66.1	66.6	66.3	62.1	54.1	53.7
6–17 years	74.9	74.0	68.3	68.5	68.5	67.9	64.7	57.2	56.7
18–64 years	78.6	77.6	73.9	72.7	73.5	73.3	70.7	64.7	65.0
18–44 years	76.5	75.5	70.9	69.4	70.5	70.1	66.6	60.0	60.9
18–24 years	67.4	64.5	60.8	59.3	60.3	60.3	58.0	52.3	57.2
19–25 years	67.4	63.8	60.1	58.3	59.1	59.3	56.3	51.8	56.9
25–34 years	77.4	75.9	70.1	68.1	70.1	70.0	65.1	58.7	58.6
35–44 years	83.9	82.7	77.7	76.4	77.0	76.2	73.7	66.9	66.0
45–64 years	83.3	82.5	80.1	79.0	78.7	78.6	76.9	71.3	70.6
45–54 years	83.3	83.4	80.9	80.4	80.0	79.4	77.4	70.9	70.1
55–64 years	83.3	81.6	79.0	76.9	76.7	77.4	76.2	71.8	71.2
Sex									
Male	77.3	76.1	71.6	70.9	71.6	71.2	68.0	61.1	61.4
Female	76.2	75.7	70.9	70.5	71.3	71.2	68.4	62.4	62.2
Sex and marital status[5]									
Male:									
Married	85.0	84.2	80.2	81.6	81.5	81.7	79.6	75.1	74.5
Divorced, separated, widowed	65.5	64.6	62.4	59.9	62.2	61.4	56.7	50.6	50.5
Never married	71.3	68.3	65.4	63.3	63.8	62.7	60.2	52.5	55.1
Female:									
Married	83.8	83.5	79.3	81.0	81.0	81.1	79.3	75.6	75.1
Divorced, separated, widowed	63.1	63.6	61.7	59.1	63.2	61.7	59.9	53.9	52.6
Never married	72.2	70.0	66.2	63.8	64.2	64.7	61.5	54.1	55.9
Race[6]									
White only	79.9	79.1	74.5	74.2	75.7	75.1	70.9	64.9	64.9
Black or African American only	58.1	57.7	53.0	54.7	55.9	56.5	52.9	44.8	45.9
American Indian or Alaska Native only	49.1	45.5	45.3	39.4	43.7	49.0	43.0	31.7	33.7
Asian only	69.9	71.9	68.4	68.0	72.1	72.3	72.2	68.1	65.9
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*
2 or more races	---	---	---	---	61.4	61.5	57.6	52.4	52.3
Hispanic origin and race[6]									
Hispanic or Latino	55.7	51.5	46.4	46.4	47.8	46.1	42.4	36.8	36.4
Mexican	53.3	46.8	42.6	42.3	45.4	43.1	39.7	33.4	33.9
Puerto Rican	48.4	45.6	47.6	47.0	51.1	50.5	48.5	46.0	45.5
Cuban	72.5	70.3	63.6	71.0	63.9	66.1	58.1	53.8	51.1
Other Hispanic or Latino	61.6	61.0	51.4	49.9	50.7	49.9	45.6	40.9	38.1
Not Hispanic or Latino	78.7	78.5	74.4	74.0	75.2	75.3	73.0	67.0	67.3
White only	82.4	82.5	78.6	78.1	79.5	79.4	77.3	72.0	72.2
Black or African American only	58.2	57.7	53.4	54.9	56.0	56.7	53.1	45.1	46.5
Age and percent of poverty level[7]									
Under 65 years:									
Below 100%	32.2	27.0	22.6	23.3	25.2	25.3	21.4	16.0	17.2
100%–199%	70.3	64.3	55.3	53.5	50.1	49.0	44.7	34.8	35.1
100%–133%	59.4	52.8	41.7	39.7	39.3	37.5	36.0	24.4	24.1
134%–199%	75.2	69.5	62.7	60.1	55.3	54.6	49.4	40.3	41.1
200%–399%	89.3	89.2	86.4	80.8	78.1	78.0	74.8	70.7	71.1
400% or more	95.4	94.6	93.2	91.8	91.9	91.5	90.6	89.9	90.7

See footnotes at end of table.

Table 121 (page 2 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#121.

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

Characteristic	Private health insurance[1]								
	1984[2]	1989[2]	1995[2]	1997	2000[3]	2001[3]	2005	2010	2011
	Percent of population								
Under 19 years:									
Below 100%	29.6	24.1	19.0	19.3	20.3	19.6	15.0	9.8	10.6
100%–199%	73.6	68.5	55.8	54.7	49.5	48.1	41.6	31.5	31.2
100%–133%	63.8	56.9	42.5	39.3	37.1	36.1	32.6	20.1	19.1
134%–199%	78.4	74.0	64.4	62.4	56.1	54.2	47.0	38.1	38.0
200%–399%	91.1	92.1	89.1	83.5	80.8	80.2	76.6	72.6	72.4
400% or more	96.2	96.2	93.3	93.3	93.0	93.4	92.5	91.2	92.7
Under 18 years:									
Below 100%	28.5	22.3	16.9	18.3	19.5	18.2	14.2	9.2	9.7
100%–199%	73.9	68.9	56.1	54.7	49.4	48.1	41.4	31.5	31.0
100%–133%	63.9	57.3	42.3	38.7	36.8	36.0	32.0	19.9	19.0
134%–199%	78.6	74.5	64.9	62.8	56.2	54.4	47.0	38.3	37.7
200%–399%	91.3	92.3	89.2	83.7	81.1	80.6	76.6	72.6	72.5
400% or more	96.1	96.5	93.1	93.5	93.1	93.5	92.5	91.4	92.8
18–64 years:									
Below 100%	35.0	30.8	27.0	26.8	29.1	30.0	25.9	20.4	21.8
100%–199%	68.3	61.5	54.8	52.8	50.5	49.6	46.5	36.4	37.2
100%–133%	56.6	50.0	41.4	40.3	40.9	38.5	38.3	26.9	26.7
134%–199%	73.3	66.6	61.5	58.6	54.9	54.8	50.7	41.3	42.8
200%–399%	88.3	87.6	85.0	79.4	76.7	76.9	74.0	70.0	70.5
400% or more	95.2	94.4	93.2	91.3	91.6	90.9	90.1	89.5	90.2
Disability measure among adults 18–64 years[8]									
Any basic actions difficulty or complex activity limitation	---	---	---	61.6	63.1	63.6	58.1	53.0	49.3
Any basic actions difficulty	---	---	---	62.3	63.9	64.4	58.8	53.8	49.6
Any complex activity limitation	---	---	---	47.9	48.4	48.6	44.0	38.6	35.7
No disability	---	---	---	77.4	77.2	77.7	73.7	69.3	70.5
Geographic region									
Northeast	80.5	82.0	75.4	74.2	76.3	76.4	74.0	68.2	66.8
Midwest	80.6	81.5	77.3	77.1	78.8	78.1	74.6	66.7	67.9
South	74.3	71.4	66.9	67.3	66.8	66.0	62.5	57.5	57.8
West	71.9	71.2	67.5	65.4	66.5	67.9	65.6	58.9	58.4
Location of residence									
Within MSA[9]	77.5	76.5	72.1	71.2	72.3	72.2	69.0	62.9	63.2
Outside MSA[9]	75.2	73.8	67.9	68.4	67.8	67.0	64.6	55.1	54.1

See footnotes at end of table.

Table 121 (page 3 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#121.

[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]Any 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.
[2]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS) and Appendix II, Health insurance coverage.
[3]Estimates 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.
[4]Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.
[5]Includes persons aged 14–64.
[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 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.
[7]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 10%–11% of persons under age 65 in 1984 and 1989. Missing family income data were imputed for 1995 and beyond. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See Appendix II, Family income; Poverty; Table VI.
[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]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: 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 Appendix III.

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 122 (page 1 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#122.

[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]	1995[2]	1997	2000[3]	2001[3]	2005	2010	2011
	Number, in millions								
Total[4]	141.8	146.3	150.7	153.6	160.8	162.4	160.1	147.6	146.4
	Percent of population								
Total[4]	69.1	68.3	65.4	66.4	67.1	67.0	63.6	56.6	56.4
Age									
Under 19 years	66.4	65.6	60.5	62.8	63.1	63.1	58.7	50.9	49.9
Under 6 years	62.1	62.3	55.1	58.3	58.9	59.3	53.4	44.9	44.3
6–18 years	68.4	67.3	63.1	64.9	64.9	64.7	61.1	53.8	52.5
Under 18 years	66.5	65.8	60.4	62.8	63.0	63.0	58.6	50.7	49.7
6–17 years	68.7	67.7	63.3	65.1	65.0	64.7	61.1	53.8	52.4
18–64 years	70.3	69.4	67.6	68.0	68.8	68.6	65.7	58.9	59.1
18–44 years	69.6	68.4	65.3	65.7	66.5	66.2	62.2	54.6	55.6
18–24 years	58.7	55.3	53.5	54.9	55.5	55.7	52.1	45.3	51.0
19–25 years	59.0	55.0	53.0	53.7	54.2	54.4	50.6	44.1	50.5
25–34 years	71.2	69.5	65.0	64.6	66.4	66.2	61.1	53.3	53.0
35–44 years	77.4	76.2	72.7	72.7	73.2	72.4	69.9	62.8	61.6
45–64 years	71.8	71.6	72.2	72.8	72.9	72.9	70.9	64.8	63.9
45–54 years	74.6	74.4	74.7	75.6	75.6	74.9	72.6	65.9	64.7
55–64 years	69.0	68.3	68.4	68.4	68.6	69.9	68.6	63.4	63.0
Sex									
Male	69.8	68.7	65.9	66.7	67.3	67.0	63.6	56.1	56.1
Female	68.4	67.9	64.9	66.2	66.9	66.9	63.6	57.1	56.7
Sex and marital status[5]									
Male:									
Married	77.9	76.9	74.9	77.4	77.5	77.7	75.3	70.1	69.3
Divorced, separated, widowed	58.0	57.3	56.4	55.2	57.4	56.4	51.9	45.3	45.0
Never married	61.5	58.8	58.2	58.4	58.8	57.7	54.9	46.2	48.4
Female:									
Married	76.1	75.5	73.2	76.4	76.3	76.4	74.2	69.8	69.2
Divorced, separated, widowed	51.9	54.9	54.6	53.8	57.8	57.0	54.3	48.1	46.5
Never married	63.5	60.9	59.2	59.6	60.1	60.4	56.3	48.2	50.0
Race[6]									
White only	72.0	71.2	68.4	69.7	71.0	70.5	66.1	59.3	59.0
Black or African American only	52.4	52.8	49.3	52.6	53.4	54.4	50.6	42.3	43.5
American Indian or Alaska Native only	45.8	40.9	40.2	37.2	41.7	47.0	39.9	*29.4	32.4
Asian only	59.0	61.1	59.6	61.7	65.8	66.5	64.4	60.6	58.7
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*
2 or more races	---	---	---	---	59.8	58.1	54.8	49.5	48.3
Hispanic origin and race[6]									
Hispanic or Latino	52.0	47.3	43.4	43.9	45.3	43.9	40.0	34.6	34.1
Mexican	50.5	44.2	40.9	40.8	43.6	41.3	37.6	31.6	32.0
Puerto Rican	45.9	42.3	44.5	45.1	49.4	47.7	46.2	43.6	42.8
Cuban	57.4	56.5	54.0	58.4	53.6	56.8	53.5	47.4	45.0
Other Hispanic or Latino	57.4	54.7	46.7	47.0	47.3	47.8	42.6	37.8	35.1
Not Hispanic or Latino	70.7	70.5	68.2	69.5	70.6	70.8	68.0	61.3	61.3
White only	74.0	74.1	72.1	73.3	74.5	74.4	71.9	65.7	65.5
Black or African American only	52.5	52.8	49.8	52.9	53.6	54.6	50.9	42.6	44.1
Age and percent of poverty level[7]									
Under 65 years:									
Below 100%	24.1	19.8	17.5	20.0	21.0	21.8	17.8	12.4	13.6
100%–199%	61.7	56.1	49.3	48.9	45.4	44.5	40.1	30.2	30.4
100%–133%	50.0	44.3	36.0	35.4	35.0	33.6	31.3	20.6	19.7
134%–199%	66.9	61.5	56.6	55.4	50.5	49.8	44.8	35.3	36.2
200%–399%	82.8	82.2	80.5	76.5	73.4	73.6	69.8	65.3	65.0
400% or more	88.8	87.8	86.7	87.4	87.9	87.3	86.1	84.2	85.0

See footnotes at end of table.

Table 122 (page 2 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#122.

[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]	1995[2]	1997	2000[3]	2001[3]	2005	2010	2011
	Percent of population								
Under 19 years:									
Below 100%	23.6	18.6	15.1	17.0	17.1	17.4	13.3	8.2	9.1
100%–199%	67.0	62.1	50.5	51.2	45.8	44.7	38.3	28.8	27.9
100%–133%	56.1	49.9	37.4	35.8	33.6	33.3	29.1	17.9	16.3
134%–199%	72.3	67.9	58.8	59.0	52.2	50.6	43.7	35.1	34.4
200%–399%	85.7	86.0	83.9	80.0	76.9	76.8	72.4	68.7	67.0
400% or more	90.8	90.3	87.5	89.7	89.5	89.6	88.3	86.5	87.5
Under 18 years:									
Below 100%	23.0	17.5	13.6	16.2	16.6	16.2	12.5	7.8	8.4
100%–199%	67.5	62.5	50.9	51.2	45.8	44.8	38.2	28.8	27.7
100%–133%	56.3	50.3	37.2	35.2	33.5	33.0	28.6	17.8	16.1
134%–199%	72.8	68.4	59.6	59.4	52.4	50.8	43.9	35.2	34.1
200%–399%	85.9	86.4	84.1	80.2	77.1	77.2	72.4	68.7	67.0
400% or more	90.7	90.5	87.1	89.8	89.7	89.7	88.5	86.6	87.7
18–64 years:									
Below 100%	24.8	21.8	20.5	22.7	24.0	25.6	21.2	15.4	16.8
100%–199%	58.3	52.3	48.4	47.6	45.2	44.3	41.1	30.9	31.8
100%–133%	46.0	40.4	35.3	35.5	35.9	33.9	32.9	22.1	21.5
134%–199%	63.6	57.5	55.0	53.2	49.5	49.3	45.3	35.3	37.2
200%–399%	81.4	80.2	78.8	74.7	71.7	72.1	68.7	63.9	64.3
400% or more	88.5	87.5	86.7	86.8	87.5	86.6	85.4	83.6	84.2
Disability measure among adults 18–64 years[8]									
Any basic actions difficulty or complex activity limitation	---	---	---	57.3	58.5	59.5	53.3	48.0	44.4
Any basic actions difficulty	---	---	---	58.0	59.1	60.4	54.0	48.9	44.9
Any complex activity limitation	---	---	---	43.3	43.5	44.4	38.9	32.8	30.3
No disability	---	---	---	72.5	72.5	72.9	68.5	63.5	64.6
Geographic region									
Northeast	74.0	75.0	69.8	71.0	72.5	73.3	70.6	64.4	63.0
Midwest	72.0	73.3	71.2	72.6	74.9	74.0	70.1	61.8	62.2
South	66.2	63.6	61.8	62.9	62.5	61.8	58.0	52.2	52.3
West	64.7	63.9	60.4	60.7	61.1	62.5	59.7	52.7	52.2
Location of residence									
Within MSA[9]	70.9	69.6	66.6	67.3	68.2	68.2	64.5	57.9	57.8
Outside MSA[9]	65.3	63.5	60.7	62.8	62.6	61.9	59.6	49.4	48.7

See footnotes at end of table.

Table 122 (page 3 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#122.

[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%.
[1]Any 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.
[2]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS) and Appendix II, Health insurance coverage.
[3]Estimates 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.
[4]Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.
[5]Includes persons aged 14–64.
[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. 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. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See Appendix II, Family income; Poverty; Table VI.
[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]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: 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 Appendix III.

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). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#123.

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

Characteristic	1984[1]	1989[1]	1995[1]	1997	2000[2]	2001[2]	2004(1)[3]	2004(2)[3]	2010[3]	2011[3]
					Number, in millions					
Total[4]	14.0	15.4	26.6	22.9	23.2	25.5	31.1	31.6	44.8	47.4
					Percent of population					
Total[4]	6.8	7.2	11.5	9.7	9.5	10.4	12.3	12.5	16.9	17.8
Age										
Under 19 years	11.7	12.2	21.1	18.0	19.2	21.0	25.4	25.8	35.7	37.5
Under 6 years	15.5	15.7	29.3	24.7	24.7	26.2	31.8	32.4	43.7	46.1
6–18 years	9.8	10.5	17.0	14.9	16.8	18.6	22.5	22.9	31.8	33.4
Under 18 years	11.9	12.6	21.5	18.4	19.6	21.5	25.9	26.4	36.4	38.2
6–17 years	10.1	10.9	17.4	15.2	17.2	19.2	23.1	23.4	32.5	34.1
18–64 years	4.5	4.9	7.1	5.9	5.2	5.7	6.7	6.8	9.2	9.9
18–44 years	5.1	5.2	7.8	6.6	5.6	6.3	7.5	7.7	10.9	11.6
18–24 years	6.4	6.8	10.4	8.8	8.1	8.4	10.3	10.4	14.5	15.2
19–25 years	6.3	6.6	10.2	8.5	7.3	7.7	9.0	9.1	12.6	13.4
25–34 years	5.3	5.2	8.2	6.8	5.5	6.2	7.6	7.8	11.1	11.5
35–44 years	3.5	4.0	5.9	5.2	4.3	5.1	5.7	5.8	8.1	9.0
45–64 years	3.4	4.3	5.6	4.6	4.5	4.7	5.4	5.5	6.8	7.5
45–54 years	3.2	3.8	5.1	4.0	4.2	4.4	5.4	5.5	7.0	8.0
55–64 years	3.6	4.9	6.4	5.6	4.9	5.2	5.4	5.5	6.6	6.9
Sex										
Male	5.4	5.7	9.6	8.4	8.2	9.1	10.8	11.0	15.2	16.3
Female	8.1	8.6	13.4	11.1	10.8	11.6	13.7	13.9	18.5	19.3
Sex and marital status[5]										
Male:										
Married	1.9	1.8	2.9	2.5	2.2	2.4	2.9	3.0	4.0	4.9
Divorced, separated, widowed	4.9	5.4	7.7	5.7	6.1	6.1	6.7	6.8	9.3	9.8
Never married	4.8	5.6	8.1	7.0	7.2	8.4	10.2	10.4	13.5	14.5
Female:										
Married	2.6	3.0	5.2	3.5	3.1	3.4	4.2	4.3	5.7	6.4
Divorced, separated, widowed	16.0	16.1	19.0	14.7	12.7	13.9	14.9	15.2	17.6	18.0
Never married	10.7	11.9	16.5	14.2	13.2	14.0	16.9	17.1	22.2	21.9
Race[6]										
White only	4.6	5.1	8.9	7.4	7.1	8.0	10.2	10.4	14.5	15.4
Black or African American only	20.5	19.0	28.5	22.4	21.2	22.1	24.5	24.9	30.4	30.9
American Indian or Alaska Native only	*28.2	29.7	19.0	19.6	15.1	16.2	18.0	18.4	21.6	29.0
Asian only	*8.7	*8.8	10.5	9.6	7.5	8.4	9.6	9.8	12.0	14.7
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	---	19.1	17.5	19.0	19.3	27.4	27.2
Hispanic origin and race[6]										
Hispanic or Latino	13.3	13.5	21.9	17.6	15.5	17.5	21.9	22.5	28.6	30.1
Mexican	12.2	12.4	21.6	17.2	14.0	16.6	21.9	22.4	29.5	31.0
Puerto Rican	31.5	27.3	33.4	31.0	29.4	30.3	28.5	29.1	35.7	33.0
Cuban	*4.8	*7.7	13.4	7.3	9.2	11.1	17.9	17.9	17.3	20.0
Other Hispanic or Latino	7.9	11.1	18.2	15.3	14.5	15.6	19.9	20.8	24.5	27.7
Not Hispanic or Latino	6.2	6.5	10.2	8.7	8.5	9.2	10.5	10.7	14.4	15.2
White only	3.7	4.1	7.1	6.1	6.1	6.7	7.8	7.9	11.0	11.8
Black or African American only	20.7	19.0	28.1	22.1	21.0	22.0	24.1	24.6	30.0	30.5
Age and percent of poverty level[7]										
Under 65 years:										
Below 100%	33.0	37.6	48.4	40.5	38.4	40.0	44.2	45.0	50.8	51.4
100%–199%	5.3	7.5	14.4	13.0	16.2	18.8	21.6	22.0	28.5	30.6
100%–133%	8.7	11.9	23.1	20.1	22.4	25.9	28.5	29.1	36.3	38.8
134%–199%	3.7	5.6	9.7	9.5	13.1	15.3	18.2	18.6	24.4	26.1
200%–399%	0.8	1.3	2.3	2.7	4.0	4.5	6.1	6.1	8.4	8.9
400% or more	0.2	0.5	0.4	0.8	0.9	1.0	1.5	1.5	2.0	1.7

See footnotes at end of table.

Table 123 (page 2 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#123.

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

Characteristic	1984[1]	1989[1]	1995[1]	1997	2000[2]	2001[2]	2004(1)[3]	2004(2)[3]	2010[3]	2011[3]
					Percent of population					
Under 19 years:										
Below 100%	42.0	45.8	63.5	56.4	56.9	59.4	67.5	68.9	78.4	79.9
100%–199%	6.5	8.6	21.3	20.3	27.8	32.1	38.7	39.5	53.5	56.7
100%–133%	10.3	13.4	32.4	31.1	36.4	41.0	48.3	49.2	63.5	69.1
134%–199%	4.7	6.3	14.3	14.8	23.3	27.5	33.9	34.6	47.7	49.9
200%–399%	1.0	1.7	3.5	4.4	7.6	8.9	12.1	12.2	17.7	18.3
400% or more	*	*1.2	*	1.3	2.1	2.2	3.2	3.2	4.3	3.5
Under 18 years:										
Below 100%	43.3	47.8	66.0	58.0	58.5	61.5	69.2	70.7	79.8	81.4
100%–199%	6.6	8.7	21.6	20.8	28.4	32.7	39.5	40.2	54.3	57.6
100%–133%	10.4	13.5	32.9	32.0	36.9	41.9	48.9	49.8	64.6	70.1
134%–199%	4.8	6.4	14.4	15.1	23.8	28.0	34.7	35.4	48.2	50.6
200%–399%	1.0	1.7	3.5	4.5	7.6	9.0	12.2	12.3	18.0	18.6
400% or more	*	*1.1	*	1.3	2.2	2.2	3.3	3.3	4.3	3.6
18–64 years:										
Below 100%	25.3	29.1	34.8	28.0	24.9	25.7	28.6	28.9	32.4	33.0
100%–199%	4.5	6.8	10.2	8.6	9.1	11.0	11.9	12.2	15.7	17.1
100%–133%	7.6	10.8	16.3	13.0	13.2	16.6	17.0	17.4	21.0	22.7
134%–199%	3.1	5.1	7.2	6.5	7.2	8.4	9.5	9.7	13.0	14.1
200%–399%	0.7	1.1	1.7	1.9	2.4	2.6	3.4	3.4	4.8	5.2
400% or more	0.2	0.4	0.4	0.7	0.6	0.7	1.0	1.0	1.3	1.2
Disability measure among adults 18–64 years[8]										
Any basic actions difficulty or complex activity limitation	---	---	---	13.2	12.8	13.4	14.7	14.9	17.8	19.6
Any basic actions difficulty	---	---	---	12.7	12.2	12.9	14.0	14.2	16.7	19.1
Any complex activity limitation	---	---	---	22.9	23.2	24.3	23.9	24.1	30.0	30.8
No disability	---	---	---	3.5	3.0	3.2	4.5	4.7	6.8	6.9
Geographic region										
Northeast	8.6	6.6	11.7	11.3	10.6	10.8	12.8	13.0	17.9	19.6
Midwest	7.4	7.6	10.5	8.4	8.0	8.9	10.2	10.4	17.3	16.7
South	5.1	6.5	11.3	8.7	9.4	10.7	12.2	12.4	16.0	17.3
West	7.0	8.5	12.9	11.7	10.4	11.0	14.2	14.4	17.1	18.4
Location of residence										
Within MSA[9]	7.1	7.0	11.3	9.7	8.9	9.9	11.7	11.9	16.1	17.0
Outside MSA[9]	6.1	7.9	12.3	10.1	11.9	12.4	14.8	15.0	21.4	22.1

See footnotes at end of table.

Table 123 (page 3 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.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%.
[1]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS) and Appendix II, Health insurance coverage.
[2]Estimates 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.
[3]Beginning 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.
[4]Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.
[5]Includes persons aged 14–64.
[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. 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. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See Appendix II, Family income; Poverty; Table VI.
[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]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: 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 Appendix III.

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). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#124.

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

Characteristic	1984[1]	1989[1]	1995[1]	1997	2000[2]	2001[2]	2004(1)[3]	2004(2)[3]	2010[3]	2011[3]
					Number, in millions					
Total[4]	29.8	33.4	37.1	41.0	41.4	40.3	42.1	41.6	48.3	45.8
					Percent of population					
Total[4]	14.5	15.6	16.1	17.5	17.0	16.4	16.6	16.4	18.2	17.2
Age										
Under 19 years	14.1	15.0	13.7	14.4	12.9	11.6	10.1	9.6	8.3	7.4
Under 6 years	14.9	15.1	11.8	12.5	11.8	9.9	8.9	8.2	6.3	5.0
6–18 years	13.8	15.0	14.6	15.2	13.4	12.4	10.6	10.3	9.2	8.5
Under 18 years	13.9	14.7	13.4	14.0	12.6	11.2	9.7	9.2	7.8	7.0
6–17 years	13.4	14.5	14.3	14.7	13.0	11.8	10.0	9.7	8.6	8.0
18–64 years	14.8	16.0	17.3	19.0	18.9	18.5	19.4	19.3	22.3	21.2
18–44 years	17.1	18.4	20.4	22.4	22.4	22.2	23.6	23.5	27.1	25.4
18–24 years	25.0	27.1	28.0	30.1	30.4	29.9	30.1	30.0	31.4	25.9
19–25 years	25.1	27.9	28.8	31.5	32.3	31.8	32.3	32.2	33.8	27.9
25–34 years	16.2	18.3	21.1	23.8	23.3	23.1	25.7	25.5	28.3	28.1
35–44 years	11.2	12.3	15.1	16.7	16.9	16.8	17.6	17.5	22.6	22.2
45–64 years	9.6	10.5	10.9	12.4	12.6	12.2	12.9	12.8	15.7	15.4
45–54 years	10.5	11.0	11.6	12.8	12.8	13.0	13.7	13.6	17.9	17.4
55–64 years	8.7	10.0	9.9	11.8	12.4	11.0	11.7	11.6	12.8	13.0
Sex										
Male	15.3	16.8	17.4	18.7	18.1	17.5	18.1	17.9	20.3	18.8
Female	13.8	14.4	14.8	16.3	15.9	15.3	15.2	14.9	16.1	15.6
Sex and marital status[5]										
Male:										
Married	11.1	12.5	15.0	13.9	14.1	13.5	14.5	14.4	17.2	16.5
Divorced, separated, widowed	24.9	25.0	24.0	28.8	25.8	25.6	27.1	27.0	31.4	30.0
Never married	22.4	25.0	25.6	27.9	27.2	27.1	27.6	27.5	31.1	28.0
Female:										
Married	11.2	11.8	13.6	13.0	13.3	13.1	13.2	13.1	14.7	14.4
Divorced, separated, widowed	19.2	19.1	18.1	23.2	21.3	21.2	23.3	23.0	23.6	24.0
Never married	16.3	18.0	17.5	20.5	21.1	20.0	19.6	19.3	21.9	20.5
Race[6]										
White only	13.6	14.5	15.5	16.4	15.4	14.9	16.3	16.1	17.6	16.7
Black or African American only	19.9	21.6	18.0	20.1	19.5	18.8	18.1	17.6	20.6	19.0
American Indian or Alaska Native only	22.5	28.4	34.3	38.1	38.4	33.1	35.0	34.6	44.0	34.2
Asian only	18.5	16.9	18.6	19.5	17.6	17.3	16.7	16.5	17.1	16.5
Native Hawaiian or Other Pacific Islander only	---	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	---	16.8	16.6	12.6	12.3	15.8	16.0
Hispanic origin and race[6]										
Hispanic or Latino	29.5	33.7	31.4	34.5	35.6	35.0	35.1	34.4	32.0	31.1
Mexican	33.8	39.9	35.6	39.4	39.9	39.4	38.1	37.6	34.8	33.0
Puerto Rican	18.3	24.7	17.6	19.0	16.4	15.5	21.0	20.4	13.7	15.8
Cuban	21.6	20.6	22.3	21.1	25.4	20.4	22.8	22.8	26.5	28.1
Other Hispanic or Latino	27.4	25.8	30.2	33.0	33.4	33.2	33.3	32.3	32.4	31.8
Not Hispanic or Latino	13.2	13.7	14.2	15.2	14.0	13.3	13.3	13.2	15.2	14.2
White only	11.9	12.1	13.0	13.8	12.5	11.8	12.1	12.0	13.7	12.9
Black or African American only	19.7	21.5	17.9	20.0	19.5	18.7	17.8	17.3	20.7	18.8
Age and percent of poverty level[7]										
Under 65 years:										
Below 100%	33.9	35.2	29.6	33.7	34.2	33.1	31.8	31.0	30.3	28.4
100%–199%	21.8	25.6	28.3	30.6	31.0	29.1	29.4	29.0	32.4	30.0
100%–133%	28.8	32.3	34.1	36.6	35.7	32.9	32.3	31.7	34.9	32.0
134%–199%	18.7	22.6	25.1	27.7	28.7	27.3	28.0	27.6	31.0	28.9
200%–399%	7.6	8.3	10.0	14.2	15.4	14.9	15.7	15.6	17.4	16.5
400% or more	3.2	4.2	5.4	6.1	5.9	6.1	5.9	5.9	5.6	5.2

See footnotes at end of table.

Table 124 (page 2 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#124.

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

Characteristic	1984[1]	1989[1]	1995[1]	1997	2000[2]	2001[2]	2004(1)[3]	2004(2)[3]	2010[3]	2011[3]
					Percent of population					
Under 19 years:										
Below 100%	29.0	31.7	20.4	23.8	22.6	21.3	17.2	15.7	11.3	9.4
100%–199%	18.0	20.7	22.6	23.7	22.1	19.2	16.5	15.8	13.5	12.1
100%–133%	24.4	27.6	26.4	28.2	26.5	22.1	18.4	17.6	15.9	12.5
134%–199%	14.9	17.4	20.1	21.4	19.7	17.7	15.5	14.9	12.0	11.9
200%–399%	5.1	4.9	6.7	9.7	9.6	8.8	8.1	8.0	7.4	6.8
400% or more	1.8	2.1	4.4	4.0	3.5	3.2	2.8	2.8	2.3	2.1
Under 18 years:										
Below 100%	28.9	31.6	20.0	23.2	22.0	20.7	16.5	15.0	10.6	8.8
100%–199%	17.5	20.2	22.0	23.2	21.7	18.6	15.8	15.1	12.7	11.4
100%–133%	24.0	27.1	26.1	28.1	26.4	21.3	17.9	17.1	15.1	11.5
134%–199%	14.4	16.9	19.5	20.7	19.1	17.1	14.7	14.1	11.3	11.3
200%–399%	4.9	4.7	6.6	9.4	9.3	8.3	7.7	7.6	7.0	6.4
400% or more	1.8	1.9	4.6	3.9	3.3	3.2	2.6	2.6	2.1	2.0
18–64 years:										
Below 100%	37.6	38.2	37.0	41.2	42.4	41.3	41.4	41.0	42.7	40.4
100%–199%	24.4	28.8	32.0	34.7	36.4	35.0	36.7	36.5	42.1	39.3
100%–133%	31.9	35.6	39.7	41.7	41.7	39.8	40.4	40.0	45.7	42.5
134%–199%	21.1	25.9	28.2	31.5	34.0	32.8	35.0	34.8	40.3	37.6
200%–399%	8.9	10.0	11.7	16.4	18.2	17.8	19.1	19.1	21.3	20.4
400% or more	3.4	4.4	5.5	6.7	6.6	6.9	6.8	6.8	6.5	6.1
Disability measure among adults 18–64 years[8]										
Any basic actions difficulty or complex activity limitation	---	---	---	20.1	17.6	16.8	19.8	19.6	20.8	22.0
Any basic actions difficulty	---	---	---	20.1	17.6	16.7	20.0	19.8	20.9	22.3
Any complex activity limitation	---	---	---	20.2	16.1	15.9	18.1	17.9	17.2	18.2
No disability	---	---	---	17.6	18.5	17.7	19.3	19.2	21.6	20.2
Geographic region										
Northeast	10.2	10.9	13.3	13.5	12.2	11.7	11.9	11.8	12.4	11.8
Midwest	11.3	10.7	12.2	13.2	12.3	11.7	12.6	12.4	14.1	13.4
South	17.7	19.7	19.4	20.9	20.5	20.2	20.2	19.9	21.9	20.4
West	18.2	18.8	17.9	20.6	20.7	19.0	19.1	18.9	20.6	20.0
Location of residence										
Within MSA[9]	13.6	15.2	15.5	16.9	16.6	15.9	16.4	16.2	17.8	16.7
Outside MSA[9]	16.6	17.0	18.6	19.8	18.6	18.2	17.4	17.2	20.4	19.8

See footnotes at end of table.

Table 124 (page 3 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2011

Updated data when available, Excel, PDF, more data years, and standard errors: http://www.cdc.gov/nchs/hus/contents2012.htm#124.

[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]Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS) and Appendix II, Health insurance coverage.
[2]Estimates 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.
[3]Beginning 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.
[4]Includes all other races not shown separately, those with unknown marital status, unknown disability status, and, in 1984 and 1989, persons with unknown poverty level.
[5]Includes persons aged 14–64.
[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. 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. Some data have been revised and may differ from previous versions of *Health, United States*. Revised rates are due to the addition of a third decimal place to the poverty ratio estimate. See Appendix II, Family income; Poverty; Table VI.
[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]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: 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 Appendix III.

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 2). Health insurance coverage of noninstitutionalized Medicare beneficiaries aged 65 and over, by type of coverage 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/contents2012.htm#125.

[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	2009	2010	1992	1995	2000	2009	2010
Age					Number, in millions					
65 years and over	1.1	2.6	5.9	9.8	10.3	2.7	2.8	2.7	3.0	3.2
					Percent distribution					
65 years and over	3.9	8.9	19.3	26.1	26.7	9.4	9.6	9.0	8.0	8.4
65–74 years	4.2	9.5	20.6	25.8	26.9	7.9	8.8	8.5	7.7	7.7
75–84 years	3.7	8.3	18.5	27.7	27.6	10.6	9.6	8.9	8.3	9.1
85 years and over	*	7.3	16.3	23.2	23.7	16.6	13.6	11.2	8.8	9.5
Sex										
Male	4.6	9.2	19.3	25.4	25.4	6.3	6.2	6.3	5.8	6.3
Female	3.4	8.6	19.3	26.7	27.8	11.6	12.0	10.9	9.8	10.1
Race and Hispanic origin										
White, not Hispanic or Latino	3.6	8.4	18.4	23.7	23.9	5.6	5.4	5.1	5.1	5.4
Black, not Hispanic or Latino	*	7.9	20.7	33.1	34.3	28.5	30.3	23.6	17.4	16.8
Hispanic	*	15.5	27.5	46.2	47.2	39.0	40.5	28.7	18.3	18.8
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	26.1	27.1	4.0	4.3	4.3	3.6	3.6
Widowed	2.3	7.7	19.4	24.7	25.4	14.9	15.0	13.6	12.2	12.6
Divorced	*	9.7	24.4	30.4	29.1	23.4	24.5	20.2	16.5	16.9
Never married	*	*	15.8	23.4	23.1	19.2	19.0	17.0	18.5	19.8

Characteristic	Employer-sponsored plan[4]					Medigap[5]				
	1992	1995	2000	2009	2010	1992	1995	2000	2009	2010
Age					Number, in millions					
65 years and over	12.5	11.3	10.7	11.9	11.9	9.9	9.5	7.6	7.7	7.6
					Percent distribution					
65 years and over	42.8	38.6	35.2	31.5	30.6	33.9	32.5	25.0	20.3	19.6
65–74 years	46.9	41.1	36.6	33.2	32.5	31.4	29.9	21.7	18.4	17.4
75–84 years	38.2	37.1	35.0	29.7	28.4	37.5	35.2	27.8	21.4	21.3
85 years and over	31.6	30.2	29.4	29.5	28.5	38.3	37.6	31.1	25.4	24.7
Sex										
Male	46.3	42.1	37.7	34.5	32.9	30.6	30.0	23.4	18.2	18.2
Female	40.4	36.0	33.4	29.2	28.9	36.2	34.4	26.2	21.9	20.8
Race and Hispanic origin										
White, not Hispanic or Latino	45.9	41.3	38.6	34.1	33.5	37.2	36.2	28.3	23.4	23.0
Black, not Hispanic or Latino	25.9	26.7	22.0	25.6	23.7	13.6	10.2	7.5	5.3	6.7
Hispanic	20.7	16.9	15.8	17.8	14.8	15.8	10.1	11.3	6.7	6.4
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	37.3	35.9	33.0	32.6	25.6	20.4	19.6
Widowed	34.1	30.3	28.7	26.2	26.3	37.5	35.2	26.7	22.8	22.0
Divorced	27.3	26.6	22.4	18.1	18.9	27.9	24.1	16.9	14.9	15.3
Never married	38.0	35.1	28.5	27.8	25.2	29.1	26.2	21.9	16.4	17.5

See footnotes at end of table.

Table 125 (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 1992–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#125.

[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	2009	2010
Age			Number, in millions		
65 years and over	2.9	3.1	3.5	5.3	5.7
			Percent distribution		
65 years and over	9.9	10.5	11.5	13.9	14.6
65–74 years	9.7	10.7	12.6	14.9	15.5
75–84 years	10.1	9.9	9.9	12.9	13.5
85 years and over	10.8	11.3	12.1	13.1	13.6
Sex					
Male	12.2	12.6	13.3	16.0	17.3
Female	8.3	8.9	10.2	12.3	12.5
Race and Hispanic origin					
White, not Hispanic or Latino	7.7	8.7	9.6	13.7	14.2
Black, not Hispanic or Latino	26.7	25.0	26.1	18.7	18.6
Hispanic	18.3	17.1	16.7	11.0	12.7
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	12.6	13.9
Widowed	11.2	11.9	11.6	14.1	13.7
Divorced	15.7	15.1	16.1	20.0	19.8
Never married	*	13.1	16.8	13.9	14.4

* Estimates are considered unreliable if the sample cell size is 50 or fewer.
- - - Data not available.
[1]Enrollee has Medicare risk Health Maintenance Organization (HMO) regardless of other insurance. See Appendix II, Managed care.
[2]Enrolled in Medicaid and not enrolled in a Medicare risk HMO. See Appendix II, Managed care.
[3]Percent 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.
[4]Private 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.
[5]Supplemental 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.
[6]Medicare 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 Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Access to Care file. See Appendix I, Medicare Current Beneficiary Survey (MCBS).

Table 126 (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 1970–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#126.

[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*[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	48.7
Hospital insurance	20.1	28.0	33.7	37.2	39.3	42.2	45.1	46.3	47.3	48.3
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
Part D[4]	---	---	---	---	---	1.8	32.6	33.6	34.8	35.7
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
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	131.1	182.9	235.6	242.5	247.9	256.7
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
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	186.9
Inpatient hospital	4.8	24.1	56.9	82.3	87.1	123.3	130.3	133.9	136.1	132.7
Skilled nursing facility	0.2	0.4	2.5	9.1	11.1	19.3	24.4	26.2	27.0	32.9
Home health agency	0.1	0.5	3.7	16.2	4.0	6.0	6.7	7.1	7.2	7.3
Hospice	---	---	0.3	1.9	2.9	8.0	11.4	12.3	13.1	14.0
Incentive payments[6]	---	---	---	---	---	---	---	---	0.0	0.9
Home health agency transfer[7]	---	---	---	---	1.7	---	---	---	---	---
Medicare Advantage premiums[8]	---	---	---	---	---	---	0.1	0.1	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	4.1
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
Total Part B	2.2	11.2	44.0	66.6	90.7	152.4	183.3	205.7	212.9	225.3
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
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
Physician/supplies[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
Durable medical equipment	---	---	---	3.7	4.7	8.0	8.6	8.2	8.3	8.2
Laboratory[15]	---	---	---	4.3	4.4	6.9	7.9	8.7	8.9	8.9
Other[16]	---	---	---	9.9	13.6	26.7	29.6	32.4	33.3	34.7
Hospital[17]	---	---	---	8.7	8.1	18.7	23.6	26.3	28.1	30.7
Home health agency	0.0	0.2	0.1	0.2	4.5	7.1	10.3	11.6	11.8	12.4
Home health agency transfer[7]	---	---	---	---	–1.7	---	---	---	---	---
Medicare Advantage premiums[8]	---	---	---	---	---	---	0.1	0.1	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
Part D start-up costs[18]	---	---	---	---	---	0.7	0.0	---	---	---
Total Part D[4]	---	---	---	---	---	1.1	49.3	60.8	62.1	67.1
					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
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
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
Inpatient hospital	91.4	94.3	85.0	70.0	66.4	67.4	55.3	55.2	54.9	51.7
Skilled nursing facility	4.7	1.5	3.7	7.8	8.5	10.6	10.4	10.8	10.9	12.8
Home health agency	1.0	2.1	5.5	13.8	3.1	3.3	2.8	2.9	2.9	2.8
Hospice	---	---	0.5	1.6	2.2	4.4	4.8	5.1	5.3	5.5
Incentive payments[6]	---	---	---	---	---	---	---	---	0.0	0.3
Home health agency transfer[7]	---	---	---	---	1.3	---	---	---	---	---
Medicare Advantage premiums[8]	---	---	---	---	---	---	0.0	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

See footnotes at end of table.

Table 126 (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 1970–2011

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#126.

[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*[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
Total Part B	100.0	100.0	100.0	100.0	100.0	99.3	78.8	77.2	77.4	77.1
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
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
Physician/supplies[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
Durable medical equipment	---	---	---	5.5	5.2	5.2	3.7	3.1	3.0	2.8
Laboratory[15]	---	---	---	6.4	4.8	4.5	3.4	3.3	3.3	3.1
Other[16]	---	---	---	14.8	15.0	17.4	12.7	12.2	12.1	11.9
Hospital[17]	---	---	---	13.0	8.9	12.2	10.1	9.9	10.2	10.5
Home health agency	1.5	2.1	0.2	0.3	4.9	4.6	4.4	4.3	4.3	4.2
Home health agency transfer[7]	---	---	---	---	–1.9	---	---	---	---	---
Medicare Advantage premiums[8]	---	---	---	---	---	---	0.0	0.0	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
Part D start-up costs[18]	---	---	---	---	---	0.4	0.0	---	---	---
Total Part D[4]	---	---	---	---	---	0.7	21.2	22.8	22.6	22.9

--- Category not applicable or data not available.
0.0 Quantity more than zero but less than 0.05.
[1]Preliminary estimates.
[2]Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See Appendix II, Medicare.
[3]Starting 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).
[4]The 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.
[5]Medicare-approved managed care organizations. See Appendix II, Managed care.
[6]Includes Community-Based Care Transitions Program ($125 million in 2011) and Electronic Health Records Incentive Program ($739 million in 2011).
[7]For 1998 to 2003 data, reflects annual home health HI to SMI transfer amounts.
[8]When 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.
[9]Represents 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.
[10]Includes 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.
[11]Type-of-service reporting categories for fee-for-service reimbursement differ before and after 1991.
[12]Includes 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/supplies category are included in Other.
[13]Includes 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.
[14]Starting 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.
[15]Payments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent laboratory, or in a hospital outpatient department.
[16]Includes 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.
[17]Includes 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.
[18]Part 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 127. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, by sex and age: United States and other areas, selected years 1994–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#127.

[Data are compiled from administrative data by the Centers for Medicare & Medicaid Services]

Sex and age	1994	1995	1999	2000	2005	2007	2008	2009	2010
					Fee-for-service enrollees, in thousands				
Total	34,076	34,062	32,179	32,740	36,685	35,490	35,320	35,360	35,910
Sex									
Male	14,533	14,563	13,872	14,195	16,251	15,879	15,890	15,968	16,281
Female	19,543	19,499	18,307	18,545	20,433	19,611	19,430	19,392	19,629
Age									
Under 65 years	4,031	4,239	4,742	4,907	6,286	6,318	6,359	6,435	6,619
65–74 years	16,713	16,373	14,072	14,230	15,587	15,041	15,182	15,336	15,648
75–84 years	9,845	9,911	9,748	9,919	10,689	9,947	9,592	9,335	9,291
85 years and over	3,486	3,540	3,618	3,684	4,123	4,184	4,187	4,254	4,352
					Fee-for-service program payments, in billions				
Total	$146.6	$159.0	$166.7	$174.3	$274.1	$288.5	$301.1	$318.0	$331.1
Sex									
Male	63.9	68.8	73.2	76.2	121.0	126.5	131.5	139.1	145.4
Female	82.6	90.2	93.5	98.0	153.2	162.1	169.7	178.9	185.7
Age									
Under 65 years	18.8	21.0	24.3	25.8	46.7	50.9	54.2	59.7	63.7
65–74 years	55.1	58.1	56.0	57.5	86.6	89.1	92.9	98.1	102.5
75–84 years	50.7	55.3	59.5	62.7	95.2	96.4	97.9	100.2	101.8
85 years and over	21.8	24.6	26.9	28.3	45.6	52.1	56.1	60.0	63.2
					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	43.8	43.7	43.7	43.9
Female	56.4	56.8	56.1	56.3	55.9	56.2	56.3	56.3	56.1
Age									
Under 65 years	12.9	13.2	14.6	14.8	17.0	17.6	18.0	18.8	19.2
65–74 years	37.6	36.5	33.6	33.0	31.6	30.9	30.9	30.9	31.0
75–84 years	34.6	34.8	35.7	36.0	34.7	33.4	32.5	31.5	30.7
85 years and over	14.9	15.5	16.1	16.2	16.6	18.0	18.6	18.9	19.1
					Average fee-for-service payment per enrollee [1]				
Total	$4,301	$4,667	$5,180	$5,323	$7,473	$8,129	$8,526	$8,993	$9,221
Sex									
Male	4,397	4,721	5,275	5,370	7,443	7,964	8,274	8,711	8,931
Female	4,229	4,627	5,108	5,286	7,497	8,263	8,732	9,226	9,461
Age									
Under 65 years	4,673	4,960	5,117	5,252	7,435	8,058	8,530	9,280	9,616
65–74 years	3,300	3,548	3,982	4,040	5,558	5,924	6,119	6,398	6,550
75–84 years	5,152	5,576	6,106	6,320	8,904	9,696	10,206	10,731	10,953
85 years and over	6,267	6,950	7,428	7,684	11,061	12,440	13,396	14,103	14,527

[1]Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments.

NOTES: 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, number of fee-for-service enrollees, fee-for-service program payments, and fee-for-service billing reimbursement were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and the fee-for-service claims for a 5% sample of beneficiaries as recorded in CMS' National Claims History File. Starting with 2004 data, the 100% Denominator File was used. See Appendix I, Medicare Administrative Data; Appendix II, Medicare. The 2009 and 2010 payment data reported in this table have not been finalized and are subject to revision. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplements for publication year 2011. See Appendix I, Medicare Administrative Data.

Table 128 (page 1 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#128.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	All			Not Hispanic or Latino						Hispanic or Latino		
				White			Black or African American					
	1992	2008	2009	1992	2008	2009	1992	2008	2009	1992	2008	2009
	Number of beneficiaries, in millions											
All Medicare beneficiaries	36.8	46.0	47.2	30.9	35.9	36.5	3.3	4.3	4.6	1.9	3.7	3.9
	Percent distribution of beneficiaries											
All Medicare beneficiaries	100.0	100.0	100.0	84.2	77.9	77.3	8.9	9.3	9.8	5.2	8.0	8.2
Medical care use	Percent of beneficiaries with at least one service											
All Medicare beneficiaries:												
Long-term care facility stay	7.7	8.4	8.1	8.0	8.9	8.7	6.2	8.5	8.6	4.2	5.4	4.4
Community-only residents:												
Inpatient hospital	17.9	18.9	17.6	18.1	19.3	17.8	18.4	19.7	18.4	16.6	15.7	16.9
Outpatient hospital	57.9	72.5	72.7	57.8	73.3	73.2	61.1	72.1	72.2	53.1	67.2	70.0
Physician/supplier[1]	92.4	95.7	95.9	93.0	96.3	96.3	89.1	93.2	93.4	87.9	91.9	93.3
Dental	40.4	43.7	44.6	43.1	47.3	49.0	23.5	26.7	23.9	29.1	35.8	33.5
Prescription medicine	85.2	93.8	94.3	85.5	94.1	94.4	83.1	91.4	93.0	84.6	92.5	94.6
Expenditures	Expenditures per beneficiary											
All Medicare beneficiaries:												
Total health care[2]	$6,716	$16,190	$16,068	$6,816	$15,961	$15,938	$7,043	$19,494	$19,211	$5,784	$15,374	$14,860
Long-term care facility[3]	1,581	2,480	2,438	1,674	2,573	2,533	1,255	2,995	2,598	*758	1,711	1,758
Community-only residents:												
Total personal health care	5,054	12,303	12,295	4,988	11,963	12,031	5,530	14,607	14,210	4,938	12,763	12,754
Inpatient hospital	2,098	2,623	2,363	2,058	2,504	2,222	2,493	3,542	3,454	1,999	2,118	2,496
Outpatient hospital	504	1,351	1,385	478	1,264	1,312	668	1,990	1,873	511	1,427	1,414
Physician/supplier[1]	1,524	3,434	3,336	1,525	3,552	3,476	1,398	3,069	2,763	1,587	3,022	2,836
Dental	142	416	408	153	454	460	70	232	204	97	353	220
Prescription medicine	468	2,799	3,013	481	2,714	2,891	417	3,282	3,565	389	2,915	3,316
Long-term care facility residents only:												
Long-term care facility[4]	23,054	41,672	42,103	23,177	40,774	41,174	21,272	44,879	44,326	*25,026	*44,018	*50,851
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	45.0	45.1	42.7	44.7	45.2	42.0	45.2	45.1	46.7	47.3	44.8
Female	57.1	55.1	54.9	57.3	55.3	54.8	58.0	54.8	54.9	53.3	52.7	55.2
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	16.1	16.0	8.6	13.6	13.2	19.1	31.4	31.4	16.5	22.6	23.6
Under 45 years	3.5	3.8	3.7	2.9	3.0	3.0	7.6	8.2	8.0	6.9	6.0	5.6
45–64 years	6.5	12.3	12.3	5.8	10.6	10.2	11.5	23.2	23.4	9.6	16.6	18.0
Aged	89.8	83.9	84.0	91.4	86.4	86.9	81.0	68.5	68.5	83.5	77.4	76.4
65–74 years	51.5	44.7	45.1	52.0	44.8	45.5	48.0	38.6	39.3	49.4	46.7	47.2
75–84 years	28.8	27.3	26.8	29.5	28.7	28.3	24.0	21.5	20.8	27.1	21.6	21.6
85 years and over	9.7	11.9	12.1	9.9	12.9	13.2	9.0	8.4	8.4	6.9	9.1	7.6
Living arrangement												
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	29.0	29.1	27.5	29.7	30.1	27.7	31.7	31.1	20.2	22.6	21.7
With spouse	51.2	49.1	48.7	53.3	51.5	51.0	33.3	31.0	30.8	50.4	47.2	48.6
With children	9.1	10.0	10.2	7.7	8.1	8.2	16.8	17.5	17.9	16.6	15.4	15.4
With others	7.6	7.8	7.9	6.2	6.4	6.5	18.1	14.5	16.4	10.8	12.0	11.7
Long-term care facility	5.1	4.2	4.1	5.3	4.3	4.3	4.0	5.2	3.8	*2.0	*2.9	*2.7

See footnotes at end of table.

Table 128 (page 2 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2009

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#128.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	All			Not Hispanic or Latino						Hispanic or Latino		
				White			Black or African American					
	1992	2008	2009	1992	2008	2009	1992	2008	2009	1992	2008	2009
Age and limitation of activity[6]	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	32.5	40.9	21.8	32.3	42.8	26.2	37.4	37.5	21.2	25.4	38.3
IADL only	39.0	34.7	32.1	38.9	34.8	31.5	35.8	33.7	36.8	46.1	36.3	28.5
1 or 2 ADL	21.2	18.4	16.8	21.5	18.4	16.6	21.2	17.1	15.0	*20.9	*19.6	*17.9
3–5 ADL	17.2	14.4	10.3	17.9	14.5	9.1	*16.8	*11.7	*10.8	*11.9	*18.7	*15.4
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	73.1	72.5	68.7	74.5	74.5	55.1	69.4	68.9	59.2	68.1	61.1
IADL only	17.8	14.3	15.3	17.0	14.0	14.3	22.9	15.0	14.1	*20.9	14.1	23.0
1 or 2 ADL	10.4	8.7	7.7	9.6	8.2	7.3	14.4	*8.9	*9.5	*15.7	*10.1	*10.1
3–5 ADL	4.8	4.0	4.5	4.6	3.2	3.9	*7.6	*6.7	*7.5	*4.2	*7.7	*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	56.4	52.8	47.5	57.4	54.2	42.0	47.6	44.9	44.3	54.7	51.9
IADL only	23.9	21.4	23.1	23.6	21.3	22.9	26.7	24.9	25.7	*27.8	*17.8	*20.3
1 or 2 ADL	16.5	12.9	13.6	16.8	12.5	13.5	15.3	*15.3	*13.3	*14.9	*13.1	*13.8
3–5 ADL	13.0	9.4	10.5	12.2	8.8	9.4	*15.9	*12.2	*16.2	*13.0	*14.4	*14.1
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	30.3	27.0	20.2	31.0	27.7	*19.6	*27.7	*18.0	*19.7	*26.8	*24.7
IADL only	20.9	25.3	26.6	20.2	26.4	26.3	*22.1	*15.7	*33.6	*24.7	*20.8	*21.7
1 or 2 ADL	23.5	19.4	19.7	23.5	19.2	20.4	*24.3	*21.7	*12.5	*23.7	*20.0	*16.7
3–5 ADL	35.8	24.9	26.8	36.1	23.5	25.6	*34.0	34.9	*35.9	*31.8	*32.4	*37.0

* Estimates are based on 50 persons or fewer or have a relative standard error of 30% or higher and are considered unreliable.
[1]Physician/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.
[2]Total 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. Does not include health insurance premiums.
[3]Expenditures 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.
[4]Expenditures 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. They do not include expenditures for short-term facility stays for full-year community residents. See Appendix II, Long-term care facility.
[5]Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups Aged and Disabled. In 2009, less than 1% of Medicare beneficiaries qualified because of ESRD.
[6]IADL 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. Data for additional years are available. See Appendix III.

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 129 (page 1 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#129.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Basis of eligibility and race and Hispanic origin	*1999*	*2000*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
Beneficiaries[1]				Number, in millions					
All beneficiaries	40.1	42.8	52.0	55.6	57.7	57.8	56.8	58.8	62.6
				Percent of beneficiaries					
Basis of eligibility:									
Aged (65 years and over)	9.4	8.7	7.8	7.8	7.6	7.6	7.1	7.1	6.7
Blind and disabled	16.7	16.1	14.8	14.6	14.2	14.4	14.8	14.8	14.4
Adults in families with dependent children[2]	18.7	20.5	22.5	22.5	21.5	21.9	21.8	21.8	22.7
Children under age 21[3]	46.9	46.1	47.8	47.8	47.5	48.0	48.4	48.0	47.7
Other Title XIX[4]	8.4	8.6	7.2	7.3	9.1	8.1	7.8	8.4	8.4
Race and Hispanic origin:[5]									
White	---	---	41.2	41.1	39.3	39.1	38.6	38.1	38.2
Black or African American	---	---	22.4	22.1	21.5	21.8	21.6	21.1	20.7
American Indian or Alaska Native	---	---	1.4	1.3	1.2	1.2	1.2	1.3	1.2
Asian or Pacific Islander	---	---	3.3	3.3	3.5	3.5	3.5	3.5	3.6
Asian	---	---	2.4	2.4	2.5	2.6	2.6	2.6	2.7
Pacific Islander	---	---	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Hispanic or Latino	---	---	19.3	19.4	20.6	21.0	21.6	21.7	22.3
Multiple race or unknown	---	---	12.5	12.7	13.9	13.3	13.5	14.3	14.0
Payments[6]				Amount, in billions					
All payments	$153.5	$168.3	$233.2	$257.7	$274.9	$269.0	$276.2	$294.2	$326.0
				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	23.7	23.1	23.1	21.6	20.7	20.6	19.7
Blind and disabled	42.9	43.2	43.7	43.3	43.4	43.3	43.3	43.5	43.4
Adults in families with dependent children[2]	10.3	10.6	11.5	12.0	11.7	12.3	12.4	12.6	13.8
Children under age 21[3]	15.7	15.9	17.1	17.2	17.3	18.8	19.4	19.4	19.6
Other Title XIX[4]	3.4	3.9	4.0	4.5	4.6	3.9	4.2	4.0	3.4
Race and Hispanic origin:[5]									
White	---	---	53.8	53.4	53.0	52.1	50.7	50.2	50.0
Black or African American	---	---	19.7	19.8	19.8	20.4	20.8	20.6	20.7
American Indian or Alaska Native	---	---	1.2	1.2	1.2	1.2	1.2	1.3	1.2
Asian or Pacific Islander	---	---	2.4	2.5	2.7	2.8	2.8	2.9	3.1
Asian	---	---	1.6	1.7	1.9	2.0	2.0	2.1	2.3
Pacific Islander	---	---	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Hispanic or Latino	---	---	10.6	10.7	12.2	12.8	13.1	13.7	14.2
Multiple race or unknown	---	---	12.2	12.3	11.1	10.8	11.4	11.4	10.8
Payments per beneficiary[6]				Amount					
All beneficiaries	$3,819	$3,936	$4,487	$4,639	$4,768	$4,657	$4,862	$5,051	$5,209
Basis of eligibility:									
Aged (65 years and over)	11,268	11,929	13,677	13,687	14,427	13,276	14,141	14,742	15,337
Blind and disabled	9,832	10,559	13,303	13,714	14,531	13,982	14,194	14,843	15,670
Adults in families with dependent children[2]	2,104	2,030	2,292	2,471	2,587	2,622	2,753	2,917	3,152
Children under age 21[3]	1,282	1,358	1,606	1,664	1,735	1,825	1,951	2,038	2,145
Other Title XIX[4]	1,532	1,778	2,474	2,896	2,380	2,255	2,622	2,407	2,125
Race and Hispanic origin:[5]									
White	---	---	5,870	6,026	6,422	6,199	6,390	6,657	6,809
Black or African American	---	---	3,944	4,158	4,397	4,358	4,669	4,928	5,216
American Indian or Alaska Native	---	---	4,001	4,320	4,626	4,489	4,826	5,218	5,382
Asian or Pacific Islander	---	---	3,327	3,513	3,710	3,696	3,863	4,133	4,402
Asian	---	---	2,993	3,198	3,624	3,657	3,847	4,123	4,386
Pacific Islander	---	---	4,223	4,366	3,947	3,799	3,907	4,161	4,448
Hispanic or Latino	---	---	2,463	2,563	2,822	2,831	2,960	3,175	3,322
Multiple race or unknown	---	---	4,396	4,493	3,816	3,770	4,106	4,014	4,025

See footnotes at end of table.

Table 129 (page 2 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#129.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

- - - Data not available.
[1]Beneficiaries include those who received services through Medicaid.
[2]Includes 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.
[3]Includes children (including those in the foster care system) in the TANF program. For more information on the eligibility requirements, see Appendix II, Medicaid.
[4]Includes 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.
[5]Race 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.
[6]Medicaid payments exclude disproportionate share hospital (DSH) payments ($14.7 billion in FY2009) and DSH mental health facility payments ($3.1 billion in FY2009).

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*. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2009 were accessed on January 31, 2013. See Appendix I, Medicaid Statistical Information System (MSIS).

Table 130. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#130.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	*1999*	*2000*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
Beneficiaries[1]				Number, in millions					
All beneficiaries	40.2	42.8	52.0	55.6	57.7	57.5	56.8	58.8	62.6
				Percent of beneficiaries					
Inpatient hospital	11.2	11.5	10.0	9.8	9.5	10.9	9.0	8.9	8.7
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	3.3	3.1	3.0	3.0	2.9	2.7	2.6
Physician	45.7	44.7	44.0	43.1	42.0	40.2	38.8	36.9	36.9
Dental	14.0	13.8	16.4	16.2	16.2	16.4	16.8	16.7	17.8
Other practitioner	9.9	11.1	11.1	10.7	10.2	10.1	9.5	8.8	8.8
Outpatient hospital	30.9	30.9	29.8	28.7	28.2	27.6	26.2	25.2	26.4
Clinic	16.8	17.9	19.6	20.0	20.7	20.5	20.6	20.2	20.6
Laboratory and radiological	25.4	26.6	28.3	28.9	27.7	28.0	27.8	26.6	26.2
Home health	2.0	2.3	2.3	2.1	2.1	2.1	2.1	1.9	1.7
Prescribed drugs	49.4	48.0	50.2	50.3	49.2	47.1	42.1	41.8	42.6
Capitated care	51.5	49.7	53.1	54.2	58.1	61.0	64.5	64.9	66.6
Primary care case management	9.7	13.0	14.5	15.4	15.1	14.8	12.5	14.9	13.1
Personal support	10.1	10.6	11.6	11.3	11.8	11.8	11.6	10.8	10.7
Other care[2]	21.6	21.4	23.1	22.9	21.9	21.6	21.5	21.3	20.5
Payments[3]				Amount, in billions					
All payments	$153.5	$168.3	$233.2	$257.7	$274.9	$267.4	$276.2	$294.2	$326.0
				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	13.5	12.8	13.5	13.4	12.5	11.8
Mental health facility	1.1	1.1	0.9	0.9	0.8	0.9	0.9	0.8	0.8
Intermediate care facility for the mentally retarded	6.1	5.6	4.7	4.3	4.3	4.4	4.3	4.2	3.9
Nursing facility	21.7	20.5	17.3	16.3	16.3	17.0	16.8	16.1	14.9
Physician	4.3	4.0	3.9	4.0	4.1	3.9	3.6	3.5	3.5
Dental	0.8	0.8	1.1	1.1	1.1	1.2	1.2	1.3	1.4
Other practitioner	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3
Outpatient hospital	4.0	4.2	4.0	4.0	3.6	3.8	3.7	3.7	3.7
Clinic	3.8	3.7	3.1	3.2	3.2	3.2	3.1	3.1	3.1
Laboratory and radiological	0.8	0.8	1.0	1.0	1.1	1.1	1.1	1.0	1.0
Home health	1.9	1.9	1.9	1.8	2.0	2.2	2.3	2.2	2.2
Prescribed drugs	10.8	11.9	14.5	15.3	15.6	10.4	8.0	7.9	7.8
Capitated care	14.0	14.5	16.0	16.5	16.9	18.8	21.2	23.0	25.5
Primary care case management	0.3	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Personal support	6.9	6.9	7.4	7.2	7.5	8.0	8.4	8.3	8.0
Other care[2]	8.6	8.8	10.2	10.3	10.2	11.1	11.6	12.0	11.9
Payments per beneficiary[3]				Amount					
Total payment per beneficiary	$3,819	$3,936	$4,487	$4,639	$4,768	$4,654	$4,862	$5,051	$5,209
Inpatient hospital	4,943	4,919	6,047	6,424	6,411	5,781	7,191	7,083	7,070
Mental health facility	18,094	17,800	20,503	19,928	19,252	17,156	21,407	21,975	21,404
Intermediate care facility for the mentally retarded	76,443	79,330	95,287	97,497	107,028	110,340	113,735	123,053	127,837
Nursing facility	20,568	20,220	23,882	24,475	26,185	26,531	28,282	29,533	29,551
Physician	357	356	403	426	465	456	457	485	496
Dental	214	238	305	318	326	329	340	389	423
Other practitioner	118	139	154	160	200	196	170	171	171
Outpatient hospital	491	533	596	639	617	642	695	736	735
Clinic	860	805	720	750	749	731	741	772	792
Laboratory and radiological	114	113	161	168	183	185	185	188	198
Home health	3,571	3,135	3,720	3,978	4,487	4,977	5,334	5,789	6,628
Prescribed drugs	837	975	1,293	1,411	1,509	1,030	926	957	951
Capitated care	1,040	1,148	1,357	1,415	1,386	1,431	1,598	1,786	1,991
Primary care case management	119	30	28	58	27	29	33	32	41
Personal support	2,583	2,543	2,864	2,946	3,035	3,160	3,534	3,852	3,903
Other care[2]	1,508	1,600	1,975	2,086	2,228	2,388	2,611	2,856	3,015

[1]Beneficiaries include those who received services through Medicaid.
[2]Unknown services (0.3% of beneficiaries and 0.3% of payments in 2009) are included with Other care.
[3]Medicaid payments exclude disproportionate share hospital (DSH) payments ($14.7 billion in FY2009) and DSH mental health facility payments ($3.1 billion in FY2009).

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*. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2009 were accessed on January 31, 2013. See Appendix I, Medicaid Statistical Information System (MSIS).

Table 131 (page 1 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2011

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#131.

[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]	2008[1]	2010[1]	2011[1]
Health care expenditures					Amount, in millions				
All expenditures[2]	$1,689	$5,981	$11,500	$16,126	$19,327	$30,291	$38,282	$47,280	$50,575
					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	23.5	21.4	20.6
Outpatient care	14.0	19.1	25.3	30.2	45.7	53.4	53.2	52.5	52.6
Nursing home care	5.5	7.1	9.5	10.0	8.2	8.4	8.1	7.4	7.2
All other[3]	9.1	9.6	7.7	10.8	8.8	13.9	15.2	18.8	19.6
Health care use					Number, in thousands				
Inpatient hospital discharges[4,5]	787	1,248	1,029	879	579	614	622	656	653
Outpatient visits[6]	7,312	17,971	22,602	27,527	38,370	57,169	66,484	79,457	83,146
Nursing home discharges[5,7]	47	57	75	79	91	61	64	67	63
Inpatients[8]									
Total	- - -	- - -	598	527	417	488	492	532	540
					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	41.1	43.5	44.9
Veterans without service-connected disability	- - -	- - -	60.3	59.9	64.7	61.5	58.0	55.6	54.3
Low income	- - -	- - -	54.8	56.2	41.7	39.9	35.4	34.6	33.4
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled[9]	- - -	- - -	- - -	- - -	16.0	12.1	11.1	10.1	9.8
Veterans receiving medical care subject to copayments[10]	- - -	- - -	2.8	2.8	5.2	8.6	10.0	9.3	9.3
Other and unknown[11]	- - -	- - -	2.7	0.9	1.8	1.0	1.6	1.6	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	5,291	5,631	5,789
					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	34.7	38.6	39.8
Veterans without service-connected disability	- - -	- - -	49.8	50.5	60.8	62.7	59.7	56.4	55.1
Low income	- - -	- - -	41.1	42.2	37.6	31.8	27.2	25.7	24.9
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled[9]	- - -	- - -	- - -	- - -	3.8	3.5	3.5	3.4	3.3
Veterans receiving medical care subject to copayments[10]	- - -	- - -	3.6	4.2	15.4	25.4	25.2	23.0	22.3
Other and unknown[11]	- - -	- - -	5.1	4.1	4.0	2.0	3.8	4.3	4.6
Nonveterans	- - -	- - -	11.8	12.0	8.5	5.7	5.7	5.1	5.1

See footnotes at end of table.

Table 131 (page 2 of 2). Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 1970–2011

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#131.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

- - - Data not available.
[1]Starting 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.
[2]Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.
[3]Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to state veterans hospitals, nursing homes and residential rehabilitation treatment programs (formerly domiciliaries), and the Civilian Health and Medical Program of the Department of Veterans Affairs.
[4]Discharges 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.
[5]Until FY2004, includes Department of Veterans Affairs nursing home and residential rehabilitation treatment programs (formerly domiciliary) stays, and community nursing home care stays.
[6]Hospital outpatient care. Includes the following services: physicians, laboratory tests, home-based primary care, or outpatient fee-basis care.
[7]Includes state nursing home veteran patients.
[8]Individuals 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.
[9]Includes 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.
[10]Includes veterans who receive medical care subject to copayments according to income level, based on financial means testing.
[11]Includes 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: Estimates 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 FY2011, the veteran population was estimated at 22.2 million, with 42% aged 65 and over, compared with 11% in FY1980. Of all living veterans, 8% had served during World War II, 10% during the Korean conflict, 33% during the Vietnam era, 27% during the Persian Gulf War (service from August 2, 1990 to present), and 26% during peacetime. Percentages sum to more than 100% because some veterans serve during more than one war. Data are from the U.S. Department of Veterans Affairs. See Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases. Data for additional years are available. See Appendix III.

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 132 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#132.

[Data are compiled by the Centers for Medicare & Medicaid Services]

State	Enrollment, in thousands[1]		Percent of enrollees in managed care[2]		Payment per fee-for-service enrollee		Short-stay hospital utilization: Discharges per 1,000 enrollees[3]		Short-stay hospital utilization: Average length of stay, in days[3]	
	1994	2010	1994	2010	1994	2010	1994	2010	1994	2010
United States[4]	36,190	46,585	7.9	24.3	$4,375	$9,347	345	352	7.5	5.4
Alabama	633	845	0.8	21.4	4,454	8,539	413	385	7.0	5.3
Alaska	33	66	0.6	0.9	3,687	7,492	269	226	6.3	5.2
Arizona	578	930	24.8	36.1	4,442	8,659	292	324	5.9	4.8
Arkansas	416	531	0.2	14.3	3,719	7,849	366	335	7.0	5.2
California	3,582	4,757	30.0	35.4	5,219	9,666	366	318	6.1	5.4
Colorado	413	625	17.2	33.5	3,935	8,234	302	293	6.0	4.7
Connecticut	497	568	2.6	18.3	4,426	10,138	287	359	8.1	5.6
Delaware	99	149	0.2	3.7	4,712	9,207	326	312	8.1	5.8
District of Columbia	80	78	3.9	9.8	5,655	10,428	376	388	10.1	6.1
Florida	2,584	3,375	13.8	30.1	5,027	10,777	326	374	7.1	5.5
Georgia	819	1,236	0.4	21.2	4,402	8,849	378	336	6.9	5.4
Hawaii	146	206	29.8	41.6	3,069	5,960	301	218	9.1	6.6
Idaho	146	230	2.5	29.1	3,045	7,041	274	214	5.2	4.4
Illinois	1,605	1,839	5.5	9.7	4,324	9,691	374	382	7.3	5.2
Indiana	805	1,006	2.6	16.3	3,945	8,900	345	346	6.9	5.2
Iowa	470	517	3.1	13.2	3,080	7,571	322	276	6.6	5.1
Kansas	378	433	3.3	11.0	3,847	8,434	348	303	6.5	5.1
Kentucky	578	760	2.3	16.2	3,862	8,701	396	385	7.2	5.2
Louisiana	572	687	0.4	23.8	5,468	10,757	399	386	7.2	5.6
Maine	198	265	0.1	12.6	3,464	7,249	322	259	7.6	5.1
Maryland	596	785	1.4	8.1	4,997	10,425	362	381	7.5	5.0
Massachusetts	924	1,061	6.1	19.2	5,147	10,282	350	377	7.6	5.2
Michigan	1,331	1,651	0.7	16.3	4,307	10,152	328	391	7.6	5.3
Minnesota	625	786	19.6	41.7	3,394	9,322	334	391	5.7	4.6
Mississippi	391	497	0.1	9.6	4,189	9,879	423	382	7.4	5.8
Missouri	821	1,004	3.4	21.0	4,191	8,651	349	370	7.3	5.2
Montana	128	170	0.4	17.9	3,114	6,838	306	225	5.9	4.7
Nebraska	247	279	2.2	12.0	2,926	8,383	281	292	6.3	5.1
Nevada	187	357	19.0	30.3	4,306	9,069	291	317	7.0	5.5
New Hampshire	152	223	0.2	7.8	3,414	8,260	281	242	7.6	5.2
New Jersey	1,158	1,327	2.6	12.6	4,531	10,569	354	371	10.2	5.9
New Mexico	205	313	13.6	25.1	3,110	6,999	301	268	6.0	5.0
New York	2,601	2,988	6.2	30.2	4,855	10,127	334	402	11.2	6.7
North Carolina	1,001	1,490	0.5	17.8	3,465	8,694	314	333	8.0	5.3
North Dakota	101	109	0.6	8.5	3,218	7,036	327	247	6.3	4.9
Ohio	1,649	1,901	2.4	33.1	3,982	9,600	350	426	7.1	5.1
Oklahoma	481	603	2.5	15.1	4,098	9,097	355	374	7.0	5.2
Oregon	469	621	27.7	41.6	3,285	6,807	305	244	5.2	4.6
Pennsylvania	2,053	2,283	3.3	38.0	5,212	9,419	379	425	8.0	5.6
Rhode Island	166	183	7.0	34.5	4,148	9,108	312	364	8.1	5.9
South Carolina	497	774	0.1	16.0	3,777	8,886	319	330	8.3	5.6
South Dakota	114	137	0.1	8.1	2,952	7,103	356	259	6.1	5.0
Tennessee	754	1,058	0.3	24.5	4,441	8,714	375	373	7.1	5.3
Texas	2,029	3,001	4.1	19.6	4,703	10,694	333	342	7.2	5.4
Utah	182	283	9.4	33.7	3,443	7,667	238	256	5.4	4.4
Vermont	82	112	0.1	4.5	3,182	8,069	283	199	7.6	5.3
Virginia	803	1,141	1.5	14.6	3,748	7,831	348	319	7.3	5.3
Washington	676	972	12.5	25.1	3,401	7,455	269	254	5.3	4.7
West Virginia	326	382	8.3	22.8	3,798	8,213	420	381	7.1	5.6
Wisconsin	752	911	2.0	29.3	3,246	8,056	310	301	6.8	5.0
Wyoming	58	80	3.3	6.8	3,537	7,218	315	236	5.6	4.6

See footnotes at end of table.

Table 132 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2010

Updated data when available, Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#132.

[Data are compiled by the Centers for Medicare & Medicaid Services]

[1]Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.
[2]Includes enrollees in Medicare-approved managed care organizations. See Appendix II, Managed care.
[3]Data are for fee-for-service enrollees only.
[4]Includes residents of any of the 50 states and the District of Columbia.

NOTES: 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 100% Denominator File was used. 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. Short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MEDPAR) stay records for a 20% sample of Medicare beneficiaries. Estimates may not sum to totals because of rounding. State based on residence of the beneficiary. The 2009 (shown in spreadsheet version) and 2010 payment data reported in the spreadsheet version of this table have not been finalized and are subject to revision. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplements for publication year 2011. See Appendix I, Medicare Administrative Data.

Table 133. Medicaid beneficiaries, beneficiaries in managed care, payments per beneficiary, and beneficiaries per 100 persons below the poverty level, by state: United States, selected fiscal years 1999–2009

Excel, PDF, and more data years: http://www.cdc.gov/nchs/hus/contents2012.htm#133.

[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]		Beneficiaries per 100 persons below the poverty level	
	2000	2009	2000	2009	2000	2009	1999–2000	2008–2009
United States	42,763	62,589	56	71	$3,936	$ 5,209	131	146
Alabama	619	877	60	67	3,860	4,135	88	118
Alaska	96	119	–	–	4,876	8,990	180	175
Arizona	681	1,588	92	90	3,100	5,426	113	117
Arkansas	489	825	57	79	3,086	4,338	113	170
California	7,915	11,519	50	52	2,155	3,058	162	201
Colorado	381	678	90	95	4,747	4,852	107	113
Connecticut	420	558	72	75	6,762	9,475	184	191
Delaware	115	209	79	74	4,584	6,052	147	204
District of Columbia	139	175	66	98	5,715	11,077	179	168
Florida	2,360	3,261	60	66	3,114	4,310	136	122
Georgia	1,290	1,805	96	92	2,774	4,087	136	108
Hawaii	204	261	74	97	2,626	4,610	83	177
Idaho	131	253	30	84	4,530	5,345	75	123
Illinois	1,516	2,626	10	55	5,150	4,483	115	152
Indiana	705	1,109	67	74	4,224	4,858	148	116
Iowa	314	482	90	83	4,707	5,974	149	162
Kansas	263	355	56	87	4,670	6,528	94	98
Kentucky	771	942	81	83	3,780	5,326	158	126
Louisiana	761	1,184	6	69	3,456	4,585	95	164
Maine	192	315	35	64	6,820	4,704	155	203
Maryland	665	846	81	79	5,396	7,480	170	156
Massachusetts	1,047	1,459	64	60	5,153	6,934	153	186
Michigan	1,352	1,890	100	89	3,611	5,381	135	139
Minnesota	559	802	63	63	5,857	8,766	178	145
Mississippi	605	932	39	76	2,987	3,432	139	134
Missouri	890	1,101	40	99	3,673	5,241	157	126
Montana	104	113	61	67	4,173	6,344	73	88
Nebraska	229	256	77	84	4,185	6,218	136	139
Nevada	138	281	39	84	3,733	4,259	70	85
New Hampshire	97	141	6	78	6,712	7,037	119	140
New Jersey	822	1,151	59	75	5,724	7,208	128	139
New Mexico	376	562	64	74	3,325	5,185	110	140
New York	3,420	4,985	25	66	7,646	9,004	128	171
North Carolina	1,209	1,782	68	70	3,996	5,423	122	125
North Dakota	61	77	55	68	5,852	7,643	87	106
Ohio	1,305	2,238	21	70	5,434	6,243	103	139
Oklahoma	507	809	69	88	3,163	4,419	106	165
Oregon	542	564	83	88	3,135	4,957	132	115
Pennsylvania	1,492	2,232	73	82	4,266	6,365	141	161
Rhode Island	179	203	69	62	5,982	7,654	187	153
South Carolina	685	906	6	100	3,900	5,199	157	143
South Dakota	102	141	93	80	3,935	5,188	155	128
Tennessee	1,568	1,479	100	100	2,226	4,910	211	151
Texas	2,603	4,283	34	65	3,487	4,330	85	102
Utah	224	355	90	86	4,277	5,261	132	136
Vermont	139	171	47	88	3,451	5,684	208	294
Virginia	627	917	59	64	3,960	6,053	115	108
Washington	895	1,177	100	86	2,717	4,872	155	162
West Virginia	335	386	35	46	4,154	6,699	129	140
Wisconsin	577	1,140	44	60	5,039	5,091	113	234
Wyoming	46	72	–	–	4,609	7,635	84	136

– Quantity zero.
- - - Data not available.
[1]Beneficiaries include those who received services through Medicaid.
[2]Medicaid 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.
[3]Medicaid payments exclude disproportionate share hospital (DSH) payments ($14.7 billion in FY2009) and DSH mental health facility payments ($3.1 billion in FY2009).

NOTES: See Appendix II, Medicaid; Medicaid payments. Some data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See Appendix III.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2008–2009 were accessed January 31, 2013. Poverty populations are available from: Department of Commerce, U.S. Census Bureau, Housing and Household Economic Statistics Division. Available from: http://www.census.gov/hhes/www/cpstables/032010/pov/toc.htm. Managed care enrollment data from Medicaid managed care enrollment report as of June 30, 2009. Available from: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/index.html. See Appendix I, Medicaid Statistical Information System (MSIS).

Table 134. Persons without health insurance coverage, by state: United States, average annual, 2003–2005 through 2009–2011

Updated data when available, Excel, PDF, more data years, and confidence intervals: http://www.cdc.gov/nchs/hus/contents2012.htm#134.

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

State	2003–2005	2006–2008	2009–2011[1]
		Percent of population	
United States	14.3	14.9	16.0
Alabama	12.2	13.6	15.0
Alaska	16.9	17.0	18.0
Arizona	16.3	19.2	18.4
Arkansas	16.6	17.2	18.3
California	17.1	17.8	19.5
Colorado	15.0	16.2	14.3
Connecticut	9.4	9.1	10.3
Delaware	10.6	11.4	11.5
District of Columbia	12.6	10.8	11.3
Florida	17.0	19.8	20.7
Georgia	15.2	17.4	19.7
Hawaii	8.6	7.6	7.6
Idaho	16.4	14.4	17.1
Illinois	12.9	13.2	14.6
Indiana	12.0	11.8	13.0
Iowa	9.4	8.9	11.0
Kansas	10.0	11.5	13.0
Kentucky	13.5	13.4	15.0
Louisiana	17.8	18.7	18.4
Maine	9.8	9.1	9.7
Maryland	11.9	13.0	13.3
Massachusetts	9.8	7.7	4.4
Michigan	9.8	10.1	12.7
Minnesota	8.3	8.2	9.0
Mississippi	16.9	18.4	18.2
Missouri	10.6	12.2	14.5
Montana	16.9	15.8	17.2
Nebraska	9.9	11.6	12.3
Nevada	18.1	17.3	21.6
New Hampshire	9.0	9.9	10.8
New Jersey	12.5	14.4	15.1
New Mexico	20.2	21.6	20.6
New York	13.4	12.6	13.8
North Carolina	15.6	16.0	17.1
North Dakota	10.0	10.7	11.1
Ohio	10.6	10.6	13.6
Oklahoma	18.2	18.0	17.4
Oregon	15.2	16.3	15.8
Pennsylvania	10.1	9.3	10.9
Rhode Island	9.5	9.8	12.0
South Carolina	13.1	15.9	18.8
South Dakota	10.8	11.0	13.2
Tennessee	11.5	13.5	14.3
Texas	23.9	23.8	24.6
Utah	12.1	14.8	14.2
Vermont	9.1	10.4	9.1
Virginia	12.1	13.0	13.3
Washington	13.2	11.7	13.6
West Virginia	15.5	14.5	13.9
Wisconsin	9.6	8.3	9.6
Wyoming	13.9	13.9	16.8

[1]Data 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, CPS revised 2003–2009 data to improve the imputation process. The estimates in this table use the revised data. Data for 2003–2009 have been revised and differ from previous editions of *Health, United States*.

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: 2011. Current Population Reports, P60–243. Washington, DC: U.S. Government Printing Office. 2012. Available from: http://www.census.gov/prod/2012pubs/p60-243.pdf. See Appendix I, Current Population Survey (CPS).

Appendixes

Appendix Contents

Appendix II: Tables

Appendix II: Figure

Appendix III. Additional Data Years Available

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, the District of Columbia, and New York City). This information is provided voluntarily to CDC and has been presented in *Health, United States* from 2000 onward. For certain years, the following states did not report abortion data to CDC: in 2000–2002, 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, California, Delaware, 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 2000–2009, a total of 45 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 2000–2009, 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 2000–2009, 7 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 inflates 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, Zane SB, Burley KD, Jamieson DJ. Abortion surveillance—United States, 2009. MMWR Surveill Summ 2012;61(SS–08):1–44. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6108a1.htm?s_cid=ss6108a1_w.

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 approximately 138 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 2010 Census of Fatal Occupational Injuries (CFOI) counts. Washington, DC: U.S. Department of Labor; 2011 August 1. Available from: http://www.bls.gov/iif/oshwc/cfoi/cfoi_revised10.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/homch9.htm#census_fatal.

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. The CPI–W and CPI–U currently reflect spending patterns based on the Survey of Consumer Expenditures during 2009–2010.

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.

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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/.

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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 the District of Columbia. 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.

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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 2010 includes 1,051 hospitals from 45 states, which contains about 96% 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, and 45 states in 2010. 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 received in time, resulting in 45 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 2010 HCUP–NIS contains data from approximately 8 million hospital stays from 1,051 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.

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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. MSIS was an optional program until 1999, when the Balanced Budget Act of 1997 mandated that all states use MSIS. Data for the 50 states and the District of Columbia 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://medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/childrens-health-insurance-program-chip.html and the Research Data Assistance Center (ResDAC) website at: http://www.resdac.umn.edu/medicaid/data_available.asp. (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 2009, the MEPS annual survey consisted of 13,875 families and 34,920 individuals; the 2010 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).

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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 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 beneficiaries who filed claims.

Methodology. The claims and utilization data files contain extensive utilization information at various levels of summarization for a variety of providers and services. There are many types and levels of these files: 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). SAFs include the Inpatient SAF, the Skilled Nursing Facility SAF, the Outpatient SAF, the Home Health Agency SAF, the Hospice SAF, the Durable Medical Equipment SAF, and the Physician/Supplier SAF.

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, date of birth, date of death, state and county, and managed care enrollment information such as dates of membership and MCO contract number. The GHP master file is used to identify the exact MCO in which beneficiaries were enrolled.

Issues Affecting Interpretation. Because Medicare 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://cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/ResearchDataAssistanceCenter.html and the CMS website at: http://www.cms.gov/Medicare/Medicare.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.

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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 selected to be representative of all 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. (2012).

Sample Size and Response Rate. In 2011, a total of 46,733 students in 400 public and private schools in the coterminous United States participated. The annual senior samples comprised 14,855 seniors in 129 public and private high schools nationwide. The 10th-grade samples involved 15,382 students in 126 schools, and the 8th-grade samples had 16,496 students in 145 schools. Student response rates were 91% for grade 8, 86% 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.

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For More Information. See the NIDA website at: http://www.nida.nih.gov/Infofax/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 the District of Columbia.

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).

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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.

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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 source of funding for those goods and services (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 are applied to the types of services delivered, and to the source of funding for those services, 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 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) and Quarterly Services Survey (QSS). These were supplemented by data on federal hospitals. The salaries of physicians and dentists on the staffs of hospitals, hospital outpatient clinics, hospital-based home health care agencies, and nursing home care provided in the hospital setting were also considered to be components of hospital care. 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 primarily by using a combination of data from SAS, QSS, and the U.S. Census Bureau's quinquennial Economic Census. The estimates of retail spending for prescription drugs were 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 prepared by the U.S. Department of Commerce's Bureau of Economic Analysis, Economic Census data, Annual Retail Trade Survey (ARTS) data from 2008 to 2010, U.S. Bureau of Labor Statistics' (BLS) Consumer Expenditure Survey, Kline and Co. Annual Survey of Over-the-Counter Drugs, and the 1987 National Medical Expenditure Survey and the Medical Expenditure Panel Surveys (MEPS) conducted by the Agency for Healthcare Research and Quality (AHRQ). Those durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed professionals or through home health care agencies, were excluded from these categories 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. From 1993 through 2009, the primary source for these Private Structures estimates was the Annual Capital Expenditures Survey conducted by the Census Bureau. The 2010 Private Structures estimate was extrapolated forward from 2009 using data from the C–30 survey of new construction. The Private Structure estimates for preceding years were developed using data published by the Census Bureau and the Bureau of Economic Analysis. Public Structures estimates were based on information published by the Bureau of Economic Analysis. Medical Capital Equipment comprised the value of new capital equipment (including software) purchased or put in place by the medical sector during the year. For Private Equipment, the estimates were derived using a variety of data published by the Census Bureau, as well as data published by the Bureau of Economic Analysis. The Public Equipment estimates were based on data published by the Bureau of Economic Analysis.

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 included in the noncommercial research category.

Source-of-funding estimates come from many sources. Estimates of private health insurance spending are derived using data from the U.S. Census Bureau, the American Medical Association (AMA), 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). Data on the financial experience of health insurance organizations came from CMS analyses of A.M. Best (Oldwick, NJ) private health insurance data reported to the National Association of Insurance Commissioners, from the BLS survey on the cost of employer-sponsored health insurance and consumer expenditures, from MEPS data for the self-insured, from numerous trade organizations, and from privately funded surveys.

Data on federal health care programs (e.g., Medicare, Medicaid, and CHIP) were taken from administrative records maintained by the servicing agencies. Numerous publicly and privately available sources were used to estimate

spending for all other health care programs and payers in NHEA. For more information, see CMS (2011).

Information on out-of-pocket spending from the U.S. Census Bureau's SAS; BLS' Consumer Expenditure Survey; the 1987 National Medical Care Expenditure Survey and MEPS; and from private surveys such as the AHA Annual Survey and IMS Health was used to develop estimates of direct spending by consumers.

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.

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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 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), 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 is not designed to give a nationally representative sample for the total Hispanic population residing in the United States. Starting with 2007–2008 data collection, all Hispanic persons were oversampled, not just Mexican American persons. For more information on the sampling methodology changes, see: http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.htm.

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 NHES 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. NHES II and NHES III were also multistage stratified probability samples of clusters of households in land-based segments. NHES II and III used the same 40 PSUs.

For NHANES I, the sample areas consisted of 65 PSUs. A subsample of persons 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 2002–2010. 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.

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 more than 96% of the persons selected, and about 75% (20,749) were examined. A sample of 27,801 persons was selected for NHANES II, and 73% (20,322) were examined.

In HHANES, 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%, and the medical examination response rate was 78%.

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 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.

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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 reported by respondent or proxy 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; and complementary and alternative medicine.

Data Years. NHIS has been conducted annually since 1957, with a major redesign every 10–15 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 the District of Columbia. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit 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 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, 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, the sample size was augmented in 32 states and the District of Columbia to increase the number of reliable state-level estimates that could be produced. 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.

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 and later years use weights derived from the 2000 census. In 2006 and beyond, the sample size was reduced, and this is associated with slightly larger variance estimates than in previous 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). Weights based on the 2010 census will be incorporated starting with the 2012 data.

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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 and AIDS in the United States, identify epidemiologic trends,

identify unusual cases requiring follow-up, and inform public health efforts to prevent and control the disease.

Selected Content. Data collected on persons diagnosed with AIDS include age, sex, race, ethnicity, mode of exposure, and geographic region.

Data Years. Reports on AIDS cases are available from the beginning of the epidemic that began in 1981.

Coverage. 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. 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. AIDS 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 four major reporting sources of AIDS information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, and medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports). Using a standard confidential case report form, the health departments collect information that is then transmitted electronically, without personal identifiers, to CDC.

The statistical adjustment of data on diagnoses of HIV infection and 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. AIDS surveillance data are provisional and are updated annually.

Issues Affecting Interpretation. Although the completeness of reporting of AIDS cases to state and local health departments differs by geographic region and patient population, studies conducted by state and local health departments indicate that the reporting of AIDS cases in most areas of the United States is more than 85% complete. To assess trends in AIDS cases, 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.

The definition of AIDS was modified in 1985 and 1987. The case definition for adults and adolescents was modified again in 1993. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. Laboratory and diagnostic criteria for the 1987 pediatric case definition were updated in 1994. Effective January 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests. The definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children.

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"—previously 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.

Decreases in AIDS incidence and in the number of AIDS deaths, first noted in 1996, have been ascribed to the effect of new treatments that prevent or delay the onset of AIDS and premature death among HIV-infected persons and result in an increase in the number of persons living with HIV and AIDS.

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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.

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.

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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 the District of Columbia. Included in the survey are hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded are federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals) and hospitals with fewer than six beds staffed for patient use. All discharged patients from in-scope hospitals are included in the survey; however, 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 postratio 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 compa-

rable with postcensal rates calculated for the 1990s. (See Appendix I, Population Census and Population Estimates.)

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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 2011, the Council of American Survey Research Organizations (CASRO) response rate for the NIS landline sample was 61.6% and for the cellular telephone sample was 25.2%. Of the 23,406 age-eligible children with completed household interviews from the landline sample, 16,919 (72.3%) had adequate provider data. From the cellular telephone sample, 2,225 (66.7%) of the 3,335 eligible children with completed household interviews had adequate provider data.

Also in 2011, the CASRO response rate for the NIS-Teen landline sample was 57.2% and for the cellular telephone sample was 22.4%. Of the 33,891 age-eligible adolescents with completed household interviews from the landline sample, 20,848 (61.5%) had adequate provider data. From the cellular telephone sample, 2,716 (54.6%) of the 4,976

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 might not be comparable with those from previous years 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).

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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 the District of Columbia.

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#2011AnnualRevision.

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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 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 using uniform case definitions.

Data Years. The first annual summary of notifiable diseases in 1912 included reports of 10 diseases from 19 states, the District of Columbia (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, operates NNDSS. Notifiable disease surveillance is conducted by public health practitioners at local, state, and national levels to support disease prevention and control. The system also provides annual summaries of the data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases, based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However,

reporting nationally notifiable diseases to CDC is voluntary. Because reporting is currently mandated by law or regulation only at the local and state levels, the list of diseases that are considered notifiable varies slightly by state. For example, reporting of cyclosporiasis to CDC is not done by some states in which this disease is not notifiable to local or state authorities.

State epidemiologists report cases of notifiable diseases to CDC, which tabulates and publishes these data in *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.

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National Survey of Children's Health (NSCH)

CDC/NCHS and Health Resources and Services Administration

Overview. NSCH, a module of the State and Local Area Integrated Telephone Survey (SLAITS), produces national and state-specific prevalence estimates for a variety of physical, emotional, and behavioral health indicators for children.

Selected Content. NSCH obtains information on chronic conditions, activity limitation, health insurance coverage, and other health topics. Special emphasis is placed on factors that may relate to well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods. Demographic data gathered include age, sex, and residence. Other data collected include use of medical care, mental health, and educational services, and behavioral data, such as daily exercise, sleep, and computer and television time.

Data Years. NSCH was first conducted in 2003 and was repeated in 2007. Data collection for the 2011 survey was recently completed.

Coverage. Children under age 18 in the civilian noninstitutionalized population are represented in this survey.

Methodology. NSCH uses the sampling frame of the National Immunization Survey (NIS) and immediately follows NIS in selected households, using its sampling for efficiency and economy. A random-digit-dialed sample of households with children under age 18 was selected from the NIS sample frame in each of the 50 states and the District of Columbia (D.C.). The basic design objective of the NSCH sample was to interview a sample of 1,700 children younger than 18 in each state and D.C. The sample was selected by identifying households with children under 18. If only one child lived in the household, that child was the target of the interview. If more than one child was present, one child was randomly selected as the target. The respondent was a parent or guardian who knew about the child's health and health care.

Sample Size and Response Rate. For the 2007 NSCH, a total of 91,642 interviews were completed. The weighted overall response rate was 46.7%. For the 2003 NSCH, a total of 102,353 interviews were completed, and the weighted overall response rate was 55.3%.

Issues Affecting Interpretation. NSCH is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and for households without landline telephones.

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For More Information. See the National Survey of Children's Health website at: http://www.cdc.gov/nchs/slaits/nsch.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 the District of Columbia. 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, 147,608 household addresses were successfully screened for the 2010 survey, conducted from January to December 2010. In these screened households, a total of 85,688 sample persons were selected, from which 68,487 completed interviews were obtained. Weighted response rates were 89% for household screening and 75% 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. 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.

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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 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).

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For More Information. See the NSFG website at: http://www.cdc.gov/nchs/nsfg.htm.

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, the District of Columbia (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. Vital events occurring in the United States to non-U.S. residents, and vital events occurring abroad to U.S. residents, are excluded.

Methodology. NCHS' 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, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. 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 beginning in 2003, but full implementation in all states will be phased in over several years.

Birth File

Overview. Vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for 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.

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 and 76% of all births in 2010 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.

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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 parents, such as age, race, Hispanic origin, parity, educational attainment, marital status, and state of residence; medical and health information, such as prenatal care; and behavioral risk factors for the birth, such as mother's tobacco use during pregnancy.

Data Years. Fetal mortality data reporting began in 1922.

Coverage. Data are reported by all 50 states and the District of Columbia.

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, three 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 2005, for states that required the reporting of fetal deaths at all periods of gestation, 57% 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 27% were within 20–27 weeks. This disparity suggests substantial underreporting of early fetal deaths in some states.

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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 the District of Columbia (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. As of 2010, 34 states and D.C. had adopted the 2003 revision: Arizona, Arkansas, California, Connecticut, Delaware, D.C., Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York (including New York City), North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, and Wyoming. Mortality data presented in *Health, United States* are based on reporting from all 50 states and D.C.

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.

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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.

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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 or the District of Columbia.

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 2008 period linked file contains a numerator file that consists of all infant deaths occurring in 2008 that have been linked to their corresponding birth certificates, whether the birth occurred in 2007 or 2008. In contrast, the 2008 birth cohort linked file will contain a numerator file that consists of all infant deaths to babies born in 2008, whether the death occurred in 2008 or 2009. 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 (3.3% in 2008) than for live births (0.1% in 2008). In 2008, 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.

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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 1999–2010, 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 1968–2010. 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/cmf.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 selected five-digit, North American Industry

Classification System (NAICS) levels in these sectors: forestry and logging; 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. 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. 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.

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 2010 employment and wage estimates are based on all data collected from establishments sampled in the May 2010, November 2009, May 2009, November 2008, May 2008, and November 2007 semiannual panels. The May 2008 sample was reduced to approximately 174,000 establishments due to budget constraints. The overall national response rate for the six panels is 78% of establishments, covering 74% of 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 the District of Columbia (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. The OES survey began using NAICS in 2002. In 2008, the survey switched to the 2007 NAICS. Data prior to 2002 are based on the Standard Industrial Classification (SIC) system. In 1999, the OES survey began using the Office of Management and Budget (OMB) Standard Occupational Classification (SOC) system. Because of the OES survey's transition to the SOC system, estimates for 1999 and subsequent years are not directly comparable with previous years' estimates, which were based on a classification system having seven major occupational groups and 770 detailed occupations.

The May 2010 OES estimates mark the first set of estimates based in part on data collected using the 2010 SOC system, which consists of 840 detailed occupations grouped into 461 broad occupations, 97 minor groups, and 23 major groups. Previous estimates were based on the 2000 SOC. 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. Although most occupations in the May 2010 OES estimates are 2010 SOC occupations, in some cases temporary codes were used. The May 2012 OES data will reflect the full set of detailed occupations in the 2010 SOC. For more information, see http://www.bls.gov/oes/oes_ques.htm#Ques41.

Reference

Bureau of Labor Statistics. Occupational employment and wages, May 2010. Washington, DC: U.S. Department of Labor; 2011. Available from: http://www.bls.gov/oes/2010/may/chartbook_2010.htm.

For More Information. See the OES website at: http://www.bls.gov/OES.

Online Survey Certification and Reporting Database (OSCAR)

Centers for Medicare & Medicaid Services (CMS)

Overview. OSCAR was an administrative database containing detailed information on all Medicare- and Medicaid-certified institutional health care providers, including all currently and previously certified Medicare and Medicaid nursing homes, 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, OSCAR was replaced by the Quality Improvement Evaluation System (QIES) database.

Selected Content. OSCAR contains information on facility and patient characteristics and health deficiencies issued by the government during state surveys.

Data Years. OSCAR has been maintained by CMS [formerly the Health Care Financing Administration (HCFA)] since 1992. It is an updated version of the Medicare and Medicaid Automated Certification System that had been in existence since 1972.

Coverage. Facilities in the United States that receive Medicare or Medicaid payments are included.

Methodology. A facility representative fills out the forms with the required information, and the forms are submitted 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; McMinnville, OR) 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 2003–2011. McMinnville, OR: CRG; published 2004–2012, respectively.

Centers for Medicare & Medicaid Services. Certification and compliance. Baltimore, MD: CMS; 2005. Available from: http://www.cms.gov/CertificationandComplianc/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.

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.

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, the District of Columbia, 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, Neyman N, Aminou R, Altekruse SF, et al., eds. SEER cancer statistics review, 1975–2009 (Vintage 2009 populations). Bethesda, MD: National Cancer Institute; 2012. (Based on November 2011 SEER data submission.) Available from: http://seer.cancer.gov/csr/1975_2009_pops09/.

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; 2012.

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 the District of Columbia; 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: 2010–2011. Rockville, MD: ASCO; 2012.

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 the District of Columbia (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/μL) 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 and the District of Columbia report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (see MMWR 1985;34:373–5); 1987 [MMWR 1987;36(SS–01):1S–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/μL, a $CD4^+$ T-lymphocyte percentage of total lymphocytes of less than 14%, or diagnosis of an AIDS-defining condition. This CDC/CSTE recommendation has been incorporated into the 2008 HIV infection case definition, which includes AIDS (stage 3) [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 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.]

Table I. United States projected year 2000 standard population and age groups used to age-adjust data

Data system and age	*Population*
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
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 45 and 63)	
20–44 years	100,149,847
45–64 years	60,991,658
65 years and over	34,709,480
NHANES (Table 66)	
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 91)	
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

See footnotes at end of table.

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.

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* 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 death rates by educational attainment for the age group 25–64 are based on four 10-year age groups: 25–34, 35–44, 45–54, and 55–64.

Age-adjusted rates for years of potential life lost 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

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

[1]Figure 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.

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 Online Survey Certification and Reporting (OSCAR) database, all beds in certified facilities are counted on the day of certification inspection. The Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration counts the number of beds set up and staffed for use in inpatient and residential treatment services on the last day of the survey reporting period. (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. The Joint National Committee is currently updating its guidelines on high blood pressure.

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; overweight (including obesity) is greater than or equal to 25; and obesity is greater than or equal to 30. 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; 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. The National Heart, Lung, and Blood Institute's Expert Panel on

Obesity is currently updating its report on overweight and obesity.

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 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; 2012. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_4.pdf . [Also see Appendix II, *International Classification of Diseases* (ICD).]

Table III. Revision of the *International Classification of Diseases* (ICD), by year of conference by which adopted and years in use in the United States

ICD revision	Year of conference by 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.

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, there are a small number of adults 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

Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases* (ICD)

Cause of death (10th Revision titles)	*6th and 7th Revisions*	*8th Revision*	*9th Revision*	*10th Revision*
Communicable diseases	. . .	. . .	001–139, 460–466, 480–487, 771.3	A00–B99, J00–J22
Chronic and noncommunicable diseases	. . .	. . .	140–459, 470–478, 490–799	C00–I99, J30–R99
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.

Cause of death (10th Revision titles)	*6th and 7th Revisions*	*8th Revision*	*9th Revision*	*10th Revision*
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
Fiream-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*.

[1]Categories for coding human immunodeficiency virus (HIV) infection were introduced in 1987. The asterisk (*) indicates codes that are not part of ICD–9.

[2]Starting 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 accomodate deaths from influenza A (H1N1) virus in the ICD–10 code J09 for data years 2009 and beyond.

[3]In 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/mvsr/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/nvs47_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.

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/dL (6.20 mmol/L). Borderline high serum total cholesterol is defined as greater than or equal to 200 mg/dL and less than 240 mg/dL. 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. The National Heart, Lung, and Blood Institute's Adult Treatment Panel is currently updating its guidelines on high cholesterol.

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/dL 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/dL (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 the District of Columbia (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. The area reporting tobacco use encompassed 87% of U.S. births in 1999–2002.

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, in *Health, United States,* 2012, 2009, and 2010 data on cigarette smoking are shown only for the 25 states that used the 2003 revision in 2009 and 2010, in order to provide 2 years of comparable data. The 25 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, 2009, were California, Colorado, Delaware, Idaho, Indiana, Iowa,

Kansas, Kentucky, Montana, Nebraska, New Hampshire, New Mexico, New York (including New York City), North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington state, and Wyoming. 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 half the respondents (one-quarter sample) using the traditional smoking questions and the other half of respondents (one-quarter sample) using the revised smoking question ("Do you smoke every day, some days, or not at all?"). An unpublished analysis of the 1992 traditional smoking measure revealed that the crude 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 tobacco 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/uspscolo.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 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

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

[1]See Table IV for ICD–9 and ICD–10 cause-of-death codes.

[2]Ratio 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.

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).]

Computed tomography (CT) scanner—A CT, or computed axial tomography (CAT), scanner is an x-ray machine that combines many x-ray images, with the aid of a computer, to generate cross-sectional views and, if needed, three-dimensional images of the internal organs and structures of the body.

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/data/nhanes/nhanes_05_06/ohx_d.pdf, 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. Prior to 1997, dental visit estimates were based on a 2-week recall period.

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/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 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/dL) 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, and http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/glu_d.pdf, and http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/ghb_d.pdf.

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 ICD–9–CM 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 from 1999 through 2010 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, the District of Columbia (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. For more information on the current income questions, see: 2011 NHIS public-use data release. NCHS. 2012. Available from: http://www.cdc.gov/nchs/nhis/2011imputedincome.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.

Table VI. Imputed family income percentages in the National Health Interview Survey, by selected characteristics: United States, 1990–2011

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

NOTES: Percentages are weighted. See Appendix II, Family income.

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

Family income data are used in the computation of poverty level. 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, 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 were used to calculate the poverty income ratio. 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., 2011 NIS family income data are based on calendar year 2010 income). Family income is the 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 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 the total family income are used to calculate an income-to-poverty ratio, which gives data users the flexibility to define any desired poverty level (e.g., 100% of poverty, 125% of poverty, or 200% of poverty). A household at or below the poverty level would have an income-to-poverty ratio less than or equal to 1.0. 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.

National Survey of Children's Health (NSCH)—income included money from jobs, child support, Social Security, retirement income, unemployment payments, public assistance, interest, dividends, net income from business, farm, rent, and any other money income received. When a respondent did not supply a specific dollar amount for family income, they were asked a series of questions about whether the income was below, exactly at, or above threshold amounts. The unfolding bracket questions asked a series of closed-ended income range questions (e.g., "Is it less than $50,000?"). 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. If the respondent did not complete the series of unfolding bracket questions, either because they refused or did not know the answer to one of the questions, his or her income was set as "missing." For the 2007 NSCH, income is missing for 8.5% of households. For the 2003 NSCH, income is missing for 9.0% of households. Missing income and household size were each imputed five times, to allow for the assessment of variability caused by imputation.

For more information, see: Blumberg SJ, Foster EB, Frasier AM, et al. Design and operation of the National Survey of Children's Health, 2007. NCHS. Vital Health Stat 2012;1(55). Available from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_055.pdf.

Also see: Imputed data in SLAITS microdata sets. Available from: http://www.cdc.gov/nchs/slaits/imputed_data.htm.

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.)

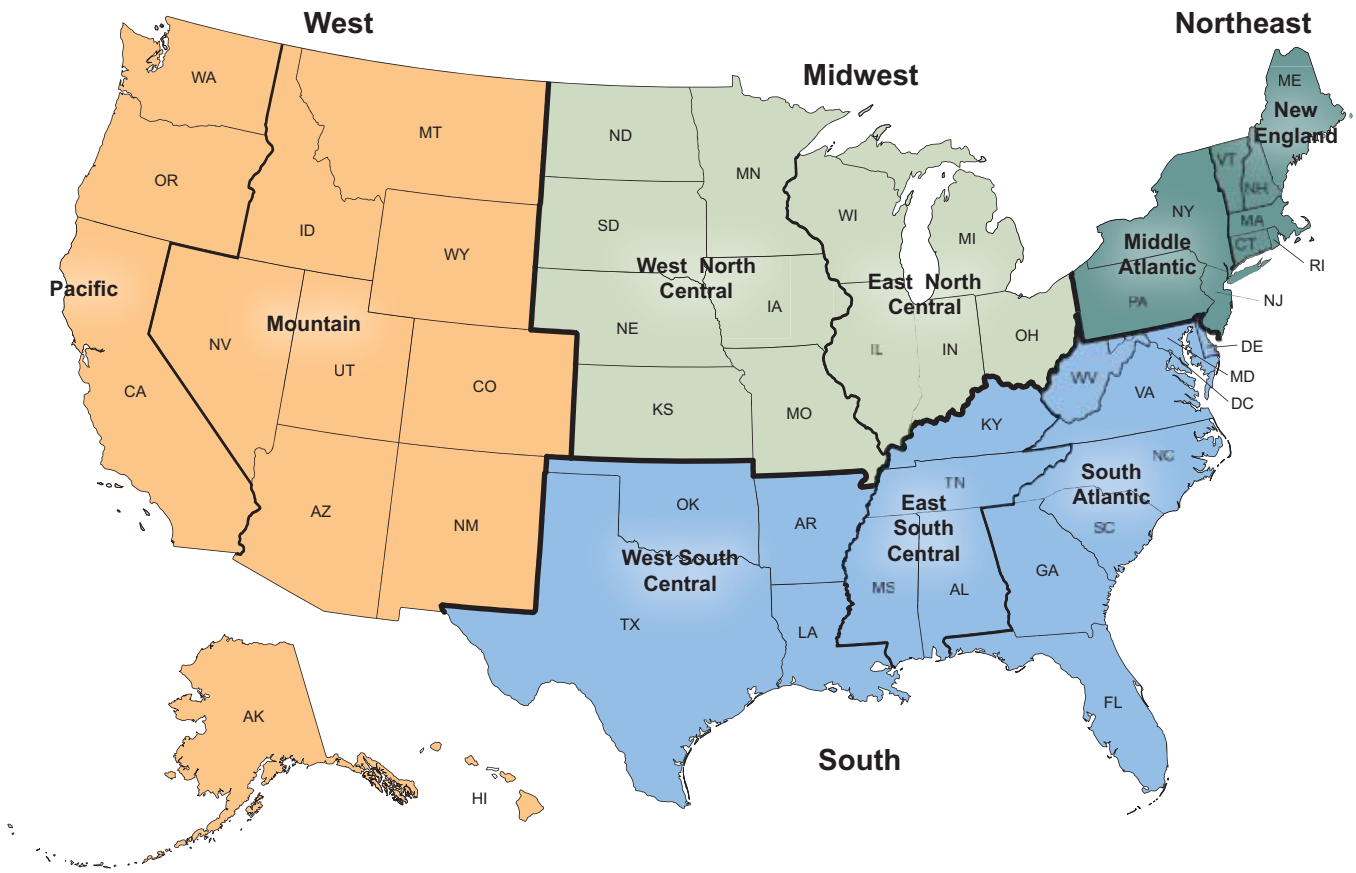
Fertility rate—See Appendix II, Rate: Birth and related rates.

General hospital—See Appendix II, Hospital.

Geographic region—The U.S. Census Bureau groups the 50 states and the District of Columbia, for statistical purposes, into four geographic regions (Northeast, Midwest, South, and West) and nine divisions based on geographic proximity. (See Figure I.)

Gestation—For the National Vital Statistics System and CDC's Abortion Surveillance System, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy. Data on gestational age are

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States



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 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 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:

National health expenditures estimates the amount spent for all health services and supplies, and health-related investment, produced in the United States during the calendar year. Detailed estimates are available by source of expenditure and by type of expenditure and are in current dollars for the year of report. Data are compiled from a variety of sources.

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 provided or paid for by nongovernmental sources, such as consumers, private industry, and philanthropic and other non-patient-care sources.

Government expenditures are outlays for services provided or 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 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.

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.

Mixed model HMO is an HMO that combines features of more than one HMO model.

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)

[1]Includes 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).

[2]Includes 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.

[3]Starting 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.

[4]Based 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.

[5]Persons 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).

[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. Starting with 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?" 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.

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 the District of Columbia (D.C.)]. Trend data on births of Hispanic and non-Hispanic parentage in *Health, United States* are affected by expansion of the reporting area and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981, information on births of Hispanic parentage was reported on the birth certificate by the following 22 states: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 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 (0.1% of births in 2010). When this occurs, all responses are collected, and these respondents are classified as "other Hispanic."

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. In 2010, 34 states and D.C. reported multiple-race data. 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 Mexican-American persons. For more information on the sampling methodology changes, see http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.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 states, the District of Columbia, and five U.S. independent areas 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" [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.)

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 19 private industry sectors (Table VIII). With the exception of the agriculture, forestry, farming, and hunting sector, private industry sectors are classified as goods- or service-producing. Mining, construction, and manufacturing are primarily goods-producing sectors, and the remaining 15 are entirely service-providing sectors. NAICS allows for the classification of 1,170 industries. For more information on NAICS, see: http://www.census.gov/eos/www/naics.

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) and Survey of Occupational Injuries and Illnesses (SOII) data systems are classified using the NAICS system and replace 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.)

Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)

Industry	*Code*
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/.

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:

Table IX. Codes for external causes of injury, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

External cause of injury category	*E code*
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.

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 2007–2010 data, 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 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

Table X. Codes for diagnostic categories, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

Diagnostic category	*Code*
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

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 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).]

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.

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 data years 2001–2010 are based on the latest revision. 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.

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

Table XI. Codes for procedure categories for National Hospital Discharge Survey data, from the *International Classification of Diseases, 9th Revision, Clinical Modification*

Procedure category	*Code*
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 angiocardiography 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

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 were 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

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.

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/uspsbrca.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 the District of Columbia (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 2008–2010 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 2009–2010, 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. However, Medicaid does not provide medical assistance to all persons with limited income and resources. Under the broadest provisions of the federal statute, Medicaid does not provide health care services for very poor childless adults under age 65 unless they are disabled. The major eligibility groups covered by most states include

- Individuals who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their state on July 16, 1996 or, at state option, more liberal criteria (with some exceptions).
- Children under age 6 whose family income is at or below 133% of the federal poverty level.
- Infants born to Medicaid-eligible women.
- Pregnant women whose family income is at or below 133% of the federal poverty level (services to these women are limited to those related to pregnancy, complications of pregnancy, delivery, and postpartum care).
- Supplemental Security Income (SSI) recipients in most states (some states use more restrictive Medicaid eligibility requirements that predate SSI).
- Recipients of adoption or foster care assistance under Title IV of the Social Security Act.
- Special protected groups (typically individuals who lose their cash assistance because of earnings from work or from increased Social Security benefits but who may keep Medicaid for a period of time).
- Children who are at least age 6, but under age 19, in families with incomes at or below the federal poverty level.

States also have the option of providing Medicaid coverage for other groups.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or states may pay for Medicaid services through various prepayment arrangements, such as 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. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, 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 https://www.cms.gov/MedicareProgramRatesStats/downloads/MedicareMedicaidSummaries2010.pdf. [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) but have not yet been applied to the 2010 census data. Therefore, no data presented in *Health, United States* are based on the 2010 standards. In the 2000 standards, an MSA is a county, or group of contiguous counties, that contains at least one urbanized area of 50,000 or more population. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties if there are strong 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, 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. 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 if there are strong 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 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 Online Survey Certification and Reporting (OSCAR) and the Quality Improvement Evaluation System (QIES) databases, 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 were asked on an intermittent schedule, and the question content 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; 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/pocketgd.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 physical activity 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 the District of Columbia. 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—Poverty statistics are based on definitions originally developed by the Social Security Administration. These include a set of money income thresholds that vary by family size and composition. Families or individuals with income below the appropriate threshold are classified as below poverty. These thresholds are updated annually by the U.S. Census Bureau, using the change in the average annual Consumer Price Index for all urban consumers (CPI–U). For example, the average poverty threshold for a family of four was $23,021 in 2011, $22,314 in 2010, $17,603 in 2000, and $13,359 in 1990. For more information, see: U.S. Census Bureau. Annual poverty thresholds. Available from: http://www.census.gov/hhes/www/poverty/data/threshld/index.html; and DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2011. U.S. Census Bureau Current Population Report, P60–243. Washington, DC: U.S. Government Printing Office; 2012. Available from: http://www.census.gov/prod/2012pubs/p60-243.pdf. Also see the U.S. Census Bureau's poverty website at: http://www.census.gov/hhes/www/poverty/poverty.html.

National Health Interview Survey (NHIS) and *National Health and Nutrition Examination Survey (NHANES)*—For data years prior to 1997, percent of poverty level was based on family income and family size using U.S. Census Bureau poverty thresholds. Starting with 1997 data, percent of poverty level has been based on family income, family size, number of children in the family, and, for families with two or fewer adults, the age of the adults in the family. Percent of poverty level in NHANES is also based on family income and family size and composition. [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).]

National Survey of Children's Health (NSCH)—Percent of poverty level was based on total household income and family composition using U.S. Census Bureau poverty thresholds. Two variables were used to determine household poverty status: the number of people residing in a household and the total household income during the prior year. If either of these components was missing, the information was imputed so that poverty level could be calculated.

The poverty categories available in the two survey years presented in *Health, United States* used slightly different cut points. In 2003, the available categories were: below 100%, 100%–199%, 200%–399%, and 400% or more. In 2007, the poverty categories were: at or below 100%, above 100% to 200%, above 200% to 400%, and above 400%.

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 the District of Columbia (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. Procedures are 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, 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. The tables also illustrate changes in labels and group categories resulting from the 1997 Standards. The race designation black was changed to black or African American, and the ethnicity designation Hispanic was changed to Hispanic or Latino.

Data systems included in *Health, United States*, other than NHIS, the National Survey of Drug Use & Health (NSDUH), and the National Health and Nutrition Examination Survey (NHANES), generally do not permit tabulation of estimates for the detailed race and ethnicity categories shown in Tables XIII and XIV, either because race data based on the 1997 Standards categories are not yet available or because there are insufficient numbers of observations in certain subpopulation groups to meet statistical reliability or confidentiality requirements.

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 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 Mexican American persons. Estimates 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 to meet

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).

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.

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

1997 Standards	*Sample size*	*Percent*	*Standard error*	*1977 Standards*	*Sample size*	*Percent*	*Standard error*
White only	168,256	76.1	0.28	White	170,472	75.9	0.28
Black or African American only	30,048	53.5	0.63	Black	30,690	53.6	0.63
American Indian or Alaska Native only	2,003	44.2	1.97	American Indian or Alaska Native	2,316	43.5	1.85
Asian only	6,896	68.0	1.39	Asian and Pacific Islander	7,146	68.2	1.34
Native Hawaiian or Other Pacific Islander only	173	75.0	7.43				
2 or more races total	4,203	60.9	1.17				
Black or African American; white	686	59.5	3.21				
American Indian or Alaska Native; white	2,022	60.0	1.71				
Asian; white	590	71.9	3.39				
Native Hawaiian or Other Pacific Islander; white	56	59.2	10.65				
Race, any mention							
White, any mention	171,817	75.8	0.28				
Black or African American, any mention	31,147	53.6	0.62				
American Indian or Alaska Native, any mention	4,365	52.4	1.40				
Asian, any mention	7,639	68.4	1.27				
Native Hawaiian or Other Pacific Islander, any mention	283	68.7	6.23				
Hispanic origin and race							
Not Hispanic or Latino:				Non-Hispanic:			
White only	146,109	78.9	0.27	White	149,057	78.6	0.27
Black or African American only	29,250	53.9	0.64	Black	29,877	54.0	0.63
American Indian or Alaska Native only	1,620	45.2	2.15	American Indian or Alaska Native	1,859	44.6	2.05
Asian only	6,623	68.2	1.43	Asian and Pacific Islander	6,999	68.4	1.40
Native Hawaiian or Other Pacific Islander only	145	76.4	7.79				
2 or more races total	3,365	62.6	1.18				
Hispanic or Latino	31,040	48.8	0.74	Hispanic	31,040	48.8	0.74

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 three age groups: under 18, 18–44, and 45–64. See Appendix II, Age adjustment.

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

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 for Census 2000.)

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 2010 data, 38 states and the District of Columbia (D.C.) allowed the reporting of multiple-race data (34 states and D.C. used the 2003 revision of the U.S. Standard Certificate of Live Birth and 3 states used the 1989 revision). These 38 states and D.C. represented 83% of all U.S. resident births. In 2010, multiple race was reported for approximately 2% of mothers in the states that permitted reporting of more than one race. In 2010, data from the vital records of the remaining 12 states 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 2010 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. The net effects of misclassification and undercoverage result in overstated death rates for the white population and the black population, estimated to be 1% and 5%, respectively. Understated death rates for other population groups are estimated as follows: American Indian, 21%; Asian or Pacific Islander, 11%; and Hispanic, 2%. For more information, see: Rosenberg HM, Maurer JD, Sorlie PD, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. NCHS. Vital Health Stat 1999;2(128). Available from: http://www.cdc.gov/nchs/data/series/sr_02/sr02_128.pdf; and 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) the presence of two enumeration techniques for estimating the American Indian or Alaska Native population, (b) changes in the classification or self-identification of American Indian or Alaska Native heritage over time, and (c) misclassification of American Indian or Alaska Native persons on death certificates. 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. Interpretation of trends for the American Indian and Alaska Native population should take into account that population estimates for these groups increased 45% between 1980 and 1990, partly because of better enumeration techniques in the 1990 decennial census and the increased tendency for people to identify themselves as American Indian in 1990. Because of misclassification of American Indian and Alaska Native persons on death certificates (for some states, estimated at greater than 10%), or no information on misclassification, American Indian or Alaska Native 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. In 2010, 34 states and D.C. reported multiple-race data. 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 1990 and 2000 censuses. The rates for 1990 and 2000 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. The population estimates have been provided by the U.S. Census Bureau and are based on the 2000 census counts by age, race, and sex, which 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 of 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 the District of Columbia (D.C.) and New York City. The term "reporting area" may be used interchangeably with the term "registration area." All reporting 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 is used to estimate the proportion of cancer patients potentially curable. 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. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

Reporting area—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex is based on data from residents of all 50 states in the United States, the District of Columbia, 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 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 statistical area (MSA) 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 definitions 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. For more information on this 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 also used in 2011. 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/professionals/vaccination/vaccinecoverage.htm).

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.

Appendix III. Additional Data Years Available

For Trend Tables spanning long periods, only selected data years are shown in *Health, United States,* to highlight major trends. Additional years of data for some of the Trend Tables are available in electronic spreadsheet form on the *Health, United States, 2012*, website at: http://www.cdc.gov/nchs/hus.htm. Standard errors are included in the spreadsheet files for tables that are based on the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Survey of Family Growth.

Table number	Table topic	Additional data years available
1	Resident population	2001–2008
2	Poverty	1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2009
3	Fertility rates and birth rates	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006
4	Teenage childbearing	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2008
5	Nonmarital childbearing	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2008
6	Low birthweight	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2008
9	Contraceptive use	1988
10	Breastfeeding	1972–1974
11	Infant mortality rates	1996–1999, 2001–2004, 2006
12	Infant mortality rates	1984, 1986–1989, 1991, 1996–1999, 2001–2004, 2006
13	Infant mortality rates	1981–1989, 1991–1994, 1996–1999, 2001–2002
18	Life expectancy	1981–1989, 1991–1994, 1996–1999
20	Age-adjusted death rates for selected causes	1981–1989, 1991–1999, 2001–2004, 2006–2008
21	Years of potential life lost	1991–1999, 2001–2004, 2006–2008
25	Death rates for all causes	1981–1989, 1991–1999, 2001–2008
26	Diseases of heart	1981–1989, 1991–1999, 2001–2008
27	Cerebrovascular diseases	1981–1989, 1991–1999, 2001–2008
28	Malignant neoplasms	1981–1989, 1991–1999, 2001–2008
29	Malignant neoplasms of trachea, bronchus, and lung	1981–1989, 1991–1999, 2001–2008
30	Malignant neoplasm of breast	1981–1989, 1991–1999, 2001–2008
31	Human immunodeficiency virus (HIV) disease	1988–1989, 1991–1994, 2001–2004, 2006–2008
32	Drug poisoning	2006–2008
33	Motor vehicle-related injuries	1981–1989, 1991–1999, 2001–2008
34	Homicide	1981–1989, 1991–1999, 2001–2008
35	Suicide	1981–1989, 1991–1999, 2001–2008
36	Firearm-related injuries	1981–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2008
37	Occupational diseases	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2004, 2006–2008
39	Notifiable diseases	1985, 1988–1989, 1991–1999, 2001–2007
41	Health conditions among children	2006–2008, 2007–2009, 2008–2010
42	Cancer incidence rates	1991–1994, 1996–1999, 2001, 2004, 2006
43	Five-year relative cancer survival rates	1978–1980, 1984–1986, 1990–1992, 1993–1995, 1996–1998
44	Respondent-reported prevalence of heart disease, cancer, and stroke	1999–2000, 2001–2002, 2003–2004, 2005–2006, 2008–2009, 2009–2010

Table number	Table topic	Additional data years available
45	Diabetes	2001–2004, 2003–2006, 2005–2008
47	Severe headache or migraine, low back pain, and neck pain	1998–2009
48	Basic actions difficulty and complex activity limitation	1998–1999, 2001–2009
49	Vision and hearing limitations	1998–1999, 2001–2009
50	Respondent-assessed health status	1998–1999, 2001–2004, 2006–2008
51	Basic actions difficulty and complex activity limitation	2008–2010
52	Basic actions difficulty and complex activity limitation	2008–2010
53	Serious psychological distress	2000–2001, 2002–2003, 2003–2004, 2006–2007, 2007–2008, 2008–2009, 2009–2010
54	Cigarette smoking	1983, 1987–1988, 1991–1994, 1997–1999, 2002–2004, 2006–2009
55	Cigarette smoking	1983, 1987–1988, 1991–1994, 1997–1999, 2001–2004, 2006–2008
56	Cigarette smoking	1993–1995, 2006–2008, 2007–2009, 2008–2010
57	Cigarette smoking	2008–2010
58	Use of selected substances	2003–2008
59	Use of selected substances	1981–1984, 1986–1989, 1991–1994, 1996–1999, 2001–2006
61	Health risk behaviors among students	1993, 1995, 1997, 1999, 2003, 2005, 2007, 2009
62	Heavier drinking and drinking five or more drinks in a day	1998–1999, 2001–2009
64	Hypertension (high blood pressure)	2001–2004, 2005–2008
65	Cholesterol	2001–2004, 2005–2008
67	Leisure-time aerobic/muscle-strengthening physical activity	1999, 2001–2009
68	Weight and obesity among adults	2001–2004, 2005–2008
69	Obesity among children	2001–2004, 2005–2008
71	No usual source of health care, children	1995–1996, 1997–1998, 2001–2002, 2003–2004, 2004–2005, 2005–2006, 2006–2007, 2007–2008, 2008–2009, 2009–2010
72	No usual source of health care, working-age adults	2003–2004, 2004–2005, 2005–2006, 2006–2007, 2008–2009, 2009–2010
73	Reduced access to medical care	1998–2000, 2002–2009
74	Reduced access to medical care	2008–2010
76	No health care visits	1999–2000, 2003–2004, 2004–2005, 2005–2006, 2006–2007, 2007–2008, 2008–2009, 2009–2010
77	Health care visits	1998–2009
78	Vaccinations	1996–1999, 2001–2004
80	Influenza vaccination	1991, 1993–1994, 1997–1999, 2001–2004, 2006–2007
81	Pneumococcal vaccination among adults	1991, 1993, 1994, 1997–1999, 2001–2004, 2006–2007
82	Mammography	1991, 1998–1999
83	Pap smears	1998, 2003
85	Emergency department visits for children	1998–2009
86	Emergency department visits for adults	1998–1999, 2001–2009
87	Injury-related visits to hospital emergency departments	2008–2009
88	Ambulatory care visits	1997–1999, 2001–2008
89	Ambulatory care visits	1997–1999, 2001–2009
90	Dental visits	1998–2009
91	Prescription drug use	2003–2006, 2005–2008
93	Discharges	1998–1999, 2001–2009

Table number	Table topic	Additional data years available
94	Discharges	1991–1994, 1996–1999, 2001–2004, 2006, 2008–2009
95	Days of care	1991–1999, 2001–2009
96	Diagnoses	1991–1999, 2001–2009
97	Average length of stay	1991–1999, 2001–2009
98	Procedures	1991–1999, 2001–2009
104	Health care employment and wages	2002–2004, 2006–2008, 2010
109	Nursing homes	1996–1999, 2001–2009
110	Medicare-certified providers	1997–1999, 2001–2003, 2005, 2007, 2009
111	GDP national health expenditures	2008
112	Consumer Price Index	2007–2009
115	Cost of hospital discharges	2006–2009
116	Expenditures for health care	1998–1999, 2001–2008
117	Sources of payment for health care	1996, 1998–1999, 2001–2008
118	Out-of-pocket health care expenses	1998–1999, 2001–2004, 2006–2007
120	Employers' costs and health insurance	1992–1993, 1995, 1997–1999, 2001–2004, 2006–2007, 2009
121	Private health insurance	1994, 1998, 1999, 2002–2004, 2006–2009
122	Private health insurance, workplace	1994, 1998, 1999, 2002–2004, 2006–2009
123	Medicaid coverage	1994, 1998, 1999, 2002–2004, 2006–2009
124	No health insurance coverage	1994, 1998, 1999, 2002–2004, 2006–2009
125	Health care coverage	1993–1994, 1996–1999, 2001–2008
127	Medicare enrollees	1996–1998, 2001, 2003, 2004, 2006
128	Medicare beneficiaries	1999–2007
129	Medicaid beneficiaries and payments	2001–2002
130	Medicaid beneficiaries and payments	2001–2002
131	Department of Veterans Affairs	1985, 1988–1989, 1991–1994, 1996–1999, 2001–2004, 2006, 2007, 2009
132	Medicare	1995–2009
133	Medicaid	2001–2008

Index

Index

(Numbers are table and figure numbers)

A

A—Con.

B

C

D

E

E—Con.

F

G

H

I

K

L

N

O

P

R

S

T

U

V

W

Table/Figure

Y