

# Health, United States, 2014

With Special Feature on Adults Aged 55–64



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

**Copyright information**

Permission has been obtained from the copyright holders to reproduce certain quoted material in this report. Further reproduction of this material is prohibited without specific permission of the copyright holder. All other material contained in this report is in the public domain and may be used and reprinted without special permission; citation as to source, however, is appreciated.

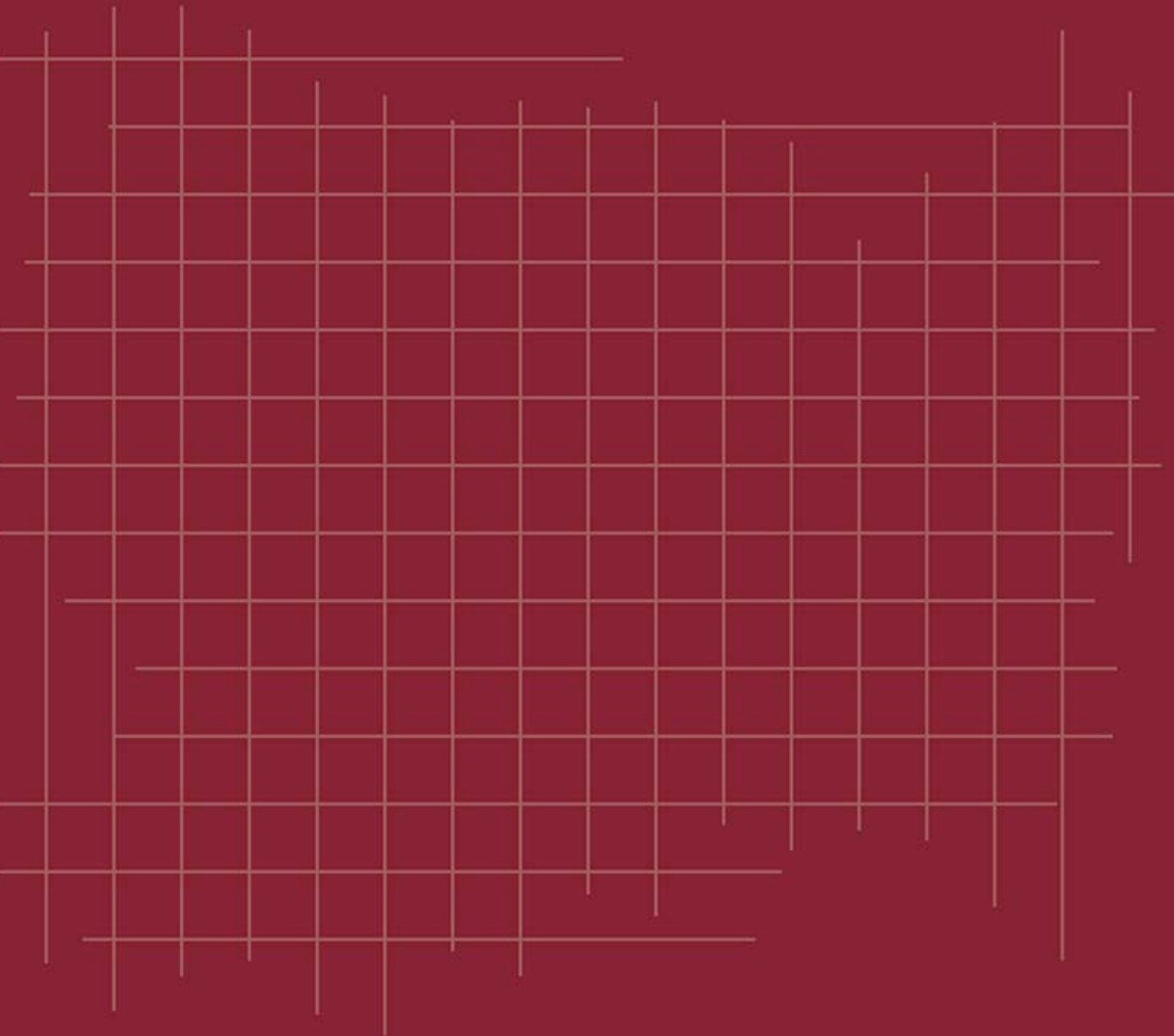
**Suggested citation**

National Center for Health Statistics.  
Health, United States, 2014: With Special Feature on  
Adults Aged 55–64. Hyattsville, MD. 2015.

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

# Health, United States, 2014

With Special Feature on Adults Aged 55–64



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

May 2015  
DHHS Publication No. 2015-1232

**U.S. Department of Health and Human Services**

Sylvia M. Burwell  
*Secretary*

**Centers for Disease Control and Prevention**

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

**National Center for Health Statistics**

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

# Preface

---

*Health, United States, 2014* is the 38th 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 *Health, United States* series presents an annual overview of national trends in health statistics. The report contains a Chartbook that assesses the nation's health by presenting trends and current information on selected measures of morbidity, mortality, health care utilization and access, health risk factors, prevention, health insurance, and personal health care expenditures. This year's Chartbook includes a Special Feature on the health of adults aged 55–64. The report also contains 123 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. A companion report—*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 2014 Edition

*Health, United States, 2014* contains a summary At a Glance table that displays selected indicators of health and their determinants, cross-referenced to charts and tables in the report. This is followed by a Highlights section, a Chartbook, detailed Trend Tables, two Appendixes, and an Index. The major sections of the 2014 report are described below.

### Chartbook

The 2014 Chartbook contains 29 figures, including 10 figures on this year's Special Feature on the health of adults aged 55–64 (Figures 20–29). The Special Feature figures provide an overview of the health and well-being of the current 55–64 group as they approach retirement age and enrollment in the Medicare program, noting similarities and differences with 55- to 64-year-olds a decade ago, who are now enrolled in Medicare. Data are presented on leading causes of death, prevalence of chronic physical and mental health conditions, health behavior patterns, health insurance coverage, and health care utilization and access in this year's Special Feature.

### Trend Tables

The Chartbook is followed by 123 detailed Trend Tables that highlight major trends in health statistics. Comparability across editions of *Health, United States* is fostered by including similar Trend Tables in each volume, and timeliness is maintained by improving the content of tables to reflect key topics in public health. An important criterion used in selecting these tables is the availability of comparable national data over a period of several years.

### Appendixes

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

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

### Index

The Index to the Trend Tables and Chartbook 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 chart packages on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

## 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* includes 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, 2014* includes the following disability-related information for the civilian noninstitutionalized population: basic actions difficulty and complex activity limitation (Table 47), vision and hearing limitations for adults (Tables 48 and 49), and disability-related information for Medicare enrollees (Table 117), Medicaid recipients (Table 118), and veterans with service-connected disabilities (Table 120). 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) without correction for multiple comparisons. Data tables include point estimates and standard errors for users who would like to perform additional statistical 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 2012 and 2013" indicates that the difference between the point estimate for 2012 and that for 2013 was tested for statistical significance.

The statistical significance of a time trend was assessed using weighted least squares regression applied to data for all years in the time period. (For a description of the trend testing technique, see the Technical Notes that follow the Chartbook.) The terminology used in the text to indicate testing of a trend is "During (time period 1)–(time period 2)." For example, the statement "During 2003–2013" indicates that a statistical test of trend was conducted that included estimates for all 11 years in the time period. Because statistically significant differences or trends are partly a function of sample size (i.e., the larger the sample, the smaller the change that can be detected), statistically significant differences or trends do not necessarily have public health significance (2).

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

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

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

## Accessing *Health, United States*

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

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

## Questions?

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

Office of Information Services  
Information Dissemination Staff  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
3311 Toledo Road, Room 5419  
Hyattsville, MD 20782-2064  
Phone: 1-800-CDC-INFO (1-800-232-4636)  
TTY: 1-888-232-6348  
Internet: <http://www.cdc.gov/nchs>  
Online request form: <http://www.cdc.gov/cdc-info/requestform.html>  
For e-mail updates on NCHS publication releases, subscribe online at: <http://www.cdc.gov/nchs/govdelivery.htm>.

### References

1. Altman B, Bernstein A. Disability and health in the United States, 2001-2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.
2. CDC. Youth Risk Behavior Surveillance System (YRBSS). Interpretation of YRBS trend data. Atlanta, GA; 2014. Available from: [http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS\\_trend\\_interpretation.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf).
3. SUDAAN, release 11.0.0 [computer software]. Research Triangle Park, NC: RTI International; 2012.

# Acknowledgments

---

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

Production of *Health, United States, 2014* was managed by Sheila J. Franco, Virginia M. Freid, and Julia S. Holmes. Preparation of the volume, including highlights, trend tables, appendixes, and index was completed by Mary Ann Bush, La-Tonya D. Curl, Anne K. Driscoll, Catherine R. Duran, Sheila J. Franco, Virginia M. Freid, Nancy Han, Hashini S. Khajuria, Ji-Eun Kim, Xianfen Li, Anita L. Powell, Ilene B. Rosen, and Naga Shanmugam. Administrative and word processing assistance was provided by Lillie C. Featherstone.

Production of the **Chartbook** was managed by Sheila J. Franco and Virginia M. Freid. The Special Feature on Adults Aged 55–64 was prepared and written by Virginia M. Freid with Ji-Eun Kim. Data and analysis for specific charts were provided by Sheila J. Franco, Virginia M. Freid, Hashini S. Khajuria, and Ji-Eun Kim. Technical assistance and programming were provided by Mary Ann Bush, La-Tonya D. Curl, Catherine R. Duran, Nancy Han, and Xianfen Li.

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

**Electronic access** through the NCHS website was provided by Christine J. Brown, Jacqueline M. Davis, Virginia M. Freid, Hashini S. Khajuria, Ji-Eun Kim, Elom L. Lawson, Zung T. Le, Anthony Lipphardt, Jennifer A. Moore, Kyung M. Park, Anita L. Powell, Anthony R. Quintana, Ilene B. Rosen, and Barbara J. Wassell.

**Data and technical assistance** were provided by staff of the following NCHS organizations: *Division of Health Care Statistics*: Susan M. Schappert; *Division of Health and Nutrition Examination Surveys*: Naman Ahluwalia, Margaret D. Carroll, Mark S. Eberhardt, Qiuping Gu, Brian K. Kit, Cynthia L. Ogden, Ryne Paulose-Ram, and Sung Sug (Sarah) Yoon; *Division of Health Interview Statistics*: Patricia F. Adams, Veronica E. Benson, Lindsey Black, Debra Blackwell, Barbara Bloom, Tainya Clarke, Robin A. Cohen, Gulnur Freeman, Jacqueline Lucas, Michael Martinez, Colleen Nugent, Jeannine Schiller, Charlotte Schoenborn, Maria Villarroel, and Brian Ward; *Division of Vital Statistics*: Robert N. Anderson,

Joyce A. Arbertha, Elizabeth Arias, Amy M. Branum, Melonie Heron, Jo Jones, Sharon E. Kirmeyer, Kenneth D. Kochanek, Annie Liu, Marian F. MacDorman, Joyce A. Martin, T. J. Mathews, Arialdi M. Miniño, Jaleh Mousavi, Sherry L. Murphy, Steven J. Steimel, Betzaida Tejada-Vera, and Elizabeth C. Wilson; *Office of Analysis and Epidemiology*: Li-Hui Chen, Catherine R. Duran, Deborah D. Ingram, Laura A. Pratt, Cheryl V. Rose, and Ritu Tuteja; *Office of the Center Director*: Juan Albertorio and Francis C. Notzon; and *Office of Research and Methodology*: Meena Khare.

Additional data and technical assistance were provided by the following organizations of the Centers for Disease Control and Prevention (CDC): *National Center for Chronic Disease Prevention and Health Promotion*: Karen Pazol; *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*: Lori Elmore, Anna Satcher Johnson, Laura Kann, Steve Kinchen, Jennifer A. Ludovic, and the Surveillance and Data Management Branch; *Office of Public Health Scientific Services, Center for Surveillance, Epidemiology, and Laboratory Services*: Ruth Ann Jajosky; *National Institute for Occupational Safety and Health*: Roger Rosa; by the following organizations within the Department of Health and Human Services: *Agency for Healthcare Research and Quality*: Roxanne Andrews, Anne Elixhauser, and Steven R. Machlin; *Centers for Medicare & Medicaid Services*: Catherine A. Curtis, Tony Dean, Maria Diacogiannis, Nathan Espinosa, Micah Hartman, Deborah W. Kidd, Barbara S. Klees, David Lassman, Anne Martin, Maggie S. Murgolo, Arun Natarajan, Joseph F. Regan, Jeffrey S. Silverman, Christopher J. Truffer, and Lekha Whittle; *National Institutes of Health*: Kathy Cronin, Bruce Dye, Paul Eggers, Lloyd Johnston, Marsha Lopez, the Monitoring the Future Team, and Anne-Michelle Noone; *Substance Abuse and Mental Health Services Administration*: Beth Han, Kevin Hennessey, Sharon Larson, Neil Russell, and Judith Teich; and by the following governmental and nongovernmental organizations: *U.S. Census Bureau*: Bernadette D. Proctor and Danielle Taylor; *Bureau of Labor Statistics*: Elizabeth Ashack, Christen Byler, and Audrey Watson; *Department of Veterans Affairs*: Tom Garin, Pheakdey Lim, and Dat Tran; *American Association of Colleges of Pharmacy*: Danielle A. Taylor and Jamie N. Taylor; *American Association of Colleges of Osteopathic Medicine*: Lisa M. Cole; *American Association of Colleges of Podiatric Medicine*: Moraith G. North; *American Dental Education Association*: Sylvia M. Zeno; *American Medical Association Physician Masterfile*: Cheryl Ashe; *Association of American Medical Colleges*: Brianna Gunter and Will Weiler; *Association of Schools and Colleges of Optometry*: Joanne Zuckerman; *Association of Schools & Programs of Public Health*: Christine M. Plepys; *Cowles Research Group*: C. McKeen Cowles; and *NOVA Research Company*: Shilpa Bengeri.





# Contents

Preface .....	iii	Health Risk Factors.....	13
Acknowledgments.....	vi	Current Cigarette Smoking .....	13
List of Chartbook Figures.....	xi	Uncontrolled High Blood Pressure .....	14
List of Trend Tables.....	xiii	Obesity Among Children and Adolescents.....	14
		Overweight and Obesity Among Adults.....	15
		Prevention .....	15
		Influenza and Pneumococcal Vaccination .....	15
		Vaccination Coverage Among Children	
		Aged 19–35 Months.....	16
		Colorectal Tests and Procedures .....	16
		Health Insurance .....	17
		Coverage Among Adults Aged 18–64.....	17
		Coverage Among Adults Aged 19–25.....	17
		Utilization and Access .....	18
		Emergency Department Use.....	18
		Delay or Nonreceipt of Needed Medical Care or	
		Nonreceipt of Needed Dental Care Due to Cost ...	18
		Personal Health Care Expenditures.....	19
		Major Source of Funds.....	19
		<b>Special Feature on Adults Aged 55–64 .....</b>	<b>22</b>
		Introduction .....	22
		Profile of the 55–64 Age Group.....	24
		Leading Causes of Death .....	25
		Selected Chronic Conditions .....	26
		Psychological Distress: Serious or Mild-moderate ...	27
		Current Cigarette Smoking .....	28
		Leisure-time Physical Activity .....	29
		Health Insurance Coverage .....	30
		Health Care Utilization.....	31
		Use of Preventive and Screening Services .....	32
		Prescription Drug Use .....	33
		Delay or Nonreceipt of Medical Care or Nonreceipt of	
		Prescription Drugs Due to Cost .....	34
		Data Tables for Special Feature: Figures 20–29.....	35
		Technical Notes .....	46
		References .....	47
<b>At a Glance Table and Highlights</b>			
At a Glance Table .....	2		
Highlights.....	4		
Special Feature on Adults Aged 55–64.....	4		
Health Status and Determinants.....	4		
Life Expectancy and Mortality.....	4		
Fertility and Natality.....	4		
Health Risk Factors.....	5		
Measures of Health and Disease Prevalence.....	5		
Utilization of Health Resources .....	5		
Use of Health Care Services .....	5		
Use of Preventive Medical Care Services.....	6		
Nonreceipt of Needed Medical Care, Prescription			
Drugs, and Dental Care Due to Cost .....	6		
Health Care Resources .....	6		
Health Care Expenditures and Payers .....	6		
Health Care Expenditures .....	6		
Health Care Payers .....	7		
Health Insurance Coverage .....	7		
<b>Chartbook With Special Feature on</b>			
<b>Adults Aged 55–64</b>			
Mortality.....	10		
Life Expectancy at Birth.....	10		
Infant Mortality .....	10		
Selected Causes of Death .....	11		
Suicide .....	11		
Natality .....	12		
Teenage Childbearing .....	12		
Morbidity .....	12		
Diabetes Prevalence.....	12		
Disability Measures .....	13		
Basic Actions Difficulty and Complex Activity			
Limitation .....	13		

## Trend Tables

Health Status and Determinants.....	53
Population .....	53
Fertility and Natality.....	58
Mortality.....	76
Determinants and Measures of Health.....	147
Utilization of Health Resources.....	225
Ambulatory Care .....	225
Inpatient Care.....	276
Health Care Resources.....	291
Personnel .....	291
Facilities .....	297
Health Care Expenditures and Payers.....	302
National Health Expenditures.....	302
Health Care Coverage and Major Federal Programs ...	322
State Health Expenditures and Health Insurance....	344

## Appendixes

Appendix Contents .....	353
Appendix I. Data Sources .....	357
Appendix II. Definitions and Methods .....	394

## Index

Index.....	449
------------	-----

# List of Chartbook Figures

## Mortality

- Figure 1.** Life expectancy at birth, by selected characteristics: United States, 1980–2013 . . . . . 10
- Figure 2.** Infant, neonatal, and postneonatal mortality rates: United States, 2003–2013 . . . . . 10
- Figure 3.** Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2003–2013 . . . . 11
- Figure 4.** Suicide death rates, by sex and age: United States, 2003–2013 . . . . . 11

## Natality

- Figure 5.** Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2003–2013 . . . . . 12

## Morbidity

- Figure 6.** Diagnosed and undiagnosed diabetes prevalence among adults aged 20 and over, by age: United States 1988–1994 and 2009–2012 . . . . . 12

## Disability Measures

- Figure 7.** Basic actions difficulty and complex activity limitation among adults aged 18 and over, by sex and age: United States, 2003–2013 . . . . . 13

## Health Risk Factors

- Figure 8.** Current cigarette smoking among high school seniors and adults aged 18 and over, by sex and age: United States, 2003–2013 . . . . . 13
- Figure 9.** Uncontrolled high blood pressure among adults aged 20 and over with hypertension, by sex and age: United States, 1988–1994 through 2009–2012 . . . . . 14
- Figure 10.** Obesity among children and adolescents, by sex and age: United States, 2009–2012 . . . . . 14
- Figure 11.** Overweight and obesity among adults aged 20 and over, by sex: United States, 1988–1994 through 2009–2012 . . . . . 15

## Prevention

- Figure 12.** Influenza and pneumococcal vaccination among noninstitutionalized adults aged 18 and over, by type of vaccination and age: United States, 2003–2013 . . . . . 15
- Figure 13.** Vaccination coverage for combined series (4:3:1:3\*:3:1:4) among children aged 19–35 months by race and ethnicity and poverty level: United States, 2013 . . . . 16
- Figure 14.** Colorectal tests and procedures among adults aged 50–75, by race and ethnicity: United States, 2003 and 2013 . . . . . 16

## Health Insurance

- Figure 15.** Health insurance coverage among adults aged 18–64, by type of coverage: United States, 2003–2013 . . . . . 17
- Figure 16.** Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2003–2013 . . . . . 17

## Utilization and Access

- Figure 17.** One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2003–2013 . . . . . 18
- Figure 18.** Delay or nonreceipt of needed medical care or nonreceipt of needed dental care in the past 12 months due to cost among adults aged 18–64, by percent of poverty level: United States, 2003–2013 . . . . . 18

## Personal Health Care Expenditures

- Figure 19.** Personal health care expenditures, by source of funds: United States, 2003–2013 . . . . . 19

## Special Feature on Adults Aged 55–64

- Figure 20.** Death rates for leading causes of death among adults aged 55–64, by sex: United States, 2003–2013 . . . . . 25
- Figure 21.** Selected chronic conditions among adults aged 55–64: United States, 1999–2002 and 2009–2012 . . . . . 26
- Figure 22.** Serious or mild-moderate psychological distress in the past 30 days among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013 . . . . . 27
- Figure 23.** Current cigarette smoking among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013 . . . . . 28
- Figure 24.** Participation in recommended levels of leisure-time aerobic and muscle-strengthening activities among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013 . . . . . 29
- Figure 25.** Health insurance coverage among adults aged 55–64, by percent of poverty level and type of coverage: United States, average annual 2002–2003 and 2012–2013 . . . . . 30
- Figure 26.** Health care utilization in the past 12 months among adults aged 55–64, by type of visit: United States, average annual 2002–2003 and 2012–2013 . . . . . 31
- Figure 27.** Use of preventive services and screening among noninstitutionalized adults aged 55–64: United States, 2003 and 2013 . . . . . 32

<b>Figure 28.</b> Prescription drug use in the past 30 days among adults aged 55–64, by number of drugs and selected drug class: United States, 1999–2002 and 2009–2012 . . . . .	<b>33</b>
<b>Figure 29.</b> Adults aged 55–64 who delayed or did not receive needed medical care or needed prescription drugs due to cost in the past 12 months, by insurance status: United States, average annual 2002–2003 and 2012–2013. . . . .	<b>34</b>

# Summary List of Trend Tables by Topic

## Tables 1–123

---

### **Population** (Tables 1 and 2)

Resident population  
Persons in poverty

### **Fertility and Natality** (Tables 3–10)

Births  
Low birthweight  
Breastfeeding  
*and more . . .*

### **Mortality** (Tables 11–36)

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

### **Determinants and Measures of Health** (Tables 37–66)

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

### **Ambulatory Care** (Tables 67–86)

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

### **Inpatient Care** (Tables 87–91)

Hospital stays and procedures  
Nursing homes  
*and more . . .*

### **Personnel** (Tables 92–97)

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

### **Facilities** (Tables 98–101)

Hospitals  
Nursing homes  
*and more . . .*

### **National Health Expenditures** (Tables 102–110)

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

### **Health Care Coverage and Major Federal Programs** (Tables 111–120)

Insurance coverage  
    Medicare  
    Medicaid  
    Private coverage  
    Uninsured  
*and more . . .*

### **State Health Expenditures and Health Insurance** (Tables 121–123)

Medicare, Medicaid, managed care expenditures and enrollees  
Uninsured persons

# List of Trend Tables

## Health Status and Determinants

### Population

<b>Table 1.</b> Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2013 . . . . .	53
<b>Table 2.</b> Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973–2013 . . . . .	56

### Fertility and Natality

<b>Table 3.</b> Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2013 . . . . .	58
<b>Table 4.</b> Teenage childbearing, by age and detailed race and Hispanic origin of mother: United States, selected years 1970–2013 . . . . .	61
<b>Table 5.</b> Nonmarital childbearing, by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2013 . . . . .	63
<b>Table 6.</b> Low birthweight live births, by detailed race and Hispanic origin of mother: United States, selected years 1970–2013 . . . . .	64
<b>Table 7.</b> Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2011–2013 . . . . .	65
<b>Table 8.</b> Legal abortions, legal abortion rates, and legal abortion ratios: United States and 46 continuous reporting areas, 2002–2011 . . . . .	68
<b>Table 9.</b> 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 1982–2013 . . . . .	69
<b>Table 10.</b> 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 . . . . .	75

### Mortality

<b>Table 11.</b> Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2012 . . . . .	76
<b>Table 12.</b> Infant mortality rates, by race: United States, selected years 1950–2013 . . . . .	78
<b>Table 13.</b> Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2010–2012 . . . . .	79
<b>Table 14.</b> Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2011 . . . . .	82

<b>Table 15.</b> Life expectancy at birth and at age 65, by sex: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1980–2012 . . . . .	83
<b>Table 16.</b> Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900–2013 . . . . .	85
<b>Table 17.</b> Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2011–2013 . . . . .	87
<b>Table 18.</b> Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2013 . . . . .	89
<b>Table 19.</b> Years of potential life lost before age 75 for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1980–2013 . . . . .	93
<b>Table 20.</b> Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2013 . . . . .	97
<b>Table 21.</b> Leading causes of death and numbers of deaths, by age: United States, 1980 and 2013 . . . . .	101
<b>Table 22.</b> Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2011–2013 . . . . .	103
<b>Table 23.</b> Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	106
<b>Table 24.</b> Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	110
<b>Table 25.</b> Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	113
<b>Table 26.</b> Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	116
<b>Table 27.</b> Death rates for malignant neoplasms of trachea, bronchus, and lung, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	120
<b>Table 28.</b> Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	123
<b>Table 29.</b> Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2013 . . . . .	125
<b>Table 30.</b> Death rates for drug poisoning and drug poisoning involving opioid analgesics, by sex, age, race, and Hispanic origin: United States, selected years 1999–2013 . . . . .	127
<b>Table 31.</b> Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	130
<b>Table 32.</b> Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	134

<b>Table 33.</b> Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013 . . . . .	<b>138</b>
<b>Table 34.</b> Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2013 . . . . .	<b>141</b>
<b>Table 35.</b> Deaths from selected occupational diseases among persons aged 15 and over: United States, selected years 1980–2013 . . . . .	<b>144</b>
<b>Table 36.</b> Occupational fatal injuries, by industry, sex, age, race, and Hispanic origin: United States, selected years 2003–2012 . . . . .	<b>145</b>
 <i>Determinants and Measures of Health</i>	
<b>Table 37.</b> Selected notifiable disease rates and number of new cases: United States, selected years 1950–2012 . . .	<b>147</b>
<b>Table 38.</b> Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2012 . . . . .	<b>149</b>
<b>Table 39.</b> Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013 . . . . .	<b>151</b>
<b>Table 40.</b> Age-adjusted cancer incidence rates for selected cancer sites, by sex, race, and Hispanic origin: United States, selected geographic areas, selected years 1990–2011 . . . . .	<b>156</b>
<b>Table 41.</b> Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2004–2010 . . . . .	<b>160</b>
<b>Table 42.</b> 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 2012–2013 . . . . .	<b>161</b>
<b>Table 43.</b> Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2013 . . . . .	<b>163</b>
<b>Table 44.</b> 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 2009–2012 . . . . .	<b>165</b>
<b>Table 45.</b> End-stage renal disease patients, by selected characteristics: United States, selected years 2000–2012 . . . . .	<b>167</b>
<b>Table 46.</b> Severe headache or migraine, low back pain, and neck pain among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013 . . . . .	<b>169</b>
<b>Table 47.</b> Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013 . . . . .	<b>172</b>
<b>Table 48.</b> Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013 . . . . .	<b>174</b>

<b>Table 49.</b> Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2013 . . . . .	<b>176</b>
<b>Table 50.</b> Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2013 . . . . .	<b>178</b>
<b>Table 51.</b> 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 2012–2013 . . . . .	<b>180</b>
<b>Table 52.</b> Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2013 . . . . .	<b>182</b>
<b>Table 53.</b> Age-adjusted prevalence of current cigarette smoking among adults aged 25 and over, by sex, race, and education level: United States, selected years 1974–2013 . . . . .	<b>184</b>
<b>Table 54.</b> 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 2011–2013 . . . . .	<b>185</b>
<b>Table 55.</b> 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 2002–2013 . . . . .	<b>188</b>
<b>Table 56.</b> Use of selected substances in the past 30 days among 12th graders, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2013 . . . . .	<b>190</b>
<b>Table 57.</b> Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2013 . . . . .	<b>193</b>
<b>Table 58.</b> Heavier drinking and drinking five or more drinks in a day among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013 . . . . .	<b>196</b>
<b>Table 59.</b> Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012 . . . . .	<b>199</b>
<b>Table 60.</b> Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012 . . . . .	<b>201</b>
<b>Table 61.</b> Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012 . . . . .	<b>203</b>
<b>Table 62.</b> Mean macronutrient intake among adults aged 20 and over, by sex and age: United States, selected years 1988–1994 through 2009–2012 . . . . .	<b>207</b>
<b>Table 63.</b> Participation in leisure-time aerobic and muscle-strengthening activities that meet the federal <i>2008 Physical Activity Guidelines for Americans</i> among adults aged 18 and over, by selected characteristics: United States, selected years 1998–2013 . . . . .	<b>209</b>



<b>Table 64.</b> Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012 . . . . .	214
<b>Table 65.</b> Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1988–1994 through 2009–2012 . . . . .	221
<b>Table 66.</b> Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2011–2012 . . . . .	223

## Utilization of Health Resources

### *Ambulatory Care*

<b>Table 67.</b> No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2012–2013 . . . . .	225
<b>Table 68.</b> No usual source of health care among adults aged 18–64, by selected characteristics: United States, average annual, selected years 1993–1994 through 2012–2013 . . . . .	227
<b>Table 69.</b> Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2013 . . . . .	229
<b>Table 70.</b> No health care visits to an office or clinic within the past 12 months among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1998 through 2012–2013 . . . . .	232
<b>Table 71.</b> Health care visits to doctor offices, emergency departments, and home visits within the past 12 months, by selected characteristics: United States, selected years 1997–2013 . . . . .	234
<b>Table 72.</b> 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 1995–2013 . . . . .	237
<b>Table 73.</b> Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2008–2013 . . . . .	240
<b>Table 74.</b> Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013 . . . . .	241
<b>Table 75.</b> Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013 . . . . .	243
<b>Table 76.</b> Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2013 . . . . .	245
<b>Table 77.</b> Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013 . . . . .	248

<b>Table 78.</b> Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2013 . . . . .	253
--	-----

<b>Table 79.</b> Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2013 . . . . .	255
--	-----

<b>Table 80.</b> Emergency department visits within the past 12 months among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013 . . . . .	259
--	-----

<b>Table 81.</b> Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011 . . . . .	262
--	-----

<b>Table 82.</b> Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011 . . . . .	264
---	-----

<b>Table 83.</b> Visits to primary care generalist and specialty care physicians, by selected characteristics and type of physician: United States, selected years 1980–2010 . . .	267
--	-----

<b>Table 84.</b> Dental visits in the past year, by selected characteristics: United States, selected years 1997–2013 . . . . .	269
---	-----

<b>Table 85.</b> Prescription drug use in the past 30 days, by sex, age, race and Hispanic origin: United States, selected years 1988–1994 through 2009–2012 . . . . .	271
--	-----

<b>Table 86.</b> Selected prescription drug classes used in the past 30 days, by sex and age: United States, selected years 1988–1994 through 2009–2012 . . . . .	273
---	-----

### *Inpatient Care*

<b>Table 87.</b> Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2013 . . . . .	276
---	-----

<b>Table 88.</b> 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 . . . . .	280
---	-----

<b>Table 89.</b> Discharge rate in nonfederal short-stay hospitals, by sex, age, and selected first-listed diagnosis: United States, selected years 1990 through 2009–2010 . . . . .	283
--	-----

<b>Table 90.</b> 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 . . . . .	286
--	-----

<b>Table 91.</b> Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2012 . . . . .	290
---	-----

## Health Care Resources

### Personnel

<b>Table 92.</b> Active physicians and physicians in patient care, by state: United States, selected years 1975–2012. . . . .	291
<b>Table 93.</b> Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2012. . . . .	292
<b>Table 94.</b> Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2012 . . . . .	293
<b>Table 95.</b> Active dentists, by state: United States, selected years 1993–2011 . . . . .	294
<b>Table 96.</b> Healthcare employment and wages, by selected occupations: United States, selected years 2001–2013 . . . . .	295
<b>Table 97.</b> First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2012–2013 . . . . .	296

### Facilities

<b>Table 98.</b> Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2012 . . . . .	297
<b>Table 99.</b> Community hospital beds and average annual percent change, by state: United States, selected years 1980–2012 . . . . .	298
<b>Table 100.</b> Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1980–2012 . . . . .	299
<b>Table 101.</b> Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2013 . . . . .	300

## Health Care Expenditures and Payers

### National Health Expenditures

<b>Table 102.</b> Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2013 . . . . .	302
<b>Table 103.</b> National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2013 . . . . .	304
<b>Table 104.</b> Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2013 . . . . .	306
<b>Table 105.</b> Cost of hospital discharges with common hospital operating room procedures in nonfederal community hospitals, by age and selected principal procedure: United States, selected years 2000–2012. . .	309

<b>Table 106.</b> Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2011 . . . . .	312
---	-----

<b>Table 107.</b> Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2011 . . . . .	315
---	-----

<b>Table 108.</b> Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2011 . . . . .	318
---	-----

<b>Table 109.</b> National health expenditures and percent distribution, by sponsor: United States, selected years 1987–2013 . . . . .	319
--	-----

<b>Table 110.</b> Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1999–2014 . . . . .	321
--	-----

### Health Care Coverage and Major Federal Programs

<b>Table 111.</b> Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013 . . . . .	322
--	-----

<b>Table 112.</b> Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2013 . . . . .	325
---	-----

<b>Table 113.</b> Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013 . . . . .	328
--	-----

<b>Table 114.</b> No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013 . . . . .	331
---	-----

<b>Table 115.</b> Health insurance coverage of noninstitutionalized Medicare beneficiaries aged 65 and over, by type of coverage and selected characteristics: United States, selected years 1992–2012 . . . . .	334
--	-----

<b>Table 116.</b> Medicare enrollees and expenditures and percent distribution, by Medicare program and type of service: United States and other areas, selected years 1970–2013 . . . . .	336
--	-----

<b>Table 117.</b> Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2011 . . . . .	338
---	-----

<b>Table 118.</b> Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2011 . . . . .	340
--	-----

<b>Table 119.</b> Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2011 . . . . .	342
---	-----

<b>Table 120.</b> Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 2000–2013 . . . . .	343
---	-----

*State Health Expenditures and Health Insurance*

**Table 121.** Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2013. . . . . **344**

**Table 122.** Medicaid beneficiaries, beneficiaries in managed care, and payments per beneficiary, by state: United States, selected fiscal years 2000–2011 . . . . . **346**

**Table 123.** Persons under age 65 without health insurance coverage, by age, state, and territory: United States and Puerto Rico, 2009–2013. . . . . **347**

# At a Glance Table and Highlights

---

# Health, United States, 2014: At a Glance

Health, United States,  
2014  
Figure/Table No.

Value (year)

Life Expectancy and Mortality			
Life Expectancy, in years <span style="float: right;">Table 16</span>			
At birth	76.8 (2000)	78.8 (2012)	78.8 (2013)
Infant deaths per 1,000 live births <span style="float: right;">Figure 2/Table 12</span>			
All infants	6.91 (2000)	5.98 (2012)	5.96 (2013)
Deaths per 100,000 population, age-adjusted <span style="float: right;">Table 18</span>			
All causes	869.0 (2000)	732.8 (2012)	731.9 (2013)
Heart disease	257.6 (2000)	170.5 (2012)	169.8 (2013)
Cancer	199.6 (2000)	166.5 (2012)	163.2 (2013)
Chronic lower respiratory diseases	44.2 (2000)	41.5 (2012)	42.1 (2013)
Unintentional injuries	34.9 (2000)	39.1 (2012)	39.4 (2013)
Stroke	60.9 (2000)	36.9 (2012)	36.2 (2013)
Alzheimer's disease	18.1 (2000)	23.8 (2012)	23.5 (2013)
Diabetes	25.0 (2000)	21.2 (2012)	21.2 (2013)
Influenza and pneumonia	23.7 (2000)	14.4 (2012)	15.9 (2013)
Nephritis, nephrotic syndrome and nephrosis	13.5 (2000)	13.1 (2012)	13.2 (2013)
Suicide	10.4 (2000)	12.6 (2012)	12.6 (2013)
Morbidity and Risk Factors			
Fair or poor health, percent <span style="float: right;">Table 50</span>			
All ages	8.9 (2000)	10.3 (2012)	10.2 (2013)
65 years and over	26.9 (2000)	22.7 (2012)	23.1 (2013)
Heart disease (ever told), percent <span style="float: right;">Table 42</span>			
18 years and over	11.3 (2000–2001)	11.6 (2010–2011)	11.4 (2012–2013)
65 years and over	30.9 (2000–2001)	30.5 (2010–2011)	29.8 (2012–2013)
Cancer (ever told), percent <span style="float: right;">Table 42</span>			
18 years and over	5.0 (2000–2001)	6.3 (2010–2011)	6.4 (2012–2013)
65 years and over	15.2 (2000–2001)	18.5 (2010–2011)	18.4 (2012–2013)
Hypertension, <sup>1</sup> percent <span style="float: right;">Table 60</span>			
20 years and over	30.2 (1999–2002)	32.1 (2003–2006)	32.2 (2009–2012)
Diabetes, <sup>2</sup> percent <span style="float: right;">Table 44</span>			
20 years and over	9.8 (1999–2002)	10.9 (2003–2006)	12.3 (2009–2012)
Hypercholesterolemia, <sup>3</sup> percent <span style="float: right;">Table 61</span>			
20 years and over	25.0 (1999–2002)	28.0 (2003–2006)	29.5 (2009–2012)
Obese, percent <span style="float: right;">Figure 10/ Tables 64 and 65</span>			
Obese, <sup>4</sup> 20 years and over	30.5 (1999–2002)	33.5 (2003–2006)	35.5 (2009–2012)
Obese (BMI at or above sex- and age-specific 95th percentile):			
2–5 years	10.3 (1999–2002)	12.5 (2003–2006)	10.2 (2009–2012)
6–11 years	15.9 (1999–2002)	17.0 (2003–2006)	17.9 (2009–2012)
12–19 years	16.0 (1999–2002)	17.6 (2003–2006)	19.4 (2009–2012)
Cigarette smoking, percent <span style="float: right;">Table 52</span>			
18 years and over	23.2 (2000)	18.1 (2012)	17.8 (2013)
Aerobic activity and muscle strengthening, <sup>5</sup> percent meeting both guidelines <span style="float: right;">Table 63</span>			
18 years and over	15.1 (2000)	20.3 (2012)	20.4 (2013)

<sup>1</sup>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.

<sup>2</sup>Includes physician-diagnosed and undiagnosed diabetes (fasting plasma glucose of at least 126 mg/dL or a hemoglobin A1c of at least 6.5%).

<sup>3</sup>Having high serum total cholesterol of 240 mg/dL or greater and/or respondent report of taking cholesterol-lowering medication.

<sup>4</sup>Obesity is a body mass index (BMI) greater than or equal to 30 for adults. Height and weight are measured rather than self-reported.

<sup>5</sup>Federal guidelines recommend at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity a week and muscle-strengthening activities at least twice a week.

# Health, United States, 2014: At a Glance

Health, United States,  
2014  
Figure/Table No.

Value (year)

## Health Care Utilization

No health care visit in past 12 months, percent Table 71

Under 18 years	12.3 (2000)	8.1 (2012)	8.2 (2013)
18–44 years	23.4 (2000)	24.7 (2012)	24.8 (2013)
45–64 years	14.9 (2000)	15.1 (2012)	15.2 (2013)
65 years and over	7.4 (2000)	6.1 (2012)	6.4 (2013)

Emergency room visit in past 12 months, percent Tables 79 and 80

Under 18 years	20.3 (2000)	17.8 (2012)	17.6 (2013)
18–44 years	20.5 (2000)	19.4 (2012)	18.5 (2013)
45–64 years	17.6 (2000)	18.0 (2012)	17.6 (2013)
65 years and over	23.7 (2000)	22.2 (2012)	21.3 (2013)

Dental visit in past year, percent Table 84

2–17 years	74.1 (2000)	82.3 (2012)	83.0 (2013)
18–64 years	65.1 (2000)	61.6 (2012)	61.7 (2013)
65 years and over	56.6 (2000)	61.8 (2012)	60.6 (2013)

Prescription drug in past 30 days, percent Table 85

Under 18 years	20.5 (1988–1994)	23.8 (1999–2002)	23.5 (2009–2012)
18–44 years	31.3 (1988–1994)	35.9 (1999–2002)	38.1 (2009–2012)
45–64 years	54.8 (1988–1994)	64.1 (1999–2002)	67.2 (2009–2012)
65 years and over	73.6 (1988–1994)	84.7 (1999–2002)	89.8 (2009–2012)

Hospitalization in past year, percent Table 87

18–44 years	7.0 (2000)	6.1 (2012)	6.1 (2013)
45–64 years	8.4 (2000)	8.0 (2012)	7.8 (2013)
65 years and over	18.2 (2000)	15.9 (2012)	15.3 (2013)

## Health Insurance and Access to Care

Uninsured, percent Table 114

Under 65 years	17.0 (2000)	16.9 (2012)	16.7 (2013)
Under 18 years	12.6 (2000)	6.6 (2012)	6.6 (2013)
18–44 years	22.4 (2000)	24.8 (2012)	24.2 (2013)
19–25 years	32.3 (2000)	26.3 (2012)	26.7 (2013)
45–64 years	12.6 (2000)	15.6 (2012)	15.4 (2013)

Delay or nonreceipt of needed medical care in past 12 months due to cost, percent Table 69

Under 18 years	4.6 (2000)	3.2 (2012)	3.1 (2013)
18–44 years	9.5 (2000)	12.7 (2012)	11.9 (2013)
45–64 years	8.8 (2000)	14.0 (2012)	13.2 (2013)
65 years and over	4.5 (2000)	4.1 (2012)	4.2 (2013)

## Health Care Resources

Patient care physicians per 10,000 population<sup>6</sup> Table 92

United States	22.7 (2000)	26.1 (2011)	26.9 (2012)
Highest state	54.5 (DC) (2000)	68.3 (DC) (2011)	65.9 (DC) (2012)
Lowest state	14.4 (ID) (2000)	17.7 (ID) (2011)	18.0 (ID,MS) (2012)

Community hospital beds per 1,000 population<sup>7</sup> Table 99

United States	2.9 (2000)	2.6 (2011)	2.6 (2012)
Highest state	6.0 (ND) (2000)	5.9 (DC) (2011)	5.7 (DC) (2012)
Lowest state	1.9 (NM,NV,OR,UT,WA) (2000)	1.7 (WA) (2011)	1.7 (OR) (2012)

## Health Care Expenditures

Personal health care expenditures, in dollars Table 104

Total, in trillions	\$1.2 (2000)	\$2.4 (2012)	\$2.5 (2013)
Per capita	\$4,129 (2000)	\$7,597 (2012)	\$7,826 (2013)

<sup>6</sup>Copyright 2014. Used with permission of the American Medical Association.

<sup>7</sup>Copyright 2014. Used with permission of Health Forum LLC, an affiliate of the American Hospital Association.

NOTES: Estimates in this table are taken from the PDF, printed, or spreadsheet versions of the cited tables. For more information and the spreadsheet versions of the tables, see the complete report, *Health, United States, 2014*, available from: <http://www.cdc.gov/nchs/hus.htm>.

# Highlights

---

This section presents selected data from this year's Special Feature on the health of the population aged 55–64 and from the four major areas included in the report: health status and determinants, utilization of health resources, health care resources, and health care expenditures and payers. The section focuses on topics of public health importance and illustrates the breadth of material included in *Health, United States*. Each highlight includes a reference to the detailed trend table, spreadsheet file, or figure where more information can be obtained.

## Special Feature on Adults Aged 55–64

All-cause death rates in 2013 for those aged 55–64 were 6% lower for men and 11% lower for women than in 2003, driven by decreases in death rates for cancer and heart disease (Figure 20).

In 2012–2013, 18.1% of noninstitutionalized adults aged 55–64 were current cigarette smokers, 8% lower than the percentage in 2002–2003 (19.7%) (Figure 23).

For adults aged 55–64, the percentage with private health insurance was lower for all family income groups in 2012–2013 compared with 2002–2003, with the largest loss of private coverage occurring for those with family income below 200% of the poverty level (Figure 25).

In 2009–2012, the percentage of adults aged 55–64 who took no, 1–4, or 5 or more prescription drugs in the past 30 days was similar to levels in 1999–2002; use of prescription cholesterol-lowering drugs was 54% higher among 55- to 64-year-olds in 2009–2012 (31.8%) compared with 1999–2002 (20.6%) (Figure 28).

## Health Status and Determinants

### Life Expectancy and Mortality

In 2013, life expectancy at birth in the United States for the total population was 78.8 years—76.4 years for males and 81.2 years for females (Table 16).

Between 2003 and 2013, life expectancy at birth increased 1.9 years for males and 1.5 years for females. The gap in life expectancy between males and females narrowed from 5.2 years in 2003 to 4.8 years in 2013 (Table 16).

Between 2003 and 2013, 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 2003, life expectancy at birth for the white population was 5.3 years longer than for the black

population; by 2013, the difference had narrowed to 3.6 years (Table 16).

Between 2003 and 2013, the infant mortality rate decreased 13%, from 6.85 to 5.96 deaths per 1,000 live births. In 2003, the infant mortality rate for white mothers was 5.72, compared with 14.01 for black mothers; by 2013, the infant mortality rate declined to 5.07 among white mothers and 11.22 among black mothers (Table 12).

In 2013, the 10 leading causes of death were heart disease, cancer, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, nephritis, and suicide. These 10 causes of death accounted for 74% of the 2.6 million deaths in 2013 (Table 20).

Between 2003 and 2013, the age-adjusted heart disease death rate decreased 28%, from 236.3 to 169.8 deaths per 100,000 population. In 2013, 24% of all deaths in the United States were from heart disease (Tables 20 and 24).

Between 2003 and 2013, the age-adjusted cancer death rate decreased 15%, from 190.9 to 163.2 deaths per 100,000 population. In 2013, 23% of all deaths in the United States were from cancer (Tables 20 and 26).

Between 2003 and 2013, the age-adjusted suicide death rate increased 17%, from 10.8 to 12.6 deaths per 100,000 population. In 2013, 17% of deaths among those aged 15–24 and 11% of deaths among those aged 25–44 were from suicide (Tables 21 and 33).

Between 2003 and 2013, the age-adjusted drug poisoning death rate involving opioid analgesics increased from 2.9 to 5.1 deaths per 100,000 population. In 2013, the drug poisoning death rate involving opioid analgesics was highest among those aged 45–54 (10.6), followed by those aged 35–44 (8.6), 25–34 (7.5), and 55–64 (7.5) (Table 30).

### Fertility and Natality

Between 2003 and 2013, the birth rate among teenagers aged 15–19 fell 36%, from 41.1 to 26.5 live births per 1,000 females—a record low for the United States (Table 3).

The percentage of low-birthweight births (infants weighing less than 2,500 grams [5.5 pounds] at birth) was 8.02% in 2013, down 3% from the recent high of 8.26% in 2006 (Table 6).

## Health Risk Factors

### Children

In 2009–2012, the prevalence of obesity among children aged 2–5 years was 10.2%, 17.9% among children aged 6–11, and 19.4% among adolescents aged 12–19 (Table 65 and Figure 10).

In 2013, 16.3% of 12th graders, 9.1% of 10th graders, and 4.5% of 8th graders had smoked cigarettes in the past 30 days. Smoking prevalence declined for all grades from 2003 levels, when 24.4% of 12th graders, 16.7% of 10th graders, and 10.2% of 8th graders reported smoking cigarettes in the past 30 days (Table 56).

In 2013, 24.7% of students in grades 9–12 reported they were in a physical fight during the past year, and the percentage was higher among male students (30.2%) than female students (19.2%) (Table 57).

In 2013, 21.9% of students in grades 9–12 rode in a car in the past 30 days with a driver who had been drinking alcohol, down from 30.2% in 2003 (Table 57).

### Adults

In 2013, 20.4% of adults aged 18 and over met the 2008 federal physical activity guidelines for both aerobic activity and muscle strengthening (Table 63).

Between 1988–1994 and 2009–2012, the percentage of adults aged 20 and over with grade 1 obesity (a body mass index [BMI] of 30.0–34.9) increased from 14.8% to 20.4%. Those with grade 2 obesity (BMI of 35.0–39.9) rose from 5.2% to 8.6%, and those with grade 3 or higher obesity (BMI of 40 or higher) doubled, from 3.0% to 6.3% (percentages are age-adjusted) (Table 64).

In 2013, 17.8% of noninstitutionalized adults aged 18 and over were current cigarette smokers, a decline from 2000 (23.2%). Men (20.5%) were more likely than women (15.3%) to be current cigarette smokers (Table 52).

## Measures of Health and Disease Prevalence

In 2011–2013, 5.3% of children under age 18 had an asthma attack in the past year, and 5.6% had a food allergy (Table 39).

Among children aged 5–17, 10.1% were diagnosed with attention deficit/hyperactivity disorder and 5.5% had serious emotional or behavioral difficulties in 2011–2013 (Table 39).

In 2013, the percentage of noninstitutionalized adults who reported their health as fair or poor ranged from 6.2% of those aged 18–44 to 27.6% of those aged 75 and over (Table 50).

In 2013, 58.9% of noninstitutionalized adults aged 65 and over reported having at least one basic actions difficulty (e.g., movement, emotional, sensory [seeing or hearing], or cognitive difficulty) and 32.0% of noninstitutionalized adults aged 65 and over reported having at least one complex activity limitation (e.g., self-care, social, or work limitation) (Table 47).

In 2012–2013, 12.1% of noninstitutionalized adults aged 45–64 and 29.8% of noninstitutionalized adults aged 65 and over had ever been told by a physician or other health professional that they had heart disease (Table 42).

In 2012–2013, 6.7% of noninstitutionalized adults aged 45–64 and 18.4% of noninstitutionalized adults aged 65 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 42).

The prevalence of diabetes increases with age. In 2009–2012, 3.7% of adults aged 20–44, 16.2% of adults aged 45–64, and 26.8% of adults aged 65 and over had diabetes (physician-diagnosed and undiagnosed) (Table 44 and Figure 6).

In 2009–2012, nearly one-third (32.2%) of adults aged 20 and over had hypertension (diagnosed and undiagnosed). Of adults aged 20 and over with hypertension (diagnosed and undiagnosed), nearly one-half (47.4%) continued to have uncontrolled high blood pressure (Table 60 and Figure 9).

## Utilization of Health Resources

### Use of Health Care Services

In 2013, 15.8% of persons had no health care visits in the past year, 47.0% had 1–3 health care visits, 24.5% had 4–9 visits, and 12.7% had 10 or more visits. Health care visits for illness, preventive care, or an injury include visits to see a health care provider at physician offices, emergency departments, clinics, or some other place, and home visits by health care professionals (Table 71).

In 2011, there were 126 million visits to hospital outpatient departments and 136 million visits to hospital emergency departments (Table 82).

In 2013, 83.0% of children aged 2–17 years, 61.7% of adults aged 18–64, and 60.6% of adults aged 65 and over had visited a dentist in the past year (Table 84).

The percentage of the population taking at least one prescription drug during the past 30 days increased from 39.1% in 1988–1994 to 47.3% in 2009–2012. During the same period, the percentage taking three or more prescription drugs rose from 11.8% to 20.6%, and the percentage taking five or more drugs more than doubled, from 4.0% to 10.1% (percentages are age-adjusted) (Table 85).



## Use of Preventive Medical Care Services

In 2013, 70% of children aged 19–35 months had completed the 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 72 and Figure 13).

In 2013, 41.0% of noninstitutionalized adults aged 18 and over had received an influenza vaccination in the past year. Influenza vaccination increased with age, with 29.6% of those aged 18–49, 46.6% of those aged 50–64, and 67.9% of those aged 65 and over reporting an influenza vaccination in the past year (Table 74 and Figure 12).

In 2013, 59.7% of noninstitutionalized adults aged 65 and over ever had a pneumococcal vaccination (Table 75 and Figure 12).

In 2013, two-thirds of women aged 40 and over had a mammogram in the past 2 years. Between 2003 and 2013, mammography use decreased 7% among women aged 40–49 (to 59.6% in 2013), 6% among those 50–64 (to 71.4%), and 7% among those 75 and over (to 56.5%), while remaining steady among those aged 65–74 (75.3% in 2013). Recommendations regarding which age groups should have screening mammograms have changed over time (Table 76).

In 2013, almost 7 of 10 women aged 18 and over had a Pap smear in the past 3 years (69.4%). Those aged 65 and over were less likely to have had a recent Pap smear (42.7%) than those aged 18–44 (77.2%) and 45–64 (73.9%). Currently, the U.S. Preventive Services Task Force does not recommend Pap smear screening for women aged 65 and over at low risk for cervical cancer (Table 77).

In 2013, almost 6 of 10 adults aged 50–75 had the recommended colorectal cancer screening tests (57.8%). Those aged 50–75 with at least some college education were more likely to have been screened (63.1%) than those with only a high school diploma or GED (53.4%) or those without a high school diploma (43.5%). Currently, the U.S. Preventive Services Task Force recommends colorectal cancer screening for those aged 50–75 (Table 78).

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

In 2013, among noninstitutionalized persons, 9.1% reported not receiving or delaying needed medical care due to cost, 6.4% reported not receiving needed prescription drugs due to cost, and 11.1% reported not receiving needed dental care due to cost (Table 69).

Among adults aged 18–64, the percentage who reported not receiving or delaying seeking needed medical care due

to cost in the past 12 months increased during 2003–2010, then was stable during 2010–2013. Among adults aged 18–64, the percentage who reported not receiving needed prescription drugs due to cost in the past 12 months increased during 2003–2010, then declined during 2010–2013. Among adults aged 18–64, the percentage who reported not receiving needed dental care due to cost in the past 12 months increased during 2003–2010, then was stable through 2013 (Table 69).

## Health Care Resources

In 2012, there were 26.9 physicians in patient care per 10,000 population in the United States. The number of patient care physicians per 10,000 population ranged from 18.0 in Idaho and Mississippi to 41.3 in Massachusetts and 65.9 in the District of Columbia (Table 92).

In 2012, the United States had 4,999 community hospitals and 800,566 community hospital beds. Community hospital occupancy averaged 63.4% in 2012, similar to the levels in 2010 and 2011 (Table 98).

In 2013, there were 15,663 certified nursing homes with 1,697,484 nursing home beds. U.S. nursing home occupancy averaged 80.8% in 2013. Nursing home occupancy rates were highest in North Dakota (92.9%) and the District of Columbia (92.9%) in 2013 (Table 101).

## Health Care Expenditures and Payers

### Health Care Expenditures

In 2013, personal health care expenditures in the United States totaled \$2.5 trillion, a 3.8% increase from 2012. The per capita personal health care expenditure for the total U.S. population was \$7,826 in 2013, up from \$7,597 in 2012 (Table 102).

Expenditures for hospital care accounted for 38.0% of all personal health care expenditures in 2013. Physician and clinical services accounted for 23.8% of total personal health care expenditures, prescription drugs for 11.0%, and nursing care facilities and continuing care retirement communities for 6.3%; the remainder of spending was for other types of care (Table 103).

In 2013, prescription drug expenditures totaled \$271.1 billion, up from \$264.4 billion in 2012 (Table 103).

In 2012, the average inflation-adjusted cost for the entire hospitalization involving a heart valve procedure was \$52,625, a coronary artery bypass graft procedure was \$40,142, cardiac pacemaker or defibrillator insertion or replacement was \$35,028, and spinal fusion was \$28,190 (Table 105).

## Health Care Payers

In 2013, 34.3% of all personal health care expenditures were paid by private health insurance, 22.3% were paid by Medicare, and 16.6% by Medicaid; consumers paid 13.7% out of pocket; and the remainder was paid by other types of insurance, payers, and programs (Table 104).

In 2011, children under age 21 accounted for 47.2% of Medicaid recipients but only 19.6% of Medicaid expenditures. The aged and blind and persons with disabilities accounted for 20.3% of Medicaid recipients and 60.6% of Medicaid expenditures (Table 118).

In 2013, the Medicare program had 52.3 million enrollees and expenditures of \$582.9 billion, up from 50.9 million enrollees and \$574.2 billion expenditures the previous year. Expenditures for the Medicare drug program (Part D) were \$69.7 billion in 2013 (Table 116).

## Health Insurance Coverage

Between 2003 and 2013, the percentage of adults aged 18–64 who were uninsured increased 6% from 19.3% to 20.5% (Table 114).

Based on preliminary data, from 2013 to the second quarter of 2014 (April–June), the percentage of adults aged 18–64 who were uninsured declined 24%, to 15.6% (preliminary data; Martinez ME, Cohen RA. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2014. NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_estimates\\_2010\\_2014\\_Q12.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_estimates_2010_2014_Q12.pdf)).

Between 2003 and 2010, the percentage of adults aged 19–25 who were uninsured was stable at 31%–34%, and then decreased to 26.7% in 2013 (Table 114).

Based on preliminary data, from 2013 to the second quarter of 2014 (April–June), the percentage of adults aged 19–25 who were uninsured declined 28%, to 19.2% (preliminary data; Martinez ME, Cohen RA. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2014. NCHS; 2014. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201412.pdf> and unpublished data).

Between 2003 and 2013, the percentage of the population under age 65 with private health insurance obtained through the workplace declined from 64.4% to 56.6% (Table 112).

Between 2003 and 2013, among children in families with income of 100%–199% of poverty, the percentage of uninsured children under age 18 dropped from 15.6% to 11.1%, while Medicaid or the Children’s Health Insurance Program (CHIP) coverage among children in families with income of 100%–199% of poverty increased from 41.7% to 60.1% (Tables 113 and 114).

In 2013, Massachusetts (4.4%), the District of Columbia (7.1%), Puerto Rico (7.7%), Vermont (8.1%), and Hawaii (8.3%) had the lowest percentages of persons uninsured (i.e., without public or private coverage) among those under 65, while Nevada (23.4%), Florida (24.2%), and Texas (24.5%) had the highest percentages (Table 123, a new table in the 2014 edition).

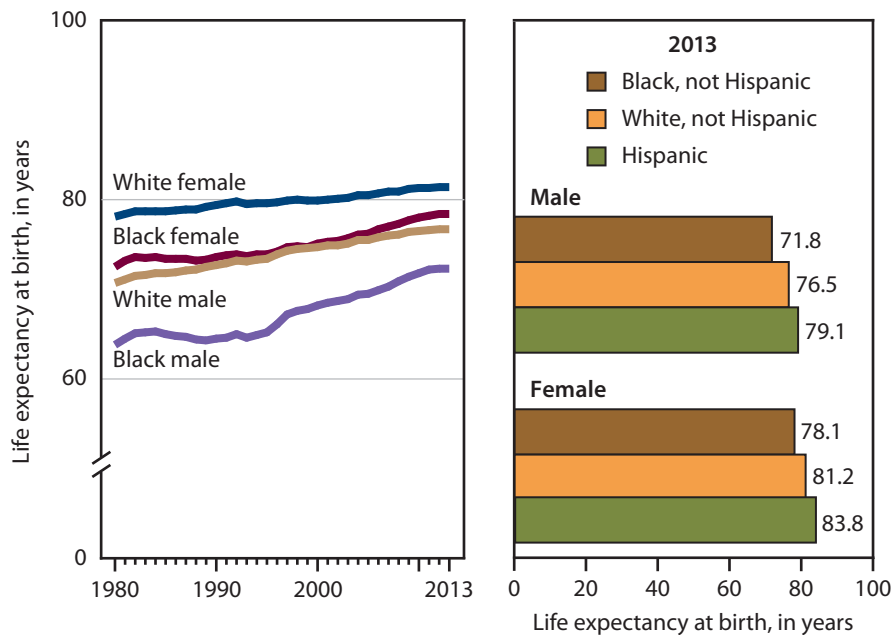
# Chartbook: Figures 1–19

---

# Mortality

## Life Expectancy at Birth

**Figure 1. Life expectancy at birth, by selected characteristics: United States, 1980–2013**



Between 2003 and 2013, life expectancy at birth increased for white females (1.2 years), white males (1.6 years), black females (2.7 years), and black males (3.4 years).

Life expectancy is a measure often used to gauge the overall health of a population (1). Between 1980 and 2013, life expectancy at birth in the United States increased from 70.0 to 76.4 years for males and from 77.4 to 81.2 years for females. Racial disparities in life expectancy at birth persisted for both males and females in 2013 but continue to narrow. Life expectancy at birth was 6.2 years longer for white males than for black males in 2003, and 4.4 years longer for white males than for black males in 2013. In 2003, life expectancy at birth was 4.5 years longer for white females than for black females; by 2013, life expectancy at birth was 3.0 years longer for white females than for black females. In 2013, Hispanic males and females had longer life expectancy at birth than non-Hispanic white or non-Hispanic black males and females.

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

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 16. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig01>

# Mortality

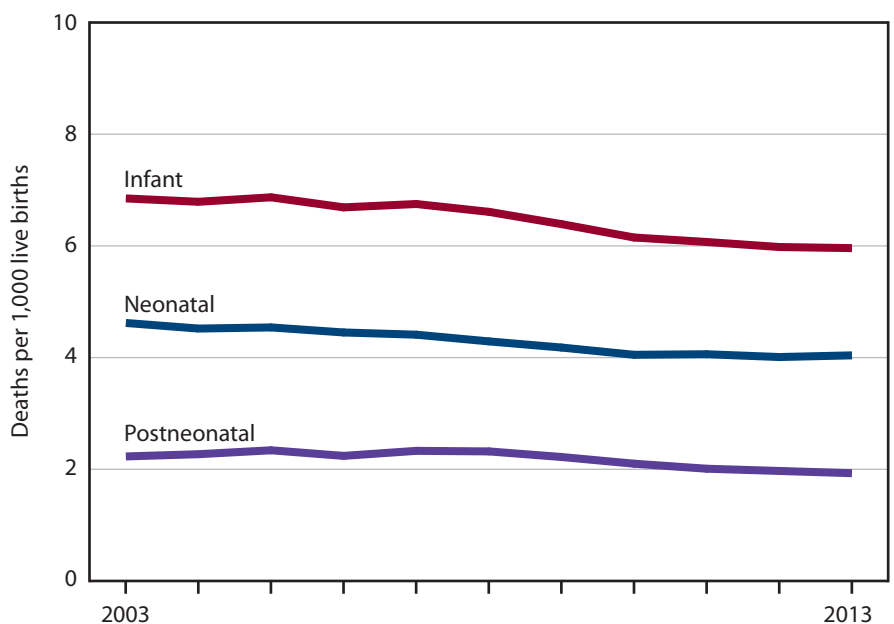
## Infant Mortality

Infant, neonatal, and postneonatal mortality rates declined 13% between 2003 and 2013.

The infant mortality rate is the risk of death during the first year of life (1). The 2013 infant mortality rate of 5.96 per 1,000 live births—a historical low—was 13% lower than in 2003. During the same period, the neonatal mortality rate (death rate among infants under 28 days, a subset of infant mortality) decreased 13% to 4.04 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months, a subset of infant mortality) declined 13% to 1.93 per 1,000 live births.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 12 and Reference 1. Data from the National Vital Statistics System (NVSS).

**Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 2003–2013**

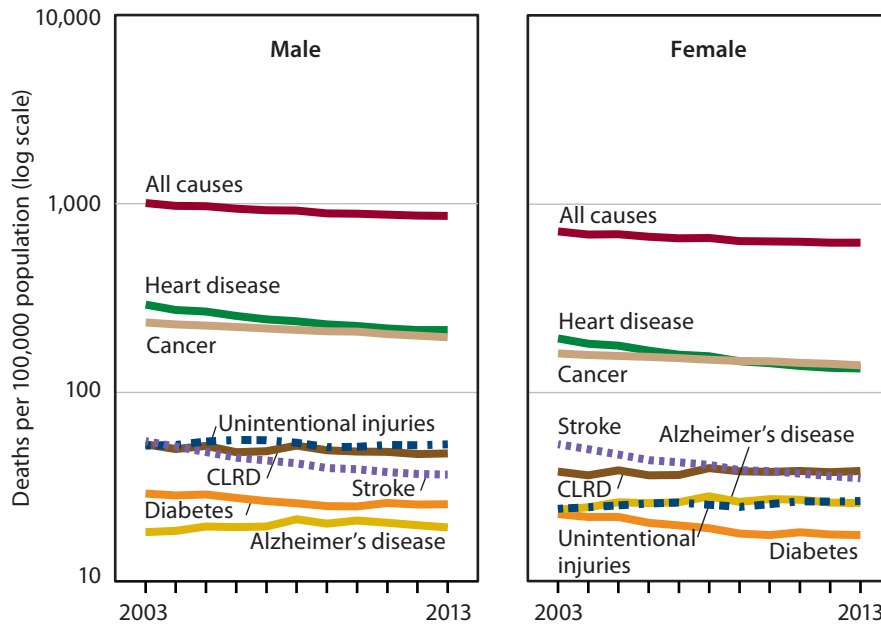


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig02>

# Mortality

## Selected Causes of Death

**Figure 3. Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2003–2013**



Between 2003 and 2013, the all-cause age-adjusted death rate decreased 15% among males and 13% among females.

During this 10-year period, age-adjusted death rates among males declined 34% for stroke, 27% for heart disease, 17% for cancer, and 11% for chronic lower respiratory diseases, while the age-adjusted death rate for Alzheimer's disease increased 6%, and the age-adjusted death rate for unintentional injuries was stable. Among females, age-adjusted death rates declined 34% for stroke, 31% for heart disease, and 14% for cancer, while the age-adjusted death rates increased 8% for Alzheimer's disease and 10% for unintentional injuries. In 2013, 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.

NOTES: CLRD is chronic lower respiratory diseases. A change in the coding rules for nephritis, nephrotic syndrome and nephrosis, caused an increase in the number of deaths attributed to diabetes beginning with 2011 data. The trend for diabetes death rates should be interpreted with caution.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 18. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig03>

# Mortality

## Suicide

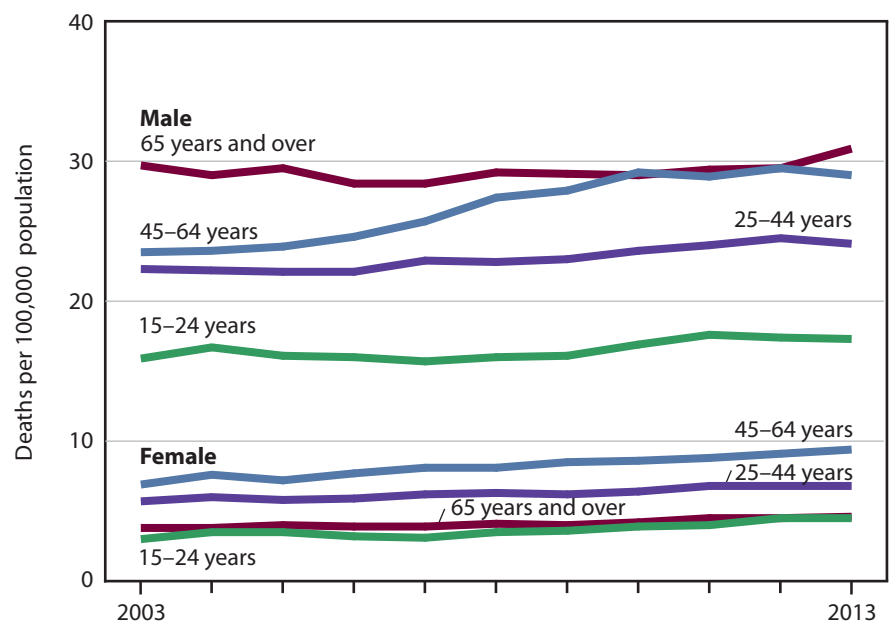
In 2013, suicide rates were highest for males aged 45–64 (29.0) and 65 and over (30.9); rates were substantially lower for females aged 45–64 (9.4) and 25–44 (6.8).

Suicide was the 10th leading cause of death in the U.S., with more than 40,000 deaths in 2013 (Table 20). Suicide deaths take a large emotional toll on family and friends (2,3). Biological, social, psychological, and cultural factors affect an individual's risk of suicide (3). Suicide rates differ by demographic and other factors (2,3).

Suicide rates were 3.7 times as high for males (20.3 deaths per 100,000 population in 2013) as females (5.5) overall (age-adjusted; Table 33), and were higher for males than females in each age group. Among males in 2013, suicide rates were highest for those aged 45–64 (29.0) and 65 and over (30.9). Among females, rates were highest among those aged 45–64 (9.4) and 25–44 (6.8). Between 2003 and 2013, suicide rates increased among females aged 15–24 (50%), 25–44 (19%), 45–64 (36%), and 65 and over (21%). Among males, rates increased 23% for those aged 45–64 and 9% or less for the other male age groups.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 33. Data from the National Vital Statistics System (NVSS).

**Figure 4. Suicide death rates, by sex and age: United States, 2003–2013**

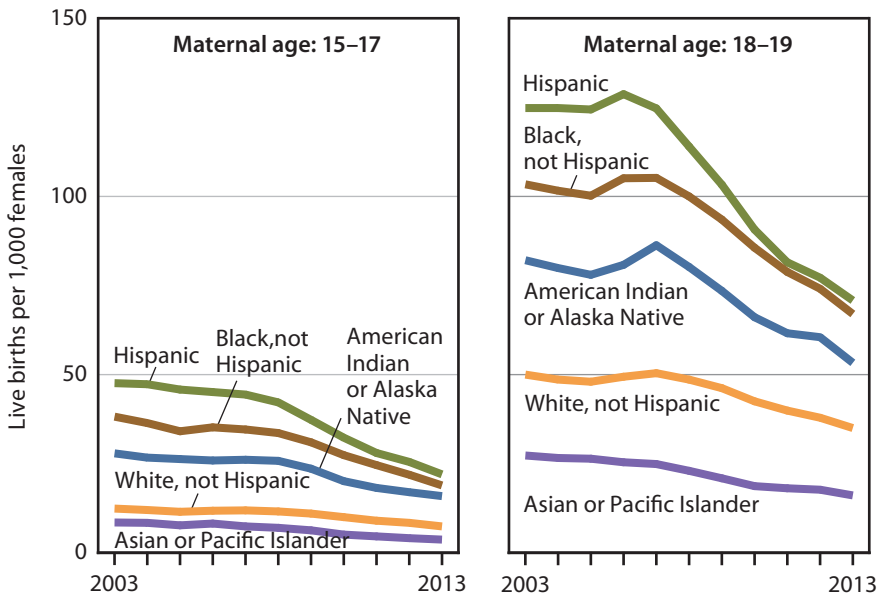


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig04>

# Natality

## Teenage Childbearing

**Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2003–2013**



Between 2003 and 2013, teenage birth rates declined among all racial and ethnic groups.

Teen childbearing often limits the mother's educational and occupational opportunities, and babies born to teen mothers are more likely to also become teen mothers (4). In 2013, 2.0% of births were to teenagers under age 18 and 5.0% were to women aged 18–19 (Table 4). Between 2003 and 2013, birth rates declined 45% for teenagers aged 15–17 and 32% for those aged 18–19 (Table 3). Birth rates were higher among Hispanic and non-Hispanic black teenagers than among other racial and ethnic groups. Since 2003, birth rates have decreased 54% for Hispanic teenagers aged 15–17 and 51% for non-Hispanic black teenagers in the same age group. Also during this period, birth rates for those aged 18–19 decreased 43% for Hispanic teenagers and 35% for non-Hispanic black teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 3. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig05>

# Morbidity

## Diabetes Prevalence

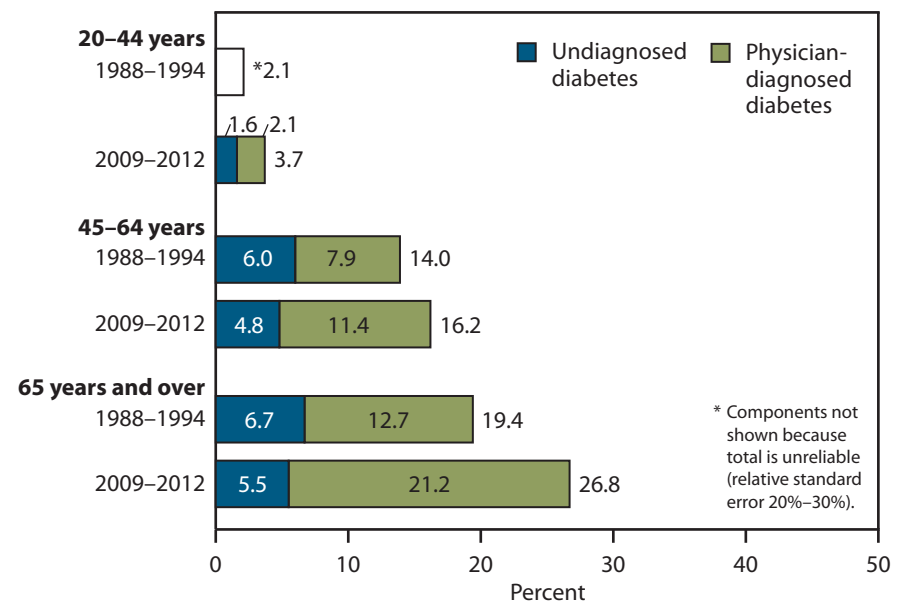
In 2009–2012, 26.8% of those aged 65 and over had diabetes (diagnosed or undiagnosed), compared with 16.2% of those aged 45–64 and 3.7% of those aged 20–44.

Diabetes is a complex chronic condition requiring ongoing medical care and active patient self-management (5,6). Long-term complications of diabetes include heart disease and renal, nerve, and retinal damage. In 2013, diabetes was the 7th leading cause of death in the U.S. (Table 20). Between 1988–1994 and 2009–2012, diabetes prevalence among adults aged 20 and over increased from 8.8% to 11.7% (age-adjusted; Table 44). The increase occurred only for those aged 20–44 and 65 and over.

In 2009–2012, the prevalence of diabetes increased with age among adults from 3.7% of those 20–44 to 16.2% of those 45–64, and 26.8% of those 65 and over. Although diabetes prevalence is lowest among adults aged 20–44, the undiagnosed share is larger than in other age groups.

NOTE: The components of diabetes may not sum to the total due to rounding.  
SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 44. Data from the National Health and Nutrition Examination Survey (NHANES).

**Figure 6. Diagnosed and undiagnosed diabetes prevalence among adults aged 20 and over, by age: United States 1988–1994 and 2009–2012**

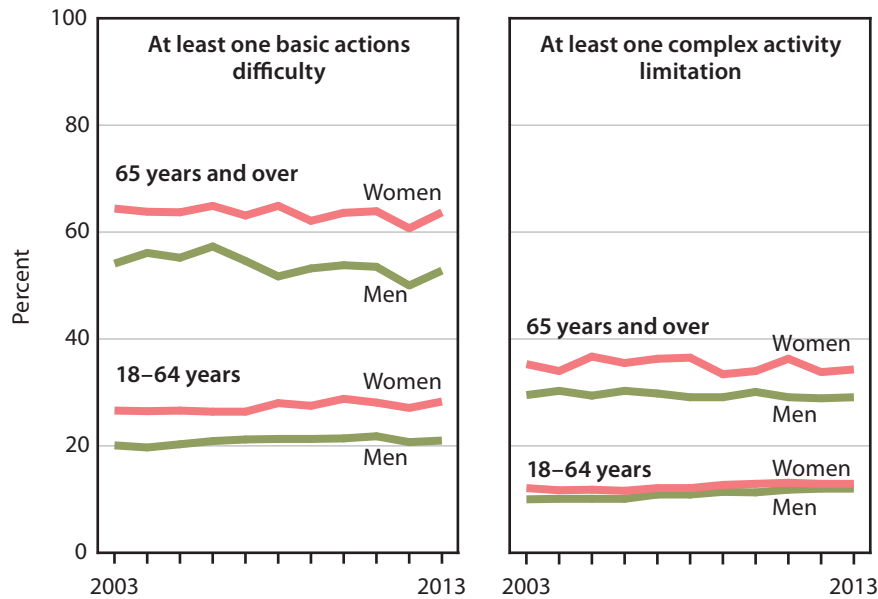


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig06>

# 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, 2003–2013**



The prevalence of basic actions difficulty is higher among those aged 65 and over than those aged 18–64; the prevalence of complex activity limitation also is higher among those aged 65 and over compared with those aged 18–64.

Basic actions difficulty and complex activity limitation are two constructs to measure disability (7). Basic actions difficulty captures at least one limitation in movement, emotional, sensory, or cognitive functioning associated with a health problem. Complex activity limitation is a limitation in at least one selected social role, such as living independently or working. In 2013, the prevalence of basic actions difficulty was higher among those aged 65 years and over (58.9%) compared with those aged 18–64 (24.7%). The prevalence of complex activity limitation also was higher among those aged 65 and over (32.0%) compared with those aged 18–64 (12.4%) in 2013 (Table 47). In 2013, the prevalence of each disability measure was higher for women than for men in the same age group, except for complex activity limitation among those aged 18–64, where the prevalence was similar.

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig07>

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 47. Data from the National Health Interview Survey (NHIS).

# Health Risk Factors

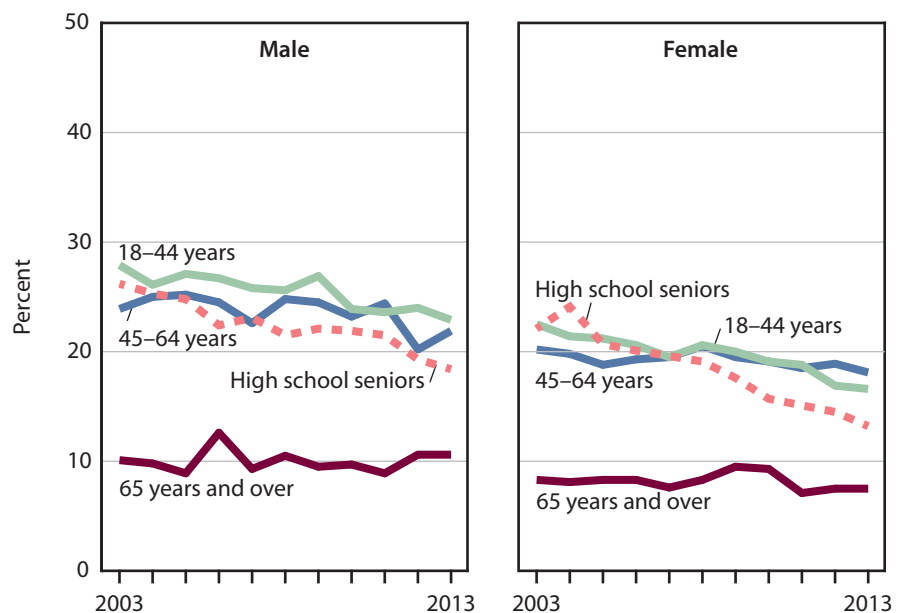
## Current Cigarette Smoking

During 2003–2013, cigarette smoking prevalence declined among high school seniors and among adults aged 18–44 and adults aged 45–64.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (8). Between 2003 and 2013, cigarette smoking among high school seniors (students in grade 12) decreased from 26.2% to 18.4% for male students and from 22.1% to 13.2% for female students. During 2003–2013, the percentage of adults who smoked cigarettes declined for men and women aged 18–44 and aged 45–64, while remaining stable for men and women aged 65 and over. In 2013, 20.5% of adult men aged 18 and over and 15.3% of adult women were current cigarette smokers (Table 52).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Tables 52 and 56. 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, 2003–2013**

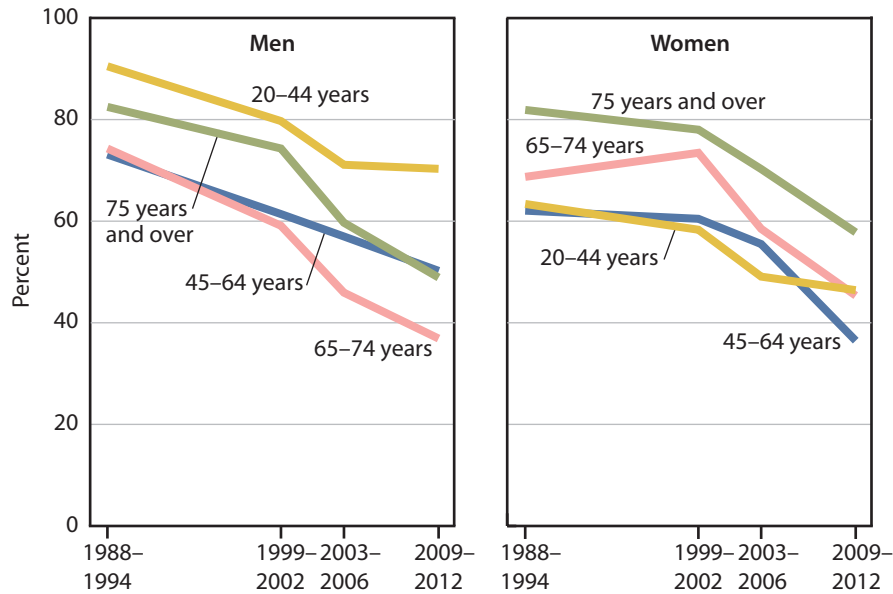


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig08>

# Health Risk Factors

## Uncontrolled High Blood Pressure

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



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

Hypertension increases the risk for cardiovascular disease, including heart attack and stroke (9). Between 1988–1994 and 2009–2012, the prevalence of uncontrolled high blood pressure (defined as an average systolic blood pressure of 140 mm Hg or higher, or an average diastolic pressure of 90 mm Hg or higher, among those with hypertension) declined for all age groups for men and women. However, nearly one-half (47.4%) of adults aged 20 and over with hypertension had uncontrolled high blood pressure in 2009–2012 (Table 60).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 60. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig09>

# Health Risk Factors

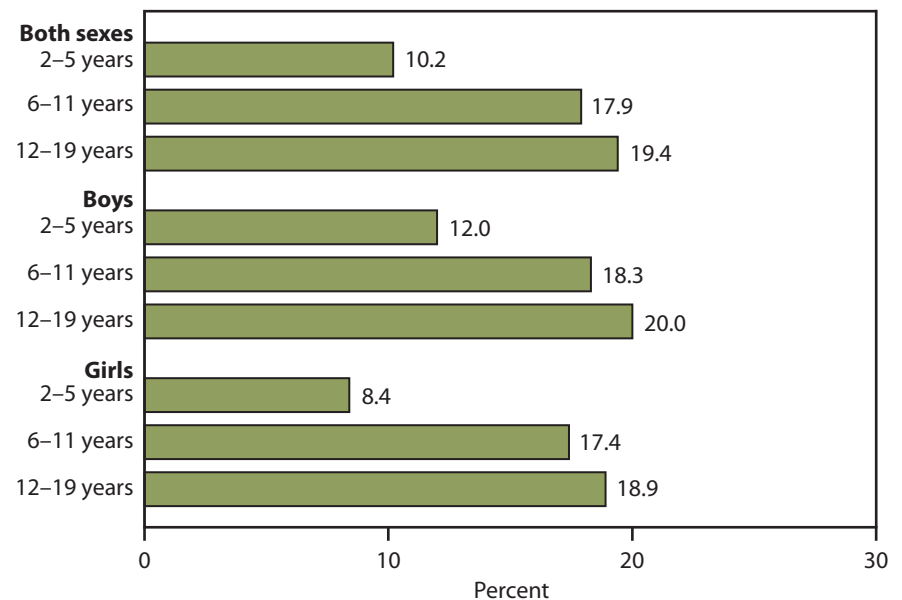
## Obesity Among Children and Adolescents

In 2009–2012, the prevalence of obesity was higher among boys and girls aged 6–19, compared with those aged 2–5.

Excess body weight in children is associated with excess morbidity in childhood and excess body weight in adulthood (10,11). Obesity among children is defined as a body mass index at or above the sex- and age-specific 95th percentile of the CDC growth charts (12). In 2009–2012, obesity prevalence was higher among children aged 6–11 (17.9%) and adolescents aged 12–19 (19.4%), compared with 2- to 5-year-olds (10.2%). The prevalence of obese boys aged 6–11 and 12–19 was higher than for boys aged 2–5. The prevalence of obese girls aged 6–11 and 12–19 was higher than among girls aged 2–5. Within each age group, the prevalence of obesity did not differ for boys and girls. From 2003–2004 to 2011–2012, there was no significant change in obesity prevalence among children aged 2–19 overall, but there was a decrease in obesity prevalence among children aged 2–5 (13).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 65. Data from the National Health and Nutrition Examination Survey (NHANES).

**Figure 10. Obesity among children and adolescents, by sex and age: United States, 2009–2012**



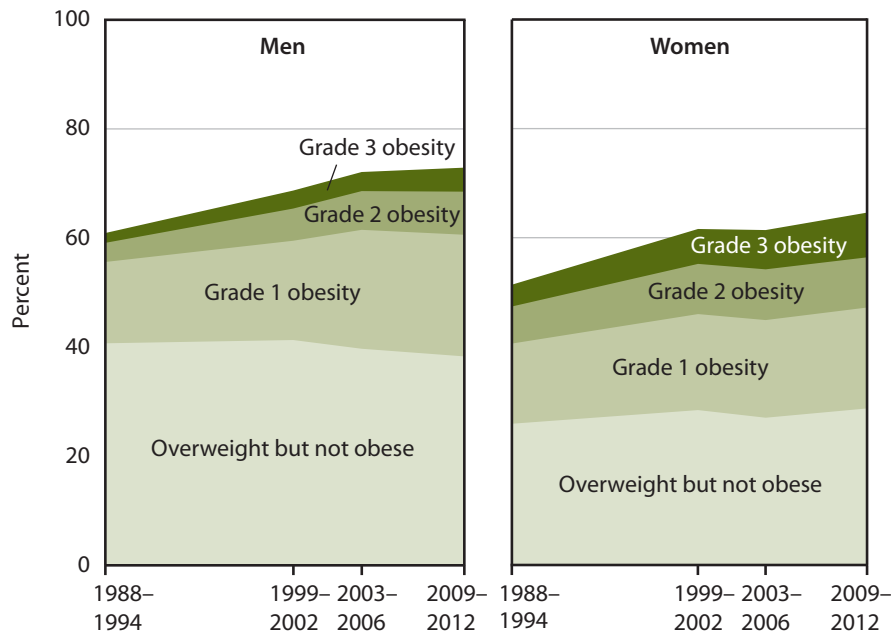
Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig10>



# Health Risk Factors

## Overweight and Obesity Among Adults

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



Between 1988–1994 and 2009–2012, the prevalence of men and women with Grades 1, 2, and 3 obesity increased while the prevalence of men and women aged 20 and over who were overweight but not obese was stable.

Reducing the prevalence of obesity is a public health priority because obesity is correlated with excess morbidity and mortality (14–16). In particular, Grade 2 or higher obesity (a body mass index [BMI] of 35 or higher) significantly increases the risk of death (17). Between 1988–1994 and 2009–2012, the percentage of adults aged 20 and over with Grade 1 obesity (BMI greater than or equal to 30 but less than 35), Grade 2 obesity (BMI greater than or equal to 35 but less than 40), and Grade 3 obesity (BMI of 40 or higher) increased among both men and women. During this period, the percentage of men and women aged 20 and over who were overweight but not obese (BMI greater than or equal to 25 but less than 30) was stable. In 2009–2012, 4.4% of men and 8.2% of women aged 20 and over had Grade 3 obesity.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 64. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig11>

## Prevention

### Influenza and Pneumococcal Vaccination

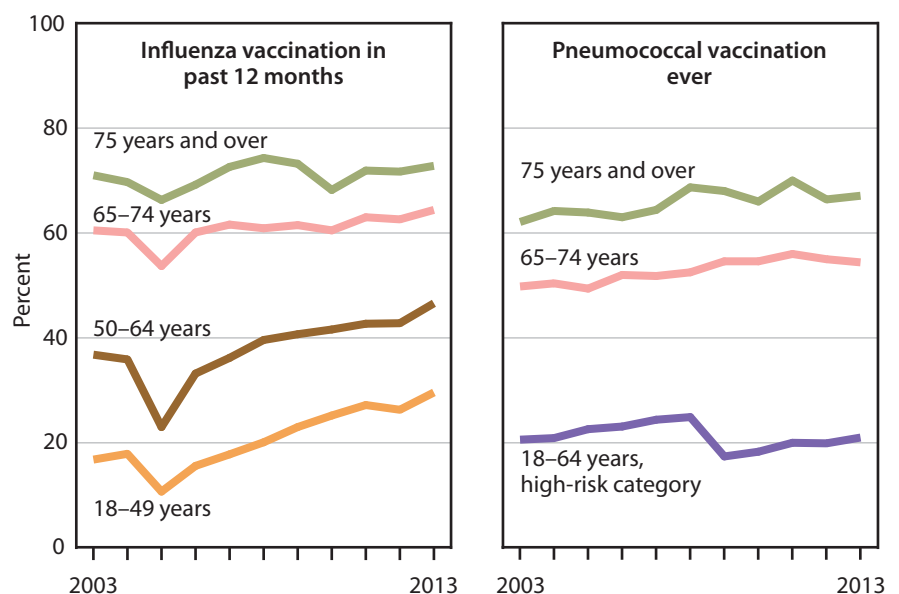
During 2003–2013, influenza vaccination in the past 12 months increased among adults under age 75, while remaining stable among those aged 75 and over. The percentage of adults aged 65 and over who had ever received a pneumococcal vaccination increased during this period.

Vaccination against influenza and invasive pneumococcal disease is an important public health strategy (18). During 2003–2013, influenza vaccination in the past 12 months for noninstitutionalized adults increased among those aged 18–49 and 50–74 but was stable among those aged 75 and over. Decreases in influenza vaccination coverage in 2005 were related in part to a vaccine shortage (19). During 2003–2013, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination was stable among high-risk persons aged 18–64, and increased among those aged 65–74 and 75 and over.

NOTE: The pneumococcal high-risk group includes persons who reported diabetes; cancer; heart, lung, liver, or kidney disease; or cigarette smoking.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Tables 74 and 75. Data from the National Health Interview Survey (NHIS).

**Figure 12. Influenza and pneumococcal vaccination among noninstitutionalized adults aged 18 and over, by type of vaccination and age: United States, 2003–2013**

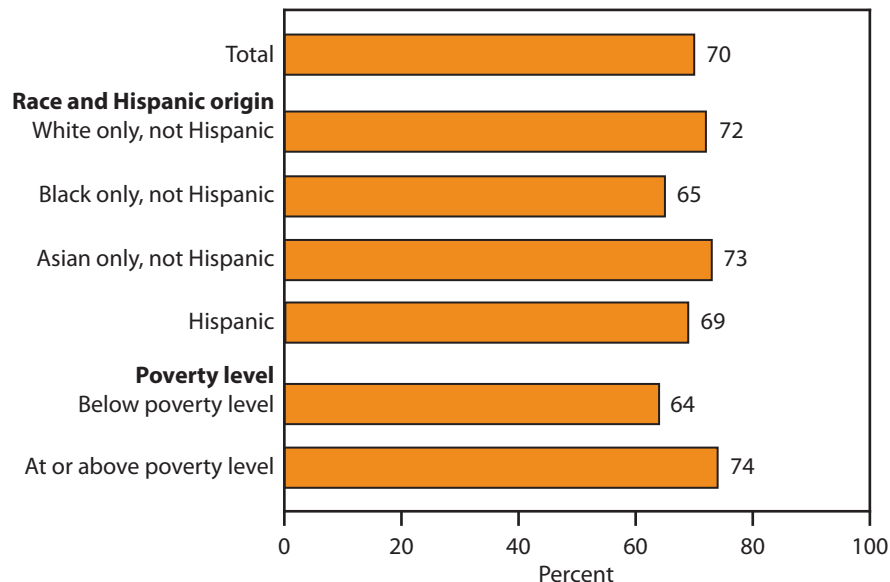


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig12>

# Prevention

## Vaccination Coverage Among Children Aged 19–35 Months

**Figure 13. Vaccination coverage for combined series (4:3:1:3\*:3:1:4) among children aged 19–35 months, by race and ethnicity and poverty level: United States, 2013**



Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig13>

In 2013, 70% of children aged 19–35 months had received the combined vaccine series, which includes diphtheria, tetanus, and polio vaccines.

Vaccination can prevent or lessen the severity of disease and is one of the greatest public health advances (20). For children aged 19–35 months, a series of vaccinations is recommended (18). To evaluate how many children are meeting the guidelines, the combined vaccine series (4:3:1:3\*:3:1:4) is used. This measure includes the recommended doses of vaccines against diphtheria, tetanus, and pertussis; polio; measles; *Haemophilus influenzae* type b; hepatitis B; varicella; and pneumococcus (18). Childhood immunization prevents 40,000 deaths and 20 million cases of disease for each birth cohort (21).

In 2013, 70% of children aged 19–35 months had the combined series. Children living below the poverty level had lower coverage (64%) than children living at or above the poverty level (74%). Non-Hispanic black children had lower coverage (65%) than non-Hispanic white (72%) or Asian (73%) children. Poverty level accounts for most of the differences by race and Hispanic origin (22).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 72. Data from the National Center for Immunization and Respiratory Diseases, National Immunization Survey.

# Prevention

## Colorectal Tests and Procedures

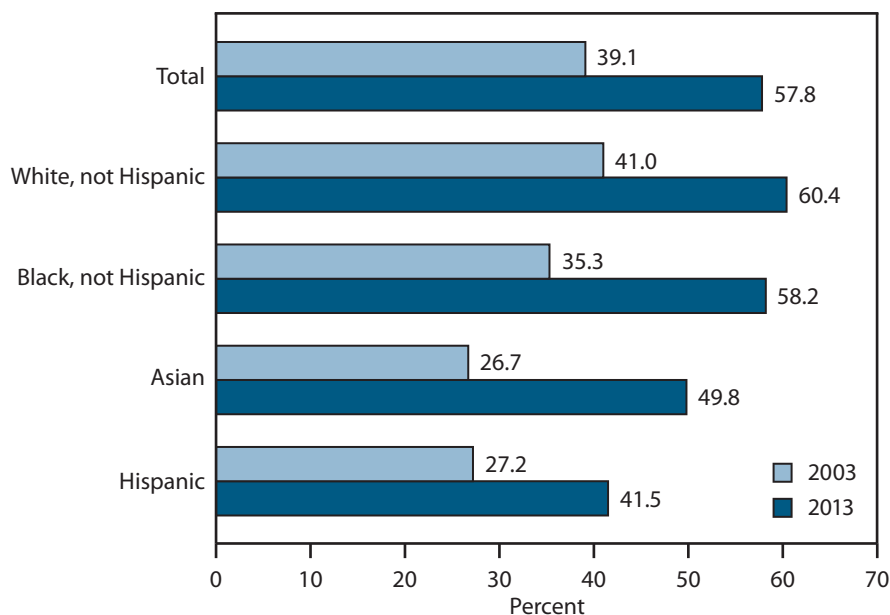
Between 2003 and 2013, colorectal cancer tests and procedures increased 48% among noninstitutionalized adults aged 50–75, to 57.8% in 2013.

Among men and women, colorectal cancer is the third leading cause of cancer deaths responsible for more than 50,000 deaths a year (1,23). The U.S. Preventive Services Task Force recommends colorectal cancer screening for those aged 50–75 (24). A variety of colorectal tests are recommended (Table 78). Increased screening can reduce colorectal cancer incidence because the tests can find precancerous growths that can be removed before they progress to cancer. Screening also increases the likelihood that colorectal cancer will be detected at an earlier and thus, more treatable stage (23).

Between 2003 and 2013, the percentage of adults aged 50–75 who reported having colorectal tests and procedures increased from 39.1% to 57.8%, and increased among all racial and ethnic groups. In 2013, Hispanic and Asian adults were less likely than non-Hispanic white and non-Hispanic black adults to have had colorectal tests and procedures.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 78. Data from the National Health Interview Survey (NHIS).

**Figure 14. Colorectal tests and procedures among adults aged 50–75, by race and ethnicity: United States, 2003 and 2013**

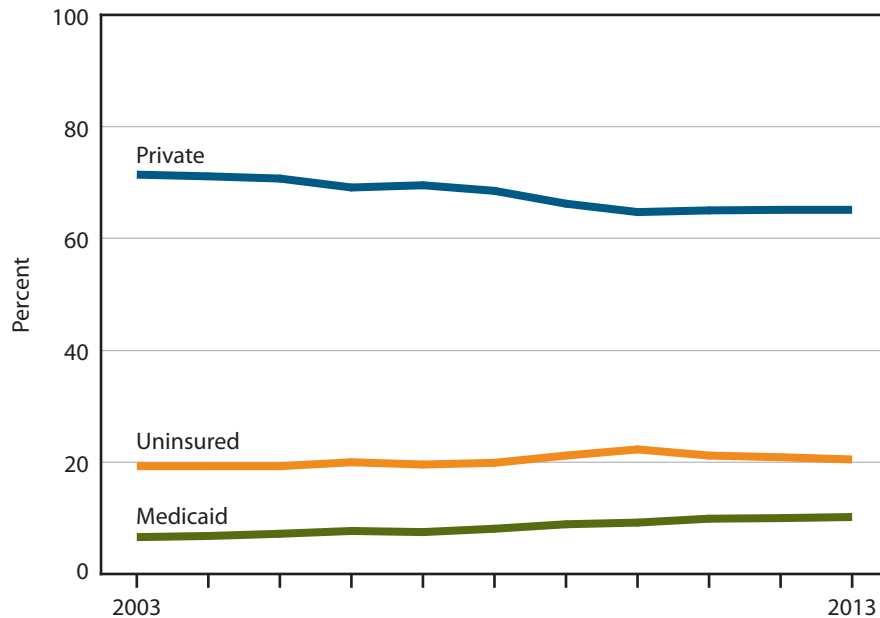


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig14>

# Health Insurance

## Coverage Among Adults Aged 18–64

**Figure 15. Health insurance coverage among adults aged 18–64, by type of coverage: United States, 2003–2013**



During 2003–2013, the percentage of adults aged 18–64 with private health insurance coverage decreased, and the percentage with Medicaid and the percentage uninsured increased.

Health insurance is a major determinant of access to health care (25). Among adults aged 18–64, the percentage with private coverage declined from 2003 (71.4%) through 2013 (65.1%) (Table 111). The percentage with Medicaid coverage increased from 2003 (6.6%) through 2013 (10.2%) (Table 113). The percentage of adults 18–64 who were uninsured increased from 19.3% in 2003 to 20.5% in 2013 (Table 114).

Preliminary data from NHIS' Early Release show that between 2013 and the second quarter of 2014 (April–June), private coverage for those aged 18–64, increased to 67.7% (26,27). Among adults aged 18–64, 5.7 million were covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges as of the second quarter (26). The percentage uninsured for those aged 18–64 declined between 2013 and the second quarter of 2014, to 15.6% (26).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Tables 111, 113, and 114. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig15>

# Health Insurance

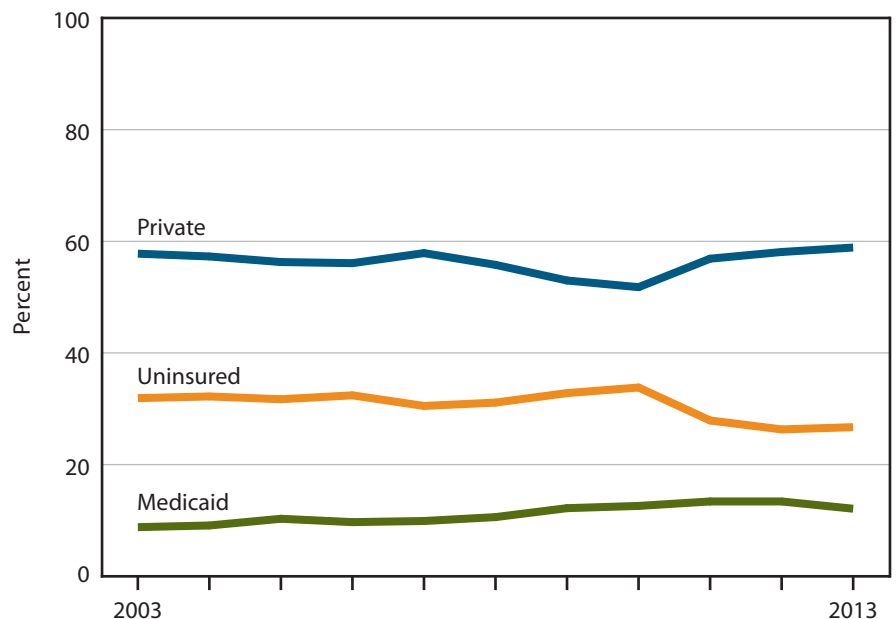
## Coverage Among Adults Aged 19–25

Between 2010 and 2013, the percentage of uninsured adults aged 19–25 decreased from 33.8% to 26.7%.

Adults aged 19–25 have had high levels of uninsurance (Table 114). The percentage with private coverage declined from 57.8% in 2003 to 51.8% in 2010 and then rose to 58.9% in 2013 (Table 111). Between 2003 and 2010, the percentage uninsured was stable at 31%–34%, and then decreased to 26.7% in 2013. The ACA allows most young adults to remain on their parent's coverage until age 26 (fully effective in 2011) (28–30). The percentage with Medicaid increased from 8.8% in 2003 to 12.1% in 2013 (Table 113). Preliminary data from NHIS' Early Release show that between 2013 and the second quarter of 2014 (April–June), private coverage for adults aged 19–25, increased to 62.4% (27,31). Among adults aged 19–25, 0.7 million were covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges as of the second quarter (31). The percentage uninsured for those 19–25 declined 28% between 2013 and the second quarter of 2014, to 19.2% (27,31).

SOURCE: CDC/NCHS, *Health, United States, 2014*, Tables 111, 113, and 114. Data from the National Health Interview Survey (NHIS).

**Figure 16. Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2003–2013**

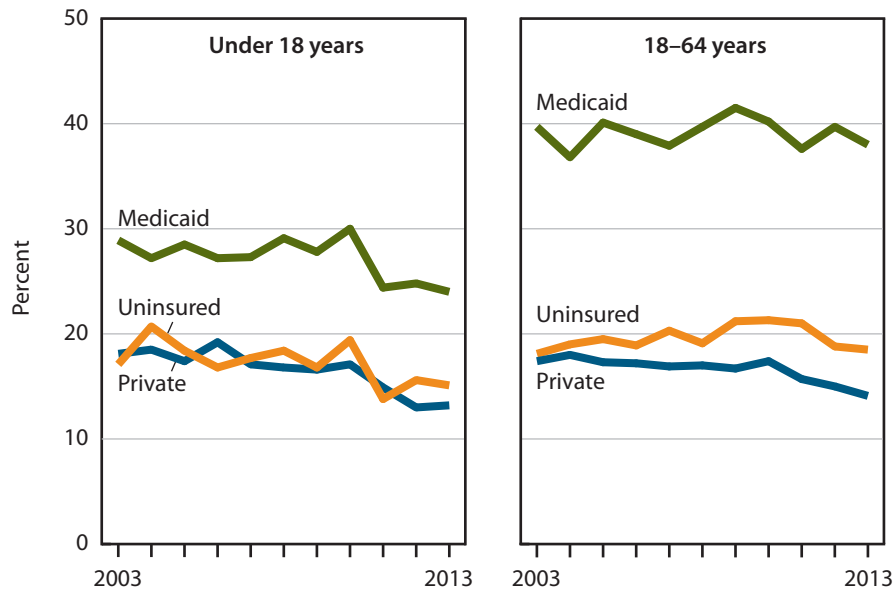


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig16>

# Utilization and Access

## Emergency Department Use

**Figure 17. One or more emergency department visits in the past 12 months, by age and type of coverage: United States, 2003–2013**



During 2003–2013, children and adults aged 18–64 with Medicaid coverage were more likely to have had at least one emergency department visit in the past year, compared with the uninsured and those with private coverage.

During 2003–2013, the percentage of children under age 18 with at least one emergency department (ED) visit in the past year declined for those with Medicaid coverage while remaining stable for uninsured children. For children with private coverage, the percentage with an ED visit was stable through 2010 and then declined during 2010–2013. In 2013, 24.0% of children with Medicaid, 15.1% of uninsured children, and 13.2% of children with private coverage had an ED visit in the past year. During 2003–2013, the percentage of adults aged 18–64 with at least one ED visit was stable for those with Medicaid and for the uninsured. For adults with private coverage, the percentage with an ED visit was stable during 2003–2010, and then declined during 2010–2013.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Tables 79 and 80. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig17>

# Utilization and Access

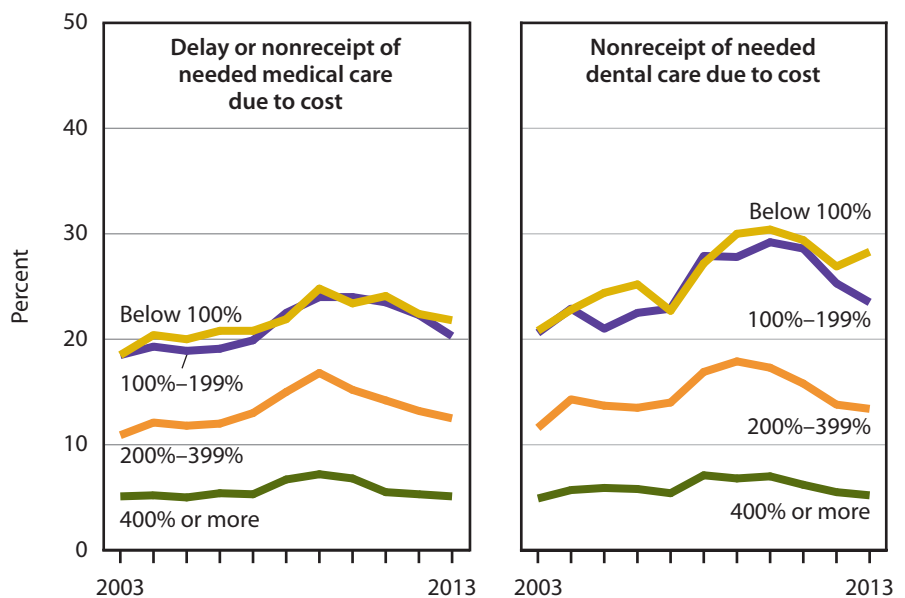
## Delay or Nonreceipt of Needed Medical Care or Nonreceipt of Needed Dental Care Due to Cost

During 2003–2013, the percentage of adults aged 18–64 who delayed or did not receive needed medical care, and those who did not receive needed dental care, in the past 12 months due to cost was higher for those living below 200% of the poverty level than for those in higher income groups.

During 2003–2013, the percentage of adults aged 18–64 who delayed or did not receive needed medical care in the past 12 months due to cost was higher for adults living below 200% of the poverty level than for those with higher family income. During 2003–2010, the percentage increased for all poverty levels, then declined during 2010–2013 for those in families at 200%–399% of the poverty level while remaining stable for other poverty levels.

During 2003–2013, nonreceipt of needed dental care due to cost was higher for adults living below 200% of the poverty level than for those with higher family income. During 2003–2010, the percentage increased for all poverty levels, then declined during 2010–2013 for those in families at 200%–399% of the poverty level while remaining stable for other poverty levels.

**Figure 18. Delay or nonreceipt of needed medical care or nonreceipt of needed dental care in the past 12 months due to cost among adults aged 18–64, by percent of poverty level: United States, 2003–2013**



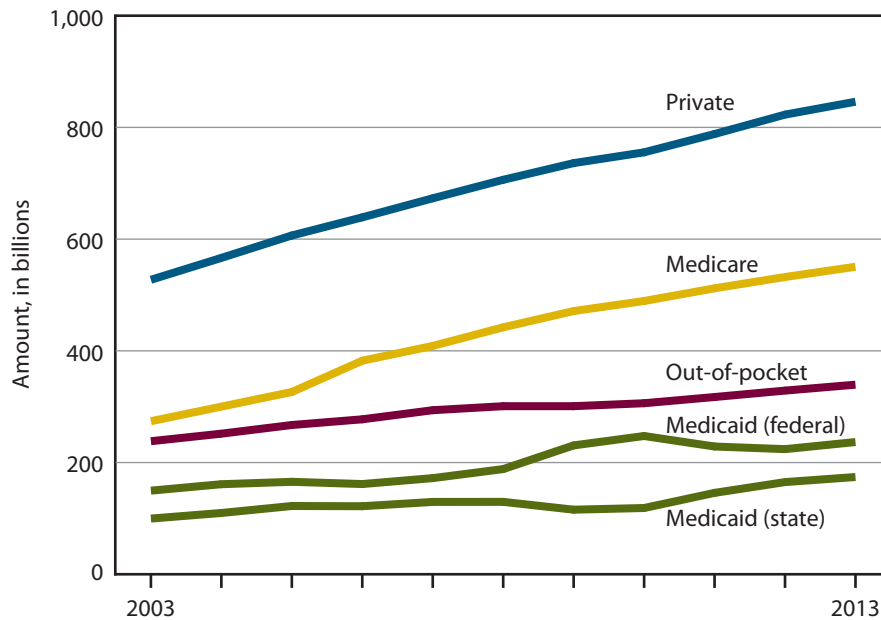
SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 69. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig18>

# Personal Health Care Expenditures

## Major Source of Funds

**Figure 19. Personal health care expenditures, by source of funds: United States, 2003–2013**



*Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, federal and state Medicaid, and private insurance spending between 2003 and 2013.*

Between 2003 and 2013, total personal health care expenditures grew from \$1.5 trillion to \$2.5 trillion (Table 104). During this period, the average annual growth in Medicare expenditures was 7.2%; for Medicaid (federal) it was 4.7%, for Medicaid (state) 5.7%, for private health insurance 4.8%, and for out-of-pocket spending 3.6%. In 2013, private health insurance spending for personal health care expenditures was \$846.0 billion; Medicare spending \$550.5 billion, out-of-pocket spending \$339.4 billion, Medicaid (federal) spending \$236.7 billion, and Medicaid (state) spending \$174.1 billion. The remainder was paid by other types of insurance, payers, and programs (Table 104) (32).

NOTE: Average annual percent change was computed from estimates shown in Table 104.

SOURCE: CDC/NCHS, *Health, United States, 2014*, Table 104. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig19>

# Chartbook: Figures 20–29

---

*Special Feature on Adults Aged 55–64*

# Special Feature on Adults Aged 55–64

## Introduction

---

Each year, *Health, United States* examines a topic of importance to the health care system and this year's special feature explores the health of the 55–64 age group. Born during the Cold War, raised in the Sixties, and now with many of its members close to retirement, this group—the heart of the so-called “Baby Boom” generation—will have a significant effect on our health care system (33). The health of the 55–64 group merits review for several reasons. Within 10 years nearly all of this 55–64 age group will be covered by Medicare—a payer under financial pressure to serve current and future enrollees (34). Additionally, age 55–64 is a period of life increasingly influenced by chronic conditions, which are leading causes of death and disability in the United States (Tables 20 and 21) (35,36). As the 55–64 age group approaches the Medicare years, a relevant question for policymakers and health care administrators is how does the health of the current 55–64 age group compare with the health of those who were aged 55–64 ten years ago? Changes in the health status and well-being of today's 55- to 64-year-olds could have implications for future Medicare enrollment, utilization, and expenditures.

Between 2003 and 2013, the U.S. population aged 55–64 grew from 28 to 39 million (Table 1). In 2003, the 55–64 age group accounted for 9.7% of the population; by 2013, this share had increased to 12.4%. By 2030, the 55–64 age group will likely decrease to 10.8% as the Baby Boomers pass through this age group and swell the ranks of the 65–74 and 75–84 age groups (33). Nearly all of the current 55–64 age group reside in noninstitutionalized settings—about 0.4% of this age group lived in nursing homes and 0.4% were in correctional facilities in 2012 (37). For this reason, this examination of the 55–64 age group will focus on those in the civilian noninstitutionalized population.

Understanding the demographic and socioeconomic composition of the 55–64 age group is important because these characteristics are associated with health risk factors, disease prevalence, and access to care, which in turn drive health care utilization and expenditures (see Profile). The profile of the 55–64 group in 2012–2013 indicates that current 55- to 64-year-olds are more racially and ethnically diverse than their counterparts a decade earlier. Between 2002–2003 and 2012–2013, non-Hispanic white adults decreased from close to 79% of the 55–64 group to just under 74%, while non-Hispanic black adults rose from 9.5% to 10.9% and Hispanic adults aged 55–64 grew from 7.5% to almost 10%. Although educational attainment increased among 55- to 64-year-olds over the two time periods, the percentage with family income at or above 400% of the poverty level was lower in 2012–2013 than in 2002–2003. Fewer 55- to 64-year-olds reported being retired in 2012–2013 (14.6%) than in the earlier period (17.0%), while the

percentage not employed due to disability rose from 11.5% to 12.7%, and the percentage employed remained the same at approximately 60%. Those aged 55–64 in 2012–2013 were less likely to be married, and more likely to report cohabiting, than 55- to 64-year-olds 10 years previously. The current 55–64 group was almost twice as likely to report never marrying compared with their counterparts in 2002–2003 (7.3% compared with 4.4%).

Chronic conditions can begin at any age, including childhood. However, the prevalence of chronic conditions typically begins to rise in midlife and accumulates with advancing age (Tables 42, 44, 45, and 60) (Figure 21). By age 55–64, a significant segment of the civilian noninstitutionalized population has two or more chronic conditions (Table 43). Managing multiple chronic conditions can be a complex process involving visits to, and coordination among, numerous health care providers and specialists, taking multiple prescription drugs, and having many diagnostic tests, procedures, and surgeries (38). Chronic conditions are leading causes of death, with cancer and heart disease together accounting for over one-half of deaths among those aged 55–64 [55.0% in 2013 (39)].

Having affordable, comprehensive health insurance is important for the 55–64 age group because of the need to access the health care system to manage acute and chronic conditions, to obtain recommended prevention and screening, and to treat injuries (40,41). Lack of coverage (42,43) and underinsurance (44) are major barriers to access, and have been long-standing policy concerns for those aged 55–64 (45,46). For those aged 55–64, employer-sponsored health insurance is the major source of coverage, but the percentage with employer-sponsored coverage has been declining (Table 112 and Figure 25) (47). In addition, there is concern that those aged 55–64 who are currently employed will not be able to carry employer-sponsored coverage into retirement as employers increasingly change, reduce, or eliminate retiree coverage as an employee benefit (48).

Within the next 10 years, nearly all those currently aged 55–64 will be covered by Medicare. Being uninsured at 55–64 may have an impact on future use of Medicare benefits. A recent study found that Medicare use for those who were uninsured at age 55–64, in terms of total expenditures or number of hospitalizations, did not differ from those who were previously privately insured at age 55–64 (49). However, the previously uninsured used Medicare services differently with fewer office-based physician visits and more emergency and hospital outpatient department visits than those 55- to 64-year-olds who had private insurance prior to obtaining Medicare coverage.

This Special Feature explores recent trends in important health issues for the 55–64 age group. The charts that follow provide detailed comparisons on key measures of mortality, health status, health care access, and utilization between those aged 55–64 in 2002–2003 and the current 55- to 64-year group. Differences by gender, socioeconomic status, and racial and ethnic group within this age group are also presented. Featured charts include leading causes of death; prevalence of chronic physical and mental health conditions; health behavior patterns (specifically, current cigarette smoking and participation in leisure-time physical activity); health insurance coverage; utilization of various sectors of the health care system, prescription drugs, and prevention-related services; and finally, an examination of problems accessing the health care system due to financial considerations. Together, the special feature charts provide an overview of the health and well-being of the current 55–64 group as they approach retirement age and enrollment in the Medicare program, noting similarities and differences with 55- to 64-year-olds a decade ago, who are now enrolled in Medicare.



## Health, United States, 2014: Profile of the 55–64 age group

Characteristic	2002–2003		2012–2013	
	Percent distribution	SE	Percent distribution	SE
<b>Sex</b>				
Men . . . . .	48.0	0.3	48.0	0.3
Women . . . . .	52.0	0.3	52.0	0.3
<b>Race/ethnicity<sup>1</sup></b>				
Hispanic . . . . .	7.5	0.2	9.6	0.3
Not Hispanic:				
White only. . . . .	78.9	0.5	73.6	0.5
Black only. . . . .	9.5	0.4	10.9	0.3
<b>Education<sup>2</sup></b>				
Less than high school diploma. . . . .	16.1	0.4	11.7	0.3
High school diploma or GED . . . . .	31.8	0.5	27.4	0.4
Some college . . . . .	25.0	0.4	29.6	0.4
Bachelor's degree or higher . . . . .	27.1	0.5	31.3	0.5
<b>Percent of poverty level<sup>3</sup></b>				
Below 100%. . . . .	9.3	0.3	10.0	0.3
100%–199%. . . . .	13.7	0.4	14.7	0.4
200%–399%. . . . .	27.9	0.5	28.1	0.4
400% or more. . . . .	49.1	0.6	47.2	0.6
<b>Employment status in past week<sup>4</sup></b>				
Employed . . . . .	60.0	0.5	61.4	0.4
Not employed due to retirement. . . . .	17.0	0.4	14.6	0.3
Not employed due to disability. . . . .	11.5	0.3	12.7	0.3
Other . . . . .	11.5	0.3	11.3	0.2
<b>Marital Status</b>				
Married . . . . .	71.7	0.5	67.6	0.4
Divorced or separated . . . . .	14.6	0.3	16.5	0.3
Widowed . . . . .	6.8	0.2	4.7	0.2
Never married. . . . .	4.4	0.2	7.3	0.2
Cohabiting. . . . .	2.5	0.2	3.9	0.2

SE is standard error.

<sup>1</sup>Does not sum to 100% because all racial and ethnic groups are not presented.

<sup>2</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>3</sup>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.

<sup>4</sup>Employment status was assessed by asking respondents what they were doing last week. If they responded they had a job but were not working or not working and not looking for work, a followup question was asked that probed the main reason they were not working last week. Other includes adults who were looking for work, or those who were not working and not looking for work (excluding those who responded they were not looking for work because they were retired or disabled).

NOTES: The detailed Trend Tables contained in *Health, United States, 2014* provide additional data for the 55–64 age group: population numbers (Table 1), death rates (Tables 23–34), morbidity measures (Tables 42, 43, 46, 48–50, 51, 52, 58, 60, 61, 63, and 64), health care access and utilization of health care (Tables 68, 69, 71, 77, 80, 82, 83, 87, and 88), and health insurance coverage (Tables 111–114).

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

# Leading Causes of Death

In 2013, all-cause death rates for adults aged 55–64 were lower for both men and women compared with 2003, driven by decreases in death rates for the top two leading causes of death for this group—cancer and heart disease.

Death rates are one summary measure of population health and well-being. Variation in death rates between groups is associated with underlying distributions of health determinants and risk factors, access to and use of health services, and public health efforts aimed at health promotion and disease prevention (50).

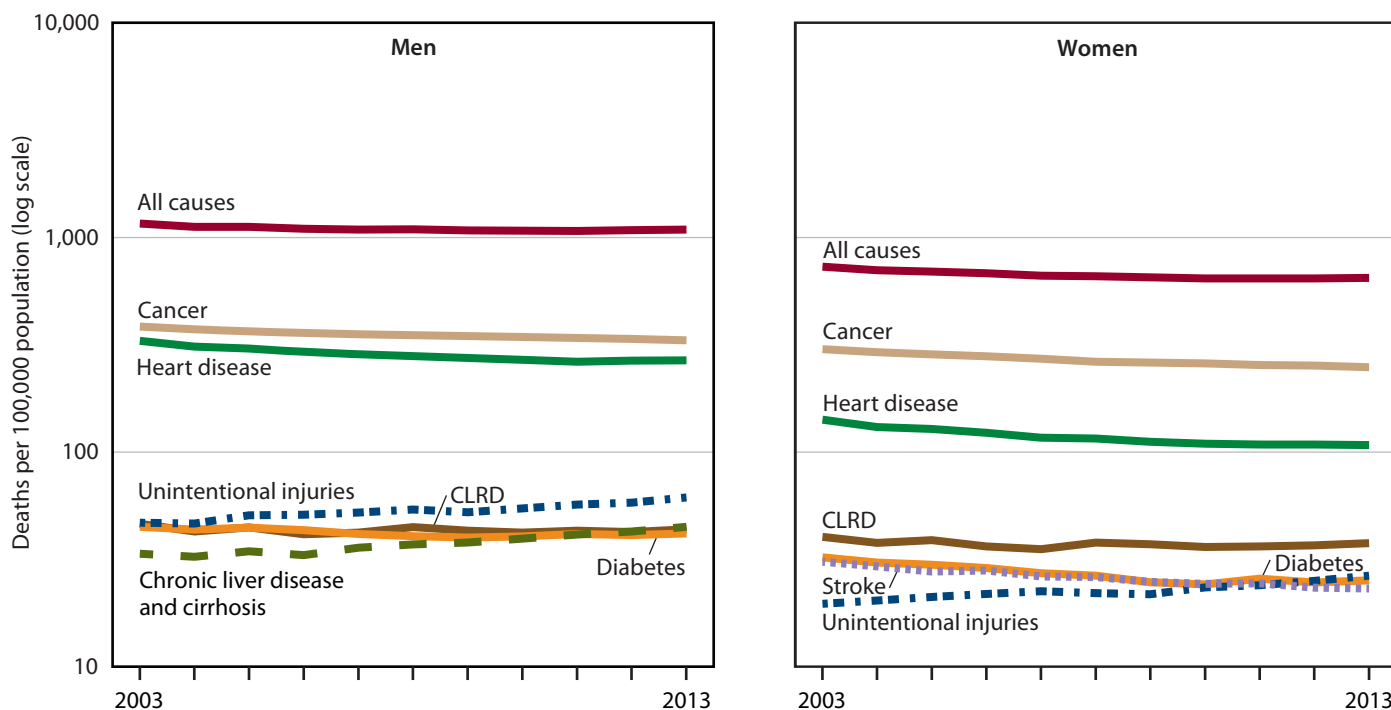
All-cause death rates in 2013 for those aged 55–64 were 6% lower for men and 11% lower for women than in 2003. In both time periods, all-cause death rates were higher for men aged 55–64 than for women (68% higher in 2013).

For men aged 55–64, the death rate for cancer—the leading cause of death in both periods—was 14% lower in 2013 than in 2003, and the death rate for heart disease was 19%

lower. In contrast, unintentional injury death rates were 31% higher in 2013, driven by a more than threefold increase in drug poisoning death rates (39); chronic liver disease death rates were 33% higher than in 2003. Compared with 2003, death rates among men aged 55–64 in 2013 were lower for chronic lower respiratory diseases (CLRD) (6%) and diabetes (7%).

For women aged 55–64, the death rate for cancer—the leading cause of death in both periods—was 18% lower in 2013 than in 2003, heart disease death rates were 24% lower, and CLRD death rates were 6% lower. Unintentional injury death rates were 35% higher, driven by a more than threefold increase in drug poisoning death rates (39). Both diabetes and stroke death rates were lower in 2013 than in 2003 (22% and 25% lower, respectively).

**Figure 20. Death rates for leading causes of death among adults aged 55–64, by sex: United States, 2003–2013**



NOTES: CLRD is chronic lower respiratory diseases. Diabetes coding rules changed starting in 2011 resulting in an increased number of deaths coded to this cause. See [data table for Figure 20](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig20>

## Selected Chronic Conditions

For adults aged 55–64, the percentage with hypercholesterolemia was higher in 2009–2012 (50.1%) than in 1999–2002 (39.1%), while the prevalence of other selected chronic conditions was similar in both time periods.

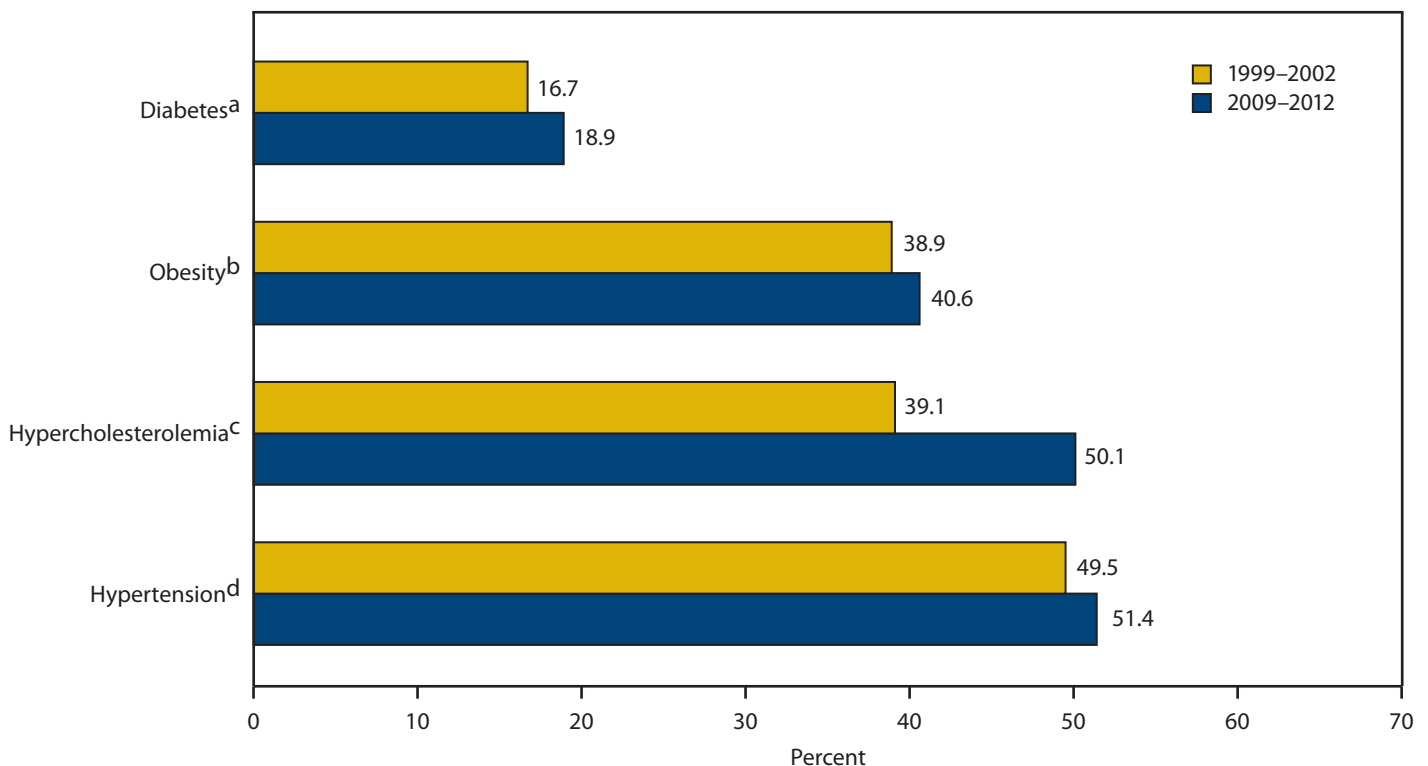
Chronic conditions are common among those aged 55–64 and necessitate periodic contact with the health care system for monitoring, treatment, and control to promote optimum health and wellness. Obesity increases the risk of heart disease, stroke, diabetes, certain cancers, kidney disease, and osteoarthritis (51). Diabetes increases the risk of heart disease, stroke, kidney disease, blindness, and peripheral nerve disease (52,53). High serum cholesterol levels increase the risk of heart disease and stroke (54). High blood pressure also increases the risk of heart disease and stroke (55).

In 2009–2012, about 2 in 10 (18.9%) of those aged 55–64 had diabetes<sup>a</sup>, and 4 in 10 were obese<sup>b</sup> (40.6%), similar to

the levels in 1999–2002. In 2009–2012, one-half (50.1%) of those aged 55–64 had hypercholesterolemia<sup>c</sup> (defined as taking cholesterol-lowering medication or having a measured serum total cholesterol level of at least 240 mg/dL), up from 39.1% in 1999–2002. The percentage with measured high cholesterol was stable, but the percentage taking cholesterol-lowering drugs increased (Table 61) (56). Additionally, one-half (51.4%) of those aged 55–64 in 2009–2012 had hypertension<sup>d</sup>, similar to the level in 1999–2002.

Increases in the prevalence of chronic conditions may be related to a variety of factors, including higher incidence (new cases), longer duration with the condition, and increased diagnosis.

Figure 21. Selected chronic conditions among adults aged 55–64: United States, 1999–2002 and 2009–2012



<sup>a</sup>Defined as respondent report of physician-diagnosed diabetes, or undiagnosed diabetes (measured fasting plasma glucose of at least 126 mg/dL or a hemoglobin A1c of at least 6.5%).

<sup>b</sup>Defined as body mass index greater than or equal to 30.

<sup>c</sup>Defined as reporting taking cholesterol-lowering medication or having a measured serum total cholesterol level of at least 240 mg/dL.

<sup>d</sup>Defined as reporting taking antihypertensive medication or having a measured systolic blood pressure of at least 140 mm Hg or a measured diastolic blood pressure of at least 90 mm Hg.

NOTE: See data table for Figure 21.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig21>

## Psychological Distress: Serious or Mild-moderate

The prevalence of serious psychological distress for those aged 55–64 was 22% higher in 2012–2013 (4.4%) than in 2002–2003 (3.6%), while the prevalence of mild-moderate psychological distress for those aged 55–64 was similar in both periods (7.1% and 6.4%, respectively).

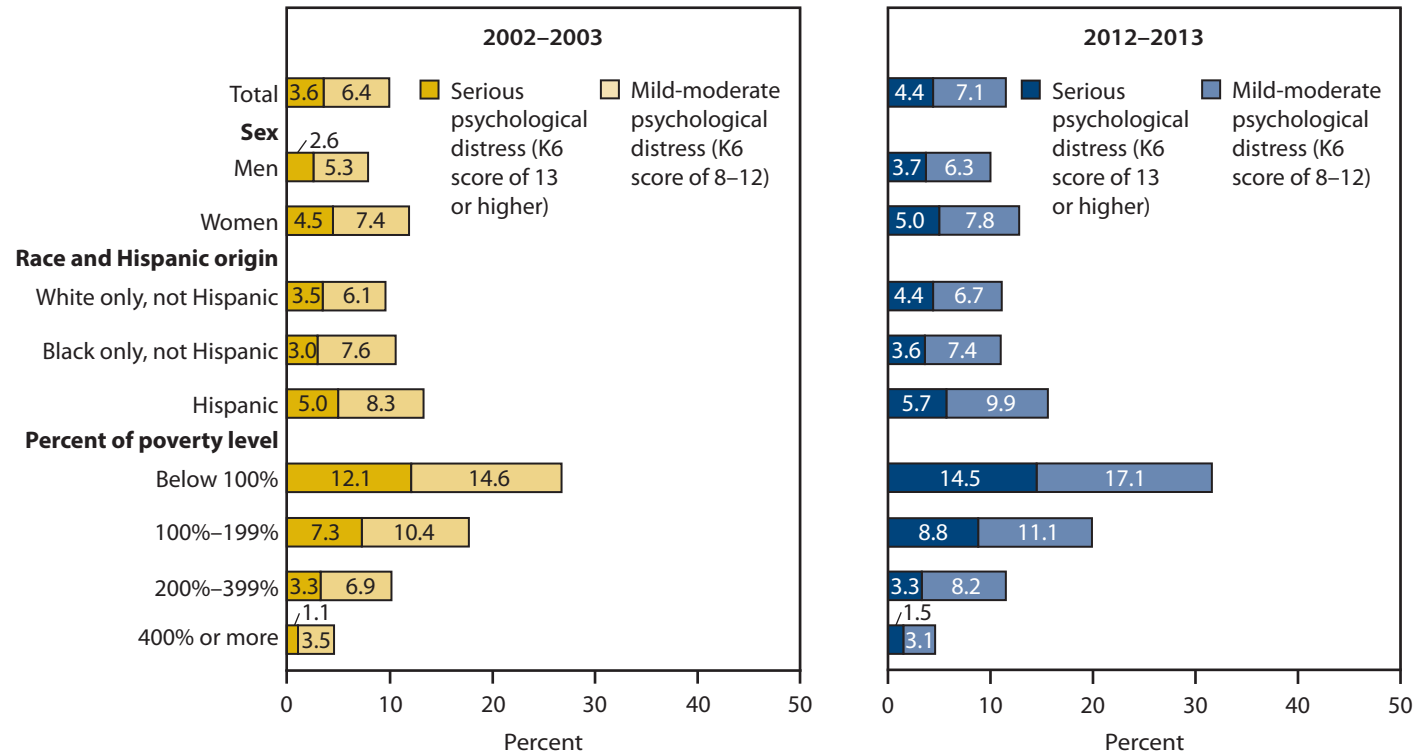
Mental health is a key component of overall health and well-being (57). Mental illnesses and conditions are serious, disabling, and costly (2,58–62). Two measures of psychological distress (serious and mild-moderate) are explored based on respondents' responses to a series of six questions—the K6 scale—that asks how frequently they experienced symptoms of general psychological distress within the past 30 days (see [data table for Figure 22](#)) (63–66).

For adults aged 55–64, 4.4% had serious psychological distress (SPD) in the past 30 days in 2012–2013, 22% higher than in 2002–2003 (3.6%). The percentage with SPD was higher in 2012–2013 than in 2002–2003 for men and for non-Hispanic white persons. The percentage who

experienced SPD varied by gender, racial and ethnic group, and family income for those aged 55–64. In 2012–2013, SPD prevalence was higher for women (5.0%) than for men (3.7%) and was higher for Hispanic adults (5.7%) than non-Hispanic black adults (3.6%). The prevalence of SPD was more than nine times as high for those living below poverty (14.5%) as for those at 400% or more of poverty (1.5%).

In 2012–2013, 7.1% of adults aged 55–64 experienced mild-moderate psychological distress (MMPD) in the past 30 days, similar to the percentage for the 55–64 group in 2002–2003 (6.4%). As with SPD, MMPD varied by gender, racial and ethnic group, and family income. In 2012–2013, prevalence of MMPD was higher for women (7.8%) than men (6.3%) and for Hispanic adults (9.9%) than non-Hispanic white (6.7%) adults. The prevalence of MMPD was more than five times as high for those living below poverty (17.1%) as for those at 400% or more of poverty (3.1%) in 2012–2013.

**Figure 22. Serious or mild-moderate psychological distress in the past 30 days among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**



NOTE: See [data table for Figure 22](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig22>

## Current Cigarette Smoking

In 2012–2013, 18.1% of adults aged 55–64 were current cigarette smokers, 8% lower than the percentage in 2002–2003 (19.7%); cigarette smoking prevalence varied by sociodemographic group.

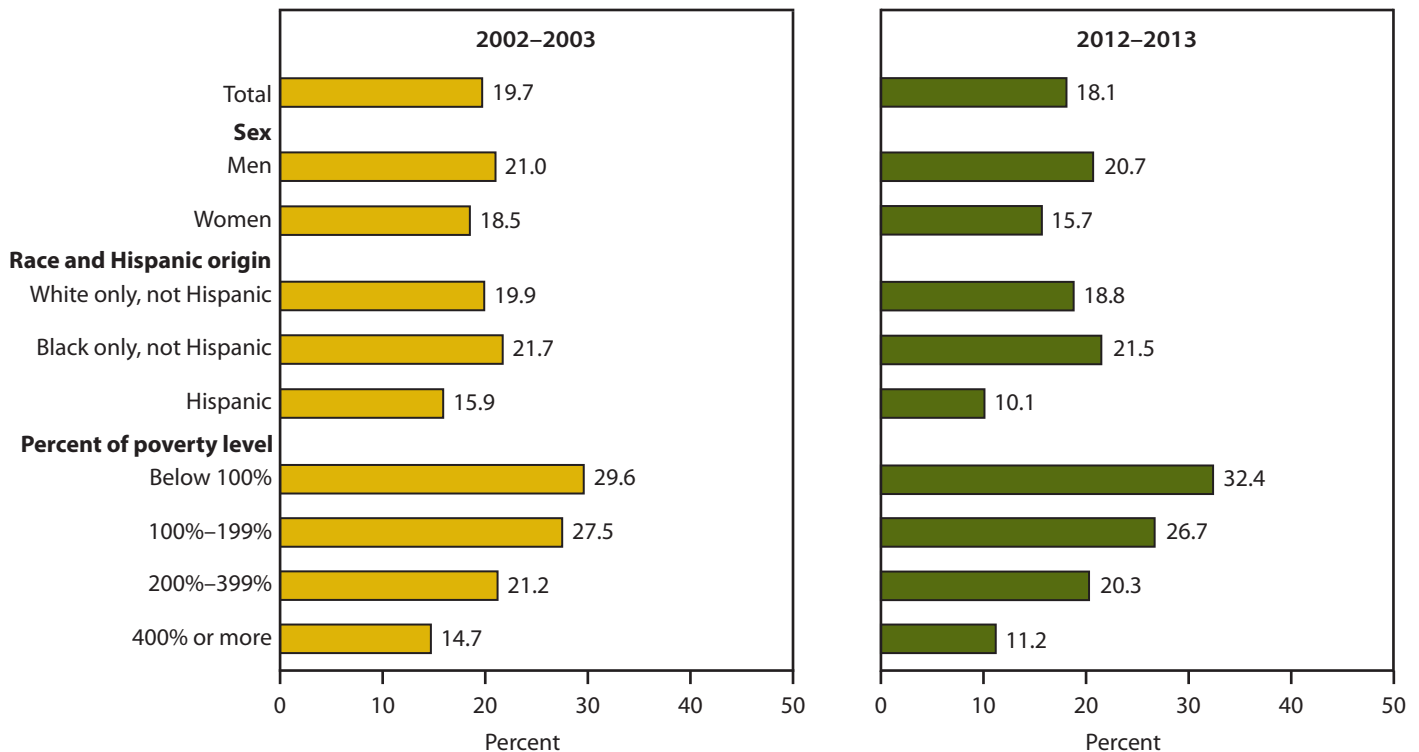
Tobacco use remains the leading preventable cause of death in the United States, resulting in about 480,000 deaths across all ages for each year during 2005–2009 (67). Tobacco use is associated with death from many types of cancer, heart disease, diabetes, stroke, and chronic obstructive pulmonary disease (67–69)—all of which are major causes of death for those 55–64 (Figure 20). Quitting smoking has immediate health benefits, and in the long-term, the risks of smoking-related diseases decrease (67,70–72).

In 2012–2013, 18.1% of adults aged 55–64 were current cigarette smokers, which was 8% lower than the percentage for 55- to 64-year-olds in 2002–2003 (19.7%). The percentage

of adults aged 55–64 who were current smokers in 2012–2013 was lower than in 2002–2003 for women, Hispanic persons, and those living at 400% or more of poverty.

Cigarette smoking varies by gender, racial and ethnic group, and family income for those aged 55–64. In 2012–2013, men (20.7%) were more likely than women (15.7%), and non-Hispanic white (18.8%) and non-Hispanic black (21.5%) adults were more likely than Hispanic (10.1%) adults to be current smokers. Those living below poverty (32.4%) were nearly three times as likely to be current smokers as those at 400% or more of poverty (11.2%) in 2012–2013.

**Figure 23. Current cigarette smoking among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**



NOTE: See data table for Figure 23.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig23>

## Leisure-time Physical Activity

In 2012–2013, the percentage of adults aged 55–64 who engaged in leisure-time aerobic and muscle-strengthening activities at levels sufficient to meet federal guidelines was 23% higher than in 2002–2003; participation in leisure-time aerobic and muscle-strengthening activities varied by sociodemographic group.

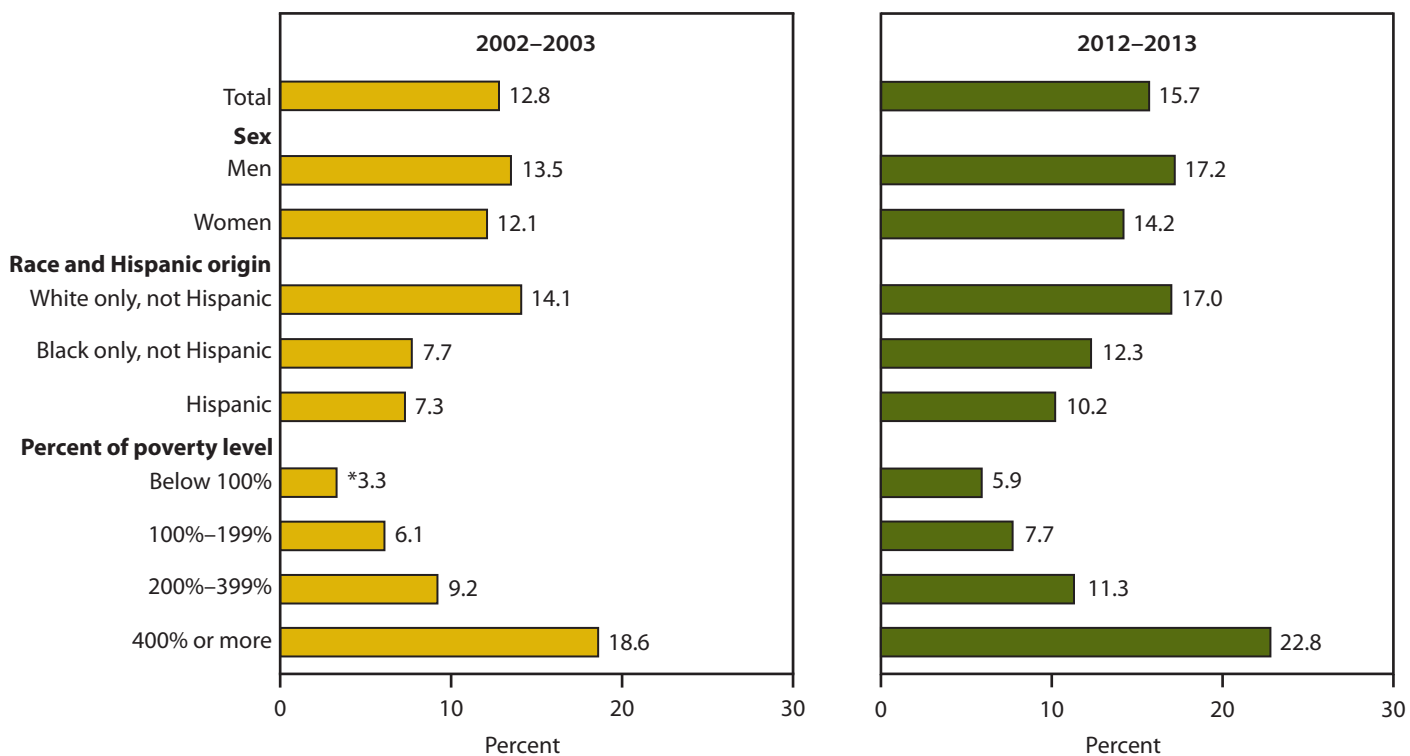
Physical activity has many positive health benefits, including assisting with weight control, reducing the risk for many chronic conditions including heart disease and some cancers, strengthening bones and musculature, improving mental health, and decreasing the risk of premature death (16,73–77). The 2008 *Physical Activity Guidelines for Americans* recommend adults perform at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity (77). Aerobic activity should be performed in episodes of at least 10 minutes. In addition, adults should perform muscle-strengthening activities that are of

moderate or high intensity and involve all major muscle groups on 2 or more days a week.

In 2012–2013, 15.7% of adults aged 55–64 met both the aerobic activity and muscle-strengthening (AAMS) guidelines, 23% higher than in 2002–2003 when 12.8% met the guidelines. For adults aged 55–64, the percentage who met AAMS guidelines was higher in 2012–2013 compared with 2002–2003 for all sociodemographic groups examined, except among Hispanic persons and those living at 100%–199% of poverty, where percentages were similar to the earlier period.

Participation in AAMS varies by gender, racial and ethnic group, and family income for adults aged 55–64. In 2012–2013, men (17.2%) were more likely than women (14.2%), and non-Hispanic white (17.0%) adults were more likely than non-Hispanic black (12.3%) and Hispanic (10.2%) adults to have met AAMS guidelines. In 2012–2013, adults aged 55–64 living below 200% of the poverty level were less likely to have met both AAMS guidelines than those with higher family income.

**Figure 24. Participation in recommended levels of leisure-time aerobic and muscle-strengthening activities among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**



\* Estimate is considered unreliable and has a relative standard error of 20%–30%.

NOTES: Participants met the 2008 *Physical Activity Guidelines for Americans* for aerobic activity and muscle strengthening. See [data table for Figure 24](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig24>

# Health Insurance Coverage

For adults aged 55–64, the percentage with private health insurance was lower for all family income groups in 2012–2013 compared with 2002–2003, with the largest loss of private coverage occurring for those with family income below 200% of the poverty level.

Health insurance coverage is a major determinant for access to the health care system and influences both health care utilization patterns and health outcomes (78).

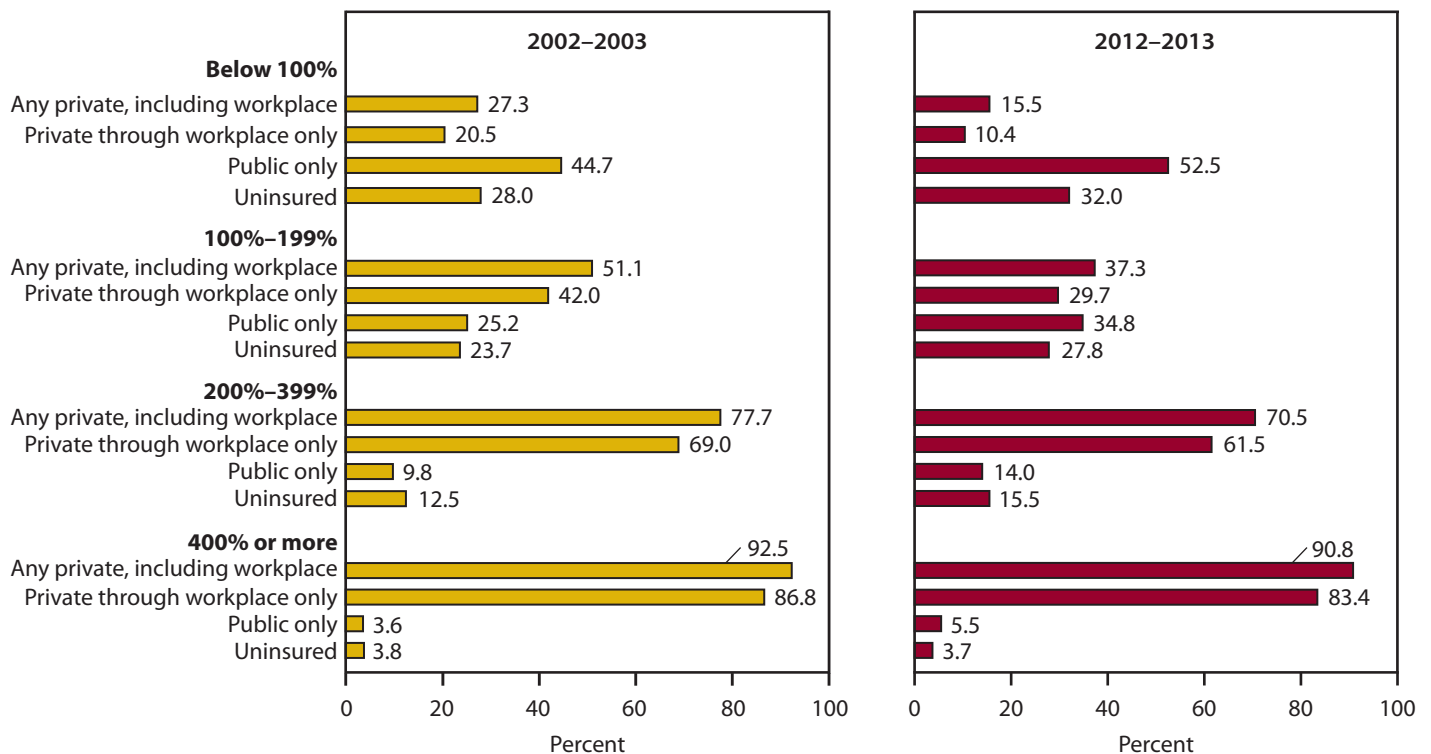
Across all income groups, the percentage of adults aged 55–64 with any private coverage—and private workplace coverage—was lower in 2012–2013 than in 2002–2003, while the percentage with only public coverage was higher in 2012–2013 than in the earlier period. The percentage of adults aged 55–64 who were uninsured was higher in 2012–2013 than in 2002–2003 for all income groups below 400% of poverty.

For adults aged 55–64 living below 100% of the poverty level, the percentage with private coverage in 2012–2013 (15.5%) was 43% lower than in 2002–2003 (27.3%), and the percentage with private coverage through the workplace (10.4% in 2012–2013)

was nearly 50% lower than in 2002–2003 (20.5%). For those living below 100% of the poverty level, the percentage with only public coverage was 17% higher and the percentage uninsured was 14% higher in 2012–2013 (32.0%) than in 2002–2003 (28.0%). Similarly, for those at 100%–199% and 200%–399% of the poverty level, the percentage with private coverage and workplace coverage was lower in 2012–2013 than in the earlier period, and the percentage with only public coverage and the percentage uninsured was higher. For those in the highest family income group, the percentage with private coverage was 2% lower in 2012–2013 (90.8%) than in 2002–2003 (92.5%), the percentage with only public coverage was 53% higher (5.5% compared with 3.6%), and the percentage uninsured was similar (about 4%).

In 2012–2013, a strong gradient persisted between family income and type of health insurance coverage. As family income decreased, the share with private coverage and private workplace coverage decreased, and the share with only public coverage, and the uninsured increased.

**Figure 25. Health insurance coverage among adults aged 55–64, by percent of poverty level and type of coverage: United States, average annual 2002–2003 and 2012–2013**



NOTES: Any private coverage includes those with coverage through the workplace or other sources and includes a small percentage of adults with both private and public coverage (3.2% in 2012–2013). Public only includes Medicaid, Children’s Health Insurance Program (CHIP), Medicare, military health care (TRICARE/VA/CHAMP–VA), state-sponsored health plans, and

other government programs. Persons not covered by private or public coverage were considered uninsured. See [data table for Figure 25](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig25>

# Health Care Utilization

For those aged 55–64, there were few changes in health care utilization in 2012–2013 compared with 2002–2003; utilization of the health care system varied by type of care.

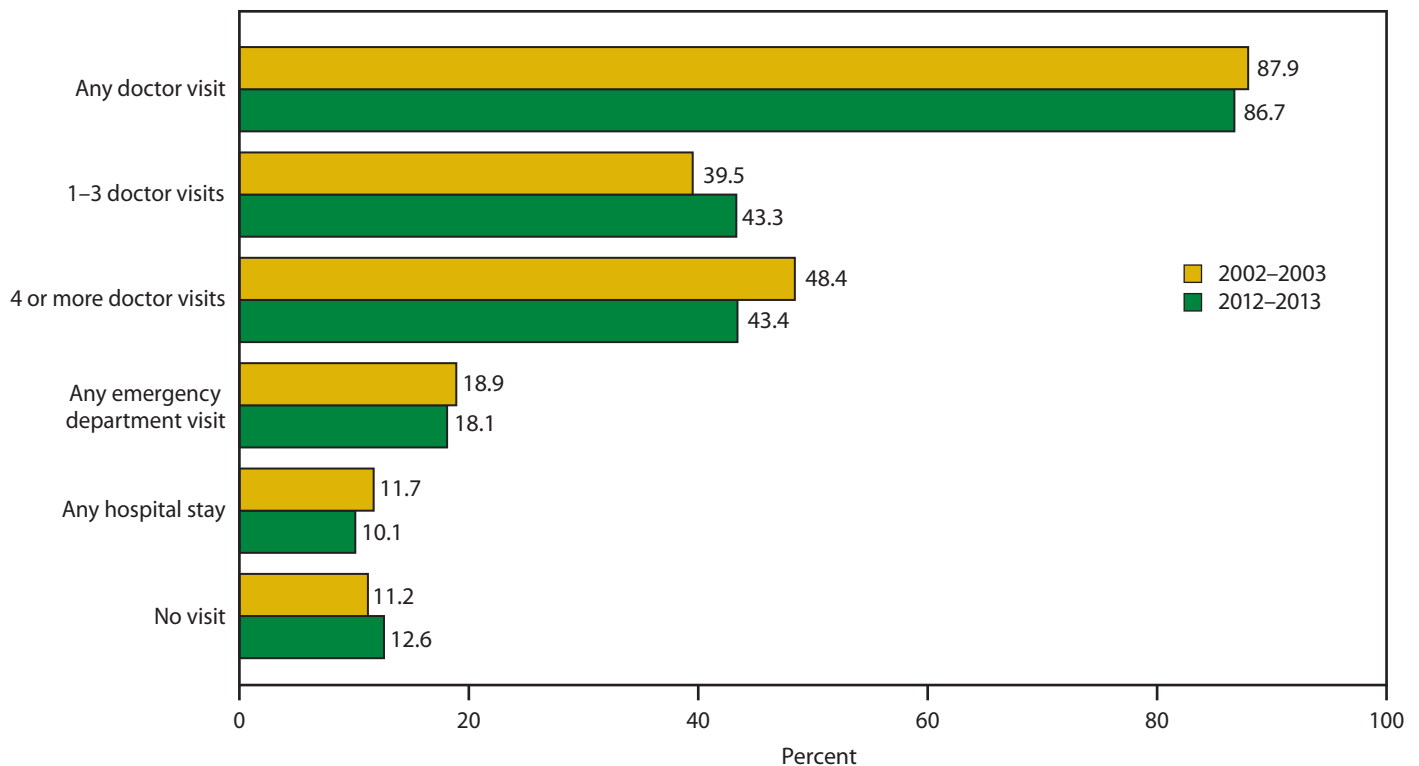
Over the past few years, the United States has grappled with the issues of health reform and insurance coverage including how to ensure access and provide high-quality, safe, affordable, and appropriate care and how to pay for that care (42,44,48,79,80). The final charts in this Special Feature focus on the intertwined issues of health care access and utilization. Better understanding of recent utilization patterns is key for future planning because the aging of the historically large Baby Boom generation threatens to impact the capacity of the health care system and the sufficiency of the supply of health care workers (33,81,82).

In 2012–2013, 86.7% of adults aged 55–64 had at least one doctor visit in the past 12 months, 1% lower than in 2002–2003 (87.9%). The percentage of those aged 55–64

who had 1–3 doctor visits in the past 12 months was 10% higher in 2012–2013 (43.3%) than in 2002–2003 (39.5%), while the percentage with 4 or more doctor visits in the past 12 months was 10% lower in 2012–2013 (43.4%) when compared with visits in 2002–2003 (48.4%).

In 2012–2013, about one in five (18.1%) of those aged 55–64 had at least one emergency department visit in the past 12 months, similar to the percentage in 2002–2003. In 2012–2013, 10.1% of those aged 55–64 had at least one hospital stay in the past 12 months, 14% lower than in 2002–2003 (11.7%). In 2012–2013, 12.6% of those aged 55–64 did not have any doctor visits, emergency department visits, or hospitalizations in the past 12 months, which was 13% higher than in 2002–2003 (11.2%). Less than 1% of those aged 55–64 had an emergency department visit or a hospitalization, but no doctor visits, in 2012–2013 ([data table for Figure 26](#)).

**Figure 26. Health care utilization in the past 12 months among adults aged 55–64, by type of visit: United States, average annual 2002–2003 and 2012–2013**



NOTES: No visit is no doctor visit, emergency department visit, or hospital stay, in the past 12 months. See [data table for Figure 26](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig26>



## Use of Preventive Services and Screening

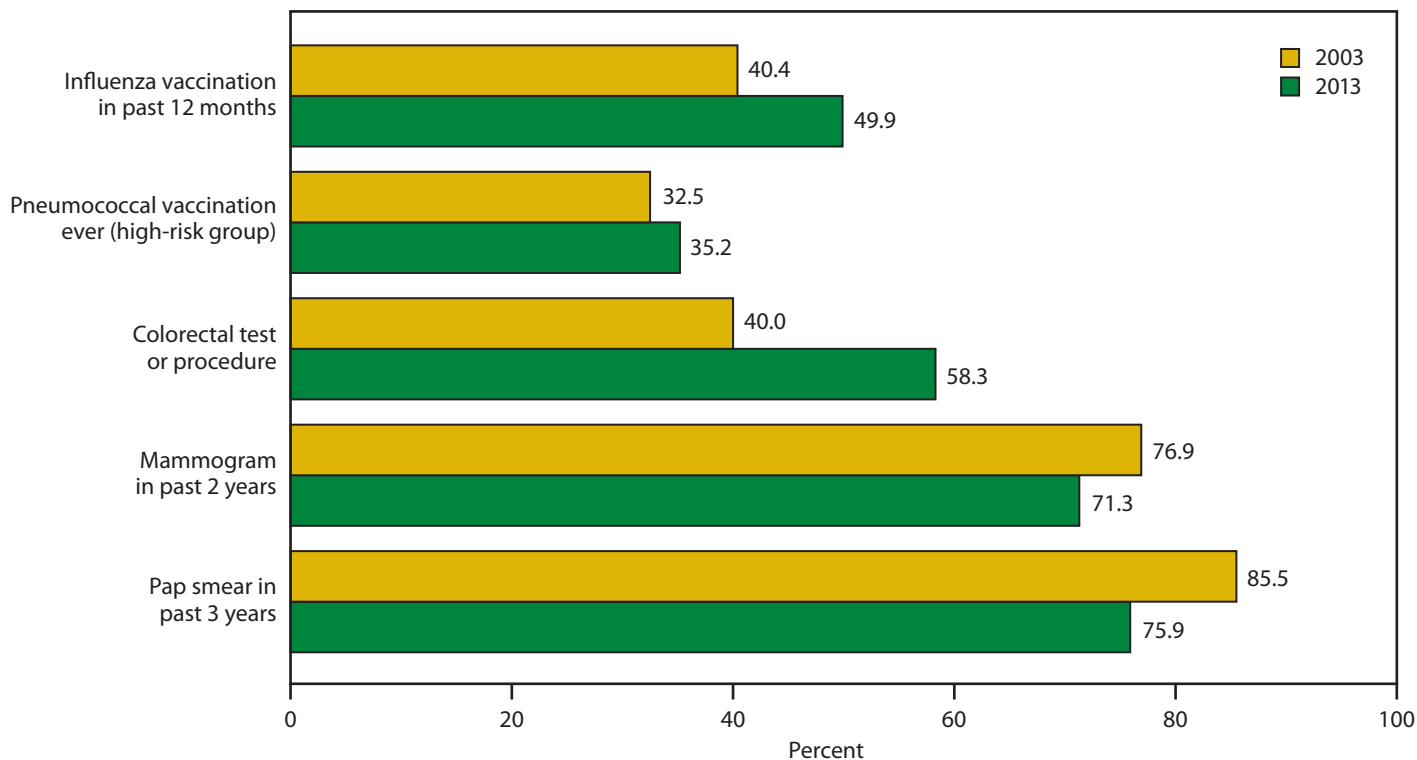
For adults aged 55–64, utilization of annual influenza vaccination and colorectal procedures was higher in 2013 than in 2003, while use of pneumococcal vaccination for high-risk groups was at similar levels, and use of mammograms and Pap smears was lower than in the earlier period.

In addition to utilizing the health care system to diagnose, manage, and control acute and chronic conditions and treat injuries, adults aged 55–64 require access to address prevention and screening recommendations (24,83,84). CDC recommends annual influenza vaccination for all adults and pneumococcal vaccination for adults under age 65 in high-risk categories (83). The U.S. Preventive Services Task Force recommends periodic colorectal screening for those aged 50–75, breast cancer screening for women aged 50–74, and cervical cancer screening for women aged 21–65 (24). However, screening guidelines and frequencies differ for those in high-risk categories, have changed over time, and vary by recommending organization (85,86).

In 2013, 49.9% of adults aged 55–64 had an influenza vaccination in the past 12 months, 24% higher than in 2003 (40.4%). The percentage of adults aged 55–64 in high-risk groups who had ever received a pneumococcal vaccination was similar in the two periods (35.2% and 32.5%, respectively).

Utilization of colorectal, breast, and cervical cancer procedures can occur for routine screening or for diagnostic reasons. In 2013, 58.3% of adults aged 55–64 had a colorectal test or procedure, 46% higher than 2003 (40.0%) (see [data table for Figure 27](#) for definition of colorectal test or procedure). In 2013, 71.3% of women aged 55–64 had a mammogram in the past 2 years, 7% lower than 2003 (76.9%). In 2013, 75.9% of women aged 55–64, who had not had a hysterectomy, had a Pap smear in the past 3 years, 11% lower than in 2000, when 85.5% of women aged 55–64 had a Pap smear.

**Figure 27. Use of preventive services and screening among noninstitutionalized adults aged 55–64: United States, 2003 and 2013**



NOTES: The pneumococcal high-risk group includes persons who reported diabetes; cancer; heart, lung, liver, or kidney disease; or cigarette smoking. Colorectal test or procedure is fecal occult blood test (FOBT) in the past year, sigmoidoscopy in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years.

Data shown for Pap smear were for 2000 and 2013 and were for women who have not had a hysterectomy. See [data table for Figure 27](#).

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig27>

# Prescription Drug Use

In 2009–2012, the percentage of adults aged 55–64 who took no, 1–4, or 5 or more prescription drugs in the past 30 days was similar to levels in 1999–2002; use of prescription cholesterol-lowering drugs was 54% higher among 55- to 64-year-olds in 2009–2012 compared with 1999–2002.

Prescription drugs play an important role in preventing, treating, ameliorating, and curing health conditions and disease for those aged 55–64 (87). Major technological advances resulting in more drugs coming to market combined with increases in clinical recommendations for tighter control of chronic conditions, which often affect those aged 55–64 (Figure 21), have contributed to the use of prescription drugs (88,89).

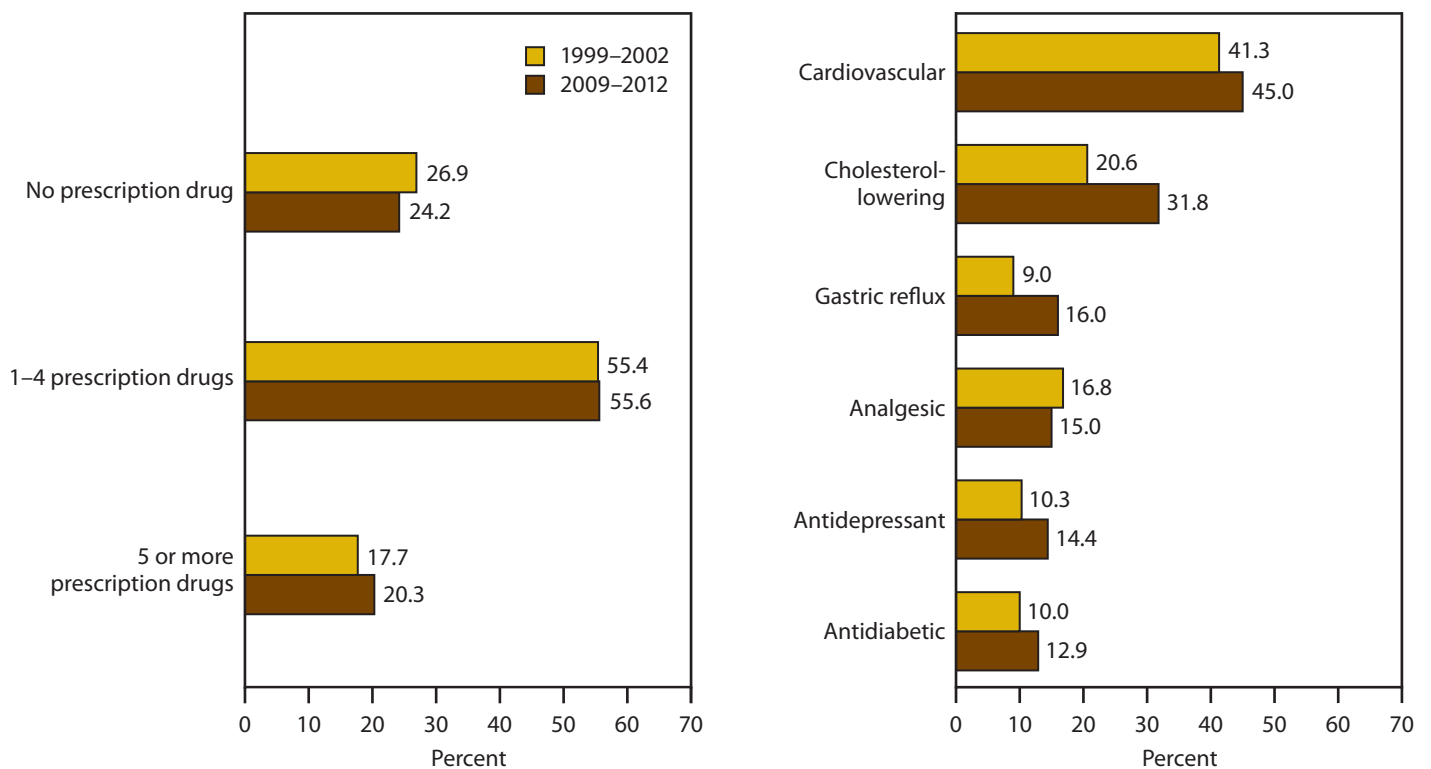
In 2009–2012, 24.2% of adults aged 55–64 did not use any prescription drugs in the past 30 days, 55.6% used 1–4 prescription drugs, and 20.3% used 5 or more prescription drugs in the past 30 days, which was similar to levels in 1999–2002.

In 2009–2012 compared with 1999–2002, the percentage of adults aged 55–64 who took selected prescription drugs in

the past 30 days was 54% higher for cholesterol-lowering drugs, 78% higher for gastric reflux drugs, 40% higher for antidepressant drugs, and 29% higher for antidiabetic drugs. In contrast, the percentage of adults aged 55–64 who took prescription cardiovascular agents (which include heart, blood pressure, and kidney drugs) and the percentage who took prescription analgesics were similar to the levels in 1999–2002.

In 2009–2012, nearly one-half (45.0%) of adults aged 55–64 took a prescription cardiovascular drug in the past 30 days, nearly one-third (31.8%) took a prescription cholesterol-lowering drug, and 16.0% used prescription gastric reflux medications (for anti-acid reflux and stomach ulcers). Fifteen percent of those aged 55–64 used prescription analgesics (narcotics, nonsteroidal anti-inflammatory drugs, and aspirin), and 14.4% used prescription antidepressants in the past 30 days. Antidepressant drugs can be prescribed for a wide variety of clinical reasons (90,91). In 2009–2012, 12.9% of those aged 55–64 used prescription antidiabetic agents in the past 30 days.

**Figure 28. Prescription drug use in the past 30 days among adults aged 55–64, by number of drugs and selected drug class: United States, 1999–2002 and 2009–2012**



NOTE: See data table for Figure 28 for indications and conditions for which drug classes are commonly prescribed.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig28>

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

For adults aged 55–64, the percentage who delayed or did not receive needed medical care due to cost in the past 12 months, or who did not receive needed prescription drugs due to cost in the past 12 months, was higher in 2012–2013 than in 2002–2003 and varied by insurance coverage.

Forgoing or delaying needed health care can have serious health effects (92). Access to care is a complex process that addresses the extent to which a population can connect with health care and reflects the affordability, availability, and acceptability of health services (93). Health insurance facilitates access to health care by connecting individuals to health care providers and by covering a portion of the cost of care (94).

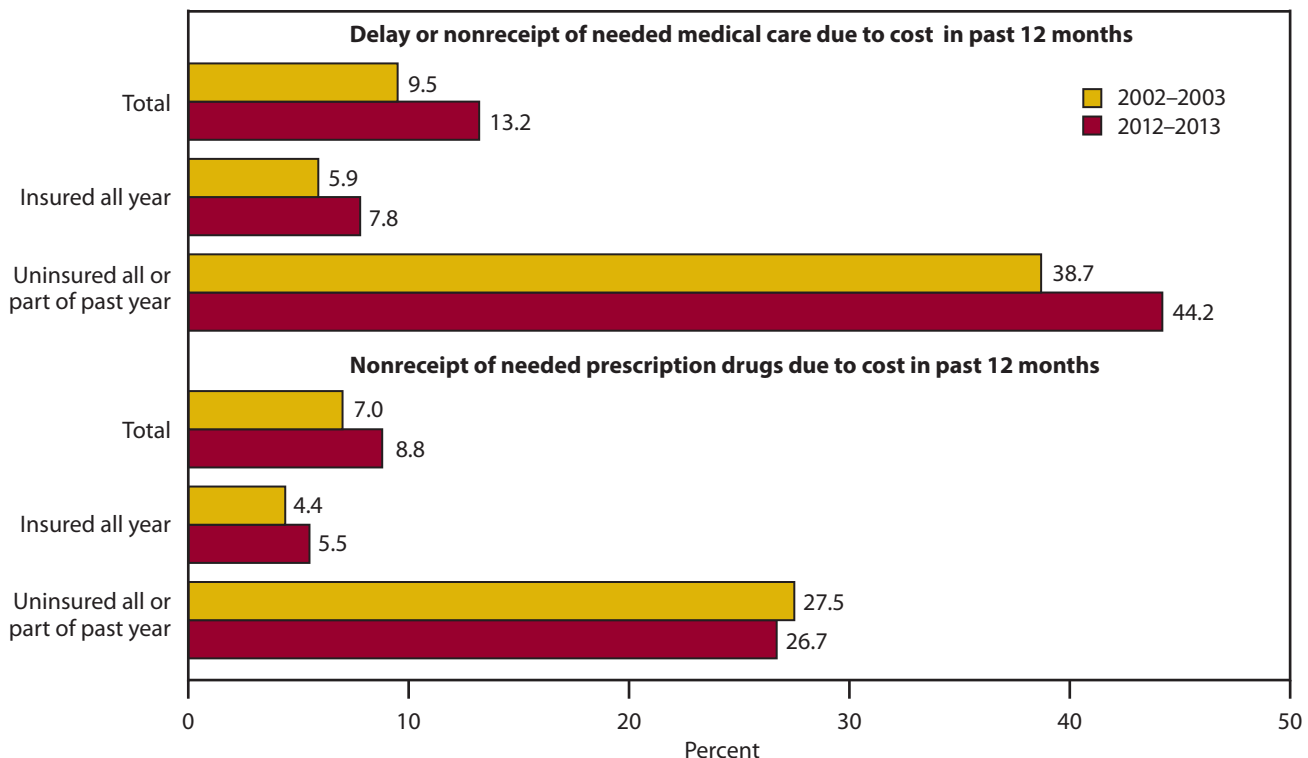
In 2012–2013, 13.2% of adults aged 55–64 delayed or did not receive needed medical care in the past 12 months due to cost, 39% higher than in 2002–2003 (9.5%). For adults aged 55–64 who were insured for the entire past year, the percentage who delayed or did not receive needed medical care due to cost was 32% higher in 2012–2013 (7.8%) than in 2002–2003 (5.9%). The percentage of adults aged 55–64 who were uninsured for all or some of the past year and who

delayed or did not receive needed medical care due to cost was 14% higher in 2012–2013 (44.2%) compared with 2002–2003 (38.7%).

In 2012–2013, 8.8% of adults aged 55–64 did not receive needed prescription drugs in the past 12 months due to cost, 26% higher than in 2002–2003 (7.0%). For adults who were insured for the entire past year, the percentage who did not receive needed prescription drugs due to cost was 25% higher in 2012–2013 (5.5%) than in 2002–2003 (4.4%). For those who were uninsured for all or part of the year, 26.7% did not receive needed prescription drugs due to cost in 2012–2013, similar to the level in 2002–2003.

An association exists between not receiving needed medical care and prescription drugs due to cost and insurance status. In 2012–2013, for adults aged 55–64, those who were uninsured for some or all of the past year were 5.7 times as likely to delay or not receive needed medical care due to cost and 4.9 times as likely to not receive needed prescription drugs due to cost as those who were continuously insured in the past year.

**Figure 29. Adults aged 55–64 who delayed or did not receive needed medical care or needed prescription drugs due to cost in the past 12 months, by insurance status: United States, average annual 2002–2003 and 2012–2013**



NOTE: See data table for Figure 29.

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

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig29>

# Data Tables for Special Feature: Figures 20–29

**Data table for Figure 20. Death rates for leading causes of death among adults aged 55–64, by sex: United States, 2003–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig20>

<i>Sex and underlying cause of death<sup>1</sup></i>	<i>Rank 2013</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
<b>Both sexes</b>		Deaths per 100,000 population										
All causes . . . . .	...	937.3	903.2	898.5	881.3	866.7	867.1	856.7	851.9	849.4	854.2	860.0
Malignant neoplasms (Cancer) . . . . .	1	341.6	330.8	323.9	317.7	311.4	304.7	301.7	300.1	295.8	293.2	288.2
Diseases of heart . . . . .	2	232.3	217.1	212.8	205.1	197.8	195.3	190.0	186.6	183.2	184.6	184.6
Unintentional injuries . . . . .	3	32.7	32.9	35.4	35.8	36.8	37.4	36.5	38.4	39.8	41.0	43.4
Chronic lower respiratory diseases (CLRD) . . . . .	4	43.1	40.1	41.6	38.8	38.6	41.1	40.0	39.0	39.5	39.4	40.5
Diabetes <sup>2</sup> . . . . .	5	38.3	36.8	36.9	35.8	34.1	33.3	32.1	32.0	33.3	32.5	33.2
Chronic liver disease and cirrhosis . . . . .	6	22.9	22.4	23.3	22.6	24.2	25.0	25.9	26.8	28.2	29.1	30.4
Cerebrovascular diseases (Stroke) . . . . .	7	35.5	34.0	32.7	32.9	31.7	30.6	29.7	29.3	29.4	28.7	28.9
Suicide . . . . .	8	13.7	13.7	13.7	14.4	15.3	16.0	16.4	17.5	17.1	18.0	18.1
Septicemia . . . . .	9	13.0	12.8	12.8	12.6	12.8	13.3	13.1	12.6	13.0	12.9	13.6
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	10	13.6	13.5	13.5	13.7	13.4	14.1	13.5	13.9	12.5	12.3	12.6
<b>Men</b>												
All causes . . . . .	...	1,159.9	1,119.2	1,119.8	1,097.5	1,086.5	1,089.8	1,078.4	1,075.5	1,071.1	1,080.2	1,088.4
Malignant neoplasms (Cancer) . . . . .	1	384.9	373.5	365.8	359.4	353.9	349.3	345.9	344.9	340.4	336.9	331.3
Diseases of heart . . . . .	2	330.0	310.1	303.9	293.4	285.1	280.8	274.1	269.5	263.6	266.4	267.3
Unintentional injuries . . . . .	3	46.9	46.5	50.8	51.0	52.3	54.0	52.5	54.6	56.9	58.1	61.5
Chronic liver disease and cirrhosis . . . . .	4	33.6	32.5	34.5	33.1	35.9	37.1	37.9	39.5	41.3	42.7	44.8
Chronic lower respiratory diseases (CLRD) . . . . .	5	46.3	42.7	44.6	41.4	42.1	44.7	43.1	42.2	43.0	42.4	43.7
Diabetes <sup>2</sup> . . . . .	6	44.8	43.6	44.5	43.3	41.6	40.6	40.0	40.5	41.5	41.0	41.8
Cerebrovascular diseases (Stroke) . . . . .	7	40.6	39.1	38.2	38.3	37.5	35.5	35.0	34.7	34.9	34.5	35.1
Suicide . . . . .	8	22.1	21.9	22.0	22.5	23.9	25.8	26.1	27.7	27.3	28.7	28.3
Septicemia . . . . .	9	14.0	13.7	14.0	13.9	13.8	14.7	14.3	13.9	14.4	14.5	15.3
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	10	15.3	15.0	15.9	15.9	15.5	16.2	15.9	16.4	14.7	14.5	14.8
<b>Women</b>												
All causes . . . . .	...	730.5	702.4	692.4	680.0	661.8	659.6	650.1	643.5	642.9	643.8	647.4
Malignant neoplasms (Cancer) . . . . .	1	301.4	291.2	284.8	278.9	271.8	263.3	260.6	258.5	254.1	252.5	248.1
Diseases of heart . . . . .	2	141.5	130.6	128.0	122.8	116.4	115.6	111.6	109.3	108.4	108.4	107.5
Chronic lower respiratory diseases (CLRD) . . . . .	3	40.2	37.7	38.8	36.3	35.2	37.8	37.1	36.1	36.3	36.7	37.6
Unintentional injuries . . . . .	4	19.6	20.3	21.1	21.8	22.4	22.0	21.7	23.4	23.9	25.1	26.5
Diabetes <sup>2</sup> . . . . .	5	32.3	30.5	29.8	28.8	27.2	26.5	24.7	24.1	25.7	24.6	25.2
Cerebrovascular diseases (Stroke) . . . . .	6	30.8	29.3	27.7	28.0	26.3	26.1	24.8	24.3	24.4	23.3	23.1
Chronic liver disease and cirrhosis . . . . .	7	13.0	13.1	12.8	12.8	13.2	13.7	14.6	14.9	16.0	16.5	17.0
Septicemia . . . . .	8	12.1	11.9	11.6	11.4	11.8	12.1	11.9	11.4	11.7	11.4	12.0
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	9	12.0	12.1	11.3	11.7	11.4	12.0	11.4	11.6	10.4	10.3	10.5
Influenza and pneumonia . . . . .	10	9.4	8.8	9.0	7.7	7.4	8.8	9.9	8.0	8.9	8.1	10.0

See footnotes at end of table.

**Data table for Figure 20. Death rates for leading causes of death among adults aged 55–64, by sex: United States, 2003–2013—Con.**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig20>

<i>Sex and underlying cause of death<sup>1</sup></i>	<i>Rank 2013</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
Both sexes						Standard error						
All causes . . . . .	1.83	1.76	1.71	1.66	1.62	1.59	1.56	1.53	1.49	1.49	1.49	1.48
Malignant neoplasms (Cancer). . . . .	1.10	1.06	1.03	1.00	0.97	0.94	0.92	0.91	0.88	0.87	0.87	0.86
Diseases of heart . . . . .	0.91	0.86	0.83	0.80	0.77	0.76	0.73	0.72	0.69	0.69	0.69	0.69
Unintentional injuries. . . . .	0.34	0.34	0.34	0.34	0.33	0.33	0.32	0.32	0.32	0.32	0.33	0.33
Chronic lower respiratory diseases (CLRD) . . . . .	0.39	0.37	0.37	0.35	0.34	0.35	0.34	0.33	0.32	0.32	0.32	0.32
Diabetes <sup>2</sup> . . . . .	0.37	0.35	0.35	0.33	0.32	0.31	0.30	0.30	0.30	0.29	0.29	0.29
Chronic liver disease and cirrhosis . . . . .	0.29	0.28	0.28	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.28
Cerebrovascular diseases (Stroke). . . . .	0.36	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.28	0.28	0.27	0.27
Suicide . . . . .	0.22	0.22	0.21	0.21	0.21	0.22	0.22	0.22	0.22	0.21	0.22	0.21
Septicemia . . . . .	0.22	0.21	0.20	0.20	0.20	0.20	0.19	0.19	0.18	0.18	0.18	0.19
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	0.22	0.21	0.21	0.21	0.20	0.20	0.20	0.20	0.18	0.18	0.18	0.18
Men												
All causes . . . . .	2.93	2.82	2.75	2.67	2.61	2.57	2.51	2.47	2.42	2.41	2.41	2.40
Malignant neoplasms (Cancer) . . . . .	1.69	1.63	1.57	1.53	1.49	1.46	1.42	1.40	1.36	1.35	1.35	1.32
Diseases of heart . . . . .	1.56	1.48	1.43	1.38	1.34	1.31	1.27	1.24	1.20	1.20	1.20	1.19
Unintentional injuries . . . . .	0.59	0.57	0.59	0.58	0.57	0.57	0.55	0.56	0.56	0.56	0.56	0.57
Chronic liver disease and cirrhosis . . . . .	0.50	0.48	0.48	0.46	0.47	0.47	0.47	0.47	0.47	0.48	0.48	0.49
Chronic lower respiratory diseases (CLRD) . . . . .	0.59	0.55	0.55	0.52	0.51	0.52	0.50	0.49	0.48	0.48	0.48	0.48
Diabetes <sup>2</sup> . . . . .	0.58	0.56	0.55	0.53	0.51	0.50	0.48	0.48	0.48	0.47	0.47	0.47
Cerebrovascular diseases (Stroke). . . . .	0.55	0.53	0.51	0.50	0.48	0.46	0.45	0.44	0.44	0.43	0.43	0.43
Suicide . . . . .	0.41	0.39	0.39	0.38	0.39	0.40	0.39	0.40	0.39	0.39	0.39	0.39
Septicemia . . . . .	0.32	0.31	0.31	0.30	0.29	0.30	0.29	0.28	0.28	0.28	0.28	0.28
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	0.34	0.33	0.33	0.32	0.31	0.31	0.30	0.31	0.28	0.28	0.28	0.28
Women												
All causes . . . . .	2.24	2.15	2.09	2.03	1.96	1.93	1.88	1.85	1.81	1.79	1.79	1.78
Malignant neoplasms (Cancer) . . . . .	1.44	1.38	1.34	1.30	1.26	1.22	1.19	1.17	1.14	1.12	1.12	1.10
Diseases of heart . . . . .	0.99	0.93	0.90	0.86	0.82	0.81	0.78	0.76	0.74	0.74	0.74	0.73
Chronic lower respiratory diseases (CLRD) . . . . .	0.53	0.50	0.49	0.47	0.45	0.46	0.45	0.44	0.43	0.43	0.43	0.43
Unintentional injuries . . . . .	0.37	0.37	0.36	0.36	0.36	0.35	0.34	0.35	0.35	0.35	0.35	0.36
Diabetes <sup>2</sup> . . . . .	0.47	0.45	0.43	0.42	0.40	0.39	0.37	0.36	0.36	0.35	0.35	0.35
Cerebrovascular diseases (Stroke). . . . .	0.46	0.44	0.42	0.41	0.39	0.38	0.37	0.36	0.35	0.34	0.34	0.34
Chronic liver disease and cirrhosis . . . . .	0.30	0.29	0.28	0.28	0.28	0.28	0.28	0.28	0.29	0.29	0.29	0.29
Septicemia . . . . .	0.29	0.28	0.27	0.26	0.26	0.26	0.25	0.25	0.24	0.24	0.24	0.24
Nephritis, nephrotic syndrome and nephrosis <sup>2</sup> . . . . .	0.29	0.28	0.27	0.27	0.26	0.26	0.25	0.25	0.23	0.23	0.23	0.23
Influenza and pneumonia . . . . .	0.25	0.24	0.24	0.22	0.21	0.22	0.23	0.21	0.21	0.20	0.20	0.22

. . . Category not applicable.

<sup>1</sup>Underlying cause of death was coded according to the 10th Revision of the *International Classification of Diseases*. See Appendix II, Cause of death; Table IV.

<sup>2</sup>Starting with 2011 data, the rules for selecting Renal failure as the underlying cause of death were changed, affecting the number of deaths in the Nephritis, nephrotic syndrome and nephrosis and Diabetes categories. These changes directly affect deaths with mention of Renal failure and other associated conditions, such as Diabetes mellitus with renal complications. The result is a decrease in the number of deaths for Nephritis, nephrotic syndrome and nephrosis and an increase in the number of deaths for Diabetes mellitus. Therefore, trend data for these two causes of death should be interpreted with caution. For more information, see Technical Notes in Deaths: Preliminary data for 2011, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).

NOTES: Death rates for 2003–2009 were calculated using intercensal population estimates based on the 2000 and 2010 censuses. For 2010, population estimates were based on bridged-race April 1 census counts. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Due to space limitations, the six leading causes of death are graphed in **Figure 20**.

SOURCE: CDC/NCHS, National Vital Statistics System: numerator data from annual public-use Mortality Files; denominator data from national population estimates. See Appendix I, National Vital Statistics System (NVSS).

**Data table for Figure 21. Selected chronic conditions among adults aged 55–64: United States, 1999–2002 and 2009–2012**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig21>

<i>Chronic condition</i>	<i>1999–2002</i>		<i>2009–2012</i>	
	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>
Diabetes <sup>1</sup> . . . . .	16.7	1.9	18.9	2.7
Obesity <sup>2</sup> . . . . .	38.9	2.0	40.6	2.6
Hypercholesterolemia <sup>3</sup> . . . . .	39.1	1.6	50.1	2.0
Hypertension <sup>4</sup> . . . . .	49.5	1.6	51.4	2.0

SE is standard error.

<sup>1</sup>Defined as respondent report of physician-diagnosed diabetes, or undiagnosed diabetes (measured fasting plasma glucose of at least 126 mg/dL or a hemoglobin A1c of at least 6.5%). See Appendix II, Diabetes.

<sup>2</sup>Defined as body mass index greater than or equal to 30. See Appendix II, Body mass index.

<sup>3</sup>Defined as reporting taking cholesterol-lowering medication or having a measured serum total cholesterol level of at least 240 mg/dL. See Appendix II, Cholesterol.

<sup>4</sup>Defined as reporting taking antihypertensive medication or having a measured systolic blood pressure of at least 140 mm Hg or a measured diastolic blood pressure of at least 90 mm Hg. See Appendix II, Blood pressure, high.

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

**Data table for Figure 22. Serious or mild-moderate psychological distress in the past 30 days among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig22>

Characteristic	Level of psychological distress <sup>1</sup>							
	Serious				Mild-moderate			
	2002–2003		2012–2013		2002–2003		2012–2013	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Total age 55–64 . . . . .	3.6	0.2	4.4	0.2	6.4	0.3	7.1	0.3
Sex								
Men . . . . .	2.6	0.3	3.7	0.3	5.3	0.4	6.3	0.4
Women . . . . .	4.5	0.3	5.0	0.3	7.4	0.5	7.8	0.4
Race and Hispanic origin <sup>2</sup>								
White only, not Hispanic . . . . .	3.5	0.3	4.4	0.3	6.1	0.4	6.7	0.4
Black only, not Hispanic. . . . .	3.0	0.5	3.6	0.5	7.6	0.9	7.4	0.7
Hispanic or Latino. . . . .	5.0	0.8	5.7	0.7	8.3	1.0	9.9	1.1
Asian only . . . . .	*	*	*	*	*	*	*4.2	1.0
Percent of poverty level <sup>3</sup>								
Below 100%. . . . .	12.1	1.4	14.5	1.2	14.6	1.4	17.1	1.3
100%–199%. . . . .	7.3	1.0	8.8	0.8	10.4	1.0	11.1	0.9
200%–399%. . . . .	3.3	0.4	3.3	0.4	6.9	0.6	8.2	0.7
400% or more . . . . .	1.1	0.2	1.5	0.2	3.5	0.4	3.1	0.3

SE is standard error.

\* 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%.

<sup>1</sup>Two measures of psychological distress are presented for those aged 55–64 in the noninstitutionalized population: serious and mild-moderate psychological distress. These measures are based on respondent’s responses to a series of six questions—the K6 scale—that asks how frequently they experienced symptoms of nonspecific psychological distress within the past 30 days. See Appendix II, Serious psychological distress. Scores on the K6 scale range from 0 to 24 with scores of 13 to 24 classified as probable serious mental illness and scores of 8 to 12 as probable mild–moderate mental illness based on K6 validation studies. See: Kessler RC, Galea S, Gruber MJ, Sampson NA, Ursano RJ, Wessely S. Trends in mental illness and suicidality after Hurricane Katrina. *Molecular Psychiatry* 2008;13:374–84. Available from: <http://www.nature.com/mp/journal/v13/n4/full/4002119a.html>. Serious psychological distress as measured by the K6 indicates a high probability of serious mental illness with serious impairment in functioning. Mild-moderate psychological distress also indicates a high probability of a mental illness diagnosable according to the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–IV), but accompanying difficulties in functioning are less severe. Scores on the K6 do not provide specific psychiatric diagnoses.

<sup>2</sup>The race group, Asian only, includes persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards and 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.

<sup>3</sup>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.

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

**Data table for Figure 23. Current cigarette smoking among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig23>

Characteristic	Current cigarette smoker <sup>1</sup>			
	2002–2003		2012–2013	
	Percent	SE	Percent	SE
Total age 55–64 . . . . .	19.7	0.5	18.1	0.5
Sex				
Men . . . . .	21.0	0.7	20.7	0.7
Women . . . . .	18.5	0.7	15.7	0.6
Race and Hispanic origin <sup>2</sup>				
White only, not Hispanic . . . . .	19.9	0.6	18.8	0.6
Black only, not Hispanic . . . . .	21.7	1.4	21.5	1.1
Hispanic or Latino . . . . .	15.9	1.5	10.1	0.9
Asian only . . . . .	*12.0	2.9	11.8	2.0
Percent of poverty level <sup>3</sup>				
Below 100% . . . . .	29.6	1.7	32.4	1.7
100%–199% . . . . .	27.5	1.4	26.7	1.3
200%–399% . . . . .	21.2	1.0	20.3	0.9
400% or more . . . . .	14.7	0.7	11.2	0.6

SE is standard error.

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

<sup>1</sup>Current cigarette smokers smoked 100 cigarettes in their lifetime and smoke now every day or some days. See Appendix II, Cigarette smoking.

<sup>2</sup>The race group, Asian only, includes persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards and 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.

<sup>3</sup>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.

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



**Data table for Figure 24. Participation in recommended levels of leisure-time aerobic and muscle-strengthening activities among adults aged 55–64, by selected characteristics: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig24>

Characteristic	Met both aerobic activity and muscle-strengthening guidelines <sup>1</sup>			
	2002–2003		2012–2013	
	Percent	SE	Percent	SE
Total age 55–64 . . . . .	12.8	0.5	15.7	0.5
Sex				
Men . . . . .	13.5	0.7	17.2	0.7
Women . . . . .	12.1	0.6	14.2	0.6
Race and Hispanic origin <sup>2</sup>				
White only, not Hispanic . . . . .	14.1	0.5	17.0	0.6
Black only, not Hispanic . . . . .	7.7	1.0	12.3	1.1
Hispanic or Latino . . . . .	7.3	1.3	10.2	1.1
Asian only . . . . .	*7.2	2.1	14.1	1.9
Percent of poverty level <sup>3</sup>				
Below 100% . . . . .	*3.3	0.9	5.9	0.8
100%–199% . . . . .	6.1	1.0	7.7	0.8
200%–399% . . . . .	9.2	0.8	11.3	0.7
400% or more . . . . .	18.6	0.8	22.8	0.9

SE is standard error.

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

<sup>1</sup>The federal *2008 Physical Activity Guidelines for Americans* recommend that for substantial health benefits adults perform at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. In addition, adults should perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week. See Appendix II, Physical activity, leisure-time.

<sup>2</sup>The race group, Asian only, includes persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* and are not strictly comparable with estimates for earlier years. The single-race categories shown in the table conform to the 1997 Standards and 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.

<sup>3</sup>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.

NOTE: Data reported are for leisure-time physical activity and do not include physical activity performed for work, transportation, or other non-leisure-time activities.

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

**Data table for Figure 25. Health insurance coverage among adults aged 55–64, by percent of poverty level and type of coverage: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig25>

Percent of poverty level and type of coverage <sup>1,2</sup>	2002–2003		2012–2013	
	Percent	SE	Percent	SE
Total age 55–64				
Any private, including workplace . . . . .	76.7	0.4	69.8	0.4
Private through workplace only . . . . .	69.5	0.5	62.0	0.5
Public only . . . . .	12.1	0.3	16.9	0.3
Uninsured . . . . .	11.2	0.3	13.4	0.3
Below 100%				
Any private, including workplace . . . . .	27.3	1.6	15.5	1.0
Private through workplace only . . . . .	20.5	1.5	10.4	0.9
Public only . . . . .	44.7	1.7	52.5	1.2
Uninsured . . . . .	28.0	1.2	32.0	1.2
100%–199%				
Any private, including workplace . . . . .	51.1	1.3	37.3	1.0
Private through workplace only . . . . .	42.0	1.3	29.7	1.0
Public only . . . . .	25.2	1.2	34.8	1.0
Uninsured . . . . .	23.7	1.1	27.8	1.0
200%–399%				
Any private, including workplace . . . . .	77.7	0.8	70.5	0.7
Private through workplace only . . . . .	69.0	0.9	61.5	0.7
Public only . . . . .	9.8	0.6	14.0	0.6
Uninsured . . . . .	12.5	0.7	15.5	0.6
400% or more				
Any private, including workplace . . . . .	92.5	0.4	90.8	0.4
Private through workplace only . . . . .	86.8	0.5	83.4	0.5
Public only . . . . .	3.6	0.3	5.5	0.3
Uninsured . . . . .	3.8	0.3	3.7	0.3

SE is standard error.

<sup>1</sup>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.

<sup>2</sup>Information on health insurance coverage is collected at the time of interview. The categories any private, public only, and uninsured are mutually exclusive, but may not sum to 100% due to rounding. Any private coverage includes those with coverage through the workplace, or other sources of private coverage, and includes a small percentage of adults aged 55–64 with both private and public coverage (3.2% in 2012–2013). Any private workplace coverage includes coverage obtained through a present or former employer, union, self-employment, or a professional association and is a subset of the any private category. Public only includes Medicaid, Children’s Health Insurance Program (CHIP), Medicare, military health care (TRICARE/VA/CHAMP–VA), state-sponsored health plans, and other government programs. Adults aged 55–64 in the public only category may have more than one source of public coverage, but they do not have any private coverage. Persons not covered by private or public coverage were considered to be uninsured. See Appendix II, Health insurance coverage.

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

**Data table for Figure 26. Health care utilization in the past 12 months among adults aged 55–64, by type of visit: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig26>

<i>Visits in the past 12 months<sup>1</sup></i>	<i>2002–2003</i>		<i>2012–2013</i>	
	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>
Any doctor visit . . . . .	87.9	0.4	86.7	0.4
1–3 doctor visits . . . . .	39.5	0.6	43.3	0.6
4 or more doctor visits . . . . .	48.4	0.6	43.4	0.6
Any emergency department visit . . . . .	18.9	0.5	18.1	0.5
Any hospital stay . . . . .	11.7	0.4	10.1	0.3
No visit . . . . .	11.2	0.4	12.6	0.4

SE is standard error.

<sup>1</sup>Respondents were asked a series of questions about their health care contacts in the past 12 months: “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 departments, home visits, or telephone calls”; “During the past 12 months how many times have you gone to a hospital emergency room about your own health?” (This includes emergency room visits that resulted in a hospital admission.) In 2002–2003, respondents were asked “During the past 12 months were you a patient in a hospital overnight?”; in 2012–2013, respondents were asked “During the past 12 months were you a patient in a hospital overnight?” (Do not include an overnight stay in the emergency room.) Less than 1% of those aged 55–64 had an emergency department visit or a hospitalization, but no doctor visits, in 2012–2013. No visit is no doctor visit, emergency department visit, or hospital stay, in the past 12 months.

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

**Data table for Figure 27. Use of preventive services and screening among noninstitutionalized adults aged 55–64: United States, 2003 and 2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig27>

Health care utilization	2003		2013	
	Percent	SE	Percent	SE
Influenza vaccination in past 12 months <sup>1</sup> . . . . .	40.4	0.9	49.9	0.9
Pneumococcal vaccination ever (high-risk group) <sup>2</sup> . . . . .	32.5	1.4	35.2	1.2
Colorectal test or procedure <sup>3</sup> . . . . .	40.0	0.9	58.3	0.9
Mammogram in past 2 years <sup>4</sup> . . . . .	76.9	1.0	71.3	1.0
Pap smear in past 3 years <sup>5</sup> . . . . .	85.5	1.1	75.9	1.2

SE is standard error.

<sup>1</sup>Respondents were asked about influenza vaccination in the past 12 months. See Appendix II, Vaccination.

<sup>2</sup>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.” High-risk group membership is based on recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP). The high-risk group includes persons who reported diabetes; cancer; heart, lung, liver, or kidney disease. Starting in 2009, this definition was expanded to include persons who reported asthma or cigarette smoking, to be consistent with the revised ACIP recommendation. Starting with data year 2012, the survey questionnaire was changed to ask respondents a new question on chronic obstructive pulmonary disease (COPD), and this information was added to the list of lung diseases used to construct the high-risk category. For more information on high-risk groups, see the 2009 ACIP recommendation available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf>.

<sup>3</sup>Colorectal test or procedure is defined as fecal occult blood test (FOBT) in the past year, sigmoidoscopy in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years. See Appendix II, Colorectal tests or procedures.

<sup>4</sup>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.

<sup>5</sup>Estimates are for women who have not had a hysterectomy. Questions concerning use of Pap smears and hysterectomy status differed slightly on the National Health Interview Survey across the years for which data are shown. Hysterectomy status was not assessed in 2003; therefore, data shown for Pap smear were for 2000 and 2013 when hysterectomy status was available. See Appendix II, Pap smear.

NOTE: Utilization of colorectal, cervical, and breast cancer procedures can occur for routine screening or for diagnostic reasons.

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

**Data table for Figure 28. Prescription drug use in the past 30 days among adults aged 55–64, by number of drugs and selected drug class: United States, 1999–2002 and 2009–2012**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig28>

Characteristic	1999–2002		2009–2012	
	Percent	SE	Percent	SE
Number of prescription drugs in past 30 days <sup>1</sup>				
No prescription drugs . . . . .	26.9	1.5	24.2	1.4
1–4 prescription drugs . . . . .	55.4	1.8	55.6	1.4
5 or more prescription drugs . . . . .	17.7	1.7	20.3	1.3
Prescription drug use in past 30 days, by selected Multum Lexicon Plus therapeutic drug class (common indications for use) <sup>2</sup>				
Cardiovascular (heart, blood pressure, and kidney disease) . . . . .	41.3	2.0	45.0	2.2
Cholesterol-lowering (high cholesterol) . . . . .	20.6	1.7	31.8	1.7
Gastric reflux (gastroesophageal reflux disease [GERD], anti-acid reflux, ulcers) . . . . .	9.0	1.6	16.0	1.2
Analgesic (pain, inflammation, blood clot prevention) . . . . .	16.8	1.4	15.0	1.7
Antidepressant (depression, anxiety, perimenopausal symptom, pain) . . . . .	10.3	1.2	14.4	1.2
Antidiabetic (high glucose [blood sugar]) . . . . .	10.0	1.1	12.9	0.9

SE is standard error.

<sup>1</sup>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.

<sup>2</sup>The December 2012 Multum Lexicon Plus database was used for processing and editing the National Health and Nutrition Examination Survey prescription drug data. Lexicon Plus, a proprietary database of Cerner Multum, Inc. (Denver, CO), is used to assist with collection, editing, and release of drug data. Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. See: <http://www.multum.com/>. Lexicon Plus provides a three-level nested category system that assigns a therapeutic classification to each drug reported. Not all drugs have three classification levels; some may only have two classification levels, and others only have one classification level. For more information, see: [http://www.cdc.gov/nchs/nhanes/1999-2000/RXQ\\_DRUG.htm](http://www.cdc.gov/nchs/nhanes/1999-2000/RXQ_DRUG.htm). Up to four different therapeutic classes can be assigned to each drug. Drugs classified into more than one class were counted in each therapeutic class. Respondents taking more than one drug in a specific drug class were counted once; respondents taking drugs in different drug classes were counted in both classes. The therapeutic drug class identifies the therapeutic effect(s) of the drug as a whole and for multi-ingredient drugs differs from a classification scheme based on drug ingredients. In this analysis, cardiovascular drugs (including ACE inhibitors, beta blockers, calcium channel blockers, and diuretics) are level 1, class 40; cholesterol-lowering drugs are level 2, class 19; antidepressant drugs are level 2, class 249; analgesic drugs are level 2, class 58; gastric reflux drugs (including proton pump inhibitors) are level 2, class 272, and H<sub>2</sub> antagonists are level 2, class 94; and antidiabetic drugs are level 2, class 99. The therapeutic drug classes proton pump inhibitors (272) and H<sub>2</sub> antagonists (94) were combined because of their similar indications for use. See Appendix II, Drug; Multum Lexicon Plus therapeutic drug class.

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

**Data table for Figure 29. Adults aged 55–64 who delayed or did not receive needed medical care or needed prescription drugs due to cost in the past 12 months, by insurance status: United States, average annual 2002–2003 and 2012–2013**

Excel and Powerpoint: <http://www.cdc.gov/nchs/hus/contents2014.htm#fig29>

<i>Characteristic</i>	<i>2002–2003</i>		<i>2012–2013</i>	
	<i>Percent</i>	<i>SE</i>	<i>Percent</i>	<i>SE</i>
Delay or nonreceipt of needed medical care due to cost in the past 12 months				
Total age 55–64 . . . . .	9.5	0.3	13.2	0.3
Insurance status <sup>1</sup> :				
Insured all year . . . . .	5.9	0.2	7.8	0.2
Uninsured all or part of past year . . . . .	38.7	1.3	44.2	1.0
Nonreceipt of needed prescription drugs due to cost in the past 12 months				
Total age 55–64 . . . . .	7.0	0.3	8.8	0.3
Insurance status <sup>1</sup> :				
Insured all year . . . . .	4.4	0.3	5.5	0.3
Uninsured all or part of past year . . . . .	27.5	1.6	26.7	1.3

SE is standard error.

<sup>1</sup>This table presents health insurance coverage over the past year. Insured respondents had coverage continuously for the year prior to interview, while those categorized as uninsured for all or part of the past year had some period of time without insurance during the year prior to interview.

NOTE: The percentage who delayed or did not receive medical care and the percentage who did not receive prescription drugs were determined independently of each other.

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

### Data Sources and Comparability

Data for the *Health, United States, 2014* 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. Age-adjusted estimates use the age distribution of the 2000 standard population; where this has been done, it is noted in the data tables that accompany the charts. Age-adjusted rates are computed to eliminate differences in observed rates that result from age differences in population composition (see Appendix II, Age adjustment). For some charts, data years are combined to increase sample size and the reliability of the estimates. Some charts present time trends, and others focus on differences in estimates among population subgroups for the most recent time point available. Trends are generally shown on a linear scale to emphasize absolute differences over time. The time trends for the overall mortality measures are shown on a logarithmic (log) scale to emphasize the rate of change and to enable measures with large differences in magnitude to be shown on the same chart. Point estimates and standard errors for [Figures 1–19](#) are available in the Trend Table and Excel spreadsheet specified in the note below the chart. Data tables with point estimates and standard errors accompany [Figures 20–29](#). Some data tables contain additional data that were not graphed because of space considerations.

### Statistical Testing

Data trends can be described in many ways. For trend analyses presented in the Chartbook, increases or decreases in the estimates during the entire time period shown are measured by the annual percent change using the weighted least squares regression method. Statistically significant changes in the trend are assessed at the 0.05 level using the National Cancer Institute's Joinpoint software, and permitting up to one joinpoint (change in inflection). 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) without correction for multiple comparisons. Data tables include point estimates and standard errors for users who would like to perform additional statistical tests.

Terms such as “similar,” “stable,” and “no difference” used in the text indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between statistics does not necessarily suggest that the difference was tested and found to be not significant. Because statistically significant differences or trends are partly a function of sample size (the larger the sample, the smaller the change that can be detected), they do not necessarily have public health significance (95). Testing and comparisons use the estimates and standard errors in the trend and data tables.

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

For NCHS surveys, point estimates and their corresponding variances were calculated using the SUDAAN software package, which takes into consideration the complex survey design (96). 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

1. Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS. Forthcoming. Portions available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf).
2. HHS; National Action Alliance for Suicide Prevention. 2012 National strategy for suicide prevention: Goals and objectives for action: A report of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention. Washington, DC: HHS; 2012. Available from: [http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rev.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf).
3. Institute of Medicine. Reducing suicide: A national imperative. Washington, DC: National Academies Press; 2002. Available from: <http://www.iom.edu/Reports/2002/Reducing-Suicide-A-National-Imperative.aspx>.
4. Ventura SJ, Hamilton BE, Mathews TJ. National and state patterns of teen births in the United States, 1940–2013. National vital statistics reports; vol 63 no 4. Hyattsville, MD: NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr63/NVSR63\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/NVSR63_04.pdf).
5. American Diabetes Association. Standards of medical care in diabetes—2014. *Diabetes Care* 2014;37(suppl 1):S14–80.
6. Porter RS, Kaplan JL, Homeier BP (eds). The Merck manual home health handbook. 3rd ed. Whitehouse Station, NJ: Merck; 2009. Available from: <http://www.merckmanuals.com/home/index.html>.
7. 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>.
8. HHS. How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease. A report of the Surgeon General. Atlanta, GA: CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK53017/>.
9. National High Blood Pressure Education Program. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: Complete report. NIH pub no 04–5230. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.htm>.
10. Freedman DS, Mei Z, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The Bogalusa Heart Study. *J Pediatr* 2007;150(1):12–7.
11. Engeland A, Bjørge T, Tverdal A, Sjøgaard AJ. Obesity in adolescence and adulthood and the risk of adult mortality. *Epidemiology* 2004;15(1):79–85.
12. Kuczumarski RJ, Ogden CL, Guo SS, et al. 2000 CDC growth charts for the United States: Methods and development. National Center for Health Statistics. *Vital Health Stat* 11(246); 2002. Available from: <http://www.cdc.gov/growthcharts/2000growthchart-us.pdf>.
13. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011–2012. *JAMA* 2014;311(8):806–14.
14. National Heart, Lung, and Blood Institute; National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98–4083. Bethesda, MD: National Institutes of Health; 1998. Available from: [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf).
15. Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Obesity Society. *Circulation* 2014;129(25 suppl 2):S102–40. Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation>.
16. HHS. The Surgeon General's vision for a healthy and fit nation. Rockville, MD: HHS, Office of the Surgeon General; 2010. Available from: <http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf>.
17. Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA* 2005;293(15):1861–7.
18. CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): General recommendations on immunization. *MMWR* 2011;60(RR02):1–60. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s\\_cid=rr6002a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e).
19. CDC. Experiences with obtaining influenza vaccination among persons in priority groups during a vaccine shortage—United States, October–November, 2004. *MMWR* 2004;53(49):1153–5. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5349a2.htm>.
20. CDC. Ten great public health achievements—United States, 1900–1999. *MMWR* 1999;48(12):241–3. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.
21. Zhou F, Shefer A, Wenger J, Messonnier M, Wang LY, Lopez A, et al. Economic evaluation of the routine childhood immunization program in the U.S., 2009. *Pediatrics* 2014;133(4):577–85.
22. CDC. National, state, and selected local area vaccination coverage among children aged 19–35 months—United States, 2013. *MMWR* 2014;63(34):741–8. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6334a1.htm>.
23. Weinberg DS, Schoen RE. Screening for colorectal cancer. *Ann Intern Med* 2014;160(9):ITC5–1–14.
24. Agency for Healthcare Research and Quality, U.S. Preventive Services Task Force. The guide to clinical preventive services 2014. Rockville, MD: HHS, AHRQ; 2014. Available from: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf>.
25. Kaiser Commission on Medicaid and the Uninsured. The uninsured and the difference health insurance makes. Kaiser Family Foundation; 2012. Available from: <http://www.kff.org/uninsured/upload/1420-14.pdf>.



26. Martinez ME, Cohen RA. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2014. NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_estimates\\_2010\\_2014\\_Q12.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_estimates_2010_2014_Q12.pdf).
27. Martinez ME, Cohen RA. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2014. NCHS; 2014. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201412.pdf>.
28. Patient Protection and Affordable Care Act. Pub L No 111–148, 124 Stat 119, 132; 2010. Available from: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>.
29. Centers for Medicare & Medicaid Services; Center for Consumer Information and Insurance Oversight. Young adults and the Affordable Care Act: Protecting young adults and eliminating burdens on families and businesses. Factsheet. Baltimore, MD: CMS; 2013. Available from: [http://www.cms.gov/CCIIO/Resources/Files/adult\\_child\\_fact\\_sheet.html](http://www.cms.gov/CCIIO/Resources/Files/adult_child_fact_sheet.html).
30. Sommers BD. Number of young adults gaining insurance due to the Affordable Care Act now tops 3 million. ASPE issue brief. Washington, DC: HHS, Office of the Assistant Secretary for Planning and Evaluation; 2012. Available from: <http://www.aspe.hhs.gov/aspe/gaininginsurance/rb.pdf>.
31. NCHS. National Health Interview Survey [unpublished analysis]. For more information, visit: <http://www.cdc.gov/nchs/nhis.htm>.
32. Hartman M, Martin AB, Lassman D, Catlin A; National Health Expenditure Accounts Team. National health spending in 2013: Growth slows, remains in step with the overall economy. Health Aff (Millwood) 2015;34(1):150–60.
33. Colby SL, Ortman JM. The baby boom cohort in the United States: 2012 to 2060. Current population reports, P25–1141. Washington, DC: U.S. Census Bureau; 2014. Available from: <http://www.census.gov/prod/2014pubs/p25-1141.pdf>.
34. Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, Boards of Trustees. 2014 annual report; 2014. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2014.pdf>.
35. CDC. Chronic diseases: The leading causes of death and disability in the United States. Atlanta, GA; 2014. Available from: <http://www.cdc.gov/chronicdisease/overview/>.
36. Agency for Healthcare Research and Quality. 2013 National Healthcare Disparities Report. AHRQ pub no 14–0006. Rockville, MD: HHS, AHRQ; 2014. Available from: <http://www.ahrq.gov/research/findings/nhqrdr/nhdr13/2013nhdr.pdf>.
37. U.S. Census Bureau. American Community Survey, 2012. Table S2601B, Characteristics of the group quarters population. Washington, DC: U.S. Census Bureau; 2013. Available from: <http://www.census.gov/acs/www/>.
38. Freid VM, Bernstein AB. Health care utilization among adults aged 55–64 years: How has it changed over the past 10 years? NCHS data brief, no 32. Hyattsville, MD: NCHS; 2010. Available from: <http://www.cdc.gov/nchs/data/databriefs/db32.pdf>.
39. NCHS. National Vital Statistics System, 2013 mortality file [unpublished analysis]. For more information, visit: <http://www.cdc.gov/nchs/nvss.htm>.
40. Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet health needs of uninsured adults in the United States. JAMA 2000;284(16):2061–9.
41. Baker DW, Sudano JJ, Albert JM, Borawski EA, Dor A. Lack of health insurance and decline in overall health in late middle age. N Engl J Med 2001;345(15):1106–12.
42. Tu HT, Liebhaber A. Rough passage: Affordable health coverage for near-elderly Americans. HSC policy analysis no 2. Washington, DC: Center for Studying Health System Change; 2009. Available from: <http://www.hschange.com/CONTENT/1083/>.
43. Holahan J. Health insurance coverage of the near elderly. Rept no 7114. Washington, DC: Kaiser Commission on Medicaid and the Uninsured; 2004. Available from: [http://www.urban.org/uploadedPDF/411052\\_NearElderly.pdf](http://www.urban.org/uploadedPDF/411052_NearElderly.pdf).
44. Schoen C, Hayes SL, Collins SR, Lippa JA, Radley DC. America's underinsured: A state-by-state look at health insurance affordability prior to the new coverage expansions. New York, NY: The Commonwealth Fund; 2014. Available from: <http://www.commonwealthfund.org/Publications/Fund-Reports/2014/Mar/Americas-Underinsured.aspx?omnicid=20>.
45. Morrissey MA, Jensen GA. The near-elderly, early retirees, and managed care. Health Aff (Millwood) 2001;20(6):197–206. Available from: <http://content.healthaffairs.org/content/20/6/197.full>.
46. Monheit AC, Vistnes JP, Eisenberg JM. Moving to Medicare: Trends in the health insurance status of near-elderly workers, 1987–1996. Health Aff (Millwood) 2001;20(2):204–13. Available from: <http://content.healthaffairs.org/content/20/2/204.full.pdf+html>.
47. State Health Access Data Assistance Center. State-level trends in employer-sponsored health insurance: A state-by-state analysis. SHADAC report. Minneapolis, MN: University of Minnesota; 2013. Available from: <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405434>.
48. McArdle F, Neuman T, Huang J. Retiree health benefits at the crossroads. Pub no 8576. Menlo Park, CA: Kaiser Family Foundation; 2014. Available from: <http://kaiserfamilyfoundation.files.wordpress.com/2014/04/8576-retiree-health-benefits-at-the-crossroads.pdf>.
49. Decker SL, Doshi JA, Knaup AE, Polsky D. Health service use among the previously uninsured: Is subsidized health insurance enough? Health Econ 2012;21(10):1155–68.
50. Yoon PW, Bastian B, Anderson RN, Collins JL, Jaffe HW. Potentially preventable deaths from the five leading causes of death—United States, 2008–2010. MMWR 2014;63(17):369–74. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6317a1.htm?s\\_cid=mm6317a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6317a1.htm?s_cid=mm6317a1_w).
51. National Heart, Lung, and Blood Institute. What are the health risks of overweight and obesity? Bethesda, MD: National Institutes of Health; 2012. Available from: <http://www.nhlbi.nih.gov/health/health-topics/topics/obe/risks>.
52. National Library of Medicine. Diabetes. MedlinePlus: Health Topics. Bethesda, MD: National Institutes of Health; 2014. Available from: <http://www.nlm.nih.gov/medlineplus/diabetes.html>.
53. National Institute of Diabetes and Digestive and Kidney Diseases. Diabetes, heart disease, and stroke. NIH pub no 13–5094. Bethesda, MD: National Institutes of Health, National Diabetes Information Clearinghouse; 2013. Available from: <http://diabetes.niddk.nih.gov/dm/pubs/stroke/index.aspx>.
54. National Heart, Lung, and Blood Institute. High blood cholesterol: What you need to know. NIH pub no 05–3290. Bethesda, MD: National Institutes of Health; 2005. Available from: <https://www.nhlbi.nih.gov/health/resources/heart/heart-cholesterol-hbc-what.html>.

55. National Heart, Lung, and Blood Institute. What is high blood pressure? Bethesda, MD: National Institutes of Health; 2012. Available from: <http://www.nhlbi.nih.gov/health/health-topics/topics/hbp>.
56. NCHS. National Health and Nutrition Examination Survey [unpublished analysis]. For more information, visit: <http://www.cdc.gov/nchs/nhanes.htm>.
57. Breslow L. Health measurement in the third era of health. *Am J Public Health* 2006;96(1):17–9. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470427/>.
58. National Institute of Mental Health. The numbers count: Mental disorders in America. Bethesda, MD: National Institutes of Health; 2013. Available from: <http://www.lb7.uscourts.gov/documents/12-cv-1072url2.pdf>.
59. Kessler RC, Heeringa S, Lakoma MD, Petukhova M, Rupp AE, Schoenbaum M, et al. Individual and societal effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. *Am J Psychiatry* 2008;165(6):703–11. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2410028/>.
60. Druss BG, Walker ER. Mental disorders and medical comorbidity. Research synthesis report no 21. Princeton, NJ: Robert Wood Johnson Foundation; 2011. Available from: [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438/subassets/rwjf69438\\_1](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_1).
61. McGuire TG, Miranda J. New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Aff (Millwood)* 2008;27(2):393–403. Available from: <http://content.healthaffairs.org/content/27/2/393.long>.
62. HHS. Mental health: Culture, race, and ethnicity: A supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: HHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; 2001. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf>.
63. 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.
64. Kessler RC, Green JG, Gruber MJ, Sampson NA, Bromet E, Cuitan M, et al. Screening for serious mental illness in the general population with the K6 screening scale. Results from the WHO World Mental Health (WMH) Survey Initiative. *Int J Methods Psychiatr Res* 2010;19(suppl 1):4–22. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659799/pdf/nihms447801.pdf>.
65. Pratt LA, Dey AN, Cohen AJ. Characteristics of adults with serious psychological distress as measured by the K6 scale: United States, 2001–04. Advance data from vital and health statistics; no 382. Hyattsville, MD: NCHS; 2007. Available from: <http://www.cdc.gov/nchs/data/ad/ad382.pdf>.
66. Kessler RC, Andrews G, Colpe LJ, Hiripi E, Mroczek DK, Normand SL, et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol Med* 2002;32(6):959–76.
67. HHS. The health consequences of smoking—50 years of progress. A Report of the Surgeon General. Ch 12, Smoking-attributable morbidity, mortality, and economic costs, Table 12.4. Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. Available from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/sgr50-chap-12.pdf>.
68. CDC. Tobacco-related mortality. Factsheet. Atlanta, GA; 2014. Available from: [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/).
69. CDC. Health effects of cigarette smoking. Factsheet. Atlanta, GA; 2014. Available from: [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/index.htm#cigs](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm#cigs).
70. Berkovitch A, Kivity S, Klempfner R, Segev S, Milwidsky A, Goldenberg I, et al. Time-dependent relation between smoking cessation and improved exercise tolerance in apparently healthy middle-age men and women. *Eur J Prev Cardiol* 2014. Published online before print: May 9, 2014 (doi:10.1177/2047487314535116). Available from: <http://cpr.sagepub.com/content/early/2014/05/07/2047487314535116.full.pdf+html>.
71. American Heart Association. Smoke-free living: Benefits and milestones. Dallas, TX; 2015. Available from: [http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/YourNon-SmokingLife/Smoke-free-Living-Benefits-Milestones\\_UCM\\_322711\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/YourNon-SmokingLife/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp).
72. University of Pennsylvania. Former smokers and cancer risk. OncoLink. Philadelphia, PA; 2012. Available from: <http://www.oncolink.org/risk/article.cfm?id=22>.
73. Sattelmair J, Pertman J, Ding EL, Kohl HW 3rd, Haskell W, Lee IM. Dose response between physical activity and risk of coronary heart disease: A meta-analysis. *Circulation* 2011;124(7):789–95.
74. Harvard School of Public Health. Obesity prevention source. Boston, MA; 2015. Available from: <http://www.hsph.harvard.edu/obesity-prevention-source/>.
75. Physical Activity Guidelines Advisory Committee. Report, 2008. Pt G. Sec 1: All-cause mortality. Washington, DC: HHS; 2008. Available from: <http://www.health.gov/paguidelines/report/pdf/CommitteeReport.pdf>.
76. Paluska SA, Schwenk TL. Physical activity and mental health: Current concepts. *Sports Med* 2000;29(3):167–80.
77. HHS. 2008 physical activity guidelines for Americans. Washington, DC: HHS; 2008. Available from: <http://www.health.gov/paguidelines/pdf/paguide.pdf>.
78. Institute of Medicine. America's uninsured crisis: Consequences for health and health care. Report brief. Washington, DC; 2009.
79. Engelberg Center for Health Care Reform. Bending the curve: Person-centered health care reform—A framework for improving care and slowing health care cost growth. Washington, DC: Brookings Institution; 2013. Available from: <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405732>.
80. Cutler D. Analysis and Commentary: How health care reform must bend the cost curve. *Health Aff (Millwood)* 2010;(29)6:1131–5. Available from: <http://content.healthaffairs.org/content/29/6/1131.long>.
81. Institute of Medicine. Retooling for an aging America: Building the health care workforce. Washington, DC: National Academies Press; 2008. Available from: <http://www.nap.edu/catalog/12089.html>.
82. Center for Health Workforce Studies, School of Public Health, University at Albany. The impact of the aging population on the health workforce in the United States: Summary of key findings. Rensselaer, NY; 2006. Available from: [http://www.albany.edu/news/pdf\\_files/impact\\_of\\_aging\\_excerpt.pdf](http://www.albany.edu/news/pdf_files/impact_of_aging_excerpt.pdf).

83. CDC. Vaccine recommendations of the Advisory Committee for Immunization Practices (ACIP). Atlanta, GA; 2014. Available from: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
84. Smith BD, Morgan RL, Beckett GA, Falck-Ytter Y, Holtzman D, Teo C-G, et al. Recommendations for the identification of chronic hepatitis C virus infection among persons born during 1945–1965. *MMWR* 2012;61(RR-04):1–18. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm>.
85. National Cancer Institute. Breast cancer screening. Bethesda, MD: National Institutes of Health; 2015. Available from: <http://www.cancer.gov/cancertopics/pdq/screening/breast/healthprofessional>.
86. American Cancer Society. Chronological history of ACS recommendations for the early detection of cancer in people without cancer symptoms. Atlanta, GA; 2014. Available from: <http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/chronological-history-of-acs-recommendations>.
87. Peters CP. Fundamentals of the prescription drug market. NHPF background paper. Washington, DC: National Health Policy Forum; 2004. Available from: [http://www.nhpf.org/library/background-papers/BP\\_RxIndustry\\_08-24-04.pdf](http://www.nhpf.org/library/background-papers/BP_RxIndustry_08-24-04.pdf).
88. Stone NJ, Robinson JG, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. Published online before print: November 12, 2013 (doi: 10.1161/01.cir.0000437738.63853.7a). Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>.
89. Go AS, Bauman MA, Coleman King SM, Fonarow GC, Lawrence W, Williams KA, et al. An effective approach to high blood pressure control: A science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension*. Published online before print: November 15, 2013 (doi: 10.1161/HYP.0000000000000003). Available from: <http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003.citation>.
90. Sansone RA, Sansone LA. Pain, pain, go away: Antidepressants and pain management. *Psychiatry (Edgmont)* 2008;5(12):16–9. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729622/>.
91. Shultz E, Malone DA Jr. A practical approach to prescribing antidepressants. *Cleve Clin J Med* 2013;80(10):625–31. Available from: <http://www.ccjm.org/content/80/10/625.full>.
92. Cunningham PJ, Folland LE. Falling behind: Americans' access to medical care deteriorates, 2003–2007. *Track Rep* 2008; 19:1–5.
93. Gulliford M, Figueroa-Munoz J, Morgan M, Hughes D, Gibson B, Beech R, Hudson M. What does “access to health care” mean? *J Health Serv Res Policy* 2002;7(3):186–8.
94. Hoffman C, Paradise J. Health insurance and access to health care in the United States. *Ann NY Acad Sci* 2008;1136:149–60.
95. CDC. Youth Risk Behavior Surveillance System (YRBSS). Interpretation of YRBS trend data. Atlanta, GA; 2014. Available from: [http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS\\_trend\\_interpretation.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf).
96. SUDAAN, release 10.0.1 [computer software]. Research Triangle Park, NC: RTI International; 2009.





**Table 1 (page 2 of 3). Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.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 male												
Number, in thousands												
1950	7,300	---	<sup>1</sup> 944	1,442	1,162	1,105	1,003	772	459	299	<sup>2</sup> 113	---
1960	9,114	281	1,082	2,185	1,305	1,120	1,086	891	617	382	137	29
1970	10,748	245	975	2,784	2,041	1,226	1,084	979	739	461	169	46
1980	12,585	269	967	2,614	2,807	1,967	1,235	1,024	854	567	228	53
1990	14,420	322	1,164	2,700	2,669	2,592	1,962	1,175	878	614	277	66
2000	17,407	313	1,271	3,454	2,932	2,586	2,705	1,957	1,090	683	330	87
2010	20,101	341	1,388	3,408	3,591	2,801	2,639	2,708	1,832	886	396	110
2011	20,418	353	1,396	3,411	3,652	2,876	2,612	2,717	1,946	924	415	115
2012	20,686	346	1,391	3,432	3,698	2,944	2,620	2,707	2,021	979	424	123
2013	20,935	346	1,381	3,447	3,720	3,019	2,629	2,693	2,092	1,038	439	129
Black or African American female												
1950	7,745	---	<sup>1</sup> 941	1,446	1,300	1,260	1,112	796	443	322	<sup>2</sup> 125	---
1960	9,758	283	1,085	2,191	1,404	1,300	1,229	974	663	430	160	38
1970	11,832	243	970	2,773	2,196	1,456	1,309	1,134	868	582	230	71
1980	14,046	266	951	2,578	2,937	2,267	1,488	1,258	1,059	776	360	106
1990	16,063	316	1,137	2,641	2,700	2,905	2,279	1,416	1,135	884	495	156
2000	19,187	302	1,228	3,348	2,971	2,866	3,055	2,274	1,353	971	587	233
2010	21,965	330	1,343	3,292	3,568	3,066	2,962	3,056	2,197	1,192	675	282
2011	22,261	335	1,349	3,296	3,598	3,123	2,935	3,067	2,331	1,238	696	293
2012	22,517	331	1,344	3,314	3,622	3,171	2,941	3,056	2,420	1,305	706	307
2013	22,762	331	1,333	3,333	3,630	3,224	2,950	3,043	2,499	1,378	723	318
American Indian or Alaska Native male												
1980	702	17	59	153	161	114	75	53	37	22	9	2
1990	1,024	24	88	206	192	183	140	86	55	32	13	3
2000	1,488	28	109	301	271	229	229	165	88	45	18	5
2010	2,143	39	160	381	392	336	290	264	167	76	29	7
2011	2,186	41	160	383	395	345	293	269	179	82	32	8
2012	2,210	39	158	386	396	350	296	270	186	89	33	9
2013	2,240	40	157	388	396	356	299	272	194	95	35	9
American Indian or Alaska Native female												
1980	718	16	57	149	158	118	79	57	41	27	12	4
1990	1,041	24	85	200	178	186	148	92	61	41	21	6
2000	1,496	26	106	293	254	219	236	174	95	54	28	10
2010	2,121	38	156	370	364	316	282	273	179	87	41	14
2011	2,161	39	155	373	368	321	283	276	192	93	44	15
2012	2,188	38	154	375	371	325	285	277	200	100	45	16
2013	2,217	39	153	378	374	329	288	277	209	107	48	18
Asian or Pacific Islander male												
1980	1,814	35	130	321	334	366	252	159	110	72	30	6
1990	3,652	68	258	598	665	718	588	347	208	133	57	12
2000	5,713	84	339	861	934	1,073	947	705	399	231	112	27
2010	8,134	116	476	1,138	1,266	1,356	1,299	1,075	761	409	186	55
2011	8,366	119	482	1,162	1,269	1,390	1,334	1,102	810	437	201	61
2012	8,658	119	492	1,195	1,301	1,451	1,376	1,128	847	469	214	66
2013	8,917	121	497	1,226	1,316	1,503	1,405	1,158	884	504	230	73

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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#001>.

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

Sex, race, Hispanic origin, and year	Total resident population	Age										
		Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
Number, in thousands												
Asian or Pacific Islander female												
1980	1,915	34	127	307	325	423	269	192	126	71	33	9
1990	3,805	65	247	578	621	749	664	371	264	166	65	17
2000	6,044	81	336	817	914	1,112	1,024	812	451	305	152	41
2010	8,859	110	460	1,124	1,223	1,498	1,450	1,223	920	491	267	93
2011	9,106	114	465	1,146	1,226	1,524	1,491	1,247	979	525	282	105
2012	9,430	113	474	1,175	1,262	1,582	1,543	1,276	1,023	569	298	115
2013	9,713	116	479	1,202	1,279	1,628	1,580	1,309	1,064	615	313	127
Hispanic or Latino male												
1980	7,280	187	661	1,530	1,646	1,256	761	570	364	200	86	19
1990	11,388	279	980	2,128	2,376	2,310	1,471	818	551	312	131	32
2000	18,162	395	1,506	3,469	3,564	3,494	2,653	1,551	804	474	203	50
2010	25,619	515	2,094	4,755	4,648	4,419	3,734	2,736	1,535	735	352	95
2011	26,443	537	2,114	4,868	4,745	4,535	3,846	2,874	1,658	786	374	107
2012	26,930	523	2,105	4,959	4,784	4,579	3,919	2,967	1,747	840	389	116
2013	27,461	518	2,091	5,049	4,826	4,638	3,996	3,070	1,840	898	407	127
Hispanic or Latina female												
1980	7,329	181	634	1,482	1,546	1,249	805	615	411	257	117	30
1990	10,966	268	939	2,039	2,028	2,073	1,448	868	632	403	209	59
2000	17,144	376	1,441	3,318	3,017	3,016	2,476	1,585	907	603	303	101
2010	24,859	497	2,008	4,561	4,206	4,016	3,564	2,728	1,679	914	510	176
2011	25,602	513	2,029	4,670	4,314	4,070	3,662	2,842	1,800	969	536	197
2012	26,098	502	2,025	4,760	4,382	4,092	3,730	2,922	1,888	1,029	557	213
2013	26,610	496	2,013	4,844	4,449	4,124	3,794	3,011	1,979	1,089	580	230
White, not Hispanic or Latino male												
1980	88,035	1,308	4,772	13,317	16,554	14,739	10,284	9,229	8,803	5,906	2,519	603
1990	91,743	1,351	5,181	12,525	13,219	15,967	14,481	9,875	8,303	6,837	3,275	729
2000	96,551	1,163	4,761	13,238	12,628	12,958	16,088	14,223	9,312	6,894	4,225	1,062
2010	98,386	1,067	4,438	11,817	12,930	12,171	12,813	15,606	13,434	8,045	4,536	1,528
2011	98,580	1,062	4,362	11,693	12,888	12,365	12,492	15,316	13,908	8,307	4,577	1,610
2012	98,773	1,054	4,312	11,616	12,857	12,491	12,327	15,001	13,954	8,891	4,613	1,656
2013	98,937	1,058	4,270	11,529	12,794	12,612	12,193	14,654	14,108	9,332	4,677	1,711
White, not Hispanic or Latina female												
1980	92,872	1,240	4,522	12,647	16,185	14,711	10,468	9,700	9,935	7,707	4,345	1,411
1990	96,557	1,280	4,909	11,846	12,749	15,872	14,520	10,153	9,116	8,674	5,491	1,945
2000	100,774	1,102	4,517	12,529	12,183	12,778	16,089	14,446	9,879	8,188	6,429	2,633
2010	101,741	1,016	4,225	11,219	12,426	11,972	12,718	15,839	14,049	9,000	6,125	3,150
2011	101,843	1,016	4,158	11,108	12,346	12,154	12,389	15,535	14,557	9,253	6,081	3,247
2012	101,926	1,005	4,108	11,035	12,286	12,254	12,210	15,208	14,618	9,859	6,057	3,286
2013	101,982	1,007	4,063	10,958	12,194	12,358	12,073	14,844	14,785	10,314	6,064	3,321

--- Data not available.

<sup>1</sup>Population for age group under 5 years.

<sup>2</sup>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 2011–2013 are 2010-based postcensal estimates. Population figures are census counts as of April 1 for 1950, 1960, 1970, 1980, and 1990. For 2000 and 2010, population estimates are bridged-race April 1 census counts. Estimates for other years are as of July 1. See Appendix I, Population Census and Population Estimates. Populations for age groups may not sum to the total due to rounding. Unrounded population figures are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Census Bureau: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington, DC: U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P-25, no 1095. Washington, DC: U.S. Government Printing Office, Feb. 1993; NCHS. Estimates of the July 1, 1991–July 1, 1999; April 1, 2000; July 1, 2001–July 1, 2009; April 1, 2010; July 1, 2011–July 1, 2013 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](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 1973–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#002>.

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

<i>Selected characteristic, race, and Hispanic origin</i> <sup>1</sup>	1973	1980	1990	2000 <sup>2</sup>	2005	2010 <sup>4</sup>	2011	2012	2013 <sup>5</sup>
All persons									
Percent below poverty									
All races . . . . .	11.1	13.0	13.5	11.3	12.6	15.1	15.0	15.0	14.5
White only . . . . .	8.4	10.2	10.7	9.5	10.6	13.0	12.8	12.7	12.3
Black or African American only . . . . .	31.4	32.5	31.9	22.5	24.9	27.4	27.6	27.2	27.2
Asian only . . . . .	---	---	12.2	9.9	11.1	12.2	12.3	11.7	10.5
Hispanic or Latino . . . . .	21.9	25.7	28.1	21.5	21.8	26.5	25.3	25.6	23.5
Mexican . . . . .	---	---	28.1	22.9	---	---	---	---	---
Puerto Rican . . . . .	---	---	40.6	25.6	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	7.5	9.1	8.8	7.4	8.3	9.9	9.8	9.7	9.6
Related children under age 18 in families									
All races . . . . .	14.2	17.9	19.9	15.6	17.1	21.5	21.4	21.3	19.5
White only . . . . .	9.7	13.4	15.1	12.4	13.9	17.9	18.1	17.9	15.9
Black or African American only . . . . .	40.6	42.1	44.2	30.9	34.2	39.0	38.6	37.5	38.0
Asian only . . . . .	---	---	17.0	12.5	11.0	14.0	13.0	13.3	9.8
Hispanic or Latino . . . . .	27.8	33.0	37.7	27.6	27.7	34.3	33.7	33.3	30.0
Mexican . . . . .	---	---	35.5	29.5	---	---	---	---	---
Puerto Rican . . . . .	---	---	56.7	32.1	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	---	11.3	11.6	8.5	9.5	11.7	11.9	11.8	10.1
Related children under age 18 in families with female householder and no husband present									
All races . . . . .	---	50.8	53.4	40.1	42.8	46.6	47.6	47.2	45.8
White only . . . . .	---	41.6	45.9	33.9	38.8	43.3	44.3	44.2	41.6
Black or African American only . . . . .	---	64.8	64.7	49.3	50.2	53.2	54.2	53.3	54.0
Asian only . . . . .	---	---	32.2	38.0	25.6	36.9	34.5	33.0	22.7
Hispanic or Latino . . . . .	---	65.0	68.4	49.8	50.2	56.3	56.8	54.7	52.3
Mexican . . . . .	---	---	62.4	51.4	---	---	---	---	---
Puerto Rican . . . . .	---	---	82.7	55.3	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	---	---	39.6	28.0	33.1	34.7	35.5	36.5	33.6
All persons									
Number below poverty, in thousands									
All races . . . . .	22,973	29,272	33,585	31,581	36,950	46,343	46,247	46,496	45,318
White only . . . . .	15,142	19,699	22,326	21,645	24,872	31,083	30,849	30,816	29,936
Black or African American only . . . . .	7,388	8,579	9,837	7,982	9,168	10,746	10,929	10,911	11,041
Asian only . . . . .	---	---	858	1,258	1,402	1,899	1,973	1,921	1,785
Hispanic or Latino . . . . .	2,366	3,491	6,006	7,747	9,368	13,522	13,244	13,616	12,744
Mexican . . . . .	---	---	3,764	5,460	---	---	---	---	---
Puerto Rican . . . . .	---	---	966	814	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	12,864	16,365	16,622	14,366	16,227	19,251	19,171	18,940	18,796
Related children under age 18 in families									
All races . . . . .	9,453	11,114	12,715	11,005	12,335	15,598	15,539	15,437	14,142
White only . . . . .	5,462	6,817	7,696	6,834	7,652	9,590	9,643	9,547	8,428
Black or African American only . . . . .	3,822	3,906	4,412	3,495	3,743	4,271	4,247	4,097	4,153
Asian only . . . . .	---	---	356	407	312	477	466	470	354
Hispanic or Latino . . . . .	1,364	1,718	2,750	3,342	3,977	5,815	5,820	5,773	5,273
Mexican . . . . .	---	---	1,733	2,537	---	---	---	---	---
Puerto Rican . . . . .	---	---	490	329	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	---	5,174	5,106	3,715	3,973	4,544	4,554	4,510	3,833

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 1973–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#002>.

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

Selected characteristic, race, and Hispanic origin <sup>1</sup>	1973	1980	1990	2000 <sup>2</sup>	2005	2010 <sup>4</sup>	2011	2012	2013 <sup>5</sup>
Related children under age 18 in families with female householder and no husband present				Number below poverty, in thousands					
All races . . . . .	---	5,866	7,363	6,300	7,210	8,603	9,026	8,664	8,305
White only . . . . .	---	2,813	3,597	3,090	3,747	4,495	4,792	4,598	4,316
Black or African American only . . . . .	---	2,944	3,543	2,908	2,993	3,252	3,331	3,165	3,180
Asian only . . . . .	---	---	80	162	68	141	147	128	89
Hispanic or Latino . . . . .	---	809	1,314	1,407	1,774	2,707	2,955	2,809	2,763
Mexican . . . . .	---	---	615	938	---	---	---	---	---
Puerto Rican . . . . .	---	---	382	242	---	---	---	---	---
White only, not Hispanic or Latino . . . . .	---	---	2,411	1,832	2,158	2,209	2,321	2,245	2,001

--- Data not available.

<sup>1</sup>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.

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

<sup>3</sup>Data for 2004 (shown in spreadsheet version) reflect a correction to the weights in the 2005 Annual Social and Economic Supplements of the Current Population Survey. See Appendix I, Current Population Survey (CPS).

<sup>4</sup>Data for 2010 reflect Census 2010-based population controls.

<sup>5</sup>For 2013 data, the CPS ASEC used a split panel to test a new set of income questions. Data for 2013 presented here are consistent with 2012 and do not include the redesigned income questions.

NOTES: Estimates of poverty for 1991–1998 are based on 1990 postcensal population estimates. Estimates for 1999–2009 were based on Census 2000 population controls. Estimates for 2010 and beyond were based on Census 2010 population controls. Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. See Appendix II, Poverty. Poverty estimates based on a supplemental poverty measure are available from the U.S. Census Bureau. The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native persons, or for Native Hawaiian and Other Pacific Islander persons. In 2011–2013, an estimated 30.1% of American Indian or Alaska Native only persons (1,005,000 persons) were living below the poverty level. In 2011–2013, an estimated 15.9% of Native Hawaiian and Other Pacific Islander persons (176,000 persons) were living below the poverty level. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements; DeNavas-Walt C, Proctor BD. Income and poverty in the United States: 2013. Current Population Reports, P60–249. Washington, DC: U.S. Government Printing Office. 2014. Available from: <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate <sup>1</sup>	Fertility rate <sup>2</sup>	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 <sup>3</sup>
				Total	15–17 years	18–19 years						
All races												
Live births per 1,000 women												
1950	24.1	106.2	1.0	81.6	40.7	132.7	196.6	166.1	103.7	52.9	15.1	1.2
1960	23.7	118.0	0.8	89.1	43.9	166.7	258.1	197.4	112.7	56.2	15.5	0.9
1970	18.4	87.9	1.2	68.3	38.8	114.7	167.8	145.1	73.3	31.7	8.1	0.5
1980	15.9	68.4	1.1	53.0	32.5	82.1	115.1	112.9	61.9	19.8	3.9	0.2
1985	15.8	66.3	1.2	51.0	31.0	79.6	108.3	111.0	69.1	24.0	4.0	0.2
1990	16.7	70.9	1.4	59.9	37.5	88.6	116.5	120.2	80.8	31.7	5.5	0.2
1995	14.6	64.6	1.3	56.0	35.5	87.7	107.5	108.8	81.1	34.0	6.6	0.3
2000	14.4	65.9	0.9	47.7	26.9	78.1	109.7	113.5	91.2	39.7	8.0	0.5
2005	14.0	66.7	0.6	39.7	21.1	68.4	101.8	116.5	96.7	46.4	9.1	0.6
2010	13.0	64.1	0.4	34.2	17.3	58.2	90.0	108.3	96.5	45.9	10.2	0.7
2011	12.7	63.2	0.4	31.3	15.4	54.1	85.3	107.2	96.5	47.2	10.3	0.7
2012	12.6	63.0	0.4	29.4	14.1	51.4	83.1	106.5	97.3	48.3	10.4	0.7
2013	12.4	62.5	0.3	26.5	12.3	47.1	80.7	105.5	98.0	49.3	10.4	0.8
Race of child: <sup>4</sup> 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: <sup>5</sup> 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
2010	12.5	64.4	0.3	31.9	15.8	54.8	87.9	111.9	100.5	46.4	10.0	0.6
2011	12.2	63.4	0.3	29.1	14.1	50.8	83.0	110.2	100.1	47.6	10.1	0.6
2012	12.1	63.0	0.3	27.4	13.0	48.3	80.8	109.2	100.2	48.5	10.0	0.7
2013	12.0	62.7	0.2	24.9	11.3	44.7	78.5	108.3	101.3	49.6	10.1	0.7
Race of child: <sup>4</sup> 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: <sup>5</sup> 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
2010	15.1	66.3	1.0	51.1	27.3	84.8	118.1	101.8	73.0	36.4	9.3	0.7
2011	14.8	65.5	0.9	47.3	24.7	78.8	111.9	101.7	74.1	38.0	9.4	0.7
2012	14.7	65.1	0.8	44.0	22.0	74.4	108.7	101.7	75.1	39.2	9.7	0.7
2013	14.5	64.7	0.7	39.1	19.0	67.3	105.5	102.6	77.3	40.5	10.0	0.8
American Indian or Alaska Native mother <sup>5</sup>												
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
2010	11.0	48.6	0.5	38.7	20.1	66.1	91.0	74.4	48.4	22.3	5.2	0.3
2011	10.7	47.7	0.5	36.1	18.2	61.6	86.6	75.4	47.3	23.1	5.5	0.2
2012	10.5	47.0	0.5	34.9	17.0	60.5	81.7	73.9	49.7	23.3	5.5	0.5
2013	10.3	46.4	0.4	31.1	15.9	53.3	78.9	75.6	50.4	24.7	5.5	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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#003>.

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate <sup>1</sup>	Fertility rate <sup>2</sup>	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 <sup>3</sup>
				Total	15–17 years	18–19 years						
Live births per 1,000 women												
Asian or Pacific Islander mother <sup>5</sup>												
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
2010	14.5	59.2	0.1	10.9	5.1	18.7	42.6	91.5	113.6	62.8	15.1	1.2
2011	14.5	59.9	0.1	10.2	4.6	18.1	41.9	93.7	114.9	64.1	15.2	1.2
2012	15.1	62.2	0.1	9.7	4.1	17.7	41.4	95.8	121.3	68.1	16.1	1.4
2013	14.3	59.2	0.1	8.7	3.7	16.1	39.1	89.5	114.6	66.6	16.1	1.5
Hispanic or Latina mother <sup>5,6</sup>												
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
2010	18.7	80.2	0.8	55.7	32.3	90.7	126.1	125.3	96.6	51.7	13.0	0.8
2011	17.6	76.2	0.7	49.6	28.0	81.5	116.0	121.3	95.2	51.3	13.1	0.8
2012	17.1	74.4	0.6	46.3	25.5	77.2	111.5	119.6	94.3	51.6	13.2	0.8
2013	16.7	72.9	0.5	41.7	22.0	70.8	107.2	119.1	94.8	52.4	13.3	0.8
White, not Hispanic or Latina mother <sup>5,6</sup>												
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
2010	10.9	58.7	0.2	23.5	10.0	42.5	74.9	105.8	99.9	44.1	9.2	0.6
2011	10.8	58.7	0.2	21.7	9.0	39.9	71.8	105.2	100.1	45.8	9.3	0.6
2012	10.7	58.6	0.2	20.5	8.4	37.9	70.2	104.4	100.5	46.8	9.1	0.6
2013	10.7	58.7	0.1	18.6	7.4	35.0	68.3	103.5	101.9	48.0	9.1	0.7
Black or African American, not Hispanic or Latina mother <sup>5,6</sup>												
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
2010	15.1	66.6	1.0	51.5	27.4	85.6	119.4	102.5	73.6	36.4	9.2	0.7
2011	14.7	65.4	0.9	47.3	24.6	78.8	112.3	101.7	73.9	37.8	9.3	0.7
2012	14.6	65.0	0.8	43.9	21.9	74.1	109.0	101.7	75.1	38.9	9.6	0.7
2013	14.4	64.6	0.7	39.0	18.9	67.0	105.6	102.7	77.3	40.3	9.9	0.8

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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.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.

<sup>1</sup>Live births per 1,000 population.

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

<sup>3</sup>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 dividing the number of births to women aged 45 and over by the population of women aged 45–49. See Appendix II, Age.

<sup>4</sup>Live births are tabulated by race of child. See Appendix II, Race.

<sup>5</sup>Live births are tabulated by race and/or Hispanic origin of mother. See Appendix II, Race.

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

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

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_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](http://www.cdc.gov/nchs/data/mvsr/supp/mv32_06sacc.pdf) and [http://www.cdc.gov/nchs/data/mvsr/supp/mv36\\_11s.pdf](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 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#004>.

[Data are based on birth certificates]

Maternal age, race, and Hispanic origin	1970	1980	1985	1990	1995	2000	2005	2010	2012	2013
Under 18 years										
	Percent of live births									
All races	6.3	5.8	4.7	4.7	5.3	4.1	3.4	2.8	2.3	2.0
White	4.8	4.5	3.7	3.6	4.3	3.5	2.9	2.5	2.1	1.8
Black or African American	14.8	12.5	10.6	10.1	10.8	7.8	6.2	4.9	3.8	3.2
American Indian or Alaska Native	7.5	9.4	7.6	7.2	8.7	7.3	6.5	5.1	4.2	3.9
Asian or Pacific Islander <sup>1</sup>	---	1.5	1.6	2.1	2.2	1.5	1.0	0.7	0.5	0.5
Hispanic or Latina <sup>2</sup>	---	7.4	6.4	6.6	7.6	6.3	5.3	4.7	3.9	3.4
Mexican	---	7.7	6.9	6.9	8.0	6.6	5.7	5.0	4.2	3.7
Puerto Rican	---	10.0	8.5	9.1	10.8	7.8	6.5	5.0	4.2	3.5
Cuban	---	3.8	2.2	2.7	2.8	3.1	2.4	1.5	1.3	1.1
Central and South American	---	2.4	2.4	3.2	4.1	3.3	2.9	2.4	2.0	1.8
Other and unknown Hispanic or Latina	---	6.5	7.0	8.0	9.0	7.6	6.6	5.7	4.6	4.1
Not Hispanic or Latina: <sup>2</sup>	---	---	---	---	---	---	---	---	---	---
White	---	4.0	3.2	3.0	3.4	2.6	2.0	1.7	1.4	1.2
Black or African American	---	12.7	10.7	10.2	10.8	7.8	6.3	4.9	3.7	3.2
18–19 years										
All races	11.3	9.8	8.0	8.1	7.9	7.7	6.8	6.5	5.5	5.0
White	10.4	9.0	7.1	7.3	7.2	7.1	6.3	6.0	5.2	4.8
Black or African American	16.6	14.5	12.9	13.0	12.4	11.9	10.6	10.3	8.7	7.6
American Indian or Alaska Native	12.8	14.6	12.4	12.3	12.7	12.4	11.3	11.0	10.0	8.7
Asian or Pacific Islander <sup>1</sup>	---	3.9	3.4	3.7	3.5	3.0	2.3	1.9	1.5	1.4
Hispanic or Latina <sup>2</sup>	---	11.6	10.1	10.2	10.3	9.9	8.8	8.4	7.6	7.1
Mexican	---	12.0	10.6	10.7	10.8	10.4	9.2	8.7	8.0	7.4
Puerto Rican	---	13.3	12.4	12.6	12.7	12.2	10.9	10.3	9.1	8.3
Cuban	---	9.2	4.9	5.0	4.9	4.4	5.3	4.7	4.0	3.5
Central and South American	---	6.0	5.8	5.9	6.5	6.5	5.7	4.8	4.1	4.0
Other and unknown Hispanic or Latina	---	10.8	10.5	11.1	11.1	11.3	10.5	10.5	9.1	8.3
Not Hispanic or Latina: <sup>2</sup>	---	---	---	---	---	---	---	---	---	---
White	---	8.5	6.5	6.6	6.4	6.1	5.3	5.0	4.3	3.9
Black or African American	---	14.7	12.9	13.0	12.4	12.0	10.7	10.3	8.7	7.6
Under 18 years										
	Number of live births									
All races	235,342	208,391	178,009	194,984	204,750	165,728	139,913	113,670	90,095	77,918
White	149,258	133,541	112,155	119,908	133,019	111,225	95,148	78,185	62,900	54,480
Black or African American	83,390	70,842	61,481	69,219	65,039	48,426	39,541	31,371	23,780	20,294
American Indian or Alaska Native	1,664	2,769	2,573	2,825	3,228	3,057	2,891	2,382	1,945	1,804
Asian or Pacific Islander <sup>1</sup>	---	1,090	1,721	2,924	3,464	3,020	2,333	1,732	1,470	1,340
Hispanic or Latina <sup>2</sup>	---	22,763	23,975	39,529	51,862	51,061	52,512	44,106	35,156	30,583
Mexican	---	16,690	16,735	26,739	37,347	38,649	39,471	30,161	23,271	19,901
Puerto Rican	---	3,353	2,985	5,360	5,915	4,519	4,140	3,310	2,806	2,415
Cuban	---	273	220	303	354	423	392	259	224	201
Central and South American	---	519	976	2,648	3,923	3,762	4,408	3,426	2,613	2,408
Other and unknown Hispanic or Latina	---	1,928	3,059	4,479	4,323	3,708	4,101	6,950	6,242	5,658
Not Hispanic or Latina: <sup>2</sup>	---	---	---	---	---	---	---	---	---	---
White	---	50,569	44,604	78,376	81,054	60,599	45,195	36,437	29,869	25,862
Black or African American	---	38,105	35,941	67,454	63,734	47,256	36,875	29,092	21,809	18,586
18–19 years										
All races	421,118	353,939	299,696	338,499	307,365	311,781	281,402	258,505	218,965	198,285
White	322,626	264,223	216,597	239,548	222,470	226,227	203,762	183,565	155,191	142,145
Black or African American	93,342	82,309	75,201	88,732	74,582	74,336	67,201	65,235	55,033	48,355
American Indian or Alaska Native	2,856	4,277	4,221	4,798	4,739	5,158	5,052	5,126	4,620	3,984
Asian or Pacific Islander <sup>1</sup>	---	2,873	3,553	5,218	5,574	6,060	5,387	4,579	4,121	3,801
Hispanic or Latina <sup>2</sup>	---	35,484	37,537	60,502	69,774	81,046	86,860	79,503	68,962	63,591
Mexican	---	25,881	25,739	41,432	50,753	60,426	64,089	52,346	44,345	40,565
Puerto Rican	---	4,482	4,363	7,420	6,978	7,092	6,874	6,860	6,114	5,665
Cuban	---	658	487	564	611	589	847	788	690	667
Central and South American	---	1,271	2,370	4,861	6,139	7,405	8,597	6,798	5,430	5,253
Other and unknown Hispanic or Latina	---	3,192	4,578	6,225	5,293	5,534	6,453	12,711	12,383	11,441
Not Hispanic or Latina: <sup>2</sup>	---	---	---	---	---	---	---	---	---	---
White	---	106,303	91,871	174,180	151,681	145,297	121,141	108,633	90,754	82,741
Black or African American	---	44,042	43,542	86,271	72,995	72,499	62,635	60,810	50,740	44,523

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 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#004>.

[Data are based on birth certificates]

---

-- Data not available.

<sup>1</sup>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.

<sup>2</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_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 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#005>.

[Data are based on birth certificates]

Maternal race, Hispanic origin, and age	1970	1980	1985	1990	1995	2000	2005	2010	2012	2013
Live births per 1,000 unmarried women aged 15–44 <sup>1</sup>										
All races and origins . . . . .	26.4	29.4	32.8	43.8	44.3	44.1	47.2	47.5	45.3	44.3
White <sup>2</sup> . . . . .	13.9	18.1	22.5	32.9	37.0	38.2	43.2	44.5	42.1	40.8
Black or African American <sup>2</sup> . . . . .	95.5	81.1	77.0	90.5	74.5	70.5	67.2	65.3	62.6	61.7
Asian or Pacific Islander . . . . .	---	---	---	---	---	20.9	22.8	22.3	22.9	21.8
Hispanic or Latina <sup>3</sup> . . . . .	---	---	---	89.6	88.8	87.2	96.2	80.6	72.6	69.9
White, not Hispanic or Latina <sup>3</sup> . . . . .	---	---	---	24.4	28.1	28.0	30.4	32.9	32.1	31.7
Percent of live births to unmarried mothers										
All races and origins . . . . .	10.7	18.4	22.0	28.0	32.2	33.2	36.9	40.8	40.7	40.6
White. . . . .	5.5	11.2	14.7	20.4	25.3	27.1	31.7	35.9	35.9	35.8
Black or African American . . . . .	37.5	56.1	61.2	66.5	69.9	68.5	69.3	72.1	71.6	71.0
American Indian or Alaska Native . . . . .	22.4	39.2	46.8	53.6	57.2	58.4	63.5	65.6	66.9	66.4
Asian or Pacific Islander <sup>4</sup> . . . . .	---	7.3	9.5	13.2	16.3	14.8	16.2	17.0	17.0	17.0
Hispanic or Latina <sup>3</sup> . . . . .	---	23.6	29.5	36.7	40.8	42.7	48.0	53.4	53.5	53.2
Mexican . . . . .	---	20.3	25.7	33.3	38.1	40.7	46.7	52.0	52.1	51.9
Puerto Rican . . . . .	---	46.3	51.1	55.9	60.0	59.6	61.7	65.2	65.1	64.6
Cuban . . . . .	---	10.0	16.1	18.2	23.8	27.3	36.4	47.0	48.8	50.1
Central and South American . . . . .	---	27.1	34.9	41.2	44.1	44.7	49.2	51.8	50.8	50.1
Other and unknown Hispanic or Latina . . . . .	---	22.4	31.1	37.2	44.0	46.2	48.6	56.3	56.4	56.1
Not Hispanic or Latina: <sup>3</sup>										
White . . . . .	---	9.5	12.4	16.9	21.2	22.1	25.3	29.0	29.3	29.3
Black or African American . . . . .	---	57.2	62.0	66.7	70.0	68.7	69.9	72.5	72.1	71.5
Number of live births, in thousands										
Live births to unmarried mother . . . . .	399	666	828	1,165	1,254	1,347	1,527	1,633	1,610	1,596
Percent distribution of live births to unmarried mothers										
Under 20 years. . . . .	50.1	40.8	33.8	30.9	30.9	28.0	23.1	20.1	17.1	15.4
20–24 years . . . . .	31.8	35.6	36.3	34.7	34.5	37.4	38.3	36.8	36.9	36.8
25 years and over. . . . .	18.1	23.5	29.9	34.4	34.7	34.6	38.7	43.1	46.1	47.9

--- Data not available.

<sup>1</sup>Rates computed by dividing births to unmarried mothers, regardless of age of mother, by the population of 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.

<sup>2</sup>For 1970 and 1975, birth rates are by race of child.

<sup>3</sup>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.

<sup>4</sup>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. Data for states in which marital status was not reported have been inferred and included with data from the remaining states. See Appendix II, Marital status. Interpretation of trend data for Hispanic births should take into consideration expansion of reporting areas. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2003 data, some states reported multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Starting with *Health, United States, 2003*, rates for 1991–1999 were revised using intercensal population estimates based on the 1990 and 2000 censuses. Rates for 2000 were based on bridged-race April 1, 2000 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. Rates for 2010 were based on 2010 census counts. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_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](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 and Hispanic origin of mother: United States, selected years 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#006>.

[Data are based on birth certificates]

<i>Birthweight, maternal race, and Hispanic origin</i>	1970	1980	1985	1990	1995	2000	2005	2010	2012	2013
Low birthweight (less than 2,500 grams)					Percent of live births <sup>1</sup>					
All races . . . . .	7.93	6.84	6.75	6.97	7.32	7.57	8.19	8.15	7.99	8.02
White . . . . .	6.85	5.72	5.65	5.70	6.22	6.55	7.16	7.08	6.96	7.00
Black or African American . . . . .	13.90	12.69	12.65	13.25	13.13	12.99	13.59	13.21	12.84	12.76
American Indian or Alaska Native . . . . .	7.97	6.44	5.86	6.11	6.61	6.76	7.36	7.61	7.61	7.48
Asian or Pacific Islander <sup>2</sup> . . . . .	---	6.68	6.16	6.45	6.90	7.31	7.98	8.49	8.21	8.34
Hispanic or Latina <sup>3</sup> . . . . .	---	6.12	6.16	6.06	6.29	6.41	6.88	6.97	6.97	7.09
Mexican . . . . .	---	5.62	5.77	5.55	5.81	6.01	6.49	6.49	6.48	6.62
Puerto Rican . . . . .	---	8.95	8.69	8.99	9.41	9.30	9.92	9.55	9.40	9.38
Cuban . . . . .	---	5.62	6.02	5.67	6.50	6.49	7.64	7.30	7.43	7.35
Central and South American . . . . .	---	5.76	5.68	5.84	6.20	6.34	6.78	6.55	6.64	6.85
Other and unknown Hispanic or Latina . . . . .	---	6.96	6.83	6.87	7.55	7.84	8.27	8.38	8.00	7.99
Not Hispanic or Latina: <sup>3</sup>										
White . . . . .	---	5.69	5.61	5.61	6.20	6.60	7.29	7.14	6.97	6.98
Black or African American . . . . .	---	12.71	12.62	13.32	13.21	13.13	14.02	13.53	13.18	13.08
Very low birthweight (less than 1,500 grams)										
All races . . . . .	1.17	1.15	1.21	1.27	1.35	1.43	1.49	1.45	1.42	1.41
White . . . . .	0.95	0.90	0.94	0.95	1.06	1.14	1.20	1.17	1.15	1.14
Black or African American . . . . .	2.40	2.48	2.71	2.92	2.97	3.07	3.15	2.90	2.85	2.82
American Indian or Alaska Native . . . . .	0.98	0.92	1.01	1.01	1.10	1.16	1.17	1.28	1.33	1.32
Asian or Pacific Islander <sup>2</sup> . . . . .	---	0.92	0.85	0.87	0.91	1.05	1.14	1.17	1.13	1.18
Hispanic or Latina <sup>3</sup> . . . . .	---	0.98	1.01	1.03	1.11	1.14	1.20	1.20	1.22	1.21
Mexican . . . . .	---	0.92	0.97	0.92	1.01	1.03	1.12	1.09	1.13	1.13
Puerto Rican . . . . .	---	1.29	1.30	1.62	1.79	1.93	1.87	1.82	1.77	1.65
Cuban . . . . .	---	1.02	1.18	1.20	1.19	1.21	1.50	1.42	1.55	1.27
Central and South American . . . . .	---	0.99	1.01	1.05	1.13	1.20	1.19	1.09	1.13	1.15
Other and unknown Hispanic or Latina . . . . .	---	1.01	0.96	1.09	1.28	1.42	1.36	1.46	1.38	1.37
Not Hispanic or Latina: <sup>3</sup>										
White . . . . .	---	0.87	0.91	0.93	1.04	1.14	1.21	1.16	1.13	1.11
Black or African American . . . . .	---	2.47	2.67	2.93	2.98	3.10	3.27	2.98	2.94	2.90

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Birth File. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf). See Appendix I, National Vital Statistics System (NVSS).



**Table 7 (page 1 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2011–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#007>.

[Data are based on birth certificates]

State and territory	Not Hispanic or Latina								
	All races			White			Black or African American		
	2000–2002	2003–2005	2011–2013	2000–2002	2003–2005	2011–2013	2000–2002	2003–2005	2011–2013
	Percent of live births weighing less than 2,500 grams <sup>1</sup>								
United States <sup>2</sup>	7.69	8.07	8.04	6.75	7.18	7.01	13.19	13.77	13.20
Alabama	9.75	10.35	9.98	7.77	8.46	7.95	14.10	15.02	14.85
Alaska	5.71	6.02	5.81	4.84	5.34	5.14	10.70	11.74	9.01
Arizona	6.91	7.05	6.95	6.78	7.01	6.56	13.16	12.38	12.00
Arkansas	8.64	9.04	8.84	7.48	7.83	7.62	13.81	14.86	14.45
California	6.29	6.71	6.76	5.86	6.30	5.97	11.66	12.46	11.50
Colorado	8.60	9.04	8.77	8.24	8.81	8.32	14.59	15.20	13.62
Connecticut	7.52	7.74	7.80	6.48	6.60	6.56	12.28	12.88	12.09
Delaware	9.29	9.31	8.32	7.80	7.62	6.77	14.08	14.32	12.41
District of Columbia	11.85	11.06	9.83	6.35	6.28	6.06	14.60	13.96	12.60
Florida	8.18	8.59	8.59	6.98	7.38	7.21	12.58	13.28	12.91
Georgia	8.79	9.27	9.36	6.92	7.44	7.29	12.98	13.81	13.33
Hawaii	7.98	8.23	8.19	6.17	6.42	5.99	11.01	11.44	11.22
Idaho	6.41	6.65	6.47	6.29	6.60	6.35	*	*7.03	*6.71
Illinois	8.04	8.40	8.19	6.74	7.22	6.89	14.04	14.70	13.57
Indiana	7.54	8.10	7.97	6.95	7.54	7.35	12.89	13.46	12.86
Iowa	6.39	6.92	6.58	6.19	6.72	6.36	11.77	12.22	11.22
Kansas	6.96	7.28	7.12	6.66	6.97	6.63	12.37	13.42	12.78
Kentucky	8.38	8.86	8.82	7.84	8.50	8.42	13.84	13.52	13.55
Louisiana	10.40	11.02	10.88	7.56	8.12	8.19	14.44	15.33	15.33
Maine	6.12	6.58	6.82	6.13	6.57	6.73	*9.47	8.47	8.91
Maryland	8.88	9.17	8.71	6.79	7.19	6.69	13.00	13.13	12.34
Massachusetts	7.26	7.77	7.63	6.56	7.15	6.95	11.54	11.82	10.42
Michigan	7.94	8.28	8.34	6.55	7.00	6.96	14.24	14.43	13.67
Minnesota	6.23	6.43	6.47	5.80	5.93	5.84	10.54	10.71	10.03
Mississippi	10.82	11.62	11.67	7.97	8.67	8.51	14.48	15.60	16.06
Missouri	7.74	8.12	7.89	6.79	7.18	6.85	13.27	13.90	13.67
Montana	6.65	7.02	7.31	6.60	6.81	7.03	*	*15.58	*10.50
Nebraska	6.88	6.97	6.58	6.52	6.76	6.07	13.07	12.16	12.25
Nevada	7.44	8.11	8.08	7.19	7.78	7.46	13.40	13.98	12.97
New Hampshire	6.40	6.65	7.06	6.24	6.59	7.00	10.58	10.85	10.62
New Jersey	7.89	8.19	8.32	6.59	7.11	7.26	13.20	13.48	12.44
New Mexico	7.99	8.38	8.82	7.89	8.33	8.44	13.88	15.01	13.31
New York	7.76	8.11	8.00	6.48	6.82	6.71	12.02	12.78	12.35
North Carolina	8.90	9.07	8.87	7.49	7.73	7.37	13.83	14.33	13.59
North Dakota	6.28	6.49	6.42	6.13	6.37	6.23	*9.02	*9.43	9.00
Ohio	8.07	8.51	8.57	7.08	7.53	7.47	13.45	13.83	13.59
Oklahoma	7.75	7.92	8.17	7.35	7.63	7.79	13.57	13.62	14.06
Oregon	5.65	6.09	6.19	5.44	6.02	5.91	10.32	11.16	9.43
Pennsylvania	7.93	8.20	8.09	6.78	7.06	6.95	13.79	13.67	12.92
Rhode Island	7.47	8.12	7.46	6.75	7.39	6.68	12.32	11.22	11.53
South Carolina	9.74	10.15	9.70	7.40	7.82	7.59	14.29	15.19	14.49
South Dakota	6.58	6.71	6.24	6.37	6.62	5.80	*11.51	*7.27	9.47
Tennessee	9.20	9.35	9.11	7.95	8.26	7.98	14.23	14.51	13.98
Texas	7.54	8.07	8.35	6.81	7.43	7.44	12.82	13.91	13.48
Utah	6.48	6.68	6.92	6.28	6.45	6.63	13.09	12.05	11.38
Vermont	6.15	6.57	6.51	6.12	6.55	6.43	*	*	*8.25
Virginia	7.90	8.23	8.04	6.54	7.01	6.68	12.56	12.83	12.56
Washington	5.75	6.13	6.23	5.43	5.63	5.66	10.34	10.63	9.65
West Virginia	8.60	9.16	9.40	8.39	9.03	9.28	13.81	13.15	13.46
Wisconsin	6.58	6.93	7.12	5.83	6.18	6.31	13.25	13.59	13.46
Wyoming	8.35	8.71	8.43	8.12	8.74	8.31	*13.29	*	*12.05
American Samoa <sup>3</sup>	3.51	3.75	4.32	---	---	*	---	---	---
Guam <sup>3</sup>	7.88	8.81	8.77	*4.13	*4.01	3.24	*	*	*
Northern Marianas <sup>3</sup>	8.05	7.55	7.12	---	---	*	---	---	---
Puerto Rico <sup>3</sup>	11.14	11.92	11.58	---	---	11.44	---	---	12.66
Virgin Islands <sup>3</sup>	10.21	11.14	9.43	*8.37	*5.90	10.08	9.89	12.51	9.99

See footnotes at end of table.

**Table 7 (page 2 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2011–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#007>.

[Data are based on birth certificates]

State and territory	Hispanic or Latina <sup>4</sup>			American Indian or Alaska Native <sup>5</sup>			Asian or Pacific Islander <sup>5</sup>		
	2000–2002	2003–2005	2011–2013	2000–2002	2003–2005	2011–2013	2000–2002	2003–2005	2011–2013
	Percent of live births weighing less than 2,500 grams <sup>1</sup>								
United States <sup>2</sup> . . . . .	6.48	6.79	7.03	7.11	7.39	7.55	7.54	7.89	8.30
Alabama . . . . .	6.95	6.92	6.41	9.68	10.53	11.17	7.38	8.02	8.62
Alaska . . . . .	6.07	5.31	6.41	5.81	5.86	6.12	7.33	6.57	7.30
Arizona . . . . .	6.56	6.69	6.64	6.85	7.11	7.03	7.95	7.92	7.81
Arkansas . . . . .	5.79	6.54	6.38	8.11	8.86	7.93	7.73	6.74	9.71
California . . . . .	5.66	6.10	6.23	6.21	6.49	6.35	7.15	7.42	7.84
Colorado . . . . .	8.33	8.53	8.53	9.05	9.45	9.39	10.17	10.26	10.70
Connecticut . . . . .	8.25	8.49	8.24	10.06	7.45	9.43	8.07	7.83	8.61
Delaware . . . . .	6.81	7.03	6.34	*	*	*	9.89	9.33	7.53
District of Columbia . . . . .	8.04	7.46	8.00	*	*	*	*7.00	8.97	7.31
Florida . . . . .	6.61	6.98	7.23	7.11	7.38	7.47	8.35	8.73	8.56
Georgia . . . . .	5.77	5.96	6.52	9.29	9.00	9.21	8.18	8.35	8.48
Hawaii . . . . .	8.00	8.34	8.88	*4.99	*	*	8.45	8.84	8.91
Idaho . . . . .	6.95	6.67	6.82	6.15	8.31	7.30	7.38	6.67	7.60
Illinois . . . . .	6.31	6.60	6.93	8.60	9.46	10.49	8.49	8.28	8.97
Indiana . . . . .	6.09	6.33	6.65	*7.74	*10.00	*10.30	7.41	7.87	7.80
Iowa . . . . .	6.01	6.12	5.49	7.23	9.15	6.80	7.13	7.71	7.36
Kansas . . . . .	5.93	6.09	6.43	6.20	7.09	8.80	6.69	7.34	8.25
Kentucky . . . . .	7.73	6.85	6.89	*7.17	*8.54	*10.61	7.75	7.56	7.65
Louisiana . . . . .	6.56	7.62	7.32	9.06	10.11	8.26	7.89	8.46	8.92
Maine . . . . .	*6.03	*4.74	*8.01	*	*	*	*5.46	8.69	8.50
Maryland . . . . .	6.73	7.18	6.99	9.74	10.87	8.09	7.42	7.93	8.31
Massachusetts . . . . .	8.37	8.41	8.24	*7.11	*7.62	*8.14	7.57	7.63	8.13
Michigan . . . . .	6.26	6.46	7.12	7.26	6.98	7.67	7.46	8.33	9.09
Minnesota . . . . .	6.02	5.70	6.21	7.10	6.87	8.26	7.28	7.43	7.52
Mississippi . . . . .	6.61	6.42	6.23	7.30	6.24	*5.86	6.83	8.06	8.76
Missouri . . . . .	6.18	6.33	6.53	8.67	7.63	7.88	7.34	7.61	7.07
Montana . . . . .	7.44	8.63	7.54	7.14	7.80	8.48	*5.95	*8.70	*9.93
Nebraska . . . . .	6.30	6.20	6.60	7.27	6.78	5.93	8.05	7.61	6.42
Nevada . . . . .	6.34	6.74	6.87	6.80	7.58	7.78	7.56	10.35	9.94
New Hampshire . . . . .	4.84	6.55	7.26	*	*	*	5.95	7.75	7.36
New Jersey . . . . .	7.15	7.27	7.42	11.09	9.83	10.54	7.57	8.10	9.16
New Mexico . . . . .	8.13	8.45	8.98	6.88	7.32	7.88	7.67	8.60	10.91
New York . . . . .	7.38	7.59	7.63	7.81	7.31	7.06	7.33	7.89	8.07
North Carolina . . . . .	6.13	6.27	6.77	10.30	11.01	10.44	8.20	7.77	8.23
North Dakota . . . . .	*8.10	*5.84	6.07	6.62	6.78	7.20	*	*8.39	*5.44
Ohio . . . . .	7.20	7.13	7.82	8.86	10.22	9.90	7.86	8.27	8.26
Oklahoma . . . . .	6.41	6.46	6.64	6.48	6.69	7.14	7.87	6.82	8.22
Oregon . . . . .	5.54	5.43	6.14	7.23	7.34	7.43	6.78	7.00	7.69
Pennsylvania . . . . .	8.97	9.00	8.48	9.15	10.95	9.38	7.48	7.99	8.42
Rhode Island . . . . .	7.20	8.61	7.58	*10.32	13.66	*9.91	9.31	10.11	8.69
South Carolina . . . . .	6.87	6.66	6.17	10.22	10.75	9.13	8.02	8.13	8.16
South Dakota . . . . .	6.89	5.94	7.69	6.84	7.04	7.13	*11.39	*9.50	9.07
Tennessee . . . . .	6.28	6.04	6.56	*7.11	*6.63	7.54	8.60	7.76	8.28
Texas . . . . .	6.88	7.23	7.66	6.67	7.33	7.35	7.78	8.33	9.52
Utah . . . . .	7.20	7.26	7.40	6.37	7.46	7.89	7.23	8.20	8.87
Vermont . . . . .	*	*	*	*	*	*	*	*8.08	*8.42
Virginia . . . . .	6.07	6.28	6.43	*10.73	*9.20	8.66	7.50	7.71	8.41
Washington . . . . .	5.31	5.93	6.24	7.08	7.31	7.37	6.37	6.90	7.38
West Virginia . . . . .	*	*6.06	*6.80	*	*	*	*9.16	*9.51	*6.54
Wisconsin . . . . .	6.13	6.34	6.62	6.12	6.04	6.50	6.97	7.50	7.74
Wyoming . . . . .	8.81	8.43	8.48	9.55	8.39	8.95	*12.04	*	*6.78
American Samoa <sup>3</sup> . . . . .	---	---	---	---	---	---	3.46	3.75	4.30
Guam <sup>3</sup> . . . . .	*	*	*	*	---	*	7.78	9.33	9.13
Northern Marianas <sup>3</sup> . . . . .	---	---	---	---	---	---	8.12	7.65	7.17
Puerto Rico <sup>3</sup> . . . . .	---	---	11.59	---	---	---	---	---	---
Virgin Islands <sup>3</sup> . . . . .	10.84	8.29	9.40	*12.50	---	---	*	*	*

See footnotes at end of table.

**Table 7 (page 3 of 3). Low birthweight live births, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, 2000–2002, 2003–2005, and 2011–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#007>.

[Data are based on birth certificates]

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

- - - Data not available.

– Quantity zero.

<sup>1</sup>Excludes live births with unknown birthweight.

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

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

<sup>4</sup>Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

<sup>5</sup>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, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf). Starting with 2003 data, some states and territories reported multiple-race data. The multiple-race data for these areas were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other areas. See Appendix II, Race. Data for the territories are shown by race and ethnicity only if race-specific data are available for all years in the 3-year period. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use and nonpublic-use Birth File. Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS. 2015; Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 8. Legal abortions, legal abortion rates, and legal abortion ratios: United States and 46 continuous reporting areas, 2002–2011**

Updated data when available, Excel, PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#008>.

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

Data provider	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number of legal abortions reported, in thousands										
Centers for Disease Control and Prevention (CDC) <sup>1</sup>	854	848	839	820	852	828	826	789	766	730
Guttmacher Institute <sup>2</sup>	1,269	1,250	1,222	1,206	1,242	1,210	1,212	1,152	1,103	1,059
CDC 46 continuous reporting areas <sup>3</sup>										
Number of legal abortions reported, in thousands	828	824	816	806	833	817	815	777	753	718
Percent of total legal abortions reported to CDC <sup>4</sup>	96.9	97.2	97.2	98.2	97.7	98.7	98.7	98.5	98.4	98.3
Number of legal abortions per 1,000 women aged 15–44	16.2	16.1	15.9	15.7	16.2	15.8	15.8	15.0	14.6	13.9
Number of legal abortions per 1,000 live births	250	245	241	236	237	230	232	227	228	219

<sup>1</sup>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. The following states did not report abortion data to CDC: Alaska (2002), California (2002–2011), Delaware (2009), Louisiana (2005), Maryland (2007–2011), New Hampshire (2002–2011), and West Virginia (2003–2004). For 2006, the number of legal abortions is greater than reported in the 2006 report because of numbers subsequently provided by Louisiana. For 2009, the number of legal abortions is greater than reported in the 2009 report because of numbers subsequently provided by Delaware.

<sup>2</sup>No surveys were conducted in 2002, 2003, 2006, or 2009. Data for those years were estimated by interpolation. See Appendix I, Guttmacher Institute Abortion Provider Census.

<sup>3</sup>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 46 reporting areas that provided data for the entire period from 2002 to 2011. The 46 continuous reporting areas include all states except Alaska, California, Louisiana, Maryland, New Hampshire, and West Virginia. The District of Columbia and New York City are included in the 46 continuous reporting areas.

<sup>4</sup>Percentage of legal abortions that the 46 continuous reporting areas represented of the total number of legal abortions reported to CDC each year.

NOTES: Each year, CDC requests abortion data from the central health agencies of 52 reporting areas (the 50 states, the District of Columbia, and New York City). This information is provided voluntarily to CDC. See the annual Abortion Surveillance reports for more information on the characteristic-specific list of reporting areas. Available from: [http://www.cdc.gov/reproductivehealth/Data\\_Stats/Abortion.htm](http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm). For methodological differences between CDC and the Guttmacher Institute Abortion Provider Census, see Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census. Some data were 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, 2011. MMWR 2014;63(SS11);1–41. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s\\_cid=ss6311a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_e). Guttmacher Institute Abortion Provider Survey. *Perspect Sex Reprod Health* 2014;46(1):3–14. See Appendix I, Abortion Surveillance System; Guttmacher Institute Abortion Provider Census.

**Table 9 (page 1 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#009>.

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

Race and Hispanic origin and year <sup>1</sup>	Age, in years				
	15–44	15–19	20–24	25–34	35–44
Number of women in population, in thousands					
All women: <sup>2</sup>					
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
2011–2013 . . . . .	60,887	9,547	10,338	20,790	20,212
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
2011–2013 . . . . .	34,674	4,889	5,606	12,086	12,094
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
2011–2013 . . . . .	8,491	1,432	1,572	2,794	2,693
Hispanic or Latina: <sup>3</sup>					
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
2011–2013 . . . . .	12,024	2,144	2,105	4,062	3,713
Percent of women in population using contraception					
All women: <sup>2</sup>					
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
2011–2013 . . . . .	61.7	33.3	60.4	67.4	70.0
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
2011–2013 . . . . .	65.3	40.1	60.9	69.2	73.7
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
2011–2013 . . . . .	57.9	21.0	64.9	65.2	65.9
Hispanic or Latina: <sup>3</sup>					
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
2011–2013 . . . . .	57.3	26.3	52.7	67.8	66.5

See footnotes at end of table.

**Table 9 (page 2 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#009>.

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

Race and Hispanic origin and year <sup>1</sup>	Age, in years				
	15–44	15–19	20–24	25–34	35–44
Number of sexually active women in population, in thousands <sup>4</sup>					
All women: <sup>2</sup>					
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
2011–2013	41,762	3,752	7,136	15,464	15,409
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
2011–2013	24,720	2,168	3,840	9,118	9,593
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
2011–2013	5,680	464	1,199	2,040	1,977
Hispanic or Latina: <sup>3</sup>					
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
2011–2013	7,853	723	1,335	3,076	2,720
Percent of sexually active women in population using contraception <sup>4</sup>					
All women: <sup>2</sup>					
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
2011–2013	90.0	84.6	87.5	90.6	91.8
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
2011–2013	91.6	90.4	89.0	91.7	92.9
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
2011–2013	86.6	*	85.2	89.3	89.8
Hispanic or Latina: <sup>3</sup>					
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
2011–2013	87.8	78.0	83.1	89.5	90.8

See footnotes at end of table.

**Table 9 (page 3 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.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
2011–2013 . . . . .	25.1	—	*2.3	21.7	44.2
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
2011–2013 . . . . .	9.0	—	*	4.2	19.6
Implant and other hormonal contraceptives <sup>5</sup>					
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
2011–2013 . . . . .	3.9	*	9.0	4.6	*
Injectable <sup>6</sup>					
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
2011–2013 . . . . .	4.6	11.4	7.1	4.8	*
Birth control pill <sup>7</sup>					
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
2011–2013 . . . . .	26.7	56.5	42.6	25.3	14.4
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
2011–2013 . . . . .	10.7	*	10.2	15.1	8.4

See footnotes at end of table.

**Table 9 (page 4 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.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
Diaphragm					
Percent of contracepting women					
1982 . . . . .	8.1	*6.0	10.2	10.3	4.0
1995 . . . . .	1.9	*	*	1.7	2.8
2002 . . . . .	*	–	*	*	*
2006–2010 . . . . .	*	–	–	*	*
2011–2013 . . . . .	*	–	–	*	–
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
2011–2013 . . . . .	22.8	34.1	38.5	23.8	12.4
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
2011–2013 . . . . .	2.9	*	*	*2.7	*2.5
Periodic abstinence-natural family planning					
1982 . . . . .	0.6	–	*	0.9	*
1995 . . . . .	*0.5	–	*	*0.7	*
2002 . . . . .	*0.4	–	–	*	*
2006–2010 . . . . .	*	–	*	*	*
2011–2013 . . . . .	*	*	*	*	*
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
2011–2013 . . . . .	12.6	17.9	16.8	15.3	6.9
Other methods <sup>8</sup>					
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	*
2011–2013 . . . . .	*	*	*	*	*

See footnotes at end of table.



**Table 9 (page 5 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#009>.

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

Method of contraception and year	Not Hispanic or Latina <sup>1</sup>		
	White only	Black or African American only	Hispanic or Latina <sup>3</sup>
Female sterilization			
Percent of contracepting women			
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
2011–2013 . . . . .	21.4	36.8	32.9
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
2011–2013 . . . . .	12.9	*1.9	4.0
Implant and other hormonal contraceptives <sup>5</sup>			
1982 . . . . .	...	...	...
1995 . . . . .	*1.0	*2.4	*2.0
2002 . . . . .	*0.6	*	*2.6
2006–2010 . . . . .	3.0	4.7	3.3
2011–2013 . . . . .	*3.3	*	*4.1
Injectable <sup>6</sup>			
1982 . . . . .	...	...	...
1995 . . . . .	2.4	5.4	4.7
2002 . . . . .	4.3	9.4	7.8
2006–2010 . . . . .	2.5	8.9	6.0
2011–2013 . . . . .	*3.1	10.1	*4.7
Birth control pill <sup>7</sup>			
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
2011–2013 . . . . .	30.2	17.9	19.2
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
2011–2013 . . . . .	11.0	6.5	13.5
Diaphragm			
1982 . . . . .	9.2	*3.2	*
1995 . . . . .	2.3	*	*
2002 . . . . .	*	*	—
2006–2010 . . . . .	*	*	*
2011–2013 . . . . .	—	—	—
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
2011–2013 . . . . .	21.5	25.9	21.0
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
2011–2013 . . . . .	*2.7	*2.2	*

See footnotes at end of table.

**Table 9 (page 6 of 6). 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 1982–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#009>.

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

Method of contraception and year	Not Hispanic or Latina <sup>1</sup>		
	White only	Black or African American only	Hispanic or Latina <sup>3</sup>
Periodic abstinence-natural family planning			
Percent of contracepting women			
1982 . . . . .	0.7	0.3	—
1995 . . . . .	0.7	*	*
2002 . . . . .	*	*	*
2006–2010 . . . . .	*	*	*
2011–2013 . . . . .	*	—	*
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
2011–2013 . . . . .	12.8	10.1	13.0
Other methods <sup>8</sup>			
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	*	*
2011–2013 . . . . .	*	*	*

\* 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% or based on fewer than 100 sample cases.

--- Data not available.

— Quantity zero.

. . . Data not applicable.

<sup>1</sup>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.

<sup>2</sup>Includes women of other or multiple race not shown separately.

<sup>3</sup>Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

<sup>4</sup>Had sexual (vaginal) intercourse in the past 3 months.

<sup>5</sup>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.

<sup>6</sup>Data collected starting with the 1995 survey.

<sup>7</sup>In 2011–2013, includes the oral contraceptive pill only. In previous surveys includes the oral contraceptive pill and emergency contraception/morning-after pill.

<sup>8</sup>In 2011–2013, includes emergency contraception, female condom/vaginal pouch, foam, cervical cap, Today sponge, suppository or insert, jelly or cream (without diaphragm), and other methods. See Appendix II, Contraception, for the list of other methods reported in previous surveys.

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

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

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

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.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 <sup>1</sup>							
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 <sup>2</sup>							
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 <sup>3</sup>							
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 <sup>1</sup>							
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 <sup>2</sup>							
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 <sup>3</sup>							
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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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 (page 1 of 2). Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#011>.

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

<i>Maternal race and Hispanic origin</i>	1983 <sup>1</sup>	1985 <sup>1</sup>	1990 <sup>1</sup>	1995 <sup>2</sup>	2000 <sup>2</sup>	2005 <sup>2</sup>	2010 <sup>2</sup>	2011 <sup>2</sup>	2012 <sup>2</sup>
Infant <sup>3</sup> deaths per 1,000 live births									
All mothers . . . . .	10.9	10.4	8.9	7.6	6.9	6.9	6.1	6.1	6.0
White . . . . .	9.3	8.9	7.3	6.3	5.7	5.7	5.2	5.1	5.1
Black or African American . . . . .	19.2	18.6	16.9	14.6	13.5	13.3	11.2	11.2	10.9
American Indian or Alaska Native . . . . .	15.2	13.1	13.1	9.0	8.3	8.1	8.3	8.2	8.4
Asian or Pacific Islander <sup>4</sup> . . . . .	8.3	7.8	6.6	5.3	4.9	4.9	4.3	4.4	4.1
Hispanic or Latina <sup>5,6</sup> . . . . .	9.5	8.8	7.5	6.3	5.6	5.6	5.3	5.2	5.1
Mexican . . . . .	9.1	8.5	7.2	6.0	5.4	5.5	5.1	5.0	5.0
Puerto Rican . . . . .	12.9	11.2	9.9	8.9	8.2	8.3	7.1	7.8	6.9
Cuban . . . . .	7.5	8.5	7.2	5.3	4.6	4.4	3.8	4.3	5.0
Central and South American . . . . .	8.5	8.0	6.8	5.5	4.6	4.7	4.4	4.4	4.1
Other and unknown Hispanic or Latina . . . . .	10.6	9.5	8.0	7.4	6.9	6.4	6.1	5.4	5.6
Not Hispanic or Latina: <sup>6</sup>									
White . . . . .	9.2	8.6	7.2	6.3	5.7	5.8	5.2	5.1	5.0
Black or African American . . . . .	19.1	18.3	16.9	14.7	13.6	13.6	11.5	11.5	11.2
Neonatal <sup>3</sup> deaths per 1,000 live births									
All mothers . . . . .	7.1	6.8	5.7	4.9	4.6	4.5	4.0	4.1	4.0
White . . . . .	6.1	5.8	4.6	4.1	3.8	3.8	3.5	3.4	3.4
Black or African American . . . . .	12.5	12.3	11.1	9.6	9.1	8.9	7.3	7.4	7.3
American Indian or Alaska Native . . . . .	7.5	6.1	6.1	4.0	4.4	4.0	4.3	4.7	4.9
Asian or Pacific Islander <sup>4</sup> . . . . .	5.2	4.8	3.9	3.4	3.4	3.4	3.0	3.1	2.9
Hispanic or Latina <sup>5,6</sup> . . . . .	6.2	5.7	4.8	4.1	3.8	3.9	3.6	3.6	3.6
Mexican . . . . .	5.9	5.4	4.5	3.9	3.6	3.8	3.5	3.5	3.6
Puerto Rican . . . . .	8.7	7.6	6.9	6.1	5.8	5.9	4.8	5.3	4.9
Cuban . . . . .	*5.0	6.2	5.3	*3.6	*3.2	*3.1	*2.9	3.5	3.9
Central and South American . . . . .	5.8	5.6	4.4	3.7	3.3	3.2	3.0	3.2	2.9
Other and unknown Hispanic or Latina . . . . .	6.4	5.6	5.0	4.8	4.6	4.3	4.0	3.7	3.7
Not Hispanic or Latina: <sup>6</sup>									
White . . . . .	5.9	5.6	4.5	4.0	3.8	3.7	3.4	3.3	3.3
Black or African American . . . . .	12.0	11.9	11.0	9.6	9.2	9.1	7.5	7.6	7.5
Postneonatal <sup>3</sup> deaths per 1,000 live births									
All mothers . . . . .	3.8	3.6	3.2	2.6	2.3	2.3	2.1	2.0	2.0
White . . . . .	3.2	3.1	2.7	2.2	1.9	2.0	1.8	1.7	1.7
Black or African American . . . . .	6.7	6.3	5.9	5.0	4.3	4.3	3.9	3.7	3.6
American Indian or Alaska Native . . . . .	7.7	7.0	7.0	5.1	3.9	4.0	4.0	3.5	3.5
Asian or Pacific Islander <sup>4</sup> . . . . .	3.1	2.9	2.7	1.9	1.4	1.5	1.3	1.3	1.2
Hispanic or Latina <sup>5,6</sup> . . . . .	3.3	3.2	2.7	2.1	1.8	1.8	1.7	1.5	1.5
Mexican . . . . .	3.2	3.2	2.7	2.1	1.8	1.7	1.6	1.5	1.5
Puerto Rican . . . . .	4.2	3.5	3.0	2.8	2.4	2.4	2.3	2.6	2.0
Cuban . . . . .	*2.5	*2.3	*1.9	*1.7	*	*1.4	*	*	*
Central and South American . . . . .	2.6	2.4	2.4	1.9	1.4	1.5	1.4	1.1	1.3
Other and unknown Hispanic or Latina . . . . .	4.2	3.9	3.0	2.6	2.3	2.1	2.1	1.7	1.9
Not Hispanic or Latina: <sup>6</sup>									
White . . . . .	3.2	3.0	2.7	2.2	1.9	2.1	1.8	1.8	1.7
Black or African American . . . . .	7.0	6.4	5.9	5.0	4.4	4.5	4.0	3.8	3.7

See footnotes at end of table.

**Table 11 (page 2 of 2). Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#011>.

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

Maternal race and Hispanic origin	1983	1985	1990	1995	2000 <sup>7</sup>	2005	2010	2011	2012
Fetal <sup>8</sup> deaths per 1,000 live births plus fetal deaths									
All mothers . . . . .	---	---	---	7.0	6.6	6.2	6.0	6.1	6.1
Hispanic or Latina <sup>5</sup> . . . . .	---	---	---	---	5.8	5.4	5.2	5.2	5.3
Not Hispanic or Latina:									
White . . . . .	---	---	---	---	5.3	4.8	4.8	5.0	4.9
Black or African American . . . . .	---	---	---	---	12.0	11.1	10.8	10.8	10.7
Late fetal <sup>9</sup> deaths per 1,000 live births plus late fetal deaths									
All mothers . . . . .	---	---	---	3.6	3.3	3.0	3.0	3.0	3.0
Hispanic or Latina <sup>5</sup> . . . . .	---	---	---	---	3.1	2.8	2.6	2.7	2.6
Not Hispanic or Latina:									
White . . . . .	---	---	---	---	2.8	2.4	2.5	2.6	2.6
Black or African American . . . . .	---	---	---	---	5.2	4.8	4.7	4.6	4.7
Perinatal <sup>10</sup> deaths per 1,000 live births plus late fetal deaths									
All mothers . . . . .	---	---	---	7.6	7.0	6.6	6.2	6.3	6.2
Hispanic or Latina <sup>5</sup> . . . . .	---	---	---	---	6.1	5.9	5.5	5.6	5.6
Not Hispanic or Latina:									
White . . . . .	---	---	---	---	5.7	5.4	5.1	5.2	5.2
Black or African American . . . . .	---	---	---	---	12.6	12.2	10.6	10.8	10.8

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

--- Data not available.

<sup>1</sup>Rates based on unweighted birth cohort data.

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

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

<sup>4</sup>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.

<sup>5</sup>Persons of Hispanic origin may be of any race.

<sup>6</sup>Prior to 1995, data are shown only for states with an Hispanic-origin item on their birth certificates. See Appendix II, Hispanic origin.

<sup>7</sup>Rates for 1999–2004 (shown in spreadsheet version) exclude data from Oklahoma, which did not report Hispanic origin on the fetal death report in those years.

<sup>8</sup>Number of fetal deaths of 20 weeks or more gestation per 1,000 live births plus fetal deaths.

<sup>9</sup>Number of fetal deaths of 28 weeks or more gestation (late fetal deaths) per 1,000 live births plus late fetal deaths.

<sup>10</sup>Number of late fetal deaths plus infant deaths within 7 days of birth per 1,000 live births plus late fetal deaths.

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

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Linked Birth/Infant Death Data Set, public-use Fetal Death File, public-use Birth File. National Center for Health Statistics. User guide to the 2012 period linked birth/infant death public use file. Hyattsville, MD: NCHS; 2014. Available from: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/DVS/periodlinked/LinkPE12Guide.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/periodlinked/LinkPE12Guide.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 12. Infant mortality rates, by race: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#012>.

[Data are based on death certificates and birth certificates]

Race and year	Infant <sup>1</sup>	Neonatal <sup>1</sup>		Postneonatal <sup>1</sup>
		Under 28 days	Under 7 days	
All races				
Deaths per 1,000 live births				
1950 <sup>2</sup>	29.2	20.5	17.8	8.7
1960 <sup>2</sup>	26.0	18.7	16.7	7.3
1970	20.0	15.1	13.6	4.9
1980	12.6	8.5	7.1	4.1
1990	9.2	5.8	4.8	3.4
1995	7.6	4.9	4.0	2.7
2000	6.9	4.6	3.7	2.3
2005	6.9	4.5	3.6	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
2011	6.1	4.1	3.3	2.0
2012	6.0	4.0	3.3	2.0
2013	6.0	4.0	3.3	1.9
Race of child: <sup>3</sup> White				
1950 <sup>2</sup>	26.8	19.4	17.1	7.4
1960 <sup>2</sup>	22.9	17.2	15.6	5.7
1970	17.8	13.8	12.5	4.0
1980	11.0	7.5	6.2	3.5
Race of mother: <sup>4</sup> White				
1980	10.9	7.4	6.1	3.5
1990	7.6	4.8	3.9	2.8
1995	6.3	4.1	3.3	2.2
2000	5.7	3.8	3.0	1.9
2005	5.7	3.8	3.0	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
2011	5.1	3.5	2.8	1.7
2012	5.1	3.5	2.8	1.6
2013	5.1	3.5	2.8	1.6
Race of child: <sup>3</sup> Black or African American				
1950 <sup>2</sup>	43.9	27.8	23.0	16.1
1960 <sup>2</sup>	44.3	27.8	23.7	16.5
1970	32.6	22.8	20.3	9.9
1980	21.4	14.1	11.9	7.3
Race of mother: <sup>4</sup> Black or African American				
1980	22.2	14.6	12.3	7.6
1990	18.0	11.6	9.7	6.4
1995	15.1	9.8	8.2	5.3
2000	14.1	9.4	7.6	4.7
2005	13.7	9.1	7.3	4.7
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
2011	11.5	7.5	6.1	4.0
2012	11.2	7.3	6.0	3.9
2013	11.2	7.4	6.1	3.8

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

<sup>2</sup>Includes births and deaths of persons who were not residents of the 50 states and the District of Columbia.

<sup>3</sup>Infant deaths and live births are tabulated by race of child. See Appendix II, Race.

<sup>4</sup>Infant deaths are tabulated by race of decedent; live births are tabulated by race of mother. See Appendix II, Race.

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator). Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for additional population groups are available from the Linked Birth/Infant Death Data Set and are presented in Table 11. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Mortality File, public-use Birth File; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 13 (page 1 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2010–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#013>.

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

State and territory	Not Hispanic or Latina								
	All races			White			Black or African American		
	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>
	Infant <sup>3</sup> deaths per 1,000 live births								
United States <sup>4</sup>	9.0	6.8	6.1	7.3	5.7	5.1	17.2	13.6	11.4
Alabama	11.4	9.0	8.6	8.6	6.8	6.8	16.8	13.6	13.3
Alaska	9.2	6.5	4.2	7.2	5.3	3.2	*	*	*
Arizona	8.8	6.7	5.9	8.2	6.0	4.9	17.3	11.2	10.4
Arkansas	9.8	8.3	7.2	8.1	7.2	6.5	15.2	13.6	10.5
California	7.6	5.2	4.7	6.9	4.6	3.9	15.4	11.4	9.1
Colorado	8.7	6.3	5.3	8.0	5.2	4.6	16.7	16.3	11.2
Connecticut	7.9	5.5	5.2	5.9	3.9	3.7	17.0	12.7	10.6
Delaware	11.2	9.0	8.0	8.2	6.5	6.4	20.1	16.8	12.2
District of Columbia	20.3	12.2	7.6	*8.2	*3.4	*3.0	23.9	17.2	11.2
Florida	9.4	7.2	6.4	7.2	5.8	5.0	16.2	12.9	11.1
Georgia	11.9	8.4	6.5	8.4	6.1	5.0	17.9	13.3	9.7
Hawaii	7.0	6.7	5.4	5.5	3.9	3.8	*13.6	*15.5	*
Idaho	8.9	6.1	5.1	8.9	6.1	4.8	*	*	*
Illinois	10.7	7.5	6.6	7.6	5.9	5.0	20.5	15.3	13.2
Indiana	9.4	7.9	7.3	8.4	7.1	6.6	17.3	15.1	12.7
Iowa	8.2	5.4	5.0	7.8	5.1	4.7	15.8	*11.0	11.4
Kansas	8.5	7.1	6.2	7.8	6.7	5.5	15.4	14.3	12.9
Kentucky	8.7	6.8	6.8	8.1	6.4	6.5	14.4	10.9	10.0
Louisiana <sup>5</sup>	10.2	9.8	8.0	7.5	7.1	5.9	14.3	13.9	11.5
Maine	6.6	5.9	6.3	6.2	5.8	6.2	*	*	*
Maryland	9.1	8.0	6.7	6.3	5.2	3.9	15.0	13.7	11.5
Massachusetts	7.0	4.9	4.3	5.9	4.0	3.5	14.2	10.0	6.4
Michigan	10.5	8.0	6.9	7.7	6.2	5.2	20.7	16.4	13.6
Minnesota	7.3	4.8	4.8	6.4	4.3	4.2	18.5	8.9	8.1
Mississippi	11.5	10.7	9.3	7.9	7.0	6.4	15.2	15.6	13.0
Missouri	9.7	7.6	6.5	8.0	6.6	5.5	18.0	13.8	12.1
Montana	9.0	6.3	6.0	8.0	5.7	5.6	*	*	*
Nebraska	8.1	5.9	5.2	7.2	5.1	4.4	18.3	14.0	11.4
Nevada	8.6	5.9	5.4	7.8	5.6	5.1	16.9	12.2	9.0
New Hampshire <sup>5</sup>	7.1	5.0	4.2	7.2	4.8	3.9	*	*	*
New Jersey	8.4	5.4	4.8	6.1	3.7	3.2	17.8	11.9	10.5
New Mexico	8.4	6.1	6.0	8.1	6.9	5.4	*17.2	*	*
New York	9.5	6.0	5.1	6.3	4.6	3.9	18.4	11.8	9.3
North Carolina	10.7	8.6	7.2	8.0	6.3	5.4	16.9	15.8	12.7
North Dakota	8.0	6.4	6.5	7.3	6.0	5.7	*	*	*
Ohio	9.0	7.8	7.7	7.7	6.4	6.5	16.2	15.6	13.9
Oklahoma <sup>5</sup>	8.0	7.9	7.4	7.3	7.5	6.9	12.7	13.0	10.9
Oregon	8.0	5.7	5.0	7.4	5.5	4.6	21.3	*8.6	*8.7
Pennsylvania	9.2	7.3	6.9	7.2	5.8	5.4	19.1	13.6	12.7
Rhode Island	8.7	6.2	6.7	7.5	4.5	5.5	*13.6	*10.8	*11.9
South Carolina	11.8	9.0	7.4	8.4	6.4	5.2	17.2	14.2	12.1
South Dakota	9.5	7.2	7.2	7.5	6.2	5.8	*	*	*
Tennessee	10.2	8.9	7.5	7.8	7.0	6.4	18.2	16.3	12.3
Texas	7.9	6.5	5.9	6.9	5.9	5.2	14.1	12.4	10.7
Utah	7.0	4.9	5.1	6.8	4.5	4.8	*	*	*12.1
Vermont	6.6	5.4	4.5	6.3	5.3	4.5	*	*	*
Virginia	9.9	7.5	6.7	7.4	6.0	4.9	18.0	13.7	12.6
Washington	8.0	5.4	4.8	7.4	5.0	4.4	15.1	9.0	8.0
West Virginia	9.1	7.7	7.0	8.8	7.5	7.1	*15.7	*12.0	*9.8
Wisconsin	8.4	6.3	5.9	7.4	5.1	5.0	17.0	16.4	13.4
Wyoming	8.4	6.9	6.4	8.0	6.8	6.1	*	*	*
American Samoa <sup>6</sup>	---	---	---	---	---	---	---	---	---
Guam <sup>6</sup>	---	11.1	12.8	---	*	*	---	*	*
Northern Marianas <sup>6</sup>	---	---	---	---	---	---	---	---	---
Puerto Rico <sup>6</sup>	---	8.9	8.3	---	---	---	---	---	---
Virgin Islands <sup>6</sup>	---	7.5	8.7	---	*	*	---	*	8.3

See footnotes at end of table.

**Table 13 (page 2 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2010–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#013>.

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

State and territory	Hispanic or Latina <sup>7</sup>			American Indian or Alaska Native <sup>8</sup>			Asian or Pacific Islander <sup>8</sup>		
	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>	1989–1991 <sup>1</sup>	2003–2005 <sup>2</sup>	2010–2012 <sup>2</sup>
	Infant <sup>3</sup> deaths per 1,000 live births								
United States <sup>4</sup>	7.5	5.6	5.2	12.6	8.4	8.3	6.6	4.8	4.2
Alabama	*	7.7	5.2	*	*	*	*	*	*
Alaska	*	*	*	15.7	9.2	*5.7	*	*	*
Arizona	8.0	6.7	6.0	11.4	8.3	8.8	*8.5	6.7	6.0
Arkansas	*	6.0	5.9	*	*	*	*	*	*
California	7.0	5.0	4.6	11.0	6.2	6.9	6.4	4.2	3.8
Colorado	8.5	7.0	5.5	*16.5	*	*	*7.8	*5.7	6.4
Connecticut	7.9	7.4	6.7	*	*	*	*	*	*3.3
Delaware	*	*6.1	*6.0	*	*	*	*	*	*
District of Columbia	*8.8	*7.2	*	*	*	*	*	*	*
Florida	7.1	5.2	4.9	*	*	*	*6.2	5.9	4.0
Georgia	9.0	5.5	4.4	*	*	*	*8.2	5.8	3.4
Hawaii	10.7	7.9	6.3	*	*	*	7.1	7.2	5.9
Idaho	*7.2	6.2	6.1	*	*	*	*	*	*
Illinois	9.2	6.2	5.6	*	*	*	6.0	4.5	5.3
Indiana	*7.2	6.8	6.6	*	*	*	*	*	*4.7
Iowa	*11.9	*5.2	*3.7	*	*	*	*	*	*
Kansas	8.7	6.2	7.1	*	*	*	*	*5.6	*
Kentucky	*	7.6	6.6	*	*	*	*	*	*
Louisiana <sup>9</sup>	---	*5.7	*4.2	*	*	*	*	*	*6.4
Maine	*	*	*	*	*	*	*	*	*
Maryland	7.2	5.8	5.2	*	*	*	7.5	4.3	4.3
Massachusetts	8.3	6.5	6.0	*	*	*	5.7	3.8	3.9
Michigan	7.9	7.6	5.6	*10.7	*	*12.2	*6.1	5.1	*4.0
Minnesota	*8.4	4.3	5.1	17.3	*8.6	*10.8	*5.1	3.8	3.8
Mississippi	*	*	*	*	*	*	*	*	*
Missouri	*9.1	6.6	6.4	*	*	*	*9.1	*6.1	*4.0
Montana	*	*	*	16.7	*9.3	*8.7	*	*	*
Nebraska	*8.8	5.7	5.6	*18.2	*	*	*	*	*
Nevada	7.0	4.5	4.9	*	*	*	*	*5.8	*4.4
New Hampshire <sup>9</sup>	---	*	*	*	*	*	*	*	*
New Jersey	7.5	5.2	4.6	*	*	*	5.6	5.0	3.8
New Mexico	7.8	5.3	6.0	9.8	7.6	6.2	*	*	*
New York	9.4	5.5	5.1	*15.2	*	*10.2	6.4	3.9	3.5
North Carolina	*7.5	6.6	5.5	12.2	10.2	11.2	*6.3	5.9	4.4
North Dakota	*	*	*	*13.8	*8.6	*14.8	*	*	*
Ohio	8.0	6.5	6.5	*	*	*	*4.8	*4.5	4.6
Oklahoma <sup>9</sup>	---	6.0	6.0	7.8	7.9	8.8	*	*	*7.2
Oregon	8.5	5.5	5.0	*15.7	*11.0	*9.5	*8.4	*5.8	*5.3
Pennsylvania	10.9	7.6	7.6	*	*	*	7.8	4.9	3.9
Rhode Island	*7.2	7.4	*6.1	*	*	*	*	*	*
South Carolina	*	7.3	4.5	*	*	*	*	*	*
South Dakota	*	*	*	19.9	12.7	12.3	*	*	*
Tennessee	*	6.5	5.1	*	*	*	*	*8.1	*3.7
Texas	7.0	5.6	5.4	*	*	*	6.8	4.3	3.8
Utah	*7.0	5.8	5.0	*10.0	*	*	*10.7	*7.7	*7.8
Vermont	*	*	*	*	*	*	*	*	*
Virginia	7.6	5.4	5.7	*	*	*	6.0	4.5	5.0
Washington	7.6	4.9	4.3	19.6	9.5	8.8	6.2	4.8	4.2
West Virginia	*	*	*	*	*	*	*	*	*
Wisconsin	*7.3	6.1	5.1	*11.9	*8.2	*8.4	*6.7	*6.6	*5.2
Wyoming	*	*	*	*	*	*	*	*	*
American Samoa <sup>6</sup>	---	---	---	---	---	---	---	---	---
Guam <sup>6</sup>	---	*	*	---	*	*	---	11.5	13.2
Northern Marianas <sup>6</sup>	---	---	---	---	---	---	---	---	---
Puerto Rico <sup>6</sup>	---	---	---	---	---	---	---	---	---
Virgin Islands <sup>6</sup>	---	*	*	---	*	*	---	*	*

See footnotes at end of table.



**Table 13 (page 3 of 3). Infant mortality rates, by race and Hispanic origin of mother, state, and territory: United States and U.S. dependent areas, average annual 1989–1991, 2003–2005, and 2010–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#013>.

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

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

- - - Data not available.

<sup>1</sup>Rates based on unweighted birth cohort data.

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

<sup>3</sup>Under 1 year of age.

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

<sup>5</sup>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.

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

<sup>7</sup>Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

<sup>8</sup>Includes persons of Hispanic origin.

<sup>9</sup>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. National Center for Health Statistics. User guide to the 2012 period linked birth/infant death public use file. Hyattsville, MD: NCHS; 2014. Available from:

[ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/DVS/periodlinked/LinkPE12Guide.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/periodlinked/LinkPE12Guide.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 14. Infant mortality rates and international rankings: Organisation for Economic Co-operation and Development (OECD) countries, selected years 1960–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#014>.

[Data are based on reporting by OECD countries]

Country <sup>2</sup>	1960	1970	1980	1990	2000	2009	2010	2011	International rankings <sup>1</sup>	
									1960	2011
Infant <sup>3</sup> deaths per 1,000 live births										
Australia	20.2	17.9	10.7	8.2	5.2	4.3	4.1	3.8	5	19
Austria	37.5	25.9	14.3	7.8	4.8	3.8	3.9	3.6	19	16
Belgium	31.4	21.1	12.1	8.0	4.8	3.5	3.6	3.4	17	10
Canada	27.3	18.8	10.4	6.8	5.3	4.9	5.0	4.8	12	23
Chile	120.3	79.3	33.0	16.0	8.9	7.9	7.4	7.7	27	28
Czech Republic <sup>4</sup>	20.0	20.2	16.9	10.8	4.1	2.9	2.7	2.7	4	5
Denmark	21.5	14.2	8.4	7.5	5.3	3.1	3.4	3.5	8	12
Finland	21.0	13.2	7.6	5.6	3.8	2.6	2.3	2.4	6	3
France	27.7	18.2	10.0	7.3	4.5	3.9	3.6	3.5	13	12
Germany <sup>5</sup>	35.0	22.5	12.4	7.0	4.4	3.5	3.4	3.6	18	16
Greece	40.1	29.6	17.9	9.7	5.9	3.1	3.8	3.4	20	10
Hungary	47.6	35.9	23.2	14.8	9.2	5.1	5.3	4.9	23	24
Ireland	29.3	19.5	11.1	8.2	6.2	3.3	3.6	3.5	15	12
Israel <sup>6</sup>	---	24.2	15.6	9.9	5.5	3.8	3.7	3.5	---	12
Italy	43.9	29.6	14.6	8.1	4.3	3.4	3.2	2.9	22	6
Japan	30.7	13.1	7.5	4.6	3.2	2.4	2.3	2.3	16	2
Korea	---	45.0	---	---	---	3.2	3.2	3.0	---	7
Mexico	92.3	---	52.6	32.5	20.8	14.6	14.1	13.7	26	30
Netherlands	16.5	12.7	8.6	7.1	5.1	3.8	3.8	3.6	2	16
New Zealand	22.6	16.7	13.0	8.4	6.3	5.2	5.5	5.2	10	26
Norway	16.0	11.3	8.1	6.9	3.8	3.1	2.8	2.4	1	3
Poland	56.1	36.4	25.4	19.4	8.1	5.6	5.0	4.7	24	22
Portugal	77.5	55.5	24.3	10.9	5.5	3.6	2.5	3.1	25	8
Slovak Republic <sup>4</sup>	28.6	25.7	20.9	12.0	8.6	5.7	5.7	4.9	14	24
Spain	43.7	28.1	†12.3	7.6	4.3	3.2	3.2	3.2	21	9
Sweden	16.6	11.0	6.9	6.0	3.4	2.5	2.5	2.1	3	1
Switzerland	21.1	15.1	9.1	6.8	4.9	4.3	3.8	3.8	7	19
Turkey	189.5	145.0	117.5	†51.5	31.6	10.2	7.8	7.7	28	28
United Kingdom	22.5	18.5	12.1	7.9	5.6	4.6	4.2	4.3	9	21
United States	26.0	20.0	12.6	9.2	6.9	6.4	6.1	7 <sup>6</sup> 6.1	11	27

--- Data not available.

<sup>1</sup>Break in series. See OECD website for updated data and additional information. Available from: <http://www.oecd.org/>.

<sup>1</sup>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 2011 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.

<sup>2</sup>Refers to countries, territories, cities, or geographic areas with at least 2.5 million population in 2000 (United Nations Department of Economic and Social Affairs/Population Division 172 World Population Prospects: The 2012 Revision, Volume 1: Comprehensive Tables. Available from: [http://esa.un.org/wpp/Documentation/pdf/WPP2012\\_Volume-I\\_Comprehensive-Tables.pdf](http://esa.un.org/wpp/Documentation/pdf/WPP2012_Volume-I_Comprehensive-Tables.pdf)) and with complete counts of live births and infant deaths according to the United Nations Demographic Yearbook.

<sup>3</sup>Under 1 year of age.

<sup>4</sup>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.

<sup>5</sup>Until 1990, estimates refer to the Federal Republic of Germany; from 1990 onward data refer to Germany after reunification.

<sup>6</sup>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.

<sup>7</sup>Data are from Table 13.

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

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2014, incorporating revisions to the annual update. Available from: <http://www.oecd.org/>.

**Table 15 (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 1980–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#015>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2011	2012	1980	1990	2000	2011	2012
At birth	Life expectancy, in years									
Australia . . . . .	71.0	73.9	76.6	79.7	79.9	78.1	80.1	82.0	84.2	84.3
Austria . . . . .	69.0	72.3	75.2	78.3	78.4	76.1	79.0	81.2	83.8	83.6
Belgium . . . . .	69.9	72.7	74.6	†78.0	77.8	76.7	79.5	81.0	†83.3	83.1
Canada . . . . .	71.7	74.4	76.3	79.3	---	78.9	80.8	81.7	83.6	---
Chile . . . . .	---	69.4	73.7	76.2	††76.3	---	76.5	80.0	81.5	††81.4
Czech Republic <sup>1</sup> . . . . .	66.9	67.6	71.6	74.8	75.1	74.0	75.5	78.5	81.1	81.2
Denmark . . . . .	71.2	72.0	74.5	77.8	78.1	77.3	77.8	79.2	81.9	82.1
Estonia . . . . .	64.2	64.7	65.6	71.4	71.4	74.3	74.9	76.4	81.3	81.5
Finland . . . . .	69.2	71.0	74.2	77.3	77.7	78.0	79.0	81.2	83.8	83.7
France . . . . .	70.2	72.8	75.3	78.7	78.7	78.4	80.9	83.0	85.7	85.4
Germany <sup>2</sup> . . . . .	69.6	72.0	75.1	78.4	78.6	76.2	78.5	81.2	83.2	83.3
Greece . . . . .	73.0	74.7	75.5	78.0	78.0	77.5	79.5	80.9	83.6	83.4
Hungary . . . . .	65.5	65.2	67.5	71.2	†71.6	72.8	73.8	76.2	78.7	†78.7
Iceland . . . . .	73.5	75.5	77.8	80.7	81.6	80.4	80.7	81.6	84.1	84.3
Ireland . . . . .	70.1	72.1	74.0	78.6	78.7	75.6	77.7	79.2	83.0	83.2
Israel <sup>3</sup> . . . . .	72.1	74.9	76.7	79.9	79.9	75.7	78.4	80.9	83.5	83.6
Italy . . . . .	70.6	73.8	76.9	79.7	79.8	77.4	80.3	82.8	84.8	84.8
Japan . . . . .	73.4	75.9	77.7	79.4	79.9	78.8	81.9	84.6	85.9	86.4
Korea . . . . .	61.8	67.3	72.3	77.6	77.9	70.0	75.5	79.6	84.5	84.6
Luxembourg . . . . .	70.0	72.4	74.6	78.5	†79.1	75.6	78.7	81.3	83.6	†83.8
Mexico . . . . .	64.1	67.0	70.5	71.2	71.4	70.2	74.0	76.1	77.2	77.3
Netherlands . . . . .	72.5	73.8	75.6	79.4	79.3	79.2	80.2	80.7	83.1	83.0
New Zealand . . . . .	70.1	72.5	75.9	79.4	††79.7	76.2	78.4	80.8	83.0	††83.2
Norway . . . . .	72.4	73.4	76.0	79.1	79.5	79.3	79.9	81.5	83.6	83.5
Poland . . . . .	66.0	66.3	69.6	†72.6	72.7	74.4	75.3	78.0	†81.1	81.1
Portugal . . . . .	67.9	70.6	73.3	77.3	77.3	74.9	77.5	80.4	83.8	83.6
Slovak Republic <sup>1</sup> . . . . .	66.7	66.7	69.2	72.3	72.5	74.4	75.7	77.5	79.8	79.9
Slovenia . . . . .	---	69.8	72.2	76.8	77.1	---	77.8	79.9	83.3	83.3
Spain . . . . .	72.3	73.4	75.8	79.5	79.5	78.4	80.6	82.9	85.6	85.5
Sweden . . . . .	72.8	74.8	77.4	79.9	79.9	79.0	80.5	82.0	83.8	83.6
Switzerland . . . . .	72.3	74.0	77.0	†80.5	80.6	79.0	80.9	82.8	†85.0	84.9
Turkey . . . . .	55.8	†65.4	69.0	72.0	††72.0	60.3	†69.5	73.1	77.1	††77.2
United Kingdom . . . . .	70.2	72.9	75.5	79.0	79.1	76.2	78.5	80.3	83.0	82.8
United States . . . . .	70.0	71.8	74.1	†76.3	†76.4	77.4	78.8	79.3	†81.1	†81.2

See footnotes at end of table.

**Table 15 (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 1980–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#015>.

[Data are based on reporting by OECD countries]

Country	Male					Female				
	1980	1990	2000	2011	2012	1980	1990	2000	2011	2012
At 65 years	Life expectancy, in years									
Australia	13.7	15.2	16.9	19.1	19.1	17.9	19.0	20.4	22.0	22.0
Austria	12.9	14.4	16.0	18.1	18.1	16.3	18.1	19.6	21.7	21.3
Belgium	12.9	14.3	15.6	<sup>†</sup> 18.0	17.7	16.8	18.8	19.7	<sup>†</sup> 21.6	21.3
Canada	14.5	15.7	16.5	18.8	---	18.9	19.9	20.2	21.7	---
Chile	---	13.7	15.5	17.1	<sup>††</sup> 17.1	---	17.2	19.3	20.2	<sup>††</sup> 20.0
Czech Republic <sup>1</sup>	11.2	11.7	13.7	15.6	15.7	14.4	15.3	17.2	19.2	19.2
Denmark	13.6	14.0	15.2	17.3	17.5	17.7	17.9	18.3	20.1	20.2
Estonia	11.8	12.0	12.7	14.8	14.8	15.6	15.8	17.1	20.1	20.3
Finland	12.6	13.8	15.5	17.7	17.8	17.0	17.8	19.5	21.7	21.6
France	13.6	15.5	16.8	19.3	19.1	18.2	19.8	21.4	23.8	23.4
Germany <sup>2</sup>	12.8	14.0	15.8	18.2	18.2	16.3	17.7	19.6	21.2	21.2
Greece	15.2	15.7	16.2	18.2	18.1	17.0	18.0	18.7	21.2	21.0
Hungary	11.6	12.1	13.0	14.3	<sup>†</sup> 14.3	14.7	15.4	16.7	18.3	<sup>†</sup> 18.1
Iceland	15.7	16.4	17.8	18.9	20.1	19.3	19.8	19.8	21.5	21.5
Ireland	12.6	13.3	14.6	17.9	18.0	15.7	17.0	18.0	20.9	21.1
Israel <sup>3</sup>	---	15.7	17.0	18.9	18.8	---	17.8	19.0	21.1	21.0
Italy	13.3	15.2	16.7	18.5	18.5	17.1	18.9	20.7	22.2	22.1
Japan	14.6	16.2	17.5	18.7	18.9	17.7	20.0	22.4	23.7	23.8
Korea	10.5	12.4	14.3	17.4	17.5	15.1	16.3	18.2	21.9	22.0
Luxembourg	12.6	14.3	15.5	17.8	<sup>†</sup> 18.4	16.5	18.5	20.1	21.6	<sup>†</sup> 21.4
Mexico	15.4	16.0	16.5	16.7	16.7	17.0	18.0	18.4	18.5	18.6
Netherlands	13.7	14.4	15.4	18.1	18.0	18.0	19.1	19.3	21.2	21.0
New Zealand	13.2	14.6	16.5	19.0	<sup>††</sup> 19.1	17.0	18.3	19.8	21.3	<sup>††</sup> 21.4
Norway	14.3	14.6	16.1	18.2	18.3	18.2	18.7	19.9	21.4	21.0
Poland	12.0	12.4	13.5	<sup>†</sup> 15.4	15.4	15.5	16.2	17.5	<sup>†</sup> 19.9	19.9
Portugal	13.1	14.0	15.4	17.8	17.6	16.1	17.1	19.1	21.6	21.3
Slovak Republic <sup>1</sup>	12.0	12.3	12.9	14.5	14.6	15.2	16.0	16.7	18.4	18.5
Slovenia	---	13.3	14.2	16.9	17.1	---	17.1	18.7	21.1	21.1
Spain	14.6	15.5	16.7	18.8	18.7	17.8	19.3	20.8	23.0	22.8
Sweden	14.3	15.4	16.7	18.5	18.5	18.1	19.2	20.2	21.3	21.1
Switzerland	14.3	15.3	17.0	<sup>†</sup> 19.2	19.3	18.2	19.7	20.9	<sup>†</sup> 22.6	22.3
Turkey	11.7	<sup>†</sup> 12.8	13.4	14.1	<sup>††</sup> 14.1	12.8	<sup>†</sup> 14.3	15.1	16.1	<sup>††</sup> 16.1
United Kingdom	12.6	14.0	15.8	18.5	18.5	16.6	17.9	19.0	21.1	20.9
United States	14.1	15.1	16.0	<sup>4</sup> 17.8	<sup>4</sup> 17.9	18.3	18.9	19.0	<sup>4</sup> 20.3	<sup>4</sup> 20.5

--- Data not available.

<sup>1</sup>Break in series. See OECD website for updated data and additional information. Available at: <http://www.oecd.org/>.

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

<sup>1</sup>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.

<sup>2</sup>Until 1990, estimates refer to the Federal Republic of Germany; from 1995 onward data refer to Germany after reunification.

<sup>3</sup>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.

<sup>4</sup>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 2014, 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 16 (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 1900–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#016>.

[Data are based on death certificates]

Specified age and year	All races			White			Black or African American <sup>1</sup>		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Life expectancy, in years									
1900 <sup>2,3</sup>	47.3	46.3	48.3	47.6	46.6	48.7	33.0	32.5	33.5
1950 <sup>3</sup>	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1960 <sup>3</sup>	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
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
2011	78.7	76.3	81.1	79.0	76.6	81.3	75.3	72.2	78.2
2012	78.8	76.4	81.2	79.1	76.7	81.4	75.5	72.3	78.4
2013	78.8	76.4	81.2	79.1	76.7	81.4	75.5	72.3	78.4
At 65 years									
1950 <sup>3</sup>	13.9	12.8	15.0	14.1	12.8	15.1	13.9	12.9	14.9
1960 <sup>3</sup>	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
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
2011	19.2	17.8	20.3	19.2	17.8	20.4	18.0	16.2	19.4
2012	19.3	17.9	20.5	19.3	18.0	20.4	18.1	16.2	19.5
2013	19.3	17.9	20.5	19.3	18.0	20.5	18.1	16.3	19.5
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
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
2011	12.1	11.1	12.9	12.1	11.0	12.8	11.7	10.4	12.5
2012	12.2	11.2	12.9	12.1	11.1	12.9	11.8	10.4	12.7
2013	12.2	11.2	12.9	12.1	11.1	12.9	11.8	10.4	12.7

See footnotes at end of table.

**Table 16 (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 1900–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#016>.

[Data are based on death certificates]

Specified age and year	White, not Hispanic			Black, not Hispanic			Hispanic <sup>4</sup>		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Life expectancy, in years									
2006	78.2	75.7	80.6	73.1	69.5	76.4	80.3	77.5	82.9
2007	78.4	75.9	80.8	73.5	69.9	76.7	80.7	77.8	83.2
2008	78.4	76.0	80.7	73.9	70.5	77.0	80.8	78.0	83.3
2009	78.7	76.3	81.1	74.3	70.9	77.4	81.1	78.4	83.5
2010	78.8	76.4	81.1	74.7	71.4	77.7	81.2	78.5	83.8
2011	78.8	76.4	81.1	74.9	71.7	77.8	81.4	78.8	83.7
2012	78.9	76.6	81.2	75.1	71.8	78.1	81.6	79.1	83.9
2013	78.9	76.5	81.2	75.1	71.8	78.1	81.6	79.1	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
2011	19.1	17.8	20.3	17.9	16.1	19.2	20.7	19.1	21.8
2012	19.3	17.9	20.4	18.0	16.1	19.4	21.0	19.5	22.1
2013	19.3	17.9	20.4	18.0	16.1	19.4	20.9	19.3	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
2011	12.0	11.0	12.8	11.7	10.4	12.5	13.2	12.0	13.9
2012	12.1	11.1	12.9	11.7	10.4	12.6	13.5	12.3	14.2
2013	12.1	11.1	12.9	11.7	10.4	12.6	13.4	12.3	14.1

<sup>1</sup>Data shown for 1900–1960 are for the nonwhite population.

<sup>2</sup>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.

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

<sup>4</sup>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. Life expectancies for the Hispanic population are adjusted for underreporting on the death certificate of Hispanic ethnicity, but are not adjusted to account for the potential effects of return migration. To address the effects of age misstatement at the oldest ages, the probability of death for Hispanic persons older than 80 years is estimated as a function of non-Hispanic white mortality with the use of the Brass relational logit model. See Appendix II, Hispanic origin. See Appendix II, Race, for a discussion of sources of bias in death rates by race and Hispanic origin.

NOTES: Populations for computing life expectancy for 1991–1999 are 1990-based postcensal estimates of the U.S. resident population. Starting with *Health, United States, 2012*, populations for computing life expectancy for 2001–2009 were based on intercensal population estimates of the U.S. resident population. Populations for computing life expectancy for 2010 were based on 2010 census counts. Life expectancy for 2011 and beyond was computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. In 1997, life table methodology was revised to construct complete life tables by single years of age that extend to age 100. (Anderson RN. Method for constructing complete annual U.S. life tables. NCHS. Vital Health Stat 2(129). 1999.) Previously, abridged life tables were constructed for 5-year age groups ending with 85 years and over. In 2000, the life table methodology was revised. The revised methodology is similar to that developed for the 1999–2001 decennial life tables. In 2008, the life table methodology was further refined. See Appendix II, Life expectancy. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. The race groups, white and black include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System, public-use Mortality Files; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; Arias E. United States life tables by Hispanic origin. Vital health statistics; vol 2 no 152. Hyattsville, MD: NCHS. 2010. Murphy SL, Kochanek KD, Xu JQ, et al. Deaths: Final data for 2012. National vital statistics reports; vol 63 no 9. Hyattsville, MD: NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf). Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 17 (page 1 of 2). Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2011–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#017>.

[Data are based on death certificates]

State and territory	All persons			White	Black or African American	American Indian or Alaska Native <sup>1</sup>	Asian or Pacific Islander <sup>1</sup>	Hispanic or Latino <sup>1</sup>	White, not Hispanic or Latino <sup>1</sup>
	1979–1981	1989–1991	2011–2013	2011–2013	2011–2013	2011–2013	2011–2013	2011–2013	2011–2013
	Age-adjusted death rate per 100,000 population <sup>2</sup>								
United States <sup>3</sup>	1,022.8	942.2	735.3	733.5	867.4	595.8	407.5	538.3	749.0
Alabama	1,091.2	1,037.9	928.4	910.6	1,016.5	325.7	296.6	346.7	919.0
Alaska	1,087.4	944.6	734.0	682.6	664.9	1,129.2	486.6	385.6	690.6
Arizona	951.5	873.5	681.8	676.8	783.7	828.6	394.8	604.6	686.4
Arkansas	1,017.0	996.3	895.6	883.4	1,026.9	288.7	507.3	354.7	893.3
California	975.5	911.0	633.8	663.4	825.8	371.7	408.8	527.9	696.3
Colorado	941.1	856.1	666.0	670.7	765.2	449.7	404.8	657.1	665.6
Connecticut	961.5	857.5	651.7	654.1	691.6	210.1	334.0	511.2	655.4
Delaware	1,069.7	1,001.9	745.0	740.6	813.3	*	338.2	415.5	746.7
District of Columbia	1,243.1	1,255.3	755.1	468.1	967.9	*	365.3	378.9	462.8
Florida	960.8	870.9	670.0	663.7	758.7	277.6	316.3	520.1	696.8
Georgia	1,094.3	1,037.4	810.0	797.9	879.2	185.9	392.5	298.0	816.6
Hawaii	801.2	752.2	587.4	632.6	492.6	*	572.9	769.7	631.2
Idaho	936.7	856.6	733.9	736.5	554.1	711.1	500.1	491.5	745.1
Illinois	1,063.7	973.8	729.9	713.6	923.9	178.2	385.2	465.1	728.9
Indiana	1,048.3	962.0	828.3	821.9	963.1	180.6	379.2	466.3	829.9
Iowa	919.9	848.2	721.5	719.0	922.2	623.7	506.8	398.6	722.4
Kansas	940.1	867.2	761.9	754.9	926.0	1,079.3	465.3	550.4	761.5
Kentucky	1,088.9	1,024.5	908.7	911.7	935.2	229.6	420.1	302.4	918.1
Louisiana	1,132.6	1,074.6	894.3	854.3	1,013.4	451.8	414.3	362.8	869.9
Maine	1,002.9	918.7	745.7	748.6	467.0	731.1	355.6	269.9	744.9
Maryland	1,063.3	985.2	711.7	695.6	810.2	217.5	351.2	330.1	708.7
Massachusetts	982.6	884.8	665.8	680.4	612.3	272.4	342.5	453.1	682.1
Michigan	1,050.2	966.0	780.2	758.2	966.6	829.6	348.1	608.5	758.9
Minnesota	892.9	825.2	653.1	647.1	718.1	1,009.4	485.3	391.1	649.3
Mississippi	1,108.7	1,071.4	952.9	914.0	1,045.3	769.5	504.4	296.1	921.1
Missouri	1,033.7	952.4	807.5	796.9	942.2	387.5	446.1	400.7	802.5
Montana	1,013.6	890.2	751.5	729.3	*	1,209.1	*	484.4	727.0
Nebraska	930.6	867.9	717.7	710.3	937.1	886.4	405.9	439.9	716.2
Nevada	1,077.4	1,017.4	777.8	805.0	836.3	551.1	439.9	470.9	859.2
New Hampshire	982.3	891.7	692.0	699.1	376.6	*	315.5	285.6	702.1
New Jersey	1,047.5	956.0	681.5	685.0	813.5	181.2	334.0	469.4	702.2
New Mexico	967.1	891.9	741.6	740.9	706.6	781.0	344.5	720.8	727.4
New York	1,051.8	973.7	655.5	672.7	674.4	179.7	359.2	510.4	669.4
North Carolina	1,050.4	986.0	784.8	765.6	888.6	777.7	347.8	276.1	778.5
North Dakota	922.4	818.4	702.9	681.1	370.2	1,319.9	*	454.8	679.6
Ohio	1,070.6	967.4	816.9	807.0	940.6	235.4	369.6	466.8	809.6
Oklahoma	1,025.6	961.4	904.3	893.8	1,020.0	978.3	468.7	533.4	905.5
Oregon	953.9	893.0	716.0	723.5	809.6	658.1	435.7	437.9	733.0
Pennsylvania	1,076.4	963.4	765.4	754.8	926.4	285.5	393.5	547.3	750.5
Rhode Island	990.8	889.6	701.1	714.9	486.0	477.3	414.2	413.6	720.0
South Carolina	1,104.6	1,030.0	837.5	807.3	948.7	437.4	399.6	357.4	815.1
South Dakota	941.9	846.4	703.7	666.9	320.4	1,280.2	498.7	284.1	669.9
Tennessee	1,045.5	1,011.8	880.3	871.1	976.8	247.2	414.3	298.4	879.1
Texas	1,014.9	947.6	752.1	750.9	901.2	148.1	399.6	633.3	786.9
Utah	924.9	823.2	703.4	706.3	660.9	723.3	534.4	528.1	715.0
Vermont	990.2	908.6	707.2	710.7	*	*	*	359.9	712.9
Virginia	1,054.0	963.1	732.0	721.5	864.3	315.0	377.1	354.8	731.1
Washington	947.7	869.4	683.6	695.5	738.4	856.3	431.3	448.8	703.8
West Virginia	1,100.3	1,031.5	938.6	940.3	1,026.8	*	279.4	232.4	944.7
Wisconsin	956.4	879.1	716.2	702.7	973.3	990.5	491.9	445.0	706.6
Wyoming	1,016.1	897.4	744.5	742.7	356.7	1,155.3	*	588.4	749.3
American Samoa <sup>4</sup>	---	---	1,080.6	---	---	---	---	---	---
Guam <sup>4</sup>	---	---	767.3	---	---	---	---	---	---
Northern Marianas <sup>4</sup>	---	---	746.1	---	---	---	---	---	---
Puerto Rico <sup>4</sup>	---	---	692.0	---	---	---	---	---	---
Virgin Islands <sup>4</sup>	---	---	†644.0	---	---	---	---	---	---

See footnotes at end of table.

**Table 17 (page 2 of 2). Age-adjusted death rates, by race, Hispanic origin, state, and territory: United States and U.S. dependent areas, average annual 1979–1981, 1989–1991, and 2011–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#017>.

[Data are based on death certificates]

---

-- Data not available.

†Rate shown is for 2010–2012 because death data were not available for the Virgin Islands for 2013.

\* Prior to 2011–2013, 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 2011–2013, 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.

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

<sup>2</sup>Age-adjusted average annual death rates are calculated using the year 2000 standard population. Prior to 2001, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2001 data, unrounded population numbers are used to calculate age-adjusted rates.

Age-adjusted rates for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas were computed by applying the age-specific death rates to the U.S. standard population combining the age groups for age 75 and over. For the territories, age groups were not available for those age 75 and over by age. See Appendix II, Age adjustment. Prior to 2011–2013, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2011–2013, denominators for rates are the 3-year average population. See Appendix I, Population Census and Population Estimates.

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

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

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. United States, state, and territory rates for 2011–2013 were calculated using 2010-based postcensal 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. Rates are rounded at the end of the calculation process. They may differ from rates based on the same data presented elsewhere if rounding is done earlier in the calculation process. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual public-use 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; 2011 and beyond from 2010-based postcensal bridged-race files. Available from: [http://www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm). For the territories (except for Puerto Rico) populations are from the U.S. Census Bureau. International data base. 2010. Available from: <http://www.census.gov/population/international/>. For Puerto Rico, populations are from U.S. Census Bureau. Puerto Rico Commonwealth characteristics. Available from: [http://www.census.gov/popest/data/puerto\\_rico/asrh/2013/index.html](http://www.census.gov/popest/data/puerto_rico/asrh/2013/index.html). See Appendix I, National Vital Statistics System (NVSS).





**Table 18 (page 2 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#018>.

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> <sup>1</sup>	1950 <sup>2,3</sup>	1960 <sup>2,3</sup>	1970 <sup>3</sup>	1980 <sup>3</sup>	1990 <sup>3</sup>	2000 <sup>4</sup>	2005 <sup>4</sup>	2010 <sup>4</sup>	2012 <sup>4</sup>	2013 <sup>4</sup>
White <sup>8</sup>										
Age-adjusted death rate per 100,000 population <sup>5</sup>										
All causes . . . . .	1,410.8	1,311.3	1,193.3	1,012.7	909.8	849.8	801.1	741.8	730.9	731.0
Diseases of heart . . . . .	586.0	559.0	492.2	409.4	317.0	253.4	213.2	176.9	168.9	168.2
Ischemic heart disease . . . . .	---	---	---	347.6	249.7	185.6	147.3	113.5	105.6	102.9
Cerebrovascular diseases . . . . .	175.5	172.7	143.5	93.2	62.8	58.8	46.0	37.7	35.6	34.9
Malignant neoplasms . . . . .	194.6	193.1	196.7	204.2	211.6	197.2	183.9	172.4	166.6	163.7
Trachea, bronchus, and lung . . . . .	15.2	24.0	36.7	49.2	58.6	56.2	53.2	48.3	45.6	44.1
Colon, rectum, and anus . . . . .	---	30.9	29.2	27.4	24.1	20.3	17.1	15.3	14.5	14.3
Chronic lower respiratory diseases . . . . .	---	---	---	29.3	38.3	46.0	46.0	44.6	44.1	44.8
Influenza and pneumonia . . . . .	44.8	50.4	39.8	30.9	36.4	23.5	20.9	14.9	14.3	15.8
Chronic liver disease and cirrhosis . . . . .	11.5	13.2	16.6	13.9	10.5	9.6	9.2	9.9	10.5	10.7
Diabetes mellitus <sup>6</sup> . . . . .	22.9	21.7	22.9	16.7	18.8	22.8	22.8	19.0	19.4	19.4
Alzheimer's disease . . . . .	---	---	---	†	†	18.8	24.7	26.0	24.7	24.4
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	---	8.3	2.8	2.2	1.4	1.2	1.2
Unintentional injuries . . . . .	77.0	60.4	57.8	45.3	35.5	35.1	40.7	40.3	41.5	41.9
Motor vehicle-related injuries . . . . .	24.4	22.9	27.1	22.6	18.5	15.6	15.7	11.7	11.8	11.3
Poisoning . . . . .	2.4	1.6	2.4	1.8	2.1	4.5	8.5	11.9	12.9	13.7
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	8.0	8.3	12.1	13.2	14.0	12.0	12.1
Suicide <sup>7</sup> . . . . .	13.9	13.1	13.8	13.0	13.4	11.3	12.1	13.6	14.1	14.2
Homicide <sup>7</sup> . . . . .	2.6	2.7	4.7	6.7	5.5	3.6	3.7	3.3	3.2	3.1
Black or African American <sup>8</sup>										
All causes . . . . .	1,722.1	1,577.5	1,518.1	1,314.8	1,250.3	1,121.4	1,035.1	898.2	864.8	860.8
Diseases of heart . . . . .	588.7	548.3	512.0	455.3	391.5	324.8	278.0	224.9	211.7	210.4
Ischemic heart disease . . . . .	---	---	---	334.5	267.0	218.3	175.7	131.2	121.3	117.5
Cerebrovascular diseases . . . . .	233.6	235.2	197.1	129.1	91.6	81.9	67.0	53.0	49.3	49.0
Malignant neoplasms . . . . .	176.4	199.1	225.3	256.4	279.5	248.5	223.5	203.8	193.8	189.2
Trachea, bronchus, and lung . . . . .	11.1	23.7	41.3	59.7	72.4	64.0	58.1	51.4	48.3	46.8
Colon, rectum, and anus . . . . .	---	22.8	26.1	28.3	30.6	28.2	25.1	21.8	20.0	19.4
Chronic lower respiratory diseases . . . . .	---	---	---	19.2	28.1	31.6	31.1	29.0	29.0	29.5
Influenza and pneumonia . . . . .	76.7	81.1	57.2	34.4	39.4	25.6	22.6	16.8	15.7	16.7
Chronic liver disease and cirrhosis . . . . .	9.0	13.6	28.1	25.0	16.5	9.4	7.6	6.7	6.9	7.3
Diabetes mellitus <sup>6</sup> . . . . .	23.5	30.9	38.8	32.7	40.5	49.5	47.5	38.7	38.7	38.4
Alzheimer's disease . . . . .	---	---	---	†	†	13.0	20.8	20.6	19.9	20.1
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	---	26.7	23.3	19.2	11.6	9.5	8.9
Unintentional injuries . . . . .	79.9	74.0	78.3	57.6	43.8	37.7	38.8	31.3	31.4	32.6
Motor vehicle-related injuries . . . . .	26.0	24.2	31.1	20.2	18.8	15.7	14.4	10.9	11.3	10.9
Poisoning . . . . .	2.8	2.9	5.8	3.1	4.1	6.0	8.1	7.3	8.1	8.9
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	20.9	19.8	28.7	30.3	29.3	25.2	25.0
Suicide <sup>7</sup> . . . . .	4.5	5.0	6.2	6.5	7.1	5.5	5.2	5.2	5.6	5.4
Homicide <sup>7</sup> . . . . .	28.3	26.0	44.0	39.0	36.3	20.5	21.1	17.7	18.4	17.8
American Indian or Alaska Native <sup>8</sup>										
All causes . . . . .	---	---	---	867.0	716.3	709.3	701.1	628.3	595.3	591.7
Diseases of heart . . . . .	---	---	---	240.6	200.6	178.2	156.6	128.6	119.6	120.6
Ischemic heart disease . . . . .	---	---	---	173.6	139.1	129.1	106.1	84.9	79.2	78.2
Cerebrovascular diseases . . . . .	---	---	---	57.8	40.7	45.0	38.8	28.1	25.2	24.6
Malignant neoplasms . . . . .	---	---	---	113.7	121.8	127.8	128.8	122.4	111.4	110.2
Trachea, bronchus, and lung . . . . .	---	---	---	20.7	30.9	32.3	35.3	33.1	30.1	27.7
Colon, rectum, and anus . . . . .	---	---	---	9.5	12.0	13.4	12.6	11.7	11.1	12.6
Chronic lower respiratory diseases . . . . .	---	---	---	14.2	25.4	32.8	31.6	33.8	29.8	30.8
Influenza and pneumonia . . . . .	---	---	---	44.4	36.1	22.3	23.6	15.9	13.1	15.0
Chronic liver disease and cirrhosis . . . . .	---	---	---	45.3	24.1	24.3	21.6	22.8	25.3	24.8
Diabetes mellitus <sup>6</sup> . . . . .	---	---	---	29.6	34.1	41.5	44.1	36.4	36.9	34.1
Alzheimer's disease . . . . .	---	---	---	†	†	9.1	15.0	17.2	12.3	12.7
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	---	1.8	2.2	2.5	1.6	1.0	1.3
Unintentional injuries . . . . .	---	---	---	99.0	62.6	51.3	51.3	46.9	49.5	47.1
Motor vehicle-related injuries . . . . .	---	---	---	54.5	32.5	27.3	22.6	15.7	16.3	15.4
Poisoning . . . . .	---	---	---	2.3	3.2	4.7	8.6	13.0	15.1	14.2
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	12.2	11.6	15.0	15.6	16.4	12.6	11.4
Suicide <sup>7</sup> . . . . .	---	---	---	11.9	11.7	9.8	10.7	10.8	10.8	11.7
Homicide <sup>7</sup> . . . . .	---	---	---	15.5	10.4	6.8	6.8	5.7	5.8	5.3

See footnotes at end of table.

**Table 18 (page 3 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#018>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death <sup>1</sup>	1950 <sup>2,3</sup>	1960 <sup>2,3</sup>	1970 <sup>3</sup>	1980 <sup>3</sup>	1990 <sup>3</sup>	2000 <sup>4</sup>	2005 <sup>4</sup>	2010 <sup>4</sup>	2012 <sup>4</sup>	2013 <sup>4</sup>
Asian or Pacific Islander <sup>8</sup>										
Age-adjusted death rate per 100,000 population <sup>5</sup>										
All causes . . . . .	---	---	---	589.9	582.0	506.4	459.6	424.3	407.1	405.4
Diseases of heart . . . . .	---	---	---	202.1	181.7	146.0	119.7	100.9	92.2	92.8
Ischemic heart disease . . . . .	---	---	---	168.2	139.6	109.6	85.6	68.7	60.5	59.9
Cerebrovascular diseases . . . . .	---	---	---	66.1	56.9	52.9	40.8	33.2	30.8	29.4
Malignant neoplasms . . . . .	---	---	---	126.1	134.2	121.9	113.2	108.9	104.2	100.5
Trachea, bronchus, and lung . . . . .	---	---	---	28.4	30.2	28.1	26.3	24.8	24.0	23.3
Colon, rectum, and anus . . . . .	---	---	---	16.4	14.4	12.7	11.5	11.4	10.8	9.8
Chronic lower respiratory diseases . . . . .	---	---	---	12.9	19.4	18.6	15.9	13.9	12.8	13.6
Influenza and pneumonia . . . . .	---	---	---	24.0	31.4	19.7	16.8	14.4	14.0	15.0
Chronic liver disease and cirrhosis . . . . .	---	---	---	6.1	5.2	3.5	3.6	3.2	3.3	3.3
Diabetes mellitus <sup>6</sup> . . . . .	---	---	---	12.6	14.6	16.4	17.3	15.5	15.7	15.8
Alzheimer's disease . . . . .	---	---	---	†	†	5.5	8.5	10.9	11.7	11.1
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	...	2.2	0.6	0.6	0.4	0.4	0.4
Unintentional injuries . . . . .	---	---	---	27.0	23.9	17.9	18.1	15.0	15.1	15.2
Motor vehicle-related injuries . . . . .	---	---	---	13.9	14.0	8.6	7.5	5.1	4.6	4.8
Poisoning . . . . .	---	---	---	0.5	0.7	0.7	1.3	1.4	1.8	2.0
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	7.2	7.1	8.4	8.7	9.6	8.0	8.1
Suicide <sup>7</sup> . . . . .	---	---	---	7.8	6.7	5.5	5.1	6.2	6.3	5.9
Homicide <sup>7</sup> . . . . .	---	---	---	5.9	5.0	3.0	2.8	1.8	1.9	1.5
Hispanic or Latino <sup>8,9</sup>										
All causes . . . . .	---	---	---	---	692.0	665.7	627.6	558.6	539.1	535.4
Diseases of heart . . . . .	---	---	---	---	217.1	196.0	170.4	132.8	122.0	121.2
Ischemic heart disease . . . . .	---	---	---	---	173.3	153.2	127.9	92.3	81.1	80.3
Cerebrovascular diseases . . . . .	---	---	---	---	45.2	46.4	38.6	32.1	30.0	29.6
Malignant neoplasms . . . . .	---	---	---	---	136.8	134.9	127.9	119.7	116.9	114.5
Trachea, bronchus, and lung . . . . .	---	---	---	---	26.5	24.8	23.3	20.4	19.2	18.7
Colon, rectum, and anus . . . . .	---	---	---	---	14.7	14.1	13.1	12.3	11.7	11.7
Chronic lower respiratory diseases . . . . .	---	---	---	---	19.3	21.1	20.9	19.6	18.5	18.7
Influenza and pneumonia . . . . .	---	---	---	---	29.7	20.6	18.5	13.7	12.0	13.2
Chronic liver disease and cirrhosis . . . . .	---	---	---	---	18.3	16.5	14.1	13.7	14.1	14.0
Diabetes mellitus <sup>6</sup> . . . . .	---	---	---	---	28.2	36.9	35.4	27.1	26.9	26.3
Alzheimer's disease . . . . .	---	---	---	---	†	10.4	15.6	18.5	17.4	17.7
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	---	16.3	6.7	4.8	2.8	2.2	2.1
Unintentional injuries . . . . .	---	---	---	---	34.6	30.1	31.8	25.8	26.5	26.9
Motor vehicle-related injuries . . . . .	---	---	---	---	19.5	14.7	14.6	9.6	9.6	9.7
Poisoning . . . . .	---	---	---	---	3.2	4.1	5.2	5.6	6.2	6.7
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	---	8.4	11.8	12.8	14.1	11.3	11.1
Suicide <sup>7</sup> . . . . .	---	---	---	---	7.8	5.9	5.6	5.9	5.8	5.7
Homicide <sup>7</sup> . . . . .	---	---	---	---	16.2	7.5	7.4	5.3	4.9	4.5
White, not Hispanic or Latino <sup>9</sup>										
All causes . . . . .	---	---	---	---	914.5	855.5	810.1	755.0	745.8	747.1
Diseases of heart . . . . .	---	---	---	---	319.7	255.5	215.5	179.9	172.3	171.8
Ischemic heart disease . . . . .	---	---	---	---	251.9	186.6	148.3	115.0	107.4	104.6
Cerebrovascular diseases . . . . .	---	---	---	---	63.5	59.0	46.2	37.8	35.8	35.0
Malignant neoplasms . . . . .	---	---	---	---	215.4	200.6	187.8	176.5	170.6	167.7
Trachea, bronchus, and lung . . . . .	---	---	---	---	60.3	58.2	55.5	50.8	48.0	46.6
Colon, rectum, and anus . . . . .	---	---	---	---	24.6	20.5	17.4	15.5	14.7	14.5
Chronic lower respiratory diseases . . . . .	---	---	---	---	39.2	47.2	47.7	46.6	46.3	47.0
Influenza and pneumonia . . . . .	---	---	---	---	36.5	23.5	21.0	14.9	14.4	15.9
Chronic liver disease and cirrhosis . . . . .	---	---	---	---	9.9	9.0	8.7	9.4	10.0	10.3
Diabetes mellitus <sup>6</sup> . . . . .	---	---	---	---	18.3	21.8	21.8	18.2	18.5	18.6
Alzheimer's disease . . . . .	---	---	---	---	†	19.1	25.1	26.4	25.1	24.8
Human immunodeficiency virus (HIV) disease . . . . .	---	---	---	---	7.4	2.2	1.8	1.1	1.0	0.9
Unintentional injuries . . . . .	---	---	---	---	35.0	35.3	41.5	42.4	43.9	44.2
Motor vehicle-related injuries . . . . .	---	---	---	---	18.2	15.6	15.7	11.9	12.1	11.5
Poisoning . . . . .	---	---	---	---	2.0	4.6	9.1	13.3	14.4	15.3
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	---	---	---	---	8.1	12.0	13.1	13.8	11.9	12.1
Suicide <sup>7</sup> . . . . .	---	---	---	---	13.8	12.0	13.0	15.0	15.7	15.9
Homicide <sup>7</sup> . . . . .	---	---	---	---	4.0	2.8	2.7	2.5	2.6	2.5

See footnotes at end of table.

## Table 18 (page 4 of 4). Age-adjusted death rates for selected causes of death, by sex, race, and Hispanic origin: United States, selected years 1950–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#018>.

[Data are based on death certificates]

-- Data not available.

<sup>1</sup>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.

<sup>1</sup>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.

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

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>Starting with 2011 data, the rules for selecting Renal failure as the underlying cause of death were changed, affecting the number of deaths in the Nephritis, nephrotic syndrome and nephrosis and Diabetes categories. These changes directly affect deaths with mention of Renal failure and other associated conditions, such as Diabetes mellitus with renal complications. The result is a decrease in the number of deaths for Nephritis, nephrotic syndrome and nephrosis and an increase in the number of deaths for Diabetes mellitus. Therefore, trend data for these two causes of death should be interpreted with caution. For more information, see Technical Notes in Deaths: Preliminary data for 2011, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).

<sup>7</sup>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.

<sup>8</sup>The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See Appendix II, Race, for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

<sup>9</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 19 (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 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#019>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death <sup>2</sup>	Crude	Age-adjusted <sup>1</sup>					
	2013 <sup>3</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
All persons							
Years lost before age 75 per 100,000 population under age 75							
All causes . . . . .	7,002.7	10,448.4	9,085.5	7,578.1	6,642.9	6,588.0	6,593.1
Diseases of heart . . . . .	1,070.9	2,238.7	1,617.7	1,253.0	972.4	951.9	952.3
Ischemic heart disease . . . . .	630.4	1,729.3	1,153.6	841.8	577.3	558.4	546.1
Cerebrovascular diseases . . . . .	177.2	357.5	259.6	223.3	169.3	161.6	158.1
Malignant neoplasms . . . . .	1,527.1	2,108.8	2,003.8	1,674.1	1,395.8	1,356.2	1,328.6
Trachea, bronchus, and lung . . . . .	362.1	548.5	561.4	443.1	331.3	309.9	298.2
Colorectal . . . . .	139.2	190.0	164.7	141.9	125.0	123.0	123.5
Prostate <sup>4</sup> . . . . .	57.6	84.9	96.8	63.6	52.2	48.1	47.5
Breast <sup>5</sup> . . . . .	278.5	463.2	451.6	332.6	262.4	256.0	250.0
Chronic lower respiratory diseases . . . . .	211.1	169.1	187.4	188.1	172.4	171.6	176.6
Influenza and pneumonia . . . . .	88.8	160.2	141.5	87.1	71.4	67.4	82.3
Chronic liver disease and cirrhosis . . . . .	192.0	300.3	196.9	164.1	163.9	173.3	176.9
Diabetes mellitus <sup>6</sup> . . . . .	189.3	134.4	155.9	178.4	158.2	164.3	168.3
Alzheimer's disease . . . . .	14.0	†	†	10.9	11.7	11.0	11.1
Human immunodeficiency virus (HIV) disease . . . . .	57.7	...	383.8	174.6	76.6	61.8	58.1
Unintentional injuries . . . . .	1,027.8	1,543.5	1,162.1	1,026.5	1,025.2	1,046.1	1,051.2
Motor vehicle-related injuries . . . . .	378.6	912.9	716.4	574.3	400.6	402.4	386.6
Poisoning . . . . .	417.1	68.0	81.2	163.6	379.7	408.8	430.9
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	74.4	---	50.4	70.7	73.1	65.2	65.7
Suicide <sup>7</sup> . . . . .	394.4	392.0	393.1	334.5	385.2	402.1	401.6
Homicide <sup>7</sup> . . . . .	222.1	425.5	417.4	266.5	239.0	240.9	229.8
Male							
All causes . . . . .	8,678.3	13,777.2	11,973.5	9,572.2	8,329.5	8,249.1	8,249.5
Diseases of heart . . . . .	1,473.5	3,352.1	2,356.0	1,766.0	1,370.8	1,336.6	1,338.2
Ischemic heart disease . . . . .	917.1	2,715.1	1,766.3	1,255.4	864.8	831.8	816.2
Cerebrovascular diseases . . . . .	200.3	396.7	286.6	244.6	190.7	183.7	182.1
Malignant neoplasms . . . . .	1,609.9	2,360.8	2,214.6	1,810.8	1,500.8	1,450.9	1,415.9
Trachea, bronchus, and lung . . . . .	408.5	821.1	764.8	554.9	390.5	361.1	345.1
Colorectal . . . . .	162.4	214.9	194.3	167.3	148.0	144.4	146.8
Prostate . . . . .	57.6	84.9	96.8	63.6	52.2	48.1	47.5
Chronic lower respiratory diseases . . . . .	215.0	235.1	224.8	206.0	182.8	179.7	185.2
Influenza and pneumonia . . . . .	100.5	202.5	180.0	102.8	82.6	77.5	94.1
Chronic liver disease and cirrhosis . . . . .	260.0	415.0	283.9	236.9	226.9	237.2	242.1
Diabetes mellitus <sup>6</sup> . . . . .	229.4	140.4	170.4	203.8	194.8	203.5	208.6
Alzheimer's disease . . . . .	12.1	†	†	10.6	10.7	10.2	10.2
Human immunodeficiency virus (HIV) disease . . . . .	83.8	...	686.2	258.9	109.5	87.0	84.3
Unintentional injuries . . . . .	1,441.8	2,342.7	1,715.1	1,475.6	1,432.1	1,459.7	1,463.5
Motor vehicle-related injuries . . . . .	546.7	1,359.7	1,018.4	796.4	569.2	574.3	552.2
Poisoning . . . . .	557.4	96.4	123.6	242.1	503.8	541.5	573.1
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	83.3	---	58.9	81.1	82.3	75.3	75.3
Suicide <sup>7</sup> . . . . .	612.0	605.6	634.8	539.1	607.0	625.9	619.8
Homicide <sup>7</sup> . . . . .	359.7	675.0	658.0	410.5	380.3	383.6	365.9
Female							
All causes . . . . .	5,337.8	7,350.3	6,333.1	5,644.6	4,994.0	4,959.6	4,967.9
Diseases of heart . . . . .	670.8	1,246.0	948.5	774.6	593.6	585.4	584.5
Ischemic heart disease . . . . .	345.4	852.1	600.3	457.6	305.2	299.3	290.0
Cerebrovascular diseases . . . . .	154.2	324.0	235.9	203.9	149.1	140.7	135.4
Malignant neoplasms . . . . .	1,444.9	1,896.8	1,826.6	1,555.3	1,301.0	1,271.0	1,250.3
Trachea, bronchus, and lung . . . . .	315.9	310.4	382.2	342.1	276.9	262.8	255.1
Colorectal . . . . .	116.2	168.7	138.7	118.7	103.4	102.8	101.5
Breast . . . . .	278.5	463.2	451.6	332.6	262.4	256.0	250.0
Chronic lower respiratory diseases . . . . .	207.2	114.0	155.9	172.3	162.8	164.1	168.7
Influenza and pneumonia . . . . .	77.1	122.0	106.2	72.3	60.7	57.8	70.9
Chronic liver disease and cirrhosis . . . . .	124.3	194.5	115.1	94.5	103.5	111.9	114.4
Diabetes mellitus <sup>6</sup> . . . . .	149.5	128.5	142.3	154.4	123.5	127.0	129.8
Alzheimer's disease . . . . .	15.8	†	†	11.1	12.6	11.8	12.0
Human immunodeficiency virus (HIV) disease . . . . .	31.8	...	87.8	92.0	44.4	37.2	32.5
Unintentional injuries . . . . .	616.4	755.3	607.4	573.2	616.4	629.6	635.7
Motor vehicle-related injuries . . . . .	211.5	470.4	411.6	348.5	230.5	228.7	219.0
Poisoning . . . . .	277.7	40.2	39.1	85.0	255.1	275.1	287.7
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	65.5	---	42.4	60.8	64.6	55.6	56.6
Suicide <sup>7</sup> . . . . .	178.3	184.2	153.3	129.1	163.7	177.6	182.5
Homicide <sup>7</sup> . . . . .	85.4	181.3	174.3	118.9	94.9	94.9	90.4

See footnotes at end of table.

**Table 19 (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 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#019>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death <sup>2</sup>	Crude	Age-adjusted <sup>1</sup>					
	2013 <sup>3</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
White <sup>8</sup>							
Years lost before age 75 per 100,000 population under age 75							
All causes . . . . .	6,864.3	9,554.1	8,159.5	6,949.5	6,342.8	6,321.6	6,338.2
Diseases of heart . . . . .	1,032.2	2,100.8	1,490.3	1,149.4	900.9	882.5	881.8
Ischemic heart disease . . . . .	640.1	1,682.7	1,113.4	805.3	563.7	544.8	532.0
Cerebrovascular diseases . . . . .	157.7	300.7	213.1	187.1	142.7	138.7	135.1
Malignant neoplasms . . . . .	1,572.4	2,035.9	1,929.3	1,627.8	1,375.8	1,340.7	1,317.7
Trachea, bronchus, and lung . . . . .	383.0	529.9	544.2	436.3	332.8	311.4	300.4
Colorectal . . . . .	138.5	186.8	157.8	134.1	118.4	117.9	118.6
Prostate <sup>4</sup> . . . . .	53.9	74.8	86.6	54.3	45.3	42.1	41.9
Breast <sup>5</sup> . . . . .	272.0	460.2	441.7	315.6	245.0	239.3	236.0
Chronic lower respiratory diseases . . . . .	228.7	165.4	182.3	185.3	176.1	175.3	180.1
Influenza and pneumonia . . . . .	86.7	130.8	116.9	77.7	66.7	63.2	78.4
Chronic liver disease and cirrhosis . . . . .	210.6	257.3	175.8	162.7	173.5	185.9	189.3
Diabetes mellitus <sup>6</sup> . . . . .	174.3	115.7	133.7	155.6	139.0	145.4	149.2
Alzheimer's disease . . . . .	15.8	†	†	11.4	12.4	11.7	11.8
Human immunodeficiency virus (HIV) disease . . . . .	31.6	...	309.0	94.7	39.9	32.8	31.5
Unintentional injuries . . . . .	1,089.1	1,520.4	1,139.7	1,031.8	1,098.6	1,119.7	1,125.2
Motor vehicle-related injuries . . . . .	387.4	939.9	726.7	586.1	419.0	420.1	401.2
Poisoning . . . . .	472.2	64.9	74.4	167.2	435.4	467.6	493.0
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	62.1	---	37.0	52.5	57.4	51.1	52.7
Suicide <sup>7</sup> . . . . .	440.3	414.5	417.7	362.0	430.8	450.8	451.2
Homicide <sup>7</sup> . . . . .	120.6	271.7	234.9	156.6	138.7	135.9	127.7
Black or African American <sup>8</sup>							
All causes . . . . .	9,508.1	17,873.4	16,593.0	12,897.1	9,832.5	9,555.7	9,528.5
Diseases of heart . . . . .	1,597.4	3,619.9	2,891.8	2,275.2	1,691.1	1,645.0	1,647.0
Ischemic heart disease . . . . .	757.2	2,305.1	1,676.1	1,300.1	818.8	792.0	776.7
Cerebrovascular diseases . . . . .	309.9	883.2	656.4	507.0	358.1	326.5	319.2
Malignant neoplasms . . . . .	1,645.8	2,946.1	2,894.8	2,294.7	1,796.7	1,724.1	1,666.7
Trachea, bronchus, and lung . . . . .	363.6	776.0	811.3	593.0	405.6	377.5	362.4
Colorectal . . . . .	169.2	232.3	241.8	222.4	188.6	177.0	174.2
Prostate <sup>4</sup> . . . . .	100.7	200.3	223.5	171.0	127.3	113.6	109.9
Breast <sup>5</sup> . . . . .	384.2	524.2	592.9	500.0	420.8	406.2	389.8
Chronic lower respiratory diseases . . . . .	198.2	203.7	240.6	232.7	187.7	192.8	200.1
Influenza and pneumonia . . . . .	121.4	384.9	330.8	161.2	109.8	106.2	122.9
Chronic liver disease and cirrhosis . . . . .	120.5	644.0	371.8	185.6	120.2	116.2	122.4
Diabetes mellitus <sup>6</sup> . . . . .	314.4	305.3	361.5	383.4	316.4	316.6	323.8
Alzheimer's disease . . . . .	8.9	†	†	8.3	10.0	9.3	9.8
Human immunodeficiency virus (HIV) disease . . . . .	224.4	...	1,014.7	763.3	329.5	259.0	238.4
Unintentional injuries . . . . .	955.2	1,751.5	1,392.7	1,152.8	896.7	925.8	953.0
Motor vehicle-related injuries . . . . .	408.4	750.2	699.5	580.8	393.4	404.0	402.6
Poisoning . . . . .	253.2	99.4	144.3	196.6	218.9	242.1	265.6
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	161.1	---	160.9	216.9	193.2	172.4	165.7
Suicide <sup>7</sup> . . . . .	208.7	238.0	261.4	208.7	196.4	210.4	207.0
Homicide <sup>7</sup> . . . . .	847.5	1,580.8	1,612.9	941.6	821.2	842.9	813.5
American Indian or Alaska Native <sup>8</sup>							
All causes . . . . .	6,359.5	13,390.9	9,506.2	7,758.2	6,771.3	6,842.6	6,698.8
Diseases of heart . . . . .	708.1	1,819.9	1,391.0	1,030.1	820.6	797.4	807.4
Ischemic heart disease . . . . .	419.3	1,208.2	901.8	709.3	487.6	486.4	484.4
Cerebrovascular diseases . . . . .	107.6	269.3	223.3	198.1	129.7	121.5	124.1
Malignant neoplasms . . . . .	755.5	1,101.3	1,141.1	995.7	929.5	856.9	852.4
Trachea, bronchus, and lung . . . . .	141.6	181.1	268.1	227.8	211.0	188.5	166.0
Colorectal . . . . .	91.4	78.8	82.4	93.8	95.8	90.0	103.3
Prostate <sup>4</sup> . . . . .	26.3	66.7	42.0	44.5	36.8	36.7	32.6
Breast <sup>5</sup> . . . . .	97.7	205.5	213.4	174.1	145.0	120.0	108.5
Chronic lower respiratory diseases . . . . .	116.0	89.3	129.0	151.8	154.5	133.2	135.6
Influenza and pneumonia . . . . .	99.6	307.9	206.3	124.0	99.3	80.8	109.0
Chronic liver disease and cirrhosis . . . . .	497.9	1,190.3	535.1	519.4	510.8	553.3	562.2
Diabetes mellitus <sup>6</sup> . . . . .	248.2	305.5	292.3	305.6	267.6	286.4	281.7
Alzheimer's disease . . . . .	4.5	†	†	*	8.8	6.2	5.7
Human immunodeficiency virus (HIV) disease . . . . .	30.2	...	70.1	68.4	46.1	32.1	33.8
Unintentional injuries . . . . .	1,389.5	3,541.0	2,183.9	1,700.1	1,377.7	1,505.2	1,388.2
Motor vehicle-related injuries . . . . .	603.5	2,102.4	1,301.5	1,032.2	570.6	637.0	575.7
Poisoning . . . . .	464.0	92.9	119.5	180.1	449.6	514.1	487.3
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	65.3	---	88.5	102.0	81.7	67.5	73.7
Suicide <sup>7</sup> . . . . .	480.9	515.0	495.9	403.1	437.9	437.6	463.0
Homicide <sup>7</sup> . . . . .	234.9	628.9	434.2	278.5	256.4	244.5	227.8

See footnotes at end of table.

**Table 19 (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 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#019>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death <sup>2</sup>	Crude	Age-adjusted <sup>1</sup>					
	2013 <sup>3</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Asian or Pacific Islander <sup>8</sup>							
Years lost before age 75 per 100,000 population under age 75							
All causes . . . . .	3,061.9	5,378.4	4,705.2	3,811.1	3,061.2	3,049.4	3,050.9
Diseases of heart . . . . .	421.9	952.8	702.2	567.9	400.1	404.0	413.1
Ischemic heart disease . . . . .	256.3	697.7	486.6	381.1	250.6	248.3	250.4
Cerebrovascular diseases . . . . .	135.1	266.9	233.5	199.4	148.3	136.0	134.3
Malignant neoplasms . . . . .	848.3	1,218.6	1,166.4	1,033.8	874.7	855.5	830.7
Trachea, bronchus, and lung . . . . .	139.8	238.2	204.7	185.8	148.2	145.2	136.7
Colorectal . . . . .	89.6	115.9	105.1	91.6	87.6	85.6	87.0
Prostate <sup>4</sup> . . . . .	13.7	17.0	32.4	18.8	17.0	14.7	14.4
Breast <sup>5</sup> . . . . .	154.2	222.2	216.5	200.8	156.9	161.7	146.5
Chronic lower respiratory diseases . . . . .	35.1	56.4	72.8	56.5	33.2	30.6	35.0
Influenza and pneumonia . . . . .	36.6	79.3	74.0	48.6	38.4	33.5	36.4
Chronic liver disease and cirrhosis . . . . .	44.1	85.6	72.4	44.8	41.7	37.8	42.9
Diabetes mellitus <sup>6</sup> . . . . .	75.8	83.1	74.0	77.0	69.5	77.0	74.0
Alzheimer's disease . . . . .	3.4	†	†	3.5	3.2	3.8	3.6
Human immunodeficiency virus (HIV) disease . . . . .	11.6	...	77.0	19.9	10.7	9.9	11.2
Unintentional injuries . . . . .	314.5	742.7	636.6	425.7	303.0	311.8	308.5
Motor vehicle-related injuries . . . . .	139.5	472.6	445.5	263.4	147.9	135.9	136.5
Poisoning . . . . .	75.3	*	17.6	25.9	46.5	64.9	71.5
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	31.5	---	26.7	33.6	38.1	29.9	31.1
Suicide <sup>7</sup> . . . . .	214.7	217.1	200.6	168.6	199.7	207.6	206.0
Homicide <sup>7</sup> . . . . .	65.5	201.1	205.8	113.1	68.8	68.3	64.4
Hispanic or Latino <sup>8,9</sup>							
All causes . . . . .	4,297.8	---	7,963.3	6,037.6	4,795.1	4,678.4	4,668.1
Diseases of heart . . . . .	447.7	---	1,082.0	821.3	598.1	570.7	571.0
Ischemic heart disease . . . . .	254.3	---	756.6	564.6	366.6	341.7	340.0
Cerebrovascular diseases . . . . .	116.4	---	238.0	207.8	150.4	144.3	145.5
Malignant neoplasms . . . . .	746.9	---	1,232.2	1,098.2	951.2	947.3	927.9
Trachea, bronchus, and lung . . . . .	74.6	---	193.7	152.1	115.0	107.3	102.9
Colorectal . . . . .	72.2	---	100.2	101.4	94.0	86.7	92.8
Prostate <sup>4</sup> . . . . .	22.6	---	47.7	42.9	38.2	37.0	35.9
Breast <sup>5</sup> . . . . .	148.3	---	299.3	230.7	180.0	192.5	181.2
Chronic lower respiratory diseases . . . . .	43.7	---	78.8	68.5	59.6	53.2	56.2
Influenza and pneumonia . . . . .	55.3	---	130.1	76.0	57.5	53.1	64.3
Chronic liver disease and cirrhosis . . . . .	165.1	---	329.1	252.1	201.6	209.5	206.1
Diabetes mellitus <sup>6</sup> . . . . .	123.7	---	177.8	215.6	158.5	160.0	161.6
Alzheimer's disease . . . . .	5.2	---	†	6.9	8.4	7.7	8.5
Human immunodeficiency virus (HIV) disease . . . . .	45.7	---	600.1	209.4	74.9	55.2	52.5
Unintentional injuries . . . . .	752.6	---	1,190.6	920.1	708.7	719.5	735.9
Motor vehicle-related injuries . . . . .	365.5	---	740.8	540.2	340.3	346.0	344.8
Poisoning . . . . .	217.0	---	121.9	145.9	191.2	207.7	224.3
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	45.4	---	54.4	62.0	67.7	57.1	57.5
Suicide <sup>7</sup> . . . . .	201.3	---	256.2	188.5	193.6	198.1	195.6
Homicide <sup>7</sup> . . . . .	217.6	---	720.8	335.1	238.0	215.4	199.3
White, not Hispanic or Latino <sup>9</sup>							
All causes . . . . .	7,403.1	---	8,022.5	6,960.5	6,545.3	6,560.4	6,593.2
Diseases of heart . . . . .	1,166.6	---	1,504.0	1,175.1	943.2	929.3	930.5
Ischemic heart disease . . . . .	729.0	---	1,127.2	824.7	590.8	574.7	560.9
Cerebrovascular diseases . . . . .	165.0	---	210.1	183.0	139.1	135.2	130.3
Malignant neoplasms . . . . .	1,760.9	---	1,974.1	1,668.4	1,421.5	1,383.3	1,362.2
Trachea, bronchus, and lung . . . . .	458.9	---	566.8	460.3	359.1	337.7	327.2
Colorectal . . . . .	153.2	---	162.1	136.2	121.2	122.4	122.1
Prostate <sup>4</sup> . . . . .	61.4	---	89.2	54.9	45.9	42.4	42.3
Breast <sup>5</sup> . . . . .	298.9	---	451.5	322.3	252.6	243.5	242.3
Chronic lower respiratory diseases . . . . .	274.0	---	188.1	193.8	189.1	190.0	195.9
Influenza and pneumonia . . . . .	93.0	---	112.3	76.4	67.8	64.5	80.5
Chronic liver disease and cirrhosis . . . . .	217.1	---	162.4	150.9	166.9	179.6	183.9
Diabetes mellitus <sup>6</sup> . . . . .	183.5	---	131.2	150.2	136.7	143.0	147.0
Alzheimer's disease . . . . .	18.4	---	†	11.7	12.7	12.1	12.1
Human immunodeficiency virus (HIV) disease . . . . .	26.8	---	271.2	76.0	31.3	26.9	25.7
Unintentional injuries . . . . .	1,155.5	---	1,114.7	1,041.4	1,183.0	1,210.5	1,214.6
Motor vehicle-related injuries . . . . .	383.9	---	715.7	588.8	430.6	431.0	407.4
Poisoning . . . . .	530.7	---	68.3	169.4	494.0	533.1	561.8
Nephritis, nephrotic syndrome and nephrosis <sup>6</sup> . . . . .	65.2	---	34.5	51.1	55.3	49.8	51.2
Suicide <sup>7</sup> . . . . .	495.8	---	433.0	389.2	483.8	510.2	512.9
Homicide <sup>7</sup> . . . . .	91.8	---	162.0	113.2	103.4	106.6	100.6

See footnotes at end of table.

## Table 19 (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 1980–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#019>.

[Data are based on death certificates]

... Category not applicable.

--- Data not available.

<sup>1</sup>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.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Rate for male population only.

<sup>5</sup>Rate for female population only.

<sup>6</sup>Starting with 2011 data, the rules for selecting Renal failure as the underlying cause of death were changed, affecting the number of deaths in the Nephritis, nephrotic syndrome and nephrosis and Diabetes categories. These changes directly affect deaths with mention of Renal failure and other associated conditions, such as Diabetes mellitus with renal complications. The result is a decrease in the number of deaths for Nephritis, nephrotic syndrome and nephrosis and an increase in the number of deaths for Diabetes mellitus. Therefore, trend data for these two causes of death should be interpreted with caution. For more information, see Technical Notes in Deaths: Preliminary data for 2011, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).

<sup>7</sup>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.

<sup>8</sup>The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See Appendix II, Race, for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

<sup>9</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. 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. Rates are rounded at the end of the calculation process. They may differ from rates based on the same data presented elsewhere if rounding is done earlier in the calculation process. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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



**Table 20 (page 1 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#020>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>All persons</b>				
Rank	All causes . . . . .	1,989,841	All causes . . . . .	2,596,993
1. . . . .	Diseases of heart . . . . .	761,085	Diseases of heart . . . . .	611,105
2. . . . .	Malignant neoplasms . . . . .	416,509	Malignant neoplasms . . . . .	584,881
3. . . . .	Cerebrovascular diseases . . . . .	170,225	Chronic lower respiratory diseases . . . . .	149,205
4. . . . .	Unintentional injuries . . . . .	105,718	Unintentional injuries . . . . .	130,557
5. . . . .	Chronic obstructive pulmonary diseases . . . . .	56,050	Cerebrovascular diseases . . . . .	128,978
6. . . . .	Pneumonia and influenza . . . . .	54,619	Alzheimer's disease . . . . .	84,767
7. . . . .	Diabetes mellitus . . . . .	34,851	Diabetes mellitus <sup>1</sup> . . . . .	75,578
8. . . . .	Chronic liver disease and cirrhosis . . . . .	30,583	Influenza and pneumonia . . . . .	56,979
9. . . . .	Atherosclerosis . . . . .	29,449	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	47,112
10. . . . .	Suicide . . . . .	26,869	Suicide . . . . .	41,149
<b>Male</b>				
Rank	All causes . . . . .	1,075,078	All causes . . . . .	1,306,034
1. . . . .	Diseases of heart . . . . .	405,661	Diseases of heart . . . . .	321,347
2. . . . .	Malignant neoplasms . . . . .	225,948	Malignant neoplasms . . . . .	307,559
3. . . . .	Unintentional injuries . . . . .	74,180	Unintentional injuries . . . . .	81,916
4. . . . .	Cerebrovascular diseases . . . . .	69,973	Chronic lower respiratory diseases . . . . .	70,317
5. . . . .	Chronic obstructive pulmonary diseases . . . . .	38,625	Cerebrovascular diseases . . . . .	53,691
6. . . . .	Pneumonia and influenza . . . . .	27,574	Diabetes mellitus <sup>1</sup> . . . . .	39,841
7. . . . .	Suicide . . . . .	20,505	Suicide . . . . .	32,055
8. . . . .	Chronic liver disease and cirrhosis . . . . .	19,768	Influenza and pneumonia . . . . .	26,804
9. . . . .	Homicide . . . . .	18,779	Alzheimer's disease . . . . .	25,836
10. . . . .	Diabetes mellitus . . . . .	14,325	Chronic liver disease and cirrhosis . . . . .	23,709
<b>Female</b>				
Rank	All causes . . . . .	914,763	All causes . . . . .	1,290,959
1. . . . .	Diseases of heart . . . . .	355,424	Diseases of heart . . . . .	289,758
2. . . . .	Malignant neoplasms . . . . .	190,561	Malignant neoplasms . . . . .	277,322
3. . . . .	Cerebrovascular diseases . . . . .	100,252	Chronic lower respiratory diseases . . . . .	78,888
4. . . . .	Unintentional injuries . . . . .	31,538	Cerebrovascular diseases . . . . .	75,287
5. . . . .	Pneumonia and influenza . . . . .	27,045	Alzheimer's disease . . . . .	58,931
6. . . . .	Diabetes mellitus . . . . .	20,526	Unintentional injuries . . . . .	48,641
7. . . . .	Atherosclerosis . . . . .	17,848	Diabetes mellitus <sup>1</sup> . . . . .	35,737
8. . . . .	Chronic obstructive pulmonary diseases . . . . .	17,425	Influenza and pneumonia . . . . .	30,175
9. . . . .	Chronic liver disease and cirrhosis . . . . .	10,815	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	23,619
10. . . . .	Certain conditions originating in the perinatal period . . . . .	9,815	Septicemia . . . . .	20,162
<b>White</b>				
Rank	All causes . . . . .	1,738,607	All causes . . . . .	2,217,103
1. . . . .	Diseases of heart . . . . .	683,347	Diseases of heart . . . . .	522,645
2. . . . .	Malignant neoplasms . . . . .	368,162	Malignant neoplasms . . . . .	498,116
3. . . . .	Cerebrovascular diseases . . . . .	148,734	Chronic lower respiratory diseases . . . . .	136,682
4. . . . .	Unintentional injuries . . . . .	90,122	Unintentional injuries . . . . .	112,803
5. . . . .	Chronic obstructive pulmonary diseases . . . . .	52,375	Cerebrovascular diseases . . . . .	107,909
6. . . . .	Pneumonia and influenza . . . . .	48,369	Alzheimer's disease . . . . .	77,387
7. . . . .	Diabetes mellitus . . . . .	28,868	Diabetes mellitus <sup>1</sup> . . . . .	58,925
8. . . . .	Atherosclerosis . . . . .	27,069	Influenza and pneumonia . . . . .	49,013
9. . . . .	Chronic liver disease and cirrhosis . . . . .	25,240	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	37,270
10. . . . .	Suicide . . . . .	24,829	Suicide . . . . .	37,154
<b>Black or African American</b>				
Rank	All causes . . . . .	233,135	All causes . . . . .	302,969
1. . . . .	Diseases of heart . . . . .	72,956	Diseases of heart . . . . .	72,010
2. . . . .	Malignant neoplasms . . . . .	45,037	Malignant neoplasms . . . . .	67,953
3. . . . .	Cerebrovascular diseases . . . . .	20,135	Cerebrovascular diseases . . . . .	16,269
4. . . . .	Unintentional injuries . . . . .	13,480	Unintentional injuries . . . . .	13,413
5. . . . .	Homicide . . . . .	10,172	Diabetes mellitus <sup>1</sup> . . . . .	13,385
6. . . . .	Certain conditions originating in the perinatal period . . . . .	6,961	Chronic lower respiratory diseases . . . . .	9,918
7. . . . .	Pneumonia and influenza . . . . .	5,648	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	8,393
8. . . . .	Diabetes mellitus . . . . .	5,544	Homicide . . . . .	8,059
9. . . . .	Chronic liver disease and cirrhosis . . . . .	4,790	Septicemia . . . . .	6,250
10. . . . .	Nephritis, nephrotic syndrome and nephrosis . . . . .	3,416	Alzheimer's disease . . . . .	5,714

See footnotes at end of table.

**Table 20 (page 2 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#020>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>American Indian or Alaska Native</b>				
Rank	All causes . . . . .	6,923	All causes . . . . .	17,052
1 . . . . .	Diseases of heart . . . . .	1,494	Diseases of heart . . . . .	3,139
2 . . . . .	Unintentional injuries . . . . .	1,290	Malignant neoplasms . . . . .	3,109
3 . . . . .	Malignant neoplasms . . . . .	770	Unintentional injuries . . . . .	1,833
4 . . . . .	Chronic liver disease and cirrhosis . . . . .	410	Diabetes mellitus <sup>1</sup> . . . . .	959
5 . . . . .	Cerebrovascular diseases . . . . .	322	Chronic liver disease and cirrhosis . . . . .	944
6 . . . . .	Pneumonia and influenza . . . . .	257	Chronic lower respiratory diseases . . . . .	757
7 . . . . .	Homicide . . . . .	217	Cerebrovascular diseases . . . . .	595
8 . . . . .	Diabetes mellitus . . . . .	210	Suicide . . . . .	521
9 . . . . .	Certain conditions originating in the perinatal period . . . . .	199	Influenza and pneumonia . . . . .	375
10 . . . . .	Suicide . . . . .	181	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	302
<b>Asian or Pacific Islander</b>				
Rank	All causes . . . . .	11,071	All causes . . . . .	59,869
1 . . . . .	Diseases of heart . . . . .	3,265	Malignant neoplasms . . . . .	15,703
2 . . . . .	Malignant neoplasms . . . . .	2,522	Diseases of heart . . . . .	13,311
3 . . . . .	Cerebrovascular diseases . . . . .	1,028	Cerebrovascular diseases . . . . .	4,205
4 . . . . .	Unintentional injuries . . . . .	810	Unintentional injuries . . . . .	2,508
5 . . . . .	Pneumonia and influenza . . . . .	342	Diabetes mellitus <sup>1</sup> . . . . .	2,309
6 . . . . .	Suicide . . . . .	249	Influenza and pneumonia . . . . .	2,024
7 . . . . .	Certain conditions originating in the perinatal period . . . . .	246	Chronic lower respiratory diseases . . . . .	1,848
8 . . . . .	Diabetes mellitus . . . . .	227	Alzheimer's disease . . . . .	1,428
9 . . . . .	Homicide . . . . .	211	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	1,147
10 . . . . .	Chronic obstructive pulmonary diseases . . . . .	207	Suicide . . . . .	1,121
<b>Hispanic or Latino</b>				
Rank	---	---	All causes . . . . .	163,241
1 . . . . .	---	---	Malignant neoplasms . . . . .	35,147
2 . . . . .	---	---	Diseases of heart . . . . .	33,243
3 . . . . .	---	---	Unintentional injuries . . . . .	12,015
4 . . . . .	---	---	Cerebrovascular diseases . . . . .	8,127
5 . . . . .	---	---	Diabetes mellitus <sup>1</sup> . . . . .	7,632
6 . . . . .	---	---	Chronic liver disease and cirrhosis . . . . .	5,141
7 . . . . .	---	---	Chronic lower respiratory diseases . . . . .	4,827
8 . . . . .	---	---	Alzheimer's disease . . . . .	4,127
9 . . . . .	---	---	Influenza and pneumonia . . . . .	3,592
10 . . . . .	---	---	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	3,083
<b>White male</b>				
Rank	All causes . . . . .	933,878	All causes . . . . .	1,110,956
1 . . . . .	Diseases of heart . . . . .	364,679	Diseases of heart . . . . .	275,101
2 . . . . .	Malignant neoplasms . . . . .	198,188	Malignant neoplasms . . . . .	263,167
3 . . . . .	Unintentional injuries . . . . .	62,963	Unintentional injuries . . . . .	70,161
4 . . . . .	Cerebrovascular diseases . . . . .	60,095	Chronic lower respiratory diseases . . . . .	63,757
5 . . . . .	Chronic obstructive pulmonary diseases . . . . .	35,977	Cerebrovascular diseases . . . . .	44,203
6 . . . . .	Pneumonia and influenza . . . . .	23,810	Diabetes mellitus <sup>1</sup> . . . . .	31,745
7 . . . . .	Suicide . . . . .	18,901	Suicide . . . . .	28,943
8 . . . . .	Chronic liver disease and cirrhosis . . . . .	16,407	Alzheimer's disease . . . . .	23,648
9 . . . . .	Diabetes mellitus . . . . .	12,125	Influenza and pneumonia . . . . .	22,907
10 . . . . .	Atherosclerosis . . . . .	10,543	Chronic liver disease and cirrhosis . . . . .	20,884
<b>Black or African American male</b>				
Rank	All causes . . . . .	130,138	All causes . . . . .	154,767
1 . . . . .	Diseases of heart . . . . .	37,877	Diseases of heart . . . . .	37,096
2 . . . . .	Malignant neoplasms . . . . .	25,861	Malignant neoplasms . . . . .	34,671
3 . . . . .	Unintentional injuries . . . . .	9,701	Unintentional injuries . . . . .	9,017
4 . . . . .	Cerebrovascular diseases . . . . .	9,194	Cerebrovascular diseases . . . . .	7,338
5 . . . . .	Homicide . . . . .	8,274	Homicide . . . . .	6,937
6 . . . . .	Certain conditions originating in the perinatal period . . . . .	3,869	Diabetes mellitus <sup>1</sup> . . . . .	6,378
7 . . . . .	Pneumonia and influenza . . . . .	3,386	Chronic lower respiratory diseases . . . . .	5,073
8 . . . . .	Chronic liver disease and cirrhosis . . . . .	3,020	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	3,976
9 . . . . .	Chronic obstructive pulmonary diseases . . . . .	2,429	Septicemia . . . . .	2,882
10 . . . . .	Diabetes mellitus . . . . .	2,010	Influenza and pneumonia . . . . .	2,696

See footnotes at end of table.

**Table 20 (page 3 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#020>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>American Indian or Alaska Native male</b>				
Rank	All causes . . . . .	4,193	All causes . . . . .	9,331
1 . . . . .	Unintentional injuries . . . . .	946	Diseases of heart . . . . .	1,843
2 . . . . .	Diseases of heart . . . . .	917	Malignant neoplasms . . . . .	1,650
3 . . . . .	Malignant neoplasms . . . . .	408	Unintentional injuries . . . . .	1,177
4 . . . . .	Chronic liver disease and cirrhosis . . . . .	239	Chronic liver disease and cirrhosis . . . . .	511
5 . . . . .	Cerebrovascular diseases . . . . .	163	Diabetes mellitus <sup>1</sup> . . . . .	490
6 . . . . .	Homicide . . . . .	162	Suicide . . . . .	401
7 . . . . .	Pneumonia and influenza . . . . .	148	Chronic lower respiratory diseases . . . . .	370
8 . . . . .	Suicide . . . . .	147	Cerebrovascular diseases . . . . .	253
9 . . . . .	Certain conditions originating in the perinatal period . . . . .	107	Influenza and pneumonia . . . . .	190
10 . . . . .	Diabetes mellitus . . . . .	86	Homicide . . . . .	187
<b>Asian or Pacific Islander male</b>				
Rank	All causes . . . . .	6,809	All causes . . . . .	30,980
1 . . . . .	Diseases of heart . . . . .	2,174	Malignant neoplasms . . . . .	8,071
2 . . . . .	Malignant neoplasms . . . . .	1,485	Diseases of heart . . . . .	7,307
3 . . . . .	Unintentional injuries . . . . .	556	Cerebrovascular diseases . . . . .	1,897
4 . . . . .	Cerebrovascular diseases . . . . .	521	Unintentional injuries . . . . .	1,561
5 . . . . .	Pneumonia and influenza . . . . .	227	Diabetes mellitus <sup>1</sup> . . . . .	1,228
6 . . . . .	Suicide . . . . .	159	Chronic lower respiratory diseases . . . . .	1,117
7 . . . . .	Chronic obstructive pulmonary diseases . . . . .	158	Influenza and pneumonia . . . . .	1,011
8 . . . . .	Homicide . . . . .	151	Suicide . . . . .	820
9 . . . . .	Certain conditions originating in the perinatal period . . . . .	128	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	574
10 . . . . .	Diabetes mellitus . . . . .	103	Alzheimer's disease . . . . .	447
<b>Hispanic or Latino male</b>				
Rank	---	---	All causes . . . . .	88,880
1 . . . . .	---	---	Diseases of heart . . . . .	18,377
2 . . . . .	---	---	Malignant neoplasms . . . . .	18,371
3 . . . . .	---	---	Unintentional injuries . . . . .	8,760
4 . . . . .	---	---	Diabetes mellitus <sup>1</sup> . . . . .	3,934
5 . . . . .	---	---	Cerebrovascular diseases . . . . .	3,841
6 . . . . .	---	---	Chronic liver disease and cirrhosis . . . . .	3,552
7 . . . . .	---	---	Chronic lower respiratory diseases . . . . .	2,536
8 . . . . .	---	---	Suicide . . . . .	2,279
9 . . . . .	---	---	Homicide . . . . .	2,132
10 . . . . .	---	---	Influenza and pneumonia . . . . .	1,816
<b>White female</b>				
Rank	All causes . . . . .	804,729	All causes . . . . .	1,106,147
1 . . . . .	Diseases of heart . . . . .	318,668	Diseases of heart . . . . .	247,544
2 . . . . .	Malignant neoplasms . . . . .	169,974	Malignant neoplasms . . . . .	234,949
3 . . . . .	Cerebrovascular diseases . . . . .	88,639	Chronic lower respiratory diseases . . . . .	72,925
4 . . . . .	Unintentional injuries . . . . .	27,159	Cerebrovascular diseases . . . . .	63,706
5 . . . . .	Pneumonia and influenza . . . . .	24,559	Alzheimer's disease . . . . .	53,739
6 . . . . .	Diabetes mellitus . . . . .	16,743	Unintentional injuries . . . . .	42,642
7 . . . . .	Atherosclerosis . . . . .	16,526	Diabetes mellitus <sup>1</sup> . . . . .	27,180
8 . . . . .	Chronic obstructive pulmonary diseases . . . . .	16,398	Influenza and pneumonia . . . . .	26,106
9 . . . . .	Chronic liver disease and cirrhosis . . . . .	8,833	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	18,470
10 . . . . .	Certain conditions originating in the perinatal period . . . . .	6,512	Septicemia . . . . .	16,287
<b>Black or African American female</b>				
Rank	All causes . . . . .	102,997	All causes . . . . .	148,202
1 . . . . .	Diseases of heart . . . . .	35,079	Diseases of heart . . . . .	34,914
2 . . . . .	Malignant neoplasms . . . . .	19,176	Malignant neoplasms . . . . .	33,282
3 . . . . .	Cerebrovascular diseases . . . . .	10,941	Cerebrovascular diseases . . . . .	8,931
4 . . . . .	Unintentional injuries . . . . .	3,779	Diabetes mellitus <sup>1</sup> . . . . .	7,007
5 . . . . .	Diabetes mellitus . . . . .	3,534	Chronic lower respiratory diseases . . . . .	4,845
6 . . . . .	Certain conditions originating in the perinatal period . . . . .	3,092	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	4,417
7 . . . . .	Pneumonia and influenza . . . . .	2,262	Unintentional injuries . . . . .	4,396
8 . . . . .	Homicide . . . . .	1,898	Alzheimer's disease . . . . .	4,050
9 . . . . .	Chronic liver disease and cirrhosis . . . . .	1,770	Septicemia . . . . .	3,368
10 . . . . .	Nephritis, nephrotic syndrome and nephrosis . . . . .	1,722	Essential hypertension and hypertensive renal disease . . . . .	2,959

See footnotes at end of table.

**Table 20 (page 4 of 4). Leading causes of death and numbers of deaths, by sex, race, and Hispanic origin: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#020>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>American Indian or Alaska Native female</b>				
Rank	All causes . . . . .	2,730	All causes . . . . .	7,721
1. . . . .	Diseases of heart . . . . .	577	Malignant neoplasms . . . . .	1,459
2. . . . .	Malignant neoplasms . . . . .	362	Diseases of heart . . . . .	1,296
3. . . . .	Unintentional injuries . . . . .	344	Unintentional injuries . . . . .	656
4. . . . .	Chronic liver disease and cirrhosis . . . . .	171	Diabetes mellitus <sup>1</sup> . . . . .	469
5. . . . .	Cerebrovascular diseases . . . . .	159	Chronic liver disease and cirrhosis . . . . .	433
6. . . . .	Diabetes mellitus . . . . .	124	Chronic lower respiratory diseases . . . . .	387
7. . . . .	Pneumonia and influenza . . . . .	109	Cerebrovascular diseases . . . . .	342
8. . . . .	Certain conditions originating in the perinatal period . . . . .	92	Influenza and pneumonia . . . . .	185
9. . . . .	Nephritis, nephrotic syndrome and nephrosis . . . . .	56	Alzheimer's disease . . . . .	161
10. . . . .	Homicide . . . . .	55	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	159
<b>Asian or Pacific Islander female</b>				
Rank	All causes . . . . .	4,262	All causes . . . . .	28,889
1. . . . .	Diseases of heart . . . . .	1,091	Malignant neoplasms . . . . .	7,632
2. . . . .	Malignant neoplasms . . . . .	1,037	Diseases of heart . . . . .	6,004
3. . . . .	Cerebrovascular diseases . . . . .	507	Cerebrovascular diseases . . . . .	2,308
4. . . . .	Unintentional injuries . . . . .	254	Diabetes mellitus <sup>1</sup> . . . . .	1,081
5. . . . .	Diabetes mellitus . . . . .	124	Influenza and pneumonia . . . . .	1,013
6. . . . .	Certain conditions originating in the perinatal period . . . . .	118	Alzheimer's disease . . . . .	981
7. . . . .	Pneumonia and influenza . . . . .	115	Unintentional injuries . . . . .	947
8. . . . .	Congenital anomalies . . . . .	104	Chronic lower respiratory diseases . . . . .	731
9. . . . .	Suicide . . . . .	90	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	573
10. . . . .	Homicide . . . . .	60	Essential hypertension and hypertensive renal disease . . . . .	550
<b>Hispanic or Latina female</b>				
Rank	---	---	All causes . . . . .	74,361
1. . . . .	---	---	Malignant neoplasms . . . . .	16,776
2. . . . .	---	---	Diseases of heart . . . . .	14,866
3. . . . .	---	---	Cerebrovascular diseases . . . . .	4,286
4. . . . .	---	---	Diabetes mellitus <sup>1</sup> . . . . .	3,698
5. . . . .	---	---	Unintentional injuries . . . . .	3,255
6. . . . .	---	---	Alzheimer's disease . . . . .	2,829
7. . . . .	---	---	Chronic lower respiratory diseases . . . . .	2,291
8. . . . .	---	---	Influenza and pneumonia . . . . .	1,776
9. . . . .	---	---	Chronic liver disease and cirrhosis . . . . .	1,589
10. . . . .	---	---	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	1,500

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

<sup>1</sup>Starting with 2011 data, the rules for selecting Renal failure as the underlying cause of death were changed, affecting the number of deaths in the Nephritis, nephrotic syndrome and nephrosis and Diabetes categories. These changes directly affect deaths with mention of Renal failure and other associated conditions, such as Diabetes mellitus with renal complications. The result is a decrease in the number of deaths for Nephritis, nephrotic syndrome and nephrosis and an increase in the number of deaths for Diabetes mellitus. Therefore, trend data for these two causes of death should be interpreted with caution. For more information, see Technical Notes in Deaths: Preliminary data for 2011, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).

NOTES: For cause of death codes based on the *International Classification of Diseases, 9th Revision (ICD-9)* in 1980 and *ICD-10* in 2013, 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. Public-use 2013 Mortality File. Leading causes of death, Tables LCWK3 and LCWK4. 2013. Available from: [http://www.cdc.gov/nchs/nvss/mortality\\_tables.htm#icod](http://www.cdc.gov/nchs/nvss/mortality_tables.htm#icod). See Appendix I, National Vital Statistics System (NVSS).

**Table 21 (page 1 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#021>.

[Data are based on death certificates]

Age and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>Under 1 year</b>				
Rank	All causes . . . . .	45,526	All causes . . . . .	23,440
1 . . . . .	Congenital anomalies . . . . .	9,220	Congenital malformations, deformations and chromosomal abnormalities . . . . .	4,758
2 . . . . .	Sudden infant death syndrome . . . . .	5,510	Disorders related to short gestation and low birthweight, not elsewhere classified . . . . .	4,202
3 . . . . .	Respiratory distress syndrome . . . . .	4,989	Newborn affected by maternal complications of pregnancy . . . . .	1,595
4 . . . . .	Disorders relating to short gestation and unspecified low birthweight . . . . .	3,648	Sudden infant death syndrome . . . . .	1,563
5 . . . . .	Newborn affected by maternal complications of pregnancy . . . . .	1,572	Unintentional injuries . . . . .	1,156
6 . . . . .	Intrauterine hypoxia and birth asphyxia . . . . .	1,497	Newborn affected by complications of placenta, cord and membranes . . . . .	953
7 . . . . .	Unintentional injuries . . . . .	1,166	Bacterial sepsis of newborn . . . . .	578
8 . . . . .	Birth trauma . . . . .	1,058	Respiratory distress of newborn . . . . .	522
9 . . . . .	Pneumonia and influenza . . . . .	1,012	Diseases of circulatory system . . . . .	458
10 . . . . .	Newborn affected by complications of placenta, cord, and membranes . . . . .	985	Neonatal hemorrhage . . . . .	389
<b>1–4 years</b>				
Rank	All causes . . . . .	8,187	All causes . . . . .	4,068
1 . . . . .	Unintentional injuries . . . . .	3,313	Unintentional injuries . . . . .	1,316
2 . . . . .	Congenital anomalies . . . . .	1,026	Congenital malformations, deformations and chromosomal abnormalities . . . . .	476
3 . . . . .	Malignant neoplasms . . . . .	573	Homicide . . . . .	337
4 . . . . .	Diseases of heart . . . . .	338	Malignant neoplasms . . . . .	328
5 . . . . .	Homicide . . . . .	319	Diseases of heart . . . . .	169
6 . . . . .	Pneumonia and influenza . . . . .	267	Influenza and pneumonia . . . . .	102
7 . . . . .	Meningitis . . . . .	223	Chronic lower respiratory diseases . . . . .	64
8 . . . . .	Meningococcal infection . . . . .	110	Septicemia . . . . .	53
9 . . . . .	Certain conditions originating in the perinatal period . . . . .	84	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior . . . . .	47
10 . . . . .	Septicemia . . . . .	71	Certain conditions originating in the perinatal period . . . . .	45
<b>5–14 years</b>				
Rank	All causes . . . . .	10,689	All causes . . . . .	5,340
1 . . . . .	Unintentional injuries . . . . .	5,224	Unintentional injuries . . . . .	1,521
2 . . . . .	Malignant neoplasms . . . . .	1,497	Malignant neoplasms . . . . .	895
3 . . . . .	Congenital anomalies . . . . .	561	Suicide . . . . .	395
4 . . . . .	Homicide . . . . .	415	Congenital malformations, deformations and chromosomal abnormalities . . . . .	340
5 . . . . .	Diseases of heart . . . . .	330	Homicide . . . . .	277
6 . . . . .	Pneumonia and influenza . . . . .	194	Diseases of heart . . . . .	173
7 . . . . .	Suicide . . . . .	142	Chronic lower respiratory diseases . . . . .	155
8 . . . . .	Benign neoplasms . . . . .	104	Influenza and pneumonia . . . . .	128
9 . . . . .	Cerebrovascular diseases . . . . .	95	Cerebrovascular diseases . . . . .	89
10 . . . . .	Chronic obstructive pulmonary diseases . . . . .	85	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior . . . . .	65
<b>15–24 years</b>				
Rank	All causes . . . . .	49,027	All causes . . . . .	28,486
1 . . . . .	Unintentional injuries . . . . .	26,206	Unintentional injuries . . . . .	11,619
2 . . . . .	Homicide . . . . .	6,537	Suicide . . . . .	4,878
3 . . . . .	Suicide . . . . .	5,239	Homicide . . . . .	4,329
4 . . . . .	Malignant neoplasms . . . . .	2,683	Malignant neoplasms . . . . .	1,496
5 . . . . .	Diseases of heart . . . . .	1,223	Diseases of heart . . . . .	941
6 . . . . .	Congenital anomalies . . . . .	600	Congenital malformations, deformations and chromosomal abnormalities . . . . .	362
7 . . . . .	Cerebrovascular diseases . . . . .	418	Influenza and pneumonia . . . . .	197
8 . . . . .	Pneumonia and influenza . . . . .	348	Diabetes mellitus <sup>1</sup> . . . . .	193
9 . . . . .	Chronic obstructive pulmonary diseases . . . . .	141	Pregnancy, childbirth, and the puerperium . . . . .	178
10 . . . . .	Anemias . . . . .	133	Chronic lower respiratory diseases . . . . .	155

See footnotes at end of table.

**Table 21 (page 2 of 2). Leading causes of death and numbers of deaths, by age: United States, 1980 and 2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#021>.

[Data are based on death certificates]

Age and rank order	1980		2013 <sup>1</sup>	
	Cause of death	Deaths	Cause of death	Deaths
<b>25–44 years</b>				
Rank	All causes . . . . .	108,658	All causes . . . . .	115,036
1 . . . . .	Unintentional injuries . . . . .	26,722	Unintentional injuries . . . . .	31,563
2 . . . . .	Malignant neoplasms . . . . .	17,551	Malignant neoplasms . . . . .	15,022
3 . . . . .	Diseases of heart . . . . .	14,513	Diseases of heart . . . . .	13,599
4 . . . . .	Homicide . . . . .	10,983	Suicide . . . . .	12,899
5 . . . . .	Suicide . . . . .	9,855	Homicide . . . . .	6,817
6 . . . . .	Chronic liver disease and cirrhosis . . . . .	4,782	Chronic liver disease and cirrhosis . . . . .	3,167
7 . . . . .	Cerebrovascular diseases . . . . .	3,154	Diabetes mellitus <sup>1</sup> . . . . .	2,636
8 . . . . .	Diabetes mellitus . . . . .	1,472	Cerebrovascular diseases . . . . .	2,195
9 . . . . .	Pneumonia and influenza . . . . .	1,467	Human immunodeficiency virus (HIV) disease . . . . .	1,877
10 . . . . .	Congenital anomalies . . . . .	817	Influenza and pneumonia . . . . .	1,330
<b>45–64 years</b>				
Rank	All causes . . . . .	425,338	All causes . . . . .	515,851
1 . . . . .	Diseases of heart . . . . .	148,322	Malignant neoplasms . . . . .	159,509
2 . . . . .	Malignant neoplasms . . . . .	135,675	Diseases of heart . . . . .	107,735
3 . . . . .	Cerebrovascular diseases . . . . .	19,909	Unintentional injuries . . . . .	37,414
4 . . . . .	Unintentional injuries . . . . .	18,140	Chronic liver disease and cirrhosis . . . . .	20,736
5 . . . . .	Chronic liver disease and cirrhosis . . . . .	16,089	Chronic lower respiratory diseases . . . . .	20,561
6 . . . . .	Chronic obstructive pulmonary diseases . . . . .	11,514	Diabetes mellitus <sup>1</sup> . . . . .	18,960
7 . . . . .	Diabetes mellitus . . . . .	7,977	Cerebrovascular diseases . . . . .	16,789
8 . . . . .	Suicide . . . . .	7,079	Suicide . . . . .	15,756
9 . . . . .	Pneumonia and influenza . . . . .	5,804	Septicemia . . . . .	7,790
10 . . . . .	Homicide . . . . .	4,019	Influenza and pneumonia . . . . .	7,012
<b>65 years and over</b>				
Rank	All causes . . . . .	1,341,848	All causes . . . . .	1,904,640
1 . . . . .	Diseases of heart . . . . .	595,406	Diseases of heart . . . . .	488,156
2 . . . . .	Malignant neoplasms . . . . .	258,389	Malignant neoplasms . . . . .	407,558
3 . . . . .	Cerebrovascular diseases . . . . .	146,417	Chronic lower respiratory diseases . . . . .	127,194
4 . . . . .	Pneumonia and influenza . . . . .	45,512	Cerebrovascular diseases . . . . .	109,602
5 . . . . .	Chronic obstructive pulmonary diseases . . . . .	43,587	Alzheimer's disease . . . . .	83,786
6 . . . . .	Atherosclerosis . . . . .	28,081	Diabetes mellitus <sup>1</sup> . . . . .	53,751
7 . . . . .	Diabetes mellitus . . . . .	25,216	Influenza and pneumonia . . . . .	48,031
8 . . . . .	Unintentional injuries . . . . .	24,844	Unintentional injuries . . . . .	45,942
9 . . . . .	Nephritis, nephrotic syndrome, and nephrosis . . . . .	12,968	Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	39,080
10 . . . . .	Chronic liver disease and cirrhosis . . . . .	9,519	Septicemia . . . . .	28,815

<sup>1</sup>Starting with 2011 data, the rules for selecting Renal failure as the underlying cause of death were changed, affecting the number of deaths in the Nephritis, nephrotic syndrome and nephrosis and Diabetes categories. These changes directly affect deaths with mention of Renal failure and other associated conditions, such as Diabetes mellitus with renal complications. The result is a decrease in the number of deaths for Nephritis, nephrotic syndrome and nephrosis and an increase in the number of deaths for Diabetes mellitus. Therefore, trend data for these two causes of death should be interpreted with caution. For more information, see Technical Notes in Deaths: Preliminary data for 2011, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf).

NOTE: For cause of death codes based on the *International Classification of Diseases, 9th Revision (ICD-9)* in 1980 and *ICD-10* in 2013, 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. Public-use 2013 Mortality File. Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). Leading causes of death, Table LCWK2. 2013. Available from: [http://www.cdc.gov/nchs/nvss/mortality\\_tables.htm#cod](http://www.cdc.gov/nchs/nvss/mortality_tables.htm#cod). See Appendix I, National Vital Statistics System (NVSS).

**Table 22 (page 1 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2011–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#022>.

[Data are based on death certificates]

Sex, region, and urbanization level <sup>1</sup>	All races			White			Black or African American		
	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013
Both sexes									
Age-adjusted death rate per 100,000 population <sup>2</sup>									
All regions:									
Metropolitan counties:									
Large:									
Central . . . . .	894.5	869.0	696.8	858.8	836.7	690.5	1,164.2	1,133.6	869.9
Fringe . . . . .	839.3	833.0	687.3	828.0	823.7	692.8	1,059.6	1,040.8	765.7
Medium . . . . .	865.6	859.0	740.6	846.5	842.2	735.1	1,152.4	1,137.3	895.8
Small . . . . .	887.8	887.9	782.2	866.5	868.8	773.2	1,173.1	1,164.3	938.0
Nonmetropolitan counties:									
Micropolitan . . . . .	913.0	907.1	819.1	892.1	890.0	810.5	1,208.2	1,174.9	979.1
Nonmicropolitan . . . . .	933.0	923.2	843.1	909.6	902.8	830.4	1,191.6	1,162.8	961.9
Northeast:									
Metropolitan counties:									
Large:									
Central . . . . .	909.6	861.7	681.9	881.4	838.6	691.7	1,052.4	1,001.1	748.0
Fringe . . . . .	827.8	814.0	664.0	823.3	810.8	673.5	1,000.0	986.6	720.6
Medium . . . . .	851.9	836.2	709.5	842.2	828.6	711.0	1,076.6	1,040.8	778.0
Small . . . . .	852.0	849.5	736.3	847.8	846.5	737.1	1,106.9	1,072.4	836.2
Nonmetropolitan counties:									
Micropolitan . . . . .	878.4	854.4	755.8	877.9	855.7	759.7	*	*	*
Nonmicropolitan . . . . .	893.6	877.4	765.1	892.0	876.3	768.4	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central . . . . .	951.7	939.6	781.6	880.7	868.9	735.8	1,213.7	1,205.9	960.4
Fringe . . . . .	856.4	856.1	720.4	845.9	846.3	718.0	1,121.2	1,123.1	873.4
Medium . . . . .	876.1	873.5	768.0	857.0	856.1	755.8	1,168.9	1,151.6	963.3
Small . . . . .	860.8	861.5	760.2	847.4	850.8	752.7	1,178.9	1,146.9	952.5
Nonmetropolitan counties:									
Micropolitan . . . . .	868.8	865.2	786.8	863.9	863.0	786.9	1,222.0	1,103.5	842.4
Nonmicropolitan . . . . .	867.6	852.7	779.3	858.2	845.9	773.0	1,388.1	1,058.9	699.6
South:									
Metropolitan counties:									
Large:									
Central . . . . .	938.1	926.8	746.4	864.9	859.1	710.5	1,241.9	1,212.8	922.3
Fringe . . . . .	845.3	845.6	697.1	821.9	826.2	701.3	1,071.4	1,048.4	755.8
Medium . . . . .	891.8	892.4	769.9	852.1	855.8	752.6	1,172.6	1,164.4	913.7
Small . . . . .	943.6	950.5	842.4	907.5	917.9	829.8	1,183.2	1,180.0	951.7
Nonmetropolitan counties:									
Micropolitan . . . . .	974.1	973.3	885.5	933.5	939.3	868.3	1,218.9	1,194.3	1,012.4
Nonmicropolitan . . . . .	1,005.3	1,003.0	925.8	975.9	978.5	919.2	1,188.4	1,171.2	983.7
West:									
Metropolitan counties:									
Large:									
Central . . . . .	819.2	792.4	629.6	829.4	804.1	656.1	1,107.9	1,077.7	827.5
Fringe . . . . .	818.6	803.6	652.0	823.2	810.1	667.9	1,060.8	1,006.2	786.2
Medium . . . . .	814.7	800.5	686.3	826.9	815.8	705.9	1,045.4	996.3	790.1
Small . . . . .	827.6	815.7	714.9	826.6	815.7	719.0	973.5	990.7	698.2
Nonmetropolitan counties:									
Micropolitan . . . . .	861.0	851.8	752.3	860.4	854.7	760.4	*	*	*
Nonmicropolitan . . . . .	867.1	847.4	749.2	845.9	828.6	724.7	*	*	*

See footnotes at end of table.

**Table 22 (page 2 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2011–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#022>.

[Data are based on death certificates]

Sex, region, and urbanization level <sup>1</sup>	All races			White			Black or African American		
	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013
Male	Age-adjusted death rate per 100,000 population <sup>2</sup>								
All regions:									
Metropolitan counties:									
Large:									
Central . . . . .	1,108.6	1,057.6	830.6	1,060.6	1,015.2	819.2	1,503.8	1,436.1	1,074.7
Fringe . . . . .	1,025.2	998.7	807.3	1,010.9	987.3	812.5	1,329.0	1,281.1	927.3
Medium . . . . .	1,069.9	1,038.5	872.1	1,045.4	1,017.7	862.8	1,469.0	1,409.2	1,085.8
Small . . . . .	1,104.6	1,079.2	919.9	1,077.4	1,056.1	908.7	1,497.6	1,449.1	1,124.3
Nonmetropolitan counties:									
Micropolitan . . . . .	1,139.9	1,108.6	962.5	1,113.5	1,087.5	951.0	1,547.8	1,475.9	1,184.5
Nonmicropolitan . . . . .	1,172.3	1,132.9	985.9	1,143.3	1,108.3	970.6	1,529.0	1,457.3	1,159.1
Northeast:									
Metropolitan counties:									
Large:									
Central . . . . .	1,142.0	1,065.3	826.3	1,102.8	1,034.5	834.8	1,374.4	1,280.7	933.1
Fringe . . . . .	1,018.1	985.3	788.0	1,012.6	982.3	800.6	1,263.0	1,219.0	868.0
Medium . . . . .	1,061.6	1,018.1	843.2	1,049.9	1,009.7	845.7	1,351.2	1,262.4	923.4
Small . . . . .	1,062.7	1,034.1	870.3	1,057.9	1,032.3	873.6	1,376.8	1,280.7	939.0
Nonmetropolitan counties:									
Micropolitan . . . . .	1,093.5	1,042.5	890.8	1,093.7	1,045.6	897.7	*	*	*
Nonmicropolitan . . . . .	1,096.9	1,056.9	893.3	1,096.1	1,056.6	899.3	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central . . . . .	1,192.6	1,155.5	938.9	1,101.0	1,064.6	876.7	1,559.8	1,525.5	1,201.6
Fringe . . . . .	1,051.7	1,030.0	839.8	1,038.7	1,018.7	836.0	1,399.4	1,372.7	1,054.0
Medium . . . . .	1,089.0	1,063.2	902.6	1,065.3	1,043.8	887.6	1,470.0	1,394.4	1,158.6
Small . . . . .	1,076.0	1,057.3	896.2	1,059.7	1,045.0	888.3	1,463.9	1,401.9	1,117.0
Nonmetropolitan counties:									
Micropolitan . . . . .	1,092.0	1,063.4	928.1	1,086.0	1,062.0	929.6	1,551.8	1,315.8	960.9
Nonmicropolitan . . . . .	1,094.7	1,050.5	919.6	1,083.0	1,043.3	913.6	1,788.2	1,225.3	807.0
South:									
Metropolitan counties:									
Large:									
Central . . . . .	1,172.0	1,130.9	892.0	1,074.6	1,042.9	845.6	1,616.0	1,542.6	1,139.3
Fringe . . . . .	1,030.8	1,009.7	816.3	1,000.5	984.8	817.8	1,351.1	1,297.8	921.0
Medium . . . . .	1,106.6	1,081.2	907.0	1,053.0	1,033.8	882.5	1,517.1	1,466.2	1,121.7
Small . . . . .	1,185.9	1,160.8	993.9	1,138.6	1,118.6	975.9	1,526.9	1,487.0	1,156.6
Nonmetropolitan counties:									
Micropolitan . . . . .	1,228.0	1,198.9	1,042.1	1,175.1	1,154.7	1,016.4	1,577.6	1,519.8	1,247.0
Nonmicropolitan . . . . .	1,275.7	1,240.6	1,082.3	1,239.3	1,210.2	1,070.4	1,530.4	1,478.0	1,196.8
West:									
Metropolitan counties:									
Large:									
Central . . . . .	996.3	949.8	742.6	1,006.7	962.4	770.3	1,383.8	1,323.2	982.3
Fringe . . . . .	981.1	947.0	764.9	988.0	954.5	781.3	1,228.8	1,171.2	919.7
Medium . . . . .	987.4	952.8	804.4	1,003.1	969.3	820.7	1,230.6	1,165.1	912.9
Small . . . . .	1,003.7	970.5	833.2	1,001.7	971.6	837.4	1,178.9	1,088.1	798.2
Nonmetropolitan counties:									
Micropolitan . . . . .	1,037.8	1,012.6	877.2	1,036.0	1,013.6	882.9	*	*	*
Nonmicropolitan . . . . .	1,048.7	1,010.9	863.3	1,023.0	986.8	834.1	*	*	*

See footnotes at end of table.



**Table 22 (page 3 of 3). Age-adjusted death rates, by race, sex, region, and urbanization level: United States, average annual, selected years 1996–1998 through 2011–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#022>.

[Data are based on death certificates]

Sex, region, and urbanization level <sup>1</sup>	All races			White			Black or African American		
	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013	1996–1998	1999–2001	2011–2013
Age-adjusted death rate per 100,000 population <sup>2</sup>									
All regions: Female									
Metropolitan counties:									
Large:									
Central . . . . .	738.9	730.1	590.7	711.3	703.8	585.9	934.4	929.3	725.0
Fringe . . . . .	705.7	711.1	591.4	696.3	702.7	595.7	875.9	876.4	651.2
Medium . . . . .	716.8	724.6	632.2	701.9	710.6	628.5	932.0	945.4	752.3
Small . . . . .	731.2	745.7	668.1	713.7	729.1	660.0	951.9	966.5	795.7
Nonmetropolitan counties:									
Micropolitan . . . . .	745.9	754.8	696.7	728.8	740.2	689.8	975.6	968.3	822.0
Nonmicropolitan . . . . .	750.6	759.5	716.9	731.4	741.9	705.7	951.5	953.0	813.7
Northeast:									
Metropolitan counties:									
Large:									
Central . . . . .	748.4	719.6	574.4	725.6	699.1	580.9	848.3	823.6	625.7
Fringe . . . . .	696.3	692.6	568.1	692.4	689.3	574.5	827.2	828.1	616.9
Medium . . . . .	709.1	707.5	604.2	701.4	700.9	604.7	883.4	877.0	664.6
Small . . . . .	706.7	717.3	627.5	703.2	713.8	626.9	919.9	930.0	741.1
Nonmetropolitan counties:									
Micropolitan . . . . .	725.0	717.5	642.6	724.3	718.1	644.5	*	*	*
Nonmicropolitan . . . . .	741.8	738.5	652.4	740.1	737.4	654.0	*	*	*
Midwest:									
Metropolitan counties:									
Large:									
Central . . . . .	784.1	786.2	660.4	729.7	730.9	625.2	974.4	984.5	789.1
Fringe . . . . .	722.9	733.8	625.2	714.5	725.1	623.3	924.6	948.2	742.6
Medium . . . . .	728.9	739.6	660.4	713.6	724.3	650.1	955.1	972.7	813.9
Small . . . . .	710.8	721.4	650.9	700.0	712.2	643.9	963.1	952.5	819.2
Nonmetropolitan counties:									
Micropolitan . . . . .	711.2	721.2	670.5	707.3	718.6	669.7	998.7	948.8	745.9
Nonmicropolitan . . . . .	696.1	700.0	657.8	688.9	693.9	651.5	1,123.8	955.4	627.6
South:									
Metropolitan counties:									
Large:									
Central . . . . .	768.6	776.3	632.0	712.1	721.7	601.4	988.2	989.8	769.7
Fringe . . . . .	705.7	719.6	599.8	686.1	702.4	603.4	882.4	881.0	641.1
Medium . . . . .	731.2	746.6	654.9	700.1	716.0	641.2	938.9	958.2	761.5
Small . . . . .	771.0	795.0	717.8	740.9	767.1	707.1	956.5	974.2	801.9
Nonmetropolitan counties:									
Micropolitan . . . . .	788.4	803.8	752.0	754.8	774.5	739.4	977.3	975.7	839.4
Nonmicropolitan . . . . .	803.4	821.3	789.3	778.3	799.5	784.4	946.7	955.0	825.4
West:									
Metropolitan counties:									
Large:									
Central . . . . .	682.6	670.1	535.8	691.8	679.9	559.2	906.0	899.3	703.2
Fringe . . . . .	696.3	693.8	559.9	699.2	699.1	574.2	920.1	876.5	674.4
Medium . . . . .	680.5	681.3	586.5	691.6	696.1	607.0	890.3	855.7	678.9
Small . . . . .	687.3	691.3	610.7	687.2	690.7	614.5	789.8	886.6	584.9
Nonmetropolitan counties:									
Micropolitan . . . . .	712.6	715.1	638.1	713.8	720.0	647.5	*	*	*
Nonmicropolitan . . . . .	710.4	704.0	637.3	694.2	690.7	617.4	*	*	*

\* 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.

<sup>1</sup>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 2006 Urban-Rural Classification Scheme for Counties is available from: [http://www.cdc.gov/nchs/data\\_access/urban\\_rural.htm](http://www.cdc.gov/nchs/data_access/urban_rural.htm). See Appendix II, Urbanization. NCHS has updated the 2006 Urban-Rural classification scheme using the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas and micropolitan statistical areas. To maintain the consistency of trends shown in this table, all counties are classified according to the 2006 scheme. Comparison of the 2013 and 2006 NCHS urban-rural classification scheme showed that 9% of counties had different category assignments in the two schemes, with most of the counties moving to a more urban category. For more information on the 2013 scheme, see: Ingram DD, Franco SJ. 2013 NCHS urban-rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_166.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf).

<sup>2</sup>Age-adjusted rates are calculated using the year 2000 standard population. Prior to 2009, age-adjusted rates were calculated using standard million proportions based on rounded population numbers. Starting with 2009 data (shown in spreadsheet version), unrounded population numbers are used to calculate age-adjusted rates. See Appendix II, Age adjustment. Prior to 2009–2011, denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. Starting with 2009–2011 (shown in spreadsheet version), 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 2009 and beyond were calculated using intercensal population estimates for 2009, 2010 bridged-race April 1 census counts, and 2010-based postcensal population estimates for 2011 and beyond. Rates are rounded at the end of the calculation process. They may differ from rates based on the same data presented elsewhere if rounding is done earlier in the calculation process.

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

**Table 23 (page 1 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#023>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1990	2000	2012	2013
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted <sup>2</sup>	1,446.0	1,339.2	1,222.6	1,039.1	938.7	869.0	732.8	731.9
All ages, crude	963.8	954.7	945.3	878.3	863.8	854.0	810.2	821.5
Under 1 year	3,299.2	2,696.4	2,142.4	1,288.3	971.9	736.7	599.3	594.7
1–4 years	139.4	109.1	84.5	63.9	46.8	32.4	26.3	25.5
5–14 years	60.1	46.6	41.3	30.6	24.0	18.0	12.6	13.0
15–24 years	128.1	106.3	127.7	115.4	99.2	79.9	66.4	64.8
25–34 years	178.7	146.4	157.4	135.5	139.2	101.4	105.4	106.1
35–44 years	358.7	299.4	314.5	227.9	223.2	198.9	170.7	172.0
45–54 years	853.9	756.0	730.0	584.0	473.4	425.6	405.4	406.1
55–64 years	1,901.0	1,735.1	1,658.8	1,346.3	1,196.9	992.2	854.2	860.0
65–74 years	4,104.3	3,822.1	3,582.7	2,994.9	2,648.6	2,399.1	1,802.5	1,802.1
75–84 years	9,331.1	8,745.2	8,004.4	6,692.6	6,007.2	5,666.5	4,674.5	4,648.1
85 years and over	20,196.9	19,857.5	16,344.9	15,980.3	15,327.4	15,524.4	13,678.6	13,660.4
Male								
All ages, age-adjusted <sup>2</sup>	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,053.8	865.1	863.6
All ages, crude	1,106.1	1,104.5	1,090.3	976.9	918.4	853.0	824.5	839.1
Under 1 year	3,728.0	3,059.3	2,410.0	1,428.5	1,082.8	806.5	651.5	650.5
1–4 years	151.7	119.5	93.2	72.6	52.4	35.9	29.2	28.6
5–14 years	70.9	55.7	50.5	36.7	28.5	20.9	14.4	14.6
15–24 years	167.9	152.1	188.5	172.3	147.4	114.9	95.3	92.6
25–34 years	216.5	187.9	215.3	196.1	204.3	138.6	144.3	145.4
35–44 years	428.8	372.8	402.6	299.2	310.4	255.2	212.8	213.8
45–54 years	1,067.1	992.2	958.5	767.3	610.3	542.8	500.8	500.7
55–64 years	2,395.3	2,309.5	2,282.7	1,815.1	1,553.4	1,230.7	1,080.2	1,088.4
65–74 years	4,931.4	4,914.4	4,873.8	4,105.2	3,491.5	2,979.6	2,186.4	2,186.0
75–84 years	10,426.0	10,178.4	10,010.2	8,816.7	7,888.6	6,972.6	5,500.6	5,474.2
85 years and over	21,636.0	21,186.3	17,821.5	18,801.1	18,056.6	17,501.4	14,974.4	14,911.6
Female								
All ages, age-adjusted <sup>2</sup>	1,236.0	1,105.3	971.4	817.9	750.9	731.4	624.7	623.5
All ages, crude	823.5	809.2	807.8	785.3	812.0	855.0	796.4	804.4
Under 1 year	2,854.6	2,321.3	1,863.7	1,141.7	855.7	663.4	544.6	536.1
1–4 years	126.7	98.4	75.4	54.7	41.0	28.7	23.2	22.4
5–14 years	48.9	37.3	31.8	24.2	19.3	15.0	10.8	11.2
15–24 years	89.1	61.3	68.1	57.5	49.0	43.1	36.0	35.6
25–34 years	142.7	106.6	101.6	75.9	74.2	63.5	65.8	66.0
35–44 years	290.3	229.4	231.1	159.3	137.9	143.2	129.0	130.5
45–54 years	641.5	526.7	517.2	412.9	342.7	312.5	312.7	314.1
55–64 years	1,404.8	1,196.4	1,098.9	934.3	878.8	772.2	643.8	647.4
65–74 years	3,333.2	2,871.8	2,579.7	2,144.7	1,991.2	1,921.2	1,466.1	1,464.6
75–84 years	8,399.6	7,633.1	6,677.6	5,440.1	4,883.1	4,814.7	4,062.5	4,029.1
85 years and over	19,194.7	19,008.4	15,518.0	14,746.9	14,274.3	14,719.2	13,030.0	13,021.6
White male <sup>3</sup>								
All ages, age-adjusted <sup>2</sup>	1,642.5	1,586.0	1,513.7	1,317.6	1,165.9	1,029.4	860.0	859.2
All ages, crude	1,089.5	1,098.5	1,086.7	983.3	930.9	887.8	882.8	899.1
Under 1 year	3,400.5	2,694.1	2,113.2	1,230.3	896.1	667.6	558.5	566.4
1–4 years	135.5	104.9	83.6	66.1	45.9	32.6	27.3	26.2
5–14 years	67.2	52.7	48.0	35.0	26.4	19.8	13.3	13.9
15–24 years	152.4	143.7	170.8	167.0	131.3	105.8	89.7	87.1
25–34 years	185.3	163.2	176.6	171.3	176.1	124.1	139.3	139.8
35–44 years	380.9	332.6	343.5	257.4	268.2	233.6	207.2	208.0
45–54 years	984.5	932.2	882.9	698.9	548.7	496.9	489.0	491.7
55–64 years	2,304.4	2,225.2	2,202.6	1,728.5	1,467.2	1,163.3	1,043.5	1,050.7
65–74 years	4,864.9	4,848.4	4,810.1	4,035.7	3,397.7	2,905.7	2,150.5	2,152.0
75–84 years	10,526.3	10,299.6	10,098.8	8,829.8	7,844.9	6,933.1	5,529.5	5,507.2
85 years and over	22,116.3	21,750.0	18,551.7	19,097.3	18,268.3	17,716.4	15,271.5	15,220.4

See footnotes at end of table.

**Table 23 (page 2 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#023>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1990	2000	2012	2013
Deaths per 100,000 resident population								
Black or African American male <sup>3</sup>								
All ages, age-adjusted <sup>2</sup> . . . . .	1,909.1	1,811.1	1,873.9	1,697.8	1,644.5	1,403.5	1,058.6	1,052.8
All ages, crude . . . . .	1,257.7	1,181.7	1,186.6	1,034.1	1,008.0	834.1	728.0	739.3
Under 1 year . . . . .	---	5,306.8	4,298.9	2,586.7	2,112.4	1,567.6	1,147.3	1,120.1
1–4 years <sup>4</sup> . . . . .	1,412.6	208.5	150.5	110.5	85.8	54.5	41.6	40.6
5–14 years . . . . .	95.1	75.1	67.1	47.4	41.2	28.2	21.3	19.6
15–24 years . . . . .	289.7	212.0	320.6	209.1	252.2	181.4	138.7	135.5
25–34 years . . . . .	503.5	402.5	559.5	407.3	430.8	261.0	212.8	218.6
35–44 years . . . . .	878.1	762.0	956.6	689.8	699.6	453.0	306.1	312.4
45–54 years . . . . .	1,905.0	1,624.8	1,777.5	1,479.9	1,261.0	1,017.7	696.3	678.8
55–64 years . . . . .	3,773.2	3,316.4	3,256.9	2,873.0	2,618.4	2,080.1	1,615.8	1,628.0
65–74 years . . . . .	5,310.3	5,798.7	5,803.2	5,131.1	4,946.1	4,253.5	3,077.9	3,064.4
75–84 years <sup>5</sup> . . . . .	10,101.9	8,605.1	9,454.9	9,231.6	9,129.5	8,486.0	6,416.8	6,362.4
85 years and over . . . . .	---	14,844.8	12,222.3	16,098.8	16,954.9	16,791.0	13,775.7	13,657.1
American Indian or Alaska Native male <sup>3</sup>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	1,111.5	916.2	841.5	690.5	689.2
All ages, crude . . . . .	---	---	---	597.1	476.4	415.6	410.2	416.5
Under 1 year . . . . .	---	---	---	1,598.1	1,056.6	700.2	528.4	493.4
1–4 years . . . . .	---	---	---	82.7	77.4	44.9	34.2	41.5
5–14 years . . . . .	---	---	---	43.7	33.4	20.2	16.8	12.1
15–24 years . . . . .	---	---	---	311.1	219.8	136.2	107.9	98.0
25–34 years . . . . .	---	---	---	360.6	256.1	179.1	175.3	172.7
35–44 years . . . . .	---	---	---	556.8	365.4	295.2	248.6	244.4
45–54 years . . . . .	---	---	---	871.3	619.9	520.0	500.8	506.4
55–64 years . . . . .	---	---	---	1,547.5	1,211.3	1,090.4	939.2	937.8
65–74 years . . . . .	---	---	---	2,968.4	2,461.7	2,478.3	1,948.9	1,845.9
75–84 years . . . . .	---	---	---	5,607.0	5,389.2	5,351.2	4,190.2	4,224.5
85 years and over . . . . .	---	---	---	12,635.2	11,243.9	10,725.8	8,618.1	9,034.3
Asian or Pacific Islander male <sup>3</sup>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	786.5	716.4	624.2	484.1	487.8
All ages, crude . . . . .	---	---	---	375.3	334.3	332.9	332.8	347.4
Under 1 year . . . . .	---	---	---	816.5	605.3	529.4	430.9	408.9
1–4 years . . . . .	---	---	---	50.9	45.0	23.3	16.3	19.3
5–14 years . . . . .	---	---	---	23.4	20.7	12.9	9.0	11.1
15–24 years . . . . .	---	---	---	80.8	76.0	55.2	41.5	42.2
25–34 years . . . . .	---	---	---	83.5	79.6	55.0	54.9	54.2
35–44 years . . . . .	---	---	---	128.3	130.8	104.9	92.0	88.5
45–54 years . . . . .	---	---	---	342.3	287.1	249.7	216.5	220.4
55–64 years . . . . .	---	---	---	881.1	789.1	642.4	505.9	517.6
65–74 years . . . . .	---	---	---	2,236.1	2,041.4	1,661.0	1,109.2	1,126.4
75–84 years . . . . .	---	---	---	5,389.5	5,008.6	4,328.2	3,218.0	3,239.9
85 years and over . . . . .	---	---	---	13,753.6	12,446.3	12,125.3	10,116.5	10,142.8
Hispanic or Latino male <sup>3,6</sup>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	---	886.4	818.1	643.9	639.8
All ages, crude . . . . .	---	---	---	---	411.6	331.3	316.5	323.7
Under 1 year . . . . .	---	---	---	---	921.8	637.1	509.1	501.1
1–4 years . . . . .	---	---	---	---	53.8	31.5	23.5	23.1
5–14 years . . . . .	---	---	---	---	26.0	17.9	12.3	11.7
15–24 years . . . . .	---	---	---	---	159.3	107.7	76.4	72.9
25–34 years . . . . .	---	---	---	---	234.0	120.2	100.0	99.9
35–44 years . . . . .	---	---	---	---	341.8	211.0	142.7	143.3
45–54 years . . . . .	---	---	---	---	533.9	439.0	342.7	348.0
55–64 years . . . . .	---	---	---	---	1,123.7	965.7	816.3	797.4
65–74 years . . . . .	---	---	---	---	2,368.2	2,287.9	1,679.1	1,710.4
75–84 years . . . . .	---	---	---	---	5,369.1	5,395.3	4,250.9	4,218.1
85 years and over . . . . .	---	---	---	---	12,272.1	13,086.2	10,799.6	10,596.0

See footnotes at end of table.

**Table 23 (page 3 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#023>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1990	2000	2012	2013
Deaths per 100,000 resident population								
White, not Hispanic or Latino male <sup>6</sup>								
All ages, age-adjusted <sup>2</sup>	---	---	---	---	1,170.9	1,035.4	876.2	876.8
All ages, crude	---	---	---	---	985.9	978.5	1,011.2	1,032.1
Under 1 year	---	---	---	---	865.4	658.7	558.2	571.5
1–4 years	---	---	---	---	43.8	32.4	27.9	26.9
5–14 years	---	---	---	---	25.7	20.0	13.3	14.4
15–24 years	---	---	---	---	123.4	103.5	92.0	89.6
25–34 years	---	---	---	---	165.3	123.0	149.0	149.9
35–44 years	---	---	---	---	257.1	233.9	221.7	223.1
45–54 years	---	---	---	---	544.5	497.7	508.0	511.5
55–64 years	---	---	---	---	1,479.7	1,170.9	1,058.0	1,069.0
65–74 years	---	---	---	---	3,434.5	2,930.5	2,175.8	2,174.3
75–84 years	---	---	---	---	7,920.4	6,977.8	5,599.2	5,582.7
85 years and over	---	---	---	---	18,505.4	17,853.2	15,504.4	15,485.9
White female <sup>3</sup>								
All ages, age-adjusted <sup>2</sup>	1,198.0	1,074.4	944.0	796.1	728.8	715.3	623.8	623.6
All ages, crude	803.3	800.9	812.6	806.1	846.9	912.3	869.9	879.4
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	690.0	550.5	471.5	456.8
1–4 years	112.2	85.2	66.1	49.3	36.1	25.5	21.7	20.1
5–14 years	45.1	34.7	29.9	22.9	17.9	14.1	10.4	10.6
15–24 years	71.5	54.9	61.6	55.5	45.9	41.1	35.5	35.5
25–34 years	112.8	85.0	84.1	65.4	61.5	55.1	64.6	64.6
35–44 years	235.8	191.1	193.3	138.2	117.4	125.7	124.1	126.8
45–54 years	546.4	458.8	462.9	372.7	309.3	281.4	300.1	303.4
55–64 years	1,293.8	1,078.9	1,014.9	876.2	822.7	730.9	620.5	623.4
65–74 years	3,242.8	2,779.3	2,470.7	2,066.6	1,923.5	1,868.3	1,450.9	1,453.2
75–84 years	8,481.5	7,696.6	6,698.7	5,401.7	4,839.1	4,785.3	4,110.6	4,072.0
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,400.6	14,890.7	13,281.9	13,316.1
Black or African American female <sup>3</sup>								
All ages, age-adjusted <sup>2</sup>	1,545.5	1,369.7	1,228.7	1,033.3	975.1	927.6	723.9	720.6
All ages, crude	1,002.0	905.0	829.2	733.3	747.9	733.0	642.3	651.1
Under 1 year	---	4,162.2	3,368.8	2,123.7	1,735.5	1,279.8	944.4	980.7
1–4 years	1,139.3	173.3	129.4	84.4	67.6	45.3	33.0	33.4
5–14 years	72.8	53.8	43.8	30.5	27.5	20.0	14.0	14.8
15–24 years	213.1	107.5	111.9	70.5	68.7	58.3	43.6	41.2
25–34 years	393.3	273.2	231.0	150.0	159.5	121.8	89.5	91.0
35–44 years	758.1	568.5	533.0	323.9	298.6	271.9	192.9	187.9
45–54 years	1,576.4	1,177.0	1,043.9	768.2	639.4	588.3	461.5	454.4
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,452.6	1,227.2	950.4	962.2
65–74 years	4,000.2	4,064.2	3,860.9	3,057.4	2,865.7	2,689.6	1,918.7	1,909.2
75–84 years <sup>5</sup>	8,347.0	6,730.0	6,691.5	6,212.1	5,688.3	5,696.5	4,396.0	4,418.0
85 years and over	---	13,052.6	10,706.6	12,367.2	13,309.5	13,941.3	12,149.6	11,929.2
American Indian or Alaska Native female <sup>3</sup>								
All ages, age-adjusted <sup>2</sup>	---	---	---	662.4	561.8	604.5	512.3	508.3
All ages, crude	---	---	---	380.1	330.4	346.1	340.9	348.2
Under 1 year	---	---	---	1,352.6	688.7	492.2	425.9	305.9
1–4 years	---	---	---	87.5	37.8	39.8	22.7	25.5
5–14 years	---	---	---	33.5	25.5	17.7	9.6	10.9
15–24 years	---	---	---	90.3	69.0	58.9	47.7	42.8
25–34 years	---	---	---	178.5	102.3	84.8	98.8	93.5
35–44 years	---	---	---	286.0	156.4	171.9	162.2	172.4
45–54 years	---	---	---	491.4	380.9	284.9	329.6	334.5
55–64 years	---	---	---	837.1	805.9	772.1	587.2	616.6
65–74 years	---	---	---	1,765.5	1,679.4	1,899.8	1,390.3	1,314.7
75–84 years	---	---	---	3,612.9	3,073.2	3,850.0	3,256.9	3,221.9
85 years and over	---	---	---	8,567.4	8,201.1	9,118.2	7,987.3	8,008.4

See footnotes at end of table.

**Table 23 (page 4 of 4). Death rates for all causes, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#023>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1990	2000	2012	2013
Deaths per 100,000 resident population								
<b>Asian or Pacific Islander female<sup>3</sup></b>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	425.9	469.3	416.8	348.8	343.0
All ages, crude . . . . .	---	---	---	222.5	234.3	262.3	292.0	297.4
Under 1 year . . . . .	---	---	---	755.8	518.2	434.3	349.0	329.3
1–4 years . . . . .	---	---	---	35.4	32.0	20.0	14.8	18.4
5–14 years . . . . .	---	---	---	21.5	13.0	11.7	7.2	8.8
15–24 years . . . . .	---	---	---	32.3	28.8	22.4	18.4	17.7
25–34 years . . . . .	---	---	---	45.4	37.5	27.6	24.4	25.7
35–44 years . . . . .	---	---	---	89.7	69.9	65.6	50.4	51.5
45–54 years . . . . .	---	---	---	214.1	182.7	155.5	130.3	128.0
55–64 years . . . . .	---	---	---	440.8	483.4	390.9	301.5	287.2
65–74 years . . . . .	---	---	---	1,027.7	1,089.2	996.4	731.9	703.9
75–84 years . . . . .	---	---	---	2,833.6	3,127.9	2,882.4	2,330.6	2,346.7
85 years and over . . . . .	---	---	---	7,923.3	10,254.0	9,052.2	8,469.0	8,240.4
<b>Hispanic or Latina female<sup>3,6</sup></b>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	---	537.1	546.0	452.5	448.6
All ages, crude . . . . .	---	---	---	---	285.4	274.6	272.7	279.4
Under 1 year . . . . .	---	---	---	---	746.6	553.6	428.9	433.7
1–4 years . . . . .	---	---	---	---	42.1	27.5	20.0	18.4
5–14 years . . . . .	---	---	---	---	17.3	13.4	10.0	9.9
15–24 years . . . . .	---	---	---	---	40.6	31.7	25.5	25.6
25–34 years . . . . .	---	---	---	---	62.9	43.4	40.0	41.4
35–44 years . . . . .	---	---	---	---	109.3	100.5	73.6	78.3
45–54 years . . . . .	---	---	---	---	253.3	223.8	192.0	189.6
55–64 years . . . . .	---	---	---	---	607.5	548.4	442.8	437.2
65–74 years . . . . .	---	---	---	---	1,453.8	1,423.2	1,046.7	1,039.9
75–84 years . . . . .	---	---	---	---	3,351.3	3,624.5	3,063.5	3,037.8
85 years and over . . . . .	---	---	---	---	10,098.7	11,202.8	9,805.6	9,651.3
<b>White, not Hispanic or Latina female<sup>6</sup></b>								
All ages, age-adjusted <sup>2</sup> . . . . .	---	---	---	---	734.6	721.5	637.6	638.4
All ages, crude . . . . .	---	---	---	---	903.6	1,007.3	998.8	1,011.5
Under 1 year . . . . .	---	---	---	---	655.3	530.9	469.2	448.5
1–4 years . . . . .	---	---	---	---	34.0	24.4	21.7	20.4
5–14 years . . . . .	---	---	---	---	17.6	13.9	10.1	10.6
15–24 years . . . . .	---	---	---	---	46.0	42.6	37.8	38.0
25–34 years . . . . .	---	---	---	---	60.6	56.8	70.7	70.2
35–44 years . . . . .	---	---	---	---	116.8	128.1	136.0	138.6
45–54 years . . . . .	---	---	---	---	312.1	285.0	315.2	320.5
55–64 years . . . . .	---	---	---	---	834.5	742.1	635.9	640.5
65–74 years . . . . .	---	---	---	---	1,940.2	1,891.0	1,480.2	1,483.9
75–84 years . . . . .	---	---	---	---	4,887.3	4,819.3	4,178.1	4,142.2
85 years and over . . . . .	---	---	---	---	14,533.1	14,971.7	13,437.0	13,502.5

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See Appendix II, Race, for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

<sup>4</sup>In 1950, rate is for the age group under 5 years.

<sup>5</sup>In 1950, rate is for the age group 75 years and over.

<sup>6</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 24 (page 1 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted <sup>4</sup>	588.8	559.0	492.7	412.1	321.8	257.6	170.5	169.8
All ages, crude	356.8	369.0	362.0	336.0	289.5	252.6	191.0	193.3
Under 1 year	4.1	6.6	13.1	22.8	20.1	13.0	8.5	7.8
1–4 years	1.6	1.3	1.7	2.6	1.9	1.2	1.0	1.1
5–14 years	3.9	1.3	0.8	0.9	0.9	0.7	0.4	0.4
15–24 years	8.2	4.0	3.0	2.9	2.5	2.6	2.2	2.1
25–34 years	20.9	15.6	11.4	8.3	7.6	7.4	7.6	7.6
35–44 years	88.3	74.6	66.7	44.6	31.4	29.2	25.9	25.6
45–54 years	309.2	271.8	238.4	180.2	120.5	94.2	79.7	80.3
55–64 years	804.3	737.9	652.3	494.1	367.3	261.2	184.6	184.6
65–74 years	1,857.2	1,740.5	1,558.2	1,218.6	894.3	665.6	388.3	390.3
75–84 years	4,311.0	4,089.4	3,683.8	2,993.1	2,295.7	1,780.3	1,103.7	1,095.1
85 years and over	9,152.5	9,317.8	7,891.3	7,777.1	6,739.9	5,926.1	4,046.1	4,013.9
Male								
All ages, age-adjusted <sup>4</sup>	699.0	687.6	634.0	538.9	412.4	320.0	214.7	214.5
All ages, crude	424.7	439.5	422.5	368.6	297.6	249.8	202.3	206.5
Under 1 year	4.7	7.8	15.1	25.5	21.9	13.3	9.6	8.7
1–4 years	1.7	1.4	1.9	2.8	1.9	1.4	1.0	1.2
5–14 years	3.5	1.4	0.9	1.0	0.9	0.8	0.5	0.4
15–24 years	8.3	4.2	3.7	3.7	3.1	3.2	2.9	2.8
25–34 years	24.4	20.1	15.2	11.4	10.3	9.6	10.4	10.2
35–44 years	120.4	112.7	103.2	68.7	48.1	41.4	35.8	35.5
45–54 years	441.2	420.4	376.4	282.6	183.0	140.2	114.3	115.1
55–64 years	1,100.5	1,066.9	987.2	746.8	537.3	371.7	266.4	267.3
65–74 years	2,310.2	2,291.3	2,170.3	1,728.0	1,250.0	898.3	527.7	530.9
75–84 years	4,825.8	4,742.4	4,534.8	3,834.3	2,968.2	2,248.1	1,388.1	1,382.4
85 years and over	9,661.4	9,788.9	8,426.2	8,752.7	7,418.4	6,430.0	4,582.7	4,564.2
Female								
All ages, age-adjusted <sup>4</sup>	486.6	447.0	381.6	320.8	257.0	210.9	135.5	134.3
All ages, crude	289.7	300.6	304.5	305.1	281.8	255.3	180.2	180.6
Under 1 year	3.4	5.4	10.9	20.0	18.3	12.5	7.3	6.9
1–4 years	1.6	1.1	1.6	2.5	1.9	1.0	0.9	0.9
5–14 years	4.3	1.2	0.8	0.9	0.8	0.5	0.4	0.4
15–24 years	8.2	3.7	2.3	2.1	1.8	2.1	1.5	1.5
25–34 years	17.6	11.3	7.7	5.3	5.0	5.2	4.8	4.9
35–44 years	57.0	38.2	32.2	21.4	15.1	17.2	16.0	15.7
45–54 years	177.8	127.5	109.9	84.5	61.0	49.8	46.0	46.6
55–64 years	507.0	429.4	351.6	272.1	215.7	159.3	108.4	107.5
65–74 years	1,434.9	1,261.3	1,082.7	828.6	616.8	474.0	266.2	266.8
75–84 years	3,873.0	3,582.7	3,120.8	2,497.0	1,893.8	1,475.1	893.0	879.8
85 years and over	8,798.1	9,016.8	7,591.8	7,350.5	6,478.1	5,720.9	3,777.5	3,732.9
White male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	701.4	694.5	640.2	539.6	409.2	316.7	213.1	213.1
All ages, crude	434.2	454.6	438.3	384.0	312.7	265.8	218.0	222.6
45–54 years	424.1	413.2	365.7	269.8	170.6	130.7	108.3	109.8
55–64 years	1,082.6	1,056.0	979.3	730.6	516.7	351.8	253.2	254.0
65–74 years	2,309.4	2,297.9	2,177.2	1,729.7	1,230.5	877.8	513.5	516.0
75–84 years	4,908.0	4,839.9	4,617.6	3,883.2	2,983.4	2,247.0	1,392.6	1,389.0
85 years and over	9,952.3	10,135.8	8,818.0	8,958.0	7,558.7	6,560.8	4,712.4	4,701.6
Black or African American male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	641.5	615.2	607.3	561.4	485.4	392.5	265.3	262.8
All ages, crude	348.4	330.6	330.3	301.0	256.8	211.1	174.7	177.2
45–54 years	624.1	514.0	512.8	433.4	328.9	247.2	182.4	178.3
55–64 years	1,434.0	1,236.8	1,135.4	987.2	824.0	631.2	435.9	430.0
65–74 years	2,140.1	2,281.4	2,237.8	1,847.2	1,632.9	1,268.8	805.5	807.5
75–84 years <sup>6</sup>	4,107.9	3,533.6	3,783.4	3,578.8	3,107.1	2,597.6	1,677.7	1,660.0
85 years and over	---	6,037.9	5,367.6	6,819.5	6,479.6	5,633.5	3,822.1	3,754.5

See footnotes at end of table.

**Table 24 (page 2 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>American Indian or Alaska Native male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	320.5	264.1	222.2	152.5	152.3
All ages, crude	---	---	---	130.6	108.0	90.1	78.3	82.3
45–54 years	---	---	---	238.1	173.8	108.5	87.4	101.6
55–64 years	---	---	---	496.3	411.0	285.0	198.5	206.2
65–74 years	---	---	---	1,009.4	839.1	748.2	451.5	465.2
75–84 years	---	---	---	2,062.2	1,788.8	1,655.7	1,138.9	1,071.8
85 years and over	---	---	---	4,413.7	3,860.3	3,318.3	2,278.2	2,269.1
<b>Asian or Pacific Islander male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	286.9	220.7	185.5	116.1	118.4
All ages, crude	---	---	---	119.8	88.7	90.6	76.8	81.9
45–54 years	---	---	---	112.0	70.4	61.1	51.8	50.9
55–64 years	---	---	---	306.7	226.1	182.6	118.4	133.3
65–74 years	---	---	---	852.4	623.5	482.5	255.1	274.9
75–84 years	---	---	---	2,010.9	1,642.2	1,354.7	748.7	754.6
85 years and over	---	---	---	5,923.0	4,617.8	4,154.2	2,842.2	2,848.5
<b>Hispanic or Latino male<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	---	270.0	238.2	151.6	151.5
All ages, crude	---	---	---	---	91.0	74.7	64.3	66.9
45–54 years	---	---	---	---	116.4	84.3	61.7	63.5
55–64 years	---	---	---	---	363.0	264.8	177.5	178.0
65–74 years	---	---	---	---	829.9	684.8	406.1	416.6
75–84 years	---	---	---	---	1,971.3	1,733.2	1,069.1	1,057.5
85 years and over	---	---	---	---	4,711.9	4,897.5	3,147.0	3,106.2
<b>White, not Hispanic or Latino male<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	---	413.6	319.9	217.7	217.9
All ages, crude	---	---	---	---	336.5	297.5	253.2	259.0
45–54 years	---	---	---	---	172.8	134.3	115.2	117.2
55–64 years	---	---	---	---	521.3	356.3	259.1	260.2
65–74 years	---	---	---	---	1,243.4	885.1	518.3	520.2
75–84 years	---	---	---	---	3,007.7	2,261.9	1,409.6	1,408.1
85 years and over	---	---	---	---	7,663.4	6,606.6	4,796.1	4,794.2
<b>White female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	479.2	441.7	376.7	315.9	250.9	205.6	133.4	132.0
All ages, crude	290.5	306.5	313.8	319.2	298.4	274.5	196.7	196.8
45–54 years	142.4	103.4	91.4	71.2	50.2	40.9	40.7	41.0
55–64 years	460.7	383.0	317.7	248.1	192.4	141.3	97.8	95.9
65–74 years	1,401.6	1,229.8	1,044.0	796.7	583.6	445.2	251.7	252.5
75–84 years	3,926.2	3,629.7	3,143.5	2,493.6	1,874.3	1,452.4	888.1	871.8
85 years and over	9,086.9	9,280.8	7,839.9	7,501.6	6,563.4	5,801.4	3,855.8	3,821.0
<b>Black or African American female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	538.9	488.9	435.6	378.6	327.5	277.6	172.7	172.1
All ages, crude	289.9	268.5	261.0	249.7	237.0	212.6	150.9	153.4
45–54 years	526.8	360.7	290.9	202.4	155.3	125.0	92.6	94.2
55–64 years	1,210.7	952.3	710.5	530.1	442.0	332.8	211.1	213.0
65–74 years	1,659.4	1,680.5	1,553.2	1,210.3	1,017.5	815.2	449.3	450.8
75–84 years <sup>6</sup>	3,499.3	2,926.9	2,964.1	2,707.2	2,250.9	1,913.1	1,114.8	1,122.2
85 years and over	---	5,650.0	5,003.8	5,796.5	5,766.1	5,298.7	3,513.5	3,425.3

See footnotes at end of table.

**Table 24 (page 3 of 3). Death rates for diseases of heart, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#024>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>American Indian or Alaska Native female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	175.4	153.1	143.6	92.9	93.9
All ages, crude	---	---	---	80.3	77.5	71.9	55.7	58.4
45–54 years	---	---	---	65.2	62.0	40.2	39.4	37.3
55–64 years	---	---	---	193.5	197.0	149.4	83.9	100.5
65–74 years	---	---	---	577.2	492.8	391.8	245.0	220.1
75–84 years	---	---	---	1,364.3	1,050.3	1,044.1	698.2	664.6
85 years and over	---	---	---	2,893.3	2,868.7	3,146.3	1,874.7	2,089.2
<b>Asian or Pacific Islander female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	132.3	149.2	115.7	74.0	73.3
All ages, crude	---	---	---	57.0	62.0	65.0	59.6	61.8
45–54 years	---	---	---	28.6	17.5	15.9	10.5	12.5
55–64 years	---	---	---	92.9	99.0	68.8	40.9	41.7
65–74 years	---	---	---	313.3	323.9	229.6	126.8	124.7
75–84 years	---	---	---	1,053.2	1,130.9	866.2	505.2	521.0
85 years and over	---	---	---	3,211.0	4,161.2	3,367.2	2,381.5	2,272.4
<b>Hispanic or Latina female<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	---	177.2	163.7	98.6	97.0
All ages, crude	---	---	---	---	79.4	71.5	54.7	55.9
45–54 years	---	---	---	---	43.5	28.2	21.9	22.2
55–64 years	---	---	---	---	153.2	111.2	71.9	63.1
65–74 years	---	---	---	---	460.4	366.3	192.3	195.8
75–84 years	---	---	---	---	1,259.7	1,169.4	711.9	702.3
85 years and over	---	---	---	---	4,440.3	4,605.8	2,781.3	2,738.8
<b>White, not Hispanic or Latina female<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup>	---	---	---	---	252.6	206.8	135.8	134.6
All ages, crude	---	---	---	---	320.0	304.9	227.5	228.0
45–54 years	---	---	---	---	50.2	41.9	43.5	44.0
55–64 years	---	---	---	---	193.6	142.9	99.9	99.0
65–74 years	---	---	---	---	584.7	448.5	255.5	256.3
75–84 years	---	---	---	---	1,890.2	1,458.9	898.1	881.3
85 years and over	---	---	---	---	6,615.2	5,822.7	3,903.8	3,876.5

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).



**Table 25 (page 1 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted <sup>4</sup>	180.7	177.9	147.7	96.2	65.3	60.9	36.9	36.2
All ages, crude	104.0	108.0	101.9	75.0	57.8	59.6	40.9	40.8
Under 1 year	5.1	4.1	5.0	4.4	3.8	3.3	2.6	2.7
1–4 years	0.9	0.8	1.0	0.5	0.3	0.3	0.3	0.2
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	0.3
25–34 years	4.2	4.7	4.5	2.6	2.2	1.5	1.3	1.2
35–44 years	18.7	14.7	15.6	8.5	6.4	5.8	4.3	4.2
45–54 years	70.4	49.2	41.6	25.2	18.7	16.0	12.8	12.4
55–64 years	194.2	147.3	115.8	65.1	47.9	41.0	28.7	28.9
65–74 years	554.7	469.2	384.1	219.0	144.2	128.6	75.7	74.2
75–84 years	1,499.6	1,491.3	1,254.2	786.9	498.0	461.3	272.2	268.9
85 years and over	2,990.1	3,680.5	3,014.3	2,283.7	1,628.9	1,589.2	931.2	906.0
Male								
All ages, age-adjusted <sup>4</sup>	186.4	186.1	157.4	102.2	68.5	62.4	37.1	36.7
All ages, crude	102.5	104.5	94.5	63.4	46.7	46.9	34.1	34.5
Under 1 year	6.4	5.0	5.8	5.0	4.4	3.8	2.6	3.0
1–4 years	1.1	0.9	1.2	0.4	0.3	*	0.4	0.3
5–14 years	0.5	0.7	0.8	0.3	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	1.8	1.1	0.7	0.5	0.5	0.4
25–34 years	4.2	4.5	4.4	2.6	2.1	1.5	1.4	1.3
35–44 years	17.5	14.6	15.7	8.7	6.8	5.8	4.8	4.7
45–54 years	67.9	52.2	44.4	27.2	20.5	17.5	14.2	14.2
55–64 years	205.2	163.8	138.7	74.6	54.3	47.2	34.5	35.1
65–74 years	589.6	530.7	449.5	258.6	166.6	145.0	85.7	85.0
75–84 years	1,543.6	1,555.9	1,361.6	866.3	551.1	490.8	277.7	277.9
85 years and over	3,048.6	3,643.1	2,895.2	2,193.6	1,528.5	1,484.3	832.1	808.4
Female								
All ages, age-adjusted <sup>4</sup>	175.8	170.7	140.0	91.7	62.6	59.1	36.1	35.2
All ages, crude	105.6	111.4	109.0	85.9	68.4	71.8	47.6	46.9
Under 1 year	3.7	3.2	4.0	3.8	3.1	2.7	2.6	2.5
1–4 years	0.7	0.7	0.7	0.5	0.3	0.4	0.3	*
5–14 years	0.4	0.6	0.6	0.3	0.2	0.2	0.2	0.2
15–24 years	1.5	1.6	1.4	0.8	0.6	0.5	0.3	0.3
25–34 years	4.3	4.9	4.7	2.6	2.2	1.5	1.1	1.1
35–44 years	19.9	14.8	15.6	8.4	6.1	5.7	3.8	3.7
45–54 years	72.9	46.3	39.0	23.3	17.0	14.5	11.4	10.6
55–64 years	183.1	131.8	95.3	56.8	42.2	35.3	23.3	23.1
65–74 years	522.1	415.7	333.3	188.7	126.7	115.1	67.0	64.8
75–84 years	1,462.2	1,441.1	1,183.1	740.1	466.2	442.1	268.2	262.1
85 years and over	2,949.4	3,704.4	3,081.0	2,323.1	1,667.6	1,632.0	980.9	955.8
White male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	182.1	181.6	153.7	98.7	65.5	59.8	35.4	35.0
All ages, crude	100.5	102.7	93.5	63.1	46.9	48.4	35.3	35.8
45–54 years	53.7	40.9	35.6	21.7	15.4	13.6	11.4	11.7
55–64 years	182.2	139.0	119.9	64.0	45.7	39.7	29.4	29.9
65–74 years	569.7	501.0	420.0	239.8	152.9	133.8	78.1	77.6
75–84 years	1,556.3	1,564.8	1,361.6	852.7	539.2	480.0	270.9	271.1
85 years and over	3,127.1	3,734.8	3,018.1	2,230.8	1,545.4	1,490.7	838.2	815.2
Black or African American male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	228.8	238.5	206.4	142.0	102.2	89.6	53.8	54.1
All ages, crude	122.0	122.9	108.8	73.0	53.0	46.1	34.1	35.1
45–54 years	211.9	166.1	136.1	82.1	68.4	49.5	33.4	30.7
55–64 years	522.8	439.9	343.4	189.7	141.7	115.4	76.0	78.1
65–74 years	783.6	899.2	780.1	472.3	326.9	268.5	164.9	165.0
75–84 years <sup>6</sup>	1,504.9	1,475.2	1,445.7	1,066.3	721.5	659.2	385.0	387.4
85 years and over	---	2,700.0	1,963.1	1,873.2	1,421.5	1,458.8	796.8	814.1

See footnotes at end of table.

**Table 25 (page 2 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>American Indian or Alaska Native male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	66.4	44.3	46.1	25.5	22.7
All ages, crude . . . . .	---	---	---	23.1	16.0	16.8	12.0	11.3
45–54 years . . . . .	---	---	---	*	*	13.3	10.7	9.2
55–64 years . . . . .	---	---	---	72.0	39.8	48.6	26.9	23.8
65–74 years . . . . .	---	---	---	170.5	120.3	144.7	84.4	72.5
75–84 years . . . . .	---	---	---	523.9	325.9	373.3	172.2	191.0
85 years and over . . . . .	---	---	---	1,384.7	949.8	834.9	506.3	348.3
<b>Asian or Pacific Islander male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	71.4	59.1	58.0	33.2	31.2
All ages, crude . . . . .	---	---	---	28.7	23.3	27.2	21.7	21.3
45–54 years . . . . .	---	---	---	17.0	15.6	15.0	13.2	15.7
55–64 years . . . . .	---	---	---	59.9	51.8	49.3	30.0	27.7
65–74 years . . . . .	---	---	---	197.9	167.9	135.6	78.1	73.0
75–84 years . . . . .	---	---	---	619.5	483.9	438.7	239.3	230.5
85 years and over . . . . .	---	---	---	1,399.0	1,196.6	1,415.6	776.0	686.7
<b>Hispanic or Latino male<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	46.5	50.5	32.0	31.8
All ages, crude . . . . .	---	---	---	---	15.6	15.8	13.5	14.0
45–54 years . . . . .	---	---	---	---	20.0	18.1	13.5	13.8
55–64 years . . . . .	---	---	---	---	49.2	48.8	33.3	33.9
65–74 years . . . . .	---	---	---	---	126.4	136.1	75.5	82.1
75–84 years . . . . .	---	---	---	---	356.6	392.9	248.1	242.1
85 years and over . . . . .	---	---	---	---	866.3	1,029.9	644.9	620.6
<b>White, not Hispanic or Latino male<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	66.3	59.9	35.3	34.9
All ages, crude . . . . .	---	---	---	---	50.6	53.9	40.3	40.8
45–54 years . . . . .	---	---	---	---	14.9	13.0	10.8	11.0
55–64 years . . . . .	---	---	---	---	45.1	38.7	28.5	29.0
65–74 years . . . . .	---	---	---	---	154.5	133.1	77.7	76.6
75–84 years . . . . .	---	---	---	---	547.3	482.3	271.2	272.0
85 years and over . . . . .	---	---	---	---	1,578.7	1,505.9	848.0	825.6
<b>White female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	169.7	165.0	135.5	89.0	60.3	57.3	35.2	34.2
All ages, crude . . . . .	103.3	110.1	109.8	88.6	71.6	76.9	51.5	50.6
45–54 years . . . . .	55.0	33.8	30.5	18.6	13.5	11.2	9.3	9.0
55–64 years . . . . .	156.9	103.0	78.1	48.6	35.8	30.2	19.8	19.8
65–74 years . . . . .	498.1	383.3	303.2	172.5	116.1	107.3	62.3	60.0
75–84 years . . . . .	1,471.3	1,444.7	1,176.8	728.8	456.5	434.2	265.4	257.7
85 years and over . . . . .	3,017.9	3,795.7	3,167.6	2,362.7	1,685.9	1,646.7	994.7	970.4
<b>Black or African American female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	238.4	232.5	189.3	119.6	84.0	76.2	45.4	44.7
All ages, crude . . . . .	128.3	127.7	112.2	77.8	60.7	58.3	39.2	39.2
45–54 years . . . . .	248.9	166.2	119.4	61.8	44.1	38.1	25.0	21.1
55–64 years . . . . .	567.7	452.0	272.4	138.4	96.9	76.4	48.8	47.7
65–74 years . . . . .	754.4	830.5	673.5	361.7	236.7	190.9	111.2	109.1
75–84 years <sup>6</sup> . . . . .	1,496.7	1,413.1	1,338.3	917.5	595.0	549.2	321.6	333.0
85 years and over . . . . .	---	2,578.9	2,210.5	1,891.6	1,495.2	1,556.5	927.2	894.1

See footnotes at end of table.

**Table 25 (page 3 of 3). Death rates for cerebrovascular diseases, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#025>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>American Indian or Alaska Native female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	51.2	38.4	43.7	24.8	25.5
All ages, crude . . . . .	---	---	---	22.0	19.3	21.5	14.4	15.4
45–54 years . . . . .	---	---	---	*	*	14.4	7.2	9.0
55–64 years . . . . .	---	---	---	*	40.7	37.9	20.0	19.1
65–74 years . . . . .	---	---	---	128.3	100.5	79.5	58.8	60.6
75–84 years . . . . .	---	---	---	404.2	282.0	391.1	205.5	187.2
85 years and over . . . . .	---	---	---	1,095.5	776.2	931.5	531.3	593.6
<b>Asian or Pacific Islander female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	60.8	54.9	49.1	28.9	27.9
All ages, crude . . . . .	---	---	---	26.4	24.3	28.7	23.7	23.8
45–54 years . . . . .	---	---	---	20.3	19.7	13.3	9.2	8.6
55–64 years . . . . .	---	---	---	43.7	42.1	33.3	20.0	18.2
65–74 years . . . . .	---	---	---	136.1	124.0	102.8	56.3	54.0
75–84 years . . . . .	---	---	---	446.6	396.6	386.0	213.4	203.0
85 years and over . . . . .	---	---	---	1,545.2	1,395.0	1,246.6	770.1	754.6
<b>Hispanic or Latina female<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	43.7	43.0	28.2	27.6
All ages, crude . . . . .	---	---	---	---	20.1	19.4	15.8	16.1
45–54 years . . . . .	---	---	---	---	15.2	12.4	8.8	9.1
55–64 years . . . . .	---	---	---	---	38.5	31.9	19.9	19.7
65–74 years . . . . .	---	---	---	---	102.6	95.2	59.3	53.6
75–84 years . . . . .	---	---	---	---	308.5	311.3	217.6	211.4
85 years and over . . . . .	---	---	---	---	1,055.3	1,108.9	705.9	698.4
<b>White, not Hispanic or Latina female<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	61.0	57.6	35.5	34.5
All ages, crude . . . . .	---	---	---	---	77.2	85.5	59.2	58.3
45–54 years . . . . .	---	---	---	---	13.2	10.9	9.2	8.8
55–64 years . . . . .	---	---	---	---	35.7	29.9	19.6	19.6
65–74 years . . . . .	---	---	---	---	116.9	107.6	62.1	60.2
75–84 years . . . . .	---	---	---	---	461.9	438.3	268.1	260.3
85 years and over . . . . .	---	---	---	---	1,714.7	1,661.6	1,008.1	984.3

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

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 26 (page 1 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>All persons</b>								
All ages, age-adjusted <sup>4</sup>	193.9	193.9	198.6	207.9	216.0	199.6	166.5	163.2
All ages, crude	139.8	149.2	162.8	183.9	203.2	196.5	185.6	185.0
Under 1 year	8.7	7.2	4.7	3.2	2.3	2.4	1.6	1.6
1–4 years	11.7	10.9	7.5	4.5	3.5	2.7	2.4	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	3.6	3.4
25–34 years	20.0	19.5	16.5	13.7	12.6	9.8	8.7	8.6
35–44 years	62.7	59.7	59.5	48.6	43.3	36.6	28.0	28.1
45–54 years	175.1	177.0	182.5	180.0	158.9	127.5	108.5	105.5
55–64 years	390.7	396.8	423.0	436.1	449.6	366.7	293.2	288.2
65–74 years	698.8	713.9	754.2	817.9	872.3	816.3	632.2	616.9
75–84 years	1,153.3	1,127.4	1,169.2	1,232.3	1,348.5	1,335.6	1,161.7	1,139.4
85 years and over	1,451.0	1,450.0	1,320.7	1,594.6	1,752.9	1,819.4	1,658.9	1,635.4
<b>Male</b>								
All ages, age-adjusted <sup>4</sup>	208.1	225.1	247.6	271.2	280.4	248.9	200.3	196.0
All ages, crude	142.9	162.5	182.1	205.3	221.3	207.2	197.9	197.6
Under 1 year	9.7	7.7	4.4	3.7	2.4	2.6	1.7	1.5
1–4 years	12.5	12.4	8.3	5.2	3.7	3.0	2.7	2.2
5–14 years	7.4	7.6	6.7	4.9	3.5	2.7	2.4	2.2
15–24 years	9.7	10.2	10.4	7.8	5.7	5.1	4.1	3.8
25–34 years	17.7	18.8	16.3	13.4	12.6	9.2	8.4	8.6
35–44 years	45.6	48.9	53.0	44.0	38.5	32.7	24.0	24.0
45–54 years	156.2	170.8	183.5	188.7	162.5	130.9	110.1	106.5
55–64 years	413.1	459.9	511.8	520.8	532.9	415.8	336.9	331.3
65–74 years	791.5	890.5	1,006.8	1,093.2	1,122.2	1,001.9	746.7	726.2
75–84 years	1,332.6	1,389.4	1,588.3	1,790.5	1,914.4	1,760.6	1,447.6	1,414.5
85 years and over	1,668.3	1,741.2	1,720.8	2,369.5	2,739.9	2,710.7	2,303.1	2,272.6
<b>Female</b>								
All ages, age-adjusted <sup>4</sup>	182.3	168.7	163.2	166.7	175.7	167.6	142.1	139.5
All ages, crude	136.8	136.4	144.4	163.6	186.0	186.2	173.7	172.8
Under 1 year	7.6	6.8	5.0	2.7	2.2	2.3	1.5	1.8
1–4 years	10.8	9.3	6.7	3.7	3.2	2.5	2.2	1.9
5–14 years	6.0	6.0	5.2	3.6	2.8	2.2	2.0	2.1
15–24 years	7.6	6.5	6.2	4.8	4.1	3.6	3.0	3.0
25–34 years	22.2	20.1	16.7	14.0	12.6	10.4	8.9	8.6
35–44 years	79.3	70.0	65.6	53.1	48.1	40.4	31.9	32.1
45–54 years	194.0	183.0	181.5	171.8	155.5	124.2	107.0	104.6
55–64 years	368.2	337.7	343.2	361.7	375.2	321.3	252.5	248.1
65–74 years	612.3	560.2	557.9	607.1	677.4	663.6	531.9	520.8
75–84 years	1,000.7	924.1	891.9	903.1	1,010.3	1,058.5	950.0	933.3
85 years and over	1,299.7	1,263.9	1,096.7	1,255.7	1,372.1	1,456.4	1,336.4	1,310.1
<b>White male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	210.0	224.7	244.8	265.1	272.2	243.9	199.7	195.5
All ages, crude	147.2	166.1	185.1	208.7	227.7	218.1	213.1	213.0
25–34 years	17.7	18.8	16.2	13.6	12.3	9.2	8.5	8.5
35–44 years	44.5	46.3	50.1	41.1	35.8	30.9	24.2	23.9
45–54 years	150.8	164.1	172.0	175.4	149.9	123.5	108.2	105.7
55–64 years	409.4	450.9	498.1	497.4	508.2	401.9	329.4	323.1
65–74 years	798.7	887.3	997.0	1,070.7	1,090.7	984.3	742.8	723.3
75–84 years	1,367.6	1,413.7	1,592.7	1,779.7	1,883.2	1,736.0	1,453.0	1,421.7
85 years and over	1,732.7	1,791.4	1,772.2	2,375.6	2,715.1	2,693.7	2,318.7	2,290.7
<b>Black or African American male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup>	178.9	227.6	291.9	353.4	397.9	340.3	246.1	238.7
All ages, crude	106.6	136.7	171.6	205.5	221.9	188.5	166.4	165.6
25–34 years	18.0	18.4	18.8	14.1	15.7	10.1	9.1	10.2
35–44 years	55.7	72.9	81.3	73.8	64.3	48.4	26.6	27.3
45–54 years	211.7	244.7	311.2	333.0	302.6	214.2	145.0	132.4
55–64 years	490.8	579.7	689.2	812.5	859.2	626.4	468.8	464.0
65–74 years	636.5	938.5	1,168.9	1,417.2	1,613.9	1,363.8	970.2	941.5
75–84 years <sup>6</sup>	853.5	1,053.3	1,624.8	2,029.6	2,478.3	2,351.8	1,685.7	1,633.2
85 years and over	---	1,155.2	1,387.0	2,393.9	3,238.3	3,264.8	2,540.2	2,465.6

See footnotes at end of table.

**Table 26 (page 2 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>American Indian or Alaska Native male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	140.5	145.8	155.8	127.9	132.3
All ages, crude . . . . .	---	---	---	58.1	61.4	67.0	70.5	73.6
25–34 years . . . . .	---	---	---	*	*	*	*	6.2
35–44 years . . . . .	---	---	---	*	22.8	21.4	14.2	13.1
45–54 years . . . . .	---	---	---	86.9	86.9	70.3	65.9	61.9
55–64 years . . . . .	---	---	---	213.4	246.2	255.6	216.2	233.5
65–74 years . . . . .	---	---	---	613.0	530.6	648.0	558.4	477.8
75–84 years . . . . .	---	---	---	936.4	1,038.4	1,152.5	885.2	1,009.1
85 years and over . . . . .	---	---	---	1,471.2	1,654.4	1,584.2	1,288.7	1,488.1
<b>Asian or Pacific Islander male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	165.2	172.5	150.8	123.1	120.9
All ages, crude . . . . .	---	---	---	81.9	82.7	85.2	89.0	90.5
25–34 years . . . . .	---	---	---	6.3	9.2	7.4	7.4	6.5
35–44 years . . . . .	---	---	---	29.4	27.7	26.1	19.4	20.3
45–54 years . . . . .	---	---	---	108.2	92.6	78.5	65.9	67.6
55–64 years . . . . .	---	---	---	298.5	274.6	229.2	186.7	186.4
65–74 years . . . . .	---	---	---	581.2	687.2	559.4	396.5	387.5
75–84 years . . . . .	---	---	---	1,147.6	1,229.9	1,086.1	936.3	899.5
85 years and over . . . . .	---	---	---	1,798.7	1,837.0	1,823.2	1,577.7	1,575.3
<b>Hispanic or Latino male<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	174.7	171.7	141.9	138.8
All ages, crude . . . . .	---	---	---	---	65.5	61.3	66.3	66.9
25–34 years . . . . .	---	---	---	---	8.0	6.9	7.6	7.8
35–44 years . . . . .	---	---	---	---	22.5	20.1	17.3	16.4
45–54 years . . . . .	---	---	---	---	96.6	79.4	67.6	66.4
55–64 years . . . . .	---	---	---	---	294.0	253.1	224.8	217.4
65–74 years . . . . .	---	---	---	---	655.5	651.2	524.3	515.6
75–84 years . . . . .	---	---	---	---	1,233.4	1,306.4	1,068.1	1,051.3
85 years and over . . . . .	---	---	---	---	2,019.4	2,049.7	1,652.6	1,606.6
<b>White, not Hispanic or Latino male<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	276.7	247.7	204.0	200.0
All ages, crude . . . . .	---	---	---	---	246.2	244.4	247.0	247.3
25–34 years . . . . .	---	---	---	---	12.8	9.7	8.5	8.5
35–44 years . . . . .	---	---	---	---	36.8	32.3	25.7	25.6
45–54 years . . . . .	---	---	---	---	153.9	127.2	114.2	111.9
55–64 years . . . . .	---	---	---	---	520.6	412.0	338.6	332.9
65–74 years . . . . .	---	---	---	---	1,109.0	1,002.1	757.4	737.2
75–84 years . . . . .	---	---	---	---	1,906.6	1,750.2	1,475.9	1,444.8
85 years and over . . . . .	---	---	---	---	2,744.4	2,714.1	2,353.6	2,330.5
<b>White female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	182.0	167.7	162.5	165.2	174.0	166.9	142.5	140.2
All ages, crude . . . . .	139.9	139.8	149.4	170.3	196.1	199.4	187.5	186.8
25–34 years . . . . .	20.9	18.8	16.3	13.5	11.9	10.1	8.7	8.5
35–44 years . . . . .	74.5	66.6	62.4	50.9	46.2	38.2	31.0	31.8
45–54 years . . . . .	185.8	175.7	177.3	166.4	150.9	120.1	104.5	103.0
55–64 years . . . . .	362.5	329.0	338.6	355.5	368.5	319.7	249.7	245.4
65–74 years . . . . .	616.5	562.1	554.7	605.2	675.1	665.6	535.5	526.4
75–84 years . . . . .	1,026.6	939.3	903.5	905.4	1,011.8	1,063.4	962.1	945.4
85 years and over . . . . .	1,348.3	1,304.9	1,126.6	1,266.8	1,372.3	1,459.1	1,351.4	1,326.5

See footnotes at end of table.

**Table 26 (page 3 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#026>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
Black or African American female <sup>5</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	174.1	174.3	173.4	189.5	205.9	193.8	161.7	158.5
All ages, crude . . . . .	111.8	113.8	117.3	136.5	156.1	151.8	146.3	146.2
25–34 years . . . . .	34.3	31.0	20.9	18.3	18.7	13.5	12.1	10.4
35–44 years . . . . .	119.8	102.4	94.6	73.5	67.4	58.9	42.5	40.7
45–54 years . . . . .	277.0	254.8	228.6	230.2	209.9	173.9	140.2	134.8
55–64 years . . . . .	484.6	442.7	404.8	450.4	482.4	391.0	320.9	320.0
65–74 years . . . . .	477.3	541.6	615.8	662.4	773.2	753.1	617.8	593.4
75–84 years <sup>6</sup> . . . . .	605.3	696.3	763.3	923.9	1,059.9	1,124.0	985.6	984.3
85 years and over . . . . .	---	728.9	791.5	1,159.9	1,431.3	1,527.7	1,318.4	1,306.5
American Indian or Alaska Native female <sup>5</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	94.0	106.9	108.3	99.1	94.3
All ages, crude . . . . .	---	---	---	50.4	62.1	61.3	66.7	65.8
25–34 years . . . . .	---	---	---	*	*	*	*	6.4
35–44 years . . . . .	---	---	---	36.9	31.0	23.7	16.1	18.8
45–54 years . . . . .	---	---	---	96.9	104.5	59.7	62.5	69.1
55–64 years . . . . .	---	---	---	198.4	213.3	200.9	176.2	155.1
65–74 years . . . . .	---	---	---	350.8	438.9	458.3	394.4	373.0
75–84 years . . . . .	---	---	---	446.4	554.3	714.0	753.5	656.2
85 years and over . . . . .	---	---	---	786.5	843.7	983.2	763.3	844.8
Asian or Pacific Islander female <sup>5</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	93.0	103.0	100.7	90.9	86.0
All ages, crude . . . . .	---	---	---	54.1	60.5	72.1	80.9	78.6
25–34 years . . . . .	---	---	---	9.5	7.3	8.1	5.6	6.4
35–44 years . . . . .	---	---	---	38.7	29.8	28.9	23.2	22.1
45–54 years . . . . .	---	---	---	99.8	93.9	78.2	71.2	63.6
55–64 years . . . . .	---	---	---	174.7	196.2	176.5	149.9	139.7
65–74 years . . . . .	---	---	---	301.9	346.2	357.4	290.3	280.7
75–84 years . . . . .	---	---	---	522.1	641.4	650.1	626.5	601.5
85 years and over . . . . .	---	---	---	800.0	971.7	988.5	1,012.6	925.7
Hispanic or Latina female <sup>5,7</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	111.9	110.8	99.3	97.3
All ages, crude . . . . .	---	---	---	---	60.7	58.5	62.4	63.0
25–34 years . . . . .	---	---	---	---	9.7	7.8	8.1	8.8
35–44 years . . . . .	---	---	---	---	34.8	30.7	24.4	25.4
45–54 years . . . . .	---	---	---	---	100.5	84.7	73.2	69.1
55–64 years . . . . .	---	---	---	---	205.4	192.5	165.1	164.7
65–74 years . . . . .	---	---	---	---	404.8	410.0	342.8	342.0
75–84 years . . . . .	---	---	---	---	663.0	716.5	662.9	656.7
85 years and over . . . . .	---	---	---	---	1,022.7	1,056.5	1,073.7	996.6
White, not Hispanic or Latina female <sup>7</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	177.5	170.0	146.0	143.9
All ages, crude . . . . .	---	---	---	---	210.6	220.6	214.4	214.0
25–34 years . . . . .	---	---	---	---	11.9	10.5	8.6	8.1
35–44 years . . . . .	---	---	---	---	47.0	38.9	32.3	32.9
45–54 years . . . . .	---	---	---	---	154.9	123.0	108.8	108.0
55–64 years . . . . .	---	---	---	---	379.5	328.9	257.9	253.3
65–74 years . . . . .	---	---	---	---	688.5	681.0	551.1	541.4
75–84 years . . . . .	---	---	---	---	1,027.2	1,075.3	983.0	966.6
85 years and over . . . . .	---	---	---	---	1,385.7	1,468.7	1,362.4	1,343.5

See footnotes at end of table.

## Table 26 (page 4 of 4). Death rates for malignant neoplasms, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#026>.

[Data are based on death certificates]

-- Data not available.

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

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 27 (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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted <sup>4</sup>	15.0	24.1	37.1	49.9	59.3	56.1	44.9	43.4
All ages, crude	12.2	20.3	32.1	45.8	56.8	55.3	50.2	49.4
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	0.3
35–44 years	4.5	6.8	11.0	9.2	6.8	6.1	2.9	2.8
45–54 years	20.4	29.6	43.4	54.1	46.8	31.6	25.1	23.9
55–64 years	48.7	75.3	109.1	138.2	160.6	122.4	81.5	79.9
65–74 years	59.7	108.1	164.5	233.3	288.4	284.2	206.1	196.6
75–84 years	55.8	91.5	163.2	240.5	333.3	370.8	339.6	328.5
85 years and over	42.3	65.6	101.7	176.0	242.5	302.1	323.7	320.0
Male								
All ages, age-adjusted <sup>4</sup>	24.6	43.6	67.5	85.2	91.1	76.7	56.1	53.7
All ages, crude	19.9	35.4	53.4	68.6	75.1	65.5	56.1	55.1
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	0.5	0.3
35–44 years	7.1	10.5	16.1	11.9	8.5	6.9	2.9	2.8
45–54 years	35.0	50.6	67.5	76.0	59.7	38.5	27.7	25.9
55–64 years	83.8	139.3	189.7	213.6	222.9	154.0	98.3	96.9
65–74 years	98.7	204.3	320.8	403.9	430.4	377.9	250.0	236.0
75–84 years	82.6	167.1	330.8	488.8	572.9	532.2	432.0	413.4
85 years and over	62.5	107.7	194.0	368.1	513.2	521.2	473.4	463.0
Female								
All ages, age-adjusted <sup>4</sup>	5.8	7.5	13.1	24.4	37.1	41.3	36.4	35.5
All ages, crude	4.5	6.4	11.9	24.3	39.4	45.4	44.4	44.0
Under 25 years	0.1	0.0	0.0	*	*	*	*	*
25–34 years	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.3
35–44 years	1.9	3.2	6.1	6.5	5.2	5.3	2.9	2.9
45–54 years	5.8	9.2	21.0	33.7	34.5	25.0	22.6	21.9
55–64 years	13.6	15.4	36.8	72.0	105.0	93.3	65.9	64.2
65–74 years	23.3	24.4	43.1	102.7	177.6	206.9	167.5	161.9
75–84 years	32.9	32.8	52.4	94.1	190.1	265.6	271.1	264.9
85 years and over	28.2	38.8	50.0	91.9	138.1	212.8	248.7	246.9
White male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	25.1	43.6	67.1	83.8	89.0	75.7	56.0	53.7
All ages, crude	20.8	36.4	54.6	70.2	77.8	69.4	60.6	59.5
45–54 years	35.1	49.2	63.3	70.9	55.2	35.7	26.9	25.6
55–64 years	85.4	139.2	186.8	205.6	213.7	150.8	96.4	94.6
65–74 years	101.5	207.5	325.0	401.0	422.1	374.9	250.8	236.5
75–84 years	85.5	170.4	336.7	493.5	572.2	529.9	434.4	416.8
85 years and over	67.4	109.4	199.6	374.1	516.3	522.4	475.7	466.8
Black or African American male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	17.8	42.6	75.4	107.6	125.4	101.1	68.6	65.7
All ages, crude	12.1	28.1	47.7	66.6	73.7	58.3	47.3	46.8
45–54 years	34.4	68.4	115.4	133.8	114.9	70.7	40.6	35.2
55–64 years	68.3	146.8	234.3	321.1	358.6	223.5	138.4	141.0
65–74 years	53.8	168.3	300.5	472.3	585.4	488.8	312.8	302.6
75–84 years <sup>6</sup>	36.2	107.3	271.6	472.9	645.4	642.5	494.6	465.7
85 years and over	---	82.8	137.0	311.3	499.5	562.8	485.0	458.5
American Indian or Alaska Native male <sup>5</sup>								
All ages, age-adjusted <sup>4</sup>	---	---	---	31.7	47.5	42.9	35.9	34.4
All ages, crude	---	---	---	14.2	20.0	18.1	19.4	18.2
45–54 years	---	---	---	*	26.6	14.5	13.0	10.7
55–64 years	---	---	---	72.0	97.8	86.0	59.7	55.8
65–74 years	---	---	---	202.8	194.3	184.8	185.8	131.3
75–84 years	---	---	---	*	356.2	367.9	259.8	299.3
85 years and over	---	---	---	*	*	*	310.7	369.4

See footnotes at end of table.



**Table 27 (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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
<b>Asian or Pacific Islander male<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	43.3	44.2	40.9	32.7	30.6
All ages, crude . . . . .	---	---	---	22.1	20.7	22.7	22.9	22.3
45–54 years . . . . .	---	---	---	33.3	18.8	17.2	13.0	12.7
55–64 years . . . . .	---	---	---	94.4	74.4	61.4	45.3	42.5
65–74 years . . . . .	---	---	---	174.3	215.8	183.2	114.8	110.3
75–84 years . . . . .	---	---	---	301.3	307.5	323.2	279.4	257.5
85 years and over . . . . .	---	---	---	*	421.3	378.0	411.4	387.3
<b>Hispanic or Latino male<sup>5,7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	44.1	39.0	26.8	26.2
All ages, crude . . . . .	---	---	---	---	16.2	13.3	11.7	11.8
45–54 years . . . . .	---	---	---	---	21.5	14.8	8.5	8.0
55–64 years . . . . .	---	---	---	---	80.7	58.6	35.6	35.6
65–74 years . . . . .	---	---	---	---	195.5	167.3	116.4	110.8
75–84 years . . . . .	---	---	---	---	313.4	327.5	237.3	225.4
85 years and over . . . . .	---	---	---	---	420.7	368.8	258.0	282.7
<b>White, not Hispanic or Latino male<sup>7</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	91.1	77.9	58.5	56.3
All ages, crude . . . . .	---	---	---	---	84.7	78.9	72.2	71.0
45–54 years . . . . .	---	---	---	---	57.8	37.7	29.9	28.7
55–64 years . . . . .	---	---	---	---	221.0	157.7	102.8	101.0
65–74 years . . . . .	---	---	---	---	431.4	387.3	261.3	246.6
75–84 years . . . . .	---	---	---	---	580.4	537.7	448.1	430.8
85 years and over . . . . .	---	---	---	---	520.9	527.3	488.3	478.0
<b>White female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	5.9	6.8	13.1	24.5	37.6	42.3	37.6	36.7
All ages, crude . . . . .	4.7	5.9	12.3	25.6	42.4	49.9	49.4	48.9
45–54 years . . . . .	5.7	9.0	20.9	33.0	34.6	24.8	23.0	22.6
55–64 years . . . . .	13.7	15.1	37.2	71.9	105.7	96.1	68.0	66.0
65–74 years . . . . .	23.7	24.8	42.9	104.6	181.3	213.2	174.3	169.0
75–84 years . . . . .	34.0	32.7	52.6	95.2	194.6	272.7	280.7	274.1
85 years and over . . . . .	29.3	39.1	50.6	92.4	138.3	215.9	254.5	250.9
<b>Black or African American female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	4.5	6.8	13.7	24.8	36.8	39.8	34.7	34.1
All ages, crude . . . . .	2.8	4.3	9.4	18.3	28.1	30.8	31.1	31.3
45–54 years . . . . .	7.5	11.3	23.9	43.4	41.3	32.9	25.9	24.0
55–64 years . . . . .	12.9	17.9	33.5	79.9	117.9	95.3	71.0	71.9
65–74 years . . . . .	14.0	18.1	46.1	88.0	164.3	194.1	158.2	151.0
75–84 years <sup>6</sup> . . . . .	*	31.3	49.1	79.4	148.1	224.3	239.8	235.8
85 years and over . . . . .	---	34.2	44.8	85.8	134.9	185.9	211.2	224.9
<b>American Indian or Alaska Native female<sup>5</sup></b>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	11.7	19.3	24.8	25.6	22.9
All ages, crude . . . . .	---	---	---	6.0	11.2	14.0	16.9	15.6
45–54 years . . . . .	---	---	---	*	22.9	12.1	13.0	12.3
55–64 years . . . . .	---	---	---	*	53.7	52.6	44.9	31.1
65–74 years . . . . .	---	---	---	*	78.5	151.5	116.5	124.9
75–84 years . . . . .	---	---	---	*	111.8	136.3	203.3	174.6
85 years and over . . . . .	---	---	---	*	*	*	183.2	137.0

See footnotes at end of table.

**Table 27 (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 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#027>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population								
Asian or Pacific Islander female <sup>5</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	15.4	18.9	18.4	17.8	18.0
All ages, crude . . . . .	---	---	---	8.4	10.5	12.6	15.5	16.0
45–54 years . . . . .	---	---	---	13.5	11.3	9.9	10.9	9.3
55–64 years . . . . .	---	---	---	24.6	38.3	30.4	25.1	24.3
65–74 years . . . . .	---	---	---	62.4	71.6	77.0	68.6	63.9
75–84 years . . . . .	---	---	---	117.7	137.9	135.0	142.8	150.2
85 years and over . . . . .	---	---	---	*	172.9	175.3	181.7	207.4
Hispanic or Latina female <sup>5,7</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	14.1	14.7	13.6	13.2
All ages, crude . . . . .	---	---	---	---	7.2	7.2	8.0	8.0
45–54 years . . . . .	---	---	---	---	8.7	7.1	6.0	5.4
55–64 years . . . . .	---	---	---	---	25.1	22.2	20.5	18.9
65–74 years . . . . .	---	---	---	---	66.8	66.0	51.7	52.9
75–84 years . . . . .	---	---	---	---	94.3	112.3	110.8	107.2
85 years and over . . . . .	---	---	---	---	118.2	137.5	152.4	146.7
White, not Hispanic or Latina female <sup>7</sup>								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	39.0	44.1	39.9	39.0
All ages, crude . . . . .	---	---	---	---	46.2	56.4	58.6	58.2
45–54 years . . . . .	---	---	---	---	36.6	26.4	25.8	25.6
55–64 years . . . . .	---	---	---	---	111.3	102.2	73.3	71.4
65–74 years . . . . .	---	---	---	---	186.4	222.9	185.5	179.5
75–84 years . . . . .	---	---	---	---	199.1	279.2	294.2	288.1
85 years and over . . . . .	---	---	---	---	139.0	218.0	259.6	256.8

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.

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 28 (page 1 of 2). Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#028>.

[Data are based on death certificates]

Race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
All females									
All ages, age-adjusted <sup>4</sup>	31.9	31.7	32.1	31.9	33.3	26.8	22.1	21.3	20.8
All ages, crude	24.7	26.1	28.4	30.6	34.0	29.2	26.1	25.8	25.5
Under 25 years	*	*	*	*	*	*	*	*	*
25–34 years	3.8	3.8	3.9	3.3	2.9	2.3	1.6	1.7	1.6
35–44 years	20.8	20.2	20.4	17.9	17.8	12.4	9.8	9.7	9.6
45–54 years	46.9	51.4	52.6	48.1	45.4	33.0	25.7	25.2	24.6
55–64 years	69.9	70.8	77.6	80.5	78.6	59.3	47.7	45.4	44.1
65–74 years	95.0	90.0	93.8	101.1	111.7	88.3	73.9	70.0	68.4
75–84 years	139.8	129.9	127.4	126.4	146.3	128.9	109.1	106.9	104.4
85 years and over	195.5	191.9	157.1	169.3	196.8	205.7	185.8	177.3	173.0
White <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	32.4	32.0	32.5	32.1	33.2	26.3	21.5	20.8	20.4
All ages, crude	25.7	27.2	29.9	32.3	35.9	30.7	27.3	26.9	26.7
35–44 years	20.8	19.7	20.2	17.3	17.1	11.3	8.8	8.8	8.8
45–54 years	47.1	51.2	53.0	48.1	44.3	31.2	23.9	23.5	23.0
55–64 years	70.9	71.8	79.3	81.3	78.5	57.9	45.9	43.5	42.5
65–74 years	96.3	91.6	95.9	103.7	113.3	89.3	73.3	69.6	68.4
75–84 years	143.6	132.8	129.6	128.4	148.2	130.2	110.2	107.8	105.0
85 years and over	204.2	199.7	161.9	171.7	198.0	205.5	186.8	178.8	174.9
Black or African American <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	25.3	27.9	28.9	31.7	38.1	34.5	30.3	29.4	28.3
All ages, crude	16.4	18.7	19.7	22.9	29.0	27.9	27.5	27.5	26.7
35–44 years	21.0	24.8	24.4	24.1	25.8	20.9	18.3	16.8	16.3
45–54 years	46.5	54.4	52.0	52.7	60.5	51.5	40.9	40.1	39.2
55–64 years	64.3	63.2	64.7	79.9	93.1	80.9	70.5	67.6	63.7
65–74 years	67.0	72.3	77.3	84.3	112.2	98.6	97.4	89.7	86.6
75–84 years <sup>6</sup>	81.0	87.5	101.8	114.1	140.5	139.8	123.2	129.7	126.1
85 years and over	---	92.1	112.1	149.9	201.5	238.7	214.6	204.4	193.1
American Indian or Alaska Native <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	10.8	13.7	13.6	11.5	10.8	10.1
All ages, crude	---	---	---	6.1	8.6	8.7	8.0	7.9	7.5
35–44 years	---	---	---	*	*	*	*	*	*
45–54 years	---	---	---	*	23.9	14.4	13.2	10.8	11.2
55–64 years	---	---	---	*	*	40.0	25.2	22.5	20.6
65–74 years	---	---	---	*	*	42.5	34.3	46.8	38.2
75–84 years	---	---	---	*	*	71.8	61.1	64.1	50.5
85 years and over	---	---	---	*	*	*	*	*	*
Asian or Pacific Islander <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	11.9	13.7	12.3	11.9	11.3	11.1
All ages, crude	---	---	---	8.2	9.3	10.2	10.8	10.9	10.8
35–44 years	---	---	---	10.4	8.4	8.1	5.4	6.4	5.7
45–54 years	---	---	---	23.4	26.4	22.3	17.0	16.7	15.6
55–64 years	---	---	---	35.7	33.8	31.3	28.4	27.8	27.2
65–74 years	---	---	---	*	38.5	34.7	37.9	37.1	32.7
75–84 years	---	---	---	*	48.0	37.5	53.2	40.3	48.6
85 years and over	---	---	---	*	*	68.2	77.5	77.4	82.8
Hispanic or Latina <sup>5,7</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	19.5	16.9	14.4	14.7	14.6
All ages, crude	---	---	---	---	11.5	9.7	9.2	10.0	10.0
35–44 years	---	---	---	---	11.7	8.7	6.2	7.2	7.2
45–54 years	---	---	---	---	32.8	23.9	18.6	20.3	18.0
55–64 years	---	---	---	---	45.8	39.1	32.7	31.8	31.2
65–74 years	---	---	---	---	64.8	54.9	49.0	45.7	46.3
75–84 years	---	---	---	---	67.2	74.9	61.8	63.9	73.3
85 years and over	---	---	---	---	102.8	105.8	117.8	121.8	112.0

See footnotes at end of table.

**Table 28 (page 2 of 2). Death rates for malignant neoplasm of breast among females, by race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#028>.

[Data are based on death certificates]

Race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
White, not Hispanic or Latina <sup>7</sup>	Deaths per 100,000 resident population								
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	33.9	26.8	22.1	21.3	20.9
All ages, crude . . . . .	---	---	---	---	38.5	33.8	31.0	30.6	30.3
35–44 years . . . . .	---	---	---	---	17.5	11.6	9.3	9.0	9.1
45–54 years . . . . .	---	---	---	---	45.2	31.7	24.5	23.8	23.6
55–64 years . . . . .	---	---	---	---	80.6	59.2	47.1	44.6	43.5
65–74 years . . . . .	---	---	---	---	115.7	91.4	75.1	71.6	70.1
75–84 years . . . . .	---	---	---	---	151.4	132.2	113.6	111.1	107.3
85 years and over . . . . .	---	---	---	---	201.5	208.3	189.9	181.8	178.5

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

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 29 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age <sup>1</sup>	1987 <sup>2</sup>	1990 <sup>2</sup>	1995 <sup>2</sup>	1996 <sup>2</sup>	1997 <sup>2</sup>	1998 <sup>2</sup>	1999 <sup>3</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population											
All persons											
All ages, age-adjusted <sup>4</sup>	5.6	10.2	16.2	11.5	6.0	4.9	5.3	5.2	2.6	2.2	2.1
All ages, crude	5.6	10.1	16.2	11.6	6.1	4.9	5.3	5.1	2.7	2.3	2.2
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	0.3	0.3	0.2
25–34 years	11.7	19.7	28.3	19.2	9.7	7.1	6.8	6.1	1.8	1.5	1.5
35–44 years	14.0	27.4	44.2	31.3	16.0	12.8	13.8	13.1	4.6	3.3	3.1
45–54 years	8.0	15.2	26.0	19.1	10.3	8.9	10.7	11.0	6.9	5.8	5.4
55–64 years	3.5	6.2	10.9	8.3	4.8	4.3	4.8	5.1	5.0	4.6	4.6
65–74 years	1.3	2.0	3.6	2.7	1.8	1.6	2.2	2.2	2.2	2.3	2.3
75–84 years	0.8	0.7	0.7	0.8	0.6	0.5	0.6	0.7	0.9	1.0	1.2
85 years and over	*	*	*	*	*	*	*	*	0.4	0.4	*
Male											
All ages, age-adjusted <sup>4</sup>	10.4	18.5	27.3	19.0	9.6	7.6	8.2	7.9	3.8	3.2	3.1
All ages, crude	10.2	18.5	27.6	19.2	9.7	7.6	8.2	7.9	4.0	3.4	3.3
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	0.3	0.4
25–34 years	20.7	34.5	45.5	30.2	14.4	10.0	9.5	8.0	2.3	2.1	2.1
35–44 years	26.3	50.2	75.5	51.7	25.4	20.0	21.0	19.8	6.3	4.2	4.2
45–54 years	15.5	29.1	46.2	33.1	17.1	14.8	17.5	17.8	10.6	8.7	8.2
55–64 years	6.8	12.0	19.7	14.7	8.3	7.2	8.3	8.7	7.9	7.4	7.2
65–74 years	2.4	3.7	6.4	5.0	3.4	2.9	3.8	3.8	3.8	4.1	3.8
75–84 years	1.2	1.1	1.3	1.5	1.0	0.9	1.0	1.3	1.7	2.0	2.2
85 years and over	*	*	*	*	*	*	*	*	*	*	*
Female											
All ages, age-adjusted <sup>4</sup>	1.1	2.2	5.3	4.2	2.6	2.2	2.5	2.5	1.4	1.2	1.1
All ages, crude	1.1	2.2	5.3	4.3	2.6	2.2	2.5	2.5	1.4	1.2	1.2
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	0.2	0.2	0.1
25–34 years	2.8	4.9	10.9	8.2	4.9	4.2	4.1	4.2	1.3	0.9	0.8
35–44 years	2.1	5.2	13.3	11.2	6.7	5.7	6.7	6.5	2.9	2.4	2.0
45–54 years	0.8	1.9	6.6	5.6	3.7	3.1	4.1	4.4	3.4	3.1	2.8
55–64 years	0.5	1.1	2.8	2.5	1.6	1.6	1.6	1.8	2.3	2.1	2.2
65–74 years	0.5	0.8	1.4	0.8	0.5	0.6	0.8	0.8	0.9	0.8	1.1
75–84 years	0.5	0.4	0.3	0.3	0.4	0.3	0.3	0.3	0.4	0.3	0.5
85 years and over	*	*	*	*	*	*	*	*	*	*	*
All ages, age-adjusted <sup>4</sup>											
Male:											
White	8.7	15.7	20.4	13.1	5.9	4.5	4.9	4.6	2.3	2.0	1.9
Black or African American	26.2	46.3	89.0	70.3	40.9	33.2	36.1	35.1	16.5	13.3	12.7
American Indian or Alaska Native	*	3.3	10.5	6.4	3.3	3.5	4.2	3.5	2.6	1.5	2.1
Asian or Pacific Islander	2.5	4.3	6.0	4.4	1.6	1.3	1.4	1.2	0.7	0.6	0.7
Hispanic or Latino <sup>5</sup>	18.8	28.8	40.8	28.0	14.0	10.2	10.9	10.6	4.6	3.5	3.4
White, not Hispanic or Latino <sup>5</sup>	10.7	14.1	17.9	11.2	4.8	3.7	4.0	3.8	1.8	1.7	1.6
Female:											
White	0.6	1.1	2.5	1.9	1.0	0.8	1.0	1.0	0.5	0.4	0.4
Black or African American	4.6	10.1	24.4	20.8	13.7	12.0	13.1	13.2	7.5	6.3	5.7
American Indian or Alaska Native	*	*	2.5	1.4	1.0	0.6	1.0	1.0	*	*	*
Asian or Pacific Islander	*	*	0.6	0.5	0.2	0.3	0.2	0.2	*	*	*
Hispanic or Latino <sup>5</sup>	2.1	3.8	8.8	6.3	3.3	2.8	3.0	2.9	1.1	1.0	0.9
White, not Hispanic or Latino <sup>5</sup>	0.5	0.7	1.7	1.3	0.7	0.5	0.7	0.7	0.4	0.3	0.3

See footnotes at end of table.

**Table 29 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, by sex, race, Hispanic origin, and age: United States, selected years 1987–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#029>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age <sup>1</sup>	1987 <sup>2</sup>	1990 <sup>2</sup>	1995 <sup>2</sup>	1996 <sup>2</sup>	1997 <sup>2</sup>	1998 <sup>2</sup>	1999 <sup>3</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Age 25–44 years											
All persons . . . . .	12.7	23.2	36.3	25.4	12.9	10.1	10.5	9.8	3.2	2.4	2.3
Male:											
White . . . . .	19.2	35.0	46.1	29.1	12.9	9.6	9.7	8.8	2.5	1.9	1.9
Black or African American . . . . .	60.2	102.0	179.4	136.8	75.2	58.1	59.3	55.4	17.1	11.9	11.7
American Indian or Alaska Native . . . . .	*	7.7	28.5	16.6	9.5	7.5	9.1	5.5	*	*	*
Asian or Pacific Islander . . . . .	4.1	8.1	12.1	7.7	3.3	2.4	2.4	1.9	*	0.8	0.9
Hispanic or Latino <sup>5</sup> . . . . .	36.8	59.3	73.9	48.0	23.3	16.6	16.5	14.3	4.1	2.7	2.8
White, not Hispanic or Latino <sup>5</sup> . . . . .	23.3	31.6	41.2	25.6	10.9	8.1	8.2	7.4	1.9	1.6	1.5
Female:											
White . . . . .	1.2	2.3	5.9	4.3	2.3	1.8	2.2	2.1	0.7	0.5	0.5
Black or African American . . . . .	11.6	23.6	53.6	45.7	28.6	25.5	26.6	26.7	10.3	8.5	6.7
American Indian or Alaska Native . . . . .	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander . . . . .	*	*	1.2	*	*	*	*	*	*	*	*
Hispanic or Latino <sup>5</sup> . . . . .	4.9	8.9	17.2	12.0	6.2	4.6	5.3	4.6	1.2	0.8	0.7
White, not Hispanic or Latino <sup>5</sup> . . . . .	1.0	1.5	4.2	3.1	1.7	1.3	1.6	1.6	0.6	0.4	0.4
Age 45–64 years											
All persons . . . . .	5.8	11.1	19.9	14.8	8.1	7.0	8.4	8.7	6.1	5.3	5.1
Male:											
White . . . . .	9.9	18.6	26.0	17.3	7.9	6.6	7.8	8.1	5.6	5.1	4.8
Black or African American . . . . .	27.3	53.0	133.2	110.7	69.3	60.9	70.7	71.6	39.8	32.4	30.8
American Indian or Alaska Native . . . . .	*	*	*	*	*	*	*	*	7.0	*	6.0
Asian or Pacific Islander . . . . .	*	6.5	9.1	7.9	2.3	2.4	2.3	2.1	1.9	1.2	1.2
Hispanic or Latino <sup>5</sup> . . . . .	25.8	37.9	67.1	49.7	25.1	18.3	21.2	23.3	11.5	8.9	8.5
White, not Hispanic or Latino <sup>5</sup> . . . . .	12.6	16.9	22.4	14.2	6.3	5.4	6.4	6.5	4.7	4.4	4.1
Female:											
White . . . . .	0.5	0.9	2.4	1.9	1.1	0.9	1.2	1.3	1.0	1.0	1.0
Black or African American . . . . .	2.6	7.5	27.0	24.3	17.5	15.4	18.6	19.6	16.3	13.6	12.6
American Indian or Alaska Native . . . . .	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander . . . . .	*	*	*	*	*	*	*	*	*	*	*
Hispanic or Latino <sup>5</sup> . . . . .	*	3.1	12.6	9.8	5.4	4.9	5.1	5.8	2.5	2.5	2.1
White, not Hispanic or Latino <sup>5</sup> . . . . .	0.5	0.7	1.5	1.2	0.7	0.5	0.8	0.9	0.8	0.8	0.9

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

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1987–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 30 (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 1999–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#030>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2004	2005	2009	2010	2011	2012	2013
Drug poisoning deaths per 100,000 resident population <sup>1</sup>									
All persons									
All ages, age-adjusted <sup>2</sup>	6.1	6.2	9.4	10.1	11.9	12.3	13.2	13.1	13.8
All ages, crude	6.0	6.2	9.4	10.1	12.1	12.4	13.3	13.2	13.9
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	6.6	6.9	7.7	8.2	8.6	8.0	8.3
25–34 years	8.1	7.9	11.9	13.6	17.2	18.4	20.2	20.1	20.9
35–44 years	14.0	14.3	19.3	19.6	20.5	20.8	22.5	22.1	23.0
45–54 years	11.1	11.6	19.3	21.1	25.4	25.1	26.7	26.9	27.5
55–64 years	4.2	4.2	7.8	9.0	13.7	15.0	15.9	16.6	19.2
65–74 years	2.4	2.0	2.9	3.2	4.7	4.7	5.4	5.8	6.4
75–84 years	2.8	2.4	2.9	3.1	3.8	3.4	3.4	3.4	3.6
85 years and over	3.8	4.4	4.0	4.1	4.4	4.7	4.2	4.3	4.3
Male									
All ages, age-adjusted <sup>2</sup>	8.2	8.3	11.8	12.8	14.8	15.0	16.1	16.1	17.0
All ages, crude	8.2	8.4	11.9	12.9	15.0	15.2	16.3	16.3	17.2
Under 15 years	0.1	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2
15–24 years	4.5	5.3	9.6	10.0	11.3	11.6	12.4	11.4	11.7
25–34 years	11.5	11.3	16.6	18.7	24.0	25.0	27.5	27.0	28.6
35–44 years	19.2	19.5	23.8	24.4	25.2	24.9	26.8	27.1	28.1
45–54 years	15.2	15.7	23.8	25.8	29.1	28.5	30.4	30.4	31.5
55–64 years	4.9	4.4	8.6	10.6	16.0	17.3	18.5	19.4	22.7
65–74 years	2.7	2.1	2.9	3.3	4.8	4.5	5.4	6.2	6.9
75–84 years	2.5	2.5	2.8	3.4	3.5	3.6	3.4	3.2	3.7
85 years and over	4.4	5.9	4.8	5.2	5.2	5.1	4.3	5.3	5.9
Female									
All ages, age-adjusted <sup>2</sup>	3.9	4.1	6.9	7.3	9.1	9.6	10.2	10.2	10.6
All ages, crude	3.9	4.1	6.9	7.4	9.2	9.8	10.3	10.3	10.7
Under 15 years	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	3.3	3.5	4.1	4.6	4.6	4.4	4.8
25–34 years	4.6	4.6	7.2	8.5	10.4	11.9	12.8	13.1	13.0
35–44 years	8.7	9.2	14.8	14.8	16.0	16.8	18.2	17.1	18.0
45–54 years	7.2	7.7	15.0	16.5	21.8	21.8	23.1	23.4	23.6
55–64 years	3.5	3.9	7.0	7.5	11.6	12.9	13.5	14.0	15.9
65–74 years	2.1	2.0	3.0	3.1	4.6	4.8	5.3	5.5	5.9
75–84 years	3.0	2.3	2.9	2.9	3.9	3.3	3.4	3.5	3.4
85 years and over	3.5	3.9	3.7	3.7	3.9	4.5	4.2	3.8	3.5
All ages, age-adjusted <sup>2,3</sup>									
Male:									
White	8.1	8.4	12.6	13.6	16.4	16.8	18.1	18.1	19.0
Black or African American	11.5	10.8	11.1	12.8	10.8	10.1	11.0	11.3	12.9
American Indian or Alaska Native	5.7	6.1	11.2	10.8	14.2	11.8	12.9	12.8	12.9
Asian or Pacific Islander	1.5	1.4	2.1	2.2	2.8	2.5	3.2	3.1	3.2
Hispanic or Latino	8.6	7.1	7.5	8.4	8.2	7.6	8.1	8.5	9.2
White, not Hispanic or Latino	8.0	8.6	13.7	14.7	18.3	19.0	20.5	20.4	21.4
Female:									
White	4.0	4.3	7.5	8.0	10.3	10.9	11.7	11.6	12.1
Black or African American	3.9	4.1	5.5	6.0	5.6	5.7	5.9	6.0	6.3
American Indian or Alaska Native	4.6	3.7	7.9	8.6	9.6	9.7	10.7	12.2	11.6
Asian or Pacific Islander	1.0	0.8	1.1	1.3	1.3	1.5	1.6	1.4	1.5
Hispanic or Latina	2.2	2.0	2.9	3.0	3.5	3.6	4.0	4.0	4.1
White, not Hispanic or Latina	4.3	4.5	8.3	8.8	11.6	12.5	13.3	13.2	13.8

See footnotes at end of table.

**Table 30 (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 1999–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#030>.

[Data are based on death certificates]

Sex, age, race, and Hispanic origin	1999	2000	2004	2005	2009	2010	2011	2012	2013
Drug poisoning deaths involving opioid analgesics per 100,000 resident population <sup>4</sup>									
All persons									
All ages, age-adjusted <sup>2</sup>	1.4	1.5	3.4	3.7	5.0	5.4	5.4	5.1	5.1
All ages, crude	1.4	1.6	3.4	3.7	5.1	5.4	5.4	5.1	5.1
Under 15 years	*	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
15–24 years	0.7	0.8	2.7	2.7	3.6	3.9	3.6	2.8	2.6
25–34 years	1.9	1.9	4.4	5.3	7.6	8.5	8.5	7.7	7.5
35–44 years	3.5	3.7	6.8	6.9	8.6	9.1	9.3	8.8	8.6
45–54 years	2.9	3.2	7.1	7.9	10.6	10.9	11.2	10.6	10.6
55–64 years	1.0	1.1	2.6	3.1	5.8	6.2	6.3	6.6	7.5
65–74 years	0.4	0.4	0.8	1.0	1.7	1.5	1.8	2.0	2.3
75–84 years	0.3	0.2	0.5	0.6	0.8	0.7	0.7	0.9	0.8
85 years and over	*	*	0.5	0.9	0.7	1.1	0.8	0.8	0.9
Male									
All ages, age-adjusted <sup>2</sup>	2.0	2.0	4.2	4.6	6.2	6.5	6.5	6.0	5.9
All ages, crude	2.0	2.1	4.2	4.6	6.2	6.6	6.5	6.0	5.9
Under 15 years	*	*	0.1	0.1	0.1	0.2	0.1	0.1	0.1
15–24 years	1.0	1.2	4.2	4.2	5.3	5.6	5.3	4.2	3.9
25–34 years	2.7	2.7	6.1	7.2	10.6	11.7	11.4	10.0	10.0
35–44 years	5.0	4.9	8.2	8.3	10.4	10.9	10.9	10.3	9.6
45–54 years	3.9	4.3	8.3	9.4	11.6	12.0	12.1	11.1	11.1
55–64 years	1.1	1.0	2.8	3.5	6.3	7.0	6.9	7.3	8.0
65–74 years	0.5	0.3	0.7	0.7	1.6	1.2	1.7	2.0	2.2
75–84 years	*	*	0.4	0.6	0.6	0.7	0.7	0.7	0.9
85 years and over	*	*	*	*	1.2	1.3	*	1.0	1.3
Female									
All ages, age-adjusted <sup>2</sup>	0.9	1.1	2.5	2.8	3.9	4.2	4.3	4.2	4.3
All ages, crude	0.9	1.1	2.5	2.8	4.0	4.2	4.4	4.2	4.4
Under 15 years	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1
15–24 years	0.3	0.4	1.1	1.2	1.7	2.1	1.9	1.5	1.4
25–34 years	1.1	1.2	2.8	3.4	4.7	5.3	5.5	5.3	5.0
35–44 years	2.1	2.5	5.4	5.6	6.9	7.3	7.8	7.3	7.6
45–54 years	1.9	2.2	5.9	6.5	9.7	9.8	10.2	10.1	10.1
55–64 years	0.8	1.1	2.4	2.8	5.2	5.5	5.7	6.0	6.9
65–74 years	0.3	0.4	0.9	1.2	1.7	1.7	1.8	2.0	2.4
75–84 years	0.4	*	0.6	0.6	0.9	0.7	0.7	0.9	0.7
85 years and over	*	*	*	0.8	*	1.1	0.8	0.7	0.8
All ages, age-adjusted <sup>2,3</sup>									
Male:									
White	2.2	2.3	4.8	5.3	7.2	7.7	7.6	7.0	6.8
Black or African American	1.2	1.2	1.8	2.1	2.4	2.2	2.4	2.3	2.7
American Indian or Alaska Native	*	1.9	4.5	4.4	7.5	5.3	5.5	5.8	4.8
Asian or Pacific Islander	*	*	0.4	0.5	0.7	0.8	1.0	0.7	0.9
Hispanic or Latino	2.9	1.7	2.1	2.2	2.6	2.4	2.6	2.5	2.7
White, not Hispanic or Latino	2.1	2.3	5.3	5.9	8.2	9.0	8.8	8.1	7.9
Female:									
White	1.0	1.2	2.9	3.2	4.5	4.8	5.1	4.9	5.0
Black or African American	0.6	0.6	1.2	1.4	1.8	2.0	2.0	2.0	2.2
American Indian or Alaska Native	*	*	2.7	3.8	4.7	4.9	4.6	5.4	5.4
Asian or Pacific Islander	*	*	*	0.4	0.4	0.5	0.4	0.4	0.3
Hispanic or Latina	0.5	0.5	1.0	1.0	1.3	1.3	1.4	1.5	1.5
White, not Hispanic or Latina	1.1	1.3	3.2	3.5	5.2	5.6	5.8	5.6	5.8

See footnotes at end of table.



### Table 30 (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 1999–2013

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#030>.

[Data are based on death certificates]

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

0.0 Rate more than zero but less than 0.05.

<sup>1</sup>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.

<sup>2</sup>Age-adjusted rates are calculated using the year 2000 standard population with unrounded population numbers. See Appendix II, Age adjustment.

<sup>3</sup>The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See Appendix II, Race, for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

<sup>4</sup>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 NCHS Health E-Stat for more information on this topic, available from: [http://www.cdc.gov/nchs/data/hestat/drug\\_poisoning/drug\\_poisoning.htm](http://www.cdc.gov/nchs/data/hestat/drug_poisoning/drug_poisoning.htm). See Appendix I, National Vital Statistics System (NVSS), Mortality Multiple Cause-of-Death File, for information about tabulating cause-of-death data in this table. These deaths include all manners and intents. See Appendix II, Cause of death; Table IV. In 1999–2013, 21%–25% of drug poisoning deaths did not include specific information on the death certificate on the type of drug that was involved.

NOTES: Rates for 1999 were computed using intercensal population estimates based on the 1990 and 2000 censuses. Rates for 2000 were computed based on 2000 bridged-race April 1 census counts. Starting with *Health, United States, 2012*, rates for 2001–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses. Rates for 2010 were based on 2010 bridged-race April 1 census counts. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see the Web-based Injury Statistics Query and Reporting System, available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 31 (page 1 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
All persons									
All ages, age-adjusted <sup>4</sup>	24.6	23.1	27.6	22.3	18.5	15.4	11.3	11.4	10.9
All ages, crude	23.1	21.3	26.9	23.5	18.8	15.4	11.4	11.6	11.2
Under 1 year	8.4	8.1	9.8	7.0	4.9	4.4	2.0	1.8	1.7
1–14 years	9.8	8.6	10.5	8.2	6.0	4.3	2.3	2.2	2.2
1–4 years	11.5	10.0	11.5	9.2	6.3	4.2	2.8	2.9	2.7
5–14 years	8.8	7.9	10.2	7.9	5.9	4.3	2.2	2.0	2.1
15–24 years	34.4	38.0	47.2	44.8	34.1	26.9	16.6	16.1	15.2
15–19 years	29.6	33.9	43.6	43.0	33.1	26.0	13.6	12.6	11.4
20–24 years	38.8	42.9	51.3	46.6	35.0	28.0	19.7	19.3	18.8
25–34 years	24.6	24.3	30.9	29.1	23.6	17.3	14.0	14.5	13.9
35–44 years	20.3	19.3	24.9	20.9	16.9	15.3	11.6	11.8	11.4
45–64 years	25.2	23.0	26.5	18.0	15.7	14.3	11.9	12.4	12.1
45–54 years	22.2	21.4	25.5	18.6	15.6	14.2	12.0	12.6	12.2
55–64 years	29.0	25.1	27.9	17.4	15.9	14.4	11.9	12.2	11.9
65 years and over	43.1	34.7	36.2	22.5	23.1	21.4	16.0	15.7	15.1
65–74 years	39.1	31.4	32.8	19.2	18.6	16.5	12.3	13.0	12.2
75–84 years	52.7	41.8	43.5	28.1	29.1	25.7	18.8	17.9	17.8
85 years and over	45.1	37.9	34.2	27.6	31.2	30.4	23.8	22.1	21.0
Male									
All ages, age-adjusted <sup>4</sup>	38.5	35.4	41.5	33.6	26.5	21.7	16.2	16.5	15.9
All ages, crude	35.4	31.8	39.7	35.3	26.7	21.3	16.3	16.6	16.1
Under 1 year	9.1	8.6	9.3	7.3	5.0	4.6	2.2	1.9	1.7
1–14 years	12.3	10.7	13.0	10.0	7.0	4.9	2.7	2.5	2.5
1–4 years	13.0	11.5	12.9	10.2	6.9	4.7	3.0	3.1	3.0
5–14 years	11.9	10.4	13.1	9.9	7.0	5.0	2.5	2.3	2.4
15–24 years	56.7	61.2	73.2	68.4	49.5	37.4	23.1	22.5	21.2
15–19 years	46.3	51.7	64.1	62.6	45.5	33.9	17.8	16.2	14.7
20–24 years	66.7	73.2	84.4	74.3	53.3	41.2	28.5	28.4	27.3
25–34 years	40.8	40.1	49.4	46.3	35.7	25.5	21.0	21.5	20.8
35–44 years	32.5	29.9	37.7	31.7	24.7	22.0	16.9	17.6	16.9
45–64 years	37.7	33.3	38.9	26.5	21.9	20.2	17.9	18.6	18.2
45–54 years	33.6	31.6	37.2	27.6	22.0	20.4	17.9	18.8	18.3
55–64 years	43.1	35.6	40.9	25.4	21.7	19.8	17.8	18.5	18.1
65 years and over	66.6	52.1	54.4	33.9	32.1	29.5	22.2	22.1	21.5
65–74 years	59.1	45.8	47.3	27.3	24.2	21.7	17.1	18.5	17.5
75–84 years	85.0	66.0	68.2	44.3	41.2	35.6	25.9	24.8	24.9
85 years and over	78.1	62.7	63.1	56.1	64.5	57.5	40.2	35.3	35.3
Female									
All ages, age-adjusted <sup>4</sup>	11.5	11.7	14.9	11.8	11.0	9.5	6.5	6.5	6.2
All ages, crude	10.9	11.0	14.7	12.3	11.3	9.7	6.8	6.7	6.4
Under 1 year	7.6	7.5	10.4	6.7	4.9	4.2	1.8	1.8	1.8
1–14 years	7.2	6.3	7.9	6.3	4.9	3.7	2.0	1.9	1.9
1–4 years	10.0	8.4	10.0	8.1	5.6	3.8	2.5	2.6	2.3
5–14 years	5.7	5.4	7.2	5.7	4.7	3.6	1.8	1.7	1.8
15–24 years	12.6	15.1	21.6	20.8	17.9	15.9	9.9	9.3	8.9
15–19 years	12.9	16.0	22.7	22.8	20.0	17.5	9.2	8.9	7.9
20–24 years	12.2	14.0	20.4	18.9	16.0	14.2	10.5	9.8	9.9
25–34 years	9.3	9.2	13.0	12.2	11.5	8.8	6.9	7.4	6.9
35–44 years	8.5	9.1	12.9	10.4	9.2	8.8	6.2	6.2	5.9
45–64 years	12.6	13.1	15.3	10.3	10.1	8.7	6.3	6.4	6.3
45–54 years	10.9	11.6	14.5	10.2	9.6	8.2	6.3	6.5	6.3
55–64 years	14.9	15.2	16.2	10.5	10.8	9.5	6.3	6.4	6.2
65 years and over	21.9	20.3	23.1	15.0	17.2	15.8	11.3	10.8	10.0
65–74 years	20.6	19.0	21.6	13.0	14.1	12.3	8.2	8.2	7.5
75–84 years	25.2	23.0	27.2	18.5	21.9	19.2	13.7	12.9	12.5
85 years and over	22.1	22.0	18.0	15.2	18.3	19.3	15.9	15.5	13.7
White male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	37.9	34.8	40.4	33.8	26.3	21.8	16.7	17.0	16.3
All ages, crude	35.1	31.5	39.1	35.9	26.7	21.6	17.0	17.3	16.7
Under 1 year	9.1	8.8	9.1	7.0	4.8	4.2	2.0	1.9	1.7
1–14 years	12.4	10.6	12.5	9.8	6.6	4.8	2.7	2.4	2.4
15–24 years	58.3	62.7	75.2	73.8	52.5	39.6	24.6	24.5	22.9
25–34 years	39.1	38.6	47.0	46.6	35.4	25.1	21.4	22.0	21.1
35–44 years	30.9	28.4	35.2	30.7	23.7	21.8	17.4	18.0	17.3
45–64 years	36.2	31.7	36.5	25.2	20.6	19.7	18.3	19.0	18.5
65 years and over	67.1	52.1	54.2	32.7	31.4	29.4	22.7	22.6	22.1

See footnotes at end of table.

**Table 31 (page 2 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
<b>Black or African American male<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup>	34.8	39.6	51.0	34.2	29.9	24.4	16.7	17.4	17.0
All ages, crude	37.2	33.1	44.3	31.1	28.1	22.5	15.9	16.6	16.4
Under 1 year	---	*	10.6	7.8	*	6.7	*	*	*
1–14 years <sup>6</sup>	10.4	11.2	16.3	11.4	8.9	5.5	3.0	3.2	3.3
15–24 years	42.5	46.4	58.1	34.9	36.1	30.2	19.4	17.5	17.6
25–34 years	54.4	51.0	70.4	44.9	39.5	32.6	24.9	25.6	25.1
35–44 years	46.7	43.6	59.5	41.2	33.5	27.2	19.4	20.8	20.5
45–64 years	54.6	47.8	61.7	39.5	33.3	27.1	19.1	20.8	21.1
65 years and over	52.6	48.2	53.4	42.4	36.3	32.1	20.0	21.8	18.5
<b>American Indian or Alaska Native male<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup>	---	---	---	78.9	48.3	35.8	21.1	22.2	20.0
All ages, crude	---	---	---	74.6	47.6	33.6	19.8	22.2	19.0
1–14 years	---	---	---	15.1	11.6	7.8	*	6.8	3.9
15–24 years	---	---	---	126.1	75.2	56.8	31.9	27.3	26.8
25–34 years	---	---	---	107.0	78.2	49.8	23.8	32.0	30.3
35–44 years	---	---	---	82.8	57.0	36.3	24.5	30.4	19.8
45–64 years	---	---	---	77.4	45.9	32.0	23.2	27.0	20.4
65 years and over	---	---	---	97.0	43.0	48.5	26.6	*	25.8
<b>Asian or Pacific Islander male<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup>	---	---	---	19.0	17.9	10.6	6.5	5.9	6.4
All ages, crude	---	---	---	17.1	15.8	9.8	6.2	5.6	5.9
1–14 years	---	---	---	8.2	6.3	2.5	*	*	1.5
15–24 years	---	---	---	27.2	25.7	17.0	9.6	8.9	8.1
25–34 years	---	---	---	18.8	17.0	10.4	7.8	5.8	5.9
35–44 years	---	---	---	13.1	12.2	6.9	4.1	3.5	5.3
45–64 years	---	---	---	13.7	15.1	10.1	6.0	6.3	5.9
65 years and over	---	---	---	37.3	33.6	21.1	14.6	12.5	14.3
<b>Hispanic or Latino male<sup>5,7</sup></b>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	29.5	21.3	14.0	13.9	14.2
All ages, crude	---	---	---	---	29.2	20.1	12.8	13.1	13.3
1–14 years	---	---	---	---	7.2	4.4	2.5	2.5	2.5
15–24 years	---	---	---	---	48.2	34.7	20.2	20.3	20.5
25–34 years	---	---	---	---	41.0	24.9	18.0	19.9	18.2
35–44 years	---	---	---	---	28.0	21.6	13.9	13.9	14.5
45–64 years	---	---	---	---	28.9	21.7	14.3	14.7	15.9
65 years and over	---	---	---	---	35.3	28.9	20.7	17.5	18.8
<b>White, not Hispanic or Latino male<sup>7</sup></b>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	25.7	21.7	17.1	17.3	16.5
All ages, crude	---	---	---	---	26.0	21.5	17.6	18.0	17.2
1–14 years	---	---	---	---	6.4	4.9	2.7	2.2	2.3
15–24 years	---	---	---	---	52.3	40.3	25.4	25.3	23.0
25–34 years	---	---	---	---	34.0	24.7	21.9	22.0	21.4
35–44 years	---	---	---	---	23.1	21.6	18.0	18.9	17.8
45–64 years	---	---	---	---	19.8	19.3	18.6	19.3	18.6
65 years and over	---	---	---	---	31.1	29.3	22.7	22.9	22.3
<b>White female<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup>	11.4	11.7	14.9	12.2	11.2	9.8	6.8	6.8	6.4
All ages, crude	10.9	11.2	14.8	12.8	11.6	10.0	7.1	7.1	6.7
Under 1 year	7.8	7.5	10.2	7.1	4.7	3.5	1.9	1.6	1.7
1–14 years	7.2	6.2	7.5	6.2	4.8	3.7	2.1	1.9	1.8
15–24 years	12.6	15.6	22.7	23.0	19.5	17.1	10.8	10.0	9.5
25–34 years	9.0	9.0	12.7	12.2	11.6	8.9	7.1	7.6	7.1
35–44 years	8.1	8.9	12.3	10.6	9.2	8.9	6.5	6.6	6.1
45–64 years	12.7	13.1	15.1	10.4	9.9	8.7	6.4	6.5	6.4
65 years and over	22.2	20.8	23.7	15.3	17.4	16.2	11.5	11.3	10.4

See footnotes at end of table.

**Table 31 (page 3 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#031>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
<b>Black or African American female<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup> . . . . .	9.3	10.4	14.1	8.5	9.6	8.4	5.9	5.9	5.7
All ages, crude . . . . .	10.2	9.7	13.4	8.3	9.4	8.2	5.8	5.9	5.7
Under 1 year . . . . .	---	8.1	11.9	*	7.0	*	*	*	*
1–14 years <sup>6</sup> . . . . .	7.2	6.9	10.2	6.3	5.3	3.9	2.0	2.4	2.3
15–24 years . . . . .	11.6	9.9	13.4	8.0	9.9	11.7	7.8	7.7	7.7
25–34 years . . . . .	10.8	9.8	13.3	10.6	11.1	9.4	6.8	7.4	7.2
35–44 years . . . . .	11.1	11.0	16.1	8.3	9.4	8.2	5.8	5.7	6.4
45–64 years . . . . .	11.8	12.7	16.7	9.2	10.7	9.0	6.3	6.5	6.2
65 years and over . . . . .	14.3	13.2	15.7	9.5	13.5	10.4	8.6	7.7	5.9
<b>American Indian or Alaska Native female<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	32.0	17.5	19.5	10.6	10.2	11.0
All ages, crude . . . . .	---	---	---	32.0	17.3	18.6	10.0	10.1	10.7
1–14 years . . . . .	---	---	---	15.0	8.1	6.5	*	*	4.9
15–24 years . . . . .	---	---	---	42.3	31.4	30.3	13.4	16.2	13.6
25–34 years . . . . .	---	---	---	52.5	18.8	22.3	17.7	15.1	17.0
35–44 years . . . . .	---	---	---	38.1	18.2	22.0	13.1	11.6	14.2
45–64 years . . . . .	---	---	---	32.6	17.6	17.8	8.4	10.5	8.7
65 years and over . . . . .	---	---	---	*	*	24.0	14.8	*	*
<b>Asian or Pacific Islander female<sup>5</sup></b>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	9.3	10.4	6.7	3.9	3.3	3.4
All ages, crude . . . . .	---	---	---	8.2	9.0	5.9	3.6	3.3	3.4
1–14 years . . . . .	---	---	---	7.4	3.6	2.3	*	*	*
15–24 years . . . . .	---	---	---	7.4	11.4	6.0	3.3	3.0	3.0
25–34 years . . . . .	---	---	---	7.3	7.3	4.5	3.1	2.8	2.5
35–44 years . . . . .	---	---	---	8.6	7.5	4.9	2.0	1.7	*
45–64 years . . . . .	---	---	---	8.5	11.8	6.4	4.3	4.2	4.1
65 years and over . . . . .	---	---	---	18.6	24.3	18.5	12.2	8.7	10.8
<b>Hispanic or Latina female<sup>5,7</sup></b>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	9.6	7.9	5.3	5.3	5.2
All ages, crude . . . . .	---	---	---	---	8.9	7.2	4.9	4.9	4.8
1–14 years . . . . .	---	---	---	---	4.8	3.9	2.0	1.9	1.7
15–24 years . . . . .	---	---	---	---	11.6	10.6	7.7	7.2	7.4
25–34 years . . . . .	---	---	---	---	9.4	6.5	5.0	5.4	5.1
35–44 years . . . . .	---	---	---	---	8.0	7.3	4.5	4.5	4.7
45–64 years . . . . .	---	---	---	---	11.4	8.3	5.6	5.6	5.3
65 years and over . . . . .	---	---	---	---	14.9	13.4	9.4	9.2	9.0
<b>White, not Hispanic or Latina female<sup>7</sup> population</b>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	11.3	10.0	7.0	7.0	6.6
All ages, crude . . . . .	---	---	---	---	11.7	10.3	7.5	7.5	7.1
1–14 years . . . . .	---	---	---	---	4.7	3.5	2.0	1.8	1.8
15–24 years . . . . .	---	---	---	---	20.4	18.4	11.4	10.7	10.0
25–34 years . . . . .	---	---	---	---	11.7	9.3	7.6	8.2	7.5
35–44 years . . . . .	---	---	---	---	9.3	9.0	6.9	7.0	6.4
45–64 years . . . . .	---	---	---	---	9.7	8.7	6.4	6.6	6.5
65 years and over . . . . .	---	---	---	---	17.5	16.3	11.6	11.4	10.5

See footnotes at end of table.

## Table 31 (page 4 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#031>.

[Data are based on death certificates]

-- Data not available.

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

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group under 15 years.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 32 (page 1 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
All persons									
All ages, age-adjusted <sup>4</sup>	5.1	5.0	8.8	10.4	9.4	5.9	5.3	5.4	5.2
All ages, crude	5.0	4.6	8.1	10.6	9.9	6.0	5.3	5.3	5.1
Under 1 year	4.4	4.8	4.3	5.9	8.4	9.2	7.9	7.3	7.2
1–14 years	0.6	0.6	1.1	1.5	1.8	1.3	1.1	1.1	1.1
1–4 years	0.6	0.7	1.9	2.5	2.5	2.3	2.4	2.1	2.1
5–14 years	0.5	0.5	0.9	1.2	1.5	0.9	0.6	0.8	0.7
15–24 years	5.8	5.6	11.3	15.4	19.7	12.6	10.7	10.5	9.8
15–19 years	3.9	3.9	7.7	10.5	16.9	9.5	8.3	7.6	6.6
20–24 years	8.5	7.7	15.6	20.2	22.2	16.0	13.2	13.3	12.8
25–44 years	8.9	8.5	14.9	17.5	14.7	8.7	8.2	8.5	8.2
25–34 years	9.3	9.2	16.2	19.3	17.4	10.4	10.4	10.3	9.9
35–44 years	8.4	7.8	13.5	14.9	11.6	7.1	6.0	6.7	6.4
45–64 years	5.0	5.3	8.7	9.0	6.3	4.0	3.8	3.9	3.8
45–54 years	5.9	6.1	10.0	11.0	7.5	4.7	4.4	4.6	4.5
55–64 years	3.9	4.1	7.1	7.0	5.0	3.0	2.9	3.0	3.0
65 years and over	3.0	2.7	4.6	5.5	4.0	2.4	2.0	2.0	2.0
65–74 years	3.2	2.8	4.9	5.7	3.8	2.4	2.1	2.1	2.0
75–84 years	2.5	2.3	4.0	5.2	4.3	2.4	1.9	2.0	2.1
85 years and over	2.3	2.4	4.2	5.3	4.6	2.4	2.0	1.9	1.9
<b>Male</b>									
All ages, age-adjusted <sup>4</sup>	7.9	7.5	14.3	16.6	14.8	9.0	8.4	8.5	8.2
All ages, crude	7.7	6.8	13.1	17.1	15.9	9.3	8.4	8.5	8.2
Under 1 year	4.5	4.7	4.5	6.3	8.8	10.4	8.8	8.1	8.7
1–14 years	0.6	0.6	1.2	1.6	2.0	1.5	1.4	1.3	1.2
1–4 years	0.5	0.7	1.9	2.7	2.7	2.5	2.8	2.4	2.3
5–14 years	0.6	0.5	1.0	1.2	1.7	1.1	0.8	0.9	0.8
15–24 years	8.6	8.4	18.2	24.0	32.5	20.9	18.2	17.7	16.7
15–19 years	5.5	5.7	12.1	15.9	27.8	15.5	14.0	12.8	11.4
20–24 years	13.5	11.8	25.6	32.2	36.9	26.7	22.6	22.4	21.6
25–44 years	13.8	12.8	24.4	28.9	23.5	13.3	13.3	13.9	13.4
25–34 years	14.4	13.9	26.8	31.9	27.7	16.7	17.3	17.1	16.4
35–44 years	13.2	11.7	21.7	24.5	18.6	10.3	9.2	10.6	10.1
45–64 years	8.1	8.1	14.8	15.2	10.2	6.0	5.6	5.8	5.7
45–54 years	9.5	9.4	16.8	18.4	11.9	6.9	6.7	7.0	6.9
55–64 years	6.3	6.4	12.1	11.8	8.0	4.6	4.3	4.4	4.3
65 years and over	4.8	4.3	7.7	8.8	5.8	3.3	2.6	2.8	2.8
65–74 years	5.2	4.6	8.5	9.2	5.8	3.4	2.9	3.0	2.9
75–84 years	3.9	3.7	5.9	8.1	5.7	3.2	2.1	2.5	2.5
85 years and over	2.5	3.6	7.4	7.5	6.7	3.3	2.2	2.2	2.9
<b>Female</b>									
All ages, age-adjusted <sup>4</sup>	2.4	2.6	3.7	4.4	4.0	2.8	2.3	2.2	2.1
All ages, crude	2.4	2.4	3.4	4.5	4.2	2.8	2.2	2.2	2.1
Under 1 year	4.2	4.9	4.1	5.6	8.0	7.9	6.9	6.5	5.5
1–14 years	0.6	0.5	1.0	1.4	1.6	1.1	0.9	1.0	0.9
1–4 years	0.7	0.7	1.9	2.2	2.3	2.1	1.9	1.8	2.0
5–14 years	0.5	0.4	0.7	1.1	1.2	0.7	0.5	0.6	0.5
15–24 years	3.0	2.8	4.6	6.6	6.2	3.9	2.9	2.9	2.6
15–19 years	2.4	1.9	3.2	4.9	5.4	3.1	2.3	2.0	1.6
20–24 years	3.7	3.8	6.2	8.2	7.0	4.7	3.4	3.7	3.6
25–44 years	4.2	4.3	5.8	6.4	6.0	4.0	3.1	3.0	3.0
25–34 years	4.5	4.6	6.0	6.9	7.1	4.1	3.3	3.3	3.2
35–44 years	3.8	4.0	5.7	5.7	4.8	4.0	2.9	2.8	2.7
45–64 years	1.9	2.5	3.1	3.4	2.8	2.1	2.0	2.0	2.0
45–54 years	2.3	2.9	3.7	4.1	3.2	2.5	2.3	2.3	2.3
55–64 years	1.4	2.0	2.5	2.8	2.3	1.6	1.7	1.6	1.7
65 years and over	1.4	1.3	2.3	3.3	2.8	1.8	1.6	1.5	1.4
65–74 years	1.3	1.3	2.2	3.0	2.2	1.6	1.4	1.3	1.3
75–84 years	1.4	1.3	2.7	3.5	3.4	2.0	1.8	1.7	1.7
85 years and over	2.1	1.6	2.5	4.3	3.8	2.0	2.0	1.7	1.4

See footnotes at end of table.

**Table 32 (page 2 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
White male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	3.8	3.9	7.2	10.4	8.3	5.2	4.7	4.6	4.4
All ages, crude	3.6	3.6	6.6	10.7	8.8	5.2	4.7	4.6	4.4
Under 1 year	4.3	3.8	2.9	4.3	6.4	8.2	8.5	6.4	6.8
1–14 years	0.4	0.5	0.7	1.2	1.3	1.2	1.0	1.0	0.9
15–24 years	3.2	5.0	7.6	15.1	15.2	9.9	8.2	7.5	7.1
25–44 years	5.4	5.5	11.6	17.2	13.0	7.4	6.9	7.1	6.5
25–34 years	4.9	5.7	12.5	18.5	14.7	8.4	8.3	8.1	7.4
35–44 years	6.1	5.2	10.8	15.2	11.1	6.5	5.5	6.0	5.6
45–64 years	4.8	4.6	8.3	9.8	6.9	4.1	4.1	4.1	4.0
65 years and over	3.8	3.1	5.4	6.7	4.1	2.5	2.1	2.4	2.4
Black or African American male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	47.0	42.3	78.2	69.4	63.1	35.4	31.5	32.8	31.6
All ages, crude	44.7	35.0	66.0	65.7	68.5	37.2	33.4	34.5	33.1
Under 1 year	---	10.3	14.3	18.6	21.4	23.3	12.3	17.6	17.9
1–14 years <sup>5</sup>	1.8	1.5	4.4	4.1	5.8	3.1	3.4	3.2	2.6
15–24 years	53.8	43.2	98.3	82.6	137.1	85.3	71.0	70.8	66.6
25–44 years	92.8	80.5	140.2	130.0	105.4	55.8	55.9	59.2	57.9
25–34 years	104.3	86.4	154.5	142.9	123.7	73.9	76.1	73.9	73.2
35–44 years	80.0	74.4	124.0	109.3	81.2	38.5	34.5	42.6	40.4
45–64 years	46.0	44.6	82.3	70.6	41.4	21.9	17.6	18.8	18.4
65 years and over	16.5	17.3	33.3	30.9	25.7	12.8	8.0	7.5	7.3
American Indian or Alaska Native male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	23.3	16.7	10.7	8.8	9.0	8.2
All ages, crude	---	---	---	23.1	16.6	10.7	9.5	9.4	8.3
15–24 years	---	---	---	35.4	25.1	17.0	17.6	12.4	7.1
25–44 years	---	---	---	39.2	25.7	17.0	14.8	15.3	15.4
45–64 years	---	---	---	22.1	14.8	*	6.5	9.7	8.0
Asian or Pacific Islander male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	9.1	7.3	4.3	2.6	2.5	2.3
All ages, crude	---	---	---	8.3	7.9	4.4	2.7	2.7	2.3
15–24 years	---	---	---	9.3	14.9	7.8	4.0	3.8	3.5
25–44 years	---	---	---	11.3	9.6	4.6	3.3	3.7	2.7
45–64 years	---	---	---	10.4	7.0	6.1	3.1	2.9	2.5
Hispanic or Latino male <sup>5,7</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	27.4	11.8	8.7	7.9	7.3
All ages, crude	---	---	---	---	31.0	13.4	9.5	8.5	7.8
Under 1 year	---	---	---	---	8.7	6.6	7.0	5.0	6.8
1–14 years	---	---	---	---	3.1	1.7	1.1	0.9	0.9
15–24 years	---	---	---	---	55.4	28.5	19.7	17.1	15.3
25–44 years	---	---	---	---	46.4	17.2	13.2	12.3	11.0
25–34 years	---	---	---	---	50.9	19.9	16.8	14.7	13.3
35–44 years	---	---	---	---	39.3	13.5	8.9	9.5	8.4
45–64 years	---	---	---	---	20.5	9.1	6.9	5.9	6.1
65 years and over	---	---	---	---	9.4	4.4	3.2	3.3	2.9
White, not Hispanic or Latino male <sup>7</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	5.6	3.6	3.3	3.5	3.4
All ages, crude	---	---	---	---	5.8	3.6	3.3	3.5	3.3
Under 1 year	---	---	---	---	5.4	8.3	8.7	6.8	6.5
1–14 years	---	---	---	---	0.9	1.0	0.9	1.0	0.9
15–24 years	---	---	---	---	7.5	4.7	4.1	3.9	3.9
25–44 years	---	---	---	---	8.7	5.2	4.7	5.1	4.9
25–34 years	---	---	---	---	9.3	5.2	5.0	5.5	5.2
35–44 years	---	---	---	---	8.0	5.2	4.4	4.8	4.6
45–64 years	---	---	---	---	5.7	3.6	3.6	3.7	3.6
65 years and over	---	---	---	---	3.7	2.3	2.0	2.3	2.3

See footnotes at end of table.

**Table 32 (page 3 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#032>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
White female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	1.4	1.5	2.3	3.2	2.7	2.1	1.8	1.8	1.7
All ages, crude . . . . .	1.4	1.4	2.1	3.2	2.8	2.1	1.8	1.8	1.7
Under 1 year . . . . .	3.9	3.5	2.9	4.3	5.1	5.0	5.8	5.9	4.3
1–14 years . . . . .	0.4	0.4	0.7	1.1	1.0	0.8	0.7	0.8	0.7
15–24 years . . . . .	1.3	1.5	2.7	4.7	4.0	2.7	2.0	1.9	1.8
25–44 years . . . . .	2.0	2.1	3.3	4.2	3.8	2.9	2.4	2.4	2.3
45–64 years . . . . .	1.5	1.7	2.1	2.6	2.3	1.8	1.7	1.7	1.7
65 years and over . . . . .	1.2	1.2	1.9	2.9	2.2	1.6	1.6	1.4	1.4
Black or African American female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	11.1	11.4	14.7	13.2	12.5	7.1	5.0	4.9	4.9
All ages, crude . . . . .	11.5	10.4	13.2	13.5	13.4	7.2	5.1	4.9	4.9
Under 1 year . . . . .	---	13.8	10.7	12.8	22.8	22.2	13.9	11.5	12.4
1–14 years <sup>6</sup> . . . . .	1.8	1.2	3.1	3.3	4.7	2.7	2.0	2.0	2.1
15–24 years . . . . .	16.5	11.9	17.7	18.4	18.9	10.7	7.5	8.0	6.9
25–44 years . . . . .	22.5	22.7	25.3	22.6	21.0	11.0	7.4	7.1	7.2
45–64 years . . . . .	6.8	10.3	13.4	10.8	6.5	4.5	4.2	3.9	4.3
65 years and over . . . . .	3.6	3.0	7.4	8.0	9.4	3.5	1.8	2.2	2.0
American Indian or Alaska Native female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	8.1	4.6	3.0	2.5	2.4	2.4
All ages, crude . . . . .	---	---	---	7.7	4.8	2.9	2.5	2.6	2.4
15–24 years . . . . .	---	---	---	*	*	*	*	*	*
25–44 years . . . . .	---	---	---	13.7	6.9	5.9	4.7	3.6	3.7
45–64 years . . . . .	---	---	---	*	*	*	*	*	*
Asian or Pacific Islander female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	3.1	2.8	1.7	1.2	1.2	0.9
All ages, crude . . . . .	---	---	---	3.1	2.8	1.7	1.2	1.2	0.9
15–24 years . . . . .	---	---	---	*	*	*	*	*	*
25–44 years . . . . .	---	---	---	4.6	3.8	2.2	1.3	1.2	1.3
45–64 years . . . . .	---	---	---	*	*	2.0	1.4	1.6	1.1
Hispanic or Latina female <sup>5,7</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	4.3	2.8	1.8	1.8	1.6
All ages, crude . . . . .	---	---	---	---	4.7	2.8	1.8	1.8	1.6
Under 1 year . . . . .	---	---	---	---	*	7.4	6.6	4.6	4.0
1–14 years . . . . .	---	---	---	---	1.9	1.0	0.5	0.8	0.7
15–24 years . . . . .	---	---	---	---	8.1	3.7	2.6	2.2	2.5
25–44 years . . . . .	---	---	---	---	6.1	3.7	2.5	2.4	2.4
45–64 years . . . . .	---	---	---	---	3.3	2.9	1.6	1.8	1.2
65 years and over . . . . .	---	---	---	---	*	2.4	1.3	*	*
White, not Hispanic or Latina female <sup>7</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	2.5	1.9	1.8	1.7	1.7
All ages, crude . . . . .	---	---	---	---	2.5	1.9	1.7	1.7	1.7
Under 1 year . . . . .	---	---	---	---	4.4	4.1	5.3	6.1	4.4
1–14 years . . . . .	---	---	---	---	0.8	0.8	0.7	0.8	0.7
15–24 years . . . . .	---	---	---	---	3.3	2.3	1.8	1.7	1.6
25–44 years . . . . .	---	---	---	---	3.5	2.7	2.4	2.4	2.2
45–64 years . . . . .	---	---	---	---	2.2	1.6	1.7	1.7	1.8
65 years and over . . . . .	---	---	---	---	2.2	1.6	1.6	1.4	1.5

See footnotes at end of table.



## Table 32 (page 4 of 4). Death rates for homicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#032>.

[Data are based on death certificates]

-- Data not available.

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

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group under 15 years.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See Appendix II, Cause of death; Table IV for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from:

<http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 33 (page 1 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
All persons									
All ages, age-adjusted <sup>4</sup>	13.2	12.5	13.1	12.2	12.5	10.4	12.1	12.6	12.6
All ages, crude	11.4	10.6	11.6	11.9	12.4	10.4	12.4	12.9	13.0
Under 1 year	...	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...	...
5–14 years	0.2	0.3	0.3	0.4	0.8	0.7	0.7	0.8	1.0
15–24 years	4.5	5.2	8.8	12.3	13.2	10.2	10.5	11.1	11.1
15–19 years	2.7	3.6	5.9	8.5	11.1	8.0	7.5	8.3	8.3
20–24 years	6.2	7.1	12.2	16.1	15.1	12.5	13.6	13.7	13.7
25–44 years	11.6	12.2	15.4	15.6	15.2	13.4	15.0	15.7	15.5
25–34 years	9.1	10.0	14.1	16.0	15.2	12.0	14.0	14.7	14.8
35–44 years	14.3	14.2	16.9	15.4	15.3	14.5	16.0	16.7	16.2
45–64 years	23.5	22.0	20.6	15.9	15.3	13.5	18.6	19.1	19.0
45–54 years	20.9	20.7	20.0	15.9	14.8	14.4	19.6	20.0	19.7
55–64 years	26.8	23.7	21.4	15.9	16.0	12.1	17.5	18.0	18.1
65 years and over	30.0	24.5	20.8	17.6	20.5	15.2	14.9	15.4	16.1
65–74 years	29.6	23.0	20.8	16.9	17.9	12.5	13.7	14.0	15.0
75–84 years	31.1	27.9	21.2	19.1	24.9	17.6	15.7	16.8	17.1
85 years and over	28.8	26.0	19.0	19.2	22.2	19.6	17.6	17.8	18.6
Male									
All ages, age-adjusted <sup>4</sup>	21.2	20.0	19.8	19.9	21.5	17.7	19.8	20.4	20.3
All ages, crude	17.8	16.5	16.8	18.6	20.4	17.1	19.9	20.6	20.6
Under 1 year	...	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...	...
5–14 years	0.3	0.4	0.5	0.6	1.1	1.2	0.9	1.1	1.2
15–24 years	6.5	8.2	13.5	20.2	22.0	17.1	16.9	17.4	17.3
15–19 years	3.5	5.6	8.8	13.8	18.1	13.0	11.7	12.5	12.4
20–24 years	9.3	11.5	19.3	26.8	25.7	21.4	22.2	22.0	21.9
25–44 years	17.2	17.9	20.9	24.0	24.4	21.3	23.6	24.5	24.1
25–34 years	13.4	14.7	19.8	25.0	24.8	19.6	22.5	23.4	23.4
35–44 years	21.3	21.0	22.1	22.5	23.9	22.8	24.6	25.7	24.8
45–64 years	37.1	34.4	30.0	23.7	24.3	21.3	29.2	29.5	29.0
45–54 years	32.0	31.6	27.9	22.9	23.2	22.4	30.4	30.2	29.6
55–64 years	43.6	38.1	32.7	24.5	25.7	19.4	27.7	28.7	28.3
65 years and over	52.8	44.0	38.4	35.0	41.6	31.1	29.0	29.5	30.9
65–74 years	50.5	39.6	36.0	30.4	32.2	22.7	23.9	24.1	26.0
75–84 years	58.3	52.5	42.8	42.3	56.1	38.6	32.3	34.2	34.7
85 years and over	58.3	57.4	42.4	50.6	65.9	57.5	47.3	46.9	48.5
Female									
All ages, age-adjusted <sup>4</sup>	5.6	5.6	7.4	5.7	4.8	4.0	5.0	5.4	5.5
All ages, crude	5.1	4.9	6.6	5.5	4.8	4.0	5.2	5.5	5.7
Under 1 year	...	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...	...
5–14 years	0.1	0.1	0.2	0.2	0.4	0.3	0.4	0.4	0.7
15–24 years	2.6	2.2	4.2	4.3	3.9	3.0	3.9	4.5	4.5
15–19 years	1.8	1.6	2.9	3.0	3.7	2.7	3.1	3.9	3.9
20–24 years	3.3	2.9	5.7	5.5	4.1	3.2	4.7	4.9	5.2
25–44 years	6.2	6.6	10.2	7.7	6.2	5.4	6.4	6.8	6.8
25–34 years	4.9	5.5	8.6	7.1	5.6	4.3	5.3	5.9	6.1
35–44 years	7.5	7.7	11.9	8.5	6.8	6.4	7.5	7.7	7.6
45–64 years	9.9	10.2	12.0	8.9	7.1	6.2	8.6	9.1	9.4
45–54 years	9.9	10.2	12.6	9.4	6.9	6.7	9.0	10.2	10.0
55–64 years	9.9	10.2	11.4	8.4	7.3	5.4	8.0	8.0	8.7
65 years and over	9.4	8.4	8.1	6.1	6.4	4.0	4.2	4.5	4.6
65–74 years	10.1	8.4	9.0	6.5	6.7	4.0	4.8	5.2	5.4
75–84 years	8.1	8.9	7.0	5.5	6.3	4.0	3.7	3.9	3.9
85 years and over	8.2	6.0	5.9	5.5	5.4	4.2	3.3	3.2	3.3
White male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	22.3	21.1	20.8	20.9	22.8	19.1	22.0	22.6	22.6
All ages, crude	19.0	17.6	18.0	19.9	22.0	18.8	22.6	23.3	23.4
15–24 years	6.6	8.6	13.9	21.4	23.2	17.9	18.3	19.0	18.7
25–44 years	17.9	18.5	21.5	24.6	25.4	22.9	26.2	27.2	26.8
45–64 years	39.3	36.5	31.9	25.0	26.0	23.2	33.0	33.5	33.0
65 years and over	55.8	46.7	41.1	37.2	44.2	33.3	31.7	32.2	34.1
65–74 years	53.2	42.0	38.7	32.5	34.2	24.3	26.3	26.4	28.9
75–84 years	61.9	55.7	45.5	45.5	60.2	41.1	34.9	37.0	38.1
85 years and over	61.9	61.3	45.8	52.8	70.3	61.6	50.8	50.7	52.6

See footnotes at end of table.

**Table 33 (page 2 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
Black or African American male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	7.5	8.4	10.0	11.4	12.8	10.0	9.1	9.6	9.3
All ages, crude	6.3	6.4	8.0	10.3	12.0	9.4	8.7	9.2	9.0
15–24 years	4.9	4.1	10.5	12.3	15.1	14.2	11.1	11.4	11.5
25–44 years	9.8	12.6	16.1	19.2	19.6	14.3	14.5	15.3	14.4
45–64 years	12.7	13.0	12.4	11.8	13.1	9.9	9.5	9.6	10.0
65 years and over	9.0	9.9	8.7	11.4	14.9	11.5	8.3	9.6	8.4
65–74 years	10.0	11.3	8.7	11.1	14.7	11.1	7.6	8.4	7.8
75–84 years <sup>6</sup>	*	*	*	10.5	14.4	12.1	9.9	12.5	9.1
85 years and over	---	*	*	*	*	*	*	*	*
American Indian or Alaska Native male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	19.3	20.1	16.0	15.5	17.4	18.1
All ages, crude	---	---	---	20.9	20.9	15.9	16.1	17.5	17.9
15–24 years	---	---	---	45.3	49.1	26.2	30.6	29.3	29.1
25–44 years	---	---	---	31.2	27.8	24.5	20.9	24.3	26.6
45–64 years	---	---	---	*	*	15.4	17.8	19.1	18.3
65 years and over	---	---	---	*	*	*	*	*	*
Asian or Pacific Islander male <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	10.7	9.6	8.6	9.5	9.4	9.1
All ages, crude	---	---	---	8.8	8.7	7.9	9.3	9.3	9.2
15–24 years	---	---	---	10.8	13.5	9.1	10.9	9.7	11.9
25–44 years	---	---	---	11.0	10.6	9.9	10.6	11.8	11.9
45–64 years	---	---	---	13.0	9.7	9.7	12.8	12.3	10.9
65 years and over	---	---	---	18.6	16.8	15.4	14.9	12.9	10.9
Hispanic or Latino male <sup>5,7</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	13.7	10.3	9.9	9.5	9.3
All ages, crude	---	---	---	---	11.4	8.4	8.5	8.5	8.3
15–24 years	---	---	---	---	14.7	10.9	10.7	11.5	10.1
25–44 years	---	---	---	---	16.2	11.2	11.2	11.4	11.5
45–64 years	---	---	---	---	16.1	12.0	12.9	12.0	11.4
65 years and over	---	---	---	---	23.4	19.5	15.7	13.5	14.2
White, not Hispanic or Latino male <sup>7</sup>									
All ages, age-adjusted <sup>4</sup>	---	---	---	---	23.5	20.2	24.2	25.2	25.3
All ages, crude	---	---	---	---	23.1	20.4	25.7	26.7	26.9
15–24 years	---	---	---	---	24.4	19.5	20.4	21.2	21.4
25–44 years	---	---	---	---	26.4	25.1	30.3	31.7	31.2
45–64 years	---	---	---	---	26.8	24.0	35.4	36.3	36.1
65 years and over	---	---	---	---	45.4	33.9	32.7	33.6	35.6
White female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	6.0	5.9	7.9	6.1	5.2	4.3	5.6	6.1	6.3
All ages, crude	5.5	5.3	7.1	5.9	5.3	4.4	5.9	6.3	6.5
15–24 years	2.7	2.3	4.2	4.6	4.2	3.1	4.2	4.6	5.0
25–44 years	6.6	7.0	11.0	8.1	6.6	6.0	7.3	7.8	7.9
45–64 years	10.6	10.9	13.0	9.6	7.7	6.9	9.9	10.6	10.9
65 years and over	9.9	8.8	8.5	6.4	6.8	4.3	4.5	4.9	5.1
Black or African American female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup>	1.8	2.0	2.9	2.4	2.4	1.8	1.8	2.0	2.0
All ages, crude	1.5	1.6	2.6	2.2	2.3	1.7	1.8	2.0	2.0
15–24 years	1.8	*	3.8	2.3	2.3	2.2	2.0	2.8	2.6
25–44 years	2.3	3.0	4.8	4.3	3.8	2.6	2.8	3.1	2.9
45–64 years	2.7	3.1	2.9	2.5	2.9	2.1	2.1	2.4	2.7
65 years and over	*	*	2.6	*	1.9	1.3	*	*	*

See footnotes at end of table.

**Table 33 (page 3 of 3). Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#033>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 <sup>1,2</sup>	1960 <sup>1,2</sup>	1970 <sup>2</sup>	1980 <sup>2</sup>	1990 <sup>2</sup>	2000 <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Deaths per 100,000 resident population									
American Indian or Alaska Native female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	4.7	3.6	3.8	6.1	4.3	5.3
All ages, crude . . . . .	---	---	---	4.7	3.7	4.0	5.9	4.5	5.4
15–24 years . . . . .	---	---	---	*	*	*	10.4	9.7	9.4
25–44 years . . . . .	---	---	---	10.7	*	7.2	7.4	6.6	7.5
45–64 years . . . . .	---	---	---	*	*	*	6.2	*	6.6
65 years and over . . . . .	---	---	---	*	*	*	*	*	*
Asian or Pacific Islander female <sup>5</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	5.5	4.1	2.8	3.4	3.6	3.0
All ages, crude . . . . .	---	---	---	4.7	3.4	2.7	3.4	3.7	3.1
15–24 years . . . . .	---	---	---	*	3.9	2.7	3.5	5.5	3.6
25–44 years . . . . .	---	---	---	5.4	3.8	3.3	4.1	3.9	3.7
45–64 years . . . . .	---	---	---	7.9	5.0	3.2	4.7	4.3	3.9
65 years and over . . . . .	---	---	---	*	8.5	5.2	4.3	5.3	3.3
Hispanic or Latina female <sup>5,7</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	2.3	1.7	2.1	2.2	2.3
All ages, crude . . . . .	---	---	---	---	2.2	1.5	2.0	2.1	2.2
15–24 years . . . . .	---	---	---	---	3.1	2.0	3.1	2.9	3.3
25–44 years . . . . .	---	---	---	---	3.1	2.1	2.4	2.7	2.8
45–64 years . . . . .	---	---	---	---	2.5	2.5	2.8	3.2	3.2
65 years and over . . . . .	---	---	---	---	*	*	2.2	2.1	1.2
White, not Hispanic or Latina female <sup>7</sup>									
All ages, age-adjusted <sup>4</sup> . . . . .	---	---	---	---	5.4	4.7	6.2	6.9	7.1
All ages, crude . . . . .	---	---	---	---	5.6	4.9	6.7	7.2	7.5
15–24 years . . . . .	---	---	---	---	4.3	3.3	4.4	5.1	5.4
25–44 years . . . . .	---	---	---	---	7.0	6.7	8.6	9.2	9.3
45–64 years . . . . .	---	---	---	---	8.0	7.3	10.7	11.6	12.0
65 years and over . . . . .	---	---	---	---	7.0	4.4	4.7	5.1	5.4

... Category not applicable.

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

--- Data not available.

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

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

<sup>6</sup>In 1950, rate is for the age group 75 years and over.

<sup>7</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See Appendix II, Cause of death; Table IV for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington, DC: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 34 (page 1 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 <sup>1</sup>	1980 <sup>1</sup>	1990 <sup>1</sup>	1995 <sup>1</sup>	2000 <sup>2</sup>	2010 <sup>2</sup>	2012 <sup>2</sup>	2013 <sup>2</sup>
Deaths per 100,000 resident population								
All persons								
All ages, age-adjusted <sup>3</sup>	14.3	14.8	14.6	13.4	10.2	10.1	10.5	10.4
All ages, crude	13.1	14.9	14.9	13.5	10.2	10.3	10.7	10.6
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	1.6	1.4	1.5	1.6	0.7	0.6	0.7	0.7
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	0.7	0.8	0.8
15–24 years	15.5	20.6	25.8	26.7	16.8	14.2	14.7	14.1
15–19 years	11.4	14.7	23.3	24.1	12.9	10.6	10.7	9.7
20–24 years	20.3	26.4	28.1	29.2	20.9	17.9	18.5	18.1
25–44 years	20.9	22.5	19.3	16.9	13.1	13.3	13.8	13.9
25–34 years	22.2	24.3	21.8	19.6	14.5	15.0	15.3	15.3
35–44 years	19.6	20.0	16.3	14.3	11.9	11.7	12.4	12.3
45–64 years	17.6	15.2	13.6	11.7	10.0	11.6	12.0	11.9
45–54 years	18.1	16.4	13.9	12.0	10.5	12.0	12.4	12.3
55–64 years	17.0	13.9	13.3	11.3	9.4	11.1	11.6	11.5
65 years and over	13.8	13.5	16.0	14.1	12.2	11.7	12.2	12.5
65–74 years	14.5	13.8	14.4	12.8	10.6	10.7	10.8	11.3
75–84 years	13.4	13.4	19.4	16.3	13.9	12.7	14.1	14.1
85 years and over	10.2	11.6	14.7	14.4	14.2	13.2	13.6	13.9
Male								
All ages, age-adjusted <sup>3</sup>	24.8	25.9	26.1	23.8	18.1	17.9	18.5	18.3
All ages, crude	22.2	25.7	26.2	23.6	17.8	18.0	18.7	18.5
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	2.3	2.0	2.2	2.3	1.1	1.0	1.0	1.0
1–4 years	1.2	0.9	0.7	0.8	0.4	0.6	0.5	0.6
5–14 years	2.7	2.5	2.9	2.9	1.4	1.1	1.1	1.2
15–24 years	26.4	34.8	44.7	46.5	29.4	25.0	25.6	24.4
15–19 years	19.2	24.5	40.1	41.6	22.4	18.4	18.5	17.0
20–24 years	35.1	45.2	49.1	51.5	37.0	31.8	32.4	31.2
25–44 years	34.1	38.1	32.6	28.4	22.0	22.9	23.6	23.7
25–34 years	36.5	41.4	37.0	33.2	24.9	26.4	26.4	26.3
35–44 years	31.6	33.2	27.4	23.6	19.4	19.3	20.7	20.8
45–64 years	31.0	25.9	23.4	20.0	17.1	19.9	20.5	20.1
45–54 years	30.7	27.3	23.2	20.1	17.6	20.3	20.4	20.4
55–64 years	31.3	24.5	23.7	19.8	16.3	19.3	20.5	19.8
65 years and over	29.7	29.7	35.3	30.7	26.4	24.1	25.0	25.3
65–74 years	29.5	27.8	28.2	25.1	20.3	20.0	20.2	20.9
75–84 years	31.0	33.0	46.9	37.8	32.2	27.5	30.1	29.8
85 years and over	26.2	34.9	49.3	47.1	44.7	37.4	37.5	38.3
Female								
All ages, age-adjusted <sup>3</sup>	4.8	4.7	4.2	3.8	2.8	2.7	3.0	3.0
All ages, crude	4.4	4.7	4.3	3.8	2.8	2.7	3.0	3.0
Under 1 year	*	*	*	*	*	*	*	*
1–14 years	0.8	0.7	0.8	0.8	0.3	0.3	0.4	0.4
1–4 years	0.9	0.5	0.5	0.5	*	0.3	0.3	0.3
5–14 years	0.8	0.7	1.0	0.9	0.4	0.3	0.5	0.4
15–24 years	4.8	6.1	6.0	5.9	3.5	2.9	3.2	3.2
15–19 years	3.5	4.6	5.7	5.6	2.9	2.3	2.4	2.0
20–24 years	6.4	7.7	6.3	6.1	4.2	3.5	3.9	4.3
25–44 years	8.3	7.4	6.1	5.5	4.2	3.8	4.0	4.0
25–34 years	8.4	7.5	6.7	5.8	4.0	3.5	4.0	4.1
35–44 years	8.2	7.2	5.4	5.2	4.4	4.1	4.1	4.0
45–64 years	5.4	5.4	4.5	3.9	3.4	3.7	4.0	4.1
45–54 years	6.4	6.2	4.9	4.2	3.6	3.8	4.6	4.5
55–64 years	4.2	4.6	4.0	3.5	3.0	3.4	3.3	3.8
65 years and over	2.4	2.5	3.1	2.8	2.2	2.2	2.3	2.4
65–74 years	2.8	3.1	3.6	3.0	2.5	2.6	2.6	2.8
75–84 years	1.7	1.7	2.9	2.8	2.0	2.1	2.3	2.3
85 years and over	*	1.3	1.3	1.8	1.7	1.5	1.6	1.5
White male <sup>4</sup>								
All ages, age-adjusted <sup>3</sup>	19.7	22.1	22.0	20.1	15.9	16.1	16.5	16.5
All ages, crude	17.6	21.8	21.8	19.9	15.6	16.5	17.0	17.1
1–14 years	1.8	1.9	1.9	1.9	1.0	0.8	0.9	1.0
15–24 years	16.9	28.4	29.5	30.8	19.6	16.2	16.7	16.0
25–44 years	24.2	29.5	25.7	23.2	18.0	18.6	18.8	18.9
25–34 years	24.3	31.1	27.8	25.2	18.1	19.1	19.2	19.1
35–44 years	24.1	27.1	23.3	21.2	17.9	18.0	18.4	18.8
45–64 years	27.4	23.3	22.8	19.5	17.4	21.3	22.0	21.6
65 years and over	29.9	30.1	36.8	32.2	28.2	26.5	27.4	28.0

See footnotes at end of table.

**Table 34 (page 2 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 <sup>1</sup>	1980 <sup>1</sup>	1990 <sup>1</sup>	1995 <sup>1</sup>	2000 <sup>2</sup>	2010 <sup>2</sup>	2012 <sup>2</sup>	2013 <sup>2</sup>
Deaths per 100,000 resident population								
<b>Black or African American male<sup>4</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	70.8	60.1	56.3	49.2	34.2	31.8	33.4	32.1
All ages, crude . . . . .	60.8	57.7	61.9	52.9	36.1	33.4	34.8	33.5
1–14 years . . . . .	5.3	3.0	4.4	4.4	1.8	1.9	1.5	1.4
15–24 years . . . . .	97.3	77.9	138.0	138.7	89.3	73.2	74.2	69.9
25–44 years . . . . .	126.2	114.1	90.3	70.2	54.1	57.3	61.1	60.2
25–34 years . . . . .	145.6	128.4	108.6	92.3	74.8	78.2	77.1	76.6
35–44 years . . . . .	104.2	92.3	66.1	46.3	34.3	35.2	43.1	41.5
45–64 years . . . . .	71.1	55.6	34.5	28.3	18.4	16.5	17.0	16.7
65 years and over . . . . .	30.6	29.7	23.9	21.8	13.8	9.4	11.1	8.8
<b>American Indian or Alaska Native male<sup>4</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	---	24.0	19.4	19.4	13.1	11.7	13.5	12.9
All ages, crude . . . . .	---	27.5	20.5	20.9	13.2	12.5	13.4	12.5
15–24 years . . . . .	---	55.3	49.1	40.9	26.9	26.0	21.2	18.4
25–44 years . . . . .	---	43.9	25.4	31.2	16.6	16.9	20.1	18.8
45–64 years . . . . .	---	*	*	14.2	12.2	11.1	14.3	13.5
65 years and over . . . . .	---	*	*	*	*	*	*	*
<b>Asian or Pacific Islander male<sup>4</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	---	7.8	8.8	9.2	6.0	4.2	4.4	4.1
All ages, crude . . . . .	---	8.2	9.4	10.0	6.2	4.4	4.6	4.3
15–24 years . . . . .	---	10.8	21.0	24.3	9.3	6.8	6.3	5.9
25–44 years . . . . .	---	12.8	10.9	10.6	8.1	6.0	6.4	6.4
45–64 years . . . . .	---	10.4	8.1	8.2	7.4	4.4	5.0	4.6
65 years and over . . . . .	---	*	*	*	*	3.9	4.0	*
<b>Hispanic or Latino male<sup>4,5</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	---	---	27.6	23.8	13.6	10.5	10.1	9.4
All ages, crude . . . . .	---	---	29.9	26.2	14.2	10.5	10.1	9.4
1–14 years . . . . .	---	---	2.6	2.8	1.0	0.6	0.6	0.5
15–24 years . . . . .	---	---	55.5	61.7	30.8	20.9	19.6	17.4
25–44 years . . . . .	---	---	42.7	31.4	17.3	14.4	14.4	13.8
25–34 years . . . . .	---	---	47.3	36.4	20.3	18.0	17.3	16.2
35–44 years . . . . .	---	---	35.4	24.2	13.2	10.2	11.0	11.1
45–64 years . . . . .	---	---	21.4	17.2	12.0	9.1	8.2	8.2
65 years and over . . . . .	---	---	19.1	16.5	12.2	9.9	9.7	8.1
<b>White, not Hispanic or Latino male<sup>5</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	---	---	20.6	18.6	15.5	16.6	17.2	17.5
All ages, crude . . . . .	---	---	20.4	18.5	15.7	17.6	18.5	18.8
1–14 years . . . . .	---	---	1.6	1.6	1.0	0.9	1.0	1.2
15–24 years . . . . .	---	---	24.1	23.5	16.2	14.2	15.2	15.1
25–44 years . . . . .	---	---	23.3	21.4	17.9	19.4	19.8	20.2
25–34 years . . . . .	---	---	24.7	22.5	17.2	18.9	19.3	19.7
35–44 years . . . . .	---	---	21.6	20.4	18.4	19.9	20.3	20.8
45–64 years . . . . .	---	---	22.7	19.5	17.8	22.8	23.8	23.5
65 years and over . . . . .	---	---	37.4	32.5	29.0	27.6	28.7	29.6
<b>White female<sup>4</sup></b>								
All ages, age-adjusted <sup>3</sup> . . . . .	4.0	4.2	3.8	3.5	2.7	2.7	2.9	3.0
All ages, crude . . . . .	3.7	4.1	3.8	3.5	2.7	2.8	3.0	3.1
15–24 years . . . . .	3.4	5.1	4.8	4.5	2.8	2.3	2.4	2.7
25–44 years . . . . .	6.9	6.2	5.3	4.9	3.9	3.7	4.0	3.9
45–64 years . . . . .	5.0	5.1	4.5	4.0	3.5	4.1	4.4	4.7
65 years and over . . . . .	2.2	2.5	3.1	2.8	2.4	2.5	2.5	2.7

See footnotes at end of table.

**Table 34 (page 3 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#034>.

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970 <sup>1</sup>	1980 <sup>1</sup>	1990 <sup>1</sup>	1995 <sup>1</sup>	2000 <sup>2</sup>	2010 <sup>2</sup>	2012 <sup>2</sup>	2013 <sup>2</sup>
Deaths per 100,000 resident population								
Black or African American female <sup>4</sup>								
All ages, age-adjusted <sup>3</sup>	11.1	8.7	7.3	6.2	3.9	3.3	3.6	3.4
All ages, crude	10.0	8.8	7.8	6.5	4.0	3.3	3.7	3.4
15–24 years	15.2	12.3	13.3	13.2	7.6	6.4	7.2	6.1
25–44 years	19.4	16.1	12.4	9.8	6.5	5.6	5.8	6.0
45–64 years	10.2	8.2	4.8	4.1	3.1	2.2	2.7	2.5
65 years and over	4.3	3.1	3.1	2.6	1.3	*	1.3	0.9
American Indian or Alaska Native female <sup>4</sup>								
All ages, age-adjusted <sup>3</sup>	---	5.8	3.3	3.8	2.9	2.6	1.8	2.0
All ages, crude	---	5.8	3.4	4.1	2.9	2.4	1.8	2.0
15–24 years	---	*	*	*	*	*	*	*
25–44 years	---	10.2	*	7.0	5.5	3.7	*	*
45–64 years	---	*	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*	*
Asian or Pacific Islander female <sup>4</sup>								
All ages, age-adjusted <sup>3</sup>	---	2.0	1.9	2.0	1.1	0.6	0.9	0.9
All ages, crude	---	2.1	2.1	2.1	1.2	0.6	0.9	0.9
15–24 years	---	*	*	3.9	*	*	*	*
25–44 years	---	3.2	2.7	2.7	1.5	1.1	1.1	1.5
45–64 years	---	*	*	*	*	*	0.9	0.8
65 years and over	---	*	*	*	*	*	*	*
Hispanic or Latina female <sup>4,5</sup>								
All ages, age-adjusted <sup>3</sup>	---	---	3.3	3.1	1.8	1.3	1.3	1.3
All ages, crude	---	---	3.6	3.3	1.8	1.3	1.3	1.3
15–24 years	---	---	6.9	6.1	2.9	2.1	1.9	2.3
25–44 years	---	---	5.1	4.7	2.5	1.8	2.0	2.0
45–64 years	---	---	2.4	2.4	2.2	1.5	1.4	1.2
65 years and over	---	---	*	*	*	*	*	*
White, not Hispanic or Latina female <sup>5</sup>								
All ages, age-adjusted <sup>3</sup>	---	---	3.7	3.4	2.8	3.0	3.3	3.3
All ages, crude	---	---	3.7	3.5	2.9	3.1	3.4	3.5
15–24 years	---	---	4.3	4.1	2.7	2.3	2.5	2.8
25–44 years	---	---	5.1	4.8	4.2	4.2	4.5	4.4
45–64 years	---	---	4.6	4.1	3.6	4.4	4.9	5.2
65 years and over	---	---	3.2	2.8	2.4	2.6	2.7	2.9

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

--- Data not available.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators). The net effect of misclassification is an underestimation of deaths and death rates for races other than white and black. See Appendix II, Race, for a detailed discussion of sources of bias in death rates by race and Hispanic origin.

<sup>5</sup>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. Rates for 2011 and beyond were computed using 2010-based postcensal estimates. See Appendix I, Population Census and Population Estimates. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see Web-based Injury Statistics Query and Reporting System (WISQARS), available from: <http://www.cdc.gov/injury/wisqars/index.html>. Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. See Appendix II, Race. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; numerator data from National Vital Statistics System, annual public-use Mortality Files; denominator data from national population estimates for race groups from Table 1 and unpublished Hispanic population estimates for 1985–1996 prepared by the Housing and Household Economic Statistics Division, U.S. Census Bureau; Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). See Appendix I, National Vital Statistics System (NVSS).

**Table 35. Deaths from selected occupational diseases among persons aged 15 and over: United States, selected years 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#035>.

[Data are based on death certificates]

Cause of death	1980 <sup>1</sup>	1985 <sup>1</sup>	1990 <sup>1</sup>	2000 <sup>2</sup>	2005 <sup>2</sup>	2010 <sup>2</sup>	2012 <sup>2</sup>	2013 <sup>2</sup>
Multiple cause of death		Number of death certificates with cause of death code(s) mentioned						
Angiosarcoma of liver <sup>3</sup>	---	---	---	16	26	29	29	22
Malignant mesothelioma <sup>4</sup>	699	715	874	2,531	2,704	2,744	2,874	2,686
Pneumoconiosis <sup>5</sup>	4,151	3,783	3,644	2,859	2,425	2,028	1,850	1,859
Coal workers' pneumoconiosis	2,576	2,615	1,990	949	652	486	399	361
Asbestosis	339	534	948	1,486	1,416	1,308	1,208	1,229
Silicosis	448	334	308	151	160	101	103	111
Other (including unspecified)	814	321	413	290	222	146	153	170
Underlying cause of death		Number of deaths						
Angiosarcoma of liver <sup>3</sup>	---	---	---	15	23	28	27	19
Malignant mesothelioma <sup>4</sup>	531	573	725	2,384	2,553	2,573	2,686	2,497
Pneumoconiosis	1,581	1,355	1,335	1,142	983	820	755	781
Coal workers' pneumoconiosis	982	958	734	389	270	213	158	151
Asbestosis	101	139	302	558	532	486	466	475
Silicosis	207	143	150	71	74	52	58	70
Other (including unspecified)	291	115	149	124	107	69	73	85

--- Data not available.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Prior to 1999, there was no discrete code for this condition.

<sup>4</sup>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.

<sup>5</sup>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), Mortality 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/dzds/WorldReportData/>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Vital Statistics System; annual public-use Mortality Files for underlying and multiple cause of death. See Appendix I, National Vital Statistics System (NVSS).



**Table 36 (page 1 of 2). Occupational fatal injuries, by industry, sex, age, race, and Hispanic origin: United States, selected years 2003–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#036>.

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

Characteristic	2003	2005	2008	2009	2010	2011	2012
	Number of deaths						
Total workforce . . . . .	5,575	5,734	5,214	4,551	4,690	4,693	4,628
Sex							
Male . . . . .	5,129	5,328	4,827	4,216	4,322	4,308	4,277
Female . . . . .	446	406	387	335	368	385	351
Age							
Under 16 years . . . . .	25	23	11	13	16	10	19
16–17 years . . . . .	28	31	23	14	18	13	10
18–19 years . . . . .	84	111	66	57	56	61	59
20–24 years . . . . .	462	403	353	275	245	292	287
25–34 years . . . . .	1,018	1,017	850	704	785	714	736
35–44 years . . . . .	1,329	1,243	1,113	908	868	875	829
45–54 years . . . . .	1,301	1,389	1,292	1,173	1,169	1,222	1,161
55–64 years . . . . .	802	933	920	853	948	936	936
65 years and over . . . . .	523	578	580	551	582	569	588
Unspecified . . . . .	3	6	6	3	3	1	3
Race and Hispanic origin							
Hispanic or Latino . . . . .	794	923	804	713	707	749	748
Not Hispanic or Latino . . . . .	4,781	4,811	4,410	3,838	3,983	3,944	3,880
White . . . . .	3,988	3,977	3,663	3,204	3,363	3,323	3,177
Black or African American . . . . .	543	584	533	421	412	440	486
American Indian or Alaska Native . . . . .	42	50	32	33	32	30	37
Asian . . . . .	147	154	145	141	143	121	147
Native Hawaiian or Other Pacific Islander . . . . .	11	9	7	7	6	3	7
Multiple races . . . . .	3	*	6	7	8	15	5
Other races or not reported . . . . .	47	35	24	25	19	12	21
Industry <sup>1</sup>							
Private sector . . . . .	5,043	5,214	4,670	4,090	4,206	4,188	4,175
Agriculture, forestry, fishing, and hunting . . . . .	709	715	672	575	621	566	509
Mining <sup>2</sup> . . . . .	141	159	176	99	172	155	181
Utilities . . . . .	32	30	37	16	26	39	23
Construction . . . . .	1,131	1,192	975	834	774	738	806
Manufacturing . . . . .	420	393	411	319	329	327	327
Wholesale trade . . . . .	191	209	180	190	191	190	204
Retail trade . . . . .	344	400	301	307	311	268	273
Transportation and warehousing . . . . .	808	885	796	633	661	749	741
Information . . . . .	64	65	47	33	43	56	42
Finance and insurance . . . . .	45	42	24	33	24	36	21
Real estate and rental and leasing . . . . .	84	57	82	75	89	62	64
Professional and technical services . . . . .	97	83	69	85	76	74	57
Management, administrative, and waste services <sup>3</sup> . . . . .	---	---	---	---	---	359	352
Educational services . . . . .	41	46	28	27	30	37	34
Health care and social assistance . . . . .	102	104	113	123	141	117	107
Arts, entertainment, and recreation . . . . .	88	77	92	80	84	93	80
Accommodation and food services . . . . .	187	136	146	151	154	138	152
Other services (except public administration) . . . . .	194	210	178	173	192	183	199
Government <sup>4</sup> . . . . .	532	520	544	461	484	505	453

See footnotes at end of table.

**Table 36 (page 2 of 2). Occupational fatal injuries, by industry, sex, age, race, and Hispanic origin: United States, selected years 2003–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#036>.

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

---

- - - Data not available.

\* Estimates are unreliable or data do not meet publication criteria.

<sup>1</sup>Industry data from 2003 to 2008 are based on the North American Industry Classification System (NAICS), 2002. Industry data from 2009 to the present are based on NAICS 2007. NAICS replaces the Standard Industrial Classification (SIC) system. Because of substantial differences between these systems, industry data classified by these two systems are not comparable. Industry data for 1995–2002 classified by SIC are presented in *Health, United States, 2004*, Table 49, available from: <http://www.cdc.gov/nchs/hus.htm>. See Appendix II, Industry of employment.

<sup>2</sup>Includes fatal injuries at all establishments categorized as Mining (Sector 21) in the NAICS, including establishments not governed by the Mine Safety and Health Administration (MSHA) rules and reporting, such as those in Oil and Gas Extraction.

<sup>3</sup>Starting with 2011 data, CFOI combined the categories “Management of companies and enterprises” and “Administrative and support and waste management and remediation services” into one category entitled “Management, administrative, and waste services.”

<sup>4</sup>Includes fatal work injuries to workers employed by governmental organizations, regardless of industry.

NOTES: Fatal work injuries are based on revised data and may differ from originally published data from CFOI. See Appendix I, Census of Fatal Occupational Injuries (CFOI). Private sector totals include injuries with unknown industry. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Revised annual data. See Appendix I, Census of Fatal Occupational Injuries (CFOI).

**Table 37 (page 1 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#037>.

[Data are based on reporting by state health departments]

Disease	1950	1960	1970	1980	1990	2000	2010	2011	2012
New cases per 100,000 population									
Diphtheria . . . . .	3.83	0.51	0.21	0.00	0.00	0.00	—	—	0.00
<i>Haemophilus influenzae</i> , invasive . . . . .	---	---	---	---	---	0.51	1.03	1.15	1.10
Hepatitis A . . . . .	---	---	27.87	12.84	12.64	4.91	0.54	0.45	0.50
Hepatitis B . . . . .	---	---	4.08	8.39	8.48	2.95	1.10	0.94	0.93
Lyme disease <sup>1</sup> . . . . .	---	---	---	---	---	6.53	9.86	10.78	9.96
Meningococcal disease . . . . .	---	---	1.23	1.25	0.99	0.83	0.27	0.25	0.18
Mumps . . . . .	---	---	55.55	3.86	2.17	0.13	0.85	0.13	0.07
Pertussis (whooping cough) . . . . .	79.82	8.23	2.08	0.76	1.84	2.88	8.97	6.06	15.49
Poliomyelitis, paralytic <sup>2</sup> . . . . .	---	1.40	0.02	0.00	0.00	—	—	—	—
Rocky Mountain spotted fever <sup>3</sup> . . . . .	---	---	0.19	0.52	0.26	0.18	0.65	0.91	1.44
Rubella (German measles) . . . . .	---	---	27.75	1.72	0.45	0.06	0.00	0.00	0.00
Rubeola (measles) . . . . .	211.01	245.42	23.23	5.96	11.17	0.03	0.02	0.06	0.02
Salmonellosis, excluding typhoid fever . . . . .	---	3.85	10.84	14.88	19.54	14.51	17.73	16.79	17.27
Shigellosis . . . . .	15.45	6.94	6.79	8.41	10.89	8.41	4.82	4.32	4.90
Tuberculosis <sup>4</sup> . . . . .	---	30.83	18.28	12.25	10.33	6.01	3.64	3.41	3.19
Sexually transmitted diseases: <sup>5</sup>									
Syphilis <sup>6</sup> . . . . .	146.02	68.78	44.80	30.30	54.32	11.20	14.93	14.91	16.02
Primary and secondary . . . . .	16.73	9.06	10.80	12.00	20.26	2.12	4.49	4.52	5.03
Early latent . . . . .	39.71	10.11	8.00	8.90	22.19	3.35	4.43	4.25	4.65
Late and late latent <sup>7</sup> . . . . .	70.22	45.91	24.70	9.20	10.32	5.53	5.89	6.02	6.23
Congenital <sup>8</sup> . . . . .	368.30	103.70	52.30	7.70	92.95	14.29	8.73	8.48	7.80
Chlamydia <sup>9</sup> . . . . .	---	---	---	---	160.19	251.38	426.01	457.59	456.68
Gonorrhea <sup>10</sup> . . . . .	192.50	145.40	294.20	442.10	276.43	128.67	100.76	104.24	107.46
Chancroid . . . . .	3.34	0.94	0.70	0.30	1.69	0.03	0.01	0.00	0.00
Number of new cases									
Diphtheria . . . . .	5,796	918	435	3	4	1	—	—	1
<i>Haemophilus influenzae</i> , invasive . . . . .	---	---	---	---	---	1,398	3,151	3,539	3,418
Hepatitis A . . . . .	---	---	56,797	29,087	31,441	13,397	1,670	1,398	1,562
Hepatitis B . . . . .	---	---	8,310	19,015	21,102	8,036	3,374	2,903	2,895
Lyme disease <sup>1</sup> . . . . .	---	---	---	---	---	17,730	30,158	33,097	30,831
Meningococcal disease . . . . .	---	---	2,505	2,840	2,451	2,256	833	759	551
Mumps . . . . .	---	---	104,953	8,576	5,292	338	2,612	404	229
Pertussis (whooping cough) . . . . .	120,718	14,809	4,249	1,730	4,570	7,867	27,550	18,719	48,277
Poliomyelitis, paralytic <sup>2</sup> . . . . .	---	2,525	31	4	6	—	—	—	—
Rocky Mountain spotted fever <sup>3</sup> . . . . .	464	---	380	1,163	651	495	1,985	2,802	4,470
Rubella (German measles) . . . . .	---	---	56,552	3,904	1,125	176	5	4	9
Rubeola (measles) . . . . .	319,124	441,703	47,351	13,506	27,786	86	63	220	55
Salmonellosis, excluding typhoid fever . . . . .	---	6,929	22,096	33,715	48,603	39,574	54,424	51,887	53,800
Shigellosis . . . . .	23,367	12,487	13,845	19,041	27,077	22,922	14,786	13,352	15,283
Tuberculosis <sup>4</sup> . . . . .	---	55,494	37,137	27,749	25,701	16,377	11,182	10,528	9,945
Sexually transmitted diseases: <sup>5</sup>									
Syphilis <sup>6</sup> . . . . .	217,558	122,538	91,382	68,832	135,590	31,618	45,844	46,040	49,903
Primary and secondary . . . . .	23,939	16,145	21,982	27,204	50,578	5,979	13,774	13,970	15,667
Early latent . . . . .	59,256	18,017	16,311	20,297	55,397	9,465	13,604	13,136	14,503
Late and late latent <sup>7</sup> . . . . .	113,569	81,798	50,348	20,979	25,750	15,594	18,079	18,576	19,411
Congenital <sup>8</sup> . . . . .	13,377	4,416	1,953	277	3,865	580	387	358	322
Chlamydia <sup>9</sup> . . . . .	---	---	---	---	323,663	709,452	1,307,893	1,412,791	1,422,976
Gonorrhea <sup>10</sup> . . . . .	286,746	258,933	600,072	1,004,029	690,042	363,136	309,341	321,849	334,826
Chancroid . . . . .	4,977	1,680	1,416	788	4,212	78	24	8	15

See footnotes at end of table.

**Table 37 (page 2 of 2). Selected notifiable disease rates and number of new cases: United States, selected years 1950–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#037>.

[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.

<sup>1</sup>National surveillance case definition revised in 2008; probable cases not previously reported.

<sup>2</sup>Cases of vaccine-associated paralytic poliomyelitis caused by polio vaccine virus.

<sup>3</sup>Starting with 2010 data, cases of Rocky Mountain spotted fever were reported as Spotted fever rickettsiosis.

<sup>4</sup>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.

<sup>5</sup>For 1950, data for Alaska and Hawaii were not included. 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. Cases and rates shown do not include U.S. outlying areas of Guam, Puerto Rico, and the Virgin Islands.

<sup>6</sup>Includes stage of syphilis not stated.

<sup>7</sup>Includes cases of unknown duration.

<sup>8</sup>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 under 1 year of age were reported. See STD Surveillance Report for congenital syphilis rates.

<sup>9</sup>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, cases for New York include the entire state.

<sup>10</sup>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. See Appendix I, Sexually Transmitted Disease (STD) Surveillance; Population Census and Population Estimates. Population data from states where diseases were not notifiable or not available were excluded from the rate calculation; see Appendix II, Notifiable disease. See Appendix I, National Notifiable Disease Surveillance System (NNDSS), for information on underreporting of notifiable diseases. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC, Office of Public Health Scientific Services (OPHSS); Center for Surveillance, Epidemiology and Laboratory Services (CSELS); Division of Health Informatics and Surveillance (DHIS). MMWR 2014;61(53):1–121 and CDC. Available from: [http://www.cdc.gov/mmwr/mmwr\\_nd/index.html](http://www.cdc.gov/mmwr/mmwr_nd/index.html). Sexually transmitted disease surveillance, 2012. Atlanta, GA: U.S. Department of Health and Human Services, 2014. Available from: <http://www.cdc.gov/std/stats/>. See Appendix I, National Notifiable Diseases Surveillance System (NNDSS); Sexually Transmitted Disease (STD) Surveillance.

**Table 38 (page 1 of 2). Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#038>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, age at diagnosis, Hispanic origin and race, and region of residence	Year of diagnosis <sup>1</sup>				
	2008	2009	2010	2011	2012
	Estimated number of HIV diagnoses <sup>2</sup>				
All persons <sup>3</sup> . . . . .	49,303	46,623	45,153	44,540	47,989
Male, 13 years and over. . . . .	37,153	35,793	35,044	35,011	38,160
Female, 13 years and over. . . . .	11,908	10,610	9,886	9,343	9,586
Age at diagnosis					
Under 13 years . . . . .	243	220	222	187	242
13–14 years. . . . .	40	29	41	45	51
15–19 years. . . . .	2,187	2,199	2,132	2,082	2,053
20–24 years. . . . .	6,527	6,815	7,260	7,498	8,187
25–29 years. . . . .	6,867	6,616	6,520	6,723	7,589
30–34 years. . . . .	6,049	5,792	5,657	5,574	6,388
35–39 years. . . . .	6,450	5,733	5,218	4,739	4,939
40–44 years. . . . .	6,789	6,073	5,404	5,119	5,145
45–49 years. . . . .	5,932	5,370	5,016	4,891	5,183
50–54 years. . . . .	3,862	3,705	3,625	3,564	3,800
55–59 years. . . . .	2,288	2,201	2,123	2,122	2,269
60–64 years. . . . .	1,153	1,026	1,113	1,141	1,221
65 years and over . . . . .	917	844	822	853	921
Hispanic origin and race <sup>4</sup>					
Not Hispanic or Latino:					
White . . . . .	13,533	12,774	12,447	12,174	13,291
Black or African American . . . . .	23,683	22,181	21,432	20,958	22,581
American Indian or Alaska Native . . . . .	193	176	191	179	228
Asian . . . . .	773	732	751	860	959
Native Hawaiian or Other Pacific Islander . . . . .	68	70	55	63	79
Multiple race . . . . .	1,388	1,303	1,175	1,085	1,036
Hispanic or Latino <sup>5</sup> . . . . .	9,665	9,387	9,101	9,222	9,816
Region of residence					
Northeast . . . . .	9,896	9,292	8,864	8,514	9,025
Midwest . . . . .	5,821	5,879	5,684	5,669	6,226
South . . . . .	24,899	23,200	22,480	22,496	24,266
West . . . . .	8,687	8,252	8,124	7,861	8,471

See footnotes at end of table.

**Table 38 (page 2 of 2). Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2008–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#038>.

[Data are based on reporting by 50 states and the District of Columbia]

Sex, age at diagnosis, Hispanic origin and race, and region of residence	Year of diagnosis <sup>1</sup>				
	2008	2009	2010	2011	2012
Estimated number of HIV diagnoses per 100,000 resident population <sup>2</sup>					
All persons . . . . .	16.2	15.2	14.6	14.3	15.3
Male, 13 years and over. . . . .	30.3	28.9	28.0	27.7	29.9
Female, 13 years and over. . . . .	9.3	8.2	7.5	7.1	7.2
Age at diagnosis					
Under 13 years . . . . .	0.5	0.4	0.4	0.4	0.5
13–14 years. . . . .	0.5	0.4	0.5	0.5	0.6
15–19 years. . . . .	10.1	10.2	9.7	9.6	9.6
20–24 years. . . . .	30.6	31.6	33.5	33.8	36.3
25–29 years. . . . .	32.0	30.5	30.8	31.6	35.5
30–34 years. . . . .	31.0	29.1	28.2	27.2	30.5
35–39 years. . . . .	30.9	27.9	26.0	24.2	25.3
40–44 years. . . . .	31.7	28.9	25.9	24.3	24.5
45–49 years. . . . .	26.0	23.5	22.2	22.1	23.9
50–54 years. . . . .	18.0	17.0	16.2	15.8	16.8
55–59 years. . . . .	12.3	11.6	10.7	10.5	10.9
60–64 years. . . . .	7.6	6.5	6.6	6.4	6.9
65 years and over . . . . .	2.4	2.1	2.0	2.1	2.1
Hispanic origin and race <sup>4</sup>					
Not Hispanic or Latino:					
White . . . . .	6.8	6.4	6.3	6.2	6.7
Black or African American . . . . .	63.5	58.9	56.4	54.6	58.3
American Indian or Alaska Native . . . . .	8.3	7.4	8.4	7.8	9.9
Asian . . . . .	5.8	5.3	5.1	5.7	6.1
Native Hawaiian or Other Pacific Islander . . . . .	15.4	15.6	11.1	12.4	15.1
Multiple race . . . . .	31.3	28.6	20.8	18.6	17.3
Hispanic or Latino <sup>5</sup> . . . . .	20.6	19.4	17.9	17.8	18.5
Region of residence					
Northeast . . . . .	18.0	16.8	16.0	15.3	16.2
Midwest . . . . .	8.7	8.8	8.5	8.4	9.2
South . . . . .	22.2	20.5	19.6	19.4	20.7
West . . . . .	12.3	11.5	11.3	10.8	11.5

<sup>1</sup>Based on diagnoses that occurred during 2008–2012 that were reported to CDC through June 30, 2013.

<sup>2</sup>Numbers and rates 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.

<sup>3</sup>All persons totals were calculated independent of values for subpopulations. Consequently, sums of subpopulations may not equal totals for all persons.

<sup>4</sup>Hispanic origin and race categories are mutually exclusive.

<sup>5</sup>Persons of Hispanic origin may be of any race. See Appendix II, Hispanic origin.

NOTES: See Appendix II, Human immunodeficiency virus (HIV) disease for discussion of HIV diagnoses reporting definitions and other issues affecting interpretation of trends. Data shown are for the 50 states and the District of Columbia, and include newly diagnosed and reported cases. This table does not present HIV incidence or prevalence data. Rates for 2008 and 2009 were calculated using vintage 2009 postcensal population estimates and rates for 2010–2012 were calculated using vintage 2012 population estimates from the U.S. Census Bureau. Variations in trends among subpopulations may be due to differences in testing behaviors, targeted HIV testing initiatives, or the numbers of new HIV infections in some subpopulations. Caution should be used when interpreting data on diagnoses of HIV infection. HIV surveillance reports may not be representative of all persons with HIV for several reasons, including that not all infected persons have been tested and diagnosed, and that the results of anonymous tests are not reported to the name-based HIV registries of state and local health departments, testing patterns are influenced by the extent to which testing is routinely offered to specific groups, and surveillance and reporting practices among jurisdictions differ. The data presented here are estimates of the minimum number of persons for whom HIV infection has been diagnosed and reported to the surveillance system.

SOURCE: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Division of HIV/AIDS Prevention. HIV Surveillance Report. Diagnoses of HIV infection in the United States and Dependent Areas, 2012 (vol. 24). Atlanta, GA: U.S. Department of Health and Human Services, CDC. Available from: [http://www.cdc.gov/hiv/library/reports/surveillance/2012/surveillance\\_Report\\_vol\\_24.html](http://www.cdc.gov/hiv/library/reports/surveillance/2012/surveillance_Report_vol_24.html). See Appendix I, National HIV Surveillance System.

**Table 39 (page 1 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#039>.

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

Characteristic	Current asthma <sup>1</sup>				Asthma attack in the past 12 months <sup>2</sup>			
	1997–1999	2000–2002	2003–2005	2011–2013	1997–1999	2000–2002	2003–2005	2011–2013
	Percent of children							
Under 18 years <sup>3</sup> . . . . .	---	---	8.7	9.0	5.4	5.7	5.4	5.3
Age								
0–4 years . . . . .	---	---	6.1	5.5	4.3	4.7	4.2	3.6
5–17 years . . . . .	---	---	9.6	10.4	5.7	6.1	5.8	5.9
5–9 years . . . . .	---	---	9.1	9.8	5.6	6.3	6.1	6.2
10–17 years . . . . .	---	---	9.9	10.8	5.8	5.9	5.7	5.7
Sex								
Male . . . . .	---	---	9.9	9.8	6.2	6.6	6.3	5.9
Female . . . . .	---	---	7.3	8.2	4.5	4.7	4.4	4.7
Race <sup>4</sup>								
White only . . . . .	---	---	7.7	7.8	5.0	5.2	4.9	4.7
Black or African American only . . . . .	---	---	13.0	15.3	7.0	8.0	7.6	8.5
American Indian or Alaska Native only . . . . .	---	---	12.2	9.5	6.4	*8.7	*6.1	*5.8
Asian only . . . . .	---	---	4.8	5.6	4.3	4.7	3.3	3.2
Native Hawaiian or Other Pacific Islander only . . . . .	---	---	*	*	---	*	*	*
2 or more races . . . . .	---	---	13.5	13.1	---	7.3	8.8	7.1
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino . . . . .	---	---	7.6	8.6	4.8	4.2	4.6	4.6
Not Hispanic or Latino . . . . .	---	---	8.9	9.2	5.5	6.0	5.6	5.5
White only . . . . .	---	---	7.9	7.7	5.1	5.5	5.0	4.8
Black or African American only . . . . .	---	---	13.0	15.2	7.0	7.9	7.5	8.5
Percent of poverty level <sup>5</sup>								
Below 100% . . . . .	---	---	10.4	12.4	6.1	7.1	6.5	7.2
100%–199% . . . . .	---	---	8.6	9.2	5.3	5.4	5.2	5.2
200%–399% . . . . .	---	---	8.3	8.3	5.0	5.3	5.2	4.7
400% or more . . . . .	---	---	7.9	6.7	5.2	5.5	4.9	4.3
Health insurance status at the time of interview <sup>6</sup>								
Insured . . . . .	---	---	9.0	9.2	5.6	5.9	5.6	5.4
Private . . . . .	---	---	8.0	7.7	5.0	5.3	5.0	4.6
Medicaid . . . . .	---	---	11.4	11.4	7.7	7.7	7.1	6.4
Uninsured . . . . .	---	---	5.6	6.9	3.9	4.3	3.3	4.3

See footnotes at end of table.

**Table 39 (page 2 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#039>.

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

Characteristic	Attention-deficit/hyperactivity disorder <sup>7</sup>				Serious emotional or behavioral difficulties <sup>8</sup>			
	1997–1999	2000–2002	2003–2005	2011–2013	1997–1999	2000–2002	2003–2005	2011–2013
<b>Age</b>		<b>Percent of children</b>						
5–17 years <sup>3</sup> . . . . .	6.5	7.5	7.6	10.1	---	---	5.1	5.5
5–9 years . . . . .	4.8	5.2	5.6	7.3	---	---	4.3	5.0
10–17 years . . . . .	7.6	9.0	8.9	11.8	---	---	5.6	5.8
<b>Sex</b>								
Male . . . . .	9.6	10.8	10.7	14.0	---	---	6.1	6.8
Female . . . . .	3.2	4.2	4.4	5.9	---	---	4.1	4.1
<b>Race<sup>4</sup></b>								
White only . . . . .	7.1	8.1	7.8	10.6	---	---	5.1	5.5
Black or African American only . . . . .	5.0	7.0	7.7	9.4	---	---	5.3	5.9
American Indian or Alaska Native only . . . . .	*8.5	*	*9.4	*10.4	---	---	*	*5.2
Asian only . . . . .	*1.7	*	*1.6	2.6	---	---	*1.7	*1.8
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	---	*	*
2 or more races . . . . .	---	7.4	9.7	11.8	---	---	8.2	8.4
<b>Hispanic origin and race<sup>4</sup></b>								
Hispanic or Latino . . . . .	3.6	4.2	4.6	6.6	---	---	3.8	4.0
Not Hispanic or Latino . . . . .	7.0	8.2	8.3	11.1	---	---	5.4	5.9
White only . . . . .	7.7	9.0	8.8	12.2	---	---	5.6	6.1
Black or African American only . . . . .	5.0	6.8	7.5	9.4	---	---	5.2	6.0
<b>Percent of poverty level<sup>5</sup></b>								
Below 100% . . . . .	7.2	8.2	8.4	12.8	---	---	7.4	8.1
100%–199% . . . . .	6.7	7.5	7.8	9.4	---	---	5.4	5.7
200%–399% . . . . .	6.2	7.7	7.8	9.4	---	---	4.9	4.6
400% or more . . . . .	6.1	7.1	6.9	9.2	---	---	3.7	4.1
<b>Health insurance status at the time of interview<sup>6</sup></b>								
Insured . . . . .	6.7	7.8	7.8	10.4	---	---	5.2	5.6
Private . . . . .	5.9	7.0	7.0	9.0	---	---	4.1	4.0
Medicaid . . . . .	10.5	10.7	10.3	12.6	---	---	8.5	8.1
Uninsured . . . . .	4.8	5.4	6.1	5.8	---	---	4.6	4.2

See footnotes at end of table.



**Table 39 (page 3 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#039>.

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

Characteristic	Food allergy <sup>9</sup>				Skin allergy <sup>10</sup>			
	1997–1999	2000–2002	2003–2005	2011–2013	1997–1999	2000–2002	2003–2005	2011–2013
	Percent of children							
Under 18 years <sup>3</sup> . . . . .	3.4	3.6	3.8	5.6	7.4	8.1	9.6	12.2
Age								
0–4 years . . . . .	3.8	4.0	4.3	5.6	8.1	8.7	11.0	14.1
5–17 years . . . . .	3.3	3.4	3.6	5.6	7.2	7.9	9.1	11.5
5–9 years . . . . .	3.1	3.6	3.5	6.0	7.5	8.6	10.0	12.5
10–17 years . . . . .	3.4	3.3	3.6	5.3	7.1	7.5	8.6	10.8
Sex								
Male . . . . .	3.4	3.7	3.8	5.7	7.3	7.9	9.5	12.2
Female . . . . .	3.5	3.4	3.8	5.5	7.6	8.4	9.8	12.2
Race <sup>4</sup>								
White only . . . . .	3.5	3.6	3.8	5.3	7.1	7.6	9.0	10.9
Black or African American only . . . . .	3.1	3.0	3.7	6.6	9.0	10.4	12.4	17.5
American Indian or Alaska Native only . . . . .	*	*4.8	*	*5.1	*4.1	*9.1	11.3	11.6
Asian only . . . . .	3.9	4.4	4.3	6.2	8.0	8.4	7.5	11.9
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	*	*	*
2 or more races . . . . .	---	5.2	4.6	6.5	---	10.9	14.0	16.5
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino . . . . .	2.1	2.5	2.8	4.4	5.5	5.6	7.2	10.1
Not Hispanic or Latino . . . . .	3.7	3.8	4.0	6.0	7.8	8.7	10.2	12.9
White only . . . . .	3.8	3.9	4.1	5.8	7.5	8.2	9.7	11.5
Black or African American only . . . . .	3.1	3.1	3.7	6.3	9.0	10.4	12.4	17.4
Percent of poverty level <sup>5</sup>								
Below 100% . . . . .	3.3	3.2	3.3	5.8	7.3	7.1	9.0	12.9
100%–199% . . . . .	3.0	3.4	3.8	5.5	7.2	7.6	8.7	12.6
200%–399% . . . . .	3.2	3.4	3.8	5.0	7.3	8.5	10.0	11.9
400% or more . . . . .	4.2	4.0	4.1	6.2	7.9	8.8	10.5	11.6
Health insurance status at the time of interview <sup>6</sup>								
Insured . . . . .	3.5	3.7	3.9	5.7	7.7	8.5	10.0	12.4
Private . . . . .	3.5	3.7	4.0	5.7	7.4	8.5	10.1	12.0
Medicaid . . . . .	3.6	3.7	3.6	5.5	8.4	8.4	9.5	12.8
Uninsured . . . . .	2.6	2.4	3.0	4.7	5.9	5.3	6.8	10.1

See footnotes at end of table.

**Table 39 (page 4 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#039>.

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

Characteristic	Hay fever or respiratory allergy <sup>11</sup>				Three or more ear infections <sup>12</sup>			
	1997–1999	2000–2002	2003–2005	2011–2013	1997–1999	2000–2002	2003–2005	2011–2013
Percent of children								
Under 18 years <sup>3</sup> . . . . .	17.5	17.7	17.3	16.5	7.1	6.7	5.8	5.6
Age								
0–4 years . . . . .	10.7	10.4	10.1	10.6	13.7	12.8	11.0	10.2
5–17 years . . . . .	19.9	20.3	20.0	18.8	4.8	4.5	3.8	3.9
5–9 years . . . . .	17.3	18.1	17.9	16.6	7.1	6.9	5.7	6.1
10–17 years . . . . .	21.6	21.7	21.2	20.2	3.2	2.9	2.7	2.4
Sex								
Male . . . . .	18.6	18.8	18.9	17.8	7.3	6.9	5.9	5.9
Female . . . . .	16.3	16.5	15.6	15.2	6.9	6.5	5.6	5.2
Race <sup>4</sup>								
White only . . . . .	17.9	18.5	17.8	16.8	7.4	7.2	6.3	6.1
Black or African American only . . . . .	16.2	15.6	15.2	15.4	5.9	5.0	4.1	3.9
American Indian or Alaska Native only . . . . .	15.2	16.4	16.5	14.9	*10.8	*6.3	*5.1	*7.2
Asian only . . . . .	15.3	12.6	11.3	14.1	3.7	2.6	3.3	3.4
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	*	*	*
2 or more races . . . . .	---	20.9	20.8	18.8	---	7.4	5.0	5.4
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino . . . . .	12.4	12.4	12.8	13.2	6.1	6.7	6.2	5.7
Not Hispanic or Latino . . . . .	18.4	18.8	18.3	17.6	7.3	6.7	5.7	5.6
White only . . . . .	19.1	19.9	19.4	18.2	7.7	7.3	6.3	6.2
Black or African American only . . . . .	16.3	15.5	15.1	15.6	5.9	4.9	4.0	3.9
Percent of poverty level <sup>5</sup>								
Below 100% . . . . .	14.3	14.0	14.2	14.3	8.3	7.9	6.7	7.3
100%–199% . . . . .	15.4	15.6	16.0	15.0	7.1	6.8	5.7	6.2
200%–399% . . . . .	18.5	18.1	17.7	16.9	6.8	6.5	5.6	4.5
400% or more . . . . .	20.3	21.1	19.7	19.4	6.6	6.1	5.5	4.8
Health insurance status at the time of interview <sup>6</sup>								
Insured . . . . .	18.0	18.3	17.7	16.7	7.3	6.9	5.8	5.7
Private . . . . .	18.8	19.2	18.5	18.1	6.6	6.4	5.2	4.6
Medicaid . . . . .	15.0	16.0	16.1	14.7	10.2	8.7	7.4	7.2
Uninsured . . . . .	14.3	12.6	13.5	14.1	5.9	4.9	5.4	4.2

See footnotes at end of table.

**Table 39 (page 5 of 5). Health conditions among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1999 through 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#039>.

[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%.

<sup>1</sup>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?”

<sup>2</sup>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?”

<sup>3</sup>Includes all other races not shown separately and unknown health insurance status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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)?”

<sup>8</sup>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?”

<sup>9</sup>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?”

<sup>10</sup>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?”

<sup>11</sup>Based on parent or knowledgeable adult responding to the questions, “During the past 12 months, has your child had hay fever?” or to the question, “During the past 12 months, has your child had any kind of respiratory allergy?”

<sup>12</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 40 (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 1990–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#040>.

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 13 population-based cancer registries]

<i>Site, sex, race, and Hispanic origin</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2002</i>	<i>2003</i>	<i>2005</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>1990–2011 APC<sup>1</sup></i>
<b>All sites</b>										
Number of new cases per 100,000 population <sup>2</sup>										
All persons . . . . .	475.8	471.2	474.8	473.9	462.9	460.2	458.5	447.1	438.1	†-0.4
White . . . . .	483.4	477.9	486.3	485.1	474.3	473.2	470.4	458.6	448.7	†-0.3
Black or African American . . . . .	513.5	536.0	520.8	520.5	509.4	500.3	496.8	476.5	466.3	†-0.6
American Indian or Alaska Native <sup>3</sup> . . . . .	347.0	369.1	362.9	355.8	377.3	402.9	387.8	395.7	370.5	0.3
Asian or Pacific Islander . . . . .	334.3	337.6	337.4	342.8	330.8	326.9	322.6	317.4	314.0	†-0.4
Hispanic or Latino <sup>4</sup> . . . . .	355.6	359.3	360.8	371.3	357.3	364.2	355.3	344.1	345.6	†-0.2
White, not Hispanic or Latino <sup>4</sup> . . . . .	495.4	491.7	504.2	502.5	492.6	491.3	491.1	479.4	468.3	†-0.2
Male . . . . .	584.0	564.5	565.1	558.1	545.3	534.1	522.3	508.0	491.8	†-0.9
White . . . . .	591.2	563.9	570.3	564.3	551.1	543.5	529.7	514.9	498.0	†-0.8
Black or African American . . . . .	686.4	738.0	700.7	684.3	663.4	630.2	618.7	586.6	557.2	†-1.3
American Indian or Alaska Native <sup>3</sup> . . . . .	393.8	423.0	372.5	380.6	440.7	425.0	429.3	440.6	393.4	-0.1
Asian or Pacific Islander . . . . .	385.3	396.0	395.2	385.7	382.8	366.2	347.5	339.7	334.3	†-0.9
Hispanic or Latino <sup>4</sup> . . . . .	416.9	439.9	435.0	442.4	422.9	426.0	409.5	392.7	385.6	†-0.6
White, not Hispanic or Latino <sup>4</sup> . . . . .	606.8	577.8	589.4	581.9	569.5	561.6	550.0	535.8	518.1	†-0.8
Female . . . . .	411.5	410.5	413.8	416.8	406.7	409.2	413.8	404.0	400.8	-0.1
White . . . . .	421.5	423.7	430.6	432.0	422.6	425.1	429.0	419.0	414.9	0.0
Black or African American . . . . .	405.1	400.9	399.8	411.3	406.0	412.7	414.1	400.2	403.9	0.0
American Indian or Alaska Native <sup>3</sup> . . . . .	315.6	334.7	362.4	336.5	335.9	387.9	363.8	370.7	359.1	†0.7
Asian or Pacific Islander . . . . .	294.3	294.8	297.5	315.9	296.9	302.2	309.4	305.9	303.5	0.1
Hispanic or Latino <sup>4</sup> . . . . .	322.3	310.1	316.9	327.7	317.0	325.6	321.3	314.6	322.5	0.1
White, not Hispanic or Latino <sup>4</sup> . . . . .	430.8	437.2	446.6	448.7	440.2	442.7	449.3	438.9	433.5	0.1
<b>Lung and bronchus</b>										
Male . . . . .	95.0	86.9	77.8	75.7	75.5	71.5	66.2	62.7	60.1	†-2.0
White . . . . .	94.2	85.1	76.4	75.0	74.4	70.9	65.4	62.5	59.6	†-2.0
Black or African American . . . . .	133.9	136.7	110.8	109.1	111.2	97.7	94.8	81.5	81.4	†-2.5
American Indian or Alaska Native <sup>3</sup> . . . . .	74.8	82.8	62.6	46.2	72.6	67.4	62.0	63.1	52.3	-0.9
Asian or Pacific Islander . . . . .	64.2	60.0	63.3	57.6	58.2	57.6	52.2	50.0	48.7	†-1.2
Hispanic or Latino <sup>4</sup> . . . . .	59.4	52.4	45.2	48.9	46.5	44.0	38.7	34.1	35.2	†-2.0
White, not Hispanic or Latino <sup>4</sup> . . . . .	97.4	88.4	80.3	78.5	78.0	74.7	69.4	66.9	63.5	†-1.8
Female . . . . .	47.2	49.3	48.6	49.4	49.8	49.9	48.2	45.7	44.4	-0.2
White . . . . .	48.5	51.7	50.8	51.6	52.5	52.0	50.2	47.8	46.1	-0.1
Black or African American . . . . .	52.9	49.8	54.7	55.1	54.7	57.9	55.2	52.1	48.7	0.0
American Indian or Alaska Native <sup>3</sup> . . . . .	30.4	46.1	38.5	39.9	41.4	45.5	34.8	36.4	41.5	1.2
Asian or Pacific Islander . . . . .	28.3	27.2	27.1	29.2	28.9	30.5	30.8	28.8	30.6	†0.3
Hispanic or Latino <sup>4</sup> . . . . .	26.2	25.1	24.2	24.9	24.4	22.9	25.6	24.3	23.4	†-0.4
White, not Hispanic or Latino <sup>4</sup> . . . . .	50.8	54.9	54.4	55.5	56.7	56.5	54.5	51.7	50.2	0.0
<b>Colon and rectum</b>										
Male . . . . .	72.3	63.2	62.6	60.1	58.4	54.6	49.0	46.7	45.1	†-2.0
White . . . . .	73.0	62.5	62.2	59.0	57.2	54.2	47.5	45.2	43.3	†-2.2
Black or African American . . . . .	72.7	74.8	72.7	72.2	75.6	66.5	61.1	57.4	55.5	†-1.2
American Indian or Alaska Native <sup>3</sup> . . . . .	61.9	66.2	48.0	49.4	69.8	65.6	64.7	63.7	63.3	-0.2
Asian or Pacific Islander . . . . .	60.8	58.2	57.4	58.3	52.7	46.9	46.2	45.0	44.7	†-1.5
Hispanic or Latino <sup>4</sup> . . . . .	47.6	46.0	50.5	45.9	47.4	47.3	45.8	42.0	42.6	†-0.6
White, not Hispanic or Latino <sup>4</sup> . . . . .	75.1	64.0	63.5	60.4	58.2	54.9	47.6	45.8	43.4	†-2.2
Female . . . . .	50.2	45.9	46.1	45.1	43.5	41.4	38.1	35.8	34.4	†-1.5
White . . . . .	49.7	45.5	45.6	44.1	43.0	40.3	36.8	34.4	33.4	†-1.6
Black or African American . . . . .	61.1	54.7	58.0	56.0	55.2	53.9	50.4	45.6	41.5	†-1.1
American Indian or Alaska Native <sup>3</sup> . . . . .	45.8	47.9	39.1	50.9	45.1	48.3	43.9	41.0	45.7	-0.2
Asian or Pacific Islander . . . . .	37.6	38.5	37.3	41.5	36.3	36.7	34.1	33.8	31.1	†-1.0
Hispanic or Latino <sup>4</sup> . . . . .	34.4	31.9	34.0	32.1	33.5	33.5	31.4	30.3	28.8	†-0.5
White, not Hispanic or Latino <sup>4</sup> . . . . .	50.9	46.8	46.8	45.6	44.0	41.3	37.5	34.9	34.2	†-1.6
<b>Prostate</b>										
Male . . . . .	166.9	166.5	178.9	177.8	165.3	153.9	149.4	141.7	135.4	†-1.6
White . . . . .	168.5	161.4	175.1	174.7	161.6	149.9	144.6	137.2	129.6	†-1.7
Black or African American . . . . .	218.9	277.2	288.8	278.2	251.5	240.1	233.0	214.9	202.7	†-1.6
American Indian or Alaska Native <sup>3</sup> . . . . .	99.5	92.5	69.6	93.7	110.3	93.8	90.6	83.0	63.9	†-1.7
Asian or Pacific Islander . . . . .	88.3	103.9	106.7	102.5	103.6	94.2	83.0	76.8	77.1	†-1.5
Hispanic or Latino <sup>4</sup> . . . . .	118.8	140.8	149.9	152.4	138.8	132.3	122.6	115.4	108.1	†-1.2
White, not Hispanic or Latino <sup>4</sup> . . . . .	172.3	163.8	178.8	177.8	165.1	152.6	148.9	141.3	134.0	†-1.6

See footnotes at end of table.

**Table 40 (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 1990–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#040>.

[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	2009	2010	2011	1990–2011 APC <sup>1</sup>
Breast										
Number of new cases per 100,000 population <sup>2</sup>										
Female . . . . .	129.4	130.9	134.2	132.7	124.0	124.3	127.4	122.9	126.2	†–0.3
White . . . . .	134.3	136.5	140.9	139.0	129.2	129.9	132.1	127.0	130.0	†–0.3
Black or African American . . . . .	116.9	122.1	120.9	122.6	122.3	118.3	127.2	122.1	127.3	†0.2
American Indian or Alaska Native <sup>3</sup> . . . . .	69.6	94.2	99.1	80.7	93.0	105.6	98.3	91.1	104.0	0.5
Asian or Pacific Islander . . . . .	87.7	87.0	93.7	99.4	91.0	92.9	97.9	98.5	100.8	†0.6
Hispanic or Latina <sup>4</sup> . . . . .	90.8	89.2	96.7	93.3	87.7	92.9	90.7	86.0	95.0	0.0
White, not Hispanic or Latina <sup>4</sup> . . . . .	138.7	142.0	147.3	146.1	135.9	136.6	140.1	135.4	137.0	–0.2
Cervix uteri										
Female . . . . .	11.9	9.9	8.9	8.4	8.2	7.9	7.4	7.2	7.0	†–2.5
White . . . . .	11.2	9.2	8.9	8.3	7.9	7.8	7.5	7.2	7.2	†–2.0
Black or African American . . . . .	16.5	14.8	10.6	10.0	10.7	9.2	7.9	8.4	7.7	†–3.7
American Indian or Alaska Native <sup>3</sup> . . . . .	14.7	*	*	*	*	10.7	11.1	8.3	9.5	†–2.0
Asian or Pacific Islander . . . . .	12.1	11.1	7.9	8.2	8.0	7.8	6.7	6.4	5.3	†–4.0
Hispanic or Latina <sup>4</sup> . . . . .	21.3	17.4	17.0	14.5	14.0	13.7	10.1	10.4	9.3	†–3.8
White, not Hispanic or Latina <sup>4</sup> . . . . .	9.7	7.8	7.1	7.0	6.5	6.4	6.6	6.2	6.5	†–1.9
Corpus and uterus, not otherwise specified										
Female . . . . .	24.7	24.9	23.9	24.0	23.6	24.1	26.5	26.6	26.5	†0.3
White . . . . .	26.4	26.5	25.6	24.8	25.0	25.5	27.4	27.5	27.1	0.1
Black or African American . . . . .	17.0	17.8	17.2	22.1	20.1	21.4	25.5	24.5	27.7	†2.3
American Indian or Alaska Native <sup>3</sup> . . . . .	19.3	*	18.5	18.6	19.5	14.4	28.7	27.5	19.1	*
Asian or Pacific Islander . . . . .	13.5	17.8	16.5	18.7	16.6	18.6	21.0	22.1	21.5	†1.7
Hispanic or Latina <sup>4</sup> . . . . .	17.7	16.5	15.8	17.2	17.8	19.2	20.8	20.2	22.0	†1.2
White, not Hispanic or Latina <sup>4</sup> . . . . .	27.1	27.5	26.9	25.9	26.0	26.2	28.3	28.5	27.6	0.1
Ovary										
Female . . . . .	15.6	14.5	14.2	13.9	13.6	13.1	12.7	12.4	12.0	†–1.1
White . . . . .	16.4	15.4	15.1	14.7	14.3	13.9	13.5	13.3	12.8	†–1.0
Black or African American . . . . .	11.3	10.8	10.7	9.8	11.5	10.7	10.0	9.3	9.7	–0.5
American Indian or Alaska Native <sup>3</sup> . . . . .	21.9	*	18.9	*	13.4	12.2	16.1	11.8	10.7	*
Asian or Pacific Islander . . . . .	11.2	10.4	10.2	12.1	10.1	10.8	9.4	9.5	9.3	†–0.5
Hispanic or Latina <sup>4</sup> . . . . .	12.2	11.7	10.6	13.8	11.6	11.8	10.4	11.7	10.9	–0.4
White, not Hispanic or Latina <sup>4</sup> . . . . .	16.7	15.9	15.7	14.7	14.7	14.1	13.9	13.3	13.0	†–1.0
Oral cavity and pharynx										
Male . . . . .	18.5	16.5	15.8	15.7	15.2	15.1	15.9	15.4	15.8	†–0.8
White . . . . .	18.0	16.3	15.7	15.9	15.3	15.5	16.5	16.0	16.7	†–0.4
Black or African American . . . . .	25.4	22.3	19.3	17.9	17.4	15.7	14.8	13.4	13.6	†–2.9
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	15.7	10.4	10.0	21.1	15.9	*
Asian or Pacific Islander . . . . .	14.9	11.8	13.2	12.8	11.6	11.3	11.7	11.6	10.5	†–1.1
Hispanic or Latino <sup>4</sup> . . . . .	10.7	12.3	9.0	9.6	8.8	9.7	11.3	8.7	10.5	–0.7
White, not Hispanic or Latino <sup>4</sup> . . . . .	18.8	16.9	16.7	16.9	16.4	16.4	17.6	17.4	17.9	–0.2
Female . . . . .	7.3	7.0	6.2	6.5	5.9	6.2	6.1	6.1	6.1	†–0.9
White . . . . .	7.4	7.1	6.2	6.5	5.9	6.0	6.2	6.3	6.3	†–0.9
Black or African American . . . . .	6.4	6.6	5.4	6.3	6.7	6.9	6.1	5.2	5.1	†–1.3
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander . . . . .	6.1	5.2	6.2	6.0	5.1	5.8	4.7	5.1	4.7	†–1.1
Hispanic or Latina <sup>4</sup> . . . . .	3.9	3.7	3.7	3.7	3.8	3.5	4.1	4.1	3.7	–0.4
White, not Hispanic or Latina <sup>4</sup> . . . . .	7.8	7.6	6.6	7.1	6.2	6.5	6.6	6.7	6.9	†–0.7
Stomach										
Male . . . . .	14.6	13.5	12.6	12.0	11.7	11.4	11.3	10.4	10.4	†–1.7
White . . . . .	12.8	11.9	10.7	10.4	10.1	9.6	9.9	9.3	9.5	†–1.6
Black or African American . . . . .	21.4	18.6	18.4	15.8	18.5	17.4	15.5	13.3	13.6	†–2.2
American Indian or Alaska Native <sup>3</sup> . . . . .	*	24.1	20.2	25.3	*	20.8	16.6	18.4	20.0	–0.5
Asian or Pacific Islander . . . . .	26.8	24.5	22.8	20.4	19.1	20.1	17.1	15.0	13.8	†–3.0
Hispanic or Latino <sup>4</sup> . . . . .	20.2	19.3	16.1	16.4	16.2	15.5	16.0	14.8	14.0	†–1.6
White, not Hispanic or Latino <sup>4</sup> . . . . .	12.1	11.1	10.0	9.6	9.2	8.7	8.8	8.2	8.4	†–1.9

See footnotes at end of table.

**Table 40 (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 1990–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#040>.

[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	2009	2010	2011	1990–2011 APC <sup>1</sup>
Stomach										
Number of new cases per 100,000 population <sup>2</sup>										
Female . . . . .	6.7	6.2	6.1	6.2	6.0	5.7	5.8	5.6	5.6	†–0.9
White . . . . .	5.7	5.1	5.0	5.1	5.0	4.7	4.6	4.7	4.7	†–0.9
Black or African American . . . . .	9.9	9.8	8.6	9.9	9.5	8.1	8.8	8.5	9.3	†–0.9
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	17.2	*	*	10.4	13.0	*	*
Asian or Pacific Islander . . . . .	15.4	13.0	12.9	11.4	11.1	10.3	10.7	8.8	7.7	†–2.8
Hispanic or Latina <sup>4</sup> . . . . .	10.8	11.2	10.6	10.7	10.2	10.2	8.3	9.4	8.7	†–1.1
White, not Hispanic or Latina <sup>4</sup> . . . . .	5.1	4.4	4.2	4.2	4.1	3.8	3.8	3.6	3.8	†–1.6
Pancreas										
Male . . . . .	13.0	12.7	12.8	12.8	12.5	13.6	14.1	13.6	14.0	†0.5
White . . . . .	12.7	12.4	12.6	13.0	12.4	13.4	14.1	13.5	14.0	†0.7
Black or African American . . . . .	19.3	19.1	18.1	13.7	17.2	18.1	18.8	18.5	16.7	–0.3
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	*	21.2	13.7	17.2	17.4	*
Asian or Pacific Islander . . . . .	11.0	10.3	10.7	9.8	10.1	11.7	10.5	11.2	12.1	0.1
Hispanic or Latino <sup>4</sup> . . . . .	10.7	12.0	12.2	10.9	10.1	12.3	13.4	11.5	13.5	†1.1
White, not Hispanic or Latino <sup>4</sup> . . . . .	12.8	12.4	12.7	13.3	12.7	13.6	14.2	13.7	14.1	†0.7
Female . . . . .	10.0	9.9	9.9	10.5	10.3	10.8	11.2	11.2	10.4	†0.5
White . . . . .	9.7	9.6	9.6	10.1	10.2	10.6	11.1	10.8	10.2	†0.6
Black or African American . . . . .	12.9	15.5	12.7	15.8	14.4	16.4	14.6	15.0	14.9	0.0
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	20.4	*	*	12.4	11.4	12.9	*	*
Asian or Pacific Islander . . . . .	9.9	8.1	9.2	8.9	8.1	8.0	9.5	10.3	9.0	†0.9
Hispanic or Latina <sup>4</sup> . . . . .	9.9	9.0	9.1	11.1	8.6	11.1	9.5	9.9	9.6	0.0
White, not Hispanic or Latino <sup>4</sup> . . . . .	9.7	9.7	9.6	10.1	10.5	10.6	11.4	11.0	10.3	†0.7
Urinary bladder										
Male . . . . .	37.2	35.4	36.8	35.8	36.9	37.0	35.0	35.7	33.5	†–0.2
White . . . . .	40.7	38.9	40.8	39.4	40.8	41.0	38.4	39.8	37.5	–0.1
Black or African American . . . . .	19.5	19.3	20.2	20.6	22.8	22.9	22.1	22.0	20.3	0.4
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	*	16.8	20.2	16.0	16.5	*
Asian or Pacific Islander . . . . .	15.4	16.7	16.6	19.4	17.8	17.0	17.3	17.0	14.5	0.5
Hispanic or Latino <sup>4</sup> . . . . .	22.4	17.8	20.4	21.1	20.2	20.0	19.1	18.5	19.7	–0.3
White, not Hispanic or Latino <sup>4</sup> . . . . .	42.4	41.0	43.2	41.7	43.4	43.7	41.3	43.0	40.3	0.0
Female . . . . .	9.5	9.3	9.1	9.1	9.2	9.0	8.4	8.6	8.2	†–0.5
White . . . . .	10.0	10.1	10.0	10.1	10.0	9.7	9.2	9.4	9.1	†–0.4
Black or African American . . . . .	8.6	7.2	7.7	8.5	7.7	7.8	6.9	6.9	7.0	–0.4
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander . . . . .	5.3	4.4	4.1	3.2	5.0	5.1	3.8	4.6	4.1	–0.2
Hispanic or Latina <sup>4</sup> . . . . .	5.8	5.3	5.8	6.5	4.6	6.0	5.1	4.6	5.5	–0.3
White, not Hispanic or Latino <sup>4</sup> . . . . .	10.3	10.6	10.5	10.6	10.8	10.3	9.9	10.2	9.7	†–0.2
Non-Hodgkin lymphoma										
Male . . . . .	22.6	25.1	23.5	23.8	24.2	24.7	24.7	25.2	23.5	†0.2
White . . . . .	23.6	26.2	25.0	25.1	25.7	25.9	26.2	26.4	24.8	†0.3
Black or African American . . . . .	17.4	21.5	17.5	18.0	19.1	19.5	18.9	21.1	17.1	0.1
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	15.3	16.6	*	23.2	20.3	18.2	10.7	*
Asian or Pacific Islander . . . . .	16.7	16.5	15.9	16.3	16.2	17.9	17.0	17.2	17.4	0.2
Hispanic or Latino <sup>4</sup> . . . . .	17.3	21.0	20.4	20.6	19.6	19.9	20.2	22.8	19.8	†0.5
White, not Hispanic or Latino <sup>4</sup> . . . . .	24.3	26.7	25.5	25.7	26.5	26.9	27.3	27.0	25.5	†0.4
Female . . . . .	14.5	15.2	16.0	16.5	17.2	16.5	16.9	16.9	15.7	†0.7
White . . . . .	15.4	16.0	16.9	17.5	18.0	17.7	18.0	18.0	16.3	†0.7
Black or African American . . . . .	10.3	10.2	11.8	11.8	13.3	13.2	12.2	12.6	12.8	†1.4
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	13.5	*	*	13.1	15.6	12.9	15.0	*
Asian or Pacific Islander . . . . .	9.1	11.8	11.4	12.3	12.6	9.5	11.8	11.7	11.9	0.6
Hispanic or Latina <sup>4</sup> . . . . .	13.7	13.1	13.8	13.7	15.3	15.0	17.2	15.4	14.3	†0.9
White, not Hispanic or Latino <sup>4</sup> . . . . .	15.6	16.2	17.3	18.0	18.4	18.1	18.1	18.3	16.7	†0.8

See footnotes at end of table.

**Table 40 (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 1990–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#040>.

[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	2009	2010	2011	1990–2011 APC <sup>1</sup>
Leukemia										
Number of new cases per 100,000 population <sup>2</sup>										
Male . . . . .	17.2	17.6	17.1	17.1	17.3	17.3	17.0	17.4	16.9	0.0
White . . . . .	18.0	19.0	18.2	18.5	18.4	18.8	18.2	18.8	18.0	0.1
Black or African American . . . . .	16.0	13.4	14.1	12.7	14.6	12.6	14.8	13.2	13.9	0.0
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	7.9	*	12.3	*	*	9.7	*
Asian or Pacific Islander . . . . .	8.5	10.0	10.4	9.4	10.3	9.1	9.7	9.8	10.0	–0.2
Hispanic or Latino <sup>4</sup> . . . . .	12.2	14.6	13.1	12.3	12.2	13.2	12.4	12.6	12.9	0.3
White, not Hispanic or Latino <sup>4</sup> . . . . .	18.3	19.3	18.7	19.1	19.0	19.2	18.8	19.3	18.6	0.1
Female . . . . .	9.9	10.2	10.4	10.0	10.1	10.0	10.1	10.4	10.0	0.2
White . . . . .	10.3	10.9	11.0	10.8	10.7	10.5	10.7	11.1	10.8	<sup>†</sup> 0.3
Black or African American . . . . .	8.5	8.2	9.7	7.4	9.0	9.4	7.7	8.7	8.6	–0.2
American Indian or Alaska Native <sup>3</sup> . . . . .	*	*	*	*	*	*	*	7.7	*	*
Asian or Pacific Islander . . . . .	5.7	6.4	6.3	6.3	6.5	6.3	6.7	5.8	6.0	–0.1
Hispanic or Latino <sup>4</sup> . . . . .	8.5	8.2	7.8	8.6	7.2	8.2	8.3	8.6	8.4	0.3
White, not Hispanic or Latino <sup>4</sup> . . . . .	10.3	11.1	11.0	10.9	11.1	10.6	10.8	11.4	11.0	<sup>†</sup> 0.4

<sup>1</sup>Annual percent change (APC) is significantly different from zero ( $p < 0.05$ ).

0.0 APC is greater than –0.05 but less than 0.05.

\* Estimates are considered unreliable. Data not shown if the rate is based on fewer than 16 cases for the time interval. The trend is not shown if it is based on fewer than 10 cases for at least 1 year within the time interval.

<sup>1</sup>APC was calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–2011.

<sup>2</sup>Age-adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 16 cases. See Appendix II, Age adjustment.

<sup>3</sup>Estimates for the American Indian or Alaska Native populations are based on the Contract Health Service Delivery Area (CHSDA) counties within SEER areas.

<sup>4</sup>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/](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 2013 submission) and differ from published estimates based on 9 SEER areas or other submission dates. See Appendix I, Surveillance, Epidemiology, and End Results Program (SEER). The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases do not contribute to other cancer sites. Estimates for 2001–2009 were computed using intercensal population estimates based on the 2000 and 2010 censuses. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See Appendix I, Surveillance, Epidemiology, and End Results Program (SEER).

**Table 41. Five-year relative cancer survival rates for selected cancer sites, by race and sex: United States, selected geographic areas, selected years 1975–1977 through 2004–2010**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#041>.

[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	1999–2003	2004–2010	1975–1977	1981–1983	1987–1989	1999–2003	2004–2010
Percent of patients										
Both sexes										
All sites . . . . .	49.8	51.3	56.7	67.7	69.4	39.0	38.7	42.9	58.4	61.5
Oral cavity and pharynx . . . . .	54.0	54.0	55.9	63.5	67.4	35.8	30.9	33.9	45.0	44.9
Esophagus . . . . .	5.5	7.3	10.5	18.7	21.0	3.5	4.3	6.6	12.0	13.2
Stomach . . . . .	14.1	16.2	18.3	23.7	28.1	16.1	16.4	18.8	24.8	28.2
Colon . . . . .	50.9	55.4	60.6	66.3	66.5	44.7	48.5	52.3	54.1	55.8
Rectum . . . . .	48.2	52.0	58.7	67.8	68.0	44.4	39.9	52.3	60.2	63.2
Pancreas . . . . .	2.5	2.5	3.2	5.3	7.2	2.3	3.6	5.5	4.5	6.7
Lung and bronchus . . . . .	12.2	13.3	13.3	15.8	18.2	11.3	11.3	10.9	12.7	14.9
Urinary bladder . . . . .	73.3	77.4	79.8	81.0	79.8	50.3	59.5	62.6	65.9	64.0
Non-Hodgkin lymphoma . . . . .	46.8	50.8	51.3	67.4	72.5	48.4	49.4	46.1	59.0	63.0
Leukemia . . . . .	34.6	38.1	43.9	54.1	61.0	33.2	33.9	35.0	45.4	54.0
Male										
All sites . . . . .	42.7	46.6	52.8	68.1	70.0	32.7	34.1	38.8	61.9	64.9
Oral cavity and pharynx . . . . .	53.7	52.8	54.1	63.5	67.4	29.7	25.3	29.8	39.8	42.3
Esophagus . . . . .	4.8	6.5	11.0	18.7	20.9	2.0	3.7	5.3	9.5	12.8
Stomach . . . . .	13.1	15.4	15.5	22.0	26.7	16.1	16.2	16.6	24.0	23.0
Colon . . . . .	50.5	56.1	61.4	66.9	67.3	44.0	44.5	50.6	54.2	55.4
Rectum . . . . .	47.3	51.0	58.9	67.9	68.3	41.4	37.7	47.7	60.1	58.1
Pancreas . . . . .	2.7	2.1	3.1	5.6	6.9	2.5	3.7	5.1	3.0	7.6
Lung and bronchus . . . . .	11.1	11.7	12.0	13.7	15.8	10.6	10.1	10.8	11.3	13.0
Prostate gland . . . . .	68.5	73.1	84.4	99.8	99.8	60.7	62.7	71.1	97.5	97.9
Urinary bladder . . . . .	74.3	78.5	81.9	81.9	81.4	56.5	64.9	67.5	71.0	68.0
Non-Hodgkin lymphoma . . . . .	46.3	50.5	48.1	65.7	71.5	42.6	49.0	41.7	54.0	58.8
Leukemia . . . . .	33.6	37.8	45.5	54.6	61.9	30.0	33.4	32.7	46.3	58.1
Female										
All sites . . . . .	56.5	56.0	60.6	67.2	68.7	46.2	44.4	47.7	54.3	57.7
Colon . . . . .	51.3	54.8	59.9	65.6	65.8	45.3	51.5	53.6	54.0	56.1
Rectum . . . . .	49.4	53.2	58.4	67.8	67.5	46.8	42.2	56.9	60.0	68.3
Pancreas . . . . .	2.3	3.0	3.3	5.1	7.4	1.9	3.2	5.8	5.8	5.9
Lung and bronchus . . . . .	15.4	16.5	15.3	18.3	20.7	13.8	14.9	11.1	14.5	17.1
Melanoma of skin . . . . .	86.2	87.1	91.3	95.0	95.0	*	*	89.5	71.4	81.2
Breast . . . . .	75.6	77.1	85.1	91.2	91.8	62.0	63.3	71.0	78.1	80.0
Cervix uteri . . . . .	69.7	67.8	72.5	72.6	71.0	64.6	59.2	57.0	64.5	62.0
Corpus and uterus, not otherwise specified . . . . .	88.0	82.2	83.9	85.9	85.3	60.2	50.7	56.9	60.5	64.7
Ovary . . . . .	35.3	38.5	38.1	43.3	44.3	41.8	37.5	33.7	35.7	36.4
Non-Hodgkin lymphoma . . . . .	47.3	51.1	55.3	69.4	73.6	54.8	49.8	51.2	64.9	67.7

\* 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 2011. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer. The site variable distinguishes Kaposi Sarcoma and Mesothelioma as individual cancer sites. As a result, Kaposi Sarcoma and Mesothelioma cases are excluded from each of the sites shown except all sites combined. The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Due to death certificate race-ethnicity classification and other methodological issues related to developing life tables, survival rates for race-ethnicity groups other than white and black are not calculated. Data have been revised and differ from previous editions of *Health, United States*. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. Available from: <http://www.seer.cancer.gov>. See Appendix I, Surveillance, Epidemiology, and End Results Program (SEER).



**Table 42 (page 1 of 2). 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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#042>.

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

Characteristic	Heart disease <sup>1</sup>				Cancer <sup>2</sup>				Stroke <sup>3</sup>			
	1997–1998	2001–2002	2010–2011	2012–2013	1997–1998	2001–2002	2010–2011	2012–2013	1997–1998	2001–2002	2010–2011	2012–2013
	Percent of adults											
18 years and over, age-adjusted <sup>4,5</sup>	12.0	11.5	11.1	10.6	4.9	5.3	6.0	5.9	2.3	2.4	2.6	2.5
18 years and over, crude <sup>5</sup>	11.6	11.3	11.6	11.4	4.8	5.2	6.3	6.4	2.2	2.4	2.7	2.7
Age												
18–44 years	4.6	4.3	4.0	3.8	1.7	1.7	1.7	1.6	0.4	0.4	0.6	0.5
18–24 years	3.2	3.3	3.0	2.6	0.8	0.8	0.7	*0.5	*	*	*	*
25–44 years	5.0	4.6	4.4	4.2	2.0	2.1	2.0	1.9	0.4	0.5	0.7	0.6
45–64 years	13.5	12.9	13.0	12.1	5.4	5.7	6.9	6.7	2.3	2.4	2.9	2.8
45–54 years	10.9	10.0	9.6	8.9	4.0	4.2	4.9	4.4	1.4	1.8	2.1	2.0
55–64 years	17.4	17.4	17.1	15.8	7.4	7.9	9.3	9.3	3.8	3.3	3.9	3.8
65 years and over	31.8	31.3	30.5	29.8	14.1	15.6	18.5	18.4	8.1	8.8	8.2	8.4
65–74 years	27.8	26.6	25.6	25.0	12.4	13.9	15.9	16.2	6.7	6.6	6.3	6.4
75 years and over	37.0	36.8	36.5	36.3	16.2	17.6	21.7	21.4	9.8	11.2	10.6	11.1
Sex <sup>4</sup>												
Male	12.3	12.4	12.4	11.9	4.1	4.7	5.5	5.4	2.6	2.6	2.6	2.6
Female	11.8	10.8	10.2	9.6	5.8	6.0	6.6	6.5	2.1	2.3	2.6	2.5
Sex and age												
Male:												
18–44 years	3.7	3.6	3.7	3.8	0.8	0.7	0.9	0.7	0.3	0.4	0.5	0.5
45–54 years	11.0	10.1	9.5	9.8	2.0	2.2	3.1	2.9	1.2	1.9	1.9	2.0
55–64 years	18.7	19.9	19.1	17.9	5.8	6.5	7.5	8.2	4.6	3.5	4.0	3.8
65–74 years	32.0	31.9	31.3	30.1	12.8	16.1	16.9	17.3	8.1	7.2	6.6	7.0
75 years and over	40.8	43.6	44.7	41.7	18.3	20.8	26.1	24.6	11.2	12.6	10.6	11.6
Female:												
18–44 years	5.5	4.9	4.3	3.7	2.6	2.7	2.5	2.4	0.4	0.5	0.6	0.6
45–54 years	10.8	9.9	9.6	8.1	6.0	6.1	6.6	5.9	1.5	1.6	2.2	1.9
55–64 years	16.2	15.2	15.3	13.8	8.8	9.1	10.9	10.4	3.2	3.2	3.9	3.7
65–74 years	24.5	22.2	20.6	20.5	12.1	12.1	15.0	15.2	5.5	6.1	6.1	6.0
75 years and over	34.6	32.6	30.9	32.6	14.9	15.5	18.7	19.2	9.0	10.4	10.6	10.7
Race <sup>4,6</sup>												
White only	12.2	11.7	11.2	10.8	5.2	5.6	6.3	6.2	2.2	2.3	2.3	2.4
Black or African American only	11.4	10.6	10.7	10.5	3.5	3.3	5.1	4.8	3.3	3.3	4.1	3.7
American Indian or Alaska Native only	18.6	11.4	12.5	10.1	*6.5	*	6.5	*4.3	*5.0	*	*4.7	*3.3
Asian only	6.9	8.8	7.2	6.4	2.4	*1.6	3.0	3.4	*1.2	*3.1	2.4	1.8
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	16.5	16.7	15.5	---	7.1	7.9	8.9	---	*4.9	*3.9	4.7
Hispanic origin and race <sup>4,6</sup>												
Hispanic or Latino	8.7	8.0	8.4	8.0	2.9	2.9	3.4	3.6	2.1	2.5	2.7	2.6
Mexican	7.5	7.8	8.4	8.0	3.0	2.9	3.2	3.3	2.5	2.7	2.6	2.7
Not Hispanic or Latino	12.2	11.8	11.4	11.0	5.1	5.5	6.3	6.2	2.3	2.4	2.6	2.6
White only	12.5	12.1	11.7	11.3	5.4	5.9	6.7	6.6	2.2	2.3	2.3	2.4
Black or African American only	11.4	10.5	10.8	10.5	3.6	3.3	5.1	4.8	3.3	3.3	4.2	3.7
Education <sup>7,8</sup>												
No high school diploma or GED	15.1	14.3	14.6	13.7	5.3	5.4	5.8	5.3	3.9	3.8	4.4	4.5
High school diploma or GED	12.8	12.4	12.4	12.1	5.5	6.3	6.8	7.0	2.5	2.9	3.4	3.1
Some college or more	12.7	12.4	11.9	11.3	6.0	6.2	7.4	7.0	2.1	2.3	2.3	2.4

See footnotes at end of table.

**Table 42 (page 2 of 2). 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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#042>.

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

Characteristic	Heart disease <sup>1</sup>				Cancer <sup>2</sup>				Stroke <sup>3</sup>			
	1997–1998	2001–2002	2010–2011	2012–2013	1997–1998	2001–2002	2010–2011	2012–2013	1997–1998	2001–2002	2010–2011	2012–2013
Percent of poverty level <sup>4,9</sup>					Percent of adults							
Below 100% . . . . .	15.3	14.4	13.9	13.8	4.9	5.4	5.3	5.8	4.3	3.7	4.6	4.7
100%–199% . . . . .	13.2	12.4	12.3	12.0	4.8	5.0	5.9	5.5	3.1	3.3	3.7	3.4
200%–399% . . . . .	11.5	11.3	11.3	10.5	4.9	5.6	6.2	5.9	2.1	2.4	2.5	2.5
400% or more . . . . .	11.0	10.9	9.8	9.3	5.2	5.2	6.2	6.2	1.6	1.9	1.5	1.5
Hispanic origin and race and percent of poverty level <sup>4,6,9</sup>												
Hispanic or Latino:												
Below 100% . . . . .	9.7	8.7	9.4	10.0	2.2	2.9	2.9	3.8	3.0	2.7	3.4	3.8
100%–199% . . . . .	8.7	9.0	8.3	8.4	2.8	2.3	2.6	2.8	2.2	3.2	3.2	2.6
200%–399% . . . . .	8.4	6.5	8.5	7.0	2.7	3.5	4.7	4.2	*1.8	2.0	2.2	2.5
400% or more . . . . .	8.4	6.9	7.5	7.2	*5.5	*3.1	3.3	4.0	*	*	*2.1	*
Not Hispanic or Latino:												
White only:												
Below 100% . . . . .	17.8	16.5	15.8	16.1	6.3	7.2	6.8	7.4	4.4	3.6	4.4	5.0
100%–199% . . . . .	14.1	13.5	13.8	13.7	5.6	5.9	7.3	6.9	3.2	3.2	3.6	3.6
200%–399% . . . . .	12.2	12.1	11.8	11.1	5.2	6.1	6.8	6.3	2.1	2.3	2.3	2.4
400% or more . . . . .	11.3	11.3	10.2	9.7	5.4	5.5	6.6	6.6	1.6	1.8	1.4	1.5
Black or African American only:												
Below 100% . . . . .	14.6	14.1	14.7	14.0	4.4	3.2	4.5	4.1	5.0	4.8	6.2	5.4
100%–199% . . . . .	12.9	12.3	11.2	11.0	3.3	3.2	5.2	4.3	4.2	3.9	4.6	3.9
200%–399% . . . . .	9.2	9.0	10.5	9.6	3.2	3.6	5.3	5.7	2.5	2.8	3.9	3.0
400% or more . . . . .	9.5	8.0	7.3	8.4	4.0	*3.3	5.6	4.7	*	*	*2.1	3.0
Geographic region <sup>4</sup>												
Northeast . . . . .	11.6	10.9	10.1	9.7	4.5	5.0	5.6	6.1	1.8	2.1	2.0	2.1
Midwest . . . . .	12.1	12.1	11.5	11.8	5.1	5.7	6.7	6.4	2.3	2.4	2.6	2.5
South . . . . .	12.5	11.7	12.1	11.2	5.0	5.3	6.2	5.8	2.6	2.5	2.9	2.9
West . . . . .	11.1	10.9	9.9	9.3	5.1	5.1	5.5	5.5	2.1	2.7	2.4	2.4
Location of residence <sup>4,10</sup>												
Within MSA . . . . .	11.7	11.2	10.8	10.3	4.9	5.1	5.9	5.8	2.2	2.4	2.4	2.4
Outside MSA . . . . .	12.8	12.7	13.0	12.5	5.1	6.0	6.7	6.7	2.7	2.5	3.4	3.3

\* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20%–30%. Data not shown have an RSE greater than 30%.  
 -- Data not available.  
<sup>1</sup>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 of heart disease or heart condition.  
<sup>2</sup>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.  
<sup>3</sup>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.  
<sup>4</sup>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.  
<sup>5</sup>Includes all other races not shown separately and unknown education level.  
<sup>6</sup>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.  
<sup>7</sup>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.  
<sup>8</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.  
<sup>9</sup>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.  
<sup>10</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 43 (page 1 of 2). Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#043>.

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

Characteristic	Number of respondent-reported chronic conditions from 10 selected conditions <sup>1</sup>											
	0–1 chronic conditions				2–3 chronic conditions				4 or more chronic conditions			
	2002	2005	2012	2013	2002	2005	2012	2013	2002	2005	2012	2013
	Percent distribution											
Total, age-adjusted <sup>2,3</sup>	78.5	77.4	76.5	76.7	17.9	18.7	19.1	19.0	3.6	3.9	4.3	4.3
Total, crude <sup>2</sup>	78.5	77.0	74.6	74.5	17.9	19.0	20.7	20.8	3.6	4.0	4.7	4.7
Age												
18–64 years	85.1	84.0	82.2	82.4	12.9	13.9	15.1	14.9	2.0	2.2	2.7	2.6
18–44 years	93.3	93.0	93.0	93.2	6.2	6.4	6.5	6.3	0.5	0.6	0.5	0.4
18–24 years	96.4	96.6	96.6	97.1	3.5	3.3	3.3	2.8	*	*	*	*
25–44 years	92.3	91.7	91.6	91.8	7.1	7.5	7.7	7.6	0.7	0.8	0.7	0.6
45–64 years	71.4	70.2	67.7	67.7	24.2	25.2	26.6	26.6	4.4	4.6	5.7	5.6
45–54 years	78.4	77.8	75.3	76.2	18.6	19.3	21.1	20.1	3.1	2.9	3.6	3.7
55–64 years	60.9	59.6	58.9	58.4	32.7	33.4	33.1	33.8	6.4	7.0	8.0	7.8
65 years and over	44.6	40.7	39.2	39.1	43.4	46.0	46.7	46.8	12.0	13.3	14.1	14.1
65–74 years	47.6	44.3	42.4	42.6	41.4	43.7	45.4	45.2	11.0	12.0	12.2	12.2
75 years and over	41.1	36.7	35.0	34.4	45.8	48.6	48.4	48.9	13.2	14.7	16.6	16.7
Sex <sup>3</sup>												
Male	79.7	78.9	77.5	77.6	16.5	17.6	18.1	18.2	3.8	3.5	4.4	4.3
Female	77.3	76.0	75.7	75.9	19.1	19.6	20.0	19.8	3.6	4.4	4.3	4.3
Race <sup>3,4</sup>												
White only	78.8	77.7	77.0	76.9	17.7	18.4	18.9	19.0	3.5	3.8	4.1	4.1
Black or African American only	74.3	73.3	71.7	72.9	21.3	22.1	22.6	21.4	4.4	4.6	5.8	5.7
American Indian or Alaska Native only	69.5	77.6	69.8	71.4	25.5	13.1	23.9	21.4	*	*9.3	*6.3	*7.2
Asian only	86.5	84.3	82.5	84.6	11.3	13.6	15.0	12.8	*	*2.1	2.4	2.7
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*	*	*
2 or more races	72.3	67.1	69.7	70.3	20.2	23.9	20.5	21.4	*7.6	9.0	9.8	8.3
Hispanic origin and race <sup>3,4</sup>												
Hispanic or Latino	82.2	79.9	79.4	80.0	14.8	16.2	16.4	16.1	3.0	3.9	4.2	3.9
Mexican	81.8	79.8	80.0	80.0	15.0	16.4	16.2	15.9	3.2	3.8	3.8	4.1
Not Hispanic or Latino	78.0	77.0	76.0	76.2	18.3	19.0	19.6	19.5	3.7	4.0	4.3	4.3
White only	78.3	77.3	76.4	76.2	18.1	18.8	19.4	19.6	3.6	3.9	4.2	4.2
Black or African American only	74.3	73.1	71.4	72.6	21.3	22.3	22.8	21.7	4.4	4.6	5.8	5.7
Percent of poverty level <sup>3,5</sup>												
Below 100%	71.9	71.1	68.4	69.7	21.3	21.8	23.4	21.9	6.8	7.1	8.2	8.4
100%–199%	76.4	74.5	73.5	73.6	18.6	19.9	20.3	20.7	5.0	5.5	6.2	5.7
200%–399%	77.8	77.0	77.0	76.9	18.9	19.4	19.0	18.9	3.3	3.6	4.0	4.2
400% or more	81.2	80.3	80.0	80.0	15.9	16.9	17.3	17.5	2.8	2.8	2.7	2.5
Health insurance status at the time of interview <sup>6,7</sup>												
18–64 years:												
Insured	85.1	84.4	84.0	84.1	13.0	13.5	13.7	13.5	1.9	2.1	2.4	2.4
Private	86.9	86.5	86.8	87.0	11.8	12.3	11.9	11.7	1.2	1.2	1.3	1.3
Medicaid	69.2	69.2	70.2	71.4	22.3	22.5	21.5	20.8	8.5	8.3	8.3	7.8
Uninsured	87.5	87.0	85.6	86.6	10.7	11.2	12.7	12.0	1.8	1.9	1.7	1.4

See footnotes at end of table.

**Table 43 (page 2 of 2). Number of respondent-reported chronic conditions from 10 selected conditions among adults aged 18 and over, by selected characteristics: United States, selected years 2002–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#043>.

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

Characteristic	Number of respondent-reported chronic conditions from 10 selected conditions <sup>1</sup>											
	0–1 chronic conditions				2–3 chronic conditions				4 or more chronic conditions			
	2002	2005	2012	2013	2002	2005	2012	2013	2002	2005	2012	2013
Geographic region <sup>3</sup>						Percent distribution						
Northeast . . . . .	79.4	78.6	78.4	78.3	17.4	18.0	17.9	17.4	3.1	3.4	3.7	4.3
Midwest . . . . .	78.4	76.7	75.9	75.5	17.9	19.2	19.4	20.2	3.7	4.2	4.7	4.3
South . . . . .	77.3	76.1	74.7	75.4	18.6	19.5	20.3	20.0	4.0	4.4	4.9	4.6
West . . . . .	79.7	79.3	78.6	78.9	17.0	17.4	18.0	17.4	3.3	3.3	3.4	3.6
Location of residence <sup>3,8</sup>												
Within MSA . . . . .	79.1	78.4	77.4	77.5	17.5	18.0	18.5	18.5	3.4	3.7	4.1	4.0
Outside MSA . . . . .	76.0	73.6	71.8	72.3	19.6	21.5	22.7	22.2	4.4	4.9	5.5	5.6

\* 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%.

<sup>1</sup>Adults were categorized as having 0 to 1, 2 to 3, or 4 or more of the following chronic conditions: hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, weak or failing kidneys, chronic obstructive pulmonary disease, or current asthma. Data from the National Health Interview Survey capture 10 of 20 chronic conditions used in a standardized approach for defining chronic conditions in the United States. Thus, these estimates are conservative in nature. For more information, see: Goodman RA, Posner SF, Huang ES, Parekh AK, Koh HK. Defining and measuring chronic conditions: imperatives for research, policy, program, and practice. *Prev Chronic Dis* 2013;10:120239. Available from: DOI: [http://www.cdc.gov/pccd/issues/2013/12\\_0239.htm](http://www.cdc.gov/pccd/issues/2013/12_0239.htm), and Ward BW, Schiller JS. Prevalence of multiple chronic conditions among US adults: estimates from the National Health Interview Survey, 2010. *Prev Chronic Dis* 2013;10:120203. Available from: DOI: <http://dx.doi.org/10.5888/pccd10.120203>.

<sup>2</sup>Includes all other races not shown separately and unknown health insurance status.

<sup>3</sup>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.

<sup>4</sup>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. Race-specific estimates are tabulated according to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. The five single-race categories plus multiple-race categories shown in the table conform to the 1997 Standards. Race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See Appendix II, Hispanic origin; Race.

<sup>5</sup>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.

<sup>6</sup>Estimates 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.

<sup>7</sup>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 is included as Medicaid coverage. Coverage by the Children’s Health Insurance Program (CHIP) is included with Medicaid coverage. In addition to private and Medicaid, the insured category also includes military plans, other government-sponsored health plans, and Medicare, not shown separately. Persons not covered by private insurance, Medicaid, CHIP, state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage. Persons with only Indian Health Service coverage are considered to have no health insurance coverage. See Appendix II, Health insurance coverage.

<sup>8</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 44 (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 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#044>.

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

Sex, age, and race and Hispanic origin <sup>3</sup>	Physician-diagnosed and undiagnosed diabetes <sup>1,2</sup>				Physician-diagnosed diabetes <sup>1</sup>				Undiagnosed diabetes <sup>2</sup>			
	1988– 1994	1999– 2002	2003– 2006	2009– 2012	1988– 1994	1999– 2002	2003– 2006	2009– 2012	1988– 1994	1999– 2002	2003– 2006	2009– 2012
20 years and over, age-adjusted <sup>4</sup>												
Percent of population												
All persons <sup>5</sup> . . . . .	8.8	9.9	10.6	11.7	5.2	6.6	7.7	8.4	3.6	3.2	3.0	3.3
Male . . . . .	9.6	11.2	11.1	13.2	5.5	7.3	7.0	9.0	4.1	3.9	4.1	4.2
Female . . . . .	8.2	8.6	10.2	10.3	5.1	5.9	8.2	7.8	3.2	2.7	2.0	2.5
Not Hispanic or Latino:												
White only . . . . .	7.7	8.5	8.9	9.1	4.8	5.5	6.2	6.6	2.9	3.0	2.7	2.5
Black or African American only . . . . .	16.3	14.0	16.7	17.9	9.1	9.2	13.0	13.3	7.2	4.8	3.8	4.7
Mexican origin . . . . .	15.6	13.9	17.1	20.5	10.7	10.8	12.9	13.9	5.0	3.1	4.2	6.6
Percent of poverty level: <sup>6</sup>												
Below 100% . . . . .	14.2	14.6	14.8	17.1	8.8	9.0	12.4	12.1	*5.4	5.6	*	5.0
100% or more . . . . .	8.1	9.3	10.1	10.8	4.8	6.4	7.1	7.8	3.3	2.9	3.0	3.0
100%–199% . . . . .	9.7	13.1	13.9	14.8	5.2	9.4	9.5	11.4	4.4	*3.6	4.4	3.4
200% or more . . . . .	7.8	8.2	8.9	9.4	4.7	5.5	6.3	6.5	3.1	2.7	2.6	2.9
200%–399% . . . . .	7.8	10.5	10.5	11.5	4.3	7.3	7.5	8.4	3.6	3.2	*3.1	3.1
400% or more . . . . .	7.8	6.7	7.0	7.7	5.3	4.3	5.2	*5.2	2.5	2.3	*	2.5
20 years and over, crude												
All persons <sup>5</sup> . . . . .	8.3	9.8	10.9	12.3	4.9	6.6	7.9	8.9	3.4	3.2	3.0	3.5
Male . . . . .	8.6	10.8	11.0	13.5	4.9	7.1	6.9	9.1	3.7	3.7	4.0	4.4
Female . . . . .	8.0	8.9	10.8	11.2	5.0	6.1	8.7	8.7	3.1	2.8	2.1	2.6
Not Hispanic or Latino:												
White only . . . . .	7.6	8.9	9.6	10.5	4.7	5.6	6.7	7.6	2.9	3.2	3.0	2.8
Black or African American only . . . . .	13.3	12.5	15.8	17.1	7.2	8.3	12.3	12.5	6.1	4.2	3.5	4.6
Mexican origin . . . . .	10.4	9.3	12.6	15.8	6.3	7.2	8.8	10.1	4.1	2.0	*3.8	5.7
Percent of poverty level: <sup>6</sup>												
Below 100% . . . . .	11.6	13.4	12.7	14.3	7.2	8.4	10.6	9.8	4.4	5.1	*	4.5
100% or more . . . . .	7.6	9.2	10.5	11.8	4.5	6.3	7.3	8.6	3.1	2.9	3.1	3.3
100%–199% . . . . .	9.1	12.9	14.9	15.8	5.2	9.3	10.2	12.3	3.9	*3.6	4.7	3.5
200% or more . . . . .	7.1	8.0	9.1	10.4	4.3	5.4	6.5	7.3	2.8	2.6	2.7	3.2
200%–399% . . . . .	6.8	10.2	11.0	12.3	3.7	7.0	7.7	9.0	3.1	*3.1	*3.2	3.3
400% or more . . . . .	7.6	6.4	7.4	8.9	5.2	4.1	5.3	*5.8	*2.5	2.3	*2.2	*3.1
Age												
20–44 years . . . . .	*2.1	4.4	3.9	3.7	*	3.2	2.8	2.1	1.1	*	*1.1	1.6
45–64 years . . . . .	14.0	12.8	13.7	16.2	7.9	8.3	10.1	11.4	6.0	4.5	3.5	4.8
65 years and over . . . . .	19.4	20.4	24.9	26.8	12.7	13.7	17.5	21.2	6.7	6.7	7.4	5.5

See footnotes at end of table.

**Table 44 (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 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#044>.

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

Sex, age, and race and Hispanic origin <sup>3</sup>	Poor glycemic control (A1c greater than 9%) among persons with physician-diagnosed diabetes			
	1988–1994	1999–2002	2003–2006	2009–2012
Percent of population with physician-diagnosed diabetes				
20 years and over, age-adjusted <sup>4</sup>				
All persons <sup>5</sup> . . . . .	26.3	24.7	18.8	21.3
Male . . . . .	22.4	27.7	20.7	26.2
Female . . . . .	29.4	*20.3	17.1	16.5
Not Hispanic or Latino:				
White only . . . . .	23.7	*22.9	*14.9	*
Black or African American only . . . . .	38.9	25.4	25.7	28.8
Mexican origin . . . . .	29.8	28.0	*26.3	32.5
Percent of poverty level: <sup>6</sup>				
Below 100% . . . . .	37.2	30.6	*19.9	23.6
100% or more . . . . .	22.8	*22.6	19.8	21.2
100%–199% . . . . .	*	*	*19.2	*20.0
200% or more . . . . .	21.2	*25.6	20.8	*22.0
200%–399% . . . . .	*24.2	*27.0	*19.1	*21.4
400% or more . . . . .	*	*	*	*
20 years and over, crude				
All persons <sup>5</sup> . . . . .	23.3	18.4	13.0	13.8
Male . . . . .	20.2	20.2	14.8	14.8
Female . . . . .	25.8	16.7	11.5	12.8
Not Hispanic or Latino:				
White only . . . . .	20.6	13.6	8.7	9.5
Black or African American only . . . . .	34.2	25.4	21.0	19.6
Mexican origin . . . . .	29.2	26.8	24.0	23.5
Percent of poverty level: <sup>6</sup>				
Below 100% . . . . .	30.2	25.6	17.6	19.8
100% or more . . . . .	21.4	15.9	12.2	11.9
100%–199% . . . . .	24.2	*14.9	*11.5	12.4
200% or more . . . . .	20.0	16.4	12.5	11.7
200%–399% . . . . .	*21.2	*17.5	*10.7	12.3
400% or more . . . . .	*18.3	*	14.8	*11.1
Age				
20–44 years . . . . .	29.5	*32.7	25.2	30.1
45–64 years . . . . .	26.0	19.9	16.6	14.4
65 years and over . . . . .	18.0	*10.2	*4.1	8.0

\* 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%.

<sup>1</sup>Physician-diagnosed diabetes was obtained by self-report and excludes women who are pregnant.

<sup>2</sup>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. Pregnant females are excluded. 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](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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Includes all other races and Hispanic origins not shown separately.

<sup>6</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2009–2012). See Appendix II, Family income; Poverty.

NOTES: Pregnant women are excluded. Fasting weights were used to obtain estimates of total, physician-diagnosed, and undiagnosed diabetes prevalence. Examination weights were used to obtain the poor glycemic control estimates. Estimates in this table may differ from other estimates based on the same data and presented elsewhere if different weights, age adjustment groups, definitions, or trend adjustments are used. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

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

**Table 45 (page 1 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 2000–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#045>.

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

Characteristic	Incidence				Prevalence			
	2000	2010	2011	2012	2000	2010	2011	2012
	Number of new patients				Number of patients alive on December 31			
Total . . . . .	91,241	113,380	111,209	112,596	378,074	577,675	597,620	620,136
Age								
Under 20 years . . . . .	1,148	1,167	1,172	1,113	6,039	7,015	7,066	7,020
20–44 years . . . . .	12,687	13,050	12,734	12,836	86,043	96,067	96,936	98,142
45–64 years . . . . .	31,736	43,456	43,294	44,120	154,117	259,855	268,220	275,940
65–74 years . . . . .	23,148	27,100	26,318	27,409	75,480	119,941	127,391	136,859
75 years and over . . . . .	22,522	28,607	27,691	27,118	56,395	94,797	98,007	102,175
Sex								
Male . . . . .	48,769	64,553	63,600	64,524	206,248	327,379	339,676	353,372
Female . . . . .	42,472	48,827	47,609	48,072	171,826	250,296	257,944	266,764
Race <sup>1</sup>								
White . . . . .	59,472	75,214	73,229	74,667	231,829	353,938	364,579	377,797
Black or African American . . . . .	26,204	31,828	31,530	31,148	123,654	185,683	192,745	199,632
American Indian or Alaska Native . . . . .	*	1,233	1,234	1,260	*	7,571	7,840	8,080
Asian or Pacific Islander . . . . .	3,460	5,105	5,216	5,521	16,064	30,483	32,456	34,627
Hispanic origin <sup>1</sup>								
Hispanic . . . . .	10,053	15,251	15,582	15,399	40,627	85,228	90,856	95,819
Not Hispanic <sup>2</sup> . . . . .	81,188	98,129	95,627	97,197	337,447	492,447	506,764	524,317
Primary diagnosis								
Diabetes . . . . .	40,489	50,020	49,151	49,258	133,128	217,165	225,110	234,160
Hypertension . . . . .	24,490	32,317	31,506	32,293	92,817	143,951	149,710	156,595
Glomerulonephritis . . . . .	9,958	9,311	9,218	8,988	75,477	98,822	101,103	103,312
Cystic kidney . . . . .	2,140	2,582	2,476	2,495	17,685	27,492	28,407	29,389
Other urologic . . . . .	1,610	526	429	533	7,996	7,499	7,287	7,253
Other cause . . . . .	8,486	13,662	13,633	12,157	33,250	54,967	57,266	58,717
Unknown cause . . . . .	3,712	4,262	4,026	3,469	15,539	24,232	24,733	24,923
Missing disease . . . . .	356	700	770	3,403	2,182	3,547	4,004	5,787

See footnotes at end of table.

**Table 45 (page 2 of 2). End-stage renal disease patients, by selected characteristics: United States, selected years 2000–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#045>.

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

Characteristic	Incidence				Prevalence			
	2000	2010	2011	2012	2000	2010	2011	2012
	New patients per million population				Patients alive on December 31 per million population			
Total	323.3	366.5	356.9	358.6	1,333.2	1,860.7	1,910.8	1,968.2
Age								
Under 20 years	14.2	14.0	14.1	13.4	74.7	84.5	85.4	85.2
20–44 years	121.8	125.6	121.7	121.7	825.8	921.5	923.2	927.4
45–64 years	508.3	531.4	522.8	532.4	2,428.5	3,157.8	3,238.2	3,329.3
65–74 years	1,259.1	1,239.8	1,170.4	1,142.7	4,105.7	5,409.7	5,482.5	5,532.9
75 years and over	1,349.7	1,536.3	1,466.1	1,415.3	3,357.6	5,054.8	5,151.9	5,294.9
Sex								
Male	352.2	424.4	414.9	417.6	1,482.0	2,144.2	2,207.4	2,278.2
Female	295.5	310.5	300.7	301.5	1,189.9	1,586.3	1,623.5	1,667.5
Race <sup>1</sup>								
White	257.9	306.0	296.5	300.8	1,001.9	1,436.7	1,472.4	1,518.1
Black or African American	713.4	754.2	738.4	720.9	3,342.9	4,374.5	4,487.7	4,593.7
American Indian or Alaska Native	*	288.3	284.5	286.4	*	1,758.1	1,795.0	1,824.2
Asian or Pacific Islander	290.9	298.3	296.4	305.2	1,320.9	1,756.7	1,819.1	1,888.6
Hispanic origin <sup>1</sup>								
Hispanic	281.8	300.5	300.3	290.3	1,116.0	1,660.8	1,732.0	1,787.6
Not Hispanic <sup>2</sup>	329.3	379.4	368.2	372.5	1,365.2	1,900.2	1,946.8	2,005.2
Primary diagnosis								
Diabetes	143.4	161.7	157.7	156.9	469.4	699.5	719.7	743.1
Hypertension	86.7	104.4	101.1	102.8	327.3	463.6	478.6	497.0
Glomerulonephritis	35.2	30.1	29.5	28.6	266.1	318.3	323.2	327.8
Cystic kidney	7.5	8.3	7.9	7.9	62.3	88.5	90.8	93.2
Other urologic	5.7	1.7	1.3	1.6	28.1	24.1	23.2	23.0
Other cause	30.0	44.1	43.7	38.7	117.2	177.0	183.1	186.3
Unknown cause	13.1	13.7	12.9	11.0	54.7	78.0	79.0	79.1
Missing disease	1.2	2.2	2.4	10.8	7.6	11.4	12.8	18.3

\* Data are considered unreliable and are not shown.

<sup>1</sup>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.

<sup>2</sup>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. In 2012, the methodology was revised and all data were reestimated. See the USRDS Annual data report, available from: <http://www.usrds.org/adr.aspx>. 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 2014 Annual data report: An overview of the epidemiology of kidney disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2014. Tables A1(2), A2, B1(2), B2. Available from: <http://www.usrds.org/adr.aspx>. See Appendix I, United States Renal Data System (USRDS).



**Table 46 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#046>.

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

Characteristic	Severe headache or migraine <sup>1</sup>			Low back pain <sup>1</sup>			Neck pain <sup>1</sup>		
	1997	2010	2013	1997	2010	2013	1997	2010	2013
Percent of adults with pain during the past 3 months									
18 years and over, age-adjusted <sup>2,3</sup> . . . . .	15.8	16.6	16.0	28.2	28.4	28.4	14.7	15.4	14.4
18 years and over, crude <sup>3</sup> . . . . .	16.0	16.4	15.6	28.1	28.8	29.0	14.6	15.8	14.9
Age									
18–44 years . . . . .	18.7	20.4	18.8	26.1	25.2	23.8	13.3	13.1	11.2
18–24 years . . . . .	18.7	19.6	17.1	21.9	19.4	18.0	9.8	8.3	6.7
25–44 years . . . . .	18.7	20.7	19.5	27.3	27.2	26.0	14.3	14.8	12.9
45–64 years . . . . .	15.8	15.6	15.6	31.3	32.4	33.7	17.0	20.0	19.4
45–54 years . . . . .	17.8	16.7	17.9	31.3	31.3	32.5	17.3	19.1	19.4
55–64 years . . . . .	12.7	14.1	13.0	31.2	33.8	35.0	16.6	21.0	19.4
65 years and over . . . . .	7.0	6.4	7.3	29.5	31.8	33.7	15.0	14.8	15.9
65–74 years . . . . .	8.2	7.4	8.1	30.2	32.5	33.3	15.0	15.5	17.3
75 years and over . . . . .	5.4	5.1	6.2	28.6	30.9	34.2	15.0	14.0	14.1
Sex <sup>2</sup>									
Male . . . . .	9.9	11.0	10.1	26.5	26.3	26.4	12.6	13.1	12.2
Female . . . . .	21.4	22.1	21.6	29.6	30.3	30.2	16.6	17.6	16.5
Sex and age									
Male:									
18–44 years . . . . .	11.9	13.5	12.0	24.8	23.2	21.4	11.6	11.0	9.3
45–54 years . . . . .	10.3	10.4	10.7	29.4	29.6	31.4	13.9	16.3	16.3
55–64 years . . . . .	8.8	9.6	9.1	30.7	32.8	34.9	14.6	17.6	17.8
65–74 years . . . . .	5.0	5.5	4.5	29.0	28.4	32.2	13.6	12.8	16.0
75 years and over . . . . .	*2.4	4.0	4.1	22.5	27.4	29.7	12.6	13.0	9.7
Female:									
18–44 years . . . . .	25.4	27.3	25.5	27.3	27.1	26.1	14.9	15.2	13.1
45–54 years . . . . .	24.9	22.9	24.8	33.1	33.0	33.6	20.6	21.8	22.3
55–64 years . . . . .	16.3	18.2	16.5	31.7	34.7	35.1	18.4	24.1	20.9
65–74 years . . . . .	10.7	9.1	11.1	31.1	36.1	34.3	16.1	17.8	18.4
75 years and over . . . . .	7.4	5.8	7.6	32.4	33.2	37.3	16.5	14.6	17.1
Race <sup>2,4</sup>									
White only . . . . .	15.9	16.7	16.0	28.7	29.1	29.0	15.1	16.0	14.8
Black or African American only . . . . .	16.7	18.2	16.9	26.9	27.2	27.9	13.3	13.3	13.1
American Indian or Alaska Native only . . . . .	18.9	18.8	18.9	33.3	33.6	31.2	16.2	16.9	17.3
Asian only . . . . .	11.7	10.1	10.9	21.0	19.1	18.8	9.2	9.6	9.5
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	---	*	*	---	*	*
2 or more races . . . . .	---	21.5	24.7	---	35.6	33.0	---	22.0	21.3
Hispanic origin and race <sup>2,4</sup>									
Hispanic or Latino . . . . .	15.5	16.2	15.6	26.4	27.4	25.1	13.9	15.1	13.3
Mexican . . . . .	14.6	15.7	15.5	25.2	26.5	23.3	12.9	14.7	12.9
Not Hispanic or Latino . . . . .	15.9	16.8	16.2	28.4	28.7	29.0	14.9	15.5	14.8
White only . . . . .	16.1	17.0	16.5	29.1	29.7	30.0	15.4	16.3	15.4
Black or African American only . . . . .	16.8	18.4	16.7	26.9	27.1	27.8	13.3	13.3	13.0
Education <sup>5,6</sup>									
25 years and over:									
No high school diploma or GED . . . . .	19.2	18.2	18.7	33.6	34.5	34.5	16.5	18.9	17.6
High school diploma or GED . . . . .	16.0	17.4	16.5	30.2	31.9	31.9	15.5	16.8	16.4
Some college or more . . . . .	13.8	15.1	15.0	26.9	28.0	28.4	14.6	15.8	15.0

See footnotes at end of table.

**Table 46 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#046>.

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

Characteristic	Severe headache or migraine <sup>1</sup>			Low back pain <sup>1</sup>			Neck pain <sup>1</sup>		
	1997	2010	2013	1997	2010	2013	1997	2010	2013
Percent of poverty level <sup>2,7</sup>									
Percent of adults with pain during the past 3 months									
Below 100% . . . . .	23.3	22.7	24.9	35.4	34.9	37.6	18.6	20.2	21.6
100%–199% . . . . .	18.9	19.5	18.4	30.8	32.5	32.8	16.1	17.7	16.3
200%–399% . . . . .	15.5	16.6	15.5	27.9	28.5	27.7	14.8	15.2	14.2
400% or more . . . . .	12.4	13.3	12.1	24.8	24.7	23.8	12.8	13.1	11.8
Hispanic origin and race and percent of poverty level <sup>2,4,7</sup>									
Hispanic or Latino:									
Below 100% . . . . .	18.9	19.6	19.5	29.5	29.0	29.7	16.4	17.4	17.0
100%–199% . . . . .	15.7	15.1	14.9	26.8	27.2	26.5	12.9	15.7	12.8
200%–399% . . . . .	14.0	16.5	14.6	25.0	27.5	24.1	13.8	12.9	12.5
400% or more . . . . .	13.0	14.0	13.7	21.6	25.6	20.0	12.1	15.3	11.6
Not Hispanic or Latino:									
White only:									
Below 100% . . . . .	26.1	24.8	29.0	38.9	40.5	44.3	20.5	23.7	25.9
100%–199% . . . . .	20.4	22.0	19.9	33.3	35.9	36.7	18.0	19.9	18.9
200%–399% . . . . .	16.3	16.9	16.3	29.1	30.5	29.6	15.9	16.8	15.3
400% or more . . . . .	12.5	13.8	12.7	25.4	25.2	25.3	13.1	13.6	12.4
Black or African American only:									
Below 100% . . . . .	22.7	24.0	25.4	34.5	32.5	36.2	17.9	18.6	19.8
100%–199% . . . . .	17.6	19.6	18.6	27.7	31.2	31.1	14.0	14.4	13.5
200%–399% . . . . .	14.0	17.6	13.9	24.3	23.7	24.1	10.2	11.7	11.1
400% or more . . . . .	12.9	12.2	9.2	21.5	21.0	20.2	11.9	8.5	8.0
Disability measure <sup>2,8</sup>									
Any basic actions difficulty or complex activity limitation . . . . .									
Any basic actions difficulty . . . . .	29.3	30.1	30.6	48.0	49.5	50.2	27.2	28.1	28.1
Any complex activity limitation . . . . .	30.0	30.9	31.4	49.3	51.1	52.1	27.9	29.0	29.6
Any complex activity limitation . . . . .	34.6	36.0	34.9	55.1	54.5	55.6	33.1	34.3	33.5
No disability . . . . .	11.0	11.7	11.1	19.4	19.0	19.2	9.1	9.7	8.7
Geographic region <sup>2</sup>									
Northeast . . . . .	14.5	15.4	13.7	27.1	28.0	26.9	14.0	14.9	13.2
Midwest . . . . .	15.6	16.8	17.1	28.7	28.1	29.7	15.3	16.0	14.5
South . . . . .	17.1	18.2	16.5	27.5	28.3	27.9	13.9	14.6	13.8
West . . . . .	15.3	15.1	15.9	30.0	29.3	29.0	16.1	16.5	16.2
Location of residence <sup>2,9</sup>									
Within MSA . . . . .	15.2	16.3	15.5	27.0	27.5	27.8	14.2	14.9	14.1
Outside MSA . . . . .	18.1	18.6	18.9	32.5	33.8	31.5	16.4	18.1	16.4

See footnotes at end of table.

**Table 46 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#046>.

[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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately, unknown education level, and unknown disability status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 47 (page 1 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#047>.

[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 <sup>1</sup>	2013 <sup>1</sup>	1997	2000	2010 <sup>1</sup>	2013 <sup>1</sup>	1997	2000	2010 <sup>1</sup>	2013 <sup>1</sup>
Number, in millions												
At least one basic actions difficulty or complex activity limitation <sup>2,3</sup> . . . . .	60.9	59.0	73.7	75.4	41.3	39.3	50.7	49.8	19.6	19.7	23.0	25.6
At least one basic actions difficulty <sup>2</sup> . . . . .	56.7	55.2	69.2	70.9	38.1	36.4	47.2	46.3	18.6	18.7	22.0	24.6
At least one complex activity limitation <sup>3</sup> . . . . .	29.0	27.2	35.0	37.5	18.1	16.7	22.9	23.9	11.0	10.5	12.1	13.6
At least one basic actions difficulty or complex activity limitation <sup>2,3</sup>												
Percent												
Total, age-adjusted <sup>4,5</sup> . . . . .	32.5	29.9	31.9	31.4	...	...	...	...	...	...	...	...
Total, crude <sup>4</sup> . . . . .	31.8	29.5	32.8	32.9	25.8	23.5	27.1	26.6	62.2	60.8	61.7	61.1
At least one basic actions difficulty <sup>2</sup>												
Percent												
Total, age-adjusted <sup>4,5</sup> . . . . .	30.1	27.9	29.9	29.5	...	...	...	...	...	...	...	...
Total, crude <sup>4</sup> . . . . .	29.4	27.5	30.8	30.9	23.6	21.7	25.1	24.7	58.8	58.1	59.3	58.9
Sex												
Male . . . . .	25.6	23.8	26.3	26.3	20.7	18.9	21.4	21.0	54.5	53.4	53.8	52.8
Female . . . . .	32.9	31.0	35.1	35.2	26.4	24.3	28.8	28.3	61.9	61.5	63.6	63.7
Race <sup>6</sup>												
White only . . . . .	29.6	28.1	31.2	31.4	23.5	21.8	25.1	24.7	58.5	58.0	59.2	58.4
Black or African American only . . . . .	31.4	27.2	32.3	33.6	26.9	22.7	28.4	29.0	64.4	60.6	62.9	63.8
American Indian or Alaska Native only . . . . .	43.8	36.8	41.6	35.7	41.9	34.1	38.5	30.4	66.0	70.2	74.0	74.3
Asian only . . . . .	15.5	15.5	17.5	17.6	13.0	12.6	12.8	12.3	46.4	44.7	50.1	53.4
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races . . . . .	---	38.0	36.3	34.7	---	34.4	33.9	30.8	---	70.7	65.4	71.6
Hispanic origin and race <sup>6</sup>												
Hispanic or Latino . . . . .	23.8	19.6	24.7	23.3	21.0	16.6	21.2	19.9	54.6	57.5	61.5	56.9
Not Hispanic or Latino . . . . .	30.0	28.5	31.8	32.3	23.9	22.4	25.9	25.7	59.0	58.2	59.1	59.1
White only . . . . .	30.3	29.1	32.4	33.0	23.8	22.5	26.0	25.9	58.7	58.2	59.0	58.7
Black or African American only . . . . .	31.5	27.3	32.6	34.1	27.0	22.9	28.6	29.5	64.4	60.4	63.2	63.7
Percent of poverty level <sup>7</sup>												
Below 100% . . . . .	41.9	38.4	40.6	43.7	36.2	31.9	36.3	38.9	74.1	71.6	72.7	75.0
100%–199% . . . . .	38.2	37.1	38.7	39.4	29.2	26.5	30.5	30.6	66.6	69.4	69.5	70.2
200%–399% . . . . .	28.4	28.2	31.1	30.2	22.0	22.1	24.1	22.7	56.1	53.9	58.9	59.5
400% or more . . . . .	21.0	19.4	23.0	22.4	18.2	16.8	19.3	18.0	45.5	44.7	47.0	45.4
Location of residence <sup>8</sup>												
Within MSA . . . . .	27.7	25.9	29.2	29.3	22.3	20.3	23.6	23.3	56.6	56.7	59.2	58.3
Outside MSA . . . . .	35.6	33.6	39.3	40.0	28.6	26.8	33.8	33.2	65.8	62.6	59.9	61.3

See footnotes at end of table.

**Table 47 (page 2 of 2). Disability measures among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#047>.

[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 <sup>1</sup>	2013 <sup>1</sup>	1997	2000	2010 <sup>1</sup>	2013 <sup>1</sup>	1997	2000	2010 <sup>1</sup>	2013 <sup>1</sup>
At least one complex activity limitation <sup>3</sup>												
Percent												
Total, age-adjusted <sup>4,5</sup>	15.6	13.7	14.9	15.2	...	...	...	...	...	...	...	...
Total, crude <sup>4</sup>	15.1	13.4	15.5	16.0	11.2	9.8	12.1	12.4	35.1	32.0	32.3	32.0
Sex												
Male	13.7	12.0	14.0	14.8	10.6	9.4	11.3	12.0	31.9	28.1	30.1	29.1
Female	16.5	14.7	16.8	17.0	11.9	10.3	12.9	12.9	37.4	34.9	34.0	34.3
Race <sup>6</sup>												
White only	15.0	13.6	15.2	16.0	10.9	9.8	11.7	12.2	34.3	31.5	31.7	31.4
Black or African American only	19.0	15.0	19.7	19.0	15.2	11.7	17.0	15.9	47.1	40.4	39.9	39.7
American Indian or Alaska Native only	23.7	20.6	15.4	22.2	22.1	17.8	14.5	19.4	*42.6	*54.9	*	42.7
Asian only	5.7	4.7	7.7	7.4	4.9	3.6	5.0	4.7	*14.8	*15.5	26.7	26.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	22.5	19.6	19.7	---	20.3	17.0	17.8	---	*42.2	53.6	37.9
Hispanic origin and race <sup>6</sup>												
Hispanic or Latino	11.9	9.1	10.4	10.5	9.8	7.3	7.9	8.3	33.9	32.4	37.6	32.9
Not Hispanic or Latino	15.5	14.0	16.3	16.9	11.4	10.2	12.9	13.3	35.1	32.0	31.9	31.9
White only	15.4	14.1	16.1	17.1	11.1	10.1	12.5	13.2	34.4	31.5	31.1	31.4
Black or African American only	18.8	15.1	20.0	19.4	15.0	11.7	17.3	16.3	46.8	40.3	40.0	39.7
Percent of poverty level <sup>7</sup>												
Below 100%	30.0	26.0	27.5	29.6	25.2	22.0	24.0	26.1	56.9	46.7	54.5	52.7
100%–199%	23.3	22.0	23.7	23.9	16.7	15.1	18.4	17.9	43.9	42.8	43.7	45.1
200%–399%	13.3	12.8	14.5	14.9	9.3	9.2	10.8	10.7	30.6	27.5	29.3	31.6
400% or more	7.3	6.4	7.7	7.8	5.8	5.0	5.8	6.0	20.2	19.6	19.8	17.2
Location of residence <sup>8</sup>												
Within MSA	14.1	12.1	14.2	14.8	10.6	8.9	10.9	11.5	32.7	29.8	31.6	31.2
Outside MSA	19.0	18.2	22.2	22.3	13.6	13.4	18.8	18.2	42.8	38.8	35.2	35.3

... 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.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Includes all other races not shown separately.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 48 (page 1 of 2). Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#048>.

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

Characteristic	Any trouble seeing, even with glasses or contacts <sup>1</sup>									
	1997	2000	2005	2007	2008	2009	2010	2011	2012	2013
	Percent of adults									
18 years and over, age-adjusted <sup>2,3</sup> . . . . .	10.0	9.0	9.2	9.9	10.9	8.3	9.1	8.8	8.4	8.7
18 years and over, crude <sup>3</sup> . . . . .	9.8	8.9	9.3	10.0	11.2	8.6	9.4	9.2	8.8	9.1
Age										
18–44 years . . . . .	6.2	5.3	5.5	6.9	7.2	5.3	6.2	5.5	5.4	5.5
18–24 years . . . . .	5.4	4.2	5.0	6.9	7.8	4.8	5.8	5.2	5.1	5.5
25–44 years . . . . .	6.5	5.7	5.7	6.8	7.0	5.6	6.3	5.6	5.5	5.5
45–64 years . . . . .	12.0	10.7	11.2	12.2	13.8	10.8	11.6	12.0	11.3	11.1
45–54 years . . . . .	12.2	10.9	11.0	12.3	13.3	10.5	10.7	11.7	11.2	10.6
55–64 years . . . . .	11.6	10.5	11.5	12.1	14.4	11.2	12.7	12.4	11.5	11.7
65 years and over . . . . .	18.1	17.4	17.4	15.3	17.5	13.1	13.9	13.6	12.7	14.3
65–74 years . . . . .	14.2	13.6	13.2	12.9	14.3	10.3	12.2	12.2	11.0	11.5
75 years and over . . . . .	23.1	21.9	22.0	17.9	21.1	16.5	16.1	15.2	14.9	18.0
Sex <sup>2</sup>										
Male . . . . .	8.8	7.9	7.9	8.5	9.3	7.2	7.9	7.6	7.1	7.5
Female . . . . .	11.1	10.1	10.5	11.2	12.5	9.3	10.3	10.1	9.7	9.8
Sex and age										
Male:										
18–44 years . . . . .	5.3	4.4	4.5	5.6	6.1	4.5	5.2	4.2	4.4	4.5
45–54 years . . . . .	10.1	8.8	8.8	10.6	11.3	9.1	9.1	10.4	9.3	9.4
55–64 years . . . . .	10.5	9.5	10.5	10.0	11.9	9.7	10.7	11.8	9.8	10.4
65–74 years . . . . .	13.2	12.8	11.4	11.4	11.3	9.3	10.5	9.7	9.9	10.9
75 years and over . . . . .	21.4	20.7	20.4	17.2	19.8	15.1	15.7	14.9	12.8	14.7
Female:										
18–44 years . . . . .	7.1	6.2	6.5	8.1	8.4	6.2	7.1	6.9	6.4	6.5
45–54 years . . . . .	14.2	12.8	13.2	13.9	15.2	11.9	12.3	13.0	12.9	11.8
55–64 years . . . . .	12.6	11.5	12.4	14.2	16.7	12.6	14.6	13.0	13.1	12.9
65–74 years . . . . .	15.0	14.4	14.8	14.2	16.9	11.2	13.6	14.5	11.9	12.1
75 years and over . . . . .	24.2	22.7	23.0	18.4	22.0	17.4	16.4	15.4	16.4	20.3
Race <sup>2,4</sup>										
White only . . . . .	9.7	8.8	9.1	9.9	10.9	8.1	8.8	8.6	8.4	8.7
Black or African American only . . . . .	12.8	10.6	10.9	10.5	11.7	10.4	12.1	10.8	9.2	10.0
American Indian or Alaska Native only . . . . .	19.2	16.6	*14.9	18.0	14.2	*12.3	15.0	15.0	13.0	13.7
Asian only . . . . .	6.2	6.3	5.5	5.7	8.9	5.5	5.3	6.3	5.7	4.9
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	*	*	*	*	*	*
2 or more races . . . . .	---	16.2	16.4	16.9	16.1	14.8	13.1	12.4	15.6	11.8
Hispanic origin and race <sup>2,4</sup>										
Hispanic or Latino . . . . .	10.0	9.7	9.6	9.9	10.4	8.7	9.2	9.4	9.4	9.7
Mexican . . . . .	10.2	8.3	9.9	10.1	10.4	8.7	9.0	10.4	9.3	10.9
Not Hispanic or Latino . . . . .	10.0	9.1	9.2	10.0	11.0	8.3	9.2	8.8	8.4	8.6
White only . . . . .	9.8	8.9	9.1	10.1	11.1	8.1	8.9	8.6	8.4	8.6
Black or African American only . . . . .	12.8	10.6	10.9	10.6	11.7	10.5	12.2	10.7	9.3	10.1
Education <sup>5,6</sup>										
25 years of age and over:										
No high school diploma or GED . . . . .	15.0	12.2	13.5	13.4	15.9	12.6	14.1	13.9	12.9	12.8
High school diploma or GED . . . . .	10.6	9.5	10.3	10.9	11.2	9.2	10.5	10.4	9.3	10.0
Some college or more . . . . .	8.9	8.9	8.6	9.2	10.4	7.6	8.0	7.9	7.9	8.0

See footnotes at end of table.

**Table 48 (page 2 of 2). Vision limitations among adults aged 18 and over, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#048>.

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

Characteristic	Any trouble seeing, even with glasses or contacts <sup>1</sup>									
	1997	2000	2005	2007	2008	2009	2010	2011	2012	2013
Percent of poverty level <sup>2,7</sup>										
Below 100% . . . . .	17.0	12.9	15.3	15.0	16.7	14.3	14.8	14.2	13.7	15.6
100%–199% . . . . .	12.9	11.6	11.5	13.0	14.2	11.1	12.2	11.5	10.9	11.2
200%–399% . . . . .	9.1	8.8	8.9	9.4	11.3	8.0	9.0	8.7	7.9	7.6
400% or more . . . . .	7.3	7.1	6.9	7.8	7.8	5.7	6.4	6.0	6.1	6.4
Hispanic origin and race and percent of poverty level <sup>2,4,7</sup>										
Hispanic or Latino:										
Below 100% . . . . .	12.8	11.0	13.6	13.4	12.9	12.2	10.8	13.9	13.1	13.1
100%–199% . . . . .	11.2	9.4	8.8	11.1	11.3	8.1	10.8	9.6	10.0	10.6
200%–399% . . . . .	8.1	9.2	8.2	7.2	10.2	9.0	8.9	8.3	6.8	7.4
400% or more . . . . .	*8.1	10.5	8.0	10.6	7.5	*4.6	5.3	5.1	7.8	9.0
Not Hispanic or Latino:										
White only:										
Below 100% . . . . .	17.9	13.1	16.2	16.3	19.5	13.4	16.8	14.4	14.5	17.7
100%–199% . . . . .	13.1	12.0	12.7	14.2	15.6	12.1	12.6	12.3	11.7	11.8
200%–399% . . . . .	9.2	9.2	9.0	10.3	11.5	8.3	8.8	9.0	8.5	7.8
400% or more . . . . .	7.3	7.0	6.9	7.7	7.9	5.8	6.7	5.9	6.0	6.4
Black or African American only:										
Below 100% . . . . .	17.9	13.6	16.0	15.1	16.9	17.8	15.8	15.5	13.7	15.3
100%–199% . . . . .	16.0	12.9	11.3	14.0	14.5	11.7	14.9	12.3	11.3	11.4
200%–399% . . . . .	9.3	7.7	9.7	7.3	9.8	8.1	12.0	8.5	6.8	8.0
400% or more . . . . .	7.7	8.3	6.4	6.9	7.4	5.6	6.6	8.6	6.4	6.7
Geographic region <sup>2</sup>										
Northeast . . . . .	8.6	7.4	8.1	8.1	9.3	7.3	7.8	7.6	6.4	7.4
Midwest . . . . .	9.5	9.6	9.7	10.3	10.7	8.2	9.1	8.7	8.7	9.0
South . . . . .	11.4	9.2	9.8	10.1	12.4	8.7	10.6	9.4	9.1	8.9
West . . . . .	9.7	9.9	8.6	10.5	10.2	8.6	8.0	9.1	8.9	9.1
Location of residence <sup>2,8</sup>										
Within MSA . . . . .	9.5	8.5	8.6	9.6	10.6	8.2	8.6	8.6	8.2	8.4
Outside MSA . . . . .	12.0	11.1	11.7	11.4	12.5	9.0	11.6	10.3	9.8	10.6

\* 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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Includes all other races not shown separately and unknown education level.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>7</sup> 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.

<sup>8</sup> MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 49 (page 1 of 2). Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#049>.

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

Characteristic	Level of hearing trouble											
	Any hearing trouble (a little, moderate, a lot of trouble, or deaf) <sup>1</sup>				Moderate, a lot of trouble, or deaf <sup>1</sup>				A lot of trouble or deaf <sup>1</sup>			
	2007	2010	2012	2013	2007	2010	2012	2013	2007	2010	2012	2013
	Percent of adults											
18 years and over, age-adjusted <sup>2,3</sup>	14.7	15.6	15.1	14.3	5.6	5.7	5.4	5.4	2.3	2.1	2.0	2.0
18 years and over, crude <sup>3</sup>	14.9	16.2	16.0	15.3	5.7	5.9	5.7	5.7	2.3	2.2	2.0	2.1
Age												
18–44 years	6.0	6.7	6.2	5.3	1.3	1.7	1.6	1.3	0.4	0.5	0.4	0.4
18–24 years	4.1	5.4	4.3	3.4	*	*1.2	*1.2	*1.0	*	*	*	*
25–44 years	6.6	7.2	6.8	6.0	1.6	1.8	1.7	1.5	0.5	0.5	0.5	0.4
45–64 years	17.6	18.9	19.2	17.3	6.0	6.1	5.8	5.6	2.0	1.9	1.7	1.7
45–54 years	14.7	15.6	16.0	13.6	4.1	4.8	4.6	3.9	1.2	1.2	1.3	1.1
55–64 years	21.5	23.2	22.9	21.5	8.5	7.8	7.1	7.5	3.0	2.7	2.0	2.4
65 years and over	36.9	37.5	35.9	37.3	18.6	17.7	16.3	17.3	8.7	7.6	7.0	7.4
65–74 years	29.8	31.2	29.4	29.7	11.9	12.9	10.7	12.1	4.7	4.6	4.0	4.4
75 years and over	45.0	45.2	44.4	47.7	26.3	23.7	23.6	24.4	13.3	11.1	11.1	11.4
Sex <sup>2</sup>												
Male	18.3	18.9	18.2	17.3	7.7	7.4	7.2	6.9	3.1	2.8	2.6	2.5
Female	11.5	12.7	12.3	11.7	3.9	4.3	3.9	4.1	1.6	1.6	1.5	1.6
Sex and age												
Male:												
18–44 years	6.8	7.7	6.9	6.1	1.6	1.9	1.8	1.6	*0.5	*0.7	*0.5	*0.4
45–54 years	18.7	18.2	18.7	16.4	5.3	5.7	5.6	5.0	1.5	*1.1	1.6	*1.4
55–64 years	28.4	30.1	29.1	27.4	12.9	11.5	10.3	10.1	4.7	3.9	2.8	3.1
65–74 years	39.4	41.0	39.3	38.7	17.7	17.9	16.1	16.5	7.0	6.7	5.9	6.0
75 years and over	54.6	53.1	52.1	54.8	34.8	29.7	31.8	30.6	16.9	14.5	14.2	14.1
Female:												
18–44 years	5.1	5.8	5.4	4.5	1.0	1.4	1.3	1.1	*0.3	*0.3	0.4	*0.4
45–54 years	11.0	13.0	13.3	10.8	2.9	3.9	3.7	2.9	*1.0	*1.3	*1.1	*0.9
55–64 years	15.0	16.7	17.1	16.1	4.3	4.4	4.1	5.1	*1.3	1.6	1.3	1.7
65–74 years	21.8	22.8	20.8	21.8	6.9	8.6	5.9	8.3	2.8	2.9	*2.2	3.1
75 years and over	38.8	39.9	39.1	42.9	20.9	19.7	18.1	20.2	11.1	8.9	9.0	9.5
Race <sup>2,4</sup>												
White only	15.6	16.5	16.0	15.3	6.0	6.1	5.8	5.8	2.4	2.3	2.1	2.2
Black or African American only	8.5	10.3	10.0	9.4	2.7	3.3	2.7	2.8	1.2	1.1	1.1	1.0
American Indian or Alaska Native only	17.9	21.1	13.0	18.8	*8.8	*7.1	*	*7.4	*3.8	*	*	*
Asian only	8.0	8.0	9.7	8.2	2.8	2.6	3.4	2.6	*	*1.0	*1.2	*1.1
Native Hawaiian or Other Pacific Islander only	*	*	*	*	*	*	*	*	*	*	*	*
2 or more races	24.4	23.3	19.3	17.1	11.5	8.7	*5.4	6.6	*4.9	*	*	*1.4
Hispanic origin and race <sup>2,4</sup>												
Hispanic or Latino	10.9	10.9	11.3	9.6	4.3	3.5	4.1	3.4	2.5	1.4	2.0	1.3
Mexican	11.8	11.5	12.4	10.8	4.4	3.5	4.5	3.8	2.5	*1.5	*2.0	1.5
Not Hispanic or Latino	15.2	16.2	15.7	15.0	5.8	6.0	5.5	5.6	2.3	2.2	2.0	2.1
White only	16.5	17.5	16.9	16.2	6.3	6.5	6.0	6.2	2.5	2.4	2.1	2.3
Black or African American only	8.4	10.3	9.9	9.4	2.7	3.3	2.8	2.8	1.2	1.1	1.1	1.0
Education <sup>5,6</sup>												
25 years and over:												
No high school diploma or GED	17.9	19.7	17.2	17.8	7.6	8.1	5.7	6.7	4.1	3.2	2.5	3.0
High school diploma or GED	17.2	18.1	18.3	17.7	6.4	6.5	6.8	6.6	2.8	2.5	2.6	2.5
Some college or more	15.4	16.2	15.9	14.9	6.1	6.0	5.7	5.7	1.9	2.0	1.9	1.9

See footnotes at end of table.



**Table 49 (page 2 of 2). Hearing limitations among adults aged 18 and over, by selected characteristics: United States, selected years 2007–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#049>.

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

Characteristic	Level of hearing trouble											
	Any hearing trouble (a little, moderate, a lot of trouble, or deaf) <sup>1</sup>				Moderate, a lot of trouble, or deaf <sup>1</sup>				A lot of trouble or deaf <sup>1</sup>			
	2007	2010	2012	2013	2007	2010	2012	2013	2007	2010	2012	2013
Percent of poverty level <sup>2,7</sup>						Percent of adults						
Below 100%	16.2	16.7	16.6	16.3	6.8	6.8	6.1	6.3	3.4	2.7	2.7	2.5
100%–199%	15.5	17.2	16.0	15.2	5.8	6.6	5.9	5.5	2.8	2.5	2.3	2.4
200%–399%	15.1	15.7	15.6	14.6	5.8	5.6	5.4	5.5	2.4	2.1	1.9	2.1
400% or more	13.6	14.5	13.7	13.1	5.3	5.0	4.9	4.9	1.6	1.8	1.7	1.6
Hispanic origin and race and percent of poverty level <sup>2,4,7</sup>												
Hispanic or Latino:												
Below 100%	12.7	9.1	12.2	10.4	*6.1	*3.5	4.5	3.9	*	*	*1.8	*
100%–199%	9.7	11.8	11.3	9.4	*3.1	4.3	3.6	3.1	*2.1	*2.3	*	*1.6
200%–399%	9.8	10.3	10.8	9.0	*3.9	*2.6	4.1	4.0	*	*	*2.0	*
400% or more	13.3	12.4	11.0	10.8	*5.6	*3.2	*4.9	*2.9	*	*	*	*
Not Hispanic or Latino:												
White only:												
Below 100%	20.9	21.7	21.1	20.6	8.8	9.2	8.3	8.1	4.3	3.7	3.6	3.2
100%–199%	18.8	20.8	19.5	18.3	7.2	8.3	7.3	7.0	3.3	3.0	2.7	2.9
200%–399%	17.2	17.9	17.8	17.0	6.4	6.5	6.2	6.3	2.6	2.3	2.0	2.4
400% or more	14.3	15.4	14.6	14.2	5.6	5.4	5.2	5.4	1.7	2.0	1.8	1.8
Black or African American only:												
Below 100%	9.3	11.6	12.9	13.1	*2.8	4.0	4.1	4.7	*	*1.5	*2.1	*1.4
100%–199%	9.8	11.1	10.3	12.2	*3.1	3.0	3.1	2.8	*	*0.7	*1.2	*1.1
200%–399%	7.8	10.4	8.9	7.0	*2.2	3.6	*2.1	2.4	*	*	*	*
400% or more	7.1	7.7	8.2	5.2	*	*2.8	*	*	*	*	*	*
Geographic region <sup>2</sup>												
Northeast	13.3	13.9	12.7	13.1	5.2	4.4	4.1	5.0	1.7	1.4	1.6	1.8
Midwest	16.0	17.5	17.1	16.5	6.1	6.3	5.8	6.4	2.3	2.3	2.0	2.3
South	14.0	16.0	15.0	13.8	5.4	6.3	5.8	5.0	2.5	2.6	2.2	2.1
West	15.5	14.4	15.1	14.1	5.9	5.3	5.4	5.2	2.4	1.9	1.9	1.8
Location of residence <sup>2,8</sup>												
Within MSA	14.0	14.7	14.5	13.5	5.3	5.4	5.2	5.0	2.1	1.9	1.9	1.8
Outside MSA	18.0	20.1	18.0	18.4	7.2	7.5	6.4	7.3	3.3	3.0	2.4	2.9

\* 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%.

<sup>1</sup>Starting in 2007, respondents were asked, "WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?"

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately and unknown education level.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>7</sup>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.

<sup>8</sup>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: Starting with *Health, United States, 2013*, the hearing measures shown in this table were revised to provide a consistent definition over time. For a longer trend, see *Health, United States, 2012*. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 50 (page 1 of 2). Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#050>.

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

Characteristic	1991 <sup>1</sup>	1995 <sup>1</sup>	1997	2000	2005	2010	2012	2013
	Percent of persons with fair or poor health <sup>2</sup>							
All ages, age-adjusted <sup>3,4</sup>	10.4	10.6	9.2	9.0	9.2	9.6	9.5	9.4
All ages, crude <sup>4</sup>	10.0	10.1	8.9	8.9	9.3	10.1	10.3	10.2
Age								
Under 18 years	2.6	2.6	2.1	1.7	1.8	2.0	2.1	1.7
Under 6 years	2.7	2.7	1.9	1.5	1.6	1.8	1.5	1.6
6–17 years	2.6	2.5	2.1	1.8	1.9	2.2	2.4	1.8
18–44 years	6.1	6.6	5.3	5.1	5.5	6.3	6.4	6.2
18–24 years	4.8	4.5	3.4	3.3	3.3	3.9	3.8	3.6
25–44 years	6.4	7.2	5.9	5.7	6.3	7.2	7.4	7.2
45–54 years	13.4	13.4	11.7	11.9	11.6	13.3	14.2	14.1
55–64 years	20.7	21.4	18.2	17.9	18.3	19.4	19.3	19.2
65 years and over	29.0	28.3	26.7	26.9	26.6	24.4	22.7	23.1
65–74 years	26.0	25.6	23.1	22.5	23.4	21.2	19.6	19.7
75 years and over	33.6	32.2	31.5	32.1	30.2	28.3	26.6	27.6
Sex <sup>3</sup>								
Male	10.0	10.1	8.8	8.8	8.8	9.2	9.2	9.0
Female	10.8	11.1	9.7	9.3	9.5	10.0	9.9	9.8
Race <sup>3,5</sup>								
White only	9.6	9.7	8.3	8.2	8.6	8.8	8.8	8.7
Black or African American only	16.8	17.2	15.8	14.6	14.3	14.9	14.9	14.3
American Indian or Alaska Native only	18.3	18.7	17.3	17.2	13.2	17.8	16.5	15.3
Asian only	7.8	9.3	7.8	7.4	6.8	8.1	7.9	7.7
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*
2 or more races	---	---	---	16.2	14.5	15.6	13.0	13.9
Black or African American; White	---	---	---	*14.5	8.3	*16.7	16.3	*19.0
American Indian or Alaska Native; White	---	---	---	18.7	17.2	19.0	14.4	16.2
Hispanic origin and race <sup>3,5</sup>								
Hispanic or Latino	15.6	15.1	13.0	12.8	13.3	13.1	13.3	12.7
Mexican	17.0	16.7	13.1	12.8	14.3	13.7	13.6	13.3
Not Hispanic or Latino	10.0	10.1	8.9	8.7	8.7	9.2	9.1	9.0
White only	9.1	9.1	8.0	7.9	8.0	8.2	8.1	8.2
Black or African American only	16.8	17.3	15.8	14.6	14.4	14.9	15.0	14.2
Percent of poverty level <sup>3,6</sup>								
Below 100%	22.8	23.7	20.8	19.6	20.4	20.9	21.6	21.8
100%–199%	14.7	15.5	13.9	14.1	14.4	15.2	14.9	14.4
200%–399%	7.9	7.9	8.2	8.4	8.3	8.3	8.4	8.2
400% or more	4.9	4.7	4.1	4.5	4.7	4.3	3.9	4.0
Hispanic origin and race and percent of poverty level <sup>3,5,6</sup>								
Hispanic or Latino:								
Below 100%	23.6	22.7	19.9	18.7	20.2	19.2	20.9	20.3
100%–199%	18.0	16.9	13.5	15.3	15.3	15.6	14.5	14.3
200%–399%	10.3	10.1	10.0	10.3	10.3	10.3	10.0	10.3
400% or more	6.6	4.0	5.7	5.5	7.6	6.4	6.7	5.3
Not Hispanic or Latino:								
White only:								
Below 100%	21.9	22.8	19.7	18.8	20.1	20.9	21.1	22.2
100%–199%	14.0	14.8	13.3	13.4	13.8	14.8	15.3	14.4
200%–399%	7.5	7.3	7.7	7.9	7.9	7.7	7.7	7.7
400% or more	4.7	4.6	3.9	4.2	4.3	4.0	3.5	3.8
Black or African American only:								
Below 100%	25.8	27.7	25.3	23.8	23.3	23.9	25.0	24.8
100%–199%	17.0	19.3	19.2	18.2	17.6	18.3	16.9	17.5
200%–399%	12.0	11.4	12.2	11.7	11.2	11.2	11.9	9.8
400% or more	5.9	6.5	6.1	7.3	7.1	6.8	6.6	5.0

See footnotes at end of table.

**Table 50 (page 2 of 2). Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#050>.

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

Characteristic	1991 <sup>1</sup>	1995 <sup>1</sup>	1997	2000	2005	2010	2012	2013
Disability measure among adults 18 years and over <sup>3,7</sup>								
Percent of persons with fair or poor health <sup>2</sup>								
Any basic actions difficulty or complex activity limitation . . . . .	---	---	27.0	27.6	28.5	28.7	30.2	30.5
Any basic actions difficulty . . . . .	---	---	27.3	27.7	29.1	28.9	30.6	30.7
Any complex activity limitation. . . . .	---	---	42.9	45.6	46.3	46.0	46.6	47.8
No disability . . . . .	---	---	3.4	3.8	3.6	3.5	3.6	3.8
Geographic region <sup>3</sup>								
Northeast . . . . .	8.3	9.1	8.0	7.6	7.5	7.9	8.0	8.2
Midwest . . . . .	9.1	9.7	8.1	8.0	8.3	9.0	9.1	8.8
South . . . . .	13.1	12.3	10.8	10.7	11.0	11.1	10.8	10.6
West . . . . .	9.7	10.1	8.8	8.8	8.6	9.2	9.1	9.1
Location of residence <sup>3,8</sup>								
Within MSA . . . . .	9.9	10.1	8.7	8.5	8.7	9.2	9.0	9.1
Outside MSA . . . . .	11.9	12.6	11.1	11.1	11.2	11.9	12.3	11.4

--- Data not available.

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

<sup>1</sup>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).

<sup>2</sup>See Appendix II, Health status, respondent-assessed.

<sup>3</sup>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.

<sup>4</sup>Includes all other races not shown separately and unknown disability status.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 51 (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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#051>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2010–2011	2012–2013
Percent of adults with serious psychological distress <sup>1</sup>						
18 years and over, age-adjusted <sup>2,3</sup>	3.2	2.6	3.1	3.0	3.3	3.4
18 years and over, crude <sup>3</sup>	3.2	2.6	3.1	3.0	3.4	3.4
Age						
18–44 years	2.9	2.3	2.9	2.8	2.9	3.1
18–24 years	2.7	2.2	2.8	2.5	2.4	2.4
25–44 years	3.0	2.4	3.0	2.9	3.1	3.3
45–64 years	3.7	3.2	3.9	3.7	4.5	4.4
45–54 years	3.9	3.5	4.2	3.9	4.2	4.4
55–64 years	3.4	2.6	3.4	3.4	4.7	4.4
65 years and over	3.1	2.4	2.4	2.5	2.4	2.5
65–74 years	2.5	2.3	2.4	2.2	2.6	2.7
75 years and over	3.8	2.5	2.4	2.9	2.1	2.2
Sex <sup>2</sup>						
Male	2.5	2.0	2.4	2.3	2.8	2.7
Female	3.8	3.1	3.8	3.7	3.7	4.0
Race <sup>2,4</sup>						
White only	3.1	2.5	3.0	2.9	3.2	3.3
Black or African American only	4.0	2.9	3.5	3.6	3.7	3.3
American Indian or Alaska Native only	7.8	*7.2	8.1	*3.5	5.6	4.1
Asian only	2.0	*1.4	*1.8	1.7	1.7	2.1
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*
2 or more races	---	4.8	5.0	7.9	5.6	7.8
Hispanic origin and race <sup>2,4</sup>						
Hispanic or Latino	5.0	3.5	4.0	3.7	4.0	3.8
Mexican	5.2	2.9	3.8	3.6	3.6	3.6
Not Hispanic or Latino	3.0	2.5	3.1	3.0	3.2	3.3
White only	2.9	2.4	3.0	2.9	3.2	3.3
Black or African American only	3.9	2.9	3.5	3.6	3.7	3.2
Percent of poverty level <sup>2,5</sup>						
Below 100%	9.1	6.8	8.4	8.6	8.2	9.2
100%–199%	5.0	4.4	5.2	5.0	5.0	5.3
200%–399%	2.5	2.3	2.8	2.5	2.9	2.4
400% or more	1.3	1.2	1.3	1.1	1.2	1.3
Hispanic origin and race and percent of poverty level <sup>2,4,5</sup>						
Hispanic or Latino:						
Below 100%	8.6	6.1	7.5	6.6	7.5	7.0
100%–199%	5.4	3.8	4.1	3.9	4.3	3.9
200%–399%	3.4	2.1	3.5	2.6	3.1	2.6
400% or more	*	2.3	*	*1.9	*1.4	*1.7
Not Hispanic or Latino:						
White only:						
Below 100%	9.6	7.8	9.2	10.2	9.6	11.4
100%–199%	5.2	4.9	5.9	5.6	5.6	6.7
200%–399%	2.5	2.3	2.9	2.6	3.2	2.5
400% or more	1.3	1.1	1.3	1.1	1.1	1.3
Black or African American only:						
Below 100%	8.7	6.0	7.2	7.6	7.7	7.8
100%–199%	4.3	3.6	4.9	4.8	4.4	3.0
200%–399%	2.2	*1.7	2.3	2.1	1.9	2.2
400% or more	*	*1.0	*	*	*1.5	*

See footnotes at end of table.

**Table 51 (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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#051>.

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

Characteristic	1997–1998	1999–2000	2001–2002	2004–2005	2010–2011	2012–2013
Geographic region <sup>2</sup>		Percent of adults with serious psychological distress <sup>1</sup>				
Northeast . . . . .	2.7	1.9	2.8	2.5	3.0	2.9
Midwest . . . . .	2.6	2.5	2.9	2.7	3.1	3.5
South . . . . .	3.8	2.9	3.5	3.7	3.6	3.6
West . . . . .	3.3	2.8	3.0	2.8	3.3	3.1
Location of residence <sup>2,6</sup>						
Within MSA . . . . .	3.0	2.3	3.0	2.8	3.1	3.2
Outside MSA . . . . .	3.9	3.5	3.8	4.0	4.0	4.3

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

--- Data not available.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 52 (page 1 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#052>.

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

Sex, race, and age	1965 <sup>1</sup>	1974 <sup>1</sup>	1979 <sup>1</sup>	1985 <sup>1</sup>	1990 <sup>1</sup>	2000	2005	2010	2011	2012	2013
18 years and over, age-adjusted <sup>2</sup>											
Percent of adults who were current cigarette smokers <sup>3</sup>											
All persons . . . . .	41.9	37.0	33.3	29.9	25.3	23.1	20.8	19.3	19.0	18.2	17.9
Male . . . . .	51.2	42.8	37.0	32.2	28.0	25.2	23.4	21.2	21.2	20.6	20.5
Female . . . . .	33.7	32.2	30.1	27.9	22.9	21.1	18.3	17.5	16.8	15.9	15.5
White male <sup>4</sup> . . . . .	50.4	41.7	36.4	31.3	27.6	25.4	23.3	21.4	21.4	20.7	20.5
Black or African American male <sup>4</sup> . . . . .	58.8	53.6	43.9	40.2	32.8	25.7	25.9	23.3	23.2	22.0	21.8
White female <sup>4</sup> . . . . .	33.9	32.0	30.3	27.9	23.5	22.0	19.1	18.3	17.7	16.9	16.3
Black or African American female <sup>4</sup> . . . . .	31.8	35.6	30.5	30.9	20.8	20.7	17.1	16.6	15.2	14.2	14.9
18 years and over, crude											
All persons . . . . .	42.4	37.1	33.5	30.1	25.5	23.2	20.9	19.3	19.0	18.1	17.8
Male . . . . .	51.9	43.1	37.5	32.6	28.4	25.6	23.9	21.5	21.6	20.5	20.5
Female . . . . .	33.9	32.1	29.9	27.9	22.8	20.9	18.1	17.3	16.5	15.8	15.3
White male <sup>4</sup> . . . . .	51.1	41.9	36.8	31.7	28.0	25.7	23.6	21.4	21.6	20.3	20.3
Black or African American male <sup>4</sup> . . . . .	60.4	54.3	44.1	39.9	32.5	26.2	26.5	24.3	23.8	22.0	21.9
White female <sup>4</sup> . . . . .	34.0	31.7	30.1	27.7	23.4	21.4	18.7	17.9	17.2	16.6	15.9
Black or African American female <sup>4</sup> . . . . .	33.7	36.4	31.1	31.0	21.2	20.8	17.3	17.0	15.3	14.7	15.1
All males											
18–44 years . . . . .	57.9	47.9	40.4	35.2	31.4	29.2	27.1	23.9	23.6	24.0	22.9
18–24 years . . . . .	54.1	42.1	35.0	28.0	26.6	28.1	28.0	22.8	21.3	20.1	21.9
25–34 years . . . . .	60.7	50.5	43.9	38.2	31.6	28.9	27.7	26.1	27.5	28.0	24.4
35–44 years . . . . .	58.2	51.0	41.8	37.6	34.5	30.2	26.0	22.5	21.2	22.8	22.1
45–64 years . . . . .	51.9	42.6	39.3	33.4	29.3	26.4	25.2	23.2	24.4	20.2	21.9
45–54 years . . . . .	55.9	46.8	42.0	34.9	32.1	28.8	28.1	25.2	27.0	21.4	21.4
55–64 years . . . . .	46.6	37.7	36.4	31.9	25.9	22.6	21.1	20.7	21.4	18.8	22.6
65 years and over . . . . .	28.5	24.8	20.9	19.6	14.6	10.2	8.9	9.7	8.9	10.6	10.6
White male <sup>4</sup>											
18–44 years . . . . .	57.1	46.8	40.0	34.6	31.3	30.2	27.7	24.6	24.3	24.8	23.4
18–24 years . . . . .	53.0	40.8	34.3	28.4	27.4	30.4	29.7	23.8	22.1	21.9	23.5
25–34 years . . . . .	60.1	49.5	43.6	37.3	31.6	29.7	27.7	26.6	28.6	28.4	24.6
35–44 years . . . . .	57.3	50.1	41.3	36.6	33.5	30.6	26.3	23.1	21.4	23.3	21.9
45–64 years . . . . .	51.3	41.2	38.3	32.1	28.7	25.8	24.5	22.5	24.0	19.4	21.7
45–54 years . . . . .	55.3	45.0	40.9	33.7	31.3	28.0	27.4	24.5	26.6	20.7	21.2
55–64 years . . . . .	46.1	36.6	35.3	30.5	25.6	22.5	20.4	20.1	20.8	17.9	22.2
65 years and over . . . . .	27.7	24.3	20.5	18.9	13.7	9.8	7.9	9.6	8.6	10.3	10.0
Black or African American male <sup>4</sup>											
18–44 years . . . . .	66.3	58.1	45.2	39.6	32.9	25.5	25.1	22.6	22.7	21.3	20.9
18–24 years . . . . .	62.8	54.9	40.2	27.2	21.3	20.9	21.6	18.8	18.4	13.2	*13.2
25–34 years . . . . .	68.4	58.5	47.5	45.6	33.8	23.2	29.8	25.7	25.0	24.9	24.8
35–44 years . . . . .	67.3	61.5	48.6	45.0	42.0	30.7	23.3	22.6	24.3	24.7	24.0
45–64 years . . . . .	57.9	57.8	50.0	46.1	36.7	32.2	32.4	31.8	28.9	24.6	25.7
45–54 years . . . . .	62.4	63.6	51.5	47.7	42.0	35.6	33.9	33.2	29.2	23.3	25.7
55–64 years . . . . .	51.8	50.1	47.9	44.4	30.2	26.3	29.8	29.6	28.4	26.4	25.6
65 years and over . . . . .	36.4	29.7	26.2	27.7	21.5	14.2	16.8	10.0	13.7	17.4	15.5
All females											
18–44 years . . . . .	42.1	37.5	34.7	31.4	25.6	24.5	21.2	19.1	18.8	16.9	16.6
18–24 years . . . . .	38.1	34.1	33.8	30.4	22.5	24.9	20.7	17.4	16.4	14.5	15.4
25–34 years . . . . .	43.7	38.8	33.7	32.0	28.2	22.3	21.5	20.6	19.5	19.4	17.9
35–44 years . . . . .	43.7	39.8	37.0	31.5	24.8	26.2	21.3	19.0	19.9	16.1	16.3
45–64 years . . . . .	32.0	33.4	30.7	29.9	24.8	21.7	18.8	19.1	18.5	18.9	18.1
45–54 years . . . . .	37.5	36.0	32.6	32.4	28.5	22.2	20.9	21.3	21.6	21.3	20.6
55–64 years . . . . .	25.0	30.4	28.6	27.4	20.5	20.9	16.1	16.5	15.0	16.2	15.2
65 years and over . . . . .	9.6	12.0	13.2	13.5	11.5	9.3	8.3	9.3	7.1	7.5	7.5

See footnotes at end of table.

**Table 52 (page 2 of 2). Current cigarette smoking among adults aged 18 and over, by sex, race, and age: United States, selected years 1965–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#052>.

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

Sex, race, and age	1965 <sup>1</sup>	1974 <sup>1</sup>	1979 <sup>1</sup>	1985 <sup>1</sup>	1990 <sup>1</sup>	2000	2005	2010	2011	2012	2013
White female <sup>4</sup>											
Percent of adults who were current cigarette smokers <sup>3</sup>											
18–44 years . . . . .	42.2	37.3	35.1	31.6	26.5	26.5	22.6	20.5	20.3	18.6	17.8
18–24 years . . . . .	38.4	34.0	34.5	31.8	25.4	28.5	22.6	18.4	18.4	16.9	17.0
25–34 years . . . . .	43.4	38.6	34.1	32.0	28.5	24.9	23.1	22.0	20.6	20.7	19.2
35–44 years . . . . .	43.9	39.3	37.2	31.0	25.0	26.6	22.2	20.5	21.5	17.6	17.0
45–64 years . . . . .	32.7	33.0	30.6	29.7	25.4	21.4	18.9	19.5	19.0	19.4	18.4
45–54 years . . . . .	38.2	34.9	32.5	32.4	29.1	21.9	21.0	22.4	22.5	22.7	21.2
55–64 years . . . . .	25.7	30.6	28.5	27.2	21.2	20.6	16.2	15.9	15.1	15.8	15.5
65 years and over . . . . .	9.8	12.3	13.8	13.3	11.5	9.1	8.4	9.4	7.0	7.5	7.9
Black or African American female <sup>4</sup>											
18–44 years . . . . .	42.9	41.1	34.7	33.5	22.8	20.8	16.9	17.1	15.0	12.3	15.1
18–24 years . . . . .	37.1	35.6	31.8	23.7	10.0	14.2	14.2	14.2	9.1	*7.4	11.8
25–34 years . . . . .	47.8	42.2	35.2	36.2	29.1	15.5	16.9	19.3	17.5	17.3	16.4
35–44 years . . . . .	42.8	46.4	37.7	40.2	25.5	30.2	19.0	17.2	17.4	11.2	16.4
45–64 years . . . . .	25.7	38.9	34.2	33.4	22.6	25.6	21.0	19.8	18.3	20.4	18.8
45–54 years . . . . .	32.3	46.2	36.2	36.4	26.5	26.5	22.2	20.4	20.1	20.1	22.2
55–64 years . . . . .	16.5	29.3	31.9	29.8	17.6	24.2	19.1	18.9	16.0	20.8	14.8
65 years and over . . . . .	7.1	*8.9	*8.5	14.5	11.1	10.2	10.0	9.4	9.1	9.1	6.5

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

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 53. Age-adjusted prevalence of current cigarette smoking among adults aged 25 and over, by sex, race, and education level: United States, selected years 1974–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#053>.

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

Sex, race, and education level	1974 <sup>1</sup>	1979 <sup>1</sup>	1985 <sup>1</sup>	1990 <sup>1</sup>	1995 <sup>1</sup>	2000	2005	2010	2012	2013
25 years and over, age-adjusted <sup>2</sup>	Percent of adults who were current cigarette smokers <sup>3</sup>									
All persons <sup>4</sup>	36.9	33.1	30.0	25.4	24.5	22.6	20.3	19.2	18.3	17.8
No high school diploma or GED	43.7	40.7	40.8	36.7	35.6	31.6	28.2	26.9	26.3	25.8
High school diploma or GED	36.2	33.6	32.0	29.1	29.1	29.2	27.0	27.0	26.3	25.6
Some college, no bachelor's degree	35.9	33.2	29.5	23.4	22.6	21.7	21.8	21.3	19.6	19.5
Bachelor's degree or higher	27.2	22.6	18.5	13.9	13.6	10.9	9.1	8.3	7.8	7.7
All males <sup>4</sup>	42.9	37.3	32.8	28.2	26.4	24.7	22.7	21.0	20.6	20.3
No high school diploma or GED	52.3	47.6	45.7	42.0	39.7	36.0	31.7	29.7	30.3	31.6
High school diploma or GED	42.4	38.9	35.5	33.1	32.7	32.1	29.9	29.3	29.6	28.8
Some college, no bachelor's degree	41.8	36.5	32.9	25.9	23.7	23.3	24.9	23.2	21.0	20.4
Bachelor's degree or higher	28.3	22.7	19.6	14.5	13.8	11.6	9.7	8.7	8.5	8.7
White males <sup>4,5</sup>	41.9	36.7	31.7	27.6	25.9	24.7	22.4	21.0	20.5	20.1
No high school diploma or GED	51.5	47.6	45.0	41.8	38.7	38.2	31.6	29.4	29.6	30.2
High school diploma or GED	42.0	38.5	34.8	32.9	32.9	32.4	30.0	29.6	29.8	28.4
Some college, no bachelor's degree	41.6	36.4	32.2	25.4	23.3	23.5	24.5	23.4	20.3	20.3
Bachelor's degree or higher	27.8	22.5	19.1	14.4	13.4	11.3	9.3	8.8	8.9	8.8
Black or African American males <sup>4,5</sup>	53.4	44.4	42.1	34.5	31.6	26.4	26.5	23.9	23.3	23.1
No high school diploma or GED	58.1	49.7	50.5	41.6	41.9	38.2	35.9	34.4	34.1	41.5
High school diploma or GED	*50.7	48.6	41.8	37.4	36.6	29.0	30.1	28.8	28.0	31.9
Some college, no bachelor's degree	*45.3	39.2	41.8	28.1	26.4	19.9	27.4	24.2	24.9	18.0
Bachelor's degree or higher	*41.4	*36.8	*32.0	*20.8	*17.3	14.6	10.0	8.1	*7.3	7.7
All females <sup>4</sup>	32.0	29.5	27.5	22.9	22.9	20.5	18.0	17.5	16.1	15.5
No high school diploma or GED	36.6	34.8	36.5	31.8	31.7	27.1	24.6	23.7	22.2	19.8
High school diploma or GED	32.2	29.8	29.5	26.1	26.4	26.6	24.1	24.9	22.6	22.0
Some college, no bachelor's degree	30.1	30.0	26.3	21.0	21.6	20.4	19.1	19.6	18.4	18.8
Bachelor's degree or higher	25.9	22.5	17.1	13.3	13.3	10.1	8.5	7.9	7.2	6.8
White females <sup>4,5</sup>	31.7	29.7	27.3	23.3	23.1	21.0	18.6	18.3	16.9	16.2
No high school diploma or GED	36.8	35.8	36.7	33.4	32.4	28.4	24.6	24.0	22.4	19.0
High school diploma or GED	31.9	29.9	29.4	26.5	26.8	27.8	25.9	25.8	24.0	23.5
Some college, no bachelor's degree	30.4	30.7	26.7	21.2	22.2	21.1	19.5	21.0	19.0	19.8
Bachelor's degree or higher	25.5	21.9	16.5	13.4	13.5	10.2	9.1	8.7	7.7	7.3
Black or African American females <sup>4,5</sup>	35.6	30.3	32.0	22.4	25.7	21.6	17.5	17.0	15.2	15.3
No high school diploma or GED	36.1	31.6	39.4	26.3	32.3	31.1	27.8	25.8	25.8	26.5
High school diploma or GED	40.9	32.6	32.1	24.1	27.8	25.4	18.2	22.9	17.0	17.0
Some college, no bachelor's degree	32.3	*28.9	23.9	22.7	20.8	20.4	17.5	15.0	16.9	15.3
Bachelor's degree or higher	*36.3	*43.3	26.6	17.0	17.3	10.8	*6.6	*6.6	7.1	7.3

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

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).



**Table 54 (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 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#054>.

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

Characteristic	Male			Female		
	1990–1992 <sup>1</sup>	1999–2001	2011–2013	1990–1992 <sup>1</sup>	1999–2001	2011–2013
18 years and over, age-adjusted <sup>2</sup>	Percent of adults who were current cigarette smokers <sup>3</sup>					
All persons <sup>4</sup>	27.9	25.0	20.8	23.7	21.1	16.1
Race <sup>5</sup>						
White only	27.4	25.1	20.9	24.3	22.2	17.0
Black or African American only	33.9	27.2	22.3	23.1	19.7	14.8
American Indian or Alaska Native only	34.2	30.3	25.6	36.7	34.7	19.1
Asian only	24.8	20.3	14.8	6.3	6.7	5.2
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	34.4	27.1	---	30.7	23.4
American Indian or Alaska Native; White	---	38.7	35.1	---	38.9	32.3
Hispanic origin and race <sup>5</sup>						
Hispanic or Latino	25.7	22.2	16.7	15.8	12.1	7.5
Mexican	26.2	21.9	16.4	14.8	10.6	6.9
Not Hispanic or Latino	28.1	25.5	21.7	24.4	22.3	17.6
White only	27.7	25.5	22.1	25.2	23.5	19.2
Black or African American only	33.9	27.2	22.5	23.2	19.7	14.9
18 years and over, crude						
All persons <sup>4</sup>	28.4	25.5	20.9	23.6	21.0	15.9
Race <sup>5</sup>						
White only	27.8	25.4	20.8	24.1	21.7	16.6
Black or African American only	33.2	27.5	22.6	23.3	19.8	15.0
American Indian or Alaska Native only	35.5	31.8	26.2	37.3	36.9	19.5
Asian only	24.9	21.4	15.6	6.3	6.9	5.4
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*
2 or more races	---	35.9	27.8	---	31.5	22.9
American Indian or Alaska Native; White	---	41.1	33.5	---	40.1	32.3
Hispanic origin and race <sup>5</sup>						
Hispanic or Latino	26.5	23.2	17.2	16.6	12.6	7.7
Mexican	27.1	22.8	16.6	15.0	11.0	7.0
Not Hispanic or Latino	28.5	25.8	21.5	24.2	21.9	17.2
White only	28.0	25.5	21.6	24.8	22.7	18.3
Black or African American only	33.3	27.5	22.7	23.3	19.8	15.2
Age and Hispanic origin and race <sup>5</sup>						
18–24 years:						
Hispanic or Latino	19.3	22.6	14.3	12.8	12.9	6.6
Not Hispanic or Latino:						
White only	28.9	32.7	25.4	28.7	30.8	20.7
Black or African American only	17.7	21.9	14.8	10.8	13.0	9.9
25–34 years:						
Hispanic or Latino	29.9	23.2	20.4	19.2	12.5	8.7
Not Hispanic or Latino:						
White only	32.7	30.8	29.6	30.9	27.4	23.6
Black or African American only	34.6	23.3	25.3	29.2	16.9	17.3
35–44 years:						
Hispanic or Latino	32.1	25.3	17.3	19.9	14.1	7.9
Not Hispanic or Latino:						
White only	32.3	29.6	23.5	27.3	28.3	21.7
Black or African American only	44.1	32.0	25.0	31.3	27.5	15.4
45–64 years:						
Hispanic or Latino	26.6	24.7	17.4	17.1	13.5	9.0
Not Hispanic or Latino:						
White only	28.4	25.1	22.4	26.1	22.1	20.5
Black or African American only	38.0	34.0	26.2	26.1	23.6	19.3
65 years and over:						
Hispanic or Latino	16.1	12.6	12.4	6.6	5.9	3.8
Not Hispanic or Latino:						
White only	14.2	10.0	9.5	12.3	9.8	7.8
Black or African American only	25.2	17.6	15.4	10.7	11.0	8.1

See footnotes at end of table.

**Table 54 (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 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#054>.

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

Characteristic	Male			Female		
	1990–1992 <sup>1</sup>	1999–2001	2011–2013	1990–1992 <sup>1</sup>	1999–2001	2011–2013
Percent of poverty level <sup>2,6</sup>		Percent of adults who were current cigarette smokers <sup>3</sup>				
Below 100% . . . . .	40.5	36.5	34.2	30.7	29.1	25.1
100%–199% . . . . .	35.0	32.8	27.6	26.9	25.6	20.6
200%–399% . . . . .	26.5	27.3	21.8	22.6	22.3	16.5
400% or more . . . . .	22.5	18.8	13.7	19.0	15.9	9.7
Hispanic origin and race and percent of poverty level <sup>2,5,6</sup>						
Hispanic or Latino:						
Below 100% . . . . .	29.2	25.3	19.8	16.3	14.4	9.9
100%–199% . . . . .	29.5	22.0	17.1	16.0	11.8	7.0
200%–399% . . . . .	23.7	23.6	16.7	15.9	12.0	7.3
400% or more . . . . .	19.7	18.1	13.2	13.6	9.4	5.7
Not Hispanic or Latino:						
White only:						
Below 100% . . . . .	44.2	40.7	43.4	37.8	38.3	36.9
100%–199% . . . . .	36.3	37.5	34.2	31.1	32.0	29.4
200%–399% . . . . .	26.4	28.5	23.6	23.7	24.8	19.8
400% or more . . . . .	22.5	19.1	14.4	19.5	17.1	10.9
Black or African American only:						
Below 100% . . . . .	43.5	40.6	36.7	28.9	27.7	25.1
100%–199% . . . . .	36.0	33.9	26.7	20.3	21.3	15.0
200%–399% . . . . .	31.4	24.9	21.8	21.4	17.3	11.3
400% or more . . . . .	24.3	17.9	10.9	19.2	12.6	7.5
Disability measure <sup>2,7</sup>						
Any basic actions difficulty or complex activity limitation . . . . .	---	33.1	29.4	---	28.1	25.2
Any basic actions difficulty . . . . .	---	33.2	30.1	---	28.2	25.3
Any complex activity limitation . . . . .	---	37.6	31.5	---	30.6	30.2
No disability . . . . .	---	22.8	17.9	---	18.8	12.7
Education, Hispanic origin, and race <sup>5,8</sup>						
25 years and over, age-adjusted <sup>9</sup>						
No high school diploma or GED:						
Hispanic or Latino . . . . .	30.2	24.3	18.7	15.8	12.1	6.9
Not Hispanic or Latino:						
White only . . . . .	46.1	43.5	45.1	40.4	39.3	39.2
Black or African American only . . . . .	45.4	40.0	37.1	31.3	29.4	28.3
High school diploma or GED:						
Hispanic or Latino . . . . .	29.6	24.1	21.2	18.4	12.5	9.3
Not Hispanic or Latino:						
White only . . . . .	32.9	31.8	31.7	28.4	29.2	29.6
Black or African American only . . . . .	38.2	31.4	29.8	25.4	23.0	16.8
Some college or more:						
Hispanic or Latino . . . . .	20.4	17.1	12.2	14.3	11.1	7.5
Not Hispanic or Latino:						
White only . . . . .	19.3	17.6	14.9	18.1	16.7	14.1
Black or African American only . . . . .	25.6	19.2	16.4	22.8	16.9	12.5

See footnotes at end of table.

**Table 54 (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 2011–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#054>.

[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%.

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>Includes all other races not shown separately, unknown education level, and unknown disability measure.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990–1991), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–1995). Starting with 1997, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 55 (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 2002–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hs/content2014.htm#055>.

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 <sup>1</sup>			Marijuana			Nonmedical use of any psychotherapeutic drug <sup>2</sup>		
	2002	2012	2013	2002	2012	2013	2002	2012	2013
Percent of population									
12 years and over . . . . .	8.3	9.2	9.4	6.2	7.3	7.5	2.7	2.6	2.5
Age									
12–13 years . . . . .	4.2	3.5	2.6	1.4	1.2	1.0	1.7	1.7	1.3
14–15 years . . . . .	11.2	8.2	7.8	7.6	6.1	5.8	4.0	2.5	2.2
16–17 years . . . . .	19.8	16.6	15.8	15.7	14.0	14.2	6.3	4.0	3.1
18–25 years . . . . .	20.2	21.3	21.5	17.3	18.7	19.1	5.5	5.3	4.8
26–34 years . . . . .	10.5	13.8	15.3	7.7	11.3	12.6	3.7	4.1	4.4
35 years and over . . . . .	4.6	5.5	5.6	3.1	3.9	4.0	1.6	1.7	1.6
Sex									
Male . . . . .	10.3	11.6	11.5	8.1	9.6	9.7	2.8	2.8	2.6
Female . . . . .	6.4	6.9	7.3	4.4	5.0	5.6	2.6	2.4	2.3
Age and sex									
12–17 years . . . . .	11.6	9.5	8.8	8.2	7.2	7.1	4.0	2.8	2.2
Male . . . . .	12.3	9.6	9.6	9.1	7.5	7.9	3.6	2.4	2.0
Female . . . . .	10.9	9.5	8.0	7.2	7.0	6.2	4.4	3.2	2.4
Hispanic origin and race <sup>3</sup>									
Not Hispanic or Latino:									
White only . . . . .	8.5	9.2	9.5	6.5	7.4	7.7	2.8	2.8	2.5
Black or African American only . . . . .	9.7	11.3	10.5	7.4	9.1	8.7	2.0	2.3	2.3
American Indian or Alaska Native only . . . . .	10.1	12.7	12.3	6.7	9.4	10.8	3.2	4.7	2.1
Native Hawaiian or Other Pacific Islander only . . . . .									
Islander only . . . . .	7.9	7.8	14.0	4.4	6.8	13.4	3.8	1.3	1.1
Asian only . . . . .	3.5	3.7	3.1	1.8	2.5	2.2	0.7	1.2	0.8
2 or more races . . . . .	11.4	14.8	17.4	9.0	13.1	16.0	3.5	2.4	2.5
Hispanic or Latino . . . . .	7.2	8.3	8.8	4.3	6.2	6.5	2.9	2.4	2.9

Age, sex, race, and Hispanic origin	Alcohol use			Binge alcohol use <sup>4</sup>			Heavy alcohol use <sup>5</sup>		
	2002	2012	2013	2002	2012	2013	2002	2012	2013
Percent of population									
12 years and over . . . . .	51.0	52.1	52.2	22.9	23.0	22.9	6.7	6.5	6.3
Age									
12–13 years . . . . .	4.3	2.2	2.1	1.8	0.9	0.8	0.3	0.2	0.1
14–15 years . . . . .	16.6	11.1	9.5	9.2	5.4	4.5	1.9	0.6	0.7
16–17 years . . . . .	32.6	24.8	22.7	21.4	15.0	13.1	5.6	3.1	2.7
18–25 years . . . . .	60.5	60.2	59.6	40.9	39.5	37.9	14.9	12.7	11.3
26–34 years . . . . .	61.4	64.5	66.1	33.1	35.6	37.4	9.0	9.4	10.9
35 years and over . . . . .	52.1	53.6	53.6	18.6	19.0	19.0	5.2	5.4	5.0
Sex									
Male . . . . .	57.4	56.5	57.1	31.2	30.4	30.2	10.8	9.9	9.5
Female . . . . .	44.9	47.9	47.5	15.1	16.0	16.0	3.0	3.4	3.3
Age and sex									
12–17 years . . . . .	17.6	12.9	11.6	10.7	7.2	6.2	2.5	1.3	1.2
Male . . . . .	17.4	12.6	11.2	11.4	7.4	6.6	3.1	1.4	1.4
Female . . . . .	17.9	13.2	11.9	9.9	7.0	5.8	1.9	1.2	1.0
Hispanic origin and race <sup>3</sup>									
Not Hispanic or Latino:									
White only . . . . .	55.0	57.4	57.7	23.4	23.9	24.0	7.5	7.6	7.3
Black or African American only . . . . .	39.9	43.2	43.6	21.0	20.6	20.1	4.4	4.5	4.5
American Indian or Alaska Native only . . . . .	44.7	41.7	37.3	27.9	30.2	23.5	8.7	8.5	5.8
Native Hawaiian or Other Pacific Islander only . . . . .									
Islander only . . . . .	*	*	38.4	25.2	*	24.7	8.3	4.8	8.9
Asian only . . . . .	37.1	36.9	34.5	12.4	12.7	12.4	2.6	1.7	2.0
2 or more races . . . . .	49.9	51.9	47.4	19.8	25.1	19.6	7.5	6.8	7.5
Hispanic or Latino . . . . .	42.8	41.8	43.0	24.8	23.2	24.1	5.9	5.1	4.8

See footnotes at end of table.

**Table 55 (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 2002–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#055>.

[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 <sup>6</sup>			Cigarettes			Cigars		
	2002	2012	2013	2002	2012	2013	2002	2012	2013
Percent of population									
12 years and over . . . . .	30.4	26.7	25.5	26.0	22.1	21.3	5.4	5.2	4.7
Age									
12–13 years . . . . .	3.8	1.6	1.3	3.2	1.2	0.9	0.7	0.4	0.2
14–15 years . . . . .	13.4	6.3	6.4	11.2	4.6	4.3	3.8	1.7	1.4
16–17 years . . . . .	29.0	17.6	15.5	24.9	13.6	11.4	9.3	5.6	5.2
18–25 years . . . . .	45.3	38.1	37.0	40.8	31.8	30.6	11.0	10.7	10.0
26–34 years . . . . .	38.2	37.5	38.3	32.7	32.6	33.0	6.6	7.3	7.8
35 years and over . . . . .	27.9	24.7	22.8	23.4	20.1	19.0	4.1	3.9	3.3
Sex									
Male . . . . .	37.0	33.0	31.1	28.7	24.6	23.6	9.4	8.5	7.7
Female . . . . .	24.3	20.9	20.2	23.4	19.8	19.0	1.7	2.0	2.0
Age and sex									
12–17 years . . . . .	15.2	8.6	7.8	13.0	6.6	5.6	4.5	2.6	2.3
Male . . . . .	16.0	10.0	9.1	12.3	6.8	5.7	6.2	3.5	3.2
Female . . . . .	14.4	7.2	6.5	13.6	6.3	5.5	2.7	1.6	1.4
Hispanic origin and race <sup>3</sup>									
Not Hispanic or Latino:									
White only . . . . .	32.0	29.2	27.7	26.9	23.7	22.7	5.5	5.3	4.8
Black or African American only . . . . .	28.8	27.2	27.1	25.3	23.0	23.0	6.8	7.0	6.9
American Indian or Alaska Native only . . . . .	44.3	48.4	40.1	37.1	39.0	36.5	5.2	7.4	6.1
Native Hawaiian or Other Pacific Islander only . . . . .	28.8	*	25.8	*	*	21.1	4.1	3.5	2.1
Asian only . . . . .	18.6	10.8	10.1	17.7	9.4	8.5	1.1	1.5	2.0
2 or more races . . . . .	38.1	37.3	31.2	35.0	34.5	27.1	5.5	7.9	5.5
Hispanic or Latino . . . . .	25.2	19.2	18.8	23.0	16.8	16.8	5.0	3.9	3.7

\* 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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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. Starting with 2011 data, 2010-census based control totals were used in the weighting process. Because of methodological differences among the National Survey on Drug Use & Health, the Monitoring the Future (MTF) Study, and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See Appendix I, Monitoring the Future (MTF) Study; National Survey on Drug Use & Health (NSDUH); Youth Risk Behavior Survey (YRBS). See Appendix II, Substance use. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 56 (page 1 of 3). Use of selected substances in the past 30 days among 12th graders, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#056>.

[Data are based on a survey of 12th graders, 10th graders, and 8th graders in the coterminous United States]

<i>Substance, grade in school, sex, and race</i>	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
<b>Cigarettes</b>										
	Percent using substance in the past 30 days									
All 12th graders . . . . .	30.5	30.1	29.4	33.5	31.4	23.2	19.2	18.7	17.1	16.3
Male . . . . .	26.8	28.2	29.1	34.5	32.8	24.8	21.9	21.5	19.3	18.4
Female . . . . .	33.4	31.4	29.2	32.0	29.7	20.7	15.7	15.1	14.5	13.2
White . . . . .	31.0	31.7	32.5	37.3	36.6	27.0	22.2	22.2	20.1	18.5
Black or African American . . . . .	25.2	18.7	12.0	15.0	13.6	10.0	10.7	8.7	8.4	10.8
All 10th graders . . . . .	---	---	---	27.9	23.9	14.9	13.6	11.8	10.8	9.1
Male . . . . .	---	---	---	27.7	23.8	14.5	15.0	13.4	12.0	10.5
Female . . . . .	---	---	---	27.9	23.6	15.1	12.1	10.0	9.6	7.5
White . . . . .	---	---	---	31.2	27.3	17.0	14.8	13.7	12.2	10.4
Black or African American . . . . .	---	---	---	12.2	11.3	7.7	7.0	7.2	6.2	4.2
All 8th graders . . . . .	---	---	---	19.1	14.6	9.3	7.1	6.1	4.9	4.5
Male . . . . .	---	---	---	18.8	14.3	8.7	7.4	6.2	4.6	4.0
Female . . . . .	---	---	---	19.0	14.7	9.7	6.8	5.7	4.9	4.7
White . . . . .	---	---	---	21.7	16.4	9.5	7.9	6.5	5.0	4.3
Black or African American . . . . .	---	---	---	8.2	8.4	6.7	4.0	4.2	3.8	3.3
<b>Marijuana</b>										
All 12th graders . . . . .	33.7	25.7	14.0	21.2	21.6	19.8	21.4	22.6	22.9	22.7
Male . . . . .	37.8	28.7	16.1	24.6	24.7	23.6	25.2	26.4	26.5	26.4
Female . . . . .	29.1	22.4	11.5	17.2	18.3	15.8	16.9	18.4	18.8	18.7
White . . . . .	34.2	26.4	15.6	21.5	22.0	21.7	21.6	22.9	22.3	21.3
Black or African American . . . . .	26.5	21.7	5.2	17.8	17.5	15.1	19.7	22.2	22.4	25.7
All 10th graders . . . . .	---	---	---	17.2	19.7	15.2	16.7	17.6	17.0	18.0
Male . . . . .	---	---	---	19.2	23.3	16.7	20.1	20.8	19.8	20.6
Female . . . . .	---	---	---	15.0	16.2	13.4	13.3	14.5	14.4	15.3
White . . . . .	---	---	---	17.7	20.1	15.7	15.9	16.9	16.6	16.5
Black or African American . . . . .	---	---	---	15.1	17.0	13.5	15.9	20.0	17.6	20.7
All 8th graders . . . . .	---	---	---	9.1	9.1	6.6	8.0	7.2	6.5	7.0
Male . . . . .	---	---	---	9.8	10.2	7.6	9.2	8.5	7.0	6.7
Female . . . . .	---	---	---	8.2	7.8	5.7	6.8	5.7	6.0	7.2
White . . . . .	---	---	---	9.0	8.3	6.0	7.1	5.9	4.7	4.8
Black or African American . . . . .	---	---	---	7.0	8.5	8.2	8.2	8.0	7.1	9.3
<b>Cocaine</b>										
All 12th graders . . . . .	5.2	6.7	1.9	1.8	2.1	2.3	1.3	1.1	1.1	1.1
Male . . . . .	6.0	7.7	2.3	2.2	2.7	2.6	1.9	1.5	1.5	1.4
Female . . . . .	4.3	5.6	1.3	1.3	1.6	1.8	0.7	0.7	0.6	0.5
White . . . . .	5.4	7.0	1.8	1.7	2.2	2.3	1.2	1.2	1.0	0.7
Black or African American . . . . .	2.0	2.7	0.5	0.4	1.0	0.5	0.9	0.8	0.5	0.6
All 10th graders . . . . .	---	---	---	1.7	1.8	1.5	0.9	0.7	0.8	0.8
Male . . . . .	---	---	---	1.8	2.1	1.9	1.1	0.8	0.8	1.2
Female . . . . .	---	---	---	1.5	1.4	1.2	0.5	0.5	0.7	0.5
White . . . . .	---	---	---	1.7	1.7	1.5	0.7	0.5	0.5	0.6
Black or African American . . . . .	---	---	---	0.4	0.4	0.8	0.6	0.6	1.2	0.9
All 8th graders . . . . .	---	---	---	1.2	1.2	1.0	0.6	0.8	0.5	0.5
Male . . . . .	---	---	---	1.1	1.3	0.9	0.6	0.7	0.5	0.4
Female . . . . .	---	---	---	1.2	1.1	1.0	0.6	0.7	0.4	0.5
White . . . . .	---	---	---	1.0	1.1	0.9	0.5	0.5	0.3	0.4
Black or African American . . . . .	---	---	---	0.4	0.5	0.3	0.3	0.5	0.5	0.5

See footnotes at end of table.

**Table 56 (page 2 of 3). Use of selected substances in the past 30 days among 12th graders, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#056>.

[Data are based on a survey of 12th graders, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
Inhalants										
Percent using substance in the past 30 days										
All 12th graders	1.4	2.2	2.7	3.2	2.2	2.0	1.4	1.0	0.9	1.0
Male	1.8	2.8	3.5	3.9	2.9	2.4	2.1	1.1	0.9	1.2
Female	1.0	1.7	2.0	2.5	1.7	1.6	0.7	0.9	0.8	0.7
White	1.4	2.4	3.0	3.7	2.1	2.1	1.1	0.9	0.6	0.6
Black or African American	1.0	0.8	1.5	1.1	2.1	1.4	1.5	1.3	0.9	1.3
All 10th graders	---	---	---	3.5	2.6	2.2	2.0	1.7	1.4	1.3
Male	---	---	---	3.8	3.0	1.9	1.6	1.5	1.2	1.4
Female	---	---	---	3.2	2.2	2.5	2.4	2.0	1.6	1.3
White	---	---	---	3.9	2.8	2.2	1.7	1.4	1.1	1.0
Black or African American	---	---	---	1.2	1.5	1.4	1.8	1.6	1.2	1.9
All 8th graders	---	---	---	6.1	4.5	4.2	3.6	3.2	2.7	2.3
Male	---	---	---	5.6	4.1	3.1	2.8	2.5	1.9	1.6
Female	---	---	---	6.6	4.8	5.3	4.4	3.9	3.4	2.9
White	---	---	---	7.0	4.8	4.0	3.2	2.7	2.1	1.7
Black or African American	---	---	---	2.3	2.3	2.9	2.2	2.8	3.0	2.4
MDMA (Ecstasy)										
All 12th graders	---	---	---	---	3.6	1.0	1.4	2.3	0.9	1.5
Male	---	---	---	---	4.1	1.0	1.5	2.8	1.2	2.1
Female	---	---	---	---	3.1	1.0	1.2	1.8	0.6	0.9
White	---	---	---	---	3.9	1.0	0.9	2.1	0.9	1.5
Black or African American	---	---	---	---	1.9	0.9	1.1	1.1	0.4	0.7
All 10th graders	---	---	---	---	2.6	1.0	1.9	1.6	1.0	1.2
Male	---	---	---	---	2.5	1.0	2.3	1.7	1.1	1.5
Female	---	---	---	---	2.5	0.9	1.5	1.3	1.0	1.0
White	---	---	---	---	2.5	1.0	1.5	1.1	1.0	0.9
Black or African American	---	---	---	---	1.8	0.3	1.1	1.1	1.1	0.4
All 8th graders	---	---	---	---	1.4	0.6	1.1	0.6	0.5	0.5
Male	---	---	---	---	1.6	0.8	1.2	0.7	0.4	0.4
Female	---	---	---	---	1.2	0.4	1.1	0.5	0.6	0.5
White	---	---	---	---	1.4	0.6	1.0	0.4	0.4	0.3
Black or African American	---	---	---	---	0.8	0.9	0.5	0.2	0.5	0.6
Alcohol <sup>1</sup>										
All 12th graders	72.0	65.9	57.1	51.3	50.0	47.0	41.2	40.0	41.5	39.2
Male	77.4	69.8	61.3	55.7	54.0	50.7	44.2	42.1	43.8	41.8
Female	66.8	62.1	52.3	47.0	46.1	43.3	37.9	37.5	38.8	36.3
White	75.8	70.2	62.2	54.8	55.3	52.2	44.1	43.4	44.3	42.8
Black or African American	47.7	43.6	32.9	37.4	29.3	28.8	30.8	29.4	29.8	27.0
All 10th graders	---	---	---	38.8	41.0	33.2	28.9	27.2	27.6	25.7
Male	---	---	---	39.7	43.3	32.8	30.1	28.2	28.0	26.0
Female	---	---	---	37.8	38.6	33.6	27.7	26.0	27.1	25.3
White	---	---	---	41.3	44.3	36.7	29.2	28.9	29.2	26.9
Black or African American	---	---	---	24.9	24.7	20.8	21.3	20.3	20.1	17.7
All 8th graders	---	---	---	24.6	22.4	17.1	13.8	12.7	11.0	10.2
Male	---	---	---	25.0	22.5	16.2	13.2	12.1	10.3	9.3
Female	---	---	---	24.0	22.0	17.9	14.3	12.8	11.5	11.2
White	---	---	---	25.4	23.9	17.3	12.8	11.8	9.6	9.4
Black or African American	---	---	---	17.3	15.1	13.9	12.7	10.5	9.4	9.9

See footnotes at end of table.

**Table 56 (page 3 of 3). Use of selected substances in the past 30 days among 12th graders, 10th graders, and 8th graders, by sex and race: United States, selected years 1980–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#056>.

[Data are based on a survey of 12th graders, 10th graders, and 8th graders in the coterminous United States]

Substance, grade in school, sex, and race	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
Binge drinking <sup>2</sup>										
Percent in the last 2 weeks										
All 12th graders . . . . .	41.2	36.7	32.2	29.8	30.0	27.1	23.2	21.6	23.7	22.1
Male . . . . .	52.1	45.3	39.1	36.9	36.7	32.6	28.0	25.5	27.2	26.1
Female . . . . .	30.5	28.2	24.4	23.0	23.5	21.6	18.4	17.6	19.7	18.1
White . . . . .	44.6	40.1	36.2	32.9	34.4	31.8	26.5	25.3	26.2	25.0
Black or African American . . . . .	17.0	16.7	11.6	15.5	11.0	10.9	12.6	10.0	13.0	12.0
All 10th graders . . . . .	---	---	---	22.0	24.1	19.0	16.3	14.7	15.6	13.7
Male . . . . .	---	---	---	24.1	27.6	19.9	17.9	16.5	16.4	14.7
Female . . . . .	---	---	---	19.7	20.6	17.9	14.6	12.7	14.8	12.5
White . . . . .	---	---	---	24.1	26.6	21.5	16.0	16.1	16.5	14.7
Black or African American . . . . .	---	---	---	9.6	10.6	8.4	11.5	7.3	9.3	7.9
All 8th graders . . . . .	---	---	---	12.3	11.7	8.4	7.2	6.4	5.1	5.1
Male . . . . .	---	---	---	12.5	11.7	8.2	6.5	6.1	4.6	4.5
Female . . . . .	---	---	---	12.1	11.3	8.6	7.8	6.5	5.5	5.7
White . . . . .	---	---	---	12.6	12.5	8.4	6.7	5.8	3.9	4.6
Black or African American . . . . .	---	---	---	7.8	6.2	5.8	5.9	4.4	4.2	4.8

--- Data not available.

<sup>1</sup>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.

<sup>2</sup>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, Miech RA. Monitoring the Future National Survey results on drug use: 1975–2013. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. 2014. Available from: [http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1\\_2013.pdf](http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2013.pdf). Because of methodological differences among the National Survey on Drug Use & Health (NSDUH), the Monitoring the Future Study (MTF), and the Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See Appendix I, National Survey on Drug Use & Health (NSDUH); Monitoring the Future (MTF) Study; Youth Risk Behavior Survey (YRBS). See Appendix II, Cigarette smoking; Illicit drug use; Substance use. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Monitoring the Future (MTF) Study. Institute for Social Research, the University of Michigan. Supported by National Institutes of Health, National Institute on Drug Abuse. See Appendix I, Monitoring the Future (MTF) Study.



**Table 57 (page 1 of 3). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#057>.

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	Seriously considered suicide <sup>1</sup>				In a physical fight <sup>1</sup>				Carried a weapon <sup>2,3</sup>			
	1991	2001	2011	2013	1991	2001	2011	2013	1991	2001	2011	2013
Percent of students												
Total	29.0	19.0	15.8	17.0	42.5	33.2	32.8	24.7	26.1	17.4	16.6	17.9
Male												
Total	20.8	14.2	12.5	11.6	50.2	43.1	40.7	30.2	40.6	29.3	25.9	28.1
9th grade	17.6	14.7	12.9	9.9	57.8	50.0	46.0	33.2	44.4	33.7	26.6	26.4
10th grade	19.5	13.8	11.4	11.3	50.2	45.0	44.2	30.9	41.5	28.4	26.4	26.4
11th grade	25.3	14.1	14.3	14.0	51.0	38.0	36.3	31.6	44.0	28.1	25.9	30.5
12th grade	20.7	13.7	11.5	11.0	42.3	36.5	34.1	23.8	33.1	25.6	24.1	29.5
Not Hispanic or Latino:												
White	21.7	14.9	12.8	11.4	49.1	43.1	37.7	27.1	41.2	31.3	27.2	33.4
Black or African American	13.3	9.2	9.0	10.2	58.4	43.9	45.8	37.5	43.4	22.4	21.0	18.2
Hispanic or Latino	18.0	12.2	12.6	11.5	48.5	42.4	44.4	34.2	40.0	26.0	24.5	23.8
Female												
Total	37.2	23.6	19.3	22.4	34.4	23.9	24.4	19.2	10.9	6.2	6.8	7.9
9th grade	40.3	26.2	21.5	24.6	42.9	30.3	28.8	23.3	10.4	7.4	7.6	8.6
10th grade	39.7	24.1	22.3	23.4	35.4	24.9	25.5	21.9	11.1	5.4	6.1	9.2
11th grade	38.4	23.6	16.7	22.3	34.5	20.3	22.7	16.7	12.9	5.9	6.2	5.9
12th grade	30.7	18.9	15.8	18.7	25.4	16.9	19.4	13.9	9.5	5.3	7.1	7.5
Not Hispanic or Latina:												
White	38.6	24.2	18.4	21.1	32.2	21.7	20.4	14.6	7.5	5.1	6.2	8.3
Black or African American	29.4	17.2	17.4	18.6	43.8	29.6	32.3	32.1	23.6	8.6	7.5	7.2
Hispanic or Latina	34.6	26.5	21.0	26.0	34.8	29.3	28.7	22.8	12.9	7.4	7.5	7.7

Sex, grade level, race, and Hispanic origin	Rarely or never wore a seatbelt <sup>4</sup>				Rode with a driver who had been drinking alcohol <sup>2,4</sup>				Drove while drinking alcohol <sup>5</sup>			
	1991	2001	2011	2013	1991	2001	2011	2013	1991	2001	2011	2013
Percent of students												
Total	25.9	14.1	7.7	7.6	39.9	30.7	24.1	21.9	16.7	13.3	8.2	10.0
Male												
Total	30.0	18.1	8.9	9.1	40.0	31.8	23.3	21.4	21.5	17.2	9.5	12.0
9th grade	30.0	19.4	10.3	9.8	33.9	29.2	20.7	18.1	8.6	9.9	6.1	9.6
10th grade	25.5	16.6	9.0	8.4	36.6	31.5	23.1	19.9	16.1	12.5	6.0	7.4
11th grade	29.5	17.5	7.0	9.7	45.0	32.8	22.4	23.4	26.4	22.1	10.4	14.0
12th grade	34.7	18.6	8.5	8.3	44.7	34.5	27.4	25.3	34.5	27.2	16.0	15.7
Not Hispanic or Latino:												
White	28.6	17.7	7.3	8.5	40.2	31.2	20.5	19.6	23.3	18.6	8.9	12.4
Black or African American	37.5	20.3	12.6	11.8	37.5	31.2	22.5	18.9	14.0	12.5	7.8	6.9
Hispanic or Latino	37.1	17.7	10.1	8.9	47.2	37.1	30.7	28.9	25.1	15.8	11.5	14.5
Female												
Total	21.6	10.2	6.3	6.1	39.8	29.6	24.9	22.4	11.7	9.5	6.7	7.8
9th grade	25.0	10.8	8.4	7.1	36.0	31.3	22.9	20.8	3.3	3.7	3.3	6.1
10th grade	20.4	10.3	5.9	5.7	38.8	29.9	23.5	23.8	7.3	8.4	5.2	4.6
11th grade	20.8	9.7	4.9	6.3	39.7	25.4	25.2	21.8	14.2	11.1	7.8	8.0
12th grade	20.2	9.4	5.5	5.1	44.8	31.3	28.0	23.2	21.7	17.3	11.2	10.5
Not Hispanic or Latina:												
White	18.7	9.7	5.1	4.7	40.9	29.4	23.8	19.9	13.6	10.9	7.0	8.2
Black or African American	31.9	12.2	8.0	7.1	33.8	24.2	23.2	24.8	6.2	3.3	4.0	5.4
Hispanic or Latina	25.9	11.3	8.4	8.7	46.7	39.3	30.7	29.2	9.5	10.5	7.8	8.4

See footnotes at end of table.

**Table 57 (page 2 of 3). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#057>.

[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 <sup>6,7</sup>				Ever physically forced to have sex <sup>8</sup>			
	1991	2001	2011	2013	1991	2001	2011	2013	1991	2001	2011	2013
Percent of students												
Total	54.1	45.6	47.4	46.8	53.8	42.1	39.8	40.9	---	7.7	8.0	7.3
Male												
Total	57.4	48.5	49.2	47.5	45.5	34.9	33.0	34.2	---	5.1	4.5	4.2
9th grade	45.6	40.5	37.8	32.0	44.1	31.1	33.0	30.5	---	5.9	3.5	3.8
10th grade	50.9	42.2	44.5	41.1	43.1	30.7	30.1	30.7	---	4.1	4.2	2.8
11th grade	64.5	54.0	54.5	54.3	43.2	34.7	33.0	29.4	---	4.3	5.2	4.7
12th grade	68.3	61.0	62.6	65.4	49.3	40.8	35.3	42.0	---	5.8	4.7	5.5
Not Hispanic or Latino:												
White	52.7	45.1	44.0	42.2	44.8	36.2	33.7	38.2	---	3.8	3.2	3.1
Black or African American	88.1	68.8	66.9	68.4	43.0	27.3	24.6	27.0	---	8.5	6.1	5.2
Hispanic or Latino	64.1	53.0	53.0	51.7	53.0	40.9	36.6	33.5	---	6.2	5.4	5.2
Female												
Total	50.8	42.9	45.6	46.0	62.0	48.7	46.4	46.9	---	10.3	11.8	10.5
9th grade	32.2	29.1	27.8	28.1	49.7	33.4	43.7	43.5	---	8.6	8.2	8.3
10th grade	45.3	39.3	43.0	41.7	63.6	47.8	43.3	44.5	---	10.7	12.2	11.8
11th grade	60.2	49.7	51.9	53.9	59.3	47.3	44.5	45.2	---	9.9	12.7	10.5
12th grade	65.1	60.1	63.6	62.8	67.4	58.8	51.1	51.6	---	12.2	14.5	11.2
Not Hispanic or Latina:												
White	47.1	41.3	44.5	45.3	62.0	49.0	46.6	46.8	---	9.8	12.0	9.1
Black or African American	75.9	53.4	53.6	53.4	60.6	39.3	46.2	44.7	---	10.6	11.0	11.5
Hispanic or Latina	43.3	44.0	43.9	46.9	73.1	52.4	47.0	49.3	---	11.6	11.2	12.2

Sex, grade level, race, and Hispanic origin	Watched television 3 or more hours <sup>9</sup>				Not physically active at least 60 minutes every day <sup>7,10</sup>				Got fewer than 8 hours of sleep <sup>7,11</sup>			
	1991	2001	2011	2013	1991	2001	2011	2013	1991	2001	2011	2013
Percent of students												
Total	---	38.3	32.4	32.5	---	---	71.3	72.9	---	---	68.6	68.3
Male												
Total	---	41.8	33.3	32.8	---	---	61.7	63.4	---	---	66.4	65.5
9th grade	---	51.4	33.9	34.6	---	---	61.2	59.5	---	---	56.9	55.0
10th grade	---	42.3	35.3	32.4	---	---	57.4	65.4	---	---	64.1	62.9
11th grade	---	36.8	32.3	32.3	---	---	63.8	63.0	---	---	71.3	70.6
12th grade	---	33.5	30.9	31.9	---	---	65.1	66.5	---	---	75.2	75.7
Not Hispanic or Latino:												
White	---	35.7	27.3	25.7	---	---	59.6	62.5	---	---	65.0	64.6
Black or African American	---	69.1	54.4	55.3	---	---	64.8	62.8	---	---	72.1	71.2
Hispanic or Latino	---	49.7	38.4	36.5	---	---	64.4	66.1	---	---	66.3	64.6
Female												
Total	---	35.0	31.6	32.2	---	---	81.5	82.3	---	---	70.9	71.1
9th grade	---	39.6	33.8	35.3	---	---	77.8	79.9	---	---	63.2	65.2
10th grade	---	36.2	31.7	32.2	---	---	81.9	79.5	---	---	69.2	70.1
11th grade	---	32.5	30.4	30.4	---	---	82.0	85.6	---	---	75.5	72.4
12th grade	---	29.2	29.9	30.6	---	---	85.1	84.7	---	---	77.2	77.6
Not Hispanic or Latina:												
White	---	26.5	23.9	24.3	---	---	80.3	81.3	---	---	69.8	70.6
Black or African American	---	68.6	54.9	52.2	---	---	83.1	84.0	---	---	72.0	72.4
Hispanic or Latina	---	46.0	37.2	39.0	---	---	83.1	82.6	---	---	72.3	69.8

See footnotes at end of table.

**Table 57 (page 3 of 3). Health risk behaviors among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#057>.

[Data are based on a national sample of high school students, grades 9–12]

---

-- Data not available.

<sup>1</sup>During the past 12 months.

<sup>2</sup>During the past 30 days.

<sup>3</sup>Such as a gun, knife, or club.

<sup>4</sup>When riding in a car driven by someone else.

<sup>5</sup>Among students who drove a vehicle during the past 30 days.

<sup>6</sup>Among students who had sexual intercourse during the past 3 months.

<sup>7</sup>Percent is 100 minus percent presented in MMWR Youth Risk Behavior Surveillance Summaries. See Surveillance Summaries at

<http://www.cdc.gov/healthyyouth/yrbs/cdcreports.htm>.

<sup>8</sup>Data prior to 1999 are not available.

<sup>9</sup>On an average school day. Data prior to 1999 are not available.

<sup>10</sup>During the past 7 days. Data prior to 2011 are not available.

<sup>11</sup>On an average school night. Data prior to 2007 are not available.

NOTES: Only youths attending school participated in the survey. YRBS is conducted biennially. 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. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/National Center for HIV, Hepatitis, STD, and TB Prevention, Youth Risk Behavior Survey. See Youth Online website at <http://nccd.cdc.gov/youthonline>. See Appendix I, Youth Risk Behavior Survey (YRBS).

**Table 58 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#058>.

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

Characteristic	Heavier drinker <sup>1</sup>				Five or more drinks in a day on at least 1 day in the past year <sup>1</sup>				Five or more drinks in a day on at least 12 days in the past year <sup>1</sup>			
	1997	2000	2010	2013	1997	2000	2010	2013	1997	2000	2010	2013
Both sexes												
Percent of adults												
18 years and over, age-adjusted <sup>2</sup>	4.9	4.3	5.2	5.3	21.1	19.2	23.8	23.6	9.7	8.7	10.1	9.5
18 years and over, crude	5.0	4.3	5.2	5.3	21.5	19.3	23.2	22.6	9.8	8.7	9.9	9.2
Age												
All persons:												
18–44 years	5.2	4.7	5.7	5.2	29.2	26.9	32.5	31.9	13.2	12.2	13.7	12.5
18–24 years	5.3	5.8	6.2	5.2	31.8	30.3	34.0	31.3	15.2	15.5	16.2	12.8
25–44 years	5.2	4.3	5.5	5.1	28.5	25.8	31.9	32.2	12.6	11.1	12.7	12.4
45–64 years	5.5	4.6	5.4	6.0	15.9	14.4	19.0	18.6	7.6	6.4	8.1	8.0
45–54 years	5.5	4.4	5.9	5.9	19.0	16.4	22.9	21.7	8.7	7.0	9.3	9.3
55–64 years	5.4	5.0	4.7	6.1	11.1	11.3	14.1	15.1	5.8	5.4	6.7	6.6
65 years and over	3.1	2.6	3.7	4.3	4.9	3.8	5.5	6.4	2.2	1.8	2.6	3.0
65–74 years	3.9	3.1	4.4	5.4	6.7	5.2	7.9	9.1	3.0	2.5	3.5	4.2
75 years and over	2.1	2.0	2.8	2.9	2.4	2.1	2.7	2.6	1.1	*0.9	*1.4	*1.4
Race <sup>2,3</sup>												
White only	5.2	4.5	5.6	5.7	22.9	20.8	26.3	26.0	10.3	9.2	11.1	10.5
Black or African American only	4.0	3.5	4.1	3.5	11.7	11.6	14.0	14.4	6.5	6.5	6.1	5.7
American Indian or Alaska Native only	*	*	*	*7.8	29.2	23.7	15.3	23.3	17.4	*12.1	*9.5	*12.4
Asian only	*1.9	*2.3	*1.3	*2.5	11.4	8.8	12.1	11.7	*4.8	3.6	4.3	4.2
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	*7.5	*5.9	*6.5	---	28.0	25.7	26.3	---	15.9	12.5	10.9
Hispanic origin and race <sup>2,3</sup>												
Hispanic or Latino	3.9	3.2	2.8	3.3	20.4	17.3	19.7	20.9	11.2	9.0	9.2	9.0
Mexican	4.4	3.8	3.1	3.8	21.2	19.9	21.4	21.8	12.6	10.8	10.1	10.0
Not Hispanic or Latino	5.1	4.5	5.6	5.6	21.3	19.7	24.7	24.2	9.5	8.8	10.3	9.6
White only	5.4	4.7	6.2	6.2	23.5	21.5	27.9	27.5	10.3	9.3	11.5	11.0
Black or African American only	3.9	3.4	4.2	3.5	11.6	11.5	13.9	14.3	6.5	6.5	6.1	5.5
Percent of poverty level <sup>2,4</sup>												
Below 100%	4.8	4.3	4.7	4.9	17.3	15.0	17.6	19.1	9.7	8.6	8.5	9.1
100%–199%	4.9	4.2	4.9	4.5	18.4	15.7	20.9	20.3	9.8	8.0	9.8	8.4
200%–399%	4.9	4.2	4.8	5.2	21.0	18.7	23.3	23.4	9.8	8.9	10.1	10.0
400% or more	5.1	4.4	6.0	5.9	24.3	22.1	28.1	26.7	9.7	8.9	10.9	9.9
Disability measure <sup>2,5</sup>												
Any basic actions difficulty or complex activity limitation	5.7	5.2	5.5	4.9	20.2	18.8	21.9	20.7	10.2	9.3	9.5	8.6
Any basic actions difficulty	5.8	5.3	5.5	4.9	20.6	19.1	22.3	21.1	10.5	9.4	9.7	8.6
Any complex activity limitation	4.5	4.3	5.5	3.7	16.4	14.3	16.2	16.1	8.8	7.3	7.8	7.0
No disability	4.9	4.1	5.3	5.6	21.8	19.7	25.0	24.9	9.6	8.7	10.4	9.9
Male												
18 years and over, age-adjusted <sup>2</sup>	6.1	5.1	5.7	5.7	30.7	28.3	32.4	32.1	15.8	14.4	15.6	15.1
18 years and over, crude	6.1	5.2	5.7	5.7	31.7	29.0	32.2	31.3	16.3	14.7	15.6	14.7
Age												
Male:												
18–44 years	6.5	5.6	6.1	5.5	40.6	37.8	42.5	41.4	21.1	19.6	20.6	19.1
18–24 years	6.0	6.3	6.0	5.4	40.6	38.0	39.9	37.7	22.9	22.9	21.5	17.9
25–44 years	6.6	5.3	6.2	5.6	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	6.3	25.3	23.5	27.3	27.0	12.7	11.3	13.2	13.0
45–54 years	6.6	5.7	5.9	6.4	29.4	26.3	32.0	30.3	14.5	12.3	14.5	14.3
55–64 years	6.6	5.4	5.7	6.3	18.9	19.0	21.4	23.5	10.0	9.8	11.6	11.5
65 years and over	3.7	3.1	4.0	5.2	9.3	7.4	9.8	11.4	4.7	3.7	4.7	6.0
65–74 years	4.8	3.9	4.4	6.3	12.2	9.5	13.5	15.2	6.1	4.9	6.3	7.6
75 years and over	*2.1	*2.0	*3.5	*3.4	5.1	4.4	4.6	5.4	*2.5	*2.0	*2.5	*3.4

See footnotes at end of table.

**Table 58 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#058>.

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

Characteristic	Heavier drinker <sup>1</sup>				Five or more drinks in a day on at least 1 day in the past year <sup>1</sup>				Five or more drinks in a day on at least 12 days in the past year <sup>1</sup>			
	1997	2000	2010	2013	1997	2000	2010	2013	1997	2000	2010	2013
Race <sup>2,3</sup>												
Percent of adults												
White only . . . . .	6.3	5.1	6.1	6.0	32.8	29.9	35.3	34.9	16.7	14.9	17.1	16.5
Black or African American only . . . . .	5.3	5.4	4.6	4.2	18.4	19.8	20.2	21.0	11.0	12.4	9.8	9.6
American Indian or Alaska Native only . . . . .	*	*	*	*	45.7	29.2	*20.5	34.7	30.4	*14.0	*15.7	*19.4
Asian only . . . . .	*2.3	*3.5	*1.4	*	17.8	14.1	17.2	17.0	*7.5	*5.9	6.8	6.5
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races . . . . .	---	*12.1	*8.4	*6.3	---	39.2	37.6	34.8	---	23.7	20.3	15.7
Hispanic origin and race <sup>2,3</sup>												
Hispanic or Latino . . . . .	5.7	5.2	3.9	4.9	30.9	27.9	28.8	31.1	18.8	15.9	14.6	15.3
Mexican . . . . .	6.9	6.6	4.4	5.4	34.2	32.2	32.2	33.4	21.9	19.1	16.3	17.3
Not Hispanic or Latino . . . . .	6.1	5.2	6.0	5.8	30.7	28.6	33.3	32.3	15.5	14.3	15.9	15.0
White only . . . . .	6.4	5.2	6.5	6.3	33.3	30.6	36.9	36.1	16.6	15.0	17.6	16.8
Black or African American only . . . . .	5.3	5.4	4.7	4.1	18.4	19.7	20.3	20.6	11.1	12.3	9.9	9.2
Percent of poverty level <sup>2,4</sup>												
Below 100% . . . . .	6.8	6.4	6.5	6.8	26.9	24.8	26.0	27.3	16.5	15.7	14.1	15.5
100%–199% . . . . .	7.1	5.8	5.8	5.6	27.3	23.6	29.1	28.9	16.4	13.3	14.8	13.5
200%–399% . . . . .	6.6	5.3	5.8	6.1	30.4	27.4	31.8	31.0	16.0	14.7	16.4	15.6
400% or more . . . . .	5.0	4.4	5.4	5.3	33.6	31.3	36.4	35.1	15.4	14.4	15.8	15.0
Disability measure <sup>2,5</sup>												
Any basic actions difficulty or complex activity limitation . . . . .	7.2	6.8	6.6	5.8	29.4	28.9	30.6	29.0	17.0	16.5	14.8	14.0
Any basic actions difficulty . . . . .	7.5	6.8	6.7	5.8	30.4	29.8	31.8	30.2	17.7	16.8	15.5	14.6
Any complex activity limitation . . . . .	5.4	5.8	6.6	4.3	23.1	20.5	21.1	21.3	14.2	11.9	11.3	10.7
No disability . . . . .	5.8	4.8	5.4	5.7	31.5	28.5	33.5	33.3	15.6	14.1	15.9	15.4
Female												
18 years and over, age-adjusted <sup>2</sup> . . . . .	3.9	3.5	4.8	4.9	12.2	10.8	15.6	15.7	3.9	3.4	4.8	4.3
18 years and over, crude . . . . .	3.9	3.5	4.8	4.9	12.1	10.6	14.9	14.6	3.9	3.3	4.6	4.1
Age												
Female:												
18–44 years . . . . .	4.0	3.8	5.2	4.8	18.3	16.5	22.6	22.8	5.5	5.2	6.9	6.1
18–24 years . . . . .	4.5	5.2	6.4	5.0	23.0	22.8	28.1	25.0	7.6	8.3	10.9	7.7
25–44 years . . . . .	3.9	3.4	4.8	4.7	16.9	14.5	20.6	22.1	4.9	4.2	5.4	5.5
45–64 years . . . . .	4.4	3.8	4.9	5.7	7.2	6.0	11.1	10.6	2.9	1.9	3.4	3.4
45–54 years . . . . .	4.5	3.2	5.9	5.4	9.2	7.1	14.3	13.6	3.3	2.1	4.3	4.6
55–64 years . . . . .	4.4	4.6	3.8	6.0	4.1	4.4	7.3	7.4	2.1	1.5	2.3	2.0
65 years and over . . . . .	2.6	2.2	3.4	3.7	1.6	1.2	2.3	2.4	*0.4	*0.4	*	*0.7
65–74 years . . . . .	3.1	2.5	4.5	4.6	2.3	1.7	*3.1	3.8	*	*	*	*1.2
75 years and over . . . . .	2.0	1.9	2.3	2.5	*0.7	*	*1.4	*0.7	*	*	*	*
Race <sup>2,3</sup>												
White only . . . . .	4.2	4.0	5.2	5.3	13.5	12.1	17.4	17.5	4.2	3.7	5.2	4.8
Black or African American only . . . . .	2.9	2.0	3.8	3.0	6.5	5.2	9.0	9.2	2.9	1.9	3.1	2.6
American Indian or Alaska Native only . . . . .	*	*	*	*4.0	18.1	*19.0	*11.7	*13.3	*	*	*	*
Asian only . . . . .	*	*	*	*2.3	*5.2	*3.7	7.3	7.0	*	*	*	*2.2
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races . . . . .	---	*	*	*	---	17.0	16.4	18.8	---	*8.2	*6.3	*6.4

See footnotes at end of table.

**Table 58 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#058>.

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

Characteristic	Heavier drinker <sup>1</sup>				Five or more drinks in a day on at least 1 day in the past year <sup>1</sup>				Five or more drinks in a day on at least 12 days in the past year <sup>1</sup>			
	1997	2000	2010	2013	1997	2000	2010	2013	1997	2000	2010	2013
Hispanic origin and race <sup>2,3</sup>												
Percent of adults												
Hispanic or Latina . . . . .	2.2	1.2	1.7	1.9	9.7	6.8	10.3	10.8	3.5	2.1	3.6	2.8
Mexican . . . . .	*1.9	*1.1	*1.7	2.1	8.2	7.1	10.4	10.4	3.2	*2.2	3.7	2.7
Not Hispanic or Latina . . . . .	4.1	3.8	5.3	5.4	12.6	11.5	16.6	16.7	4.0	3.6	5.0	4.6
White only . . . . .	4.4	4.3	5.9	6.1	14.2	13.0	19.1	19.4	4.3	4.0	5.6	5.3
Black or African American only . . . . .	2.9	2.0	3.8	3.1	6.2	5.2	8.9	9.2	2.9	1.9	3.0	2.6
Percent of poverty level <sup>2,4</sup>												
Below 100% . . . . .	3.6	2.8	3.4	3.5	10.8	8.2	11.3	13.2	5.1	3.6	4.2	4.4
100%–199% . . . . .	3.1	2.9	4.1	3.6	10.5	9.0	13.5	13.3	4.0	3.5	5.1	4.1
200%–399% . . . . .	3.3	3.2	3.9	4.4	12.1	10.7	15.3	15.9	4.0	3.5	4.2	4.4
400% or more . . . . .	5.2	4.5	6.7	6.6	14.2	12.6	19.2	17.8	3.4	3.3	5.6	4.6
Disability measure <sup>2,5</sup>												
Any basic actions difficulty or complex activity limitation . . . . .	4.5	4.1	4.7	4.3	13.1	11.3	15.2	14.5	5.0	4.1	5.4	4.5
Any basic actions difficulty . . . . .	4.5	4.2	4.7	4.3	13.2	11.6	15.4	14.9	5.1	4.1	5.4	4.5
Any complex activity limitation . . . . .	3.7	*3.2	4.6	3.2	10.8	9.1	12.3	11.5	4.2	*3.1	5.0	3.7
No disability . . . . .	3.9	3.5	5.1	5.4	12.0	10.9	16.1	16.3	3.6	3.3	4.7	4.3

\* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20%–30%. Data not shown have an RSE greater than 30%.  
 --- Data not available.  
<sup>1</sup>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.  
<sup>2</sup>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.  
<sup>3</sup>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.  
<sup>4</sup>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.  
<sup>5</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 59 (page 1 of 2). Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#059>.

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

Health condition	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Diabetes <sup>1</sup>								
Percent of adults aged 20 and over								
Total, age-adjusted <sup>2</sup>	8.8	9.0	10.6	10.9	10.4	11.4	11.5	11.9
Total, crude	8.3	8.6	10.3	10.9	10.9	11.9	12.1	12.5
Hypercholesterolemia <sup>3</sup>								
Total, age-adjusted <sup>4</sup>	22.8	25.5	24.6	27.9	27.4	27.6	27.2	28.2
Total, crude	21.5	24.5	24.2	27.9	28.1	28.8	28.6	30.4
High cholesterol <sup>5</sup>								
Total, age-adjusted <sup>4</sup>	20.8	18.3	16.5	16.9	15.6	14.2	13.2	12.7
Total, crude	19.6	17.7	16.4	17.0	15.9	14.6	13.6	13.1
Hypertension <sup>6</sup>								
Total, age-adjusted <sup>4</sup>	25.5	30.0	29.7	32.1	30.5	31.2	30.0	30.0
Total, crude	24.1	28.9	28.9	32.5	31.7	32.6	31.9	32.5
Uncontrolled high blood pressure among persons with hypertension <sup>7</sup>								
Total, age-adjusted <sup>4</sup>	77.2	71.9	68.3	63.8	63.0	56.2	55.7	54.6
Total, crude	73.9	69.1	65.4	60.8	56.6	51.8	46.7	48.0
Overweight (includes obesity) <sup>8</sup>								
Total, age-adjusted <sup>4</sup>	56.0	64.5	65.6	66.4	66.9	68.1	68.8	68.6
Total, crude	54.9	64.1	65.6	66.5	67.3	68.3	69.2	69.0
Obesity <sup>9</sup>								
Total, age-adjusted <sup>4</sup>	22.9	30.5	30.5	32.3	34.4	33.7	35.7	34.9
Total, crude	22.3	30.3	30.6	32.3	34.7	33.9	35.9	35.1
Untreated dental caries <sup>10</sup>								
Total, age-adjusted <sup>4</sup>	27.7	24.4	21.3	29.8	24.4	21.7	---	25.5
Total, crude	28.2	25.0	21.7	30.2	24.5	21.8	---	25.5
Obesity <sup>11</sup>								
Percent of persons under age 20								
2–5 years	7.2	10.3	10.6	14.0	11.0	10.1	12.1	8.4
6–11 years	11.3	15.1	16.3	18.8	15.1	19.6	18.0	17.7
12–19 years	10.5	14.8	16.7	17.4	17.8	18.1	18.4	20.5
Untreated dental caries <sup>10</sup>								
5–19 years	24.3	23.6	21.2	25.6	16.2	16.9	14.6	17.5

See footnotes at end of table.

## Table 59 (page 2 of 2). Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2011–2012

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#059>.

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

- - - Data not available.

<sup>1</sup>Includes physician-diagnosed and undiagnosed diabetes. Estimates were obtained using fasting weights. 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. Pregnant women were excluded. Adjustments to FPG recommended by NHANES for trend analysis were incorporated into the data presented here. For more information, see [http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/GLU\\_D.htm](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. 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 44.

<sup>2</sup>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 presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

<sup>3</sup>Hypercholesterolemia 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 61.

<sup>4</sup>Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

<sup>5</sup>High 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 61.

<sup>6</sup>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 mm Hg or diastolic pressure of at least 90 mm Hg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. For antihypertensive medication use, respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?” See Appendix II, Blood pressure, high. See related Table 60.

<sup>7</sup>Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with measured high blood pressure or reporting taking antihypertensive medication. See Appendix II, Blood pressure, high. See related Table 60.

<sup>8</sup>Overweight is defined as body mass index (BMI) greater than or equal to 25, based on the NHANES variable, Body Mass Index. Excludes pregnant women. See Appendix II, Body mass index (BMI). See related Table 64.

<sup>9</sup>Obesity is defined as body mass index (BMI) greater than or equal to 30, based on the NHANES variable, Body Mass Index. Excludes pregnant women. See Appendix II, Body mass index (BMI). See related Table 64.

<sup>10</sup>Untreated dental caries refers to decay on the crown or enamel surface of a tooth (i.e., coronal caries) that has not been treated or filled. The presence of caries was evaluated in primary and permanent teeth for persons aged 5 and older. The third molars were not included. Persons without at least one natural tooth (primary or permanent) were excluded. Over time, there have been changes in the NHANES oral health examination process, ages examined, and methodology. For more information, see Appendix II, Dental caries. See related Table 66.

<sup>11</sup>Obesity is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI (based on the variable BMXBMI) using 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](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 65.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Some data have been revised and differ from previous editions of *Health, United States*.

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



**Table 60 (page 1 of 2). Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#060>.

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

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Hypertension <sup>2,3</sup> (measured high blood pressure and/or taking antihypertensive medication)				Uncontrolled high blood pressure among persons with hypertension <sup>4</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>5</sup>					Percent of population			
Both sexes <sup>6</sup>	25.5	30.0	31.3	30.0	77.2	70.6	63.3	55.1
Male	26.4	28.8	31.8	30.6	83.2	73.3	65.0	62.0
Female	24.4	30.6	30.3	29.3	68.5	61.8	53.6	44.7
Not Hispanic or Latino:								
White only, male	25.6	27.6	31.2	29.6	82.6	70.3	63.3	58.7
White only, female	23.0	28.5	28.3	27.5	67.0	63.6	47.5	42.8
Black or African American only, male	37.5	40.6	42.2	42.5	84.0	74.3	70.2	68.9
Black or African American only, female	38.3	43.5	44.1	44.2	71.1	67.2	59.0	46.8
Mexican origin male	26.9	26.8	24.8	27.3	87.9	89.5	70.7	76.4
Mexican origin female	25.0	27.9	28.6	29.3	77.6	71.5	66.1	47.1
Percent of poverty level: <sup>7</sup>								
Below 100%	31.7	33.9	35.0	33.4	75.0	71.2	69.8	56.3
100%–199%	26.6	33.5	34.1	33.1	76.0	73.4	68.2	57.6
200%–399%	24.7	30.2	31.9	30.6	76.2	67.8	63.9	51.5
400% or more	22.6	26.4	28.9	27.3	81.5	70.3	56.8	60.2
20 years and over, crude								
Both sexes <sup>6</sup>	24.1	30.2	32.1	32.2	73.9	67.3	58.6	47.4
Male	23.8	27.6	31.3	31.6	79.3	67.1	58.4	50.7
Female	24.4	32.7	32.9	32.8	68.8	67.4	58.8	44.2
Not Hispanic or Latino:								
White only, male	24.3	28.3	32.4	33.1	78.0	64.0	56.2	47.2
White only, female	24.6	32.8	33.4	33.7	67.8	66.9	58.2	42.6
Black or African American only, male	31.1	35.9	38.8	39.9	83.3	71.3	65.9	60.5
Black or African American only, female	32.5	41.9	42.8	44.5	70.0	67.5	55.5	45.8
Mexican origin male	16.4	16.5	16.6	19.1	86.5	86.9	66.9	69.8
Mexican origin female	15.9	18.8	20.0	22.0	80.6	74.5	68.6	52.8
Percent of poverty level: <sup>7</sup>								
Below 100%	25.7	30.3	28.8	27.3	74.0	71.3	67.3	54.8
100%–199%	26.7	34.8	36.8	35.3	75.1	70.7	63.2	49.8
200%–399%	22.4	29.9	33.1	33.4	73.4	64.4	58.0	45.7
400% or more	22.0	26.8	29.2	31.5	74.3	63.8	53.4	43.1
Male								
20–44 years	10.9	12.1	14.2	11.2	90.5	79.7	71.1	70.3
20–34 years	7.1	*8.1	9.2	5.8	92.6	89.9	83.1	88.4
35–44 years	17.1	17.1	21.1	19.1	89.0	73.3	63.6	62.0
45–64 years	34.2	36.4	41.2	42.2	73.1	61.4	57.0	50.2
45–54 years	29.2	31.0	36.2	33.6	76.2	66.4	59.3	47.7
55–64 years	40.6	45.0	50.2	51.9	70.3	55.9	53.9	52.0
65–74 years	54.4	59.6	64.1	61.7	74.3	59.1	45.9	36.9
75 years and over	60.4	69.0	65.0	75.1	82.5	74.3	59.7	48.9
Female								
20–44 years	6.5	8.3	6.9	8.7	63.4	58.3	49.1	46.5
20–34 years	2.9	*2.7	*2.2	3.9	82.2	56.9	*47.9	49.0
35–44 years	11.2	15.1	12.6	15.5	56.8	58.6	49.4	45.5
45–64 years	32.8	40.0	43.4	39.5	62.1	60.5	55.5	36.5
45–54 years	23.9	31.8	36.2	29.5	58.5	61.1	57.4	36.2
55–64 years	42.6	53.9	54.4	51.0	64.3	60.0	53.6	36.8
65–74 years	56.2	72.7	70.8	66.7	68.7	73.5	58.5	45.4
75 years and over	73.6	83.1	80.2	79.3	81.9	78.1	70.3	57.8

See footnotes at end of table.

**Table 60 (page 2 of 2). Hypertension among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#060>.

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

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

- - - Data not available.

<sup>1</sup>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.

<sup>2</sup>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 mm Hg or diastolic pressure of at least 90 mm Hg. Those with high blood pressure also may be taking prescribed medicine for high blood pressure. Those taking antihypertensive medication may not have measured high blood pressure but are still classified as having hypertension. See Appendix II, Blood pressure, high.

<sup>3</sup>Respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”

<sup>4</sup>Uncontrolled high blood pressure among persons with hypertension is defined as measured systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with measured high blood pressure or reporting taking antihypertensive medication. See Appendix II, Blood pressure, high.

<sup>5</sup>Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

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

<sup>7</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services’ poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2009–2012). See Appendix II, Family income; Poverty.

NOTES: Percentages are based on the average of blood pressure measurements taken. In 2009–2012, 84% of participants had three systolic or diastolic blood pressure readings. Excludes pregnant women. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 61 (page 1 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#061>.

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

<i>Sex, age, race and Hispanic origin<sup>1</sup>, and percent of poverty level</i>	1988–1994	1999–2002	2003–2006	2009–2012
Percent of population with hypercholesterolemia (serum total cholesterol greater than or equal to 240 mg/dL or taking cholesterol-lowering medications) <sup>3</sup>				
20 years and over, age-adjusted <sup>2</sup>				
Both sexes <sup>4</sup> . . . . .	22.8	25.0	27.7	27.8
Male . . . . .	21.1	25.3	27.7	27.9
Female . . . . .	24.0	24.3	27.4	27.5
Not Hispanic or Latino:				
White only, male . . . . .	21.1	26.0	28.7	28.1
White only, female . . . . .	24.2	25.1	28.2	28.2
Black or African American only, male . . . . .	18.6	20.1	22.8	25.6
Black or African American only, female . . . . .	23.1	22.0	23.3	26.3
Mexican origin male . . . . .	19.9	21.6	24.2	27.2
Mexican origin female . . . . .	19.8	19.3	24.1	26.2
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	23.0	25.0	27.9	28.7
100%–199% . . . . .	22.1	25.9	27.6	27.1
200%–399% . . . . .	23.1	26.5	27.5	28.1
400% or more . . . . .	21.7	23.1	27.9	27.4
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	21.5	25.0	28.0	29.5
Male . . . . .	19.6	25.1	27.5	28.8
Female . . . . .	23.2	24.8	28.5	30.1
Not Hispanic or Latino:				
White only, male . . . . .	20.0	26.8	29.7	30.9
White only, female . . . . .	24.5	27.0	30.8	33.4
Black or African American only, male . . . . .	16.0	18.5	21.3	24.4
Black or African American only, female . . . . .	19.7	19.9	21.9	25.5
Mexican origin male . . . . .	16.2	17.0	19.3	21.9
Mexican origin female . . . . .	14.9	13.8	18.7	19.4
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	19.4	21.6	24.1	24.1
100%–199% . . . . .	21.3	25.4	28.3	28.2
200%–399% . . . . .	21.3	26.2	28.1	30.5
400% or more . . . . .	21.9	24.2	28.7	31.6
Male				
20–44 years . . . . .	13.1	16.1	16.5	12.6
20–34 years . . . . .	8.2	10.4	10.2	6.6
35–44 years . . . . .	21.0	23.1	25.2	21.2
45–64 years . . . . .	30.1	36.0	35.7	39.8
45–54 years . . . . .	29.6	34.1	32.4	35.7
55–64 years . . . . .	30.8	39.1	41.6	44.5
65–74 years . . . . .	27.4	36.3	49.4	50.7
75 years and over . . . . .	24.4	29.0	37.1	51.2
Female				
20–44 years . . . . .	9.9	11.4	12.9	9.4
20–34 years . . . . .	7.3	9.1	10.8	6.3
35–44 years . . . . .	13.5	14.4	15.8	14.0
45–64 years . . . . .	36.4	31.7	37.3	42.4
45–54 years . . . . .	28.2	27.2	29.6	31.2
55–64 years . . . . .	45.8	39.2	49.2	55.3
65–74 years . . . . .	46.9	51.9	55.3	57.7
75 years and over . . . . .	41.2	44.0	47.3	53.3

See footnotes at end of table.

**Table 61 (page 2 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#061>.

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

<i>Sex, age, race and Hispanic origin<sup>1</sup>, and percent of poverty level</i>	1988–1994	1999–2002	2003–2006	2009–2012
Percent of population with high cholesterol (serum total cholesterol greater than or equal to 240 mg/dL) <sup>6</sup>				
20 years and over, age-adjusted <sup>2</sup>				
Both sexes <sup>4</sup> . . . . .	20.8	17.3	16.3	12.9
Male . . . . .	19.0	16.4	15.1	11.7
Female . . . . .	22.0	17.8	17.1	14.0
Not Hispanic or Latino:				
White only, male . . . . .	18.8	16.5	15.5	11.6
White only, female . . . . .	22.2	18.1	18.0	14.7
Black or African American only, male . . . . .	16.9	12.4	10.9	9.0
Black or African American only, female . . . . .	21.4	17.7	13.3	10.8
Mexican origin male . . . . .	18.5	17.4	17.6	13.5
Mexican origin female . . . . .	18.7	13.8	14.4	12.8
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	20.6	18.3	18.1	13.4
100%–199% . . . . .	20.6	19.1	16.7	13.2
200%–399% . . . . .	20.8	18.9	15.8	13.2
400% or more . . . . .	19.5	14.4	15.9	12.3
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	19.6	17.3	16.4	13.4
Male . . . . .	17.7	16.5	15.2	11.8
Female . . . . .	21.3	18.0	17.5	14.9
Not Hispanic or Latino:				
White only, male . . . . .	18.0	16.9	15.7	11.8
White only, female . . . . .	22.5	19.1	18.9	16.5
Black or African American only, male . . . . .	14.7	12.2	10.8	8.8
Black or African American only, female . . . . .	18.2	16.1	12.5	10.6
Mexican origin male . . . . .	15.4	15.0	15.7	13.0
Mexican origin female . . . . .	14.3	10.7	12.6	10.9
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	17.6	16.4	16.8	12.0
100%–199% . . . . .	19.8	18.2	16.0	12.9
200%–399% . . . . .	19.3	18.7	15.8	13.9
400% or more . . . . .	19.9	15.5	17.1	13.6
Male				
20–44 years . . . . .	12.5	14.2	14.1	10.0
20–34 years . . . . .	8.2	9.8	9.5	6.0
35–44 years . . . . .	19.4	19.7	20.5	15.8
45–64 years . . . . .	27.2	22.2	19.1	16.2
45–54 years . . . . .	26.6	23.6	20.8	18.0
55–64 years . . . . .	28.0	19.9	16.0	14.1
65–74 years . . . . .	21.9	13.7	10.9	8.1
75 years and over . . . . .	20.4	10.2	9.6	*5.5
Female				
20–44 years . . . . .	9.4	10.4	11.3	7.6
20–34 years . . . . .	7.3	8.9	10.3	5.7
35–44 years . . . . .	12.3	12.4	12.7	10.4
45–64 years . . . . .	33.4	23.0	23.9	22.4
45–54 years . . . . .	26.7	21.4	19.7	18.7
55–64 years . . . . .	40.9	25.6	30.5	26.6
65–74 years . . . . .	41.3	32.3	24.2	19.6
75 years and over . . . . .	38.2	26.5	18.6	16.2

See footnotes at end of table.

**Table 61 (page 3 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#061>.

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

<i>Sex, age, race and Hispanic origin<sup>1</sup>, and percent of poverty level</i>	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>2</sup>				
Mean serum total cholesterol level, mg/dL				
Both sexes <sup>4</sup> . . . . .	206	203	200	195
Male . . . . .	204	202	198	192
Female . . . . .	207	204	202	198
Not Hispanic or Latino:				
White only, male . . . . .	205	202	198	192
White only, female . . . . .	208	205	203	199
Black or African American only, male . . . . .	202	195	193	188
Black or African American only, female . . . . .	207	202	195	192
Mexican origin male . . . . .	206	204	203	197
Mexican origin female . . . . .	206	199	200	194
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	205	201	203	196
100%–199% . . . . .	205	204	201	194
200%–399% . . . . .	207	205	199	195
400% or more . . . . .	205	202	201	196
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	204	203	200	196
Male . . . . .	202	202	198	193
Female . . . . .	206	204	202	199
Not Hispanic or Latino:				
White only, male . . . . .	203	203	198	193
White only, female . . . . .	208	206	205	202
Black or African American only, male . . . . .	198	194	192	187
Black or African American only, female . . . . .	201	199	194	191
Mexican origin male . . . . .	199	200	200	198
Mexican origin female . . . . .	198	194	196	193
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	200	198	200	192
100%–199% . . . . .	202	202	199	193
200%–399% . . . . .	205	204	199	196
400% or more . . . . .	206	204	203	199
Male				
20–44 years . . . . .	194	196	196	191
20–34 years . . . . .	186	188	186	182
35–44 years . . . . .	206	207	209	204
45–64 years . . . . .	216	213	206	200
45–54 years . . . . .	216	215	208	203
55–64 years . . . . .	216	212	202	198
65–74 years . . . . .	212	202	191	184
75 years and over . . . . .	205	195	187	173
Female				
20–44 years . . . . .	189	191	192	187
20–34 years . . . . .	184	185	188	180
35–44 years . . . . .	195	198	197	196
45–64 years . . . . .	225	215	213	212
45–54 years . . . . .	217	211	208	209
55–64 years . . . . .	235	221	219	216
65–74 years . . . . .	233	224	214	206
75 years and over . . . . .	229	217	206	201

See footnotes at end of table.

**Table 61 (page 4 of 4). Cholesterol among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#061>.

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

- - - Data not available.

<sup>1</sup>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.

<sup>2</sup>Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

<sup>3</sup>Hypercholesterolemia is defined as measured serum total cholesterol 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]?”

<sup>4</sup>Includes persons of all races and Hispanic origins, not just those shown separately.

<sup>5</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services’ poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2009–2012). See Appendix II, Family income; Poverty.

<sup>6</sup>High cholesterol is defined as serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L), regardless of whether the respondent reported taking cholesterol-lowering medications.

NOTES: Risk levels for cholesterol have been defined by the Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 2002. (Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm> and summarized in JAMA 2001;285(19):2486–97). Serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L) is considered high. See Appendix II, Cholesterol. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 62 (page 1 of 2). Mean macronutrient intake among adults aged 20 and over, by sex and age: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#062>.

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

Sex and age	1988–1994	1999–2002	2003–2006	2009–2012
Percent kcal from carbohydrates				
Both sexes, age-adjusted <sup>1</sup>	49.8	50.7	48.9	49.5
Both sexes, crude	49.8	50.7	48.9	49.4
20–44 years	49.2	51.3	49.3	49.9
45–64 years	49.7	49.3	47.5	48.5
65–74 years	51.1	50.5	49.2	49.0
75 years and over	53.0	52.6	51.5	51.0
Male, age-adjusted <sup>1</sup>	48.5	49.5	47.8	48.1
Male, crude	48.4	49.4	47.7	48.0
20–44 years	48.1	50.2	48.4	48.5
45–64 years	48.3	48.0	46.3	47.2
65–74 years	49.4	49.4	47.6	47.0
75 years and over	50.9	51.0	50.3	50.3
Female, age-adjusted <sup>1</sup>	51.0	51.9	49.9	50.8
Female, crude	51.0	51.9	49.9	50.7
20–44 years	50.3	52.5	50.2	51.3
45–64 years	51.0	50.6	48.7	49.8
65–74 years	52.5	51.4	50.6	50.9
75 years and over	54.2	53.7	52.4	51.6
Percent kcal from protein				
Both sexes, age-adjusted <sup>1</sup>	15.5	15.3	15.6	15.7
Both sexes, crude	15.4	15.3	15.6	15.7
20–44 years	15.0	14.9	15.3	15.6
45–64 years	15.9	15.6	16.0	15.8
65–74 years	16.2	16.3	15.9	16.4
75 years and over	16.0	15.4	15.6	15.8
Male, age-adjusted <sup>1</sup>	15.5	15.4	15.6	16.0
Male, crude	15.4	15.4	15.6	16.0
20–44 years	15.0	15.0	15.4	15.8
45–64 years	15.9	15.7	15.8	16.0
65–74 years	15.9	16.3	16.0	16.6
75 years and over	16.3	15.7	15.8	16.0
Female, age-adjusted <sup>1</sup>	15.5	15.2	15.6	15.5
Female, crude	15.4	15.2	15.6	15.5
20–44 years	14.9	14.8	15.2	15.3
45–64 years	15.9	15.5	16.1	15.5
65–74 years	16.5	16.3	15.9	16.2
75 years and over	15.9	15.3	15.5	15.6
Percent kcal from total fat				
Both sexes, age-adjusted <sup>1</sup>	33.5	33.0	33.7	32.9
Both sexes, crude	33.5	33.0	33.7	33.0
20–44 years	34.0	32.4	33.1	32.3
45–64 years	33.4	33.9	34.6	33.5
65–74 years	32.3	33.4	34.3	33.7
75 years and over	32.0	32.8	33.1	33.3
Male, age-adjusted <sup>1</sup>	33.8	33.0	33.5	33.0
Male, crude	33.9	33.0	33.6	33.0
20–44 years	34.1	32.2	32.6	32.2
45–64 years	33.9	34.0	34.8	33.8
65–74 years	33.0	33.4	34.5	34.1
75 years and over	33.0	33.2	33.3	33.1
Female, age-adjusted <sup>1</sup>	33.2	33.1	33.8	32.8
Female, crude	33.2	33.1	33.9	32.9
20–44 years	33.9	32.6	33.6	32.4
45–64 years	32.9	33.9	34.4	33.2
65–74 years	31.6	33.3	34.1	33.3
75 years and over	31.5	32.6	32.9	33.5

See footnotes at end of table.

**Table 62 (page 2 of 2). Mean macronutrient intake among adults aged 20 and over, by sex and age: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#062>.

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

Sex and age	1988–1994	1999–2002	2003–2006	2009–2012
		Percent kcal from saturated fat		
Both sexes, age-adjusted <sup>1</sup> . . . . .	11.2	10.7	11.2	10.6
Both sexes, crude . . . . .	11.2	10.7	11.2	10.6
20–44 years . . . . .	11.5	10.8	11.1	10.5
45–64 years . . . . .	11.1	10.8	11.4	10.8
65–74 years . . . . .	10.7	10.5	11.2	10.7
75 years and over . . . . .	10.7	10.3	11.0	10.8
Male, age-adjusted <sup>1</sup> . . . . .	11.3	10.7	11.1	10.6
Male, crude . . . . .	11.4	10.7	11.1	10.6
20–44 years . . . . .	11.5	10.8	11.0	10.4
45–64 years . . . . .	11.2	10.7	11.3	10.9
65–74 years . . . . .	10.9	10.6	11.2	10.8
75 years and over . . . . .	11.2	10.7	11.2	10.7
Female, age-adjusted <sup>1</sup> . . . . .	11.1	10.7	11.2	10.6
Female, crude . . . . .	11.1	10.7	11.3	10.6
20–44 years . . . . .	11.4	10.8	11.2	10.5
45–64 years . . . . .	10.9	10.9	11.5	10.6
65–74 years . . . . .	10.4	10.4	11.3	10.7
75 years and over . . . . .	10.5	10.1	10.8	10.9

<sup>1</sup>Estimates are age-adjusted to the year 2000 standard population using four age groups: 20–44 years, 45–64 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.

NOTES: Starting in 2001, 24-hour dietary recall data were collected in the mobile examination center (day 1 file) and on a second day by telephone interview (day 2 file). For comparability across survey years, this table is based on day 1 data only. It is recognized that usual intake of macronutrients based on 2 or more days of dietary data would be more precise (Freedman LS, Guenther PM, Dodd KW, Krebs-Smith SM, Midthune D. The population distribution of ratios of usual intakes of dietary components that are consumed every day can be estimated from repeated 24-hour recalls. *J Nutr* 2010 Jan;140(1):111–6.) Two days of data are available only in later years of the continuous NHANES survey. Thus, in order to present trends, macronutrient intake estimates on a given day are presented in this table. This table excludes individuals who reported no energy intake. Energy intake included kilocalories from all foods and beverages, including alcoholic beverages, consumed during the previous 24-hour period. Macronutrients (carbohydrates, protein, and fat) do not sum to 100% because information for alcohol is not shown in the table. See *Health, United States, 2013*, Table 67, for earlier data years. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data 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 63 (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 1998–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#063>.

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

Characteristic	2008 Physical Activity Guidelines for Americans <sup>1</sup>									
	Met both aerobic activity and muscle-strengthening guidelines					Met neither aerobic activity nor muscle-strengthening guideline				
	1998	2000	2010	2012	2013	1998	2000	2010	2012	2013
	Percent									
18 years and over, age-adjusted <sup>2,3</sup>	14.3	15.0	20.7	20.8	21.0	56.6	54.7	49.1	46.6	46.5
18 years and over, crude <sup>3</sup>	14.5	15.1	20.4	20.3	20.4	56.3	54.6	49.5	47.1	47.2
Age										
18–44 years	18.9	18.9	25.7	25.7	25.7	50.7	49.1	43.1	41.0	40.3
18–24 years	23.8	23.8	29.6	29.7	30.3	46.5	44.5	39.4	37.9	35.5
25–44 years	17.4	17.3	24.3	24.2	24.0	51.9	50.6	44.4	42.2	42.0
45–64 years	11.4	12.8	17.7	17.2	17.8	58.8	57.6	51.0	49.6	50.2
45–54 years	13.2	14.5	19.2	18.2	20.1	56.9	55.4	48.9	48.3	48.4
55–64 years	8.6	10.1	15.9	16.0	15.3	61.8	61.0	53.7	51.2	52.1
65 years and over	5.5	6.8	10.4	11.9	11.7	71.0	67.0	64.6	58.4	59.4
65–74 years	7.0	8.4	13.6	14.8	14.7	65.6	60.3	59.9	51.7	54.0
75 years and over	3.5	4.9	6.4	7.9	7.6	77.8	75.0	70.3	67.2	66.8
Sex <sup>2</sup>										
Male	17.5	17.9	25.1	24.6	25.0	50.8	49.6	43.8	42.2	42.0
Female	11.4	12.3	16.5	17.1	17.2	61.9	59.4	54.0	50.7	50.7
Sex and age										
Male:										
18–44 years	23.0	23.0	31.8	31.8	31.7	44.3	43.0	37.1	35.9	34.7
45–54 years	16.1	16.0	20.9	18.7	22.3	52.9	52.7	45.2	45.9	46.3
55–64 years	9.4	11.3	19.1	16.8	17.6	58.2	58.7	50.1	49.1	49.6
65–74 years	9.5	9.4	16.6	17.1	15.9	58.9	55.3	55.6	45.9	49.7
75 years and over	4.9	7.1	9.1	10.5	7.8	69.5	66.7	62.8	61.3	60.6
Female:										
18–44 years	14.9	15.0	19.6	19.8	19.8	56.9	55.0	49.0	46.0	45.7
45–54 years	10.5	13.1	17.5	17.7	18.0	60.8	57.9	52.4	50.5	50.5
55–64 years	7.8	9.0	13.1	15.3	13.2	65.0	63.1	57.0	53.2	54.4
65–74 years	5.1	7.7	11.0	12.8	13.6	70.9	64.3	63.6	56.7	57.7
75 years and over	2.6	3.6	4.6	6.2	7.5	83.0	80.0	75.3	71.2	71.0
Race <sup>2,4</sup>										
White only	14.8	15.7	21.4	21.5	21.7	55.2	53.1	47.6	45.4	45.2
Black or African American only	11.7	12.2	17.2	16.8	17.7	65.7	64.6	58.5	55.0	54.7
American Indian or Alaska Native only	16.0	*10.6	*12.7	18.7	16.8	57.6	67.1	54.0	50.8	50.8
Asian only	13.5	14.1	17.8	17.1	18.3	59.1	55.0	51.7	47.8	47.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	---	*	*	*	*
2 or more races	---	19.0	25.9	28.7	22.4	---	52.8	45.0	40.5	44.4
Hispanic origin and race <sup>2,4</sup>										
Hispanic or Latino	9.4	9.2	14.4	15.7	16.6	67.7	66.5	60.2	54.5	53.8
Mexican	8.7	8.1	13.2	14.9	15.0	69.5	67.0	60.7	53.8	53.4
Not Hispanic or Latino	14.9	15.8	21.9	21.7	21.9	55.3	53.2	47.2	45.1	45.2
White only	15.5	16.5	22.9	23.0	22.9	53.6	51.4	45.0	43.2	43.1
Black or African American only	11.7	12.2	17.4	16.7	17.8	65.8	64.6	58.4	55.1	54.7
Education <sup>5,6</sup>										
No high school diploma or GED	4.6	4.3	7.7	7.6	8.0	76.3	74.0	69.8	66.3	66.6
High school diploma or GED	8.6	9.5	12.7	12.4	13.8	64.6	61.7	59.0	57.4	57.0
Some college or more	18.2	18.9	25.0	24.9	24.4	48.0	47.1	42.1	39.7	40.6

See footnotes at end of table.

**Table 63 (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 1998–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#063>.

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

Characteristic	2008 Physical Activity Guidelines for Americans <sup>1</sup>									
	Met both aerobic activity and muscle-strengthening guidelines					Met neither aerobic activity nor muscle-strengthening guideline				
	1998	2000	2010	2012	2013	1998	2000	2010	2012	2013
Percent of poverty level <sup>2,7</sup>					Percent					
Below 100%	8.0	9.3	12.0	11.6	12.6	71.3	68.0	63.9	60.5	59.5
100%–199%	9.0	9.0	12.7	14.5	14.3	67.1	65.5	60.6	56.3	56.7
200%–399%	12.6	13.2	19.2	18.8	19.2	58.0	56.8	50.6	47.9	48.0
400% or more	20.2	20.5	29.1	29.4	29.1	46.2	45.0	36.9	35.5	35.6
Hispanic origin and race and percent of poverty level <sup>2,4,7</sup>										
Hispanic or Latino:										
Below 100%	4.6	4.4	8.9	9.6	8.7	78.0	75.2	68.6	64.6	65.1
100%–199%	7.0	5.0	9.3	12.2	12.2	71.2	72.2	66.7	59.3	60.1
200%–399%	11.1	10.2	15.7	17.7	20.6	63.8	63.1	57.6	51.6	48.5
400% or more	17.4	19.6	28.1	29.1	27.6	55.6	52.8	42.5	37.2	39.5
Not Hispanic or Latino:										
White only:										
Below 100%	9.9	11.7	13.7	14.2	14.9	66.9	63.5	60.5	56.9	56.2
100%–199%	9.6	10.3	14.1	16.5	15.7	65.1	62.6	56.4	53.7	53.8
200%–399%	13.1	13.9	20.0	19.0	19.0	56.1	54.7	48.6	46.7	46.8
400% or more	20.2	21.0	29.9	30.2	30.0	45.2	43.7	35.2	34.0	33.9
Black or African American only:										
Below 100%	7.1	9.5	11.3	8.2	11.6	74.6	72.1	66.9	64.6	63.5
100%–199%	8.8	9.5	11.7	12.7	13.8	69.8	69.2	67.0	59.2	62.0
200%–399%	10.6	11.8	20.8	17.9	17.1	64.5	64.3	53.3	53.6	52.7
400% or more	21.2	17.6	26.1	28.8	28.5	54.2	54.9	47.7	43.0	39.4
Disability measure <sup>2,8</sup>										
Any basic actions difficulty or complex activity limitation										
Any basic actions difficulty	10.2	10.3	13.6	14.1	14.1	64.4	62.2	59.1	57.3	56.9
Any complex activity limitation	9.8	10.3	13.8	14.0	13.8	64.8	62.1	59.2	57.8	57.3
No disability	7.7	7.2	8.9	10.0	10.8	71.9	71.2	67.2	65.4	65.1
	16.0	17.0	24.2	23.9	24.2	52.5	50.6	43.3	40.7	40.2
Geographic region <sup>2</sup>										
Northeast	14.2	17.0	20.2	20.6	22.2	57.0	51.8	49.1	48.7	47.1
Midwest	15.0	16.4	20.7	21.7	21.7	54.9	53.4	49.7	47.0	46.3
South	11.8	12.1	18.8	18.7	18.2	61.4	59.7	51.8	49.9	49.5
West	18.5	16.7	24.0	23.3	23.7	49.5	50.1	44.5	39.3	41.5
Location of residence <sup>2,9</sup>										
Within MSA	14.9	15.7	21.8	22.0	21.9	55.8	54.1	47.8	44.8	45.3
Outside MSA	12.2	12.3	14.5	13.7	15.7	59.7	56.9	56.9	56.2	53.5

See footnotes at end of table.

**Table 63 (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 1998–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#063>.

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

Characteristic	2008 Physical Activity Guidelines for Americans <sup>1</sup>									
	Met aerobic activity guideline					Met muscle-strengthening guideline				
	1998	2000	2010	2012	2013	1998	2000	2010	2012	2013
	Percent									
18 years and over, age-adjusted <sup>2,3</sup>	40.0	42.2	47.3	50.1	50.1	17.7	18.0	24.4	24.1	24.4
18 years and over, crude <sup>3</sup>	40.3	42.4	46.9	49.6	49.4	17.9	18.1	24.0	23.6	23.9
Age										
18–44 years	45.7	47.7	53.8	56.1	56.9	22.5	22.1	28.8	28.6	28.5
18–24 years	49.3	52.2	57.2	59.6	61.5	28.0	27.2	32.8	32.1	33.3
25–44 years	44.6	46.3	52.5	54.9	55.1	20.8	20.5	27.4	27.2	26.8
45–64 years	38.2	39.7	45.2	46.9	46.4	14.4	15.5	21.5	20.7	21.3
45–54 years	40.1	42.1	47.6	48.5	48.4	16.2	17.0	22.6	21.4	23.3
55–64 years	35.3	36.1	42.1	45.0	44.1	11.5	13.1	20.1	19.8	19.0
65 years and over	26.0	30.1	30.5	37.5	35.8	8.6	9.8	15.4	16.1	16.7
65–74 years	31.7	36.8	35.9	44.6	41.8	9.7	11.3	17.9	18.7	19.2
75 years and over	18.7	22.1	23.9	28.1	27.6	7.2	8.0	12.3	12.7	13.4
Sex <sup>2</sup>										
Male	45.4	47.4	52.1	54.0	54.3	21.2	20.8	29.1	28.4	28.7
Female	35.1	37.6	42.7	46.6	46.2	14.4	15.4	19.8	20.0	20.2
Sex and age										
Male:										
18–44 years	51.5	53.6	59.0	60.5	61.8	27.2	26.3	35.6	35.4	35.2
45–54 years	44.3	45.2	50.7	50.3	50.4	18.8	18.0	24.8	22.3	25.5
55–64 years	38.3	38.9	46.0	46.9	46.7	12.9	13.8	22.9	20.9	21.1
65–74 years	38.5	41.8	40.7	50.8	46.5	12.0	12.2	20.6	20.6	20.0
75 years and over	26.1	30.7	32.3	33.8	33.2	9.5	10.1	14.5	15.4	14.3
Female:										
18–44 years	40.0	42.0	48.5	51.9	52.0	17.9	17.9	22.1	21.9	22.0
45–54 years	36.1	39.1	44.7	46.7	46.4	13.7	16.1	20.4	20.5	21.2
55–64 years	32.5	33.5	38.6	43.3	41.7	10.3	12.4	17.5	18.8	17.1
65–74 years	26.2	32.6	31.8	39.1	37.7	7.8	10.5	15.6	17.1	18.5
75 years and over	14.0	16.8	18.3	24.3	23.7	5.7	6.7	10.8	10.8	12.7
Race <sup>2,4</sup>										
White only	41.5	44.1	48.9	51.5	51.5	18.0	18.5	24.8	24.6	25.0
Black or African American only	30.4	31.7	37.3	41.2	41.4	15.6	16.0	21.4	20.7	21.7
American Indian or Alaska Native only	39.7	29.7	42.0	46.1	47.4	18.2	13.9	16.7	21.9	20.0
Asian only	37.1	41.7	44.2	48.8	49.5	17.2	17.2	21.9	20.5	21.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	---	*	*	*	*
2 or more races	---	43.9	50.2	55.6	51.6	---	22.2	30.4	32.5	26.7
Hispanic origin and race <sup>2,4</sup>										
Hispanic or Latino	29.1	30.8	36.2	42.5	42.9	12.7	11.9	18.1	18.8	19.8
Mexican	27.4	30.0	35.9	43.1	43.5	11.9	11.3	16.7	18.2	18.1
Not Hispanic or Latino	41.3	43.7	49.1	51.6	51.5	18.3	18.8	25.5	25.0	25.2
White only	43.1	45.7	51.5	53.7	53.6	18.7	19.3	26.3	26.1	26.2
Black or African American only	30.4	31.7	37.3	40.9	41.4	15.6	16.0	21.6	20.6	21.8
Education <sup>5,6</sup>										
No high school diploma or GED	21.4	23.9	27.1	31.5	30.7	7.0	6.6	10.9	10.0	10.9
High school diploma or GED	32.6	35.7	37.3	38.8	39.9	11.4	12.1	16.2	16.1	16.9
Some college or more	48.1	49.4	53.9	56.7	55.7	22.1	22.4	28.9	28.5	28.1

See footnotes at end of table.

**Table 63 (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 1998–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#063>.

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

Characteristic	2008 Physical Activity Guidelines for Americans <sup>1</sup>									
	Met aerobic activity guideline					Met muscle-strengthening guideline				
	1998	2000	2010	2012	2013	1998	2000	2010	2012	2013
Percent of poverty level <sup>2,7</sup>						Percent				
Below 100%	25.9	29.3	32.2	36.8	37.2	10.8	12.3	15.8	14.3	15.9
100%–199%	29.9	32.0	36.0	40.2	39.5	12.0	11.5	16.1	18.1	18.0
200%–399%	38.8	39.9	45.5	49.1	48.8	15.9	16.5	23.1	21.9	22.4
400% or more	50.0	52.0	59.3	60.9	61.1	24.0	23.4	32.8	32.9	32.5
Hispanic origin and race and percent of poverty level <sup>2,4,7</sup>										
Hispanic or Latino:										
Below 100%	19.5	22.1	27.8	33.2	32.2	7.1	7.2	12.4	12.1	11.6
100%–199%	25.6	25.8	30.1	37.3	36.4	10.2	7.1	12.6	15.8	15.6
200%–399%	33.1	33.0	38.8	46.2	48.6	14.6	14.0	19.5	20.1	23.5
400% or more	40.6	45.1	53.4	58.6	56.8	21.1	21.7	32.1	33.2	31.2
Not Hispanic or Latino:										
White only:										
Below 100%	30.2	34.0	35.5	39.9	40.0	12.8	14.7	17.5	17.4	18.5
100%–199%	32.2	34.8	40.6	43.5	42.7	12.5	12.9	17.0	19.3	19.0
200%–399%	40.8	42.3	47.8	50.4	50.1	16.2	16.9	23.6	22.0	22.0
400% or more	51.0	53.4	61.0	62.7	62.7	24.0	23.8	33.5	33.4	33.3
Black or African American only:										
Below 100%	22.7	25.4	29.3	33.1	33.4	10.0	12.1	15.3	10.7	14.8
100%–199%	26.9	28.0	28.5	35.8	33.0	12.1	12.3	16.0	17.8	18.9
200%–399%	30.6	31.4	41.9	42.4	42.9	15.5	16.2	25.7	22.1	21.6
400% or more	41.7	40.3	48.5	52.3	57.0	25.4	22.4	29.8	33.4	32.8
Disability measure <sup>2,8</sup>										
Any basic actions difficulty or complex activity limitation										
Any basic actions difficulty	31.8	34.2	36.4	38.6	38.6	13.9	14.0	18.0	18.2	18.5
Any complex activity limitation	31.3	34.0	36.6	38.1	38.3	13.6	14.2	18.1	18.2	18.2
No disability	24.4	24.9	27.9	30.1	29.5	11.5	11.3	13.9	14.5	16.2
	44.3	46.6	53.4	56.3	56.7	19.3	19.8	27.4	26.9	27.4
Geographic region <sup>2</sup>										
Northeast	39.6	45.3	46.9	47.8	49.2	17.5	20.0	24.3	24.0	26.0
Midwest	42.0	43.5	46.1	49.5	50.0	18.2	19.3	24.7	25.0	25.3
South	35.3	37.3	45.0	47.2	47.3	15.0	15.1	22.0	21.6	21.5
West	46.7	46.9	52.0	57.1	55.4	22.3	19.7	27.5	27.1	26.9
Location of residence <sup>2,9</sup>										
Within MSA	40.8	42.9	48.7	51.8	51.3	18.3	18.6	25.4	25.4	25.4
Outside MSA	37.1	39.9	39.1	40.9	43.4	15.4	15.5	18.5	16.7	18.7

See footnotes at end of table.

**Table 63 (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 1998–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#063>.

[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.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately, unknown education level, and unknown disability status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 64 (page 1 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Healthy weight (BMI from 18.5 to 24.9) <sup>2</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	41.6	33.0	31.6	29.6
Male . . . . .	37.9	30.2	26.6	26.2
Female . . . . .	45.0	35.7	36.5	32.8
Not Hispanic or Latino:				
White only, male . . . . .	37.3	29.6	26.8	26.2
White only, female . . . . .	48.7	39.5	39.6	36.0
Black or African American only, male . . . . .	40.1	34.7	27.0	28.0
Black or African American only, female . . . . .	29.2	21.6	19.2	16.4
Mexican origin male . . . . .	30.2	26.5	23.8	17.5
Mexican origin female . . . . .	29.7	27.5	25.1	20.9
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	37.5	32.7	32.1	27.3
100%–199% . . . . .	39.3	30.5	31.3	26.5
200%–399% . . . . .	41.8	29.6	29.7	30.0
400% or more . . . . .	45.5	36.5	33.7	32.0
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	42.6	32.9	31.4	29.2
Male . . . . .	39.4	30.4	26.6	26.2
Female . . . . .	45.7	35.4	35.9	31.9
Not Hispanic or Latino:				
White only, male . . . . .	38.2	29.2	26.2	25.6
White only, female . . . . .	48.8	38.7	38.2	34.2
Black or African American only, male . . . . .	41.5	35.9	27.1	28.5
Black or African American only, female . . . . .	31.2	21.8	19.2	16.1
Mexican origin male . . . . .	35.2	29.4	25.2	17.9
Mexican origin female . . . . .	32.4	29.5	25.8	22.2
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	39.8	34.5	33.2	29.2
100%–199% . . . . .	41.5	31.5	31.7	26.8
200%–399% . . . . .	42.9	29.7	29.6	29.6
400% or more . . . . .	44.6	35.3	32.1	30.3
Male				
20–34 years . . . . .	51.1	40.3	35.9	37.5
35–44 years . . . . .	33.4	29.0	24.1	21.0
45–54 years . . . . .	33.6	24.0	20.8	20.0
55–64 years . . . . .	28.6	23.8	19.3	21.9
65–74 years . . . . .	30.1	22.8	21.2	22.4
75 years and over . . . . .	40.9	32.0	33.1	28.2
Female				
20–34 years . . . . .	57.9	42.5	45.1	40.8
35–44 years . . . . .	47.1	37.1	37.6	35.2
45–54 years . . . . .	37.2	33.1	31.1	27.3
55–64 years . . . . .	31.5	27.6	29.5	23.8
65–74 years . . . . .	37.0	26.4	28.5	23.5
75 years and over . . . . .	43.0	36.9	35.4	35.3

See footnotes at end of table.

**Table 64 (page 2 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Overweight (includes obesity; BMI greater than or equal to 25.0) <sup>2</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	56.0	65.1	66.7	68.7
Male . . . . .	60.9	68.8	72.1	72.9
Female . . . . .	51.4	61.6	61.3	64.6
Not Hispanic or Latino:				
White only, male . . . . .	61.6	69.4	71.8	73.2
White only, female . . . . .	47.5	57.2	57.9	60.9
Black or African American only, male . . . . .	57.8	62.6	71.6	70.2
Black or African American only, female . . . . .	68.2	77.2	79.8	81.8
Mexican origin male . . . . .	68.9	73.2	75.8	81.9
Mexican origin female . . . . .	68.9	71.2	73.9	78.3
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	59.6	64.7	65.7	70.0
100%–199% . . . . .	58.0	67.3	66.5	71.7
200%–399% . . . . .	56.0	68.6	69.0	68.3
400% or more . . . . .	52.4	62.2	64.7	66.8
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	54.9	65.2	66.9	69.1
Male . . . . .	59.4	68.6	72.1	72.9
Female . . . . .	50.7	62.0	61.9	65.5
Not Hispanic or Latino:				
White only, male . . . . .	60.6	69.9	72.5	73.8
White only, female . . . . .	47.4	58.2	59.4	62.9
Black or African American only, male . . . . .	56.7	61.7	71.6	69.6
Black or African American only, female . . . . .	66.0	76.9	79.7	82.1
Mexican origin male . . . . .	63.9	70.1	74.6	81.4
Mexican origin female . . . . .	65.9	69.3	73.0	76.9
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	56.8	62.5	64.4	68.0
100%–199% . . . . .	55.7	66.2	66.0	71.4
200%–399% . . . . .	54.9	68.5	69.0	68.8
400% or more . . . . .	53.3	63.7	66.5	68.6
Male				
20–34 years . . . . .	47.5	57.4	61.6	60.9
35–44 years . . . . .	65.5	70.5	75.2	78.9
45–54 years . . . . .	66.1	75.7	78.5	79.3
55–64 years . . . . .	70.5	75.4	79.7	77.4
65–74 years . . . . .	68.5	76.2	78.0	76.9
75 years and over . . . . .	56.5	67.4	65.8	70.4
Female				
20–34 years . . . . .	37.0	52.9	50.9	55.2
35–44 years . . . . .	49.6	60.6	60.7	62.4
45–54 years . . . . .	60.3	65.1	67.3	70.5
55–64 years . . . . .	66.3	72.2	69.6	75.1
65–74 years . . . . .	60.3	70.9	70.5	73.8
75 years and over . . . . .	52.3	59.9	62.6	62.4

See footnotes at end of table.

**Table 64 (page 3 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin<sup>1</sup>, and percent of poverty level</i>	<i>Obesity (BMI greater than or equal to 30.0)<sup>2</sup></i>			
	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	22.9	30.4	33.4	35.3
Male . . . . .	20.2	27.5	32.4	34.6
Female . . . . .	25.5	33.2	34.3	35.9
Not Hispanic or Latino:				
White only, male . . . . .	20.3	28.0	32.4	34.4
White only, female . . . . .	22.9	30.7	31.6	32.3
Black or African American only, male . . . . .	20.9	27.8	35.7	38.1
Black or African American only, female . . . . .	38.3	48.6	53.4	57.5
Mexican origin male . . . . .	23.8	27.8	29.5	40.2
Mexican origin female . . . . .	35.2	38.0	41.8	46.3
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	28.1	34.7	35.0	38.3
100%–199% . . . . .	26.1	34.1	35.9	40.1
200%–399% . . . . .	22.7	32.1	35.7	37.0
400% or more . . . . .	18.7	25.5	28.9	30.2
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	22.3	30.5	33.5	35.5
Male . . . . .	19.5	27.5	32.4	34.6
Female . . . . .	25.0	33.4	34.6	36.4
Not Hispanic or Latino:				
White only, male . . . . .	19.9	28.4	32.6	34.7
White only, female . . . . .	22.7	31.3	32.2	33.5
Black or African American only, male . . . . .	20.7	27.5	35.8	37.9
Black or African American only, female . . . . .	36.7	48.7	53.2	57.6
Mexican origin male . . . . .	20.6	26.0	29.0	40.2
Mexican origin female . . . . .	33.3	37.0	41.2	45.2
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	25.9	33.0	34.6	37.0
100%–199% . . . . .	24.3	32.8	35.0	40.0
200%–399% . . . . .	22.1	31.8	35.5	37.1
400% or more . . . . .	19.3	27.2	30.7	31.7
Male				
20–34 years . . . . .	14.1	21.7	26.2	28.9
35–44 years . . . . .	21.5	28.5	37.0	38.1
45–54 years . . . . .	23.2	30.6	34.6	38.1
55–64 years . . . . .	27.2	35.5	39.3	38.1
65–74 years . . . . .	24.1	31.9	33.0	36.4
75 years and over . . . . .	13.2	18.0	24.0	27.4
Female				
20–34 years . . . . .	18.5	28.3	28.4	30.0
35–44 years . . . . .	25.5	32.1	36.1	36.0
45–54 years . . . . .	32.4	36.9	40.0	38.3
55–64 years . . . . .	33.7	42.1	41.0	42.9
65–74 years . . . . .	26.9	39.3	36.4	44.2
75 years and over . . . . .	19.2	23.6	24.2	29.8

See footnotes at end of table.



**Table 64 (page 4 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Grade 1 Obesity (BMI from 30.0 to 34.9) <sup>2</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	14.8	17.9	19.8	20.4
Male . . . . .	14.9	18.2	21.8	22.3
Female . . . . .	14.7	17.6	17.9	18.5
Not Hispanic or Latino:				
White only, male . . . . .	14.9	18.9	21.6	22.5
White only, female . . . . .	13.1	16.2	17.0	16.5
Black or African American only, male . . . . .	14.2	16.1	22.4	19.9
Black or African American only, female . . . . .	19.6	21.6	23.8	27.7
Mexican origin male . . . . .	18.9	19.5	22.0	28.3
Mexican origin female . . . . .	22.0	22.9	23.6	24.0
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	16.6	17.3	19.3	21.1
100%–199% . . . . .	16.1	17.7	20.6	20.1
200%–399% . . . . .	14.5	19.8	21.6	21.7
400% or more . . . . .	13.3	16.6	18.0	18.7
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	14.4	17.9	19.8	20.5
Male . . . . .	14.3	18.1	21.8	22.4
Female . . . . .	14.5	17.7	18.0	18.7
Not Hispanic or Latino:				
White only, male . . . . .	14.6	19.1	21.8	22.9
White only, female . . . . .	13.1	16.6	17.3	17.3
Black or African American only, male . . . . .	14.0	15.8	22.2	19.6
Black or African American only, female . . . . .	18.7	21.7	23.5	27.6
Mexican origin male . . . . .	15.8	18.2	21.6	28.1
Mexican origin female . . . . .	20.7	22.4	22.9	24.1
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	15.2	16.4	19.1	20.4
100%–199% . . . . .	15.2	17.5	20.4	20.2
200%–399% . . . . .	14.0	19.6	21.5	21.8
400% or more . . . . .	13.5	17.4	18.6	19.8
Male				
20–34 years . . . . .	9.8	13.7	18.1	19.6
35–44 years . . . . .	14.7	19.3	24.9	22.7
45–54 years . . . . .	17.3	17.8	22.4	24.4
55–64 years . . . . .	20.6	25.3	27.0	25.6
65–74 years . . . . .	19.4	22.1	20.5	21.9
75 years and over . . . . .	10.9	15.7	18.5	21.1
Female				
20–34 years . . . . .	10.8	15.9	14.2	14.4
35–44 years . . . . .	13.9	14.8	19.7	19.3
45–54 years . . . . .	17.5	19.4	18.4	19.0
55–64 years . . . . .	20.0	21.6	19.8	22.7
65–74 years . . . . .	16.0	23.4	20.3	21.1
75 years and over . . . . .	14.4	14.1	18.2	19.1

See footnotes at end of table.

**Table 64 (page 5 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Grade 2 Obesity (BMI from 35.0 to 39.9) <sup>2</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	5.2	7.6	8.2	8.6
Male . . . . .	3.5	5.9	7.1	7.9
Female . . . . .	6.8	9.2	9.3	9.2
Not Hispanic or Latino:				
White only, male . . . . .	3.5	5.8	7.2	7.9
White only, female . . . . .	6.3	9.0	8.4	8.6
Black or African American only, male . . . . .	4.1	8.3	7.6	10.8
Black or African American only, female . . . . .	10.7	13.6	15.4	12.8
Mexican origin male . . . . .	3.8	5.4	5.1	7.7
Mexican origin female . . . . .	8.4	9.4	11.2	14.6
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	6.8	9.6	8.6	9.6
100%–199% . . . . .	6.5	9.7	9.0	10.2
200%–399% . . . . .	5.2	7.5	8.8	9.4
400% or more . . . . .	3.6	5.7	6.7	7.1
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	5.1	7.7	8.2	8.6
Male . . . . .	3.5	6.0	7.0	7.8
Female . . . . .	6.6	9.3	9.4	9.4
Not Hispanic or Latino:				
White only, male . . . . .	3.4	5.9	7.4	7.8
White only, female . . . . .	6.2	9.1	8.5	8.9
Black or African American only, male . . . . .	4.2	8.2	7.5	11.1
Black or African American only, female . . . . .	10.4	13.5	15.3	12.9
Mexican origin male . . . . .	3.7	5.1	4.7	7.8
Mexican origin female . . . . .	7.9	8.8	11.2	13.7
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	6.3	9.5	8.4	9.4
100%–199% . . . . .	6.2	8.9	8.7	10.1
200%–399% . . . . .	5.1	7.5	8.8	9.3
400% or more . . . . .	3.8	6.4	7.4	7.4
Male				
20–34 years . . . . .	2.9	4.1	4.5	6.3
35–44 years . . . . .	*3.5	5.9	7.9	9.7
45–54 years . . . . .	*3.5	8.5	8.3	8.2
55–64 years . . . . .	5.5	*7.4	8.4	7.1
65–74 years . . . . .	*3.8	6.9	10.3	10.8
75 years and over . . . . .	*	*	*3.9	*4.7
Female				
20–34 years . . . . .	5.1	8.0	7.9	7.9
35–44 years . . . . .	7.1	9.4	9.2	8.4
45–54 years . . . . .	8.4	10.4	12.4	10.7
55–64 years . . . . .	9.4	10.9	11.4	11.1
65–74 years . . . . .	6.7	9.8	9.6	12.3
75 years and over . . . . .	3.7	7.2	*3.9	6.6

See footnotes at end of table.

**Table 64 (page 6 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Grade 3 Obesity (BMI greater than or equal to 40.0) <sup>2</sup>			
	1988–1994	1999–2002	2003–2006	2009–2012
20 years and over, age-adjusted <sup>3</sup>				
Percent of population				
Both sexes <sup>4</sup> . . . . .	3.0	4.9	5.4	6.3
Male . . . . .	1.8	3.3	3.5	4.4
Female . . . . .	4.0	6.4	7.2	8.2
Not Hispanic or Latino:				
White only, male . . . . .	*1.9	3.3	3.5	4.0
White only, female . . . . .	3.5	5.5	6.3	7.2
Black or African American only, male . . . . .	2.5	3.4	5.6	7.4
Black or African American only, female . . . . .	8.0	13.4	14.2	16.9
Mexican origin male . . . . .	*	*2.9	*2.4	4.2
Mexican origin female . . . . .	4.9	5.7	6.9	7.7
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	4.7	7.8	7.0	7.5
100%–199% . . . . .	3.6	6.7	6.3	9.8
200%–399% . . . . .	3.1	4.8	5.2	6.0
400% or more . . . . .	1.9	3.2	4.2	4.3
20 years and over, crude				
Both sexes <sup>4</sup> . . . . .	2.8	4.9	5.4	6.4
Male . . . . .	1.8	3.4	3.5	4.4
Female . . . . .	3.8	6.4	7.2	8.2
Not Hispanic or Latino:				
White only, male . . . . .	*1.9	3.4	3.5	4.0
White only, female . . . . .	3.3	5.6	6.3	7.3
Black or African American only, male . . . . .	2.6	3.5	6.1	7.3
Black or African American only, female . . . . .	7.6	13.4	14.4	17.2
Mexican origin male . . . . .	*1.1	*2.7	*2.7	4.3
Mexican origin female . . . . .	4.7	5.7	7.0	7.4
Percent of poverty level: <sup>5</sup>				
Below 100% . . . . .	4.3	7.1	7.1	7.2
100%–199% . . . . .	3.0	6.4	5.9	9.6
200%–399% . . . . .	3.0	4.7	5.2	5.9
400% or more . . . . .	2.0	3.5	4.7	4.6
Male				
20–34 years . . . . .	*1.3	3.9	3.6	3.0
35–44 years . . . . .	*	*3.2	4.2	5.6
45–54 years . . . . .	*	*4.2	*3.9	*5.5
55–64 years . . . . .	*	*2.8	3.9	*5.4
65–74 years . . . . .	*	*	*2.1	*
75 years and over . . . . .	*	*	*	*
Female				
20–34 years . . . . .	2.7	4.5	6.3	7.7
35–44 years . . . . .	4.5	7.9	7.2	8.3
45–54 years . . . . .	6.4	7.2	9.2	8.6
55–64 years . . . . .	4.2	9.5	9.8	9.1
65–74 years . . . . .	4.2	6.2	*6.4	10.7
75 years and over . . . . .	*	*	*2.1	*4.1

See footnotes at end of table.

**Table 64 (page 7 of 7). Healthy weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#064>.

[Data are based on measured height and weight 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%.

<sup>1</sup>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.

<sup>2</sup>Body mass index (BMI) equals weight in kilograms divided by height in meters squared. In *Health, United States* the NHANES variable, Body Mass Index, is used to assign persons to BMI categories. See Appendix II, Body mass index (BMI).

<sup>3</sup>Estimates are age-adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

<sup>4</sup>Includes all other races not shown separately.

<sup>5</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2009–2012). 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. Excludes pregnant women. See *Health, United States, 2013*, Table 69, for earlier data years. Standard errors for selected years are available in the spreadsheet version of this table. Available from:

<http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at:

<http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1960–1962). See Appendix I, National Health and Nutrition Examination Survey (NHANES).

**Table 65 (page 1 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#065>.

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race and Hispanic origin<sup>1</sup>, and percent of poverty level</i>	<i>1988–1994</i>	<i>1999–2002</i>	<i>2003–2006</i>	<i>2009–2012</i>
2–5 years				
Percent of population				
Both sexes <sup>2</sup> . . . . .	7.2	10.3	12.5	10.2
Not Hispanic or Latino:				
White only . . . . .	5.2	8.7	10.8	6.4
Black or African American only . . . . .	7.7	8.8	14.9	14.7
Mexican origin . . . . .	12.3	13.1	16.7	15.7
Boys . . . . .	6.1	10.0	12.8	12.0
Not Hispanic or Latino:				
White only . . . . .	*4.5	*8.2	11.1	*9.3
Black or African American only . . . . .	7.7	*8.0	13.3	*14.3
Mexican origin . . . . .	12.4	14.1	18.8	17.6
Girls . . . . .	8.2	10.6	12.2	8.4
Not Hispanic or Latina:				
White only . . . . .	5.9	*9.0	10.4	*
Black or African American only . . . . .	7.6	9.6	16.6	15.3
Mexican origin . . . . .	12.3	*12.2	14.5	*13.8
Percent of poverty level: <sup>3</sup>				
Below 100% . . . . .	9.7	10.9	14.3	12.3
100%–199% . . . . .	7.2	*13.8	12.7	11.6
200%–399% . . . . .	5.6	*7.6	11.9	11.0
400% or more . . . . .	*	*	*10.0	*5.0
6–11 years				
Both sexes <sup>2</sup> . . . . .	11.3	15.9	17.0	17.9
Boys . . . . .	11.6	16.9	18.0	18.3
Not Hispanic or Latino:				
White only . . . . .	10.7	14.0	15.5	12.9
Black or African American only . . . . .	12.3	17.0	18.6	27.6
Mexican origin . . . . .	17.5	26.5	27.5	25.0
Girls . . . . .	11.0	14.7	15.8	17.4
Not Hispanic or Latina:				
White only . . . . .	*9.8	13.1	14.4	14.2
Black or African American only . . . . .	17.0	22.8	24.0	24.8
Mexican origin . . . . .	15.3	17.1	19.7	23.1
Percent of poverty level: <sup>3</sup>				
Below 100% . . . . .	11.4	19.1	22.0	24.6
100%–199% . . . . .	11.1	16.4	19.2	18.5
200%–399% . . . . .	11.7	15.3	16.7	15.8
400% or more . . . . .	*	12.9	9.2	*12.2
12–19 years				
Both sexes <sup>2</sup> . . . . .	10.5	16.0	17.6	19.4
Boys . . . . .	11.3	16.7	18.2	20.0
Not Hispanic or Latino:				
White only . . . . .	11.6	14.6	17.3	17.9
Black or African American only . . . . .	10.7	18.8	18.4	22.0
Mexican origin . . . . .	14.1	24.7	22.1	27.0
Girls . . . . .	9.7	15.3	16.8	18.9
Not Hispanic or Latina:				
White only . . . . .	8.9	12.6	14.5	17.8
Black or African American only . . . . .	16.3	23.5	27.7	23.7
Mexican origin . . . . .	*13.4	19.6	19.9	20.2
Percent of poverty level: <sup>3</sup>				
Below 100% . . . . .	15.8	19.8	19.3	23.2
100%–199% . . . . .	11.2	15.1	18.4	22.5
200%–399% . . . . .	9.4	15.7	19.3	17.9
400% or more . . . . .	*	13.9	12.6	13.8

See footnotes at end of table.

**Table 65 (page 2 of 2). Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1988–1994 through 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#065>.

[Data are based on measured height and weight 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%.

<sup>1</sup>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.

<sup>2</sup>Includes persons of all races and Hispanic origins, not just those shown separately.

<sup>3</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (7% in 2009–2012). 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 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](http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf). In *Health, United States* the NHANES variable, Body Mass Index, is used to assign persons to BMI categories. 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. Height was measured without shoes. Excludes pregnant females. See *Health, United States, 2013*, Table 70, for earlier data years. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–1984), and National Health Examination Survey (1963–1965 and 1966–1970). See Appendix I, National Health and Nutrition Examination Survey (NHANES).

**Table 66 (page 1 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2011–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#066>.

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

Sex, race and Hispanic origin <sup>1</sup> , and percent of poverty level	Age 5–19 years				Age 20–44 years			
	1988–1994	1999–2002	2005–2008	2011–2012	1988–1994	1999–2002	2005–2008	2011–2012
Percent of persons with untreated dental caries								
Total <sup>2</sup> . . . . .	24.3	22.5	16.6	17.5	29.5	26.0	25.1	27.4
Sex								
Male . . . . .	23.6	23.7	17.6	18.9	32.8	27.0	28.4	29.0
Female . . . . .	25.0	21.3	15.5	16.1	26.4	24.9	21.8	25.9
Race and Hispanic origin								
Not Hispanic or Latino:								
White only . . . . .	19.4	18.5	13.3	14.5	24.8	20.7	21.1	22.1
Black or African American only . . . . .	33.9	29.2	22.6	23.2	49.2	43.4	36.7	41.4
Mexican origin . . . . .	37.9	33.9	22.4	24.2	40.0	35.6	35.1	38.0
Percent of poverty level: <sup>3</sup>								
Below 100% . . . . .	39.0	31.9	25.4	24.6	47.8	42.4	39.8	40.2
100%–199% . . . . .	29.6	29.7	19.3	21.6	43.7	36.7	37.7	38.0
200%–399% . . . . .	16.6	18.0	14.7	15.4	24.5	24.9	22.3	22.0
400% or more . . . . .	*10.4	8.9	9.3	*4.8	12.5	9.8	12.4	*11.3
Race and Hispanic origin, and percent of poverty level <sup>3</sup>								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level . . . . .	33.8	28.0	25.0	21.7	42.9	36.9	37.7	*39.0
100% or more of poverty level . . . . .	17.3	16.5	11.6	12.3	22.7	18.5	18.6	17.8
Black or African American only:								
Below 100% of poverty level . . . . .	37.4	36.7	27.3	29.2	60.0	55.3	48.7	48.0
100% or more of poverty level . . . . .	31.2	25.0	19.5	18.0	44.8	37.6	33.8	37.8
Mexican origin:								
Below 100% of poverty level . . . . .	47.5	40.2	25.9	24.2	52.7	42.2	42.1	38.0
100% or more of poverty level . . . . .	28.0	27.0	20.5	22.8	31.2	32.5	31.0	35.1
Age 45–64 years								
Age 65 years and over								
Percent of persons with untreated dental caries								
Total <sup>2</sup> . . . . .	25.4	20.1	21.6	25.8	27.1	18.4	19.9	18.9
Sex								
Male . . . . .	28.5	24.0	25.4	31.7	31.2	21.8	25.1	20.8
Female . . . . .	22.6	16.5	18.0	20.3	24.1	15.7	15.6	17.3
Race and Hispanic origin								
Not Hispanic or Latino:								
White only . . . . .	21.7	15.6	17.1	22.1	24.6	16.0	17.8	15.5
Black or African American only . . . . .	46.2	39.8	44.4	43.2	51.2	38.6	35.8	40.9
Mexican origin . . . . .	41.4	34.3	35.4	44.1	46.3	37.9	36.4	48.3
Percent of poverty level: <sup>3</sup>								
Below 100% . . . . .	49.5	39.3	47.6	51.6	46.8	30.5	41.3	39.5
100%–199% . . . . .	42.5	35.9	37.7	41.0	37.6	25.3	22.5	33.1
200%–399% . . . . .	25.0	24.8	27.6	28.1	24.1	15.6	16.6	*12.2
400% or more . . . . .	13.0	9.6	10.0	11.7	15.6	11.1	13.1	*
Race and Hispanic origin, and percent of poverty level <sup>3</sup>								
Not Hispanic or Latino:								
White only:								
Below 100% of poverty level . . . . .	47.6	31.2	45.4	*51.6	38.5	*27.1	*35.6	46.1
100% or more of poverty level . . . . .	19.7	14.2	15.4	19.8	23.9	15.4	16.1	14.1
Black or African American only:								
Below 100% of poverty level . . . . .	62.9	52.5	61.0	69.7	56.3	40.1	55.7	*44.5
100% or more of poverty level . . . . .	41.2	37.7	41.4	35.2	47.8	40.3	30.6	39.1
Mexican origin:								
Below 100% of poverty level . . . . .	52.7	49.0	51.6	*45.7	62.8	46.8	56.3	*56.7
100% or more of poverty level . . . . .	34.5	31.1	30.9	43.4	35.4	36.2	26.2	*45.0

See footnotes at end of table.

## Table 66 (page 2 of 2). Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2011–2012

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#066>.

[Data are based on dental examinations 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 of greater than 30%.

<sup>1</sup>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.

<sup>2</sup>Includes persons of all races and Hispanic origins, not just those shown separately, and those with unknown percent of poverty level.

<sup>3</sup>Percent of poverty level was calculated by dividing family income by the U.S. Department of Health and Human Services' poverty guideline specific to family size, as well as the appropriate year, and state. Persons with unknown percent of poverty level are excluded (6% in 2011–2012). See Appendix II, Family income; Poverty.

NOTES: Untreated dental caries refers to decay on the crown or enamel surface of a tooth (i.e., coronal caries) that has not been treated or filled. Decay in the root (i.e., root caries) was not included. The presence of caries was evaluated in primary and permanent teeth for persons aged 5 and older. The third molars were not included. Persons without at least one natural tooth (primary or permanent) were classified as edentulous (without any teeth) and were excluded. The majority of edentulous persons are aged 65 and over. Estimates of edentulism among persons aged 65 and over are 33% in 1988–1994 23% in 2005–2008, and 19% in 2011–2012. Over time, there have been changes in the NHANES oral health examination process, ages examined, and methodology. Therefore, data trends need to be interpreted with caution. For more information on the methodology changes, see Appendix II, Dental caries. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. The data have been revised and differ from previous editions of *Health, United States*.

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



**Table 67 (page 1 of 2). No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#067>.

[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 <sup>1</sup>	1999–2000	2012–2013	1993–1994 <sup>1</sup>	1999–2000	2012–2013	1993–1994 <sup>1</sup>	1999–2000	2012–2013
Percent of children without a usual source of health care <sup>2</sup>									
All children <sup>3</sup>	7.7	6.9	4.1	5.2	4.6	2.6	9.0	8.0	4.8
Sex									
Male	8.1	6.7	4.2	5.3	4.5	2.6	9.6	7.8	5.0
Female	7.3	7.1	3.9	5.0	4.7	2.6	8.5	8.2	4.6
Race <sup>4</sup>									
White only	7.0	6.3	4.1	4.7	4.4	2.7	8.3	7.2	4.7
Black or African American only	10.3	7.7	3.8	7.6	4.4	*1.6	11.9	9.1	4.9
American Indian or Alaska Native only	*9.3	*9.4	*5.0	*	*	*	*8.7	*9.4	*
Asian only	9.7	10.0	5.3	*3.4	*5.8	*3.8	13.5	12.2	6.1
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	*4.9	3.4	---	*	*	---	*7.2	4.2
Hispanic origin and race <sup>4</sup>									
Hispanic or Latino	14.3	14.2	6.5	9.3	9.0	4.1	17.7	17.2	7.9
Not Hispanic or Latino	6.7	5.5	3.3	4.4	3.6	2.1	7.8	6.3	3.9
White only	5.7	4.7	3.0	3.7	3.3	2.0	6.7	5.4	3.5
Black or African American only	10.2	7.6	3.9	7.7	4.5	*1.8	11.6	9.0	5.0
Percent of poverty level <sup>5</sup>									
Below 100%	13.9	13.1	6.1	9.4	7.6	4.2	16.8	16.2	7.2
100%–199%	9.8	10.6	5.5	6.7	7.5	3.5	11.6	12.2	6.5
200%–399%	3.7	4.8	3.5	1.9	3.2	1.8	4.5	5.6	4.2
400% or more	3.7	2.6	1.8	*1.6	1.5	*0.9	5.0	3.0	2.2
Hispanic origin and race and percent of poverty level <sup>4,5</sup>									
Hispanic or Latino:									
Below 100%	19.6	19.4	8.2	12.7	11.6	5.5	24.8	24.5	9.9
100%–199%	15.3	17.1	6.6	9.9	11.3	*3.6	18.9	20.4	8.1
200%–399%	5.2	8.3	5.2	*	*5.0	*3.1	6.7	10.1	6.4
400% or more	*	*3.8	*3.1	*	*	*	*	*5.0	*3.7
Not Hispanic or Latino:									
White only:									
Below 100%	10.2	10.7	5.3	6.5	*6.3	*4.2	12.7	13.1	5.9
100%–199%	8.7	7.8	4.4	6.3	5.7	*3.5	10.1	8.8	4.8
200%–399%	3.3	4.0	2.9	1.6	2.7	*1.4	4.0	4.6	3.5
400% or more	4.0	2.3	1.6	*1.7	*1.5	*	5.4	2.6	2.0
Black or African American only:									
Below 100%	13.7	9.4	4.1	10.9	*4.7	*	15.5	11.8	5.1
100%–199%	9.1	9.7	4.7	*6.0	*6.4	*	10.8	11.2	5.9
200%–399%	5.0	5.0	*3.8	*	*	*	6.2	5.7	*5.1
400% or more	*	*3.5	*	*	*	*	*	*4.0	*
Health insurance status at the time of interview <sup>6</sup>									
Insured	5.0	3.9	2.5	3.3	2.6	1.7	5.9	4.5	2.9
Private	3.8	3.4	2.1	1.9	2.2	1.0	4.6	3.9	2.5
Medicaid	8.9	5.3	3.1	6.4	3.5	2.3	11.3	6.7	3.6
Uninsured	23.5	29.3	26.9	18.0	20.8	20.0	26.0	32.9	29.2
Health insurance status prior to interview <sup>6</sup>									
Insured continuously all 12 months	4.6	3.6	2.3	3.1	2.3	1.5	5.5	4.2	2.7
Uninsured for any period up to 12 months	15.3	15.0	12.7	10.9	12.5	10.1	18.1	16.4	14.1
Uninsured more than 12 months	27.6	35.8	33.7	21.4	26.8	23.5	30.0	39.1	36.3

See footnotes at end of table.

**Table 67 (page 2 of 2). No usual source of health care among children under age 18, by selected characteristics: United States, average annual, selected years 1993–1994 through 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#067>.

[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 <sup>1</sup>	1999–2000	2012–2013	1993–1994 <sup>1</sup>	1999–2000	2012–2013	1993–1994 <sup>1</sup>	1999–2000	2012–2013
Percent of poverty level and health insurance status prior to interview <sup>5,6</sup>									
Percent of children without a usual source of health care <sup>2</sup>									
Below 100%:									
Insured continuously all 12 months . . . . .	8.6	5.7	3.1	5.8	*2.7	2.7	10.7	7.5	3.3
Uninsured for any period up to 12 months . . .	21.7	19.8	16.9	18.0	*16.0	*	23.7	21.9	18.0
Uninsured more than 12 months . . . . .	31.2	42.7	45.8	25.5	31.0	*29.6	33.4	47.1	50.1
100%–199%:									
Insured continuously all 12 months . . . . .	5.6	5.2	2.7	3.7	3.7	*1.8	6.7	6.0	3.1
Uninsured for any period up to 12 months . . .	14.5	15.4	13.7	*9.7	*14.4	*11.0	18.0	15.9	15.0
Uninsured more than 12 months . . . . .	27.6	34.4	31.6	21.4	26.4	*	30.2	37.4	32.9
200%–399%:									
Insured continuously all 12 months . . . . .	2.8	3.2	2.2	1.5	2.1	*0.9	3.4	3.7	2.8
Uninsured for any period up to 12 months . . .	9.1	11.1	11.5	*	*8.4	*8.0	11.6	12.7	13.4
Uninsured more than 12 months . . . . .	18.2	27.1	21.9	*9.7	*20.3	*	21.0	29.4	24.2
400% or more:									
Insured continuously all 12 months . . . . .	3.1	2.0	1.5	*	*1.2	*0.7	4.3	2.4	1.8
Uninsured for any period up to 12 months . . .	*	*10.3	*	*	*	*	*	*	*
Uninsured more than 12 months . . . . .	*	*30.0	*35.3	*	*	*	*	*33.3	*40.1
Geographic region									
Northeast . . . . .	4.1	2.8	1.7	2.9	2.3	*1.5	4.8	3.0	1.8
Midwest . . . . .	5.2	5.3	3.3	4.1	3.7	*2.4	5.9	6.0	3.7
South . . . . .	10.9	8.5	4.9	7.3	5.8	3.0	12.7	9.8	5.8
West . . . . .	8.6	9.7	5.3	5.3	5.7	2.8	10.6	11.7	6.5
Location of residence <sup>7</sup>									
Within MSA . . . . .	7.7	6.8	4.1	5.0	4.7	2.6	9.2	7.8	4.9
Outside MSA . . . . .	7.8	7.4	3.8	6.0	4.2	*2.5	8.7	8.7	4.4

\* 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.

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately and unknown health insurance status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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 1997–2013. See Appendix II, Health insurance coverage.

<sup>7</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample child questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 68 (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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#068>.

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

Characteristic	1993–1994 <sup>1</sup>	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2012–2013
Percent of adults without a usual source of health care <sup>2</sup>								
18–64 years <sup>3</sup>	18.9	17.8	16.4	17.3	18.4	18.5	20.3	19.7
Age								
18–44 years	21.7	21.6	20.6	21.7	23.5	23.6	26.0	25.4
18–24 years	26.6	27.2	27.2	28.0	29.8	28.6	29.8	28.7
19–25 years	28.0	29.0	28.5	29.7	31.8	30.0	33.1	30.8
25–44 years	20.3	19.9	18.5	19.5	21.3	21.8	24.7	24.2
45–64 years	12.8	10.9	9.2	10.4	10.7	11.0	12.3	12.0
45–54 years	14.1	12.0	10.3	11.7	12.3	13.1	14.7	14.0
55–64 years	11.1	9.2	7.6	8.7	8.4	8.3	9.3	9.6
Sex								
Male	23.9	24.1	21.6	22.5	23.9	23.9	25.9	24.5
Female	14.1	11.8	11.4	12.4	13.0	13.1	14.8	15.1
Race <sup>4</sup>								
White only	18.4	16.7	15.4	17.0	18.1	18.0	19.7	19.2
Black or African American only	20.0	19.2	16.9	18.4	19.8	20.5	22.4	21.4
American Indian or Alaska Native only	19.7	19.2	16.3	21.5	21.9	24.4	26.7	26.6
Asian only	24.8	22.1	20.1	19.3	17.9	17.8	20.8	19.9
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	*	*	*
2 or more races	---	21.0	20.1	18.4	20.9	21.4	27.5	23.5
American Indian or Alaska Native; White	---	25.8	18.1	17.8	21.4	20.9	27.1	19.7
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino	30.3	32.6	32.5	32.9	35.1	32.5	33.3	32.6
Mexican	32.4	36.5	36.5	36.4	39.3	36.6	35.7	34.5
Not Hispanic or Latino	17.7	15.8	14.0	14.9	15.6	16.0	17.9	17.1
White only	17.1	14.9	13.1	14.0	14.8	15.1	16.8	16.0
Black or African American only	19.7	19.2	16.8	18.1	19.2	20.2	22.2	21.3
Percent of poverty level <sup>5</sup>								
Below 100%	29.5	29.6	29.3	28.9	32.1	30.4	33.8	32.9
100%–199%	25.4	27.1	25.6	26.6	27.8	29.1	30.5	29.4
200%–399%	15.6	17.2	16.0	17.3	17.8	18.9	20.5	19.3
400% or more	13.4	11.6	9.6	10.1	10.4	10.2	10.8	10.1
Hispanic origin and race and percent of poverty level <sup>4,5</sup>								
Hispanic or Latino:								
Below 100%	40.0	44.4	46.3	42.8	46.7	43.7	45.5	43.5
100%–199%	36.9	40.6	40.0	39.7	41.8	40.6	39.7	37.7
200%–399%	20.7	26.9	27.9	28.2	31.2	28.0	29.1	28.8
400% or more	13.8	16.1	13.7	16.4	16.4	16.9	14.0	15.1
Not Hispanic or Latino:								
White only:								
Below 100%	28.2	24.2	23.4	23.0	26.2	25.2	28.8	28.9
100%–199%	23.3	23.0	20.7	22.0	23.5	24.9	26.6	25.5
200%–399%	14.8	15.3	13.6	15.4	15.3	16.7	18.6	16.8
400% or more	13.4	11.2	9.1	9.4	9.8	9.5	10.3	9.5
Black or African American only:								
Below 100%	24.7	23.7	22.8	24.3	29.5	27.1	30.1	28.3
100%–199%	22.3	24.4	20.4	22.8	22.6	25.7	28.5	27.3
200%–399%	16.5	18.2	16.2	16.3	16.2	19.7	20.1	19.7
400% or more	11.7	12.0	9.6	11.3	10.3	10.2	10.5	9.7
Health insurance status at the time of interview <sup>6</sup>								
Insured	13.3	10.9	9.1	9.4	9.7	10.1	10.6	10.9
Private	13.1	11.1	9.0	9.5	9.6	10.0	10.6	10.6
Medicaid	16.3	9.9	11.1	9.9	11.6	11.7	12.5	13.2
Uninsured	43.1	49.2	49.1	50.2	53.0	52.1	55.6	54.2
Health insurance status prior to interview <sup>6</sup>								
Insured continuously all 12 months	12.7	10.3	8.3	8.7	8.9	9.1	9.8	10.0
Uninsured for any period up to 12 months	30.9	31.2	33.3	32.1	33.4	35.1	36.5	34.1
Uninsured more than 12 months	46.9	54.8	54.6	55.0	58.0	56.1	59.5	57.9

See footnotes at end of table.

**Table 68 (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 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#068>.

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

Characteristic	1993–1994 <sup>1</sup>	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2012–2013
Percent of poverty level and health insurance status prior to interview <sup>5,6</sup>		Percent of adults without a usual source of health care <sup>2</sup>						
Below 100%:								
Insured continuously all 12 months . . .	16.7	11.6	11.5	11.2	12.0	12.7	13.0	14.3
Uninsured for any period up to 12 months . . . . .	33.6	31.9	36.5	36.2	36.5	37.4	37.8	38.7
Uninsured more than 12 months . . . . .	50.1	57.1	58.8	57.2	63.2	61.1	65.3	62.3
100%–199%:								
Insured continuously all 12 months . . .	14.7	12.3	11.0	10.5	10.4	11.9	12.5	13.0
Uninsured for any period up to 12 months . . . . .	30.9	34.6	35.1	34.2	37.8	35.9	38.1	35.0
Uninsured more than 12 months . . . . .	47.6	54.9	54.5	55.1	57.0	56.8	58.5	56.8
200%–399%:								
Insured continuously all 12 months . . .	11.7	10.6	8.3	9.4	9.4	9.4	10.6	10.4
Uninsured for any period up to 12 months . . . . .	29.2	29.0	32.0	30.9	31.3	36.3	37.6	34.2
Uninsured more than 12 months . . . . .	44.5	53.6	53.4	54.2	55.5	54.2	56.6	56.1
400% or more:								
Insured continuously all 12 months . . .	11.8	9.3	7.2	7.5	7.7	7.5	7.9	8.0
Uninsured for any period up to 12 months . . . . .	31.5	30.2	30.7	27.5	28.6	30.3	31.2	25.9
Uninsured more than 12 months . . . . .	36.5	51.8	47.0	51.6	54.2	47.9	53.8	52.7
Disability measure <sup>7</sup>								
Any basic actions difficulty or complex activity limitation . . . . .	---	14.1	13.2	14.3	15.2	16.6	16.8	16.1
Any basic actions difficulty . . . . .	---	14.1	13.1	14.5	15.4	16.5	16.7	15.9
Any complex activity limitation . . . . .	---	11.6	10.4	10.7	11.1	13.6	13.5	13.0
No disability . . . . .	---	18.8	17.5	18.2	19.4	19.1	21.5	20.9
Geographic region								
Northeast . . . . .	14.7	12.8	11.9	12.1	12.2	12.5	14.0	12.8
Midwest . . . . .	16.2	17.0	14.1	14.7	15.8	16.6	17.5	18.0
South . . . . .	21.8	19.7	18.3	19.7	21.4	21.4	23.5	22.3
West . . . . .	21.1	20.1	19.9	21.0	21.1	20.0	22.9	22.6
Location of residence <sup>8</sup>								
Within MSA . . . . .	19.3	18.1	16.6	17.6	18.7	18.7	20.3	19.9
Outside MSA . . . . .	17.5	16.8	15.4	16.2	16.7	16.9	20.4	18.4

--- Data not available.

\* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30%.

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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 1997–2013, health insurance status was unknown for about 1% of adults aged 18–64. See Appendix II, Health insurance coverage.

<sup>7</sup>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.

<sup>8</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, access to care and health insurance supplements (1993–1996). Starting in 1997, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 69 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#069>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost <sup>1</sup>				Nonreceipt of needed prescription drugs due to cost <sup>2</sup>				Nonreceipt of needed dental care due to cost <sup>3</sup>			
	1997	2003	2010	2013	1997	2003	2010	2013	1997	2003	2010	2013
	Percent											
Total <sup>4</sup>	8.3	8.3	10.9	9.1	4.8	6.3	8.3	6.4	8.6	9.2	13.5	11.1
Age												
Under 19 years	4.5	4.3	4.5	3.2	2.1	2.7	2.8	2.2	6.0	5.7	6.6	5.3
Under 18 years	4.4	4.3	4.4	3.1	2.2	2.7	2.7	2.0	6.0	5.6	6.6	4.9
Under 6 years	3.3	3.4	3.7	2.2	1.6	2.1	2.5	1.7	3.9	3.0	3.9	2.7
6–17 years	4.9	4.7	4.8	3.5	2.4	3.0	2.8	2.2	6.8	6.5	7.5	5.7
18–64 years	10.7	10.6	14.7	12.4	6.3	8.1	11.2	8.8	10.6	11.5	17.3	14.3
18–44 years	11.0	10.8	14.5	11.9	6.9	8.4	11.2	8.2	11.7	12.3	17.9	14.2
18–24 years	10.2	10.7	13.5	10.1	6.7	7.8	9.7	7.2	11.6	11.8	17.4	11.4
25–34 years	11.4	11.4	15.3	13.0	6.9	9.2	12.0	9.3	12.3	13.2	18.3	16.0
35–44 years	11.0	10.4	14.4	12.1	7.1	8.0	11.3	8.0	11.2	11.8	17.8	14.3
19–25 years	11.1	11.6	14.8	11.2	7.7	12.8	10.9	7.6	13.1	12.8	18.9	11.8
45–64 years	10.1	10.3	14.9	13.2	5.1	7.6	11.3	9.6	8.4	10.2	16.5	14.5
45–54 years	10.6	10.4	15.0	13.4	5.6	8.1	11.5	10.3	9.4	11.2	17.8	15.1
55–64 years	9.3	10.1	14.6	13.0	4.2	6.9	11.0	8.8	7.0	8.9	14.9	13.8
65 years and over	4.6	4.5	5.0	4.2	2.8	4.4	4.7	3.4	3.5	4.0	6.9	6.4
65–74 years	5.0	5.1	6.3	4.9	3.4	5.5	6.3	4.1	4.2	5.3	9.0	7.5
75 years and over	4.1	3.8	3.4	3.2	2.0	3.1	2.8	2.4	2.6	2.4	4.3	4.9
18–64 years												
Sex												
Male	9.3	9.7	13.5	11.2	5.1	6.3	8.8	6.9	8.8	9.8	15.2	12.3
Female	12.0	11.5	15.7	13.6	7.4	9.8	13.5	10.6	12.4	13.1	19.4	16.2
Race <sup>5</sup>												
White only	10.8	10.8	14.5	12.3	5.9	7.8	10.8	8.5	10.6	11.4	17.1	14.2
Black or African American only	10.8	10.8	17.4	14.6	9.5	10.8	15.6	11.6	10.8	12.9	20.7	16.5
American Indian or Alaska Native only	14.5	15.1	*15.7	15.2	*10.1	*14.0	18.6	*11.3	18.8	*16.0	23.1	13.5
Asian only	6.3	4.9	8.0	7.3	*2.8	3.1	4.2	3.9	7.8	5.6	8.7	9.0
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	18.9	24.0	19.8	---	14.9	16.6	14.8	---	18.5	25.6	19.5
Hispanic origin and race <sup>5</sup>												
Hispanic or Latino	10.5	11.0	15.4	14.1	6.7	10.0	13.0	10.2	11.5	13.5	21.6	18.4
Mexican	9.7	10.6	15.6	14.0	6.5	11.3	13.5	10.7	11.3	15.0	22.0	19.8
Not Hispanic or Latino	10.7	10.6	14.5	12.1	6.3	7.8	10.9	8.5	10.5	11.2	16.6	13.5
White only	10.9	10.7	14.3	11.9	5.9	7.4	10.3	8.2	10.5	11.1	16.2	13.3
Black or African American only	10.8	10.8	17.5	14.5	9.5	10.8	15.6	11.7	10.8	12.8	20.8	16.3
Education <sup>6</sup>												
No high school diploma or GED	16.2	15.7	20.6	18.1	11.5	13.4	18.1	14.4	14.5	15.8	26.3	22.1
High school diploma or GED	11.1	11.4	16.1	14.8	7.0	9.5	13.8	10.9	11.4	13.0	20.1	17.0
Some college or more	9.2	9.4	13.4	11.2	4.3	6.3	9.2	7.4	8.8	9.7	14.4	12.7
Percent of poverty level <sup>7</sup>												
Below 100%	19.6	18.5	23.4	21.8	14.8	17.3	21.5	18.3	19.4	20.8	30.4	28.3
100%–199%	17.9	18.5	24.0	20.3	11.6	15.3	18.4	14.4	18.3	20.6	29.2	23.5
200%–399%	10.5	10.9	15.2	12.5	5.5	7.6	11.4	8.4	10.2	11.6	17.3	13.4
400% or more	4.6	5.1	6.8	5.1	1.7	2.7	3.9	2.8	4.5	4.9	7.0	5.2

See footnotes at end of table.

**Table 69 (page 2 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#069>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost <sup>1</sup>				Nonreceipt of needed prescription drugs due to cost <sup>2</sup>				Nonreceipt of needed dental care due to cost <sup>3</sup>			
	1997	2003	2010	2013	1997	2003	2010	2013	1997	2003	2010	2013
Hispanic origin and race and percent of poverty level <sup>5,7</sup>												
Percent												
Hispanic or Latino:												
Below 100% . . . . .	14.6	13.5	19.0	18.9	10.6	16.2	18.9	16.8	16.1	18.4	30.5	27.2
100%–199% . . . . .	12.2	13.7	18.6	17.1	8.1	11.1	14.7	12.0	13.5	17.3	25.2	22.5
200%–399% . . . . .	8.0	8.9	13.9	12.0	4.4	7.2	11.5	6.8	9.2	10.4	18.1	14.4
400% or more . . . . .	5.1	6.9	7.7	5.9	*	*4.5	4.6	*4.5	4.5	5.9	9.1	7.5
Not Hispanic or Latino:												
White only:												
Below 100% . . . . .	24.3	21.6	26.1	24.1	17.3	17.9	24.6	20.4	23.4	22.0	31.8	31.2
100%–199% . . . . .	20.9	21.9	27.6	22.8	12.4	17.2	19.9	16.3	20.6	23.6	31.7	25.6
200%–399% . . . . .	11.4	12.0	16.0	13.2	5.4	7.8	11.3	8.7	10.6	12.4	18.0	13.6
400% or more . . . . .	4.6	5.1	6.9	5.2	1.7	2.5	3.8	2.6	4.5	4.8	6.9	5.2
Black or African American only:												
Below 100% . . . . .	16.1	18.2	24.4	22.5	14.9	18.2	21.1	17.8	14.8	21.7	29.7	26.3
100%–199% . . . . .	14.3	15.0	22.9	18.7	13.9	16.8	21.3	15.0	16.4	17.9	28.2	20.4
200%–399% . . . . .	8.8	8.7	14.6	11.2	7.0	7.7	13.7	10.1	8.6	9.2	16.1	13.0
400% or more . . . . .	4.6	4.3	8.1	6.1	*2.9	*4.1	5.6	*3.7	4.3	6.2	9.1	*5.4
Health insurance status at the time of interview <sup>8</sup>												
Insured . . . . .	6.8	6.6	9.1	7.4	3.7	4.8	7.3	5.8	7.2	7.5	11.8	9.8
Private . . . . .	6.0	5.8	8.2	6.4	2.9	3.6	6.0	4.4	6.2	6.2	9.2	7.0
Medicaid . . . . .	11.9	12.2	12.5	10.8	11.1	13.2	13.5	11.5	14.8	17.0	24.2	22.4
Uninsured . . . . .	27.6	28.1	34.5	32.4	18.0	21.7	25.7	20.7	26.1	28.1	37.7	32.0
Health insurance status prior to interview <sup>8</sup>												
Insured continuously all 12 months . . . . .	5.5	5.3	7.6	6.2	2.8	3.8	6.2	5.0	6.0	6.4	10.5	8.9
Uninsured for any period up to 12 months . . . . .	28.7	31.6	35.1	31.8	17.7	24.0	25.1	20.5	25.2	28.5	33.6	28.3
Uninsured more than 12 months . . . . .	30.6	29.9	35.9	33.8	18.9	21.9	26.2	20.9	28.0	29.4	39.4	33.1
Percent of poverty level and health insurance status prior to interview <sup>7,8</sup>												
Below 100%:												
Insured continuously all 12 months . . . . .	9.4	8.8	10.1	8.9	8.1	8.0	11.4	10.4	10.7	11.4	20.7	18.7
Uninsured for any period up to 12 months . . . . .	31.9	34.1	36.7	37.9	25.5	32.8	35.7	28.0	31.6	35.3	39.0	40.2
Uninsured more than 12 months . . . . .	32.4	30.8	38.5	38.2	21.6	27.4	31.5	27.9	29.4	31.8	42.3	40.2
100%–199%:												
Insured continuously all 12 months . . . . .	9.5	9.4	12.5	11.3	6.0	8.6	11.9	9.4	11.0	12.7	19.7	16.9
Uninsured for any period up to 12 months . . . . .	33.6	33.9	38.5	35.0	20.5	26.3	26.5	24.3	28.2	30.6	38.9	30.1
Uninsured more than 12 months . . . . .	30.0	31.6	37.4	32.7	19.5	23.5	26.1	19.4	29.3	31.5	40.7	32.6
200%–399%:												
Insured continuously all 12 months . . . . .	6.1	6.1	9.5	7.4	2.9	4.4	7.4	5.7	6.8	7.3	11.6	9.3
Uninsured for any period up to 12 months . . . . .	27.1	30.5	33.7	28.3	14.0	21.0	23.2	16.7	21.6	27.9	32.5	23.2
Uninsured more than 12 months . . . . .	31.3	27.5	32.4	31.1	17.3	17.6	23.7	17.4	26.5	26.0	36.1	28.8
400% or more:												
Insured continuously all 12 months . . . . .	3.1	3.1	4.6	3.4	0.8	1.6	2.9	2.1	3.1	3.4	5.2	4.1
Uninsured for any period up to 12 months . . . . .	20.8	28.4	30.7	24.8	10.7	17.9	14.0	*10.2	19.3	21.0	21.6	17.6
Uninsured more than 12 months . . . . .	25.5	28.7	31.8	31.3	13.5	12.8	16.3	14.0	23.6	24.4	34.6	24.2

See footnotes at end of table.

**Table 69 (page 3 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#069>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost <sup>1</sup>				Nonreceipt of needed prescription drugs due to cost <sup>2</sup>				Nonreceipt of needed dental care due to cost <sup>3</sup>																
	1997	2003	2010	2013	1997	2003	2010	2013	1997	2003	2010	2013													
Disability measure <sup>9</sup>													Percent												
Any basic actions difficulty or complex activity limitation . . . . .	23.3	24.1	28.9	26.3	14.8	17.6	22.6	20.2	19.8	21.1	28.8	26.6													
Any basic actions difficulty . . . . .	24.2	25.2	28.9	27.4	15.3	18.1	23.3	20.8	20.1	21.5	29.2	27.1													
Any complex activity limitation . . . . .	25.7	26.1	30.8	27.7	19.4	21.9	27.3	25.6	23.2	24.8	33.7	31.0													
No disability . . . . .	9.0	9.0	13.2	10.5	3.4	4.9	7.0	4.8	7.5	8.3	13.1	10.1													
Geographic region																									
Northeast . . . . .	8.8	8.1	10.2	9.0	4.9	6.8	7.7	6.4	8.9	9.5	12.9	10.4													
Midwest . . . . .	10.5	10.5	14.8	12.1	5.9	6.9	11.6	8.5	9.7	10.5	16.0	12.5													
South . . . . .	11.8	11.9	16.5	13.6	7.3	9.3	13.5	10.4	10.9	12.4	19.6	15.3													
West . . . . .	10.8	10.8	15.1	13.6	6.3	8.6	10.0	8.4	13.1	13.1	18.4	17.4													
Location of residence <sup>10</sup>																									
Within MSA . . . . .	10.2	10.0	14.2	12.1	5.9	7.5	10.8	8.5	10.0	10.9	17.0	14.0													
Outside MSA . . . . .	12.5	13.1	17.4	14.6	7.9	10.6	13.6	10.8	12.9	13.9	19.1	15.9													

\* 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.

<sup>1</sup>Based on persons responding to the questions, “During the past 12 months was there any time when person needed medical care but did not get it because person couldn’t afford it?” and “During the past 12 months has medical care been delayed because of worry about the cost?”

<sup>2</sup>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?”

<sup>3</sup>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?”

<sup>4</sup>Includes all other races not shown separately, unknown health insurance status, unknown education level, and unknown disability status.

<sup>5</sup>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.

<sup>6</sup>Estimates are for persons aged 25–64. GED is General Educational Development high school equivalency diploma. See Appendix II, Education.

<sup>7</sup>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.

<sup>8</sup>For information on the health insurance categories, see Appendix II, Health insurance coverage.

<sup>9</sup>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.

<sup>10</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 70 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1998 through 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#070>.

[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	2012–2013	1997–1998	2001–2002	2012–2013	1997–1998	2001–2002	2012–2013
	Percent of children without a health care visit <sup>1</sup>								
All children <sup>2</sup> . . . . .	12.8	12.1	8.8	5.7	6.3	5.0	16.3	14.9	10.7
Sex									
Male . . . . .	12.9	12.3	8.8	4.9	6.4	4.9	16.8	15.1	10.7
Female . . . . .	12.7	11.9	8.7	6.5	6.1	5.0	15.8	14.6	10.6
Race <sup>3</sup>									
White only . . . . .	12.2	11.5	9.0	5.5	6.4	4.9	15.5	13.9	10.9
Black or African American only . . . . .	14.3	13.3	8.1	6.5	5.9	5.3	18.1	16.8	9.5
American Indian or Alaska Native only . . . . .	13.8	*18.6	*6.8	*	*	*	*17.6	*23.0	*8.7
Asian only . . . . .	16.3	15.6	9.9	*5.6	*6.8	*4.9	22.1	20.5	12.2
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	---	*	*	---	*	*
2 or more races . . . . .	---	8.3	7.5	---	*3.3	*4.4	---	12.4	9.3
Hispanic origin and race <sup>3</sup>									
Hispanic or Latino . . . . .	19.3	18.8	11.7	9.7	9.6	6.4	25.3	24.0	14.6
Not Hispanic or Latino . . . . .	11.6	10.6	7.9	4.8	5.4	4.4	14.9	13.0	9.5
White only . . . . .	10.7	9.7	7.7	4.3	5.3	4.2	13.7	11.7	9.3
Black or African American only . . . . .	14.5	13.4	8.1	6.5	6.0	5.0	18.3	16.8	9.6
Percent of poverty level <sup>4</sup>									
Below 100% . . . . .	17.6	17.3	10.7	8.1	9.1	7.3	23.6	21.8	12.8
100%–199% . . . . .	16.2	14.8	10.7	7.2	7.4	5.4	20.8	18.7	13.3
200%–399% . . . . .	11.7	11.2	8.7	4.9	5.4	4.2	14.8	13.8	10.7
400% or more . . . . .	7.4	7.7	5.6	3.0	4.1	2.9	9.5	9.3	6.7
Hispanic origin and race and percent of poverty level <sup>3,4</sup>									
Hispanic or Latino:									
Below 100% . . . . .	23.2	22.1	13.5	11.7	10.4	9.5	31.1	29.4	16.0
100%–199% . . . . .	20.9	21.3	12.8	9.7	12.3	5.0	28.1	26.2	16.8
200%–399% . . . . .	15.7	15.5	9.3	8.0	*7.3	*3.5	19.7	20.0	12.6
400% or more . . . . .	7.8	9.7	6.5	*	*	*	9.3	12.5	7.4
Not Hispanic or Latino:									
White only:									
Below 100% . . . . .	14.0	13.2	9.5	*5.6	*8.6	*5.3	19.7	15.6	12.1
100%–199% . . . . .	14.1	11.8	9.7	6.0	*6.0	*5.9	18.0	14.8	11.7
200%–399% . . . . .	10.9	10.2	8.3	4.3	4.8	4.3	13.9	12.5	10.0
400% or more . . . . .	7.2	7.4	5.4	*2.8	4.2	*2.4	9.1	8.6	6.7
Black or African American only:									
Below 100% . . . . .	15.8	16.1	8.5	7.6	*7.8	*6.4	20.5	20.3	9.8
100%–199% . . . . .	16.4	13.3	8.2	*7.7	*4.4	*	20.4	17.5	9.9
200%–399% . . . . .	13.3	12.2	9.2	*4.9	*6.5	*	16.7	14.6	11.3
400% or more . . . . .	8.3	8.9	*4.0	*	*	*	10.7	11.5	*
Health insurance status at the time of interview <sup>5</sup>									
Insured . . . . .	10.4	9.8	7.5	4.5	4.7	4.5	13.4	12.3	9.0
Private . . . . .	10.4	9.5	7.0	4.3	4.3	3.4	13.1	11.8	8.5
Medicaid . . . . .	10.1	10.3	8.2	5.0	5.5	5.6	14.4	13.3	9.8
Uninsured . . . . .	28.8	31.9	26.9	14.6	21.0	13.9	34.9	36.3	31.3
Health insurance status prior to interview <sup>5</sup>									
Insured continuously all 12 months . . . . .	10.3	9.5	7.4	4.4	4.6	4.4	13.2	12.0	8.9
Uninsured for any period up to 12 months . . . . .	15.9	17.7	12.4	7.7	10.3	*5.8	20.9	21.9	15.8
Uninsured more than 12 months . . . . .	34.9	41.4	36.0	19.9	30.2	22.9	40.2	45.3	39.3

See footnotes at end of table.



**Table 70 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under age 18, by selected characteristics: United States, average annual, selected years 1997–1998 through 2012–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#070>.

[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	2012–2013	1997–1998	2001–2002	2012–2013	1997–1998	2001–2002	2012–2013
Percent of poverty level and health insurance status prior to interview <sup>4,5</sup>									
Percent of children without a health care visit <sup>1</sup>									
Below 100%:									
Insured continuously all 12 months . . . . .	12.6	11.7	8.9	5.7	6.1	6.6	17.6	14.9	10.3
Uninsured for any period up to 12 months . .	19.9	21.8	11.4	*9.9	*14.4	*	26.1	26.6	14.1
Uninsured more than 12 months . . . . .	39.9	48.2	42.0	24.9	*28.0	*31.2	45.2	55.7	45.0
100%–199%:									
Insured continuously all 12 months . . . . .	12.6	10.9	8.2	4.8	4.2	4.5	16.7	14.5	10.0
Uninsured for any period up to 12 months . .	15.6	18.9	15.5	*8.7	*10.7	*	20.2	23.2	19.5
Uninsured more than 12 months . . . . .	33.7	41.3	37.7	21.3	35.4	*	37.9	43.6	40.9
200%–399%:									
Insured continuously all 12 months . . . . .	10.5	10.0	7.8	4.5	4.6	3.9	13.2	12.4	9.6
Uninsured for any period up to 12 months . .	12.8	14.5	10.8	*	*7.1	*	17.2	18.7	14.1
Uninsured more than 12 months . . . . .	29.9	30.8	27.2	*11.8	*24.2	*	36.5	32.9	30.7
400% or more:									
Insured continuously all 12 months . . . . .	7.0	7.2	5.3	2.9	3.9	2.7	8.8	8.7	6.4
Uninsured for any period up to 12 months . .	*10.8	*11.4	*	*	*	*	*15.1	*14.1	*
Uninsured more than 12 months . . . . .	*28.8	*38.4	*30.3	*	*	*	*37.7	*40.3	*34.0
Geographic region									
Northeast . . . . .	7.0	6.0	5.8	3.1	3.9	4.2	8.9	6.9	6.5
Midwest . . . . .	12.2	10.3	8.3	5.9	5.1	3.1	15.3	12.8	10.9
South . . . . .	14.3	14.0	9.2	5.6	7.0	5.9	18.5	17.4	10.8
West . . . . .	16.3	16.0	10.7	7.9	8.1	5.7	20.7	20.0	13.1
Location of residence <sup>6</sup>									
Within MSA . . . . .	12.3	11.7	8.3	5.4	6.1	4.6	15.9	14.5	10.2
Outside MSA . . . . .	14.6	13.5	11.3	6.9	6.9	*7.0	17.9	16.3	13.4

\* 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.

<sup>1</sup> 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.

<sup>2</sup> Includes all other races not shown separately and unknown health insurance status.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> MSA is metropolitan statistical area. Starting with 2005–2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2005, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: In 1997, the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey (NHIS). Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 71 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#071>.

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

Characteristic	Number of health care visits <sup>1</sup>											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2013	1997	2010	2013	1997	2010	2013	1997	2010	2013
	Percent distribution											
Total, age-adjusted <sup>2,3</sup>	16.5	15.6	16.1	46.2	45.4	47.6	23.6	25.8	24.0	13.7	13.2	12.3
Total, crude <sup>2</sup>	16.5	15.4	15.8	46.5	45.2	47.0	23.5	26.0	24.5	13.5	13.5	12.7
Age												
Under 18 years	11.8	8.1	8.2	54.1	55.6	59.7	25.2	28.2	25.1	8.9	8.2	7.1
Under 6 years	5.0	3.7	4.7	44.9	48.9	49.6	37.0	36.8	37.1	13.0	10.6	8.6
6–17 years	15.3	10.4	9.9	58.7	59.1	64.5	19.3	23.6	19.3	6.8	6.9	6.3
18–44 years	21.7	24.2	24.8	46.7	43.9	45.9	19.0	20.6	18.5	12.6	11.3	10.7
18–24 years	22.0	25.9	26.9	46.8	43.4	46.8	20.0	21.1	17.5	11.2	9.6	8.8
25–44 years	21.6	23.6	24.0	46.7	44.1	45.6	18.7	20.5	18.9	13.0	11.9	11.5
45–64 years	16.9	14.8	15.2	42.9	42.8	43.0	24.7	26.1	26.7	15.5	16.4	15.0
45–54 years	17.9	17.6	17.2	43.9	43.5	44.2	23.4	23.9	25.2	14.8	15.0	13.4
55–64 years	15.3	11.1	13.1	41.3	41.9	41.6	26.7	28.8	28.5	16.7	18.2	16.8
65 years and over	8.9	5.3	6.4	34.7	33.8	35.9	32.5	36.7	34.4	23.8	24.2	23.2
65–74 years	9.8	6.3	7.8	36.9	36.1	37.4	31.6	35.7	33.7	21.6	21.9	21.0
75 years and over	7.7	4.1	4.5	31.8	31.0	33.7	33.8	38.0	35.4	26.6	27.0	26.3
Sex <sup>3</sup>												
Male	21.3	20.4	21.0	47.1	46.4	47.7	20.6	22.7	21.2	11.0	10.5	10.1
Female	11.8	10.9	11.4	45.4	44.4	47.5	26.5	28.8	26.7	16.3	15.9	14.4
Race <sup>3,4</sup>												
White only	16.0	15.3	16.1	46.1	44.9	47.3	23.9	26.1	24.0	14.0	13.7	12.7
Black or African American only	16.8	15.7	15.2	46.1	47.2	47.6	23.2	24.7	25.7	13.9	12.4	11.5
American Indian or Alaska Native only	17.1	19.4	16.1	38.0	40.3	43.2	24.2	28.1	28.3	20.7	12.2	12.4
Asian only	22.8	20.4	18.4	49.1	49.9	53.1	19.7	22.1	21.3	8.3	7.6	7.2
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	13.9	15.8	---	42.3	42.6	---	25.2	24.9	---	18.6	16.8
Hispanic origin and race <sup>3,4</sup>												
Hispanic or Latino	24.9	23.5	24.0	42.3	43.2	45.8	20.3	22.6	20.5	12.5	10.7	9.7
Mexican	28.9	25.2	26.2	40.8	43.3	44.6	18.5	21.4	20.0	11.8	10.1	9.2
Not Hispanic or Latino	15.4	14.0	14.4	46.7	45.8	47.9	24.0	26.5	24.8	13.9	13.7	12.9
White only	14.7	13.2	13.9	46.6	45.3	47.6	24.4	27.1	25.0	14.3	14.4	13.5
Black or African American only	16.9	15.6	15.2	46.1	47.3	47.7	23.1	24.9	25.7	13.8	12.2	11.4
Percent of poverty level <sup>3,5</sup>												
Below 100%	20.6	20.4	20.1	37.8	37.5	39.8	22.7	25.1	23.5	18.9	17.0	16.6
100%–199%	20.1	20.8	21.0	43.3	42.1	42.8	21.7	23.1	22.5	14.9	13.9	13.7
200%–399%	16.4	16.2	16.7	47.2	46.3	48.9	23.6	25.4	23.0	12.8	12.1	11.3
400% or more	12.8	10.2	11.1	49.8	49.4	51.9	24.9	27.6	25.7	12.5	12.7	11.3

See footnotes at end of table.

**Table 71 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#071>.

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

Characteristic	Number of health care visits <sup>1</sup>											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2013	1997	2010	2013	1997	2010	2013	1997	2010	2013
Hispanic origin and race and percent of poverty level <sup>3,4,5</sup>												
Percent distribution												
Hispanic or Latino:												
Below 100% . . . . .	30.2	28.7	28.5	34.8	36.5	39.3	19.9	22.5	20.9	15.0	12.3	11.4
100%–199% . . . . .	28.7	27.7	27.3	39.7	42.7	44.2	20.4	19.9	18.8	11.2	9.8	9.7
200%–399% . . . . .	20.7	21.6	23.4	47.4	45.0	46.5	19.8	23.1	21.5	12.1	10.3	8.5
400% or more . . . . .	15.2	11.3	13.2	50.4	51.1	56.1	22.6	26.1	20.8	11.8	11.5	9.9
Not Hispanic or Latino:												
White only:												
Below 100% . . . . .	17.0	15.0	16.7	38.3	37.0	38.5	23.9	27.4	24.9	20.9	20.6	19.9
100%–199% . . . . .	17.3	18.4	18.7	44.1	40.4	41.2	22.2	24.7	23.4	16.3	16.5	16.6
200%–399% . . . . .	15.4	14.7	15.0	46.9	46.0	48.9	24.3	26.3	23.5	13.4	13.0	12.6
400% or more . . . . .	12.5	9.9	10.6	49.1	48.2	50.8	25.5	28.4	26.6	13.0	13.5	12.0
Black or African American only:												
Below 100% . . . . .	17.4	18.4	16.3	38.5	39.8	41.1	23.4	25.0	25.6	20.7	16.8	17.0
100%–199% . . . . .	18.8	17.6	17.1	43.7	45.7	45.1	22.9	24.3	25.8	14.5	12.5	11.9
200%–399% . . . . .	16.6	15.1	15.3	49.7	49.0	51.4	22.9	25.7	23.8	10.8	10.2	9.5
400% or more . . . . .	14.0	10.0	11.0	54.3	58.2	53.9	22.7	22.5	27.7	9.0	9.3	7.3
Health insurance status at the time of interview <sup>6,7</sup>												
Under 65 years:												
Insured . . . . .	14.3	12.3	12.8	49.0	48.5	51.3	23.6	26.1	24.1	13.1	13.1	11.8
Private . . . . .	14.7	12.4	13.1	50.6	51.0	53.8	23.1	25.5	23.4	11.6	11.1	9.7
Medicaid . . . . .	9.8	10.9	10.8	35.5	38.2	41.6	26.5	28.0	25.7	28.2	23.0	21.9
Uninsured . . . . .	33.7	37.2	39.2	42.8	42.2	41.3	15.3	15.2	14.2	8.2	5.4	5.3
Health insurance status prior to interview <sup>6,7</sup>												
Under 65 years:												
Insured continuously all 12 months . . . . .	14.1	12.1	12.6	49.2	48.6	51.5	23.6	26.2	24.2	13.0	13.0	11.7
Uninsured for any period up to 12 months . . . . .	18.9	18.5	20.0	46.0	47.8	46.4	20.8	22.0	21.9	14.4	11.6	11.7
Uninsured more than 12 months . . . . .	39.0	43.8	45.1	41.4	39.7	39.9	13.2	12.6	11.1	6.4	3.9	3.8
Percent of poverty level and health insurance status prior to interview <sup>5,6,7</sup>												
Under 65 years:												
Below 100%:												
Insured continuously all 12 months . . . . .	13.8	12.7	12.0	39.7	39.5	44.0	25.2	27.5	25.1	21.4	20.3	19.0
Uninsured for any period up to 12 months . . . . .	19.7	16.9	19.2	37.6	43.0	40.8	21.9	25.0	22.4	20.9	15.1	17.6
Uninsured more than 12 months . . . . .	41.2	45.0	44.8	39.9	38.1	37.1	12.2	13.6	13.8	6.6	3.3	4.2
100%–199%:												
Insured continuously all 12 months . . . . .	16.0	14.8	14.9	46.4	44.4	45.3	21.9	24.8	24.2	15.8	16.0	15.6
Uninsured for any period up to 12 months . . . . .	18.8	21.0	21.6	45.1	46.0	44.3	21.0	20.6	23.1	15.0	12.4	11.0
Uninsured more than 12 months . . . . .	38.7	43.2	45.5	41.0	39.4	40.7	14.0	12.4	10.4	6.3	5.0	3.5
200%–399%:												
Insured continuously all 12 months . . . . .	15.1	13.6	13.6	49.4	49.4	52.8	23.4	25.3	22.7	12.1	11.7	10.8
Uninsured for any period up to 12 months . . . . .	17.9	18.8	19.5	49.3	49.7	50.9	20.0	19.7	20.3	12.8	11.8	9.4
Uninsured more than 12 months . . . . .	37.0	43.8	45.0	43.8	40.7	42.4	12.6	13.3	8.3	6.6	*2.2	*4.4
400% or more:												
Insured continuously all 12 months . . . . .	12.4	9.7	10.9	52.2	51.8	54.2	23.9	26.8	25.0	11.5	11.6	9.9
Uninsured for any period up to 12 months . . . . .	17.2	16.6	18.7	50.0	53.5	48.2	24.2	23.9	23.3	*8.5	*6.0	9.9
Uninsured more than 12 months . . . . .	35.1	39.2	43.1	44.1	46.0	41.5	15.1	*8.8	*12.9	*5.7	*	*
Respondent-assessed health status <sup>3</sup>												
Fair or poor . . . . .	7.8	8.4	9.0	23.3	24.0	23.0	29.0	30.2	31.5	39.9	37.3	36.6
Good to excellent . . . . .	17.2	16.3	16.8	48.4	47.5	50.0	23.3	25.5	23.6	11.1	10.7	9.6

See footnotes at end of table.

**Table 71 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#071>.

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

Characteristic	Number of health care visits <sup>1</sup>											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	2010	2013	1997	2010	2013	1997	2010	2013	1997	2010	2013
Disability measure among adults 18 years of age and over <sup>3,8</sup>												
Percent distribution												
Any basic actions difficulty or complex activity limitation . . . . .	11.1	11.5	11.9	32.0	30.9	28.7	27.9	29.3	30.6	29.1	28.3	28.8
Any basic actions difficulty . . . . .	11.1	11.5	11.9	31.9	30.3	28.1	27.5	29.2	30.9	29.4	29.0	29.1
Any complex activity limitation . . . . .	7.1	6.9	8.7	23.7	23.0	21.5	27.5	29.1	29.2	41.7	41.0	40.7
No disability . . . . .	20.9	20.5	21.4	49.6	47.5	49.8	20.8	23.4	21.5	8.7	8.5	7.3
Geographic region <sup>3</sup>												
Northeast . . . . .	13.2	12.6	12.4	45.9	46.3	48.9	26.0	26.4	26.3	14.9	14.7	12.4
Midwest . . . . .	15.9	13.4	14.9	47.7	46.8	48.8	22.8	26.4	23.2	13.6	13.3	13.1
South . . . . .	17.2	16.1	16.7	46.1	44.2	46.2	23.3	26.6	24.8	13.5	13.2	12.3
West . . . . .	19.1	19.1	19.1	44.8	45.2	47.6	22.8	23.5	21.8	13.3	12.2	11.6
Location of residence <sup>3,9</sup>												
Within MSA . . . . .	16.2	15.6	15.9	46.4	45.8	48.1	23.7	25.6	23.9	13.7	13.0	12.2
Outside MSA . . . . .	17.3	15.9	17.6	45.4	42.7	44.5	23.3	27.0	24.8	13.9	14.4	13.1

--- 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%.

<sup>1</sup>This table presents a summary measure of the number of visits to hospital emergency departments, home visits by a nurse or other health care professional, and visits to doctor offices, clinics, or some other place during a 12-month period. See Appendix II, Emergency department or emergency room visit; Health care contact; Home visit.

<sup>2</sup>Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>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 the Excel spreadsheet on the Health, United States website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 72 (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 1995–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#072>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of interview participants' immunization providers]

Vaccination and year	Race and Hispanic origin <sup>1</sup>							Poverty level <sup>2</sup>		Location of residence			
	Not Hispanic or Latino							Below poverty level	At or above poverty level	Inside MSA <sup>3</sup>			
	All	White	Black or African American	American Indian or Alaska Native	Asian <sup>4</sup>	Native Hawaiian or Other Pacific Islander <sup>4</sup>	2 or more races or Latino			Central city	Remaining area	Outside MSA <sup>3</sup>	
Percent of children aged 19–35 months													
Combined series (4:3:1:3*:3:1:4): <sup>5</sup>													
2009	44	45	40	*	39	*	41	46	41	46	45	45	42
2010	57	57	55	64	59	*	61	56	53	59	57	57	55
2011	69	69	64	66	71	*	71	70	64	72	70	68	67
2012	68	69	65	*	72	*	72	68	63	72	67	69	68
2013	70	72	65	70	73	*	72	69	64	74	69	73	69
DTP/DT/DTaP (4 doses or more): <sup>6</sup>													
1995	78	80	74	71	84	*	---	75	71	81	77	79	78
2000	82	84	76	75	85	*	---	79	76	84	80	83	83
2005	86	87	84	*	89	*	86	84	82	87	85	87	85
2006	85	87	81	83	86	*	84	85	81	87	84	86	85
2007	85	85	82	86	88	*	84	84	81	86	85	85	83
2008	85	85	80	82	92	*	88	85	80	87	85	85	82
2009	84	86	79	82	87	93	82	83	80	86	84	84	84
2010	84	85	84	82	88	*	83	84	81	86	84	85	84
2011	85	85	81	73	92	93	87	84	81	87	86	84	82
2012	83	84	80	88	88	*	86	81	79	85	82	83	81
2013	83	85	75	78	89	*	83	82	78	86	82	85	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
2012	93	93	93	95	92	*	93	93	92	93	93	93	93
2013	93	94	91	92	96	*	91	92	89	94	92	93	93
Measles, Mumps, Rubella:													
1995	90	91	87	88	95	*	---	88	86	91	90	90	89
2000	91	92	88	87	90	*	---	90	89	91	90	91	91
2005	92	91	92	90	92	90	94	91	89	92	92	92	90
2006	92	93	91	89	95	94	91	92	91	93	93	93	92
2007	92	92	92	96	94	88	95	93	91	93	92	93	92
2008	92	91	92	96	95	97	94	93	92	92	93	92	90
2009	90	91	88	95	91	97	89	89	89	91	91	89	89
2010	92	91	92	93	92	97	90	93	91	91	92	91	91
2011	92	91	91	95	94	99	91	92	91	92	92	91	92
2012	91	91	91	92	90	*	92	91	90	91	90	91	92
2013	92	92	91	96	97	90	92	92	91	93	92	92	91
Hib (full series): <sup>7</sup>													
2009	55	55	51	*	55	*	54	55	51	57	56	55	53
2010	67	68	65	77	70	*	70	65	61	70	67	68	63
2011	80	81	75	74	84	*	82	82	76	83	81	80	78
2012	81	82	78	85	86	*	83	80	76	84	81	82	80
2013	82	84	75	83	82	*	85	81	76	85	81	84	80

See footnotes at end of table.

**Table 72 (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 1995–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#072>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of interview participants' immunization providers]

Vaccination and year	Race and Hispanic origin <sup>1</sup>							Poverty level <sup>2</sup>		Location of residence			
	Not Hispanic or Latino							Below poverty level	At or above poverty level	Inside MSA <sup>3</sup>			
	All	White	Black or African American	American Indian or Alaska Native	Asian <sup>4</sup>	Native Hawaiian or Other Pacific Islander <sup>4</sup>	2 or more races or Latino			Central city	Remaining area	Outside MSA <sup>3</sup>	
Percent of children aged 19–35 months													
<b>Hepatitis A (2 doses or more):</b>													
2008.....	40	---	---	---	---	---	---	---	47	46	---	---	---
2009.....	47	46	41	33	51	*	48	49	47	46	48	47	47
2010.....	50	46	49	*	51	*	50	57	51	49	52	49	45
2011.....	52	50	51	*	57	*	50	56	51	53	55	51	48
2012.....	53	53	52	*	58	*	49	54	49	55	55	53	48
2013.....	55	53	49	*	67	*	58	57	54	56	56	55	50
<b>Hepatitis B (3 doses or more):</b>													
1995.....	68	68	66	52	80	*	---	70	65	69	69	71	59
2000.....	90	91	89	91	91	*	---	88	87	91	89	90	92
2005.....	93	93	93	90	93	*	94	93	91	94	92	94	93
2006.....	93	94	92	95	92	97	92	94	93	94	93	94	93
2007.....	93	93	91	97	94	*	92	94	92	93	92	93	94
2008.....	94	93	92	92	98	*	95	94	91	94	93	94	93
2009.....	92	92	92	93	93	96	93	93	92	93	93	92	92
2010.....	92	91	92	97	92	97	90	93	92	92	91	92	93
2011.....	91	90	92	93	96	91	91	92	92	91	91	91	93
2012.....	90	89	90	94	93	*	92	89	89	90	90	90	91
2013.....	91	91	91	96	92	95	91	90	88	92	90	92	91
<b>Varicella:<sup>8</sup></b>													
1998.....	43	42	42	28	53	*	---	47	41	44	45	45	34
2000.....	68	66	67	62	77	*	---	70	64	69	69	70	60
2005.....	88	86	91	82	92	*	90	89	87	88	88	88	86
2006.....	89	89	89	85	93	90	91	90	88	90	90	90	86
2007.....	90	89	90	95	94	89	92	91	89	90	90	90	89
2008.....	91	90	90	94	94	92	91	92	90	91	92	90	88
2009.....	90	89	88	89	90	98	91	91	89	90	91	89	89
2010.....	90	89	92	96	93	93	89	92	90	91	91	90	90
2011.....	91	90	91	90	94	99	92	92	90	91	91	91	90
2012.....	90	90	90	93	92	*	91	91	90	91	90	90	91
2013.....	91	90	92	95	96	89	91	92	90	92	91	92	90
<b>PCV (4 doses or more):<sup>9</sup></b>													
2005.....	54	57	46	*	56	*	54	51	45	57	52	58	48
2006.....	68	71	61	63	65	*	71	67	62	71	69	71	62
2007.....	75	77	70	80	75	*	74	75	73	76	75	77	71
2008.....	80	81	76	71	82	*	85	79	74	83	81	81	75
2009.....	80	83	73	76	73	*	73	81	75	83	80	82	82
2010.....	83	84	80	85	79	*	83	84	79	86	83	84	83
2011.....	84	85	81	75	85	93	84	85	81	87	85	85	82
2012.....	82	84	77	*	81	*	84	82	77	85	80	84	81
2013.....	82	84	76	79	86	*	83	80	75	86	81	84	80
<b>Rotavirus vaccine:<sup>10</sup></b>													
2009.....	44	46	38	*	42	*	38	44	38	47	45	47	36
2010.....	59	60	53	*	63	*	58	61	52	63	59	62	52
2011.....	67	68	63	58	67	*	68	68	61	71	69	67	63
2012.....	69	71	60	*	70	*	69	70	63	73	69	71	63
2013.....	73	75	62	*	75	*	73	74	64	77	72	75	67

See footnotes at end of table.

**Table 72 (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 1995–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#072>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of interview participants' immunization providers]

Vaccination and year	Not Hispanic or Latino					
	White		Black or African American		Hispanic or Latino	
	Below poverty level <sup>2</sup>	At or above poverty level <sup>2</sup>	Below poverty level <sup>2</sup>	At or above poverty level <sup>2</sup>	Below poverty level <sup>2</sup>	At or above poverty level <sup>2</sup>
Percent of children aged 19–35 months						
Combined series (4:3:1:3*:3:1:4): <sup>5</sup>						
2009.....	43	46	38	44	44	49
2010.....	49	59	53	56	55	55
2011.....	60	72	61	68	68	71
2012.....	58	72	63	69	68	68
2013.....	61	75	60	69	69	70

--- 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.

<sup>1</sup>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.

<sup>2</sup>Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2013, 2.9% of the 13,611 children with provider-reported vaccination history data, 0.9% of Hispanic, 1.3% of non-Hispanic white, and 0.4% of non-Hispanic black children, were missing information about poverty level and were omitted from the estimates of vaccination coverage by poverty level (unweighted percentages). See Appendix II, Poverty. See Appendix I, National Immunization Survey (NIS).

<sup>3</sup>MSA is metropolitan statistical area. See Appendix II, Metropolitan statistical area (MSA).

<sup>4</sup>Prior to data year 2002, the category Asian included Native Hawaiian and Other Pacific Islander.

<sup>5</sup>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; 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 7 for additional information on (Hib) vaccination.

<sup>6</sup>Diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), and diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

<sup>7</sup>*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](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a).

<sup>8</sup>Recommended in 1996. Data collection for varicella began in July 1996.

<sup>9</sup>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.

<sup>10</sup>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. Additional information on childhood immunizations is available from: <http://www.cdc.gov/vaccines/schedules/index.html>. Data for additional years are available. See the Excel spreadsheet on the Health, United States website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey. Available from:

<http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html> and <http://www.cdc.gov/nchs/nis.htm>. See Appendix I, National Immunization Survey (NIS).

**Table 73. Vaccination coverage for selected diseases among adolescents aged 13–17, by selected characteristics: United States, 2008–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#073>.

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population, supplemented by a survey of interview participants' immunization providers]

Vaccination coverage	2008	2009	2010	2011	2012	2013				
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . . . .	89.3	89.1	90.5	91.1	91.4	91.8				
Hepatitis B (3 doses or more) . . . . .	87.9	89.9	91.6	92.3	92.8	93.2				
History of varicella or received varicella vaccine (2 doses or more) <sup>1</sup> . . . . .	73.5	75.7	76.8	79.9	82.6	84.0				
Tdap (1 dose or more) <sup>2</sup> . . . . .	40.8	55.6	68.7	78.2	84.6	86.0				
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) <sup>3</sup> . . . . .	41.8	53.6	62.7	70.5	74.0	77.8				
Human papillomavirus (HPV) (3 doses or more among females) <sup>4</sup> . . . . .	17.9	26.7	32.0	34.8	33.4	37.6				
Human papillomavirus (HPV) (3 doses or more among males) <sup>4</sup> . . . . .	...	...	...	1.3	6.8	13.9				
	<i>Race and Hispanic origin<sup>5</sup></i>			<i>Poverty level<sup>6</sup></i>		<i>Location of residence</i>				
	<i>Not Hispanic or Latino</i>				<i>Inside MSA<sup>7</sup></i>					
<i>Vaccination coverage, 2013</i>	<i>White</i>	<i>Black or African American</i>	<i>American Indian or Alaska Native</i>	<i>Asian</i>	<i>Hispanic or Latino</i>	<i>Below poverty level</i>	<i>At or above poverty level</i>	<i>Central city</i>	<i>Remaining area</i>	<i>Outside MSA<sup>7</sup></i>
Percent of adolescents aged 13–17										
Measles, mumps, rubella (2 doses or more) . . . . .	92.8	91.1	93.5	90.8	90.2	91.7	91.8	91.2	92.1	92.6
Hepatitis B (3 doses or more) . . . . .	93.8	93.2	93.4	87.8	92.8	93.2	93.1	92.9	93.3	93.8
Varicella (2 doses or more) <sup>1</sup> . . . . .	77.7	77.9	78.7	85.2	80.3	77.3	79.0	79.1	80.4	69.5
Tdap (1 dose or more) <sup>2</sup> . . . . .	85.9	84.1	85.3	89.7	87.1	85.2	86.4	86.2	87.1	81.7
Meningococcal conjugate vaccine (MenACWY) (1 dose or more) <sup>3</sup> . . . . .	75.6	77.0	71.7	83.8	83.4	78.4	77.5	80.5	79.7	63.1
Human papillomavirus (HPV) (3 doses or more among females) <sup>4</sup> . . . . .	34.9	34.2	43.2	40.4	44.8	41.5	36.4	39.5	37.7	31.6
Human papillomavirus (HPV) (3 doses or more among males) <sup>4</sup> . . . . .	11.1	15.7	*	9.1	20.3	16.7	13.0	16.9	13.0	8.0

... 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.

<sup>1</sup>Varicella is chickenpox.

<sup>2</sup>Tdap refers to tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) or tetanus-unknown type vaccine received since the age of 10 years.

<sup>3</sup>Includes persons receiving MenACWY or meningococcal-unknown type vaccine.

<sup>4</sup>For 2008, refers to HPV vaccine quadrivalent; for 2009 and beyond, refers to HPV vaccine quadrivalent or bivalent.

<sup>5</sup>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.

<sup>6</sup>Poverty level is based on family income and family size using U.S. Census Bureau poverty thresholds. In 2013, less than 2.4% (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.

<sup>7</sup>MSA is metropolitan statistical area. See Appendix II, Metropolitan statistical area (MSA).

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. Starting in 2011, the NIS sampling frame was expanded from a single-landline frame to dual-landline and cellular telephone sampling frames. See Appendix I, National Immunization Survey (NIS). 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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e); HPV vaccine was recommended for males in October 2011. CDC. Recommendations on the use of quadrivalent human papillomavirus vaccine in males—Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011;60(50):1705–8. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>. Meningococcal vaccine was licensed for use by the FDA in January 2005. For the initial recommendations on meningococcal vaccination, see: CDC. Prevention and control of meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2005;54(RR-07):1–21. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm>. Tdap vaccines were licensed by the FDA in May and June of 2005. For the initial recommendations on Tdap vaccination, see: CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: Use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2006;55(RR-03):1–34. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm>. See Appendix I, National Immunization Survey (NIS). Additional information on the recommended schedule for adolescent vaccination is available from: <http://www.cdc.gov/vaccines/schedules/index.html>.

SOURCE: CDC/NCHS and National Center for Immunization and Respiratory Diseases, National Immunization Survey-Teen. Available from: <http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html>. See Appendix I, National Immunization Survey (NIS).



**Table 74 (page 1 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#074>.

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

Characteristic	1989	1995	2000	2005	2009	2010	2011	2012	2013
Percent receiving influenza vaccination during past 12 months <sup>1</sup>									
18 years and over, age-adjusted <sup>2,3</sup>	9.6	23.7	28.7	21.6	34.1	35.1	37.1	36.6	39.7
18 years and over, crude <sup>3</sup>	9.1	23.0	28.4	21.4	34.7	35.8	37.9	37.7	41.0
Age									
18–49 years	3.4	13.1	17.1	10.7	23.0	25.2	27.2	26.3	29.6
50 years and over	19.9	41.9	47.9	38.1	51.1	50.5	52.4	52.4	55.4
50–64 years	10.6	27.0	34.6	23.0	40.7	41.6	42.7	42.8	46.6
65 years and over	30.4	58.2	64.4	59.7	66.8	63.9	66.9	66.5	67.9
65–74 years	28.0	54.9	61.1	53.7	61.5	60.5	63.0	62.6	64.4
75 years and over	34.2	63.0	68.4	66.3	73.2	68.2	71.9	71.7	72.8
50 years and over									
Sex									
Male	19.2	40.2	45.9	34.7	49.2	47.4	49.3	48.8	52.4
Female	20.6	43.4	49.5	40.9	52.8	53.2	55.1	55.6	58.1
Race <sup>4</sup>									
White only	20.9	43.6	49.8	39.7	52.4	51.5	53.8	53.7	57.0
Black or African American only	12.5	28.2	33.2	26.9	41.7	40.4	40.8	43.0	43.2
American Indian or Alaska Native only	26.2	*	43.6	*22.9	42.8	54.7	51.2	50.9	60.9
Asian only	*9.2	35.6	43.3	30.6	50.4	55.9	53.4	52.3	54.7
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*	*
2 or more races	---	---	50.7	30.4	47.7	49.8	47.7	46.8	50.0
Hispanic origin and race <sup>4</sup>									
Hispanic or Latino	13.2	33.8	34.4	24.7	40.3	40.6	43.2	42.9	45.5
Mexican	13.0	35.4	33.0	26.1	40.4	41.3	44.9	42.7	48.0
Not Hispanic or Latino	20.3	42.4	48.8	39.1	52.1	51.5	53.3	53.4	56.4
White only	21.3	44.3	50.6	41.0	53.7	52.7	54.9	54.9	58.2
Black or African American only	12.4	28.5	33.2	26.9	41.7	40.0	41.0	43.2	43.3
Percent of poverty level <sup>5</sup>									
Below 100%	19.6	39.7	44.1	35.8	45.2	37.5	42.8	42.9	45.4
100%–199%	24.0	43.2	50.7	41.2	49.4	47.6	50.4	49.4	52.7
200%–399%	20.5	43.7	51.5	42.1	52.6	51.2	53.9	52.3	55.5
400% or more	17.5	39.3	44.3	33.9	52.0	54.3	54.5	56.0	59.0
Hispanic origin and race and percent of poverty level <sup>4,5</sup>									
Hispanic or Latino:									
Below 100%	12.7	29.7	35.8	22.3	42.2	36.3	37.9	39.0	42.8
100%–199%	20.4	34.7	35.6	27.5	32.4	36.6	43.2	39.6	41.9
200%–399%	12.7	34.2	33.7	22.3	41.1	41.8	43.7	43.6	46.0
400% or more	*9.8	39.1	32.2	26.6	48.7	47.7	47.8	50.2	51.0
Not Hispanic or Latino:									
White only:									
Below 100%	22.5	44.4	48.6	42.2	49.8	38.7	46.1	45.4	47.5
100%–199%	26.1	46.7	54.8	46.1	54.3	51.1	53.0	53.0	57.0
200%–399%	21.6	45.4	54.6	46.4	55.0	53.4	56.4	54.5	57.8
400% or more	18.1	40.8	46.0	35.1	53.3	54.9	56.0	57.1	60.6
Black or African American only:									
Below 100%	14.6	31.8	35.5	28.9	37.8	32.4	36.4	39.4	38.5
100%–199%	12.0	28.3	37.9	27.4	41.8	39.2	42.3	42.9	42.9
200%–399%	14.1	29.0	31.0	25.7	45.1	42.6	43.5	43.7	45.3
400% or more	*8.8	*20.0	28.7	26.2	41.0	44.4	40.6	46.1	45.5

See footnotes at end of table.

**Table 74 (page 2 of 2). Influenza vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#074>.

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

Characteristic	1989	1995	2000	2005	2009	2010	2011	2012	2013
Disability measure <sup>6</sup> <span style="float: right;">Percent receiving influenza vaccination during past 12 months<sup>1</sup></span>									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	55.2	46.5	56.9	54.5	58.6	57.7	60.3
Any basic actions difficulty . . . . .	---	---	55.3	46.7	57.1	54.8	59.0	57.8	60.7
Any complex activity limitation . . . . .	---	---	57.1	50.3	58.8	55.3	60.3	60.0	60.3
No disability . . . . .	---	---	41.3	29.7	46.0	47.0	46.7	47.8	51.3
Geographic region									
Northeast . . . . .	17.9	39.7	45.9	38.4	52.0	52.4	54.0	54.0	57.2
Midwest . . . . .	20.0	43.2	49.3	39.9	52.9	51.8	51.7	53.9	56.0
South . . . . .	20.2	41.4	46.8	37.3	50.9	49.3	52.7	51.8	54.3
West . . . . .	21.8	43.8	50.1	36.8	48.8	49.5	51.2	50.7	55.3
Location of residence <sup>7</sup>									
Within MSA . . . . .	18.9	41.6	47.1	37.2	51.0	50.8	52.3	52.2	55.0
Outside MSA . . . . .	23.3	42.9	50.2	41.0	51.6	49.3	52.7	53.6	57.2

\* 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.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Includes all other races not shown separately, unknown disability status, and unknown poverty level in 1989.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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 payment for the costs of the vaccine and its administration began in 1993. For current ACIP recommendation, see: <http://www.cdc.gov/flu/professionals/acip/index.htm>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following questionnaire supplements: immunization (1981), health promotion and disease prevention (1991), and the year 2000 objectives (1993–1995). Starting in 1997, data are from the sample adult questionnaire. See Appendix I, National Health Interview Survey (NHIS).

**Table 75 (page 1 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#075>.

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

Characteristic	1989	1995	2000	2005	2009	2010	2011	2012	2013
Percent of adults ever receiving pneumococcal vaccination <sup>1</sup>									
18 years and over, age-adjusted <sup>2,3</sup>	4.6	12.0	15.4	16.7	19.0	19.0	20.4	19.8	19.7
18 years and over, crude <sup>3</sup>	4.4	11.7	15.1	16.5	19.3	19.6	21.1	20.7	21.0
Age									
18–49 years	2.1	6.5	5.4	5.8	7.5	7.3	8.8	8.7	8.3
50–64 years	4.4	10.0	14.7	17.1	19.2	21.0	20.9	20.0	20.8
65 years and over	14.1	34.0	53.1	56.2	60.6	59.7	62.3	59.9	59.7
65–74 years	13.1	31.4	48.2	49.4	54.6	54.6	56.0	55.0	54.4
75 years and over	15.7	37.8	59.1	63.9	68.0	66.0	70.0	66.4	67.1
High-risk group <sup>4</sup>									
Total, 18–64 years	---	---	18.3	22.6	17.4	18.3	20.0	19.9	21.0
18–49 years	---	---	12.2	15.0	11.2	10.6	13.6	13.0	13.6
50–64 years	---	---	26.0	30.6	28.2	30.8	30.1	30.6	31.7
65 years and over									
Sex									
Male	13.9	34.6	52.1	53.4	59.2	57.6	59.5	55.8	57.1
Female	14.3	33.6	53.9	58.4	61.7	61.3	64.5	63.1	61.8
Race <sup>5</sup>									
White only	14.8	35.3	55.6	58.4	63.1	61.6	64.7	62.3	61.7
Black or African American only	6.4	21.9	30.6	40.2	44.2	45.5	47.5	46.0	48.4
American Indian or Alaska Native only	31.2	*	70.1	*	*	*48.5	53.0	*36.3	52.9
Asian only	*	*23.4	40.9	35.0	44.8	47.9	40.3	41.1	45.0
Native Hawaiian or Other Pacific Islander only	---	---	*	*	*	*	*	*	*
2 or more races	---	---	55.6	64.8	67.9	65.5	77.1	45.4	50.8
Hispanic origin and race <sup>5</sup>									
Hispanic or Latino	9.8	23.2	30.4	27.5	40.1	39.0	43.1	43.4	39.2
Mexican	12.9	*18.8	32.0	31.3	42.8	41.4	47.1	45.5	47.4
Not Hispanic or Latino	14.3	34.5	54.4	58.1	62.2	61.3	63.8	61.2	61.4
White only	15.0	35.9	56.8	60.6	64.8	63.5	66.5	64.0	63.6
Black or African American only	6.2	21.8	30.6	40.4	44.7	46.2	47.6	46.1	48.7
Percent of poverty level <sup>6</sup>									
Below 100%	11.2	28.7	40.6	46.7	48.5	42.6	49.6	39.5	50.5
100%–199%	15.1	30.7	51.4	54.5	60.6	57.2	60.3	59.8	58.0
200%–399%	15.1	36.1	55.8	60.8	62.9	62.2	63.4	63.6	61.7
400% or more	15.5	39.5	56.9	55.3	61.5	64.0	66.4	61.4	61.6
Hispanic origin and race and percent of poverty level <sup>5,6</sup>									
Hispanic or Latino:									
Below 100%	*	*14.1	23.8	20.9	32.6	30.2	34.8	30.9	35.3
100%–199%	*11.0	*15.6	32.3	26.9	41.8	36.9	49.3	42.0	39.1
200%–399%	*11.1	*34.4	37.6	35.2	40.0	45.8	39.2	54.5	36.1
400% or more	*	*55.1	*26.4	*25.2	49.1	43.0	49.1	46.4	49.1
Not Hispanic or Latino:									
White only:									
Below 100%	13.3	32.5	47.9	55.6	61.0	51.1	60.3	46.5	59.1
100%–199%	16.0	33.5	56.1	60.5	66.3	61.3	64.6	66.1	63.3
200%–399%	15.7	37.1	57.6	64.1	66.3	64.9	66.9	65.9	65.2
400% or more	15.9	39.3	59.5	57.4	62.9	66.0	68.6	63.5	63.2
Black or African American only:									
Below 100%	*5.0	*22.6	28.8	42.3	33.8	34.9	39.5	36.1	48.9
100%–199%	7.8	*20.9	28.1	36.6	46.9	46.4	45.6	44.5	46.9
200%–399%	*5.9	*21.7	35.5	41.6	49.3	51.8	54.2	54.1	49.4
400% or more	*	*	*32.6	44.6	45.8	50.1	49.1	45.4	50.3

See footnotes at end of table.

**Table 75 (page 2 of 2). Pneumococcal vaccination among adults aged 18 and over, by selected characteristics: United States, selected years 1989–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#075>.

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

Characteristic	1989	1995	2000	2005	2009	2010	2011	2012	2013
Percent of adults ever receiving pneumococcal vaccination <sup>1</sup>									
Any basic actions difficulty or complex activity limitation <sup>7</sup>									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	56.6	61.6	65.9	63.9	67.0	65.4	64.4
Any basic actions difficulty . . . . .	---	---	56.8	61.6	66.0	64.2	67.3	66.0	64.9
Any complex activity limitation . . . . .	---	---	58.0	63.3	67.8	65.2	66.7	65.7	66.1
No disability . . . . .	---	---	48.0	47.8	53.1	53.3	55.6	53.2	53.1
Geographic region									
Northeast . . . . .	10.4	28.2	51.2	55.8	58.5	56.7	60.0	58.0	59.1
Midwest . . . . .	13.7	31.0	52.6	58.5	58.4	61.2	65.6	63.8	62.3
South . . . . .	14.9	35.9	51.3	57.4	61.9	60.9	63.2	59.5	59.3
West . . . . .	17.9	41.1	59.7	51.4	63.0	58.9	59.5	58.2	58.3
Location of residence <sup>8</sup>									
Within MSA . . . . .	13.1	33.8	52.4	55.1	60.0	58.8	61.7	59.3	59.0
Outside MSA . . . . .	17.1	34.8	55.4	59.8	62.9	63.3	64.6	62.4	62.8

--- 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%.

<sup>1</sup> 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.”

<sup>2</sup> 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.

<sup>3</sup> Includes all other races not shown separately, unknown poverty level in 1989, and unknown disability status.

<sup>4</sup> High-risk group membership is based on recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP). The high-risk group includes persons who reported diabetes, cancer, heart, lung, liver, or kidney disease. Starting in 2009, this definition was expanded to also include persons who reported asthma or cigarette smoking, to be consistent with the revised ACIP recommendation. Starting with data year 2012, the survey questionnaire was changed to ask respondents a new question on chronic obstructive pulmonary disease (COPD), and this information was added to the list of lung diseases used to construct the high-risk category. For more information on high-risk groups, see the 2009 ACIP recommendation available from: <http://www.cdc.gov/mmwr/pdf/wk/mm5934.pdf>.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> 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 payment for the costs of the vaccine and its administration began in 1981. CDC. Prevention of pneumococcal disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1997;46(RR-08);1–24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>. For more information on the adult vaccination schedule, see: <http://www.cdc.gov/vaccines/schedules/index.html>. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Some numbers have been revised and differ from previous editions of *Health, United States*.

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 76 (page 1 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#076>.

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

Characteristic	1987	1993	1994	2000	2003	2005	2008	2010	2013
Percent of women having a mammogram within the past 2 years <sup>1</sup>									
40 years and over, age-adjusted <sup>2,3</sup>	29.0	59.7	61.0	70.4	69.5	66.6	67.1	66.5	65.7
40 years and over, crude <sup>2</sup>	28.7	59.7	60.9	70.4	69.7	66.8	67.6	67.1	66.8
50 years and over, age-adjusted <sup>2,3</sup>	27.3	59.7	60.9	73.7	72.4	68.2	70.3	68.8	69.1
50 years and over, crude <sup>2</sup>	27.4	59.7	60.6	73.6	72.4	68.4	70.5	69.2	69.5
Age									
40–49 years	31.9	59.9	61.3	64.3	64.4	63.5	61.5	62.3	59.6
50–64 years	31.7	65.1	66.5	78.7	76.2	71.8	74.2	72.6	71.4
65 years and over	22.8	54.2	55.0	67.9	67.7	63.8	65.5	64.4	66.9
65–74 years	26.6	64.2	63.0	74.0	74.6	72.5	72.6	71.9	75.3
75 years and over	17.3	41.0	44.6	61.3	60.6	54.7	57.9	55.7	56.5
Race <sup>4</sup>									
40 years and over, crude:									
White only	29.6	60.0	60.6	71.4	70.1	67.4	67.9	67.4	66.8
Black or African American only	24.0	59.1	64.3	67.8	70.4	64.9	68.0	67.9	67.1
American Indian or Alaska Native only	*	49.8	65.8	47.4	63.1	72.8	62.7	71.2	62.6
Asian only	*	55.1	55.8	53.5	57.6	54.6	66.1	62.4	66.6
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	69.2	65.3	63.7	55.2	51.4	65.4
Hispanic origin and race <sup>4</sup>									
40 years and over, crude:									
Hispanic or Latina	18.3	50.9	51.9	61.2	65.0	58.8	61.2	64.2	61.4
Not Hispanic or Latina	29.4	60.3	61.5	71.1	70.1	67.5	68.3	67.4	67.5
White only	30.3	60.6	61.3	72.2	70.5	68.3	68.7	67.8	67.6
Black or African American only	23.8	59.2	64.4	67.9	70.5	65.2	68.3	67.4	67.2
Age, Hispanic origin, and race <sup>4</sup>									
40–49 years:									
Hispanic or Latina	*15.3	52.6	47.5	54.1	59.4	54.2	54.1	59.8	56.4
Not Hispanic or Latina:									
White only	34.3	61.6	62.0	67.2	65.2	65.5	64.1	62.6	60.3
Black or African American only	27.8	55.6	67.2	60.9	68.2	62.1	59.5	63.5	59.4
50–64 years:									
Hispanic or Latina	23.0	59.2	60.1	66.5	69.4	61.5	71.3	68.6	65.6
Not Hispanic or Latina:									
White only	33.6	66.2	67.5	80.6	77.2	73.5	74.1	73.5	72.1
Black or African American only	26.4	65.5	63.6	77.7	76.2	71.6	76.7	74.0	71.7
65 years and over:									
Hispanic or Latina	*	*35.7	48.0	68.3	69.5	63.8	59.0	65.2	63.2
Not Hispanic or Latina:									
White only	24.0	54.7	54.9	68.3	68.1	64.7	66.1	65.0	67.3
Black or African American only	14.1	56.3	61.0	65.5	65.4	60.5	66.4	60.9	68.8
Age and percent of poverty level <sup>5</sup>									
40 years and over, crude:									
Below 100%	14.6	41.1	44.2	54.8	55.4	48.5	51.4	51.4	49.9
100%–199%	20.9	47.5	48.6	58.1	60.8	55.3	55.8	53.8	56.7
200%–399%	29.7	63.2	65.0	68.8	69.9	67.2	64.4	66.2	66.0
400% or more	42.9	74.1	74.1	81.5	77.7	76.6	79.0	78.1	77.2
40–49 years:									
Below 100%	18.6	36.1	43.0	47.4	50.6	42.5	46.6	48.1	43.3
100%–199%	18.4	47.8	47.6	43.6	54.0	49.8	46.5	46.2	52.0
200%–399%	31.2	63.0	64.5	60.2	63.0	61.8	56.8	59.2	58.5
400% or more	44.1	69.6	69.9	75.8	71.6	73.6	72.5	73.6	69.0
50–64 years:									
Below 100%	14.6	47.3	46.2	61.7	58.3	50.4	57.5	54.7	55.0
100%–199%	24.2	47.0	49.0	68.3	64.0	58.8	58.9	57.3	57.2
200%–399%	29.7	66.1	69.6	75.1	74.1	70.7	69.8	70.7	69.5
400% or more	44.7	78.7	78.0	86.9	84.9	80.6	84.3	82.8	80.9
65 years and over:									
Below 100%	13.1	40.4	43.9	54.8	57.0	52.3	49.1	50.6	49.8
100%–199%	19.9	47.6	48.8	60.3	62.8	56.1	59.4	55.5	59.3
200%–399%	27.7	60.3	61.0	71.1	72.3	68.6	65.0	67.2	68.1
400% or more	34.7	71.3	73.0	81.9	73.0	72.6	78.3	74.5	79.0

See footnotes at end of table.

**Table 76 (page 2 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#076>.

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

Characteristic	1987	1993	1994	2000	2003	2005	2008	2010	2013
Health insurance status at the time of interview <sup>6</sup>									
Percent of women having a mammogram within the past 2 years <sup>1</sup>									
40–64 years:									
Insured . . . . .	---	66.2	68.3	76.0	75.1	72.5	73.4	74.1	72.1
Private . . . . .	---	67.1	69.4	77.1	76.3	74.5	74.2	75.6	73.4
Medicaid . . . . .	---	51.9	54.5	61.7	63.5	55.6	64.2	64.4	63.5
Uninsured . . . . .	---	36.0	34.0	40.7	41.5	38.1	39.7	36.0	37.3
Health insurance status prior to interview <sup>6</sup>									
40–64 years:									
Insured continuously all 12 months . . . . .	---	66.6	68.6	76.8	75.6	73.1	74.1	74.7	72.7
Uninsured for any period up to 12 months . . . . .	---	49.4	49.9	53.0	56.0	51.3	55.3	57.3	54.5
Uninsured more than 12 months . . . . .	---	28.4	26.6	34.0	37.0	32.9	34.6	30.0	32.8
Age and education <sup>7</sup>									
40 years and over, crude:									
No high school diploma or GED . . . . .	17.8	46.4	48.2	57.7	58.1	52.8	53.8	53.0	53.6
High school diploma or GED . . . . .	31.3	59.0	61.0	69.7	67.8	64.9	65.2	64.4	63.4
Some college or more . . . . .	37.7	69.5	69.7	76.2	75.1	72.7	73.4	72.1	71.6
40–49 years:									
No high school diploma or GED . . . . .	15.1	43.6	50.4	46.8	53.3	51.2	46.9	44.9	46.9
High school diploma or GED . . . . .	32.6	56.6	55.8	59.0	60.8	58.8	57.2	58.4	51.8
Some college or more . . . . .	39.2	66.1	68.7	70.6	68.1	68.3	66.3	66.5	64.3
50–64 years:									
No high school diploma or GED . . . . .	21.2	51.4	51.6	66.5	63.4	56.9	64.9	56.7	58.2
High school diploma or GED . . . . .	33.8	62.4	67.8	76.6	71.8	70.1	70.4	69.9	66.9
Some college or more . . . . .	40.5	78.5	74.7	84.2	82.7	77.0	78.5	77.0	75.7
65 years and over:									
No high school diploma or GED . . . . .	16.5	44.2	45.6	57.4	56.9	50.7	49.2	54.1	53.4
High school diploma or GED . . . . .	25.9	57.4	59.1	71.8	69.7	64.3	65.7	62.5	66.5
Some college or more . . . . .	32.3	64.8	64.3	74.1	75.1	73.0	75.6	70.9	73.6
Disability measure <sup>8</sup>									
40 years and over, crude:									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	---	67.8	67.2	63.5	63.9	63.3	63.5
Any basic actions difficulty . . . . .	---	---	---	67.9	67.3	63.5	63.9	63.3	63.8
Any complex activity limitation . . . . .	---	---	---	64.1	62.3	59.9	60.2	58.2	58.4
No disability . . . . .	---	---	---	72.6	71.8	69.8	71.1	70.8	69.8

See footnotes at end of table.

**Table 76 (page 3 of 3). Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#076>.

[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.

<sup>1</sup>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.

<sup>2</sup>Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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: See Appendix II, Mammography, for a discussion of the U.S. Preventive Services Task Force recommendations for mammography screening. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–1991), and year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 77 (page 1 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#077>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010	2013
Percent of women having a Pap smear within the past 3 years <sup>1</sup>									
18 years and over, age-adjusted <sup>2,3</sup>	74.1	77.7	76.8	80.8	81.3	77.9	75.6	73.7	70.4
18 years and over, crude <sup>2</sup>	74.4	77.7	76.8	80.8	81.2	77.7	75.1	73.2	69.4
Age									
18–44 years	83.3	84.6	82.8	86.8	84.9	83.6	81.8	80.4	77.2
18–20 years	59.4	66.8	62.9	65.3	59.8	61.1	57.5	52.0	38.6
21–44 years	86.1	86.2	84.7	89.2	87.8	86.3	84.8	84.0	81.6
21–24 years	85.3	86.1	85.4	85.3	84.1	84.0	80.2	81.1	74.6
25–44 years	86.3	86.3	84.6	89.9	88.5	86.8	85.7	84.6	83.2
45–64 years	70.5	77.2	77.4	81.7	84.6	80.6	78.8	76.9	73.9
45–54 years	75.7	82.1	81.9	83.8	86.3	83.4	81.0	79.9	78.6
55–64 years	65.2	70.6	71.0	78.4	82.0	76.8	76.0	73.2	68.6
65 years and over	50.8	57.6	57.3	61.0	64.5	54.9	50.0	47.1	42.7
65–74 years	57.9	64.7	64.9	70.0	71.6	66.3	61.6	58.0	54.5
75 years and over	40.4	48.0	47.3	50.8	56.7	42.7	37.5	34.6	27.9
Race <sup>4</sup>									
18 years and over, crude:									
White only	74.1	77.3	76.2	80.6	81.3	77.7	74.9	72.8	68.7
Black or African American only	80.7	82.7	83.5	85.7	85.1	81.1	80.1	77.9	75.3
American Indian or Alaska Native only	85.4	78.1	73.5	92.2	76.8	75.2	69.4	73.4	70.1
Asian only	51.9	68.8	66.4	64.4	66.4	64.1	65.1	68.0	65.3
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	86.9	80.0	86.2	77.1	70.8	70.8
Hispanic origin and race <sup>4</sup>									
18 years and over, crude:									
Hispanic or Latina	67.6	77.2	74.4	76.3	77.0	75.5	75.4	73.6	70.5
Not Hispanic or Latina	74.9	77.8	77.0	81.3	81.7	78.0	75.1	73.1	69.2
White only	74.7	77.3	76.5	81.0	81.8	78.1	74.9	72.8	68.4
Black or African American only	80.9	82.7	83.8	86.0	85.1	81.2	80.0	77.4	75.1
Age, Hispanic origin, and race <sup>4</sup>									
18–44 years:									
Hispanic or Latina	73.9	80.9	80.6	77.0	78.1	76.5	77.9	75.9	72.3
Not Hispanic or Latina:									
White only	84.5	85.3	82.9	88.7	86.6	85.8	83.8	82.1	79.0
Black or African American only	89.1	88.0	89.1	90.8	88.5	86.4	83.5	84.2	82.8
45–64 years:									
Hispanic or Latina	57.7	75.8	70.1	79.5	77.8	78.4	78.2	75.4	74.4
Not Hispanic or Latina:									
White only	71.2	77.2	77.5	81.9	85.9	81.4	79.0	77.2	73.6
Black or African American only	76.2	80.3	82.2	84.6	85.7	80.5	82.1	78.2	76.0
65 years and over:									
Hispanic or Latina	41.7	57.1	43.8	63.7	66.8	60.0	52.6	54.2	49.4
Not Hispanic or Latina:									
White only	51.8	57.1	58.2	60.5	64.2	54.1	49.0	46.5	41.4
Black or African American only	44.8	61.2	59.5	64.5	67.2	60.1	58.7	48.0	45.8
Age and percent of poverty level <sup>5</sup>									
18 years and over, crude:									
Below 100%	64.3	70.3	68.8	73.6	72.0	68.7	68.9	65.1	60.6
100%–199%	68.2	71.2	68.8	72.5	73.4	69.0	65.0	64.3	59.8
200%–399%	77.6	80.6	80.1	80.6	80.2	77.9	72.5	71.3	68.5
400% or more	83.6	85.1	85.4	87.6	89.1	85.7	84.4	83.1	79.4
18–44 years:									
Below 100%	77.1	77.0	78.9	79.7	77.1	76.2	76.5	73.0	69.2
100%–199%	80.4	81.9	78.2	84.0	79.4	78.1	75.5	75.7	72.6
200%–399%	84.8	86.6	84.5	86.7	86.1	85.5	82.6	79.8	78.6
400% or more	88.9	91.3	88.7	91.1	89.8	88.7	87.0	88.9	84.5
45–64 years:									
Below 100%	53.6	66.5	62.0	73.1	73.6	65.9	66.2	61.7	54.9
100%–199%	60.4	64.8	66.2	70.4	76.1	69.6	65.6	63.2	61.2
200%–399%	71.0	79.5	80.3	79.9	80.0	79.3	75.3	75.2	73.7
400% or more	79.1	83.9	84.0	87.4	91.5	87.4	87.1	85.7	82.8
65 years and over:									
Below 100%	33.2	47.4	44.0	51.9	53.7	44.4	41.6	35.1	34.1
100%–199%	50.4	55.7	51.5	54.7	61.0	49.5	43.5	40.7	33.0
200%–399%	58.0	59.7	63.7	64.0	65.1	56.8	45.8	47.1	39.6
400% or more	65.2	67.5	76.2	70.4	75.4	64.6	65.7	57.7	58.1

See footnotes at end of table.



**Table 77 (page 2 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#077>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010	2013
Health insurance status at the time of interview <sup>6</sup>									
Percent of women having a Pap smear within the past 3 years <sup>1</sup>									
18–64 years, crude:									
Insured . . . . .	---	84.7	83.8	87.2	87.8	85.6	83.4	82.8	80.0
Private . . . . .	---	84.8	83.6	87.5	88.0	86.5	84.2	84.2	81.3
Medicaid . . . . .	---	82.7	86.2	84.2	85.8	80.9	80.3	78.0	75.7
Uninsured . . . . .	---	69.4	68.6	73.3	70.4	67.7	67.1	61.9	57.6
Health insurance status prior to interview <sup>6</sup>									
18–64 years, crude:									
Insured continuously all 12 months . . . . .	---	84.8	83.7	87.3	88.0	85.8	83.7	83.2	80.4
Uninsured for any period up to 12 months . . . . .	---	81.8	83.4	83.5	83.7	81.3	78.9	78.3	72.3
Uninsured more than 12 months . . . . .	---	65.1	63.6	68.8	65.1	62.0	62.1	55.2	52.7
Age and education <sup>7</sup>									
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	56.2
High school diploma or GED . . . . .	76.4	78.2	76.0	79.3	79.8	73.8	69.5	66.8	62.0
Some college or more . . . . .	84.0	84.4	85.2	87.8	88.0	84.6	82.6	80.7	77.1
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	71.7
High school diploma or GED . . . . .	85.6	85.4	82.4	87.6	86.2	83.1	80.0	79.0	79.5
Some college or more . . . . .	90.1	89.8	89.1	93.0	91.4	90.5	89.3	89.0	86.1
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	63.0
High school diploma or GED . . . . .	72.3	77.6	75.9	79.8	81.8	79.0	73.9	72.4	67.0
Some college or more . . . . .	80.1	83.0	84.7	85.7	89.1	84.1	83.0	81.5	78.7
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	33.8
High school diploma or GED . . . . .	55.4	61.6	61.2	63.7	66.9	52.5	49.3	42.6	38.8
Some college or more . . . . .	59.4	62.3	66.5	68.8	69.8	63.8	59.0	54.9	49.7
Disability measure <sup>8</sup>									
18 years and over, crude:									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	---	74.4	75.4	69.1	66.1	63.8	59.3
Any basic actions difficulty . . . . .	---	---	---	74.3	75.1	69.1	66.2	63.6	59.2
Any complex activity limitation . . . . .	---	---	---	69.3	71.0	62.2	60.1	58.5	52.8
No disability . . . . .	---	---	---	83.8	84.1	82.6	80.4	78.9	75.2

See footnotes at end of table.

**Table 77 (page 3 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#077>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010	2013
Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy <sup>9</sup>									
18 years and over, age-adjusted <sup>2,3</sup>	77.3	78.7	78.0	81.6	82.7	79.5	78.1	76.2	72.7
18 years and over, crude <sup>2</sup>	77.8	80.0	79.1	82.6	83.3	80.7	79.3	77.3	73.9
Age									
18–44 years	85.1	84.7	83.2	86.3	84.9	83.8	81.8	80.3	77.2
18–20 years	62.1	67.3	63.2	63.3	59.8	61.3	57.6	52.0	38.6
21–44 years	87.7	86.4	85.2	89.0	88.0	86.6	85.0	84.0	81.7
21–24 years	85.9	86.0	85.4	84.8	84.3	84.0	80.2	81.1	74.5
25–44 years	88.1	86.5	85.2	89.7	88.7	87.2	86.0	84.7	83.5
45–64 years	75.8	79.2	79.8	83.8	86.9	83.3	83.7	81.6	79.2
45–54 years	80.9	82.9	83.5	85.5	87.6	85.5	83.8	83.1	81.7
55–64 years	70.5	73.6	73.7	80.6	85.5	79.6	83.6	79.4	75.9
65 years and over	55.4	59.7	59.3	63.7	68.6	59.1	56.1	54.1	48.8
65–74 years	62.8	67.9	67.4	71.9	75.9	72.1	69.9	66.9	63.0
75 years and over	44.4	49.9	49.4	54.7	60.9	46.2	41.9	39.3	29.9
Race <sup>4</sup>									
18 years and over, crude:									
White only	77.8	79.9	78.8	82.8	83.7	81.1	79.6	77.4	73.8
Black or African American only	82.3	83.3	85.0	87.2	86.8	82.1	82.5	80.8	77.4
American Indian or Alaska Native only	85.9	78.2	79.6	94.1	77.7	75.6	74.8	78.9	74.3
Asian only	52.5	69.6	67.9	63.4	66.9	64.6	65.3	69.7	66.9
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	87.5	82.2	88.8	81.6	72.5	74.6
Hispanic origin and race <sup>4</sup>									
18 years and over, crude:									
Hispanic or Latina	69.8	77.3	78.0	75.1	78.0	75.9	77.3	74.7	71.6
Not Hispanic or Latina	78.5	80.2	79.3	83.5	84.0	81.4	79.6	77.8	74.3
White only	78.6	80.2	78.9	83.6	84.4	82.1	80.2	78.1	74.4
Black or African American only	82.4	83.4	84.9	87.5	86.8	82.3	82.4	80.4	77.2
Age, Hispanic origin, and race <sup>4</sup>									
18–44 years:									
Hispanic or Latina	75.1	80.2	81.0	76.0	77.9	76.5	78.3	75.6	72.0
Not Hispanic or Latina:									
White only	86.5	85.7	83.3	88.3	86.6	86.2	83.9	82.1	79.3
Black or African American only	90.3	87.6	89.1	90.6	88.7	86.1	83.3	84.0	82.5
45–64 years:									
Hispanic or Latina	62.4	75.3	78.1	77.8	81.0	78.6	81.0	77.7	77.3
Not Hispanic or Latina:									
White only	77.0	79.3	79.7	84.7	88.5	85.0	84.7	82.7	80.0
Black or African American only	78.0	81.1	82.1	86.6	87.4	80.7	85.6	81.7	77.6
65 years and over:									
Hispanic or Latina	43.8	58.9	52.0	60.9	71.2	60.0	53.7	56.4	49.4
Not Hispanic or Latina:									
White only	56.8	60.0	60.4	63.8	68.0	59.2	56.2	54.4	48.7
Black or African American only	46.3	55.8	57.1	65.1	72.1	59.3	64.1	52.7	45.6
Age and percent of poverty level <sup>5</sup>									
18 years and over, crude:									
Below 100%	67.5	71.7	72.4	74.8	73.8	70.3	72.3	67.6	62.7
100%–199%	71.6	73.7	71.9	75.2	75.7	72.6	69.6	69.3	64.7
200%–399%	81.0	83.0	82.2	82.5	83.0	81.4	77.3	76.0	73.9
400% or more	87.0	87.8	87.1	88.9	90.5	88.2	87.8	87.1	84.0
18–44 years:									
Below 100%	79.3	77.2	79.7	79.0	76.8	76.1	76.6	73.0	69.3
100%–199%	81.8	82.1	78.7	83.7	79.2	78.1	75.4	75.6	72.3
200%–399%	86.6	86.5	84.8	86.2	86.0	86.1	82.4	79.7	78.4
400% or more	90.2	91.9	88.8	90.6	90.0	88.8	87.3	88.9	84.7
45–64 years:									
Below 100%	58.0	65.8	65.8	74.7	75.6	64.8	70.7	63.7	54.9
100%–199%	66.1	64.2	68.4	72.2	78.2	71.3	70.0	67.8	65.6
200%–399%	76.9	82.2	82.8	81.2	81.7	81.7	79.5	79.5	81.0
400% or more	84.4	86.6	86.2	89.7	93.7	90.9	92.4	90.8	88.0
65 years and over:									
Below 100%	36.4	47.5	45.9	53.5	55.9	43.7	44.7	36.5	36.8
100%–199%	54.6	56.6	53.4	56.3	63.3	54.4	48.7	48.1	37.7
200%–399%	62.8	63.5	66.7	68.3	71.8	61.4	53.3	56.1	43.8
400% or more	73.0	71.7	78.8	72.9	78.6	70.1	70.9	63.7	67.6

See footnotes at end of table.

**Table 77 (page 4 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#077>.

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

Characteristic	1987	1993	1994	1999	2000	2005	2008	2010	2013
Health insurance status at the time of interview <sup>6</sup>									
Percent of women having a Pap smear within the past 3 years, among those who have not had a hysterectomy <sup>9</sup>									
18–64 years, crude:									
Insured . . . . .	---	85.9	85.2	87.8	88.7	87.1	85.8	85.1	82.3
Private . . . . .	---	86.0	85.0	88.1	88.8	87.9	86.6	86.2	83.5
Medicaid . . . . .	---	83.9	87.0	84.2	86.9	82.6	82.4	79.7	77.6
Uninsured . . . . .	---	70.2	70.2	74.3	70.8	68.0	67.9	63.1	59.6
Health insurance status prior to interview <sup>6</sup>									
18–64 years, crude:									
Insured continuously all 12 months . . . . .	---	86.1	85.1	88.0	88.9	87.2	86.1	85.4	82.9
Uninsured for any period up to 12 months . . . . .	---	81.7	83.8	84.4	84.4	82.7	80.9	79.7	74.5
Uninsured more than 12 months . . . . .	---	66.5	65.7	69.9	65.5	62.7	62.4	56.6	54.6
Age and education <sup>7</sup>									
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	60.2
High school diploma or GED . . . . .	80.0	80.2	78.1	81.2	82.7	77.1	73.6	71.5	68.3
Some college or more . . . . .	86.7	86.7	87.0	89.9	90.1	88.2	86.8	85.3	82.3
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	71.6
High school diploma or GED . . . . .	87.6	85.6	82.5	87.4	86.2	83.4	79.5	78.8	79.6
Some college or more . . . . .	91.5	90.0	89.4	92.9	91.7	91.1	89.7	89.2	86.5
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	65.7
High school diploma or GED . . . . .	77.0	78.8	78.5	81.6	84.1	80.1	77.9	75.8	71.4
Some college or more . . . . .	85.5	86.2	86.4	87.7	91.0	87.9	87.9	86.4	84.5
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	34.5
High school diploma or GED . . . . .	60.4	63.8	62.5	65.0	71.3	56.5	53.6	48.7	45.3
Some college or more . . . . .	63.6	65.7	70.2	75.6	74.9	69.9	66.1	64.0	57.6
Disability measure <sup>8</sup>									
18 years and over, crude:									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	---	77.8	78.6	73.7	73.4	70.6	66.1
Any basic actions difficulty . . . . .	---	---	---	77.8	78.5	73.9	73.8	70.6	66.2
Any complex activity limitation . . . . .	---	---	---	73.9	73.9	67.4	68.1	65.9	59.1
No disability . . . . .	---	---	---	84.5	85.1	84.0	82.1	80.8	77.4

See footnotes at end of table.

**Table 77 (page 5 of 5). Use of Pap smears among women aged 18 and over, by selected characteristics: United States, selected years 1987–2013**

Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#077>.

[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%.

<sup>1</sup> 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.

<sup>2</sup> Includes all other races not shown separately, unknown poverty level in 1987, unknown health insurance status, unknown education level, and unknown disability status.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Percent of poverty level is based on family income and family size and composition using U.S. Census Bureau poverty thresholds. Poverty level was unknown for 9% of women aged 18 and over in 1987. Missing family income data were imputed for 1993 and beyond. See Appendix II, Family income; Poverty; Table VI.

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> 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: Currently, the U.S. Preventive Services Task Force (USPSTF) recommends pap smears every three years for women aged 21 to 65, although the USPSTF recommendations have changed over time. See Appendix II, Pap smear. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey. Data are from the following supplements: cancer control (1987) and year 2000 objectives (1993–1994). Starting in 1998, data are from the family core and sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 78 (page 1 of 2). Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2013**

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#078>.

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

Characteristic	Any colorectal test or procedure <sup>1,2</sup>					Colonoscopy <sup>2,3</sup>				
	2000	2005	2008	2010	2013	2000	2005	2008	2010	2013
Percent of adults aged 50–75										
All adults 50–75 years <sup>4</sup> . . . . .	33.9	44.3	51.6	58.7	57.8	19.1	37.6	46.7	54.9	54.5
Sex										
Male . . . . .	33.1	44.4	51.4	58.5	56.7	19.5	37.9	46.9	54.7	53.4
Female . . . . .	34.5	44.2	51.9	58.8	58.9	18.8	37.4	46.6	55.1	55.5
Race <sup>5</sup>										
White only . . . . .	34.9	45.6	52.8	59.8	58.4	19.7	38.9	47.8	56.0	55.3
Black or African American only . . . . .	29.6	38.1	46.9	55.2	58.0	17.4	32.2	43.1	51.8	54.1
American Indian or Alaska Native only . . . . .	*35.2	*33.9	28.5	48.9	49.3	*	*	*26.7	46.7	45.8
Asian only . . . . .	20.4	30.8	47.1	47.1	49.8	*8.6	24.4	39.3	43.6	43.7
Native Hawaiian or Other Pacific Islander only . . . . .	*	*	*	*	*	*	*	*	*	*
2 or more races . . . . .	37.5	33.8	38.4	51.9	50.5	*25.1	29.6	37.4	48.4	48.4
Hispanic origin and race <sup>5</sup>										
Hispanic or Latino . . . . .	21.7	28.5	34.0	46.5	41.5	13.3	23.1	29.3	43.9	37.5
Mexican . . . . .	19.3	24.6	27.5	44.6	39.2	11.2	18.2	21.2	41.3	35.2
Not Hispanic or Latino . . . . .	34.7	45.6	53.3	59.9	59.6	19.5	38.9	48.4	56.0	56.3
White only . . . . .	35.7	47.4	54.8	61.3	60.4	20.0	40.5	49.8	57.3	57.4
Black or African American only . . . . .	29.7	38.0	47.4	55.3	58.2	17.5	32.0	43.5	52.0	54.6
Percent of poverty level <sup>6</sup>										
Below 100% . . . . .	26.5	28.7	33.9	37.9	43.7	16.3	23.6	28.5	34.8	40.5
100%–199% . . . . .	29.4	38.4	42.7	47.9	48.4	17.7	31.5	38.0	43.3	44.8
200%–399% . . . . .	33.7	43.6	49.9	58.0	55.8	18.6	37.0	44.3	54.6	52.0
400% or more . . . . .	37.1	49.6	58.9	67.3	65.6	20.5	42.8	54.5	63.6	62.7
Hispanic origin and race and percent of poverty level <sup>5,6</sup>										
Hispanic or Latino:										
Below 100% . . . . .	15.3	19.3	21.1	33.7	35.7	*9.3	13.1	17.9	32.1	32.0
100%–199% . . . . .	16.8	24.6	27.7	39.6	35.1	8.6	19.4	24.4	36.3	31.2
200%–399% . . . . .	23.6	28.3	39.3	47.5	41.5	*13.7	21.6	33.8	46.0	37.3
400% or more . . . . .	31.1	42.1	43.9	63.3	53.0	22.4	39.3	37.6	59.5	48.8
Not Hispanic or Latino:										
White only:										
Below 100% . . . . .	29.6	30.6	39.8	40.4	46.8	19.3	26.8	33.2	36.4	44.0
100%–199% . . . . .	32.1	42.4	46.0	50.0	51.9	19.7	35.0	40.7	44.5	48.3
200%–399% . . . . .	35.2	47.3	51.6	59.7	57.6	19.3	40.2	45.8	56.3	54.0
400% or more . . . . .	37.9	50.6	60.5	68.0	66.2	20.7	43.8	56.3	64.3	63.6
Black or African American only:										
Below 100% . . . . .	27.5	29.0	35.1	39.2	45.5	14.5	23.5	30.1	36.4	41.2
100%–199% . . . . .	28.7	36.2	46.7	49.0	51.4	17.2	30.3	43.2	46.5	47.3
200%–399% . . . . .	27.7	35.8	48.5	60.5	61.3	16.5	31.8	44.7	56.2	57.9
400% or more . . . . .	33.9	48.9	54.3	68.1	70.5	20.7	40.2	50.6	64.6	67.5
Education <sup>7</sup>										
No high school diploma or GED . . . . .	25.9	34.5	36.2	44.6	43.5	14.9	29.0	31.8	41.5	39.9
High school diploma or GED . . . . .	33.1	42.1	48.5	53.7	53.4	19.0	35.7	44.6	50.8	50.4
Some college or more . . . . .	37.8	48.7	57.5	64.7	63.1	20.9	41.6	52.1	60.4	59.6

See footnotes at end of table.

**Table 78 (page 2 of 2). Use of colorectal tests or procedures among adults aged 50–75, by selected characteristics: United States, selected years 2000–2013**

Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#078>.

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

Characteristic	Any colorectal test or procedure <sup>1,2</sup>					Colonoscopy <sup>2,3</sup>				
	2000	2005	2008	2010	2013	2000	2005	2008	2010	2013
Disability measure <sup>8</sup>										
Percent of adults aged 50–75										
Any basic actions difficulty or complex activity limitation . . . . .	37.8	47.7	54.2	59.5	61.0	22.1	40.1	48.5	55.5	57.6
Any basic actions difficulty . . . . .	38.1	47.9	54.6	59.7	61.5	22.5	40.6	48.9	55.8	58.0
Any complex activity limitation . . . . .	37.4	48.1	52.4	59.4	59.9	22.6	39.7	46.7	55.1	55.7
No disability . . . . .	30.9	41.6	50.0	58.5	55.5	16.6	35.6	45.8	54.9	52.2
Geographic region										
Northeast . . . . .	34.4	50.9	54.7	64.3	61.0	19.1	44.8	51.0	61.7	59.4
Midwest . . . . .	35.2	43.5	52.5	58.4	59.5	19.8	36.6	47.8	55.2	57.3
South . . . . .	32.5	43.9	51.6	57.4	56.4	20.0	38.1	47.4	54.4	53.8
West . . . . .	34.1	39.6	48.2	56.3	55.9	16.3	31.3	41.1	49.7	48.7
Location of residence <sup>9</sup>										
Within MSA . . . . .	34.1	44.7	52.4	59.6	58.3	19.0	37.9	47.6	55.8	54.8
Outside MSA . . . . .	33.2	42.7	48.5	54.4	55.6	19.6	36.7	43.3	50.9	52.8

\* 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%.  
<sup>1</sup>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.  
<sup>2</sup>Questions differed slightly on the National Health Interview Survey across the years for which data are shown. See Appendix II, Colorectal tests or procedures.  
<sup>3</sup>Includes any colonoscopy in the past 10 years, alone or in addition to another type of colorectal test or procedure.  
<sup>4</sup>Includes all other races not shown separately, unknown disability status, and unknown education level.  
<sup>5</sup>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. The five single-race and multiple-race categories shown in the table conform to the 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. 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.  
<sup>6</sup>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.  
<sup>7</sup>GED is General Educational Development high school equivalency diploma. See Appendix II, Education.  
<sup>8</sup>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.  
<sup>9</sup>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 79 (page 1 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#079>.

[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	2013	1997	2010	2013	1997	2010	2013
Percent of children with one or more emergency department visits <sup>1</sup>									
All children <sup>2</sup> . . . . .	19.9	22.1	17.6	24.3	27.8	23.6	17.7	19.1	14.8
Sex									
Male . . . . .	21.5	23.3	18.4	25.2	29.3	25.4	19.6	20.1	15.0
Female . . . . .	18.3	20.9	16.9	23.3	26.3	21.7	15.7	18.2	14.5
Race <sup>3</sup>									
White only . . . . .	19.4	21.2	17.1	22.6	26.6	22.5	17.8	18.4	14.6
Black or African American only . . . . .	24.0	27.6	22.6	33.1	34.0	31.3	19.4	24.2	18.3
American Indian or Alaska Native only . . . . .	*24.1	20.9	18.8	*24.3	*35.4	*22.2	*24.0	*	*16.3
Asian only . . . . .	12.6	15.0	8.8	20.8	18.4	15.1	8.6	13.3	5.9
Native Hawaiian or Other Pacific Islander only . . . . .	---	*	*	---	*	*	---	*	*
2 or more races . . . . .	---	27.2	19.9	---	34.9	25.0	---	21.6	16.8
Hispanic origin and race <sup>3</sup>									
Hispanic or Latino . . . . .	21.1	23.6	17.3	25.7	30.2	22.7	18.1	19.4	14.4
Not Hispanic or Latino . . . . .	19.7	21.7	17.8	24.0	27.0	23.9	17.6	19.0	14.9
White only . . . . .	19.2	20.4	17.2	22.2	25.1	22.8	17.7	18.2	14.7
Black or African American only . . . . .	23.6	27.2	22.4	32.7	34.4	30.9	19.2	23.3	18.2
Percent of poverty level <sup>4</sup>									
Below 100% . . . . .	25.1	30.6	24.1	29.5	35.4	30.8	22.2	27.6	20.2
100%–199% . . . . .	22.0	25.7	20.1	28.0	31.6	27.5	19.0	22.3	16.4
200%–399% . . . . .	18.0	18.4	15.5	21.4	22.7	21.1	16.4	16.4	13.0
400% or more . . . . .	16.3	15.9	12.3	19.1	21.7	15.3	15.1	13.3	11.0
Hispanic origin and race and percent of poverty level <sup>3,4</sup>									
Hispanic or Latino:									
Percent of poverty level:									
Below 100% . . . . .	21.9	27.0	19.0	25.0	32.0	25.9	19.6	23.4	15.0
100%–199% . . . . .	20.8	23.3	17.6	28.8	31.6	21.4	15.6	18.0	15.6
200%–399% . . . . .	21.4	19.5	16.3	24.6	25.2	21.3	19.6	16.1	13.5
400% or more . . . . .	17.7	21.4	12.1	*20.2	28.6	*16.7	16.4	18.0	*10.0
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100% . . . . .	25.5	33.7	29.9	27.2	37.4	34.8	24.4	31.6	26.8
100%–199% . . . . .	22.3	26.3	22.6	25.8	29.2	32.9	20.7	24.7	17.1
200%–399% . . . . .	17.8	17.6	15.1	20.9	21.2	19.2	16.3	15.9	13.4
400% or more . . . . .	16.5	15.5	12.2	19.0	21.0	14.8	15.4	13.2	11.1
Black or African American only:									
Percent of poverty level:									
Below 100% . . . . .	29.3	32.4	26.9	39.5	41.6	36.0	23.0	26.6	21.6
100%–199% . . . . .	22.5	27.5	22.4	31.7	34.5	29.3	18.5	23.7	19.4
200%–399% . . . . .	18.5	22.3	17.9	23.9	24.6	29.8	16.3	21.4	13.1
400% or more . . . . .	16.1	18.9	17.1	*18.8	*24.1	*	15.2	16.1	16.0
Health insurance status at the time of interview <sup>5</sup>									
Insured . . . . .	19.8	22.3	17.8	24.4	28.1	23.5	17.5	19.2	15.0
Private . . . . .	17.5	17.1	13.2	20.9	21.8	17.2	15.9	14.9	11.5
Medicaid . . . . .	28.2	30.0	24.0	33.0	35.5	29.9	24.1	26.4	20.4
Uninsured . . . . .	20.2	19.4	15.1	23.0	24.0	23.3	18.9	17.6	12.1
Health insurance status prior to interview <sup>5</sup>									
Insured continuously all 12 months . . . . .	19.6	22.2	17.7	24.1	28.1	23.5	17.3	19.1	14.8
Uninsured for any period up to 12 months . . . . .	24.0	23.7	21.7	27.1	28.0	26.3	21.9	21.3	19.2
Uninsured more than 12 months . . . . .	18.4	17.6	10.0	19.3	*21.3	*	18.1	16.7	9.1

See footnotes at end of table.

**Table 79 (page 2 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#079>.

[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	2013	1997	2010	2013	1997	2010	2013
Percent of poverty level and health insurance status prior to interview <sup>4,5</sup>									
Percent of children with one or more emergency department visits <sup>1</sup>									
Below 100%:									
Insured continuously all 12 months . . . . .	26.3	31.7	25.1	30.9	36.3	31.9	22.8	28.7	20.9
Uninsured for any period up to 12 months . .	26.5	30.3	21.4	29.7	34.7	*23.0	24.4	27.5	20.4
Uninsured more than 12 months . . . . .	17.5	*19.6	*12.5	*16.0	*	*	18.0	*16.0	*
100%–199%:									
Insured continuously all 12 months . . . . .	21.8	26.2	20.4	28.0	32.4	27.6	18.6	22.4	16.7
Uninsured for any period up to 12 months . .	24.5	28.4	26.9	29.7	30.9	36.5	21.0	27.0	22.2
Uninsured more than 12 months . . . . .	19.5	17.6	*9.2	*22.5	*	*	18.6	*17.2	*9.4
200%–399%:									
Insured continuously all 12 months . . . . .	17.7	18.4	15.5	21.2	22.8	20.6	16.1	16.3	13.3
Uninsured for any period up to 12 months . .	21.1	16.2	17.3	*19.5	*22.7	*22.7	22.1	*12.6	*14.5
Uninsured more than 12 months . . . . .	19.2	*17.4	*	*22.7	*	*	17.6	*18.7	*
400% or more:									
Insured continuously all 12 months . . . . .	16.2	16.1	12.1	18.9	22.0	14.9	15.1	13.5	10.9
Uninsured for any period up to 12 months . .	*19.2	*	*	*	*	*	*	*	*
Uninsured more than 12 months . . . . .	*	*	*	*	*	*	*	*	*
Geographic region									
Northeast . . . . .	18.5	22.3	19.3	20.7	27.8	24.5	17.4	19.6	16.8
Midwest . . . . .	19.5	23.3	18.5	26.0	28.8	26.0	16.4	20.7	15.1
South . . . . .	21.8	23.4	18.2	25.6	30.4	24.7	19.9	19.5	15.0
West . . . . .	18.5	19.1	14.8	23.5	23.3	19.1	15.9	16.8	12.7
Location of residence <sup>6</sup>									
Within MSA . . . . .	19.7	21.8	17.0	23.9	27.7	22.4	17.4	18.6	14.4
Outside MSA . . . . .	20.8	24.2	21.2	26.2	28.6	30.3	18.6	22.1	16.7
Percent of children with two or more emergency department visits <sup>1</sup>									
All children <sup>2</sup> . . . . .	7.1	8.4	5.8	9.6	10.8	8.0	5.8	7.2	4.8
Sex									
Male . . . . .	7.3	8.5	5.8	9.9	11.3	8.6	6.0	7.0	4.5
Female . . . . .	6.9	8.3	5.8	9.4	10.3	7.3	5.7	7.3	5.0
Race <sup>3</sup>									
White only . . . . .	6.6	7.6	5.5	8.4	10.1	7.3	5.7	6.3	4.7
Black or African American only . . . . .	9.6	12.6	8.3	14.9	15.7	12.6	6.9	11.0	6.1
American Indian and Alaska Native only . . . .	*	*	*	*	*	*	*	*	*
Asian only . . . . .	*5.7	7.3	*	*12.9	*	*	*	*7.1	*
Native Hawaiian and Other Pacific Islander only . . . . .	---	*	*	---	*	*	---	*	*
2 or more races . . . . .	---	10.3	7.1	---	*11.7	*9.8	---	*9.2	*5.4
Hispanic origin and race <sup>3</sup>									
Hispanic or Latino . . . . .	8.9	8.6	6.0	11.8	11.7	8.4	7.0	6.6	4.8
Not Hispanic or Latino . . . . .	6.8	8.4	5.7	9.2	10.5	7.8	5.7	7.3	4.8
White only . . . . .	6.2	7.4	5.4	7.8	9.3	7.0	5.5	6.4	4.7
Black or African American only . . . . .	9.3	12.3	8.1	14.6	15.8	11.9	6.8	10.4	6.2
Percent of poverty level <sup>4</sup>									
Below 100% . . . . .	11.1	13.4	9.2	14.5	15.3	12.4	8.9	12.1	7.4
100%–199% . . . . .	8.3	10.3	7.3	12.2	13.4	10.9	6.3	8.4	5.5
200%–399% . . . . .	6.2	6.3	4.8	7.4	7.3	5.9	5.6	5.9	4.3
400% or more . . . . .	4.0	5.0	2.7	5.0	7.3	*3.0	3.6	3.9	2.6

See footnotes at end of table.



**Table 79 (page 3 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#079>.

[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	2013	1997	2010	2013	1997	2010	2013
Hispanic origin and race and percent of poverty level <sup>3,4</sup>									
Percent of children with two or more emergency department visits <sup>1</sup>									
Hispanic or Latino:									
Percent of poverty level:									
Below 100%	10.4	9.9	6.8	13.9	10.9	10.0	8.0	9.2	5.0
100%–199%	8.2	9.4	7.1	12.0	15.4	9.5	5.7	5.5	5.9
200%–399%	8.5	5.9	*5.1	10.0	*8.0	*6.2	*7.6	*4.6	*
400% or more	*5.0	*6.5	*	*	*	*	*	*5.2	*
Not Hispanic or Latino:									
White only:									
Percent of poverty level:									
Below 100%	10.7	14.0	11.8	12.2	15.5	14.0	9.8	13.1	10.4
100%–199%	8.0	10.4	7.8	11.2	12.3	12.7	6.4	9.4	*5.2
200%–399%	6.0	5.7	4.3	6.7	*6.5	*3.9	5.6	5.4	4.4
400% or more	3.7	5.0	3.1	4.6	7.6	*3.4	3.3	3.9	2.9
Black or African American only:									
Percent of poverty level:									
Below 100%	12.7	16.1	10.7	19.1	22.1	15.6	8.8	12.4	*7.9
100%–199%	9.2	12.4	7.6	*13.5	*14.6	*9.8	*7.2	11.1	*6.6
200%–399%	5.8	9.9	*7.1	*8.9	*10.2	*	*4.5	*9.8	*4.9
400% or more	*	*3.7	*	*	*	*	*	*	*
Health insurance status at the time of interview <sup>5</sup>									
Insured	7.0	8.5	5.9	9.6	11.0	8.0	5.7	7.1	4.8
Private	5.2	5.5	3.4	6.8	7.4	4.5	4.5	4.6	2.9
Medicaid	13.1	12.8	9.4	16.2	15.3	11.9	10.4	11.2	7.9
Uninsured	7.7	8.0	5.2	9.8	*8.5	*7.7	6.8	7.8	*4.3
Health insurance status prior to interview <sup>5</sup>									
Insured continuously all 12 months	6.9	8.4	5.9	9.4	10.8	8.0	5.7	7.1	4.8
Uninsured for any period up to 12 months	8.5	10.1	6.0	11.5	13.3	*8.9	6.6	8.4	4.4
Uninsured more than 12 months	6.8	7.8	*4.5	*8.6	*	*	6.2	*7.9	*
Geographic region									
Northeast	6.2	7.8	6.3	7.6	10.3	8.7	5.4	6.6	5.1
Midwest	6.6	9.1	6.9	10.4	11.4	11.1	4.8	8.0	4.9
South	8.0	9.1	6.3	10.1	12.9	8.1	6.9	7.1	5.3
West	7.1	7.2	3.8	10.0	7.6	4.3	5.6	7.0	3.5
Location of residence <sup>6</sup>									
Within MSA	7.2	8.3	5.6	9.6	10.6	7.4	5.9	7.0	4.7
Outside MSA	6.8	9.3	7.1	9.7	12.2	11.2	5.6	7.9	5.0

See footnotes at end of table.

**Table 79 (page 4 of 4). Emergency department visits within the past 12 months among children under age 18, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#079>.

[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.

<sup>1</sup>See Appendix II, Emergency department or emergency room visit.

<sup>2</sup>Includes all other races not shown separately and unknown health insurance status.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 80 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#080>.

[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	2013	1997	2000	2010	2013
Percent of adults with emergency department visits <sup>1</sup>								
18 years and over, age-adjusted <sup>2,3</sup>	19.6	20.2	21.4	18.8	6.7	6.9	7.8	6.9
18 years and over, crude <sup>2</sup>	19.6	20.1	21.3	18.7	6.7	6.8	7.7	6.8
Age								
18–44 years	20.7	20.5	22.0	18.5	6.8	7.0	8.4	6.9
18–24 years	26.3	25.7	25.4	20.8	9.1	8.8	9.6	8.1
25–44 years	19.0	18.8	20.7	17.7	6.2	6.4	8.0	6.5
45–64 years	16.2	17.6	19.2	17.6	5.6	5.6	6.7	6.5
45–54 years	15.7	17.9	18.6	17.2	5.5	5.8	6.6	6.8
55–64 years	16.9	17.0	19.8	18.1	5.7	5.3	6.8	6.3
65 years and over	22.0	23.7	23.7	21.3	8.1	8.6	7.7	7.0
65–74 years	20.3	21.6	20.7	18.4	7.1	7.4	6.4	6.0
75 years and over	24.3	26.2	27.4	25.3	9.3	10.0	9.4	8.4
Sex <sup>3</sup>								
Male	19.1	18.7	18.5	16.5	5.9	5.7	6.0	5.4
Female	20.2	21.6	24.3	21.0	7.5	7.9	9.6	8.3
Race <sup>3,4</sup>								
White only	19.0	19.4	20.7	18.1	6.2	6.4	7.2	6.3
Black or African American only	25.9	26.5	28.6	25.4	11.1	10.8	12.6	11.1
American Indian or Alaska Native only	24.8	30.3	22.6	26.7	13.1	*12.6	*11.8	*9.0
Asian only	11.6	13.6	13.3	10.1	*2.9	*3.8	3.3	3.3
Native Hawaiian or Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	32.5	29.7	27.2	---	11.3	11.1	13.1
American Indian or Alaska Native; White	---	33.9	31.1	30.4	---	*9.4	*15.2	16.7
Hispanic origin and race <sup>3,4</sup>								
Hispanic or Latino	19.2	18.3	19.8	17.4	7.4	7.0	6.9	6.1
Mexican	17.8	17.4	18.1	16.0	6.4	7.1	6.1	5.4
Not Hispanic or Latino	19.7	20.6	21.9	19.1	6.7	6.9	8.1	7.1
White only	19.1	19.8	21.1	18.5	6.2	6.4	7.4	6.5
Black or African American only	25.9	26.5	29.0	25.5	11.0	10.8	12.7	11.2
Percent of poverty level <sup>3,5</sup>								
Below 100%	28.1	29.0	30.6	30.0	12.8	13.3	14.9	15.0
100%–199%	23.8	23.9	25.6	22.9	9.3	9.6	10.5	9.8
200%–399%	18.3	19.8	20.4	17.7	5.9	6.3	6.8	5.8
400% or more	15.9	16.8	17.0	13.4	3.9	4.5	4.7	3.3
Hispanic origin and race and percent of poverty level <sup>3,4,5</sup>								
Hispanic or Latino:								
Below 100%	22.1	22.4	23.6	22.7	9.8	9.7	11.5	9.3
100%–199%	19.2	18.1	19.9	17.4	8.1	6.7	6.3	6.8
200%–399%	18.5	17.3	18.1	15.3	6.0	7.4	5.2	4.7
400% or more	14.6	16.4	18.8	15.0	*3.8	*4.3	*5.5	*3.7
Not Hispanic or Latino:								
White only:								
Below 100%	29.5	30.1	33.3	32.0	13.0	13.9	15.5	16.3
100%–199%	24.3	25.5	26.8	25.0	9.1	10.4	11.2	10.7
200%–399%	18.1	20.1	20.3	18.1	5.8	6.3	6.5	6.0
400% or more	15.8	16.3	16.9	13.4	3.8	4.1	4.9	3.2
Black or African American only:								
Below 100%	34.6	35.4	36.9	36.8	17.5	17.4	20.2	20.5
100%–199%	29.2	28.5	33.5	28.1	12.8	12.2	15.9	12.8
200%–399%	20.8	23.2	25.7	21.0	8.1	8.0	10.2	7.1
400% or more	18.2	22.6	18.8	16.4	5.9	8.8	*4.0	4.7

See footnotes at end of table.

**Table 80 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#080>.

[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	2013	1997	2000	2010	2013
Health insurance status at the time of interview <sup>6,7</sup>								
Percent of adults with emergency department visits <sup>1</sup>								
18–64 years:								
Insured . . . . .	18.8	19.5	20.8	18.1	6.1	6.4	7.5	6.5
Private . . . . .	16.9	17.6	17.4	14.1	4.7	5.1	5.2	3.9
Medicaid . . . . .	37.6	42.2	40.2	38.0	19.7	21.0	21.1	19.0
Uninsured . . . . .	20.0	19.3	21.3	18.5	7.5	6.9	8.9	8.1
Health insurance status prior to interview <sup>6,7</sup>								
18–64 years:								
Insured continuously all 12 months . . . . .	18.3	19.0	20.2	17.4	5.8	6.1	7.1	6.1
Uninsured for any period up to 12 months . . . . .	25.5	28.2	26.0	26.6	9.4	10.3	12.5	11.3
Uninsured more than 12 months . . . . .	18.9	17.3	20.6	17.1	7.1	6.4	8.1	7.6
Percent of poverty level and health insurance status prior to interview <sup>5,6,7</sup>								
18–64 years:								
Below 100%:								
Insured continuously all 12 months . . . . .	30.2	31.6	35.2	33.3	14.7	15.4	18.3	16.5
Uninsured for any period up to 12 months . . . . .	34.1	43.7	34.2	37.5	16.1	18.1	16.5	20.4
Uninsured more than 12 months . . . . .	20.8	20.5	23.4	21.7	8.1	9.1	11.7	11.4
100%–199%:								
Insured continuously all 12 months . . . . .	24.5	25.5	26.1	23.6	8.9	10.2	10.8	10.3
Uninsured for any period up to 12 months . . . . .	28.7	27.7	29.7	28.5	12.3	11.7	15.6	11.5
Uninsured more than 12 months . . . . .	19.0	17.4	21.2	17.2	8.3	6.4	7.8	7.9
200%–399%:								
Insured continuously all 12 months . . . . .	17.5	19.5	19.6	16.6	5.3	6.3	6.0	5.5
Uninsured for any period up to 12 months . . . . .	21.6	24.6	25.4	23.7	6.6	7.3	12.2	9.1
Uninsured more than 12 months . . . . .	16.8	15.6	17.6	14.5	5.9	4.5	5.7	4.5
400% or more:								
Insured continuously all 12 months . . . . .	14.9	15.5	15.9	12.6	3.7	3.7	4.5	3.1
Uninsured for any period up to 12 months . . . . .	18.0	20.1	12.5	14.2	*3.1	6.4	*	*
Uninsured more than 12 months . . . . .	19.1	15.8	19.4	*8.4	*	*5.2	*	*
Disability measure <sup>3,8</sup>								
Any basic actions difficulty or complex activity limitation . . . . .	30.8	32.0	34.9	32.4	13.5	14.6	16.8	16.4
Any basic actions difficulty . . . . .	30.5	32.4	35.0	32.7	13.5	14.9	17.2	16.8
Any complex activity limitation . . . . .	39.7	41.5	43.8	41.0	19.9	21.2	24.5	23.1
No disability . . . . .	14.5	15.3	16.1	13.4	3.7	3.9	4.4	3.4
Geographic region <sup>3</sup>								
Northeast . . . . .	19.5	20.0	22.6	19.9	6.9	6.2	8.4	6.6
Midwest . . . . .	19.3	20.1	22.3	20.0	6.2	6.9	8.2	7.6
South . . . . .	20.9	21.2	22.1	19.2	7.3	7.6	8.0	7.4
West . . . . .	17.7	18.6	18.9	16.3	6.0	6.3	6.7	5.4
Location of residence <sup>3,9</sup>								
Within MSA . . . . .	19.1	19.6	20.8	18.3	6.4	6.6	7.5	6.6
Outside MSA . . . . .	21.5	22.5	25.5	22.2	7.8	7.8	9.8	8.8

See footnotes at end of table.

**Table 80 (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 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#080>.

[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.

<sup>1</sup>See Appendix II, Emergency department or emergency room visit.

<sup>2</sup>Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>MSA is metropolitan statistical area. Starting with 2006 data, MSA status is determined using 2000 census data and the 2000 standards for defining MSAs. For data prior to 2006, see Appendix II, Metropolitan statistical area (MSA) for the applicable standards.

NOTES: Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 81 (page 1 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#081>.

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

<i>Sex, age, and intent and mechanism of injury</i> <sup>1</sup>	2005–2006	2008–2009	2010–2011	2005–2006	2008–2009	2010–2011
Both sexes	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted <sup>2,3</sup>	31,706	31,328	33,007	1,076.4	1,040.8	1,084.0
All ages, crude <sup>2</sup>	31,706	31,328	33,007	1,068.6	1,029.4	1,067.9
Unintentional injuries <sup>4</sup>	25,658	25,725	27,275	864.7	845.3	882.4
Falls	8,100	8,900	9,932	273.0	292.4	321.3
Struck by or against objects or persons	2,935	2,916	3,166	98.9	95.8	102.4
Motor vehicle traffic	3,714	3,508	3,557	125.2	115.3	115.1
Cut or pierce	2,145	2,008	1,922	72.3	66.0	62.2
Intentional injuries	1,977	2,313	2,446	66.6	76.0	79.1
<b>Male</b>						
All ages, age-adjusted <sup>2,3</sup>	16,966	16,640	17,483	1,166.1	1,118.0	1,164.5
All ages, crude <sup>2</sup>	16,966	16,640	17,483	1,164.2	1,111.8	1,150.5
Unintentional injuries <sup>4</sup>	13,736	13,590	14,451	942.5	908.0	951.0
Falls	3,685	3,944	4,689	252.9	263.5	308.6
Struck by or against objects or persons	1,833	1,863	2,008	125.8	124.4	132.2
Motor vehicle traffic	1,733	1,734	1,710	118.9	115.8	112.5
Cut or pierce	1,392	1,263	1,236	95.5	84.4	81.4
Intentional injuries	1,135	1,266	1,396	77.8	84.6	91.8
Under 18 years <sup>2</sup>	5,072	5,132	5,309	1,346.6	1,351.1	1,397.8
Unintentional injuries <sup>4</sup>	4,391	4,509	4,724	1,165.8	1,187.1	1,243.9
Falls	1,362	1,512	1,737	361.5	398.1	457.4
Struck by or against objects or persons	816	909	997	216.6	239.2	262.6
Motor vehicle traffic	357	305	301	94.8	80.3	79.1
Cut or pierce	291	284	238	77.3	74.8	62.7
Intentional injuries	190	194	167	50.4	51.1	44.1
18–24 years <sup>2</sup>	2,552	2,562	2,511	1,729.5	1,695.5	1,612.1
Unintentional injuries <sup>4</sup>	1,985	1,947	1,890	1,345.4	1,288.6	1,213.7
Falls	318	366	390	215.2	242.4	250.4
Struck by or against objects or persons	290	283	259	196.9	187.4	166.6
Motor vehicle traffic	386	373	357	261.6	247.0	229.3
Cut or pierce	265	215	192	179.5	142.6	123.5
Intentional injuries	273	381	403	185.2	252.2	258.7
25–44 years <sup>2</sup>	5,199	4,611	4,850	1,243.6	1,109.5	1,184.3
Unintentional injuries <sup>4</sup>	4,001	3,540	3,690	957.1	851.8	901.1
Falls	763	703	815	182.4	169.2	199.1
Struck by or against objects or persons	472	401	452	112.9	96.4	110.4
Motor vehicle traffic	629	578	591	150.5	139.1	144.3
Cut or pierce	480	401	423	114.8	96.5	103.2
Intentional injuries	436	495	589	104.4	119.2	143.8
45–64 years <sup>2</sup>	2,842	2,996	3,270	790.0	780.7	822.7
Unintentional injuries <sup>4</sup>	2,275	2,437	2,741	632.5	635.1	689.6
Falls	599	669	909	166.6	174.2	228.6
Struck by or against objects or persons	208	216	204	57.9	56.4	51.4
Motor vehicle traffic	262	375	334	72.9	97.7	84.0
Cut or pierce	285	306	294	79.2	79.7	73.9
Intentional injuries	205	168	219	57.1	43.9	55.2
65 years and over <sup>2</sup>	1,301	1,340	1,544	837.5	805.1	871.6
Unintentional injuries <sup>4</sup>	1,082	1,157	1,406	696.8	695.2	793.5
Falls	644	694	838	414.5	416.7	473.0
Struck by or against objects or persons	46	*54	95	29.8	*32.2	53.6
Motor vehicle traffic	98	103	128	63.4	61.7	72.1
Cut or pierce	70	*57	90	45.3	*34.0	50.6
Intentional injuries	*	*	*	*	*	*

See footnotes at end of table.

**Table 81 (page 2 of 2). Initial injury-related visits to hospital emergency departments, by sex, age, and intent and mechanism of injury: United States, average annual, selected years 2005–2006 through 2010–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#081>.

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

<i>Sex, age, and intent and mechanism of injury<sup>1</sup></i>	<i>2005–2006</i>	<i>2008–2009</i>	<i>2010–2011</i>	<i>2005–2006</i>	<i>2008–2009</i>	<i>2010–2011</i>
Female	Initial injury-related visits, in thousands			Initial injury-related visits per 10,000 persons		
All ages, age-adjusted <sup>2,3</sup>	14,740	14,688	15,524	980.5	955.6	997.2
All ages, crude <sup>2</sup>	14,740	14,688	15,524	976.3	949.7	988.0
Unintentional injuries <sup>4</sup>	11,922	12,134	12,824	789.7	784.6	816.1
Falls	4,415	4,956	5,243	292.4	320.4	333.6
Struck by or against objects or persons	1,102	1,053	1,158	73.0	68.1	73.7
Motor vehicle traffic	1,981	1,774	1,847	131.2	114.7	117.6
Cut or pierce	753	745	685	49.9	48.2	43.6
Intentional injuries	843	1,048	1,050	55.8	67.7	66.8
Under 18 years <sup>2</sup>	3,625	3,508	3,673	1,008.7	967.5	1,013.2
Unintentional injuries <sup>4</sup>	3,058	3,008	3,120	851.1	829.5	860.7
Falls	1,039	1,096	1,138	289.1	302.3	314.0
Struck by or against objects or persons	419	439	425	116.7	121.1	117.2
Motor vehicle traffic	367	249	302	102.1	68.6	83.4
Cut or pierce	160	154	158	44.4	42.4	43.7
Intentional injuries	188	222	196	52.3	61.4	54.1
18–24 years <sup>2</sup>	1,882	1,736	1,936	1,329.3	1,194.5	1,297.1
Unintentional injuries <sup>4</sup>	1,431	1,325	1,530	1,010.5	911.7	1,025.0
Falls	290	307	305	205.0	210.9	204.5
Struck by or against objects or persons	146	110	171	103.4	75.4	114.7
Motor vehicle traffic	397	360	460	280.6	247.5	308.1
Cut or pierce	116	77	*94	82.2	53.2	*63.3
Intentional injuries	176	232	251	124.2	159.7	168.4
25–44 years <sup>2</sup>	4,173	4,087	4,233	1,004.2	996.6	1,034.6
Unintentional injuries <sup>4</sup>	3,266	3,179	3,308	785.8	775.1	808.5
Falls	873	1,004	941	210.1	244.7	229.9
Struck by or against objects or persons	309	198	284	74.3	48.3	69.4
Motor vehicle traffic	719	621	616	173.1	151.3	150.5
Cut or pierce	269	270	219	64.7	65.9	53.6
Intentional injuries	313	396	408	75.4	96.5	99.8
45–64 years <sup>2</sup>	2,904	3,061	3,101	767.8	760.0	741.9
Unintentional injuries <sup>4</sup>	2,278	2,539	2,519	602.2	630.4	602.7
Falls	865	1,012	1,075	228.7	251.2	257.1
Struck by or against objects or persons	160	216	197	42.2	53.5	47.2
Motor vehicle traffic	359	399	345	94.8	99.0	82.6
Cut or pierce	158	190	157	41.7	47.2	37.6
Intentional injuries	149	161	182	39.4	39.9	43.5
65 years and over <sup>2</sup>	2,155	2,294	2,582	1,002.9	1,016.3	1,110.7
Unintentional injuries <sup>4</sup>	1,889	2,083	2,348	879.1	922.8	1,009.8
Falls	1,347	1,538	1,784	626.9	681.2	767.2
Struck by or against objects or persons	69	91	81	31.9	40.4	34.7
Motor vehicle traffic	139	146	124	64.5	64.7	53.5
Cut or pierce	*50	*54	*56	*23.3	*23.9	*24.2
Intentional injuries	*	*	*	*	*	*

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

<sup>1</sup>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.

<sup>2</sup>Includes all injury-related visits not shown separately in table, including those with undetermined intent (1% in 2010–2011) and insufficient or no information to code cause of injury (9% in 2010–2011).

<sup>3</sup>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.

<sup>4</sup>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](http://www.cdc.gov/nchs/injury/injury_tools.htm) for code used to classify injury-related visits in this table. Visits with a first-listed diagnosis or first-listed E code describing a complication or adverse effect of medical care were not considered injury related. For more information on injury-related visits, see Bergen G, Chen LH, Warner M, Fingerhut LA. Injury in the United States: 2007 Chartbook. Hyattsville, MD: NCHS. 2008. Available from: <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>. Estimates for first-listed injury-related visits were further limited to those visits that were initial visits for the injury. This was determined using an imputed variable in 2005–2006; for 2007 and beyond this was determined by using the initial visit episode of care information collected on the questionnaire. Limiting the estimates to initial visits decreases the total number of injury-related visits by 9% in 2005–2006, 14% in 2007–2008, 10% to 12% in 2008–2009 and 2009–2010 (shown in spreadsheet version), and 10% in 2010–2011. Rates were calculated using estimates of the civilian population of the United States including institutionalized persons. Population data are from unpublished tabulations provided by the U.S. Census Bureau. Rates for 2005–2010 were calculated using postcensal population estimates based on the 2000 census. Rates for 2011 and beyond were calculated using postcensal population estimates based on the 2010 census. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

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

**Table 82 (page 1 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#082>.

[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 <sup>1</sup>				Physician offices			
	1995	2000	2010	2011	1995	2000	2010	2011
Age								
Number of visits, in thousands								
Total . . . . .	860,859	1,014,848	1,239,387	---	697,082	823,542	1,008,802	---
Under 18 years . . . . .	194,644	212,165	246,228	---	150,351	163,459	191,500	---
18–44 years . . . . .	285,184	315,774	342,797	---	219,065	243,011	261,941	---
45–64 years . . . . .	188,320	255,894	352,001	---	159,531	216,783	296,385	---
45–54 years . . . . .	104,891	142,233	171,039	---	88,266	119,474	140,819	---
55–64 years . . . . .	83,429	113,661	180,962	---	71,264	97,309	155,566	---
65 years and over . . . . .	192,712	231,014	298,362	---	168,135	200,289	258,976	---
65–74 years . . . . .	102,605	116,505	151,075	---	90,544	102,447	132,201	---
75 years and over . . . . .	90,106	114,510	147,287	---	77,591	97,842	126,775	---
Number of visits per 100 persons								
Total, age-adjusted <sup>2</sup> . . . . .	334	374	401	---	271	304	325	---
Total, crude . . . . .	329	370	408	---	266	300	332	---
Under 18 years . . . . .	275	293	331	---	213	226	257	---
18–44 years . . . . .	264	291	310	---	203	224	237	---
45–64 years . . . . .	364	422	441	---	309	358	371	---
45–54 years . . . . .	339	385	388	---	286	323	320	---
55–64 years . . . . .	401	481	505	---	343	412	434	---
65 years and over . . . . .	612	706	767	---	534	612	666	---
65–74 years . . . . .	560	656	713	---	494	577	624	---
75 years and over . . . . .	683	766	831	---	588	654	715	---
Sex and age								
Male, age-adjusted <sup>2</sup> . . . . .	290	325	350	---	232	261	283	---
Male, crude . . . . .	277	314	350	---	220	251	283	---
Under 18 years . . . . .	273	302	340	---	209	231	262	---
18–44 years . . . . .	190	203	205	---	139	148	151	---
45–54 years . . . . .	275	316	324	---	229	260	265	---
55–64 years . . . . .	351	428	460	---	300	367	396	---
65–74 years . . . . .	508	614	680	---	445	539	597	---
75 years and over . . . . .	711	771	871	---	616	670	760	---
Female, age-adjusted <sup>2</sup> . . . . .	377	420	452	---	309	345	367	---
Female, crude . . . . .	378	424	464	---	310	348	379	---
Under 18 years . . . . .	277	285	322	---	217	221	252	---
18–44 years . . . . .	336	377	415	---	265	298	323	---
45–54 years . . . . .	400	451	450	---	339	384	372	---
55–64 years . . . . .	446	529	546	---	382	453	469	---
65–74 years . . . . .	603	692	741	---	534	609	647	---
75 years and over . . . . .	666	763	804	---	571	645	685	---
Race and age <sup>3</sup>								
White, age-adjusted <sup>2</sup> . . . . .	339	380	408	---	282	315	336	---
White, crude . . . . .	338	381	421	---	281	316	349	---
Under 18 years . . . . .	295	306	341	---	237	243	270	---
18–44 years . . . . .	267	301	319	---	211	239	249	---
45–54 years . . . . .	334	386	389	---	286	330	326	---
55–64 years . . . . .	397	480	505	---	345	416	440	---
65–74 years . . . . .	557	641	727	---	496	568	642	---
75 years and over . . . . .	689	764	838	---	598	658	723	---
Black or African American, age-adjusted <sup>2</sup> . . . . .	309	353	439	---	204	239	316	---
Black or African American, crude . . . . .	281	324	425	---	178	214	303	---
Under 18 years . . . . .	193	264	351	---	100	167	241	---
18–44 years . . . . .	260	257	339	---	158	149	222	---
45–54 years . . . . .	387	383	466	---	281	269	339	---
55–64 years . . . . .	414	495	617	---	294	373	481	---
65–74 years . . . . .	553	656	715	---	429	512	565	---
75 years and over . . . . .	534	745	845	---	395	568	682	---

See footnotes at end of table.



**Table 82 (page 2 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#082>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

Age, sex, and race	Hospital outpatient departments				Hospital emergency departments			
	1995	2000	2010	2011	1995	2000	2010	2011
Age								
Number of visits, in thousands								
Total . . . . .	67,232	83,289	100,742	125,721	96,545	108,017	129,843	136,296
Under 18 years . . . . .	17,636	21,076	24,913	27,651	26,657	27,630	29,815	29,451
18–44 years . . . . .	24,299	26,947	28,159	37,557	41,820	45,816	52,697	56,646
45–64 years . . . . .	14,811	20,772	27,739	37,980	13,978	18,339	27,877	29,828
45–54 years . . . . .	8,029	11,558	13,639	19,310	8,595	11,201	16,581	17,595
55–64 years . . . . .	6,782	9,214	14,100	18,670	5,383	7,138	11,296	12,232
65 years and over . . . . .	10,486	14,494	19,932	22,534	14,090	16,232	19,454	20,372
65–74 years . . . . .	6,004	7,515	10,675	12,529	6,057	6,543	8,199	8,208
75 years and over . . . . .	4,482	6,979	9,257	10,005	8,033	9,690	11,255	12,163
Number of visits per 100 persons								
Total, age-adjusted <sup>2</sup> . . . . .	26	31	33	40	37	40	43	45
Total, crude . . . . .	26	30	33	41	37	39	43	44
Under 18 years . . . . .	25	29	33	37	38	38	40	40
18–44 years . . . . .	22	25	25	34	39	42	48	51
45–64 years . . . . .	29	34	35	46	27	30	35	36
45–54 years . . . . .	26	31	31	44	28	30	38	40
55–64 years . . . . .	33	39	39	49	26	30	32	32
65 years and over . . . . .	33	44	51	56	45	50	50	51
65–74 years . . . . .	33	42	50	56	33	37	39	37
75 years and over . . . . .	34	47	52	56	61	65	64	68
Sex and age								
Male, age-adjusted <sup>2</sup> . . . . .	21	26	27	32	37	38	40	42
Male, crude . . . . .	21	25	27	33	36	38	39	41
Under 18 years . . . . .	25	29	34	37	40	41	43	41
18–44 years . . . . .	14	17	16	20	37	38	38	43
45–54 years . . . . .	20	26	24	34	26	30	35	38
55–64 years . . . . .	26	32	32	45	25	30	32	34
65–74 years . . . . .	29	38	47	52	34	36	37	37
75 years and over . . . . .	34	42	50	49	61	59	60	62
Female, age-adjusted <sup>2</sup> . . . . .	31	35	38	48	37	41	47	48
Female, crude . . . . .	31	35	39	49	37	41	46	48
Under 18 years . . . . .	25	29	33	38	35	35	37	39
18–44 years . . . . .	31	33	35	47	40	46	57	59
45–54 years . . . . .	32	36	37	53	29	31	40	41
55–64 years . . . . .	38	45	46	54	26	31	31	31
65–74 years . . . . .	36	46	54	60	32	37	40	37
75 years and over . . . . .	34	49	53	61	61	69	66	72
Race and age <sup>3</sup>								
White, age-adjusted <sup>2</sup> . . . . .	23	28	31	37	34	37	41	42
White, crude . . . . .	23	28	32	38	34	37	40	41
Under 18 years . . . . .	23	27	33	37	35	36	39	37
18–44 years . . . . .	20	23	25	31	36	39	45	47
45–54 years . . . . .	23	28	28	37	25	28	34	35
55–64 years . . . . .	28	36	36	44	24	28	29	30
65–74 years . . . . .	29	38	48	49	32	35	37	34
75 years and over . . . . .	31	44	52	52	60	63	62	65
Black or African American, age-adjusted <sup>2</sup> . . . . .	48	51	51	69	58	62	73	85
Black or African American, crude . . . . .	45	48	50	68	58	62	72	83
Under 18 years . . . . .	39	40	48	*50	53	57	62	72
18–44 years . . . . .	38	40	37	55	64	68	81	96
45–54 years . . . . .	55	61	54	89	51	53	73	83
55–64 years . . . . .	73	70	73	94	47	52	62	60
65–74 years . . . . .	*77	85	*85	*121	47	59	66	73
75 years and over . . . . .	66	85	*74	*98	73	92	89	118

See footnotes at end of table.

## Table 82 (page 3 of 3). Visits to physician offices, hospital outpatient departments, and hospital emergency departments, by age, sex, and race: United States, selected years 1995–2011

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#082>.

[Data are based on reporting by a sample of office-based physicians, hospital outpatient departments, and hospital emergency departments]

-- Data not available. Estimates for all places and physician offices will be published on the *Health, United States* website when the data are available.

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

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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, and in 2011, for 17% of visits to hospital outpatient departments, and 15% of visits to hospital emergency departments. Information on the race imputation process used in each data year is available in the public-use file documentation. Available from: <http://www.cdc.gov/nchs/ahcd.htm>. Starting with 1999 data, the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one race could be recorded. Estimates for race in this table are for visits where only one race was recorded. Because of the small number of responses with more than one racial group recorded, estimates for visits with multiple races recorded are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. For 2001–2010 data, rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. For 2011 data and beyond, rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1. More information is available from: <http://www.cdc.gov/nchs/ahcd.htm>. Rates using the civilian noninstitutionalized population will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) but institutionalized persons are omitted from the denominator (the civilian noninstitutionalized population). Starting with *Health, United States, 2005*, data for physician offices for 2001 and beyond use a revised weighting scheme. See Appendix I, National Ambulatory Medical Care Survey (NAMCS); National Hospital Ambulatory Medical Care Survey (NHAMCS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 83 (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/contents2014.htm#083>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician <sup>1</sup>											
	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 <sup>2</sup>												
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 83 (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/contents2014.htm#083>.

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care generalist physician <sup>1</sup>								Specialty care physicians			
	Obstetrics and gynecology				Pediatrics				1980	1990	2000	2010
	1980	1990	2000	2010	1980	1990	2000	2010				
Percent distribution												
Age												
Total	9.6	8.7	7.8	7.8	10.9	11.2	11.7	12.4	33.8	36.4	41.1	44.8
Under 18 years	1.3	1.2	*1.1	*1.3	48.5	48.9	57.3	63.4	22.2	20.5	20.3	19.1
18–44 years	21.7	20.8	20.4	22.3	0.7	0.7	*0.9	1.0	34.7	34.8	37.9	37.3
45–64 years	4.2	4.6	4.5	4.9	*	*	*	*	39.8	44.5	48.8	53.3
45–54 years	5.6	6.3	5.6	6.7	*	*	*	*	39.8	44.4	47.7	51.3
55–64 years	2.9	3.1	3.3	3.3	*	*	*	*	39.8	44.5	50.1	55.2
65 years and over	1.4	1.1	1.5	1.3	*	*	*	*	38.4	47.4	53.5	61.7
65–74 years	1.7	1.6	2.0	1.7	*	*	*	*	38.8	47.3	53.4	62.7
75 years and over	1.0	*0.6	*1.0	*1.0	*	*	*	*	37.7	47.6	53.6	60.8
Sex and age												
Male:												
Under 18 years	...	...	...	...	49.4	50.7	58.0	63.7	22.7	21.9	22.3	19.9
18–44 years	...	...	...	...	1.0	0.7	*1.7	*1.4	49.2	48.2	48.5	48.3
45–64 years	...	...	...	...	*	*	*	*	44.4	49.4	50.6	56.3
65 years and over	...	...	...	...	*	*	*	*	41.8	48.8	56.9	63.4
Female:												
Under 18 years	2.5	2.3	2.1	*2.8	47.4	46.9	56.5	63.1	21.5	18.9	18.0	18.3
18–44 years	31.7	30.4	29.6	32.5	0.6	0.7	*	*0.9	27.9	28.7	32.8	32.1
45–64 years	6.7	7.7	7.3	8.5	*	*	*	*	36.6	41.2	47.5	51.1
65 years and over	2.1	1.8	2.6	2.4	*	*	*	*	36.1	46.5	51.1	60.4
Race and age <sup>2</sup>												
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.

<sup>1</sup>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.

<sup>2</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 84 (page 1 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#084>.

[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 <sup>1</sup>		
	1997	2010	2013	1997	2010	2013	1997	2010	2013	1997	2010	2013
Percent of persons with a dental visit in the past year <sup>2</sup>												
Total <sup>3</sup>	65.1	64.7	66.2	72.7	78.9	83.0	64.1	61.1	61.7	54.8	57.7	60.6
Sex												
Male	62.9	61.7	63.4	72.3	78.3	82.6	60.4	56.8	57.1	55.4	56.2	60.5
Female	67.1	67.5	68.9	73.0	79.6	83.5	67.7	65.4	66.2	54.4	58.9	60.8
Race <sup>4</sup>												
White only	66.4	65.6	67.1	74.0	79.2	83.6	65.7	62.4	62.9	56.8	59.3	62.5
Black or African American only	58.9	58.8	61.0	68.8	79.0	80.8	57.0	53.1	55.9	35.4	40.6	42.6
American Indian or Alaska Native only	55.1	57.4	60.1	66.8	73.2	81.9	49.9	49.8	52.7	*	72.2	50.9
Asian only	62.5	66.5	67.0	69.9	74.8	80.9	60.3	64.6	63.7	53.9	61.9	63.0
Native Hawaiian or Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	65.2	67.4	---	77.9	82.6	---	54.7	55.8	---	48.1	49.2
Black or African American; White	---	72.5	72.9	---	78.4	84.5	---	62.1	54.2	---	*	*
American Indian or Alaska Native; White	---	54.7	58.7	---	70.0	75.3	---	49.0	53.7	---	*54.5	47.6
Hispanic origin and race <sup>4</sup>												
Hispanic or Latino	54.0	56.5	59.4	61.0	74.8	80.7	50.8	48.5	50.2	47.8	42.1	47.7
Not Hispanic or Latino	66.4	66.2	67.6	74.7	80.1	83.8	65.7	63.4	64.1	55.2	59.0	61.7
White only	68.0	67.6	69.1	76.4	80.9	85.0	67.5	65.4	66.0	57.2	60.9	63.9
Black or African American only	58.8	58.7	60.6	68.8	79.2	80.5	56.9	53.1	55.7	35.3	40.5	42.4
Percent of poverty level <sup>5</sup>												
Below 100%	50.5	50.6	52.8	62.0	73.2	78.5	46.9	41.0	42.5	31.5	32.8	33.0
100%–199%	50.8	51.6	52.7	62.5	73.4	78.3	48.3	44.1	45.4	40.8	43.8	40.1
200%–399%	66.2	63.5	65.5	76.1	79.0	84.6	63.4	59.6	60.3	60.7	57.9	61.2
400% or more	78.9	79.3	80.6	85.7	88.0	89.2	77.7	77.5	78.1	74.7	77.2	82.9
Hispanic origin and race and percent of poverty level <sup>4,5</sup>												
Hispanic or Latino:												
Below 100%	45.7	50.8	54.4	55.9	74.3	79.9	39.2	34.7	36.5	33.6	32.4	36.2
100%–199%	47.2	50.8	53.8	53.8	71.1	80.2	43.5	40.2	41.2	47.9	39.5	34.0
200%–399%	61.2	59.1	60.7	70.5	76.5	80.6	57.5	54.1	54.3	57.0	46.0	60.5
400% or more	73.0	73.3	76.6	82.4	84.2	85.6	70.8	71.6	75.0	64.9	54.3	66.8
Not Hispanic or Latino:												
White only:												
Below 100%	51.7	49.3	49.8	64.4	69.1	74.7	50.6	44.4	44.6	32.0	36.4	32.2
100%–199%	52.4	52.7	52.2	66.1	75.3	77.8	50.4	47.2	48.1	42.2	45.4	41.2
200%–399%	67.5	64.7	66.9	77.1	79.6	86.2	65.0	61.4	62.0	61.9	59.8	62.6
400% or more	79.7	79.8	81.7	86.8	88.6	90.6	78.5	77.9	79.0	75.5	78.8	84.8
Black or African American only:												
Below 100%	52.8	52.0	55.4	66.1	78.0	81.7	46.2	39.7	43.2	27.7	20.9	30.0
100%–199%	48.7	50.0	51.4	61.2	75.9	75.9	46.3	41.5	44.7	26.9	33.6	32.3
200%–399%	63.3	61.2	64.2	75.0	81.2	83.3	60.7	57.2	60.7	41.5	45.3	46.6
400% or more	74.6	77.2	74.0	81.8	87.2	81.1	73.4	75.9	73.6	66.1	69.8	65.0

See footnotes at end of table.

**Table 84 (page 2 of 2). Dental visits in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#084>.

[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 <sup>1</sup>		
	1997	2010	2013	1997	2010	2013	1997	2010	2013	1997	2010	2013
Disability measure <sup>6</sup> Percent of persons with a dental visit in the past year <sup>2</sup>												
Any basic actions difficulty or complex activity limitation . . . . .	...	...	...	...	...	...	55.1	53.5	52.9	49.0	50.7	53.6
Any basic actions difficulty . . . . .	...	...	...	...	...	...	54.7	53.2	53.1	48.7	50.5	53.6
Any complex activity limitation . . . . .	...	...	...	...	...	...	51.0	47.4	49.1	44.6	43.1	45.9
No disability . . . . .	...	...	...	...	...	...	67.4	64.2	64.9	64.2	68.8	71.7
Geographic region												
Northeast . . . . .	69.6	70.1	71.2	77.5	83.8	86.9	69.6	67.9	68.5	55.5	61.5	62.2
Midwest . . . . .	68.4	67.3	68.1	76.4	80.8	85.5	67.4	64.3	63.9	57.6	58.2	60.6
South . . . . .	60.2	60.9	62.5	68.0	77.4	80.6	59.4	56.5	57.4	49.0	54.1	57.0
West . . . . .	65.0	63.9	66.7	71.5	76.1	82.1	62.9	60.2	61.6	61.9	59.8	65.7
Location of residence <sup>7</sup>												
Within MSA . . . . .	66.7	65.9	67.4	73.6	79.3	83.3	65.7	62.4	63.0	57.6	59.4	62.6
Outside MSA . . . . .	59.1	58.4	59.6	69.3	76.4	81.3	58.0	53.8	53.9	46.1	51.3	52.9

\* 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.

<sup>1</sup>Based on the 1997–2013 National Health Interview Surveys, about 21%–30% of persons aged 65 and over were edentulous (having lost all their natural teeth). In 1997–2013, about 69%–73% of older dentate persons, compared with 17%–23% of older edentate persons, had a dental visit in the past year.

<sup>2</sup>Respondents were asked, “About how long has it been since you last saw or talked to a dentist?” See Appendix II, Dental visit.

<sup>3</sup>Includes all other races not shown separately and unknown disability status.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 85 (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 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#085>.

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

Sex and age	Not Hispanic or Latino											
	All persons <sup>1</sup>			White only <sup>2</sup>			Black or African American only <sup>2</sup>			Mexican origin <sup>2,3</sup>		
	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012
Percent of population with at least one prescription drug in past 30 days												
Both sexes, age-adjusted <sup>4</sup>	39.1	45.2	47.3	41.1	48.7	52.4	36.9	40.1	43.7	31.7	31.7	34.0
Male	32.7	39.8	42.7	34.2	43.0	47.2	31.1	35.4	37.5	27.5	25.8	30.7
Female	45.0	50.3	51.8	47.6	54.3	57.6	41.4	43.8	48.8	36.0	37.8	37.6
Both sexes, crude	37.8	45.0	48.7	41.4	50.7	56.5	31.2	36.0	42.0	24.0	23.6	26.4
Male	30.6	38.6	43.4	33.5	43.8	50.7	25.5	30.7	35.1	20.1	18.8	23.5
Female	44.6	51.1	53.9	48.9	57.5	62.1	36.2	40.6	48.0	28.1	28.9	29.5
Under 18 years	20.5	23.8	23.5	22.9	27.0	26.7	14.8	18.5	22.8	16.1	15.8	16.1
18–44 years	31.3	35.9	38.1	34.3	41.3	46.7	27.8	28.5	30.7	21.1	19.1	21.2
45–64 years	54.8	64.1	67.2	55.5	66.1	70.9	57.5	62.3	64.6	48.1	49.3	49.0
65 years and over	73.6	84.7	89.8	74.0	85.4	90.3	74.5	81.1	90.3	67.7	72.0	83.9
Male:												
Under 18 years	20.4	25.7	23.1	22.3	29.9	24.8	15.5	19.6	23.6	16.3	16.2	16.6
18–44 years	21.5	27.1	29.6	23.5	31.2	37.3	21.1	21.5	20.2	14.9	13.0	17.1
45–64 years	47.2	55.6	63.1	48.1	57.4	67.3	48.2	54.0	55.6	43.8	36.4	43.0
65 years and over	67.2	80.1	87.7	67.4	81.0	88.7	64.4	78.1	88.0	61.3	66.8	80.0
Female:												
Under 18 years	20.6	21.7	23.8	23.6	24.0	28.7	14.2	17.3	21.9	16.0	15.4	15.6
18–44 years	40.7	44.6	46.4	44.7	51.7	56.3	33.4	34.2	39.3	28.1	26.2	25.9
45–64 years	62.0	72.0	71.1	62.6	74.7	74.2	64.4	69.0	72.2	52.2	62.4	55.5
65 years and over	78.3	88.1	91.4	78.8	88.8	91.7	81.3	83.1	91.8	73.0	76.3	87.5
Percent of population with three or more prescription drugs in past 30 days												
Both sexes, age-adjusted <sup>4</sup>	11.8	17.8	20.6	12.4	18.9	22.0	12.6	16.5	21.9	9.0	11.2	15.4
Male	9.4	14.8	19.1	9.9	15.9	20.2	10.2	14.5	19.2	7.0	9.5	14.0
Female	13.9	20.4	22.0	14.6	21.8	23.8	14.3	18.1	24.0	11.0	12.8	16.8
Both sexes, crude	11.0	17.6	21.8	12.5	20.6	25.9	9.2	13.5	20.2	4.8	6.1	9.2
Male	8.3	13.9	19.4	9.5	16.5	23.1	7.0	10.9	16.9	3.4	4.8	8.3
Female	13.6	21.1	24.1	15.4	24.5	28.5	11.1	15.7	23.1	6.4	7.5	10.2
Under 18 years	2.4	4.1	3.6	3.2	4.9	3.3	1.5	2.5	5.2	*1.2	2.0	3.1
18–44 years	5.7	8.4	9.6	6.3	10.1	12.2	5.4	6.6	8.8	3.0	2.7	3.5
45–64 years	20.0	30.8	34.7	20.9	31.6	36.9	21.9	31.1	38.2	16.0	20.7	24.4
65 years and over	35.3	51.8	64.8	35.0	52.6	64.5	41.2	50.3	67.9	31.3	39.5	61.7
Male:												
Under 18 years	2.6	4.3	4.1	3.3	5.2	3.2	1.7	3.0	6.4	*0.9	1.9	*3.7
18–44 years	3.6	6.7	7.5	4.1	8.4	9.4	4.2	4.4	6.6	*1.8	*1.7	*3.1
45–64 years	15.1	23.6	31.4	15.8	24.0	34.0	18.7	26.3	31.1	11.6	18.2	20.7
65 years and over	31.3	46.3	64.6	30.9	47.2	64.5	31.7	48.7	64.0	27.6	34.2	57.3
Female:												
Under 18 years	2.3	3.9	3.1	3.0	4.7	3.4	*1.2	*2.0	3.9	*1.5	2.2	*2.4
18–44 years	7.6	10.2	11.8	8.5	11.9	15.1	6.4	8.5	10.7	4.3	4.0	*4.1
45–64 years	24.7	37.5	37.8	25.8	39.1	39.6	24.3	35.0	44.3	20.3	23.3	28.3
65 years and over	38.2	55.9	64.9	38.0	56.7	64.5	47.7	51.3	70.5	34.5	44.0	65.7

See footnotes at end of table.

**Table 85 (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 2009–2012**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#085>.

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

Sex and age	Not Hispanic or Latino											
	All persons <sup>1</sup>			White only <sup>2</sup>			Black or African American only <sup>2</sup>			Mexican origin <sup>2,3</sup>		
	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012
Percent of population with five or more prescription drugs in past 30 days												
Both sexes, age-adjusted <sup>4</sup> . . . . .	4.0	7.5	10.1	4.2	7.8	10.6	3.8	7.7	10.9	2.9	4.4	8.3
Male . . . . .	2.9	6.1	9.3	3.1	6.3	9.6	2.9	6.4	9.5	2.0	3.5	7.6
Female . . . . .	4.9	8.7	10.8	5.1	9.2	11.5	4.5	8.7	12.0	3.7	5.2	8.9
Both sexes, crude . . . . .	3.6	7.4	10.7	4.2	8.7	12.8	2.6	6.2	9.8	1.4	2.1	4.4
Male . . . . .	2.5	5.6	9.3	2.9	6.6	11.1	1.8	4.8	8.1	0.9	1.6	4.1
Female . . . . .	4.7	9.1	12.0	5.4	10.8	14.4	3.3	7.4	11.3	1.9	2.7	*4.6
Under 18 years . . . . .	*	*0.8	0.8	*	*0.9	0.8	*	*	*1.2	*	*0.3	*
18–44 years . . . . .	1.2	2.3	3.3	1.4	2.5	4.3	1.0	3.2	*2.9	*	*	*
45–64 years . . . . .	7.4	13.3	16.3	7.8	13.6	17.1	7.1	14.3	19.2	5.4	8.3	12.9
65 years and over . . . . .	13.8	27.1	39.1	13.9	28.6	38.8	14.3	24.6	41.4	11.6	17.4	38.2
Male:												
Under 18 years . . . . .	*	*	0.9	*	*	*0.9	*	*	*1.8	*	*	*
18–44 years . . . . .	*0.8	1.7	2.8	*	1.9	*3.4	*	*1.9	*	*	*	*
45–64 years . . . . .	4.8	9.5	14.2	5.0	9.4	14.7	5.9	13.0	16.9	*3.5	*5.9	12.8
65 years and over . . . . .	11.3	24.7	37.9	11.6	25.9	37.5	9.9	21.0	37.1	*8.7	15.3	32.3
Female:												
Under 18 years . . . . .	*	*0.8	*0.6	*	*	*	*	*	*	*	*	*
18–44 years . . . . .	1.7	2.8	3.9	1.8	*3.0	5.1	1.2	*4.3	*3.9	*0.6	*	*
45–64 years . . . . .	9.7	16.8	18.3	10.3	17.6	19.5	8.0	15.3	21.1	*7.2	10.8	13.0
65 years and over . . . . .	15.6	28.9	40.0	15.7	30.6	39.8	17.4	27.1	44.3	14.0	19.2	43.8

\* 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%.

<sup>1</sup>Includes persons of all races and Hispanic origins, not just those shown separately.

<sup>2</sup>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.

<sup>3</sup>Persons of Mexican origin may be of any race.

<sup>4</sup>Estimates are age-adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–64 years, and 65 years and over.

Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See Appendix II, Age adjustment.

NOTES: See Appendix II, Drug. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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



**Table 86 (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 2009–2012**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#086>.

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

Age group and Multum Lexicon Plus therapeutic class <sup>1</sup> (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012
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	13.1	1.5	7.1	13.9	1.8	5.8	12.3
Analgesics (pain relief) . . . . .	7.2	9.4	8.8	5.4	7.3	7.5	9.0	11.3	10.0
Antidepressants (depression and related disorders) . . . . .	1.8	6.4	9.0	1.2	4.4	6.0	2.3	8.3	11.8
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	2.8	5.3	8.2	2.4	4.7	7.3	3.0	5.9	9.1
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	3.1	4.4	7.7	2.7	4.1	7.3	3.5	4.6	8.1
ACE inhibitors (high blood pressure, heart disease) . . . . .	2.4	4.6	6.8	2.4	4.7	7.6	2.4	4.5	6.1
Antidiabetic agents (diabetes) . . . . .	2.6	3.7	5.9	2.5	3.7	6.2	2.6	3.8	5.6
Diuretics (high blood pressure, heart disease, kidney disease) <sup>3</sup> . . . . .	3.4	4.1	5.6	2.3	3.1	4.5	4.4	5.1	6.6
Thyroid hormones (hypothyroidism) . . . . .	2.3	3.9	5.0	0.8	1.5	2.3	3.7	6.2	7.5
Bronchodilators (asthma, breathing) . . . . .	2.6	3.5	5.0	2.5	3.1	4.6	2.7	3.8	5.3
Sex hormones (contraceptives, menopause, hot flashes) <sup>4</sup> . . . . .	...	...	...	...	...	...	9.8	15.2	8.6
Anxiolytics, sedatives, and hypnotics (anxiety, insomnia, and related disorders) . . . . .	2.8	3.3	4.6	1.9	2.6	3.8	3.6	4.0	5.4
Antihypertensive combinations (high blood pressure) . . . . .	2.4	2.9	4.3	1.4	1.9	3.7	3.3	3.8	4.8
Anticonvulsants (epilepsy, seizure, and related disorders) . . . . .	1.4	2.4	4.1	1.2	2.1	3.5	1.6	2.7	4.6
Calcium channel blocking agents (high blood pressure, heart disease) . . . . .	3.6	4.2	4.0	3.4	3.5	3.9	3.8	4.8	4.1
Under 18 years									
Bronchodilators (asthma, breathing) . . . . .	3.0	4.0	5.1	3.3	4.4	5.7	2.7	3.6	4.4
CNS stimulants (attention-deficit/hyperactivity disorder) . . . . .	*0.8	2.9	3.5	*1.2	4.4	5.0	*	1.4	1.9
Penicillins (bacterial infections) . . . . .	6.1	5.1	3.3	5.9	5.2	2.7	6.4	5.0	3.8
Leukotriene modifiers (asthma, allergies) . . . . .	...	0.7	2.0	...	*0.9	2.3	...	*	1.7
Antihistamines (allergies) . . . . .	2.0	4.4	1.7	2.1	4.9	1.9	1.9	3.9	1.6
Respiratory inhalant products (asthma, chronic obstructive pulmonary disease, and related disorders) . . . . .	*0.7	1.5	2.0	*	1.7	2.4	*	1.3	1.5
Adrenal cortical steroids (anti-inflammatory) . . . . .	*0.5	0.8	1.4	*	*0.7	1.5	*0.5	0.9	*1.2
Nasal preparations (nose symptoms) . . . . .	*	1.1	1.6	*	*1.3	1.9	*	1.0	*1.3
Antidepressants (depression and related disorders) . . . . .	*	1.8	*1.2	*	2.2	*	*	*1.5	*
Upper respiratory combinations (cough and cold, congestion) . . . . .	2.3	2.3	*0.8	2.6	*2.4	*0.9	2.0	*2.2	*
Analgesics (pain relief) . . . . .	1.2	1.4	1.2	*1.2	1.3	*1.2	1.4	1.6	*1.1
Dermatological agents (skin symptoms) . . . . .	0.7	1.1	1.4	*	1.1	*1.2	*1.0	*1.1	1.7
18–44 years									
Analgesics (pain relief) . . . . .	7.2	8.0	7.6	5.1	6.0	5.8	9.1	9.9	9.5
Antidepressants (depression and related disorders) . . . . .	1.6	6.0	8.4	*1.0	3.6	5.9	2.3	8.5	10.8
Sex hormones (contraceptives, menopause, hot flashes) <sup>4</sup> . . . . .	...	...	...	...	...	...	11.5	13.5	14.0
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	2.0	3.0	4.8	1.6	3.0	5.1	2.4	3.0	4.4
Anxiolytics, sedatives, and hypnotics (anxiety, insomnia, and related disorders) . . . . .	1.4	2.1	4.0	*1.0	*1.7	3.2	1.9	2.5	4.7
Anticonvulsants (epilepsy, seizure, and related disorders) . . . . .	0.8	1.6	3.2	*0.6	1.6	2.9	1.0	*1.5	3.6
Bronchodilators (asthma, breathing) . . . . .	1.4	2.2	3.5	*1.1	1.6	2.7	*1.8	2.8	4.2
Antihyperlipidemic agents (high cholesterol) . . . . .	*0.4	1.3	2.3	*	2.0	*2.8	*	*	1.8
Antihistamines (allergies) . . . . .	2.5	3.9	1.9	1.8	3.6	*1.5	3.2	4.2	2.2
Thyroid hormones (hypothyroidism) . . . . .	1.3	1.6	1.9	*	*	*0.8	2.1	2.8	3.1
ACE inhibitors (high blood pressure, heart disease) . . . . .	0.7	1.4	1.8	*0.9	1.5	2.1	*0.6	*1.2	1.6
Antidiabetic agents (diabetes) . . . . .	*1.0	1.5	2.1	*	*1.5	2.0	*1.0	*1.6	2.1
Muscle relaxants (muscle spasm and related disorders) . . . . .	1.0	1.3	1.7	*1.3	*1.1	*1.5	*0.7	*1.4	1.9
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	1.1	*1.2	1.7	*0.9	*1.3	1.3	1.3	*	2.1
Nasal preparations (nose symptoms) . . . . .	*0.6	1.5	1.5	*	*1.2	*1.1	*0.7	1.7	1.8

See footnotes at end of table.

**Table 86 (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 2009–2012**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#086>.

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

Age group and Multum Lexicon Plus therapeutic class <sup>1</sup> (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012
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	23.8	4.4	17.2	26.3	4.2	10.7	21.4
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	5.2	9.9	13.2	5.3	8.4	11.7	5.2	11.3	14.6
Antidepressants (depression and related disorders) . . . . .	3.5	10.5	14.3	*2.3	7.0	9.6	4.6	13.8	18.6
Sex hormones (contraceptives, menopause, hot flashes) <sup>4</sup> . . . . .	...	...	...	...	...	...	19.9	30.3	9.3
Analgesics (pain relief) . . . . .	11.9	16.0	14.2	9.2	13.5	13.2	14.3	18.3	15.2
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	6.6	8.7	11.5	7.0	7.8	11.6	6.2	9.5	11.4
ACE inhibitors (high blood pressure, heart disease) . . . . .	5.2	8.8	11.8	5.7	9.8	13.1	4.6	7.9	10.6
Antidiabetic agents (diabetes) . . . . .	5.5	7.0	10.0	5.9	7.8	11.0	5.1	6.3	9.1
Thyroid hormones (hypothyroidism) . . . . .	4.7	6.6	8.5	*1.2	*2.7	3.6	8.1	10.1	13.0
Antihypertensive combinations (high blood pressure) . . . . .	5.3	5.6	8.0	3.3	*3.7	8.1	7.1	7.3	7.9
Anxiolytics, sedatives, and hypnotics (anxiety, insomnia, and related disorders) . . . . .	6.0	6.2	7.4	4.3	4.9	6.8	7.5	7.4	7.9
Diuretics (high blood pressure, heart disease, kidney disease) <sup>3</sup> . . . . .	6.1	6.6	8.8	4.8	4.8	7.6	7.3	8.3	9.8
Anticonvulsants (epilepsy, seizure, and related disorders) . . . . .	2.7	4.3	6.3	*2.5	3.5	5.5	2.9	5.1	7.0
Bronchodilators (asthma, breathing) . . . . .	3.4	3.8	5.8	2.9	3.1	4.8	3.8	4.5	6.7
Calcium channel blocking agents (high blood pressure, heart disease) . . . . .	7.0	6.7	5.4	8.2	5.9	5.9	5.9	7.5	5.0
65 years and over									
Antihyperlipidemic agents (high cholesterol) . . . . .	5.9	23.4	46.8	5.3	24.3	51.9	6.4	22.7	42.8
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	11.8	15.9	31.2	10.4	17.5	32.6	12.8	14.8	30.0
Diuretics (high blood pressure, heart disease, kidney disease) <sup>3</sup> . . . . .	16.2	19.2	21.6	12.2	17.1	19.4	19.1	20.7	23.3
ACE inhibitors (high blood pressure, heart disease) . . . . .	9.5	16.9	23.3	9.8	18.0	28.8	9.3	16.1	19.0
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	7.5	14.6	21.6	7.2	14.1	18.9	7.7	15.0	23.8
Antidiabetic agents (diabetes) . . . . .	9.0	12.4	19.0	9.0	12.9	22.0	9.0	12.0	16.7
Anticoagulants or antiplatelet agents (blood clot prevention) <sup>5</sup> . . . . .	6.1	9.1	16.3	6.8	11.5	20.3	5.6	7.4	13.0
Analgesics (pain relief) . . . . .	13.8	18.4	15.8	11.4	15.0	14.5	15.6	20.9	16.9
Calcium channel blocking agents (high blood pressure, heart disease) . . . . .	16.1	19.1	17.3	14.5	17.4	16.6	17.3	20.4	17.8
Thyroid hormones (hypothyroidism) . . . . .	7.0	14.3	15.6	3.3	6.7	9.2	9.7	19.8	20.8
Antihypertensive combinations (high blood pressure) . . . . .	9.6	9.8	13.1	6.0	7.4	9.2	12.2	11.6	16.3
Antidepressants (depression and related disorders) . . . . .	3.0	9.3	15.0	*2.3	7.2	10.3	3.5	10.8	18.7
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.8	12.0	...	4.1	11.6	...	5.3	12.3
Antiarrhythmic agents (heart rhythm irregularities) . . . . .	23.1	16.6	9.3	21.6	17.9	9.1	24.3	15.6	9.5
65–74 years									
Antihyperlipidemic agents (high cholesterol) . . . . .	7.3	26.2	45.8	6.2	26.6	49.4	8.1	25.9	42.6
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	11.3	14.8	26.2	10.6	16.0	29.4	11.9	13.9	23.3
ACE inhibitors (high blood pressure, heart disease) . . . . .	9.6	17.2	21.9	10.6	18.1	28.5	8.9	16.4	16.0
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	7.0	14.7	19.4	6.3	13.4	16.8	7.5	15.8	21.7
Antidiabetic agents (diabetes) . . . . .	8.8	12.9	19.5	8.0	13.8	21.4	9.4	12.0	17.9
Diuretics (high blood pressure, heart disease, kidney disease) <sup>3</sup> . . . . .	14.2	15.9	18.7	10.8	14.6	16.1	17.0	16.9	21.0
Analgesics (pain relief) . . . . .	13.0	18.5	15.8	10.5	14.9	14.7	15.0	21.4	16.9
Antihypertensive combinations (high blood pressure) . . . . .	8.1	8.0	13.1	4.8	*6.7	9.4	10.8	9.0	16.3
Anticoagulants or antiplatelet agents (blood clot prevention) <sup>5</sup> . . . . .	5.4	6.7	11.3	6.3	9.8	16.0	4.6	*4.2	7.2
Antidepressants (depression and related disorders) . . . . .	2.8	9.3	15.2	*2.3	5.8	10.8	3.1	12.1	19.1
Calcium channel blocking agents (high blood pressure, heart disease) . . . . .	15.0	16.1	13.6	14.0	15.3	14.9	15.8	16.8	12.5
Thyroid hormones (hypothyroidism) . . . . .	6.4	13.0	14.7	*3.4	*5.0	*8.5	8.9	19.7	20.2
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	4.2	11.2	...	*3.5	9.7	...	4.9	12.5
Antiarrhythmic agents (heart rhythm irregularities) . . . . .	20.2	13.0	6.7	19.0	15.5	7.4	21.1	10.8	6.1

See footnotes at end of table.

**Table 86 (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 2009–2012**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#086>.

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

Age group and Multum Lexicon Plus therapeutic class <sup>1</sup> (common indications for use)	Total			Male			Female		
	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012	1988–1994	1999–2002	2009–2012
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	48.2	*3.5	21.1	55.7	4.0	19.2	43.1
Beta-adrenergic blocking agents (high blood pressure, heart disease) . . . . .	12.5	17.3	37.9	9.8	19.6	37.6	14.1	15.8	38.1
Diuretics (high blood pressure, heart disease, kidney disease) <sup>3</sup> . . . . .	19.2	23.2	25.4	14.7	20.5	24.5	21.9	24.9	26.1
ACE inhibitors (high blood pressure, heart disease) . . . . .	9.3	16.4	25.3	8.5	17.7	29.2	9.8	15.6	22.6
Anticoagulants or antiplatelet agents (blood clot prevention) <sup>5</sup> . . . . .	7.2	12.0	22.8	7.8	13.9	27.0	6.9	10.9	20.0
Proton pump inhibitors or H2 antagonists (gastric reflux, ulcers) <sup>2</sup> . . . . .	8.3	14.6	24.6	9.0	15.3	22.1	7.9	14.2	26.4
Calcium channel blocking agents (high blood pressure, heart disease) . . . . .	17.8	22.8	22.2	15.3	20.5	19.3	19.2	24.2	24.1
Thyroid hormones (hypothyroidism) . . . . .	7.9	15.8	16.9	3.0	9.2	10.3	10.9	20.0	21.4
Analgesics (pain relief) . . . . .	15.1	18.4	15.8	13.0	15.1	14.2	16.3	20.4	16.9
Antidiabetic agents (diabetes) . . . . .	9.3	11.8	18.3	10.7	11.5	22.9	8.5	12.0	15.2
Antihypertensive combinations (high blood pressure) . . . . .	11.9	12.0	13.2	8.3	*8.2	8.9	14.0	14.4	16.2
Antiarrhythmic agents (heart rhythm irregularities) . . . . .	27.7	21.0	12.9	26.3	21.3	11.8	28.6	20.7	13.7
Angiotensin II inhibitors (high blood pressure, heart disease) . . . . .	...	5.4	13.2	...	*4.9	14.6	...	5.8	12.2
Antidepressants (depression and related disorders) . . . . .	3.4	9.3	14.7	*2.3	9.2	9.6	4.0	9.4	18.3

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

... Category not applicable.

<sup>1</sup>The drug therapeutic class is based on the December 2012 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](http://www.cdc.gov/nchs/nhanes/nhanes1999-2000/RXQ_DRUG.htm). See Appendix II, Multum Lexicon Plus therapeutic class.

<sup>2</sup>The drugs classes proton pump inhibitors (272) and H2 antagonists (94) have been combined because of their similar indications for use.

<sup>3</sup>This category includes carbonic anhydrase inhibitors which are primarily used to treat glaucoma.

<sup>4</sup>Although sex hormones may be used by males, most are used by females. Therefore, data for sex hormones are only presented for females.

<sup>5</sup>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 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 87 (page 1 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#087>.

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

Characteristic	One or more hospital stays <sup>1</sup>					Two or more hospital stays <sup>1</sup>				
	1997	2000	2010	2012	2013	1997	2000	2010	2012	2013
	Percent									
1 year and over, age-adjusted <sup>2,3</sup>	7.8	7.6	7.0	6.8	6.7	1.8	1.8	1.8	1.8	1.7
1 year and over, crude <sup>2</sup>	7.7	7.5	7.2	7.0	6.9	1.7	1.8	1.9	1.9	1.8
Age										
1–17 years	2.8	2.5	2.4	2.0	2.1	0.5	0.4	0.5	0.4	0.4
1–5 years	3.9	3.8	3.4	2.9	3.4	0.7	0.7	0.6	0.6	0.6
6–17 years	2.3	1.9	1.9	1.7	1.6	0.4	0.3	0.5	0.3	0.3
18–44 years	7.4	7.0	6.3	6.1	6.1	1.2	1.1	1.3	1.3	1.1
18–24 years	7.9	7.0	5.7	5.6	5.3	1.3	1.1	1.1	1.0	1.0
25–44 years	7.3	7.0	6.6	6.3	6.4	1.2	1.2	1.3	1.4	1.2
45–64 years	8.2	8.4	8.3	8.0	7.8	2.2	2.2	2.5	2.3	2.2
45–54 years	6.9	7.3	7.3	6.8	6.2	1.7	1.8	2.1	2.0	1.8
55–64 years	10.2	10.0	9.5	9.3	9.7	2.9	2.8	2.9	2.7	2.6
65 years and over	18.0	18.2	16.1	15.9	15.3	5.4	5.8	4.9	5.3	4.7
65–74 years	16.1	16.1	13.6	13.6	12.6	4.8	4.9	3.8	4.7	3.4
75 years and over	20.4	20.7	19.0	19.0	19.0	6.2	6.8	6.2	6.2	6.5
75–84 years	19.8	20.1	18.3	17.6	17.6	6.1	6.2	6.1	5.6	6.0
85 years and over	22.8	23.4	20.8	23.1	22.4	6.2	9.0	6.6	8.0	7.9
1–64 years										
Total, 1–64 years <sup>2,4</sup>	6.3	6.1	5.7	5.4	5.3	1.3	1.2	1.3	1.3	1.2
Sex										
Male, crude	4.4	4.2	4.2	4.2	4.1	0.9	1.0	1.1	1.2	1.0
1–17 years	2.9	2.4	2.4	2.1	2.1	0.6	0.4	0.5	0.4	0.4
18–44 years	3.6	3.1	2.9	3.1	2.9	0.6	0.6	0.7	0.9	0.7
45–54 years	6.0	7.0	6.4	6.0	5.9	1.4	1.8	1.9	1.8	1.7
55–64 years	11.1	10.2	9.3	9.2	9.8	3.0	3.0	2.8	2.6	2.4
Female, crude	8.0	7.9	7.6	7.0	7.0	1.6	1.5	1.7	1.6	1.5
1–17 years	2.6	2.5	2.3	2.0	2.1	0.5	0.4	0.5	0.4	0.4
18–44 years	11.2	10.8	9.8	9.0	9.2	1.8	1.7	1.9	1.7	1.6
45–54 years	7.6	7.6	8.3	7.6	6.5	2.0	1.9	2.3	2.2	2.0
55–64 years	9.4	9.8	9.7	9.4	9.6	2.9	2.7	2.9	2.7	2.7
Race <sup>4,5</sup>										
White only	6.2	5.9	5.6	5.3	5.2	1.2	1.1	1.3	1.2	1.1
Black or African American only	7.6	7.4	6.7	6.7	6.2	1.9	1.9	1.9	1.8	1.8
American Indian or Alaska Native only	7.6	7.0	*7.6	6.2	8.9	*	*	*2.4	*1.8	*2.6
Asian only	3.9	3.9	3.6	3.6	3.6	*0.5	*0.6	*0.4	0.5	0.6
Native Hawaiian or Other Pacific Islander only	---	*	*	*	*	---	*	*	*	*
2 or more races	---	8.8	7.7	7.4	7.6	---	*1.6	*2.4	2.9	*1.7
Hispanic origin and race <sup>4,5</sup>										
Hispanic or Latino	6.8	5.5	5.2	5.0	4.8	1.3	0.9	1.1	1.2	1.1
Not Hispanic or Latino	6.2	6.1	5.8	5.4	5.4	1.3	1.3	1.4	1.3	1.2
White only	6.1	6.0	5.7	5.3	5.4	1.2	1.2	1.3	1.3	1.1
Black or African American only	7.5	7.4	6.7	6.6	6.2	1.9	1.9	1.9	1.8	1.8
Percent of poverty level <sup>4,6</sup>										
Below 100%	10.3	9.1	8.3	8.5	8.6	2.8	2.6	2.7	2.7	2.7
100%–199%	7.3	7.3	7.0	6.3	6.0	1.7	1.9	1.9	1.8	1.6
200%–399%	6.0	6.0	5.2	5.0	4.8	1.2	1.1	1.1	1.2	1.1
400% or more	4.7	5.0	4.5	4.1	4.2	0.7	0.8	0.8	0.8	0.6

See footnotes at end of table.

**Table 87 (page 2 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#087>.

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

Characteristic	One or more hospital stays <sup>1</sup>					Two or more hospital stays <sup>1</sup>				
	1997	2000	2010	2012	2013	1997	2000	2010	2012	2013
Hispanic origin and race and percent of poverty level <sup>4,5,6</sup>										
Percent										
Hispanic or Latino:										
Below 100% . . . . .	9.1	7.4	7.3	7.0	6.4	2.0	1.6	2.0	2.0	2.0
100%–199% . . . . .	5.9	5.4	4.8	4.5	4.4	1.0	0.8	1.1	1.2	1.0
200%–399% . . . . .	5.9	4.6	4.3	4.2	4.3	1.1	0.7	0.7	1.0	0.8
400% or more . . . . .	5.5	4.7	4.4	4.6	4.2	*1.1	*0.6	*0.8	*0.8	*0.6
Not Hispanic or Latino:										
White only:										
Below 100% . . . . .	10.7	9.6	8.8	8.8	9.5	3.2	2.7	2.9	2.9	2.7
100%–199% . . . . .	7.7	7.8	7.8	7.2	6.9	1.8	2.2	2.2	2.0	1.9
200%–399% . . . . .	6.1	6.1	5.5	5.3	5.1	1.2	1.1	1.2	1.2	1.1
400% or more . . . . .	4.7	5.0	4.6	4.0	4.2	0.7	0.8	0.8	0.8	0.6
Black or African American only:										
Below 100% . . . . .	11.4	10.8	9.4	10.2	9.4	3.3	3.4	3.1	3.5	3.6
100%–199% . . . . .	8.0	8.5	7.7	7.1	6.5	2.1	2.3	2.3	2.2	1.6
200%–399% . . . . .	6.2	6.1	5.3	5.2	4.5	1.5	1.3	1.4	1.2	1.2
400% or more . . . . .	4.7	5.8	4.5	4.6	4.7	*0.9	*1.3	*1.0	*0.6	*1.0
Health insurance status at the time of interview <sup>4,7</sup>										
Insured . . . . .	6.6	6.4	6.2	5.8	5.7	1.3	1.3	1.4	1.4	1.2
Private . . . . .	5.6	5.5	5.0	4.6	4.5	1.0	1.0	0.9	0.9	0.8
Medicaid . . . . .	16.1	15.9	12.7	11.9	11.5	4.9	4.7	4.5	3.8	3.8
Uninsured . . . . .	4.8	4.5	4.0	3.9	4.0	1.0	0.9	0.9	0.9	1.0
Health insurance status prior to interview <sup>4,7</sup>										
Insured continuously all 12 months . . . . .	6.5	6.3	6.0	5.6	5.5	1.3	1.2	1.4	1.3	1.2
Uninsured for any period up to 12 months . . . . .	8.5	8.4	7.9	7.6	7.5	1.8	1.9	1.9	1.9	1.9
Uninsured more than 12 months . . . . .	3.8	3.5	3.0	3.1	3.3	0.8	0.8	0.8	0.8	0.9
Percent of poverty level and health insurance status prior to interview <sup>4,6,7</sup>										
Below 100%:										
Insured continuously all 12 months . . . . .	12.4	10.7	10.4	10.1	10.3	3.7	3.1	3.4	3.2	3.3
Uninsured for any period up to 12 months . . . . .	13.7	13.4	10.4	12.5	12.1	3.4	*3.4	3.0	4.4	4.0
Uninsured more than 12 months . . . . .	4.9	5.0	4.0	4.4	4.7	1.0	*1.6	1.3	1.0	1.3
100%–199%:										
Insured continuously all 12 months . . . . .	8.5	8.6	8.5	7.8	7.0	2.0	2.3	2.5	2.3	1.8
Uninsured for any period up to 12 months . . . . .	9.3	9.1	10.1	7.2	8.5	*1.9	*2.2	1.9	1.4	*1.8
Uninsured more than 12 months . . . . .	3.8	3.2	2.7	3.0	3.2	*0.7	*0.7	*0.5	0.8	*1.0
200%–399%:										
Insured continuously all 12 months . . . . .	6.3	6.4	5.6	5.4	5.2	1.3	1.2	1.2	1.3	1.1
Uninsured for any period up to 12 months . . . . .	7.0	6.6	6.1	6.7	5.5	*1.5	*1.3	*1.6	*1.5	*1.4
Uninsured more than 12 months . . . . .	3.3	2.8	2.6	2.1	2.2	*0.7	*0.4	*0.7	*0.5	*0.7
400% or more:										
Insured continuously all 12 months . . . . .	4.9	5.1	4.7	4.2	4.3	0.7	0.8	0.8	0.8	0.6
Uninsured for any period up to 12 months . . . . .	3.9	6.0	4.1	4.0	*4.4	*	*	*	*1.1	*
Uninsured more than 12 months . . . . .	*	*2.1	*1.8	*2.1	*	*	*	*	*	*
Disability measure among adults 18–64 years <sup>4,8</sup>										
Any basic actions difficulty or complex activity limitation . . . . .	14.1	15.1	14.3	13.4	14.2	4.1	4.4	5.2	4.9	4.6
Any basic actions difficulty . . . . .	13.9	15.1	14.2	14.1	14.2	4.1	4.4	5.1	5.2	4.8
Any complex activity limitation . . . . .	21.5	22.6	21.2	19.0	20.5	7.7	8.8	8.6	7.8	8.2
No disability . . . . .	5.8	5.6	5.4	5.1	4.8	0.6	0.7	0.8	0.7	0.6

See footnotes at end of table.

**Table 87 (page 3 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#087>.

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

Characteristic	One or more hospital stays <sup>1</sup>					Two or more hospital stays <sup>1</sup>				
	1997	2000	2010	2012	2013	1997	2000	2010	2012	2013
<b>Geographic region<sup>4</sup></b>						<b>Percent</b>				
Northeast . . . . .	6.0	5.5	5.2	5.2	5.3	1.2	1.0	1.2	1.2	1.2
Midwest . . . . .	6.5	6.3	6.3	5.8	5.6	1.5	1.3	1.5	1.3	1.3
South . . . . .	6.8	6.6	6.0	5.8	5.7	1.4	1.5	1.5	1.5	1.3
West . . . . .	5.4	5.2	4.9	4.6	4.5	0.8	0.9	1.1	1.1	0.8
<b>Location of residence<sup>4,9</sup></b>										
Within MSA . . . . .	6.1	5.8	5.5	5.2	5.2	1.2	1.1	1.3	1.3	1.1
Outside MSA . . . . .	7.0	6.9	6.9	6.3	6.3	1.6	1.5	1.6	1.6	1.7
<b>65 years and over</b>										
Total 65 years and over <sup>2,10</sup> . . . . .	18.1	18.3	16.2	16.2	15.7	5.4	5.8	4.9	5.4	4.9
65–74 years . . . . .	16.1	16.1	13.6	13.6	12.6	4.8	4.9	3.8	4.7	3.4
75 years and over . . . . .	20.4	20.7	19.0	19.0	19.0	6.2	6.8	6.2	6.2	6.5
<b>Sex<sup>10</sup></b>										
Male . . . . .	19.0	19.5	16.2	16.0	16.1	5.8	5.8	5.4	5.7	4.8
Female . . . . .	17.5	17.4	16.2	16.3	15.4	5.1	5.7	4.6	5.2	5.0
<b>Hispanic origin and race<sup>5,10</sup></b>										
Hispanic or Latino . . . . .	17.3	16.6	13.9	15.8	15.1	6.2	6.4	5.0	5.1	4.9
Not Hispanic or Latino . . . . .	18.2	18.4	16.4	16.2	15.7	5.4	5.8	4.9	5.4	4.9
White only . . . . .	18.3	18.4	16.5	15.8	15.8	5.4	5.7	4.9	5.3	4.9
Black or African American only . . . . .	18.9	19.8	16.9	21.0	18.2	5.5	7.5	5.5	7.3	5.8
<b>Percent of poverty level<sup>6,10</sup></b>										
Below 100% . . . . .	20.9	20.9	18.8	20.9	18.3	6.4	7.5	5.1	7.2	6.8
100%–199% . . . . .	19.6	19.2	17.2	16.9	18.3	6.5	6.6	5.2	6.5	6.0
200%–399% . . . . .	17.3	18.1	16.0	16.4	15.4	4.9	5.8	5.5	5.6	4.5
400% or more . . . . .	16.6	16.0	15.0	14.5	13.4	4.7	4.2	4.1	4.2	3.9
<b>Disability measure<sup>8,10</sup></b>										
Any basic actions difficulty or complex activity limitation . . . . .	22.6	24.7	20.2	23.9	20.2	7.2	8.6	6.4	8.6	7.1
Any basic actions difficulty . . . . .	22.7	24.7	20.4	23.6	20.4	7.2	8.7	6.6	8.5	7.2
Any complex activity limitation . . . . .	29.0	31.5	25.4	31.4	26.6	10.8	12.2	9.2	12.2	10.8
No disability . . . . .	7.8	9.7	10.6	7.6	8.8	1.1	1.9	*1.6	1.7	*1.6
<b>Geographic region<sup>10</sup></b>										
Northeast . . . . .	17.2	16.6	16.5	14.3	15.2	5.1	4.5	6.1	4.8	5.1
Midwest . . . . .	18.2	19.5	16.4	18.3	16.2	5.6	7.2	4.7	6.7	4.6
South . . . . .	19.4	19.5	16.4	17.1	16.4	6.1	6.3	4.7	5.4	5.3
West . . . . .	16.5	16.4	15.3	13.9	14.5	4.4	4.4	4.5	4.6	4.3
<b>Location of residence<sup>9,10</sup></b>										
Within MSA . . . . .	17.8	17.8	15.9	15.8	15.6	5.2	5.4	4.8	5.3	4.9
Outside MSA . . . . .	19.1	19.6	17.3	17.7	16.0	6.3	6.9	5.6	5.7	5.0

See footnotes at end of table.

**Table 87 (page 4 of 4). Persons with hospital stays in the past year, by selected characteristics: United States, selected years 1997–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#087>.

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

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

-- Data not available.

<sup>1</sup>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.

<sup>2</sup>Includes all other races not shown separately, unknown health insurance status, and unknown disability status.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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.

<sup>9</sup>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.

<sup>10</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

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

**Table 88 (page 1 of 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/contents2014.htm#088>.

[Data are based on a sample of hospital records]

Characteristic	1980 <sup>1</sup>	1985 <sup>1</sup>	1990	1995	2000	2005	2007	2009–2010 <sup>2</sup>
Discharges per 10,000 population								
Total, age-adjusted <sup>3</sup>	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 <sup>3</sup>								
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 <sup>3</sup>								
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 88 (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/contents2014.htm#088>.

[Data are based on a sample of hospital records]

Characteristic	1980 <sup>1</sup>	1985 <sup>1</sup>	1990	1995	2000	2005	2007	2009–2010 <sup>2</sup>
Days of care per 10,000 population								
Total, age-adjusted <sup>3</sup>	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 <sup>3</sup>								
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 <sup>3</sup>								
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 88 (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/contents2014.htm#088>.

[Data are based on a sample of hospital records]

Characteristic	1980 <sup>1</sup>	1985 <sup>1</sup>	1990	1995	2000	2005	2007	2009–2010 <sup>2</sup>
Average length of stay, in days								
Total, age-adjusted <sup>3</sup>	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 <sup>3</sup>								
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 <sup>3</sup>								
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

<sup>1</sup>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).

<sup>2</sup>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).

<sup>3</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

**Table 89 (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/contents2014.htm#089>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
	Number per 10,000 population								
All ages, age-adjusted <sup>2,3</sup>	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 <sup>3</sup>	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 <sup>3</sup>	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 <sup>3</sup>	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 <sup>3</sup>	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 <sup>4</sup>	...	...	...	...	...	...	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 89 (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/contents2014.htm#089>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
	Number per 10,000 population								
65–74 years <sup>3</sup>	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 <sup>4</sup>	...	...	...	...	...	...	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 <sup>3</sup>	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 <sup>4</sup>	...	...	...	...	...	...	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 89 (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/contents2014.htm#089>.

[Data are based on a sample of hospital records]

Age and first-listed diagnosis	Discharges								
	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
	Number per 10,000 population								
85 years and over <sup>3</sup>	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 <sup>4</sup>	...	...	...	...	...	...	*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.

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>Includes discharges with first-listed diagnoses not shown in table.

<sup>4</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

**Table 90 (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/contents2014.htm#090>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
18 years and over									
Percent									
Hospital discharges with at least one procedure, crude <sup>2</sup>	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 <sup>2,3</sup>	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 <sup>2</sup>	1,006.4	856.8	900.0	788.1	648.4	697.8	1,205.9	1,049.8	1,091.3
Operations on vessels of heart	28.3	41.2	33.1	41.9	56.9	46.7	15.8	26.7	20.2
Coronary angioplasty or arthroectomy	14.0	26.2	23.2	20.5	34.9	31.7	8.0	18.1	15.1
Coronary artery stent insertion	...	21.7	20.5	...	28.7	28.0	...	15.3	13.5
Drug-eluting stent insertion	...	...	15.0	...	...	20.4	...	...	9.9
Coronary artery bypass graft (CABG)	14.1	15.0	9.9	21.2	21.8	15.0	7.7	8.7	5.1
Cardiac catheterization	52.1	57.8	43.1	68.3	72.1	53.0	37.4	44.6	33.7
Pacemaker	8.6	8.5	8.7	10.1	8.5	9.0	7.1	8.5	8.4
Carotid (neck arteries) endarterectomy	3.6	5.9	4.1	4.1	6.6	4.7	3.1	5.3	3.5
Endoscopy of small intestine	40.8	42.5	44.6	38.6	39.1	40.7	42.8	45.6	48.3
Endoscopy of large intestine	27.9	25.0	20.6	22.5	20.2	18.0	32.8	29.4	23.1
Gall bladder removal	27.9	19.6	18.2	16.5	13.3	13.1	38.2	25.5	23.0
Laparoscopic gall bladder removal	...	14.8	14.8	...	9.2	9.6	...	20.1	19.7
Treatment of intra-abdominal scar tissue	17.0	14.4	14.7	6.5	5.7	7.8	26.6	22.4	21.3
Reduction of fracture	27.6	24.9	23.2	27.3	22.0	20.0	27.8	27.7	26.3
Excision of intervertebral disc and spinal fusion	18.7	18.2	21.8	22.3	20.0	21.4	15.4	16.4	22.1
Total hip replacement	6.4	7.3	13.9	5.4	6.8	13.6	7.3	7.7	14.1
Partial hip replacement	4.8	5.0	13.1	2.0	2.3	10.9	7.3	7.6	15.1
Total knee replacement	6.7	13.8	28.8	4.9	11.0	21.6	8.4	16.4	35.6
CT scan	68.4	29.2	*17.0	68.6	27.4	15.7	68.2	30.9	*18.2
Arteriography and angiocardiology with contrast	59.7	63.0	53.8	75.6	76.2	63.4	45.2	50.7	44.8
Diagnostic ultrasound	72.3	36.9	34.9	62.1	33.1	33.9	81.7	40.4	35.9
Magnetic resonance imaging	9.5	9.2	9.8	9.4	8.2	9.0	9.6	10.2	*10.6
Mechanical ventilation	17.6	23.0	32.4	18.8	23.9	34.0	16.4	22.1	30.9
18–44 years									
Percent									
Hospital discharges with at least one procedure <sup>2</sup>	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 <sup>2</sup>	749.3	609.1	627.6	362.8	251.6	233.3	1,130.6	965.9	1,030.6
Operations on vessels of heart	3.0	3.9	2.8	4.9	5.5	4.1	*1.2	2.3	*1.5
Coronary angioplasty or arthroectomy	1.9	3.0	*2.3	3.0	4.3	3.4	*0.8	1.6	*1.2
Coronary artery stent insertion	...	2.5	*2.0	...	3.6	*2.9	...	1.4	*1.1
Drug-eluting stent insertion	...	...	*1.5	...	...	*2.1	...	...	*
Coronary artery bypass graft (CABG)	1.0	0.9	*0.5	*1.8	1.1	*0.8	*	*0.7	*
Cardiac catheterization	9.0	8.5	6.3	12.5	11.0	8.3	5.5	5.9	4.3
Endoscopy of small intestine	13.1	10.3	14.7	13.2	10.4	11.4	13.0	10.2	18.0
Endoscopy of large intestine	6.9	5.5	6.2	5.6	4.7	5.3	8.1	6.3	7.0
Gall bladder removal	18.7	11.9	12.8	6.2	4.3	5.1	31.0	19.4	20.7
Laparoscopic gall bladder removal	...	9.9	11.0	...	3.0	3.7	...	16.8	18.4
Treatment of intra-abdominal scar tissue	14.1	10.8	10.5	2.0	1.5	*2.5	26.0	20.1	18.6
Hysterectomy	...	...	...	...	...	...	63.3	55.7	38.0
Abdominal hysterectomy	...	...	...	...	...	...	47.1	34.6	21.3
Vaginal hysterectomy	...	...	...	...	...	...	15.8	19.1	*12.3
Forceps, vacuum, and breech delivery	...	...	...	...	...	...	77.5	59.9	*43.9
Episiotomy	...	...	...	...	...	...	293.3	160.8	53.6
Other procedures inducing or assisting delivery	...	...	...	...	...	...	387.9	384.2	422.6
Medical induction of labor	...	...	...	...	...	...	41.1	77.7	125.9
Cesarean section	...	...	...	...	...	...	167.1	149.5	233.5
Reduction of fracture	19.1	13.7	11.6	27.9	19.0	15.3	10.4	8.4	7.9
Excision of intervertebral disc and spinal fusion	17.0	14.1	10.7	21.5	16.2	10.3	12.6	12.1	11.0
CT scan	27.5	10.6	*6.6	32.3	11.0	*6.1	22.7	10.3	*7.1
Arteriography and angiocardiology with contrast	12.5	10.3	9.1	17.4	12.9	9.9	7.6	7.7	8.2
Diagnostic ultrasound	34.2	11.6	10.0	19.3	8.3	7.2	48.9	14.9	12.8
Magnetic resonance imaging	4.9	3.8	*4.1	4.9	3.6	*2.9	4.9	*4.0	*5.4
Mechanical ventilation	4.6	7.0	9.9	5.4	8.2	11.2	3.8	5.8	8.6

See footnotes at end of table.

**Table 90 (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/contents2014.htm#090>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
45–64 years									
Percent									
Hospital discharges with at least one procedure <sup>2</sup> . . .	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 <sup>2</sup> . . .	924.2	694.6	756.7	965.9	714.4	766.2	885.4	675.9	747.7
Operations on vessels of heart . . . . .	53.0	57.7	40.0	83.2	88.5	59.5	24.8	28.4	21.4
Coronary angioplasty or arthroectomy . . . . .	29.4	37.5	28.9	45.3	55.9	42.7	14.5	20.0	15.8
Coronary artery stent insertion . . . . .	...	31.1	25.4	...	46.5	37.5	...	16.5	13.8
Drug-eluting stent insertion . . . . .	...	...	18.7	...	...	27.5	...	...	10.2
Coronary artery bypass graft (CABG) . . . . .	23.4	20.3	11.1	37.5	32.5	16.9	10.3	8.6	*5.5
Cardiac catheterization . . . . .	98.2	83.0	54.4	136.8	113.9	72.3	62.3	53.7	37.2
Pacemaker . . . . .	7.8	4.0	3.2	10.9	5.2	4.2	*4.9	2.8	*2.3
Carotid (neck arteries) endarterectomy . . . . .	4.0	5.2	3.1	5.2	5.2	3.6	3.0	*5.2	*2.7
Endoscopy of small intestine . . . . .	45.0	36.4	43.2	46.3	40.7	42.2	43.8	32.3	44.2
Endoscopy of large intestine . . . . .	28.5	19.3	18.0	25.4	18.1	15.9	31.4	20.4	20.0
Gall bladder removal . . . . .	36.4	20.6	18.0	22.3	16.3	13.8	49.5	24.6	21.9
Laparoscopic gall bladder removal . . . . .	...	15.3	14.6	...	12.1	10.6	...	18.5	18.5
Treatment of intra-abdominal scar tissue . . . . .	17.1	15.0	13.8	9.5	7.0	8.2	24.2	22.6	19.1
Removal of prostate . . . . .	...	...	...	35.8	15.6	16.9	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	30.4	7.0	3.3	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	76.4	78.2	54.1
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	58.4	53.2	32.1
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	17.6	21.6	15.4
Reduction of fracture . . . . .	20.3	18.5	18.2	19.5	17.6	18.1	21.0	19.3	18.3
Excision of intervertebral disc and spinal fusion . . . . .	26.1	25.7	30.8	29.4	27.1	31.3	23.1	24.4	30.2
Total hip replacement . . . . .	6.2	8.1	18.0	5.7	9.1	19.0	6.5	7.2	17.1
Partial hip replacement . . . . .	*	*1.3	*13.8	*	*0.8	*13.7	*	*1.7	*13.8
Total knee replacement . . . . .	6.7	12.7	37.1	5.8	8.7	27.8	*7.4	16.4	46.0
Mastectomy . . . . .	...	...	...	...	...	...	21.2	10.6	9.3
CT scan . . . . .	65.4	25.2	*17.1	69.9	25.9	17.4	61.2	24.5	*16.9
Arteriography and angiocardiology with contrast . . . . .	105.4	85.3	64.3	138.5	111.4	83.3	74.6	60.7	46.3
Diagnostic ultrasound . . . . .	69.5	34.3	31.8	73.8	38.0	36.3	65.5	30.9	27.5
Magnetic resonance imaging . . . . .	10.9	8.9	9.2	10.7	9.4	9.2	11.0	8.4	9.2
Mechanical ventilation . . . . .	17.6	21.2	32.9	18.6	22.9	34.4	16.7	19.6	31.5
65–74 years									
Percent									
Hospital discharges with at least one procedure <sup>2</sup> . . .	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 <sup>2</sup> . . .	1,739.4	1,559.8	1,573.0	1,994.1	1,692.3	1,678.0	1,539.4	1,450.6	1,482.5
Operations on vessels of heart . . . . .	97.0	139.8	104.2	148.9	195.3	152.6	56.3	94.1	62.4
Coronary angioplasty or arthroectomy . . . . .	44.1	86.3	69.4	64.9	116.0	96.6	27.8	61.9	45.9
Coronary artery stent insertion . . . . .	...	71.7	61.1	...	94.9	83.3	...	52.5	42.0
Drug-eluting stent insertion . . . . .	...	...	46.1	...	...	62.5	...	...	32.1
Coronary artery bypass graft (CABG) . . . . .	52.1	53.9	34.7	83.1	79.7	55.9	27.7	32.6	16.5
Cardiac catheterization . . . . .	164.0	174.2	120.4	213.8	222.7	153.7	124.9	134.2	91.7
Pacemaker . . . . .	24.6	22.5	18.6	32.1	22.8	18.1	18.7	22.3	19.0
Carotid (neck arteries) endarterectomy . . . . .	14.6	24.1	15.6	18.0	29.5	21.8	11.9	19.6	*10.3
Endoscopy of small intestine . . . . .	92.8	106.6	93.2	91.5	102.4	99.0	93.7	110.0	88.2
Endoscopy of large intestine . . . . .	70.3	64.8	44.3	62.5	59.7	41.6	76.5	69.0	46.7
Gall bladder removal . . . . .	45.0	42.1	30.0	42.0	37.9	31.9	47.4	45.5	28.3
Laparoscopic gall bladder removal . . . . .	...	29.5	22.0	...	24.4	21.2	...	33.7	22.6
Treatment of intra-abdominal scar tissue . . . . .	23.1	21.4	29.0	17.1	14.5	24.3	27.7	27.1	33.0
Removal of prostate . . . . .	...	...	...	201.1	83.7	50.8	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	180.9	59.4	24.1	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	37.4	35.9	30.2
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	20.8	20.5	15.0
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	16.5	14.7	*14.1
Reduction of fracture . . . . .	36.2	36.4	32.9	24.3	26.2	18.4	45.5	44.8	45.5
Excision of intervertebral disc and spinal fusion . . . . .	16.3	21.1	42.1	14.2	22.5	39.2	18.0	20.0	*44.5
Total hip replacement . . . . .	24.0	25.4	39.3	23.0	26.4	37.1	24.9	24.5	41.2
Partial hip replacement . . . . .	8.9	7.6	*25.3	*4.0	*	*19.1	*12.7	10.5	*30.7
Total knee replacement . . . . .	33.2	65.4	108.3	26.4	64.5	84.0	38.6	66.0	129.3
Mastectomy . . . . .	...	...	...	...	...	...	30.7	22.7	*12.9
CT scan . . . . .	153.7	64.3	*29.4	163.4	65.7	*31.1	146.1	63.1	*27.9
Arteriography and angiocardiology with contrast . . . . .	184.5	186.2	146.5	239.0	231.9	186.7	141.7	148.5	111.9
Diagnostic ultrasound . . . . .	155.2	92.7	79.8	165.2	94.1	85.6	147.4	91.6	74.8
Magnetic resonance imaging . . . . .	20.6	17.2	*18.3	19.2	*14.6	18.9	21.7	*19.3	*17.8
Mechanical ventilation . . . . .	48.6	60.0	79.9	58.7	70.3	90.7	40.6	51.6	70.7

See footnotes at end of table.

**Table 90 (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/contents2014.htm#090>.

[Data are based on a sample of hospital records]

Age and procedure (any listed)	Both sexes			Male			Female		
	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>	1990	2000	2009–2010 <sup>1</sup>
75–84 years									
Percent									
Hospital discharges with at least one procedure <sup>2</sup> . . .	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 <sup>2</sup> . . .	2,332.9	2,212.3	2,247.8	2,723.9	2,416.5	2,441.4	2,096.7	2,078.8	2,108.7
Operations on vessels of heart . . . . .	69.1	143.2	126.0	107.6	202.5	189.8	45.8	104.5	80.2
Coronary angioplasty or arthroectomy . . . . .	22.4	84.7	82.7	33.7	109.3	116.8	15.7	68.7	58.2
Coronary artery stent insertion . . . . .	...	69.8	75.3	...	86.5	107.5	...	58.8	52.2
Drug-eluting stent insertion . . . . .	...	...	54.7	...	...	77.5	...	...	38.2
Coronary artery bypass graft (CABG) . . . . .	47.0	57.7	42.7	74.7	90.5	*72.3	30.3	36.2	*21.5
Cardiac catheterization . . . . .	116.6	190.2	149.3	166.0	236.9	179.9	86.8	159.6	127.4
Pacemaker . . . . .	50.8	58.1	60.0	70.6	72.2	84.9	38.8	48.9	42.1
Carotid (neck arteries) endarterectomy . . . . .	19.8	32.8	23.7	24.2	45.5	29.6	*17.1	24.5	19.5
Endoscopy of small intestine . . . . .	171.4	189.7	166.0	188.9	193.8	164.2	160.8	187.0	167.3
Endoscopy of large intestine . . . . .	131.1	123.7	87.9	126.1	113.8	83.9	134.1	130.1	90.7
Gall bladder removal . . . . .	51.8	43.4	43.6	64.4	46.7	50.5	44.2	41.3	38.7
Laparoscopic gall bladder removal . . . . .	...	28.9	35.9	...	29.6	39.2	...	28.5	33.6
Treatment of intra-abdominal scar tissue . . . . .	34.0	28.6	30.2	28.2	26.3	28.7	37.5	30.2	31.3
Removal of prostate . . . . .	...	...	...	273.5	98.0	41.2	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	257.5	89.0	36.6	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	28.5	25.5	18.5
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	18.8	16.2	*11.1
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*9.4	8.1	*5.6
Reduction of fracture . . . . .	86.2	80.1	68.1	43.4	57.2	46.0	112.1	95.0	84.0
Excision of intervertebral disc and spinal fusion . . . . .	12.0	17.4	36.5	*13.2	*20.4	*39.9	11.3	15.3	34.0
Total hip replacement . . . . .	30.7	26.3	49.4	*26.9	*21.3	47.2	33.1	29.6	51.1
Partial hip replacement . . . . .	43.6	36.6	37.9	*14.3	20.0	*29.9	61.2	47.5	43.7
Total knee replacement . . . . .	28.4	59.3	86.2	*19.5	48.7	80.4	33.9	66.3	90.4
Mastectomy . . . . .	...	...	...	...	...	...	29.2	22.0	*11.3
CT scan . . . . .	279.7	119.2	*55.2	307.2	127.9	*51.0	263.0	113.5	*58.3
Arteriography and angiocardiology with contrast . . . . .	141.0	219.2	187.8	192.3	287.9	223.3	109.9	174.3	162.2
Diagnostic ultrasound . . . . .	273.5	134.1	122.0	315.7	142.8	137.7	248.0	128.4	110.8
Magnetic resonance imaging . . . . .	30.5	*37.3	*37.6	43.0	*33.6	*44.0	*23.0	*39.8	*33.0
Mechanical ventilation . . . . .	79.8	91.1	102.0	110.3	106.5	119.5	61.3	80.9	89.5
85 years and over									
Percent									
Hospital discharges with at least one procedure <sup>2</sup> . . .	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 <sup>2</sup> . . .	2,762.1	2,700.5	2,650.6	3,367.3	2,797.9	3,125.0	2,526.8	2,660.6	2,423.0
Operations on vessels of heart . . . . .	*14.0	51.1	55.5	*	83.0	98.6	*	38.0	34.8
Coronary angioplasty or arthroectomy . . . . .	*	36.3	44.6	*	*52.9	74.6	*	29.5	*30.2
Coronary artery stent insertion . . . . .	...	31.6	40.0	...	*48.9	66.6	...	*24.4	*27.2
Drug-eluting stent insertion . . . . .	...	...	22.7	...	...	*36.9	...	...	*15.8
Coronary artery bypass graft (CABG) . . . . .	*	*15.1	*10.1	*	*30.1	*22.5	*	*9.0	*4.2
Cardiac catheterization . . . . .	*23.7	87.7	78.5	*	122.8	111.7	*19.0	73.2	62.6
Pacemaker . . . . .	79.5	82.9	89.3	120.4	104.3	100.6	63.5	74.2	84.0
Carotid (neck arteries) endarterectomy . . . . .	*	*12.0	*	*	*	*7.1	*	*4.8	*
Endoscopy of small intestine . . . . .	228.8	262.4	192.2	288.7	245.1	228.5	205.5	269.5	174.7
Endoscopy of large intestine . . . . .	180.8	158.1	98.1	188.0	133.3	128.9	178.0	168.3	83.4
Gall bladder removal . . . . .	46.4	40.9	23.0	*68.4	*42.9	*30.2	37.8	*40.1	*19.5
Laparoscopic gall bladder removal . . . . .	...	*30.4	15.4	...	*	*	...	*30.5	*14.0
Treatment of intra-abdominal scar tissue . . . . .	29.6	24.3	23.0	*	*16.4	*13.9	33.7	*27.5	*27.4
Removal of prostate . . . . .	...	...	...	257.2	*113.0	42.7	...	...	...
Transurethral prostatectomy . . . . .	...	...	...	247.1	*110.0	41.8	...	...	...
Hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Abdominal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Vaginal hysterectomy . . . . .	...	...	...	...	...	...	*	*	*
Reduction of fracture . . . . .	196.2	200.5	180.3	150.6	93.8	132.8	213.9	244.3	203.0
Excision of intervertebral disc and spinal fusion . . . . .	*	*2.3	*6.2	*	*	*	*	*	*
Total hip replacement . . . . .	*27.8	*20.7	*25.5	*	*	*	*23.2	*26.3	*21.6
Partial hip replacement . . . . .	67.4	82.2	77.1	*52.9	*44.1	66.2	73.1	97.9	82.3
Total knee replacement . . . . .	*12.4	*22.9	34.0	*	*	*31.3	*	*16.2	35.3
Mastectomy . . . . .	...	...	...	...	...	...	*28.9	*15.7	*
CT scan . . . . .	378.4	158.7	*84.9	401.2	141.4	*84.8	369.5	165.9	*85.0
Arteriography and angiocardiology with contrast . . . . .	50.6	120.8	135.6	*87.6	164.4	161.9	36.2	102.8	123.0
Diagnostic ultrasound . . . . .	327.7	208.5	200.6	394.5	181.4	216.3	301.7	219.6	193.1
Magnetic resonance imaging . . . . .	*18.5	*40.4	*35.7	*	*	*35.9	*16.2	*	*
Mechanical ventilation . . . . .	91.5	106.0	130.3	97.9	116.5	172.2	89.1	101.7	110.2

See footnotes at end of table.



**Table 90 (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/contents2014.htm#090>.

[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%.

<sup>1</sup>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).

<sup>2</sup>Includes discharges for procedures not shown separately.

<sup>3</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Hospital Discharge Survey. See Appendix I, National Hospital Discharge Survey (NHDS).

**Table 91. Hospital admissions, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1975–2012**

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	2000	2005	2010	2011	2012
Admissions								
Number, in thousands								
All hospitals . . . . .	36,157	38,892	33,774	34,891	37,006	36,915	36,565	36,156
Federal . . . . .	1,913	2,044	1,759	1,034	952	911	892	901
Nonfederal <sup>1</sup> . . . . .	34,243	36,848	32,015	33,946	36,054	36,004	35,673	35,256
Community <sup>2</sup> . . . . .	33,435	36,143	31,181	33,089	35,239	35,149	34,843	34,422
Nonprofit . . . . .	23,722	25,566	22,878	24,453	25,881	25,532	25,185	24,751
For profit . . . . .	2,646	3,165	3,066	4,141	4,618	4,925	5,060	5,224
State-local government . . . . .	7,067	7,413	5,236	4,496	4,740	4,693	4,598	4,447
6–24 beds . . . . .	174	159	95	141	186	199	197	197
25–49 beds . . . . .	1,431	1,254	870	995	1,173	1,169	1,173	1,128
50–99 beds . . . . .	3,675	3,700	2,474	2,355	2,412	2,173	2,104	2,017
100–199 beds . . . . .	7,017	7,162	5,833	6,735	6,678	6,125	6,022	5,920
200–299 beds . . . . .	6,174	6,596	6,333	6,702	7,075	6,569	6,464	6,298
300–399 beds . . . . .	4,739	5,358	5,091	5,135	6,025	5,835	5,851	5,660
400–499 beds . . . . .	3,689	4,401	3,644	3,617	3,634	3,869	3,863	3,966
500 beds or more . . . . .	6,537	7,513	6,840	7,410	8,054	9,210	9,169	9,235
Average length of stay <sup>3</sup>								
Number of days								
All hospitals . . . . .	11.4	10.0	9.1	6.8	6.5	6.2	6.1	6.1
Federal . . . . .	20.3	16.8	14.9	12.8	11.6	11.8	10.8	9.9
Nonfederal <sup>1</sup> . . . . .	10.8	9.6	8.8	6.6	6.3	6.1	6.0	6.0
Community <sup>2</sup> . . . . .	7.7	7.6	7.2	5.8	5.6	5.4	5.4	5.4
Nonprofit . . . . .	7.8	7.7	7.3	5.7	5.5	5.3	5.2	5.2
For profit . . . . .	6.6	6.5	6.4	5.4	5.3	5.3	5.3	5.3
State-local government . . . . .	7.6	7.3	7.7	6.7	6.6	6.2	6.2	6.3
6–24 beds . . . . .	5.6	5.3	5.4	4.3	4.2	4.3	4.5	4.4
25–49 beds . . . . .	6.0	5.8	6.1	5.1	4.9	5.2	5.2	5.3
50–99 beds . . . . .	6.8	6.7	7.2	6.5	6.4	6.4	6.5	6.8
100–199 beds . . . . .	7.1	7.0	7.1	5.7	5.6	5.3	5.2	5.2
200–299 beds . . . . .	7.5	7.4	6.9	5.7	5.3	5.1	5.1	5.1
300–399 beds . . . . .	7.8	7.6	7.0	5.5	5.4	5.1	5.1	5.1
400–499 beds . . . . .	8.1	7.9	7.3	5.6	5.5	5.3	5.3	5.2
500 beds or more . . . . .	9.1	8.7	8.1	6.3	6.0	5.7	5.7	5.7
Outpatient visits <sup>4</sup>								
Number, in thousands								
All hospitals . . . . .	254,844	262,951	368,184	592,673	673,689	750,408	754,454	777,961
Federal . . . . .	51,957	50,566	58,527	63,402	80,018	90,134	87,975	92,891
Nonfederal <sup>1</sup> . . . . .	202,887	212,385	309,657	531,972	593,671	660,274	666,479	685,070
Community <sup>2</sup> . . . . .	190,672	202,310	301,329	521,405	584,429	651,424	656,079	674,971
Nonprofit . . . . .	131,435	142,156	221,073	393,168	441,653	494,178	496,643	512,237
For profit . . . . .	7,713	9,696	20,110	43,378	46,016	48,201	50,013	53,854
State-local government . . . . .	51,525	50,459	60,146	84,858	96,760	109,045	109,423	108,880
6–24 beds . . . . .	915	1,155	1,471	4,555	7,970	9,934	10,531	10,628
25–49 beds . . . . .	5,855	6,227	10,812	27,007	35,172	43,099	45,098	46,693
50–99 beds . . . . .	16,303	17,976	27,582	49,385	53,382	57,701	56,126	56,800
100–199 beds . . . . .	35,156	36,453	58,940	114,183	121,053	120,902	120,555	123,765
200–299 beds . . . . .	32,772	36,073	60,561	99,248	107,332	110,661	109,901	111,664
300–399 beds . . . . .	29,169	30,495	43,699	73,444	85,366	90,515	95,282	93,787
400–499 beds . . . . .	22,127	25,501	33,394	52,205	56,023	65,543	66,428	72,413
500 beds or more . . . . .	48,375	48,430	64,870	101,378	118,131	153,067	152,158	159,222
Outpatient surgery								
Percent of total surgeries <sup>5</sup>								
Community hospitals <sup>2</sup> . . . . .	---	16.3	50.5	62.7	63.3	63.6	64.2	64.5

--- Data not available.

<sup>1</sup>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.

<sup>2</sup>Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. The types of facilities included in the community hospitals category have changed over time. See Appendix II, Hospital.

<sup>3</sup>Average length of stay is the number of inpatient days divided by the number of admissions. See Appendix II, Average length of stay.

<sup>4</sup>Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See Appendix II, Outpatient visit.

<sup>5</sup>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, 1991–92, 2002, 2007, 2012, 2013, and 2014 editions. Chicago, IL. (Reprinted from AHA Hospital Statistics by permission, Copyright 1976, 1981, 1991–92, 2002, 2007, 2012, 2013, and 2014 by Health Forum, LLC, an American Hospital Association company.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

**Table 92. Active physicians and physicians in patient care, by state: United States, selected years 1975–2012**

[Data are based on reporting by physicians]

State	Active physicians <sup>1,2</sup>						Physicians in patient care <sup>1,2,3</sup>					
	1975	1985	2000 <sup>4</sup>	2010	2011	2012	1975	1985	2000 <sup>4</sup>	2010	2011	2012
	Number per 10,000 civilian population											
United States . . . . .	15.3	20.7	25.8	27.2	27.5	28.3	13.5	18.0	22.7	24.0	26.1	26.9
Alabama . . . . .	9.2	14.2	19.8	21.4	21.4	21.8	8.6	13.1	18.2	20.6	20.7	21.1
Alaska . . . . .	8.4	13.0	18.5	24.3	24.3	24.2	7.8	12.1	16.3	23.3	23.3	23.2
Arizona . . . . .	16.7	20.2	20.9	22.6	23.8	24.2	14.1	17.1	17.6	21.6	22.8	23.2
Arkansas . . . . .	9.1	13.8	18.8	20.2	20.5	20.9	8.5	12.8	17.3	19.4	19.7	20.2
California . . . . .	18.8	23.7	23.8	26.1	26.2	26.9	17.3	21.5	21.6	24.7	24.9	25.6
Colorado . . . . .	17.3	20.7	24.0	26.9	27.4	27.6	15.0	17.7	20.9	25.5	26.0	26.3
Connecticut . . . . .	19.8	27.6	33.7	36.0	36.5	37.6	17.7	24.3	30.3	33.6	34.1	35.2
Delaware . . . . .	14.3	19.7	24.7	26.3	26.4	26.4	12.7	17.1	21.0	25.2	25.2	25.3
District of Columbia . . . . .	39.6	55.3	62.5	76.9	76.4	73.8	34.6	45.6	54.5	68.8	68.3	65.9
Florida . . . . .	15.2	20.2	24.1	26.0	25.8	26.5	13.4	17.8	21.2	25.0	24.8	25.5
Georgia . . . . .	11.5	16.2	20.4	21.3	21.9	22.3	10.6	14.7	18.6	20.2	20.8	21.2
Hawaii . . . . .	16.2	21.5	26.4	31.3	29.8	29.7	14.7	19.8	24.0	29.6	28.2	28.2
Idaho . . . . .	9.5	12.1	15.8	18.4	18.1	18.4	8.9	11.4	14.4	17.9	17.7	18.0
Illinois . . . . .	14.5	20.5	26.1	27.9	28.5	28.7	13.1	18.2	23.1	26.6	27.3	27.5
Indiana . . . . .	10.6	14.7	20.0	22.2	22.2	22.6	9.6	13.2	18.0	21.3	21.3	21.7
Iowa . . . . .	11.4	15.6	19.8	21.8	21.7	22.0	9.4	12.4	15.5	20.8	20.7	21.0
Kansas . . . . .	12.8	17.3	21.8	24.0	24.3	24.5	11.2	15.1	18.8	23.1	23.4	23.6
Kentucky . . . . .	10.9	15.1	20.6	23.1	23.2	23.3	10.1	13.9	19.1	22.2	22.3	22.5
Louisiana . . . . .	11.4	17.3	23.8	25.4	26.0	26.8	10.5	16.1	22.4	24.5	25.1	25.9
Maine . . . . .	12.8	18.7	26.8	31.8	31.7	32.0	10.7	15.6	21.7	30.2	30.2	30.5
Maryland . . . . .	18.6	30.4	35.4	39.1	39.3	39.5	16.5	24.9	31.1	34.9	35.3	35.5
Massachusetts . . . . .	20.8	30.2	38.6	43.4	44.5	44.6	18.3	25.4	34.4	40.0	41.1	41.3
Michigan . . . . .	15.4	20.8	26.3	28.9	29.4	30.1	12.0	16.0	20.2	27.6	28.1	28.8
Minnesota . . . . .	14.9	20.5	24.9	30.1	30.0	30.3	13.7	18.5	23.0	28.2	28.7	28.9
Mississippi . . . . .	8.4	11.8	16.6	18.3	18.5	18.6	8.0	11.1	15.2	17.6	17.9	18.0
Missouri . . . . .	15.0	20.5	24.7	26.3	27.1	27.4	11.6	16.3	20.2	25.1	25.9	26.2
Montana . . . . .	10.6	14.0	20.4	22.5	22.1	22.4	10.1	13.2	18.8	21.8	21.4	21.7
Nebraska . . . . .	12.1	15.7	21.7	24.5	24.7	24.8	10.9	14.4	20.1	23.4	23.6	23.8
Nevada . . . . .	11.9	16.0	18.0	19.8	19.4	19.6	10.9	14.5	15.9	19.2	18.8	19.0
New Hampshire . . . . .	14.3	18.1	23.8	29.5	30.1	30.6	13.1	16.7	21.7	28.2	28.7	29.3
New Jersey . . . . .	16.2	23.4	31.1	31.8	32.0	32.5	14.0	19.8	26.2	30.1	30.4	30.9
New Mexico . . . . .	12.2	17.0	20.9	23.8	23.8	24.1	10.1	14.7	18.5	22.5	22.5	22.9
New York . . . . .	22.7	29.0	36.2	36.4	37.4	38.3	20.2	25.2	32.3	34.2	35.3	36.2
North Carolina . . . . .	11.7	16.9	22.3	25.0	25.0	25.4	10.6	15.0	20.5	23.7	23.8	24.1
North Dakota . . . . .	9.7	15.8	19.2	25.0	24.2	25.0	9.2	14.9	19.8	24.1	23.4	24.2
Ohio . . . . .	14.1	19.9	25.4	28.5	29.1	29.5	12.2	16.8	21.3	27.3	27.9	28.3
Oklahoma . . . . .	11.6	16.1	19.4	21.0	20.9	21.5	9.4	12.9	14.8	20.2	20.2	20.7
Oregon . . . . .	15.6	19.7	22.9	28.3	29.0	29.1	13.8	17.6	20.5	26.9	27.6	27.8
Pennsylvania . . . . .	16.6	23.6	31.6	32.6	33.0	33.1	13.9	19.2	25.4	30.7	31.1	31.2
Rhode Island . . . . .	17.8	23.3	32.5	37.1	37.8	38.2	16.1	20.2	28.8	35.2	35.9	36.3
South Carolina . . . . .	10.0	14.7	21.0	23.3	23.0	23.4	9.3	13.6	19.4	22.4	22.2	22.5
South Dakota . . . . .	8.2	13.4	19.2	23.0	23.1	23.8	7.7	12.3	17.7	22.2	22.3	22.8
Tennessee . . . . .	12.4	17.7	23.6	26.0	26.4	26.8	11.3	16.2	21.8	24.8	25.2	25.6
Texas . . . . .	12.5	16.8	20.3	21.5	21.8	22.3	11.0	14.7	17.9	20.6	20.9	21.5
Utah . . . . .	14.1	17.2	19.6	21.0	21.5	21.9	13.0	15.5	17.8	20.0	20.5	21.0
Vermont . . . . .	18.2	23.8	32.0	35.7	35.7	36.2	15.5	20.3	28.8	33.4	33.4	34.0
Virginia . . . . .	12.9	19.5	23.9	27.0	27.1	27.2	11.9	17.8	22.0	25.7	25.8	26.0
Washington . . . . .	15.3	20.2	23.7	27.1	27.1	27.4	13.6	17.9	21.2	25.5	25.5	25.8
West Virginia . . . . .	11.0	16.3	23.5	25.5	25.6	26.0	10.0	14.6	19.5	24.5	24.6	24.9
Wisconsin . . . . .	12.5	17.7	23.1	26.8	26.8	27.3	11.4	15.9	20.9	25.6	25.7	26.2
Wyoming . . . . .	9.5	12.9	17.3	19.7	19.3	19.2	8.9	12.0	15.7	19.1	18.7	18.8

<sup>1</sup>Includes active doctors of medicine (MDs) and active doctors of osteopathy (DOs). See Appendix II, Physician.

<sup>2</sup>Starting with 2003 data, federal and nonfederal physicians are included. Data prior to 2003 included nonfederal physicians only.

<sup>3</sup>Prior to 2006, excludes DOs. Excludes physicians in medical teaching, administration, research, and other nonpatient care activities. Includes residents.

<sup>4</sup>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 (AMA): Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986, 2002–2003, 2012, 2013, 2014 editions; Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1976, 1986, 2003, 2012, 2013, 2014: Used with permission of the AMA); American Osteopathic Association: 1975–1976 Yearbook and Directory of Osteopathic Physicians, 1985–1986 Yearbook and Directory of Osteopathic Physicians. See Appendix I, American Medical Association (AMA) Physician Masterfile; American Osteopathic Association (AOA).

**Table 93. Doctors of medicine, by place of medical education and activity: United States and outlying U.S. areas, selected years 1975–2012**

[Data are based on reporting by physicians]

Place of medical education and activity	1975	1985	1995	2000	2005	2010	2011	2012
Number of doctors of medicine								
Total doctors of medicine . . . . .	393,742	552,716	720,325	813,770	902,053	985,375	1,004,635	1,026,788
Active doctors of medicine <sup>1</sup> . . . . .	340,280	497,140	625,443	692,368	762,438	794,862	809,492	826,001
Place of medical education:								
U.S. medical graduates . . . . .	---	392,007	481,137	527,931	571,798	595,908	604,737	615,100
International medical graduates <sup>2</sup> . . . . .	---	105,133	144,306	164,437	190,640	198,954	204,755	210,901
Activity:								
Patient care <sup>3,4</sup> . . . . .	287,837	431,527	564,074	631,431	718,473	752,572	767,782	784,633
Office-based practice . . . . .	213,334	329,041	427,275	490,398	563,225	565,024	575,641	585,933
General and family practice . . . . .	46,347	53,862	59,932	67,534	74,999	77,098	77,723	78,935
Cardiovascular diseases . . . . .	5,046	9,054	13,739	16,300	17,519	17,454	17,477	17,512
Dermatology . . . . .	3,442	5,325	6,959	7,969	8,795	9,272	9,495	9,669
Gastroenterology . . . . .	1,696	4,135	7,300	8,515	9,742	10,466	10,735	10,985
Internal medicine . . . . .	28,188	52,712	72,612	88,699	107,028	110,612	114,110	116,937
Pediatrics . . . . .	12,687	22,392	33,890	42,215	51,854	53,054	55,084	56,692
Pulmonary diseases . . . . .	1,166	3,035	4,964	6,095	7,321	7,846	8,074	8,365
General surgery . . . . .	19,710	24,708	24,086	24,475	26,079	24,327	24,408	24,448
Obstetrics and gynecology . . . . .	15,613	23,525	29,111	31,726	34,659	34,083	34,420	34,570
Ophthalmology . . . . .	8,795	12,212	14,596	15,598	16,580	15,723	15,882	16,002
Orthopedic surgery . . . . .	8,148	13,033	17,136	17,367	19,115	19,325	19,428	19,581
Otolaryngology . . . . .	4,297	5,751	7,139	7,581	8,206	7,964	8,024	8,021
Plastic surgery . . . . .	1,706	3,299	4,612	5,308	6,011	6,180	6,248	6,322
Urological surgery . . . . .	5,025	7,081	7,991	8,460	8,955	8,606	8,574	8,558
Anesthesiology . . . . .	8,970	15,285	23,770	27,624	31,887	31,819	32,096	32,604
Diagnostic radiology . . . . .	1,978	7,735	12,751	14,622	17,618	17,503	17,770	17,916
Emergency medicine . . . . .	---	---	11,700	14,541	20,173	20,654	21,393	22,223
Neurology . . . . .	1,862	4,691	7,623	8,559	10,400	10,547	10,972	11,249
Pathology, anatomical/clinical . . . . .	4,195	6,877	9,031	10,267	11,747	10,688	10,880	10,648
Psychiatry . . . . .	12,173	18,521	23,334	24,955	27,638	25,690	25,802	26,171
Radiology . . . . .	6,970	7,355	5,994	6,674	7,049	7,032	7,114	7,228
Other specialty . . . . .	15,320	28,453	29,005	35,314	39,850	39,081	39,932	41,297
Hospital-based practice . . . . .	74,503	102,486	136,799	141,033	155,248	187,548	192,141	198,700
Residents and interns <sup>5</sup> . . . . .	53,527	72,159	93,650	95,125	95,391	108,142	112,959	116,460
Full-time hospital staff . . . . .	20,976	30,327	43,149	45,908	59,857	79,406	79,182	82,240
Other professional activity <sup>6</sup> . . . . .	24,252	44,046	40,290	41,556	43,965	42,290	41,710	41,368
Inactive . . . . .	21,449	38,646	72,326	75,168	99,823	125,928	134,168	142,716
Not classified . . . . .	26,145	13,950	20,579	45,136	39,304	64,153	60,131	57,649
Unknown address . . . . .	5,868	2,980	1,977	1,098	488	432	844	422

--- Data not available.

<sup>1</sup>Doctors of medicine who are inactive, have unknown address, or primary specialty not classified are excluded. See Appendix II, Physician.

<sup>2</sup>International medical graduates received their medical education in schools outside of the United States and Canada.

<sup>3</sup>Specialty information is based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See Appendix II, Physician specialty.

<sup>4</sup>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.

<sup>5</sup>Starting with 1990 data, clinical fellows are included in this category. In prior years, clinical fellows were included in the other professional activity category.

<sup>6</sup>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 U.S. Pacific islands.

SOURCE: American Medical Association (AMA). Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986, 1996–1997, 2002–2003, 2007, 2012, 2013, 2014 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1976, 1986, 1997, 2003, 2007, 2012–2014: Used with permission of the AMA.) See Appendix I, American Medical Association (AMA) Physician Masterfile.

**Table 94. Doctors of medicine in primary care, by specialty: United States and outlying U.S. areas, selected years 1949–2012**

[Data are based on reporting by physicians]

Specialty	1949 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1990	2000	2010	2011	2012
	Number								
Total doctors of medicine <sup>2</sup>	201,277	260,484	334,028	467,679	615,421	813,770	985,375	1,004,635	1,026,788
Active doctors of medicine <sup>3</sup>	191,577	247,257	310,845	414,916	547,310	692,368	794,862	809,492	826,001
General primary care specialists	113,222	125,359	134,354	170,705	213,514	274,653	304,687	309,672	313,793
General practice/family medicine	95,980	88,023	57,948	60,049	70,480	86,312	94,746	95,274	96,552
Internal medicine	12,453	26,209	39,924	58,462	76,295	101,353	113,591	116,715	118,504
Obstetrics/Gynecology	---	---	18,532	24,612	30,220	35,922	38,520	38,957	39,324
Pediatrics	4,789	11,127	17,950	27,582	36,519	51,066	57,830	58,726	59,413
Primary care subspecialists	---	---	3,161	16,642	30,911	52,294	76,122	79,751	83,532
Family medicine	---	---	---	---	---	483	1,445	1,593	1,764
Internal medicine	---	---	1,948	13,069	22,054	34,831	50,730	52,929	55,357
Obstetrics/Gynecology	---	---	344	1,693	3,477	4,319	4,277	4,229	4,186
Pediatrics	---	---	869	1,880	5,380	12,661	19,670	21,000	22,225
	Percent of active doctors of medicine								
General primary care specialists	59.1	50.7	43.2	41.1	39.0	39.7	38.3	38.3	38.0
General practice/family medicine	50.1	35.6	18.6	14.5	12.9	12.5	11.9	11.8	11.7
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.6	14.3	14.4	14.3
Obstetrics/Gynecology	---	---	6.0	5.9	5.5	5.2	4.8	4.8	4.8
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.4	7.3	7.3	7.2
Primary care subspecialists	---	---	1.0	4.0	5.6	7.6	9.6	9.9	10.1
Family medicine	---	---	0.0	0.0	0.0	0.1	0.2	0.2	0.2
Internal medicine	---	---	0.6	3.1	4.0	5.0	6.4	6.5	6.7
Obstetrics/Gynecology	---	---	0.1	0.4	0.6	0.6	0.5	0.5	0.5
Pediatrics	---	---	0.3	0.5	1.0	1.8	2.5	2.6	2.7

--- Data not available.

0.0 Percentage greater than zero but less than 0.05.

<sup>1</sup>Estimated by the Bureau of Health Professions, Health Resources and Services Administration. Active doctors of medicine (MDs) include those with address unknown and primary specialty not classified.

<sup>2</sup>Includes MDs engaged in federal and nonfederal patient care (office-based or hospital-based) and other professional activities.

<sup>3</sup>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 U.S. Pacific islands.

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, 2002–2003, 2011, 2012, 2013, 2014 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyright 1971, 1982, 1992, 2003, 2012, 2013, 2014: Used with permission of the AMA.) See Appendix I, American Medical Association (AMA) Physician Masterfile.

**Table 95. Active dentists, by state: United States, selected years 1993–2011**

[Data are based on reporting by dentists]

State	1993	2000	2009	2010	2011	1993	2000	2009	2010	2011
	Number of dentists					Number of dentists per 10,000 civilian population				
United States . . . . .	155,087	166,383	186,416	189,151	193,300	6.0	5.9	6.1	6.1	6.2
Alabama . . . . .	1,779	1,912	2,090	2,073	2,105	4.2	4.3	4.4	4.3	4.4
Alaska . . . . .	421	467	548	554	585	7.0	7.4	7.8	7.8	8.1
Arizona . . . . .	2,032	2,322	3,440	3,511	3,567	5.0	4.5	5.4	5.5	5.5
Arkansas . . . . .	1,001	1,080	1,164	1,213	1,226	4.1	4.0	4.0	4.2	4.2
California . . . . .	20,909	22,963	28,557	28,767	29,395	6.7	6.8	7.7	7.7	7.8
Colorado . . . . .	2,503	2,818	3,363	3,470	3,552	6.9	6.6	6.8	6.9	6.9
Connecticut . . . . .	2,587	2,636	2,707	2,731	2,831	7.8	7.7	7.6	7.6	7.9
Delaware . . . . .	331	357	416	419	433	4.7	4.6	4.7	4.7	4.8
District of Columbia . . . . .	810	728	622	625	665	13.6	12.7	10.5	10.4	10.8
Florida . . . . .	7,110	8,170	9,930	10,092	10,429	5.1	5.1	5.3	5.4	5.5
Georgia . . . . .	3,251	3,611	4,439	4,512	4,640	4.7	4.4	4.6	4.7	4.7
Hawaii . . . . .	976	992	1,043	1,063	1,089	8.3	8.2	7.7	7.8	7.9
Idaho . . . . .	573	678	933	940	940	5.2	5.2	6.0	6.0	5.9
Illinois . . . . .	7,978	8,205	8,459	8,518	8,692	6.8	6.6	6.6	6.6	6.8
Indiana . . . . .	2,716	2,867	3,109	3,127	3,170	4.7	4.7	4.8	4.8	4.9
Iowa . . . . .	1,545	1,564	1,621	1,664	1,707	5.4	5.3	5.3	5.5	5.6
Kansas . . . . .	1,316	1,329	1,449	1,478	1,494	5.1	4.9	5.1	5.2	5.2
Kentucky . . . . .	2,129	2,258	2,430	2,418	2,464	5.6	5.6	5.6	5.6	5.6
Louisiana . . . . .	2,029	2,086	2,163	2,185	2,267	4.7	4.7	4.8	4.8	5.0
Maine . . . . .	592	601	669	655	679	4.8	4.7	5.0	4.9	5.1
Maryland . . . . .	3,753	3,986	4,213	4,258	4,353	7.5	7.5	7.4	7.4	7.5
Massachusetts . . . . .	4,652	5,137	5,498	5,558	5,639	7.7	8.1	8.4	8.5	8.6
Michigan . . . . .	5,884	5,913	6,120	6,139	6,152	6.2	5.9	6.2	6.2	6.2
Minnesota . . . . .	2,913	2,960	3,248	3,272	3,335	6.4	6.0	6.2	6.2	6.2
Mississippi . . . . .	1,040	1,115	1,206	1,220	1,247	3.9	3.9	4.1	4.1	4.2
Missouri . . . . .	2,773	2,680	2,872	2,910	3,001	5.3	4.8	4.8	4.9	5.0
Montana . . . . .	476	485	586	594	615	5.6	5.4	6.0	6.0	6.2
Nebraska . . . . .	1,054	1,087	1,144	1,148	1,168	6.5	6.4	6.3	6.3	6.3
Nevada . . . . .	570	763	1,367	1,393	1,460	4.0	3.8	5.1	5.2	5.4
New Hampshire . . . . .	642	707	838	848	855	5.7	5.7	6.4	6.4	6.5
New Jersey . . . . .	6,144	6,607	7,058	7,226	7,318	7.7	7.9	8.1	8.2	8.3
New Mexico . . . . .	719	809	937	973	1,019	4.4	4.4	4.6	4.7	4.9
New York . . . . .	14,395	15,159	15,128	15,391	15,481	7.8	8.0	7.8	7.9	8.0
North Carolina . . . . .	2,968	3,394	4,327	4,504	4,509	4.2	4.2	4.6	4.7	4.7
North Dakota . . . . .	315	300	341	359	384	4.9	4.7	5.1	5.3	5.6
Ohio . . . . .	5,981	6,108	6,128	6,146	6,238	5.4	5.4	5.3	5.3	5.4
Oklahoma . . . . .	1,584	1,683	1,852	1,875	1,903	4.9	4.9	5.0	5.0	5.0
Oregon . . . . .	2,034	2,273	2,656	2,675	2,734	6.6	6.6	7.0	7.0	7.1
Pennsylvania . . . . .	7,915	8,031	7,821	7,976	8,102	6.5	6.5	6.2	6.3	6.4
Rhode Island . . . . .	581	589	580	597	621	5.7	5.6	5.5	5.7	5.9
South Carolina . . . . .	1,601	1,803	2,132	2,175	2,229	4.4	4.5	4.6	4.7	4.8
South Dakota . . . . .	347	359	420	423	442	4.8	4.8	5.2	5.2	5.4
Tennessee . . . . .	2,748	2,993	3,108	3,143	3,262	5.3	5.3	4.9	5.0	5.1
Texas . . . . .	8,860	9,873	11,554	11,923	12,565	4.9	4.7	4.7	4.7	4.9
Utah . . . . .	1,162	1,398	1,808	1,872	1,895	6.1	6.3	6.6	6.8	6.7
Vermont . . . . .	323	353	360	370	376	5.6	5.8	5.8	5.9	6.0
Virginia . . . . .	3,686	4,036	4,765	4,886	4,989	5.7	5.7	6.0	6.1	6.2
Washington . . . . .	3,271	3,860	4,765	4,829	4,940	6.2	6.5	7.1	7.2	7.2
West Virginia . . . . .	816	828	870	877	877	4.5	4.6	4.7	4.7	4.7
Wisconsin . . . . .	3,054	3,119	3,244	3,253	3,331	6.0	5.8	5.7	5.7	5.8
Wyoming . . . . .	235	267	285	285	294	5.0	5.4	5.1	5.1	5.2

NOTES: Data include professionally active dentists only. Professionally active dentists include those whose primary and/or secondary occupation is one of the following: private practice (full- or part-time), dental school/faculty staff member, armed forces, other federal services (i.e., Veterans' Affairs, Public Health Service), state or local government employee, hospital staff dentist, graduate student/intern/resident, or other health/dental organization staff member. U.S. totals include dentists with unknown state of practice not shown separately.

SOURCE: American Dental Association, Survey Center, Dentist Supply in the US: 1993–2011, Tables 1 and 5 (Copyright 2013 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of the American Dental Association.

**Table 96. Healthcare employment and wages, by selected occupations: United States, selected years 2001–2013**Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#096>.

[Data are based on a semiannual mail survey of nonfarm establishments]

Occupation title	2001	2005	2012	2013	2001	2005	2012	2013
Healthcare practitioners and technical occupations	Employment <sup>1</sup>				Mean hourly wage <sup>2</sup>			
Audiologists . . . . .	11,040	10,030	12,060	11,550	\$23.89	\$27.72	\$35.04	\$35.75
Cardiovascular technologists and technicians . . . . .	40,990	43,560	50,530	51,010	17.55	19.99	25.51	25.95
Dental hygienists . . . . .	149,880	161,140	190,290	192,330	27.30	29.15	33.99	34.39
Diagnostic medical sonographers . . . . .	32,990	43,590	57,700	58,250	23.08	26.65	31.90	32.29
Dietetic technicians . . . . .	28,940	23,780	24,660	26,420	11.23	12.20	13.79	13.74
Dietitians and nutritionists . . . . .	43,200	48,850	58,240	59,530	19.74	22.09	27.00	27.07
Emergency medical technicians and paramedics . . . . .	170,690	196,880	232,860	237,660	12.24	13.68	16.53	16.77
Licensed practical and licensed vocational nurses . . . . .	683,790	710,020	718,800	705,200	15.14	17.41	20.39	20.63
Magnetic resonance imaging technologists . . . . .	---	---	29,560	32,000	---	---	31.45	31.71
Medical and clinical laboratory technicians . . . . .	146,920	142,330	157,920	157,080	14.52	15.95	18.91	19.35
Medical and clinical laboratory technologists . . . . .	145,400	155,250	160,700	162,630	20.70	23.37	28.19	28.59
Medical records and health information technicians . . . . .	142,170	160,450	182,370	180,760	12.20	13.81	17.68	18.13
Nuclear medicine technologists . . . . .	17,360	18,280	20,480	20,020	24.65	29.10	34.06	34.60
Nurse anesthetists . . . . .	---	---	34,180	35,430	---	---	74.22	75.81
Nurse midwives . . . . .	---	---	5,710	5,460	---	---	43.78	44.34
Nurse practitioners . . . . .	---	---	105,780	113,370	---	---	43.97	45.71
Occupational therapists . . . . .	77,080	87,430	105,540	108,410	25.10	28.41	36.73	37.45
Opticians, dispensing . . . . .	63,120	70,090	64,930	68,390	13.49	14.80	16.83	17.17
Pharmacists . . . . .	223,630	229,740	281,560	287,420	35.02	42.62	55.27	56.01
Pharmacy technicians . . . . .	207,140	266,790	353,340	362,690	10.82	12.19	14.63	14.83
Physical therapists . . . . .	126,450	151,280	191,460	195,670	28.43	31.42	38.99	39.51
Physician assistants . . . . .	56,200	63,350	83,640	88,110	30.00	34.17	44.45	45.36
Psychiatric technicians . . . . .	59,750	62,040	67,760	66,760	12.94	14.04	15.93	16.09
Radiation therapists . . . . .	13,460	14,120	18,230	16,950	25.71	30.59	38.66	39.30
Radiologic technologists <sup>3</sup> . . . . .	168,240	184,580	194,790	194,000	18.68	22.60	27.14	27.29
Recreational therapists . . . . .	26,830	23,260	19,180	18,640	14.92	16.90	21.29	21.88
Registered nurses <sup>4</sup> . . . . .	2,217,990	2,368,070	2,633,980	2,661,890	23.19	27.35	32.66	33.13
Respiratory therapists . . . . .	82,930	95,320	116,960	118,640	19.17	22.24	27.50	27.83
Respiratory therapy technicians . . . . .	28,700	22,060	13,460	12,070	16.93	18.57	22.84	23.01
Speech-language pathologists . . . . .	83,110	94,660	121,690	125,050	24.20	27.89	34.97	35.56
Healthcare support occupations								
Dental assistants . . . . .	267,840	270,720	300,160	309,540	13.29	14.41	16.86	17.13
Home health aides . . . . .	560,190	663,280	839,930	806,710	8.90	9.34	10.49	10.60
Massage therapists . . . . .	26,440	37,670	71,040	79,040	15.93	19.33	19.40	19.42
Medical assistants . . . . .	345,930	382,720	553,140	571,690	11.71	12.58	14.69	14.80
Medical equipment preparers . . . . .	33,540	41,790	50,230	51,300	11.29	12.42	15.51	16.02
Medical transcriptionists . . . . .	94,090	90,380	74,810	68,350	12.99	14.36	16.66	16.95
Nursing assistants <sup>5</sup> . . . . .	1,307,600	1,391,430	1,420,020	1,427,830	9.54	10.67	12.32	12.51
Occupational therapy aides . . . . .	7,560	6,220	7,950	8,710	11.70	13.20	14.36	13.90
Occupational therapy assistants . . . . .	17,520	22,160	29,500	30,450	17.39	19.13	25.52	26.56
Pharmacy aides . . . . .	58,130	46,610	42,600	42,250	9.22	9.76	11.28	11.78
Physical therapist aides . . . . .	35,250	41,930	48,700	48,630	10.45	11.01	12.22	12.50
Physical therapist assistants . . . . .	47,810	58,670	69,810	72,640	17.18	18.98	25.15	25.63
Psychiatric aides . . . . .	59,640	56,150	77,880	75,340	11.42	11.47	12.83	12.98

<sup>1</sup>Employment is the number of filled positions. This table includes both full-time and part-time wage and salary positions. Estimates do not include the self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers. Estimates were rounded to the nearest 10.<sup>2</sup>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 number of employees in the occupation. More information is available from: [http://www.bls.gov/oes/current/oes\\_tec.htm](http://www.bls.gov/oes/current/oes_tec.htm).<sup>3</sup>2012 and 2013 data are not comparable to earlier data. Starting with 2012 data, the radiologic technologists and technicians occupation category was split into two occupations as part of the 2010 SOC revision: Radiologic technologists (29–2034) and Magnetic resonance imaging technologists (29–2035).<sup>4</sup>2012 and 2013 data are not comparable to earlier data. Starting with 2012 data, the registered nurses occupation category was split into four occupations as part of the 2010 SOC revision: Registered nurses (29–1141), plus three advanced practice nursing occupations: Nurse anesthetists (29–1151), Nurse midwives (29–1161), and Nurse practitioners (29–1171).<sup>5</sup>2012 and 2013 data are not comparable to earlier data. Starting with 2012 data, the nursing aides, orderlies, and attendants occupation category was split into two occupations as part of the 2010 SOC revision: Nursing assistants (31–1014) and Orderlies (31–1015).

NOTES: This table excludes occupations such as dentists, physicians, and chiropractors, which have a large percentage of workers who are self-employed. Challenges in using Occupational Employment Statistics (OES) data as a time series include changes in the occupational, industrial, and geographical classification systems, changes in the way data are collected, changes in the survey reference period, and changes in mean wage estimation methodology, as well as permanent features of the methodology. See Appendix I, Occupational Employment Statistics (OES).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment Statistics. Available from: <http://www.bls.gov/oes/>. See Appendix I, Occupational Employment Statistics (OES).

**Table 97. First-year enrollment and graduates of health professions schools, and number of schools, by selected profession: United States, selected academic years 1980–1981 through 2012–2013**

[Data are based on reporting by health professions associations]

Profession	Academic years						
	1980–1981	1990–1991	2000–2001	2009–2010	2010–2011	2011–2012	2012–2013
First-year enrollment				Number			
Dentistry . . . . .	6,030	4,001	4,327	5,089	5,170	5,493	5,697
Medicine (Allopathic) <sup>1,2</sup> . . . . .	17,186	16,876	16,699	18,853	19,082	19,947	20,279
Medicine (Osteopathic) <sup>3</sup> . . . . .	1,496	1,950	2,927	5,227	5,428	5,788	5,986
Optometry <sup>1</sup> . . . . .	1,174	1,245	1,384	1,676	1,661	1,674	1,760
Pharmacy <sup>1,4</sup> . . . . .	7,377	8,267	8,382	12,705	13,077	13,464	14,011
Podiatry . . . . .	695	561	475	687	671	672	687
Public Health <sup>1,5,6</sup> . . . . .	3,348	4,087	5,840	10,251	11,205	11,345	11,588
Graduates							
Dentistry . . . . .	5,256	5,550	3,995	4,873	4,996	5,042	5,199
Medicine (Allopathic) <sup>1</sup> . . . . .	15,632	15,427	15,796	16,838	17,363	17,341	18,157
Medicine (Osteopathic). . . . .	1,151	1,534	2,510	3,631	4,159	4,458	4,806
Optometry <sup>1,7</sup> . . . . .	1,092	1,224	1,310	1,325	1,308	1,383	1,545
Pharmacy <sup>1</sup> . . . . .	7,323	7,122	7,000	11,487	11,931	12,719	13,207
Podiatry . . . . .	597	591	531	503	543	537	572
Public Health <sup>1,6</sup> . . . . .	3,168	3,995	5,747	8,957	9,717	9,969	10,477
Schools							
Dentistry . . . . .	60	56	55	58	58	61	62
Medicine (Allopathic) <sup>1,8</sup> . . . . .	125	125	124	133	135	138	141
Medicine (Osteopathic). . . . .	14	15	19	31	32	34	34
Optometry <sup>1</sup> . . . . .	13	17	17	20	20	20	21
Pharmacy <sup>1</sup> . . . . .	72	74	82	116	123	129	130
Podiatry . . . . .	5	7	7	9	9	9	9
Public Health <sup>1,6</sup> . . . . .	21	24	28	43	46	49	50

<sup>1</sup>Includes data from schools in Puerto Rico.

<sup>2</sup>Includes new entrants and those repeating the initial year.

<sup>3</sup>May also include persons enrolled in first-year classes for data years 1980–1981 and 2006–2007.

<sup>4</sup>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.

<sup>5</sup>Starting with 2008–2009 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.

<sup>6</sup>Includes data from a school of public health in Mexico as of 2007 school year.

<sup>7</sup>Excludes graduates of “special” optometry degree programs which include, but are not limited to, accelerated programs for those entering optometry schools with a doctoral degree or graduates of foreign optometry programs and modified extended programs for those returning to schools after an absence, changing professional fields or taking a reduced course load for personal reasons.

<sup>8</sup>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: 2012–2013 Survey of Dental Education Series, Report 1: Academic Programs, Enrollment and Graduates. Available from: <http://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education> (Copyright 2014 American Dental Association. Reprinted with permission. All rights reserved.) Any form of reproduction is strictly prohibited without prior written permission of the American Dental Association; Association of American Medical Colleges (AAMC): AAMC Data Book 2014 - Medical Schools and Teaching Hospitals by the Numbers, Washington, DC. 2014. Table A1 (number of schools) and Table B1 (number of first-year enrollment students and number of graduates). Used with permission of the AAMC; American Association of Colleges of Osteopathic Medicine: Trends in Osteopathic Medical School Applicants, Enrollment and Graduates, 2014. Chevy Chase, MD. 2014. Available from: <http://www.aacom.org/reports-programs-initiatives/aacom-reports>. Reprinted with permission from AACOM, All rights reserved; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Years 2013–2014 and unpublished data. Available from: <http://www.opted.org/data-surveys/>; American Association of Colleges of Pharmacy: 2012–2013 Profile of Pharmacy Students. Available from: <http://www.aacp.org/resources/research/institutionalresearch/Pages/StudentApplications,EnrollmentsandDegreesConferred.aspx>; American Association of Colleges of Podiatric Medicine: Applicant, Matriculant, and Graduate Statistics, 2006 through 2013 and unpublished data. Available from: <http://www.aacpm.org>. Used with permission of the AACPM; Association of Schools & Programs of Public Health: unpublished data. Washington, DC. Used with permission of the ASPPH; 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 & Programs of Public Health (ASPPH).



**Table 98. Hospitals, beds, and occupancy rates, by type of ownership and size of hospital: United States, selected years 1975–2012**

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	2000	2005	2010	2011	2012
<b>Hospitals</b>								
	Number							
All hospitals . . . . .	7,156	6,965	6,649	5,810	5,756	5,754	5,724	5,723
Federal . . . . .	382	359	337	245	226	213	208	211
Nonfederal <sup>1</sup> . . . . .	6,774	6,606	6,312	5,565	5,530	5,541	5,516	5,512
Community <sup>2</sup> . . . . .	5,875	5,830	5,384	4,915	4,936	4,985	4,973	4,999
Nonprofit . . . . .	3,339	3,322	3,191	3,003	2,958	2,904	2,903	2,894
For profit . . . . .	775	730	749	749	868	1,013	1,025	1,068
State-local government . . . . .	1,761	1,778	1,444	1,163	1,110	1,068	1,045	1,037
6–24 beds . . . . .	299	259	226	288	370	424	445	462
25–49 beds . . . . .	1,155	1,029	935	910	1,032	1,167	1,177	1,192
50–99 beds . . . . .	1,481	1,462	1,263	1,055	1,001	970	955	954
100–199 beds . . . . .	1,363	1,370	1,306	1,236	1,129	1,029	1,005	1,012
200–299 beds . . . . .	678	715	739	656	619	585	582	570
300–399 beds . . . . .	378	412	408	341	368	352	353	348
400–499 beds . . . . .	230	266	222	182	173	185	184	189
500 beds or more . . . . .	291	317	285	247	244	273	272	272
<b>Beds</b>								
All hospitals . . . . .	1,465,828	1,364,516	1,213,327	983,628	946,997	941,995	924,333	920,829
Federal . . . . .	131,946	117,328	98,255	53,067	45,837	44,940	38,065	38,557
Nonfederal <sup>1</sup> . . . . .	1,333,882	1,247,188	1,115,072	930,561	901,160	897,055	886,268	882,272
Community <sup>2</sup> . . . . .	941,844	988,387	927,360	823,560	802,311	804,943	797,403	800,566
Nonprofit . . . . .	658,195	692,459	656,755	582,988	561,106	555,768	547,804	545,287
For profit . . . . .	73,495	87,033	101,377	109,883	113,510	124,652	128,371	135,008
State-local government . . . . .	210,154	208,895	169,228	130,689	127,695	124,523	121,228	120,271
6–24 beds . . . . .	5,615	4,932	4,427	5,156	6,316	7,261	7,616	7,791
25–49 beds . . . . .	41,783	37,478	35,420	33,333	33,726	37,446	37,680	38,338
50–99 beds . . . . .	106,776	105,278	90,394	75,865	71,737	69,470	67,844	67,879
100–199 beds . . . . .	192,438	192,892	183,867	175,778	161,593	148,090	143,843	145,556
200–299 beds . . . . .	164,405	172,390	179,670	159,807	151,290	142,616	141,308	139,212
300–399 beds . . . . .	127,728	139,434	138,938	117,220	126,899	121,749	122,269	120,554
400–499 beds . . . . .	101,278	117,724	98,833	80,763	76,894	82,071	81,699	84,007
500 beds or more . . . . .	201,821	218,259	195,811	175,638	173,856	196,240	195,144	197,229
<b>Occupancy rate<sup>3</sup></b>								
	Percent							
All hospitals . . . . .	76.7	77.7	69.5	66.1	69.3	66.6	66.5	65.2
Federal . . . . .	80.7	80.1	72.9	68.2	66.0	65.3	69.1	63.5
Nonfederal <sup>1</sup> . . . . .	76.3	77.4	69.2	65.9	69.5	66.6	66.4	65.3
Community <sup>2</sup> . . . . .	75.0	75.2	66.8	63.9	67.3	64.5	64.3	63.4
Nonprofit . . . . .	77.5	78.2	69.3	65.5	69.1	66.2	66.0	64.9
For profit . . . . .	65.9	65.2	52.8	55.9	59.6	57.1	57.0	56.8
State-local government . . . . .	70.4	71.1	65.3	63.2	66.7	64.4	64.5	63.8
6–24 beds . . . . .	48.0	46.8	32.3	31.7	33.5	32.3	31.9	30.8
25–49 beds . . . . .	56.7	52.8	41.3	41.3	47.1	44.8	44.3	43.1
50–99 beds . . . . .	64.7	64.2	53.8	54.8	59.0	55.1	55.6	55.2
100–199 beds . . . . .	71.2	71.4	61.5	60.0	63.2	60.4	59.7	58.1
200–299 beds . . . . .	77.1	77.4	67.1	65.0	67.7	64.0	63.7	63.2
300–399 beds . . . . .	79.7	79.7	70.0	65.7	70.1	67.4	66.7	65.1
400–499 beds . . . . .	81.1	81.2	73.5	69.1	71.2	68.5	68.4	67.5
500 beds or more . . . . .	80.9	82.1	77.3	72.2	75.9	73.0	73.2	72.6

<sup>1</sup>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.

<sup>2</sup>Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. The types of facilities included in the community hospitals category have changed over time. See Appendix II, Hospital.

<sup>3</sup>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 (AHA) Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–92, 2002, 2007, 2012, 2013, and 2014 editions. Chicago, IL. (Reprinted from AHA Hospital Statistics by permission, Copyright 1976, 1981, 1991–92, 2002, 2007, 2012, 2013, and 2014 by Health Forum, LLC, an American Hospital Association company.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

**Table 99. Community hospital beds and average annual percent change, by state: United States, selected years 1980–2012**

[Data are based on reporting by a census of hospitals]

State	1980	1990	2000	2010	2011	2012	1980–1990	1990–2000	2000–2010	2010–2012	
	Beds per 1,000 resident population						Average annual percent change <sup>1</sup>				
United States . . . . .	4.5	3.7	2.9	2.6	2.6	2.6	-1.9	-2.4	-1.1	-	
Alabama . . . . .	5.1	4.6	3.7	3.2	3.2	3.1	-1.0	-2.2	-1.4	-1.6	
Alaska . . . . .	2.7	2.3	2.3	2.2	2.2	2.1	-1.6	-	-0.4	-2.3	
Arizona . . . . .	3.6	2.7	2.1	2.0	2.1	2.1	-2.8	-2.5	-0.5	2.5	
Arkansas . . . . .	5.0	4.6	3.7	3.2	3.2	3.2	-0.8	-2.2	-1.4	-	
California . . . . .	3.6	2.7	2.1	1.9	1.9	1.9	-2.8	-2.5	-1.0	-	
Colorado . . . . .	4.2	3.2	2.2	2.0	2.0	2.0	-2.7	-3.7	-0.9	-	
Connecticut . . . . .	3.5	2.9	2.3	2.3	2.2	2.3	-1.9	-2.3	-	-	
Delaware . . . . .	3.6	3.0	2.3	2.4	2.4	2.2	-1.8	-2.6	0.4	-4.3	
District of Columbia . . . . .	7.3	7.6	5.8	5.7	5.9	5.7	0.4	-2.7	-0.2	-	
Florida . . . . .	5.1	3.9	3.2	2.9	2.8	2.8	-2.6	-2.0	-1.0	-1.7	
Georgia . . . . .	4.6	4.0	2.9	2.6	2.6	2.5	-1.4	-3.2	-1.1	-1.9	
Hawaii . . . . .	3.1	2.7	2.5	2.4	1.9	2.0	-1.4	-0.8	-0.4	-8.7	
Idaho . . . . .	3.7	3.2	2.7	2.2	2.1	2.1	-1.4	-1.7	-2.0	-2.3	
Illinois . . . . .	5.1	4.0	3.0	2.6	2.5	2.5	-2.4	-2.8	-1.4	-1.9	
Indiana . . . . .	4.5	3.9	3.2	2.8	2.7	2.7	-1.4	-2.0	-1.3	-1.8	
Iowa . . . . .	5.7	5.1	4.0	3.3	3.3	3.2	-1.1	-2.4	-1.9	-1.5	
Kansas . . . . .	5.8	4.8	4.0	3.5	3.5	3.5	-1.9	-1.8	-1.3	-	
Kentucky . . . . .	4.5	4.3	3.7	3.3	3.2	3.2	-0.5	-1.5	-1.1	-1.5	
Louisiana . . . . .	4.8	4.6	3.9	3.4	3.4	3.3	-0.4	-1.6	-1.4	-1.5	
Maine . . . . .	4.7	3.7	2.9	2.7	2.7	2.7	-2.4	-2.4	-0.7	-	
Maryland . . . . .	3.6	2.8	2.1	2.0	2.0	2.1	-2.5	-2.8	-0.5	2.5	
Massachusetts . . . . .	4.4	3.6	2.6	2.4	2.4	2.4	-2.0	-3.2	-0.8	-	
Michigan . . . . .	4.4	3.7	2.6	2.6	2.6	2.5	-1.7	-3.5	-	-1.9	
Minnesota . . . . .	5.7	4.4	3.4	2.9	2.8	2.8	-2.6	-2.5	-1.6	-1.7	
Mississippi . . . . .	5.3	5.0	4.8	4.4	4.3	4.3	-0.6	-0.4	-0.9	-1.1	
Missouri . . . . .	5.7	4.8	3.6	3.1	3.1	3.2	-1.7	-2.8	-1.5	1.6	
Montana . . . . .	5.9	5.8	4.7	3.8	3.6	3.7	-0.2	-2.1	-2.1	-1.3	
Nebraska . . . . .	6.0	5.5	4.8	4.0	3.6	3.8	-0.9	-1.4	-1.8	-2.5	
Nevada . . . . .	4.2	2.8	1.9	2.0	2.0	2.0	-4.0	-3.8	0.5	-	
New Hampshire . . . . .	3.9	3.1	2.3	2.2	2.2	2.1	-2.3	-2.9	-0.4	-2.3	
New Jersey . . . . .	4.2	3.7	3.0	2.4	2.3	2.4	-1.3	-2.1	-2.2	-	
New Mexico . . . . .	3.1	2.8	1.9	2.0	2.0	2.0	-1.0	-3.8	0.5	-	
New York . . . . .	4.5	4.1	3.5	3.0	3.0	2.9	-0.9	-1.6	-1.5	-1.7	
North Carolina . . . . .	4.2	3.3	2.9	2.4	2.4	2.3	-2.4	-1.3	-1.9	-2.1	
North Dakota . . . . .	7.4	7.0	6.0	5.1	4.6	4.7	-0.6	-1.5	-1.6	-4.0	
Ohio . . . . .	4.7	4.0	3.0	3.0	2.9	2.9	-1.6	-2.8	-	-1.7	
Oklahoma . . . . .	4.6	4.0	3.2	3.0	3.0	3.0	-1.4	-2.2	-0.6	-	
Oregon . . . . .	3.5	2.8	1.9	1.7	1.8	1.7	-2.2	-3.8	-1.1	-	
Pennsylvania . . . . .	4.8	4.4	3.4	3.2	3.1	3.1	-0.9	-2.5	-0.6	-1.6	
Rhode Island . . . . .	3.8	3.2	2.3	2.3	2.3	2.3	-1.7	-3.2	-	-	
South Carolina . . . . .	3.9	3.3	2.9	2.7	2.6	2.7	-1.7	-1.3	-0.7	-	
South Dakota . . . . .	5.5	6.1	5.7	5.0	5.0	5.0	1.0	-0.7	-1.3	-	
Tennessee . . . . .	5.5	4.8	3.6	3.3	3.1	3.1	-1.4	-2.8	-0.9	-3.1	
Texas . . . . .	4.7	3.5	2.7	2.4	2.4	2.4	-2.9	-2.6	-1.2	-	
Utah . . . . .	3.1	2.6	1.9	1.8	1.8	1.8	-1.7	-3.1	-0.5	-	
Vermont . . . . .	4.4	3.0	2.7	2.1	1.9	2.0	-3.8	-1.0	-2.5	-2.4	
Virginia . . . . .	4.1	3.3	2.4	2.2	2.2	2.2	-2.1	-3.1	-0.9	-	
Washington . . . . .	3.1	2.5	1.9	1.7	1.7	1.8	-2.1	-2.7	-1.1	2.9	
West Virginia . . . . .	5.5	4.7	4.4	4.0	4.0	3.9	-1.6	-0.7	-0.9	-1.3	
Wisconsin . . . . .	4.9	3.8	2.9	2.4	2.3	2.3	-2.5	-2.7	-1.9	-2.1	
Wyoming . . . . .	3.6	4.8	3.9	3.6	3.4	3.3	2.9	-2.1	-0.8	-4.3	

– Quantity zero.

<sup>1</sup>See Appendix II, Average annual rate of change (percent change).NOTES: Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. The types of facilities included in the community hospitals category have changed over time. See Appendix II, Hospital. See *Health, United States, 2013*, Table 108, for 1970 hospital data.

SOURCE: American Hospital Association (AHA): Annual Survey of Hospitals. Hospital Statistics, 1981, 1991–92, 2002, 2012, 2013, and 2014 editions. Chicago, IL. (Reprinted from AHA Hospital Statistics by permission, Copyright 1981, 1991–92, 2002, 2012, 2013, and 2014 by Health Forum, LLC, an American Hospital Association Company.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

**Table 100. Occupancy rates in community hospitals and average annual percent change, by state: United States, selected years 1980–2012**

[Data are based on reporting by a census of hospitals]

State	1980	1990	2000	2010	2011	2012	1980–1990	1990–2000	2000–2010	2010–2012	
	Occupancy rate <sup>1</sup>						Average annual percent change <sup>2</sup>				
United States . . . . .	75	67	64	65	64	63	-1.1	-0.5	0.2	-1.6	
Alabama . . . . .	73	63	60	61	58	59	-1.5	-0.5	0.2	-1.7	
Alaska . . . . .	58	50	57	61	60	60	-1.5	1.3	0.7	-0.8	
Arizona . . . . .	74	62	63	65	64	60	-1.8	0.2	0.3	-3.9	
Arkansas . . . . .	70	62	59	55	55	54	-1.2	-0.5	-0.7	-0.9	
California . . . . .	69	64	66	68	67	65	-0.7	0.3	0.3	-2.2	
Colorado . . . . .	72	64	58	60	58	60	-1.2	-1.0	0.3	-	
Connecticut . . . . .	80	77	75	78	75	69	-0.4	-0.3	0.4	-5.9	
Delaware . . . . .	82	77	75	74	74	72	-0.6	-0.3	-0.1	-1.4	
District of Columbia . . . . .	83	75	74	73	72	71	-1.0	-0.1	-0.1	-1.4	
Florida . . . . .	72	62	61	63	64	63	-1.5	-0.2	0.3	-	
Georgia . . . . .	70	66	63	66	66	66	-0.6	-0.5	0.5	-	
Hawaii . . . . .	75	85	76	72	77	73	1.3	-1.1	-0.5	0.7	
Idaho . . . . .	65	56	53	51	50	51	-1.5	-0.5	-0.4	-	
Illinois . . . . .	75	66	60	62	62	60	-1.3	-0.9	0.3	-1.6	
Indiana . . . . .	78	61	56	58	58	58	-2.4	-0.9	0.4	-	
Iowa . . . . .	69	62	58	56	57	56	-1.1	-0.7	-0.4	-	
Kansas . . . . .	69	56	53	54	53	52	-2.1	-0.5	0.2	-1.9	
Kentucky . . . . .	77	62	62	60	59	56	-2.1	-	-0.3	-3.4	
Louisiana . . . . .	70	57	56	59	58	57	-2.0	-0.2	0.5	-1.7	
Maine . . . . .	75	72	64	62	63	61	-0.4	-1.2	-0.3	-0.8	
Maryland . . . . .	84	79	73	74	73	72	-0.6	-0.8	0.1	-1.4	
Massachusetts . . . . .	82	74	71	73	72	70	-1.0	-0.4	0.3	-2.1	
Michigan . . . . .	78	66	65	66	67	66	-1.7	-0.2	0.2	-	
Minnesota . . . . .	74	67	67	64	66	64	-1.0	-	-0.5	-	
Mississippi . . . . .	71	59	59	54	54	53	-1.8	-	-0.9	-0.9	
Missouri . . . . .	75	62	58	61	61	59	-1.9	-0.7	0.5	-1.7	
Montana . . . . .	66	61	67	63	63	60	-0.8	0.9	-0.6	-2.4	
Nebraska . . . . .	67	58	59	55	55	55	-1.4	0.2	-0.7	-	
Nevada . . . . .	69	60	71	68	68	68	-1.4	1.7	-0.4	-	
New Hampshire . . . . .	73	67	59	60	61	61	-0.9	-1.3	0.2	0.8	
New Jersey . . . . .	83	80	69	71	72	70	-0.4	-1.5	0.3	-0.7	
New Mexico . . . . .	66	58	58	57	58	57	-1.3	-	-0.2	-	
New York . . . . .	86	86	79	79	80	80	-	-0.8	-	0.6	
North Carolina . . . . .	78	73	70	70	69	69	-0.7	-0.4	0.0	-0.7	
North Dakota . . . . .	69	64	60	59	61	61	-0.7	-0.6	-0.2	1.7	
Ohio . . . . .	79	65	61	61	60	60	-1.9	-0.6	-	-0.8	
Oklahoma . . . . .	68	58	56	57	55	54	-1.6	-0.4	0.2	-2.7	
Oregon . . . . .	69	57	59	59	59	58	-1.9	0.3	-	-0.9	
Pennsylvania . . . . .	80	73	68	67	67	65	-0.9	-0.7	-0.1	-1.5	
Rhode Island . . . . .	86	79	72	69	68	65	-0.8	-0.9	-0.4	-2.9	
South Carolina . . . . .	77	71	69	66	64	63	-0.8	-0.3	-0.4	-2.3	
South Dakota . . . . .	61	62	65	62	64	63	0.2	0.5	-0.5	0.8	
Tennessee . . . . .	76	64	56	60	61	61	-1.7	-1.3	0.7	0.8	
Texas . . . . .	70	57	59	60	59	59	-2.0	0.3	0.2	-0.8	
Utah . . . . .	70	59	56	53	53	52	-1.7	-0.5	-0.5	-0.9	
Vermont . . . . .	74	67	67	65	70	68	-1.0	-	-0.3	2.3	
Virginia . . . . .	78	67	68	67	68	68	-1.5	0.1	-0.1	0.7	
Washington . . . . .	72	63	60	63	61	62	-1.3	-0.5	0.5	-0.8	
West Virginia . . . . .	76	63	61	61	61	60	-1.9	-0.3	-	-0.8	
Wisconsin . . . . .	74	65	60	60	60	60	-1.3	-0.8	-	-	
Wyoming . . . . .	57	54	56	56	53	53	-0.5	0.4	-	-2.7	

- Quantity zero.

<sup>1</sup>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.

<sup>2</sup>See Appendix II, Average annual rate of change (percent change).

NOTES: Community hospitals are nonfederal short-term general and special hospitals whose facilities and services are available to the public. The types of facilities included in the community hospitals category have changed over time. See Appendix II, Hospital. See *Health, United States, 2013*, Table 109, for 1970 hospital data.

SOURCE: American Hospital Association (AHA): Annual Survey of Hospitals. Hospital Statistics, 1981, 1991–92, 2002, 2012, 2013, and 2014 editions. Chicago, IL. (Reprinted from AHA Hospital Statistics by permission, Copyright 1981, 1991–92, 2002, 2012, 2013, and 2014 by Health Forum, LLC, an American Hospital Association Company.) See Appendix I, American Hospital Association (AHA) Annual Survey of Hospitals.

**Table 101 (page 1 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#101>.

[Data are based on a census of certified nursing facilities]

State	Nursing homes				Beds			
	1995	2000	2012	2013	1995	2000	2012	2013
	Number							
United States . . . . .	16,389	16,886	15,673	15,663	1,751,302	1,795,388	1,703,213	1,697,484
Alabama . . . . .	221	225	228	228	23,353	25,248	26,685	26,685
Alaska . . . . .	15	15	16	17	814	821	679	779
Arizona . . . . .	152	150	145	146	16,162	17,458	16,609	16,607
Arkansas . . . . .	256	255	232	230	29,952	25,715	24,568	24,546
California . . . . .	1,382	1,369	1,231	1,226	140,203	131,762	121,873	121,381
Colorado . . . . .	219	225	214	211	19,912	20,240	20,374	20,371
Connecticut . . . . .	267	259	231	231	32,827	32,433	27,882	27,841
Delaware . . . . .	42	43	46	46	4,739	4,906	4,923	4,986
District of Columbia . . . . .	19	20	19	19	3,206	3,078	2,766	2,766
Florida . . . . .	627	732	682	687	72,656	83,365	82,989	83,178
Georgia . . . . .	352	363	358	358	38,097	39,817	39,870	39,883
Hawaii . . . . .	34	45	47	47	2,513	4,006	4,219	4,215
Idaho . . . . .	76	84	77	77	5,747	6,181	5,933	5,930
Illinois . . . . .	827	869	775	769	103,230	110,766	99,804	98,883
Indiana . . . . .	556	564	515	515	59,538	56,762	59,314	58,764
Iowa . . . . .	419	467	444	444	39,959	37,034	35,058	32,183
Kansas . . . . .	429	392	341	345	30,016	27,067	25,426	25,653
Kentucky . . . . .	288	307	283	283	23,221	25,341	26,001	26,170
Louisiana . . . . .	337	337	280	280	37,769	39,430	35,648	35,189
Maine . . . . .	132	126	108	107	9,243	8,248	7,057	7,020
Maryland . . . . .	218	255	233	230	28,394	31,495	28,860	28,487
Massachusetts . . . . .	550	526	422	421	54,532	56,030	48,702	48,660
Michigan . . . . .	432	439	426	432	49,473	50,696	46,698	46,970
Minnesota . . . . .	432	433	380	380	43,865	42,149	30,919	30,405
Mississippi . . . . .	183	190	204	205	16,059	17,068	18,530	18,550
Missouri . . . . .	546	551	513	513	52,679	54,829	55,134	55,106
Montana . . . . .	100	104	83	83	7,210	7,667	6,779	6,713
Nebraska . . . . .	231	236	218	217	18,169	17,877	15,972	15,855
Nevada . . . . .	42	51	51	51	3,998	5,547	5,992	5,979
New Hampshire . . . . .	74	83	76	76	7,412	7,837	7,564	7,510
New Jersey . . . . .	300	361	366	365	43,967	52,195	52,119	52,417
New Mexico . . . . .	83	80	72	71	6,969	7,289	6,894	6,716
New York . . . . .	624	665	632	631	107,750	120,514	117,360	116,448
North Carolina . . . . .	391	410	418	421	38,322	41,376	44,036	44,598
North Dakota . . . . .	87	88	83	81	7,125	6,954	6,281	6,138
Ohio . . . . .	943	1,009	959	955	106,884	105,038	92,180	91,563
Oklahoma . . . . .	405	392	308	311	33,918	33,903	28,876	29,396
Oregon . . . . .	161	150	137	138	13,885	13,500	12,225	12,276
Pennsylvania . . . . .	726	770	707	703	92,625	95,063	88,552	88,284
Rhode Island . . . . .	94	99	84	84	9,612	10,271	8,678	8,715
South Carolina . . . . .	166	178	189	189	16,682	18,102	19,636	19,689
South Dakota . . . . .	114	114	112	111	8,296	7,844	6,950	6,909
Tennessee . . . . .	322	349	322	320	37,074	38,593	37,507	37,140
Texas . . . . .	1,266	1,215	1,202	1,205	123,056	125,052	134,357	135,350
Utah . . . . .	91	93	100	98	7,101	7,651	8,481	8,500
Vermont . . . . .	23	44	38	38	1,862	3,743	3,199	3,199
Virginia . . . . .	271	278	284	286	30,070	30,595	32,302	32,638
Washington . . . . .	285	277	226	225	28,464	25,905	21,767	21,641
West Virginia . . . . .	129	139	125	126	10,903	11,413	10,849	10,888
Wisconsin . . . . .	413	420	392	392	48,754	46,395	35,153	34,730
Wyoming . . . . .	37	40	39	39	3,035	3,119	2,983	2,984

See footnotes at end of table.

**Table 101 (page 2 of 2). Nursing homes, beds, residents, and occupancy rates, by state: United States, selected years 1995–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#101>.

[Data are based on a census of certified nursing facilities]

State	Residents				Occupancy rate <sup>1</sup>			
	1995	2000	2012	2013	1995	2000	2012	2013
	Number							
United States . . . . .	1,479,550	1,480,076	1,383,488	1,371,926	84.5	82.4	81.2	80.8
Alabama . . . . .	21,691	23,089	22,673	22,764	92.9	91.4	85.0	85.3
Alaska . . . . .	634	595	591	498	77.9	72.5	87.0	63.9
Arizona . . . . .	12,382	13,253	11,426	11,344	76.6	75.9	68.8	68.3
Arkansas . . . . .	20,823	19,317	17,982	17,774	69.5	75.1	73.2	72.4
California . . . . .	109,805	106,460	102,587	102,324	78.3	80.8	84.2	84.3
Colorado . . . . .	17,055	17,045	16,136	15,957	85.7	84.2	79.2	78.3
Connecticut . . . . .	29,948	29,657	24,948	24,610	91.2	91.4	89.5	88.4
Delaware . . . . .	3,819	3,900	4,268	4,217	80.6	79.5	86.7	84.6
District of Columbia . . . . .	2,576	2,858	2,604	2,569	80.3	92.9	94.1	92.9
Florida . . . . .	61,845	69,050	72,286	72,679	85.1	82.8	87.1	87.4
Georgia . . . . .	35,933	36,559	34,122	33,889	94.3	91.8	85.6	85.0
Hawaii . . . . .	2,413	3,558	3,738	3,714	96.0	88.8	88.6	88.1
Idaho . . . . .	4,697	4,640	4,074	3,909	81.7	75.1	68.7	65.9
Illinois . . . . .	83,696	83,604	73,849	72,856	81.1	75.5	74.0	73.7
Indiana . . . . .	44,328	42,328	39,310	38,649	74.5	74.6	66.3	65.8
Iowa . . . . .	27,506	29,204	25,077	24,980	68.8	78.9	71.5	77.6
Kansas . . . . .	25,140	22,230	18,596	18,400	83.8	82.1	73.1	71.7
Kentucky . . . . .	20,696	22,730	23,051	22,818	89.1	89.7	88.7	87.2
Louisiana . . . . .	32,493	30,735	25,906	25,600	86.0	77.9	72.7	72.8
Maine . . . . .	8,587	7,298	6,395	6,342	92.9	88.5	90.6	90.3
Maryland . . . . .	24,716	25,629	24,543	24,360	87.0	81.4	85.0	85.5
Massachusetts . . . . .	49,765	49,805	42,204	41,595	91.3	88.9	86.7	85.5
Michigan . . . . .	43,271	42,615	39,307	39,288	87.5	84.1	84.2	83.6
Minnesota . . . . .	41,163	38,813	27,789	27,201	93.8	92.1	89.9	89.5
Mississippi . . . . .	15,247	15,815	16,304	16,165	94.9	92.7	88.0	87.1
Missouri . . . . .	39,891	38,586	37,998	37,828	75.7	70.4	68.9	68.7
Montana . . . . .	6,415	5,973	4,657	4,689	89.0	77.9	68.7	69.9
Nebraska . . . . .	16,166	14,989	12,235	12,070	89.0	83.8	76.6	76.1
Nevada . . . . .	3,645	3,657	4,625	4,749	91.2	65.9	77.2	79.4
New Hampshire . . . . .	6,877	7,158	6,938	6,813	92.8	91.3	91.7	90.7
New Jersey . . . . .	40,397	45,837	45,499	45,450	91.9	87.8	87.3	86.7
New Mexico . . . . .	6,051	6,503	5,669	5,531	86.8	89.2	82.2	82.4
New York . . . . .	103,409	112,957	107,481	105,965	96.0	93.7	91.6	91.0
North Carolina . . . . .	35,511	36,658	37,313	36,908	92.7	88.6	84.7	82.8
North Dakota . . . . .	6,868	6,343	5,694	5,702	96.4	91.2	90.7	92.9
Ohio . . . . .	79,026	81,946	78,075	77,129	73.9	78.0	84.7	84.2
Oklahoma . . . . .	26,377	23,833	19,315	19,376	77.8	70.3	66.9	65.9
Oregon . . . . .	11,673	9,990	7,334	7,373	84.1	74.0	60.0	60.1
Pennsylvania . . . . .	84,843	83,880	80,055	79,554	91.6	88.2	90.4	90.1
Rhode Island . . . . .	8,823	9,041	7,978	7,986	91.8	88.0	91.9	91.6
South Carolina . . . . .	14,568	15,739	16,900	16,744	87.3	86.9	86.1	85.0
South Dakota . . . . .	7,926	7,059	6,371	6,335	95.5	90.0	91.7	91.7
Tennessee . . . . .	33,929	34,714	31,189	29,990	91.5	89.9	83.2	80.7
Texas . . . . .	89,354	85,275	93,710	93,712	72.6	68.2	69.8	69.2
Utah . . . . .	5,832	5,703	5,423	5,383	82.1	74.5	63.9	63.3
Vermont . . . . .	1,792	3,349	2,761	2,726	96.2	89.5	86.3	85.2
Virginia . . . . .	28,119	27,091	28,260	28,249	93.5	88.5	87.5	86.6
Washington . . . . .	24,954	21,158	17,272	17,199	87.7	81.7	79.4	79.5
West Virginia . . . . .	10,216	10,334	9,535	9,524	93.7	90.5	87.9	87.5
Wisconsin . . . . .	43,998	38,911	29,000	28,062	90.2	83.9	82.5	80.8
Wyoming . . . . .	2,661	2,605	2,435	2,377	87.7	83.5	81.6	79.7

--- Data not available.

<sup>1</sup>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 Centers for Medicare & Medicaid Services' reporting cycle. Starting with 2013 data, a new editing rule was used for number of beds. For the U.S., the number of beds decreased by less than 1%. For most states, this caused little or no change in the data. For some states, the number of beds changed by up to 8%. The change in the number of beds also caused a change in some occupancy rates. Because of the methodology change, trends should be interpreted with caution. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Cowles CM ed., 2013 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group, 2014 and previous editions; and Cowles Research Group, unpublished data. Based on data from the Centers for Medicare & Medicaid Services' Quality Improvement Evaluation System (QIES) and its predecessor, the Online Survey Certification and Reporting Database (OSCAR). See Appendix I, Quality Improvement Evaluation System (QIES).

**Table 102 (page 1 of 2). Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#102>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Gross domestic product and national health expenditures</i>	1960	1970	1980	1990	2000	2009	2010	2012	2013
Amount, in billions									
Gross domestic product (GDP) . . . . .	\$543	\$1,076	\$2,863	\$5,980	\$10,285	\$14,419	\$14,964	\$16,163	\$16,768
Deflator (2009 = 100.0)									
Price deflator for GDP <sup>1</sup> . . . . .	17.5	22.8	44.5	66.8	81.9	100.0	101.2	105.2	106.7
Amount, in billions									
National health expenditures . . . . .	\$27.4	\$74.9	\$255.8	\$724.3	\$1,378.0	\$2,505.8	\$2,604.1	\$2,817.3	\$2,919.1
Health consumption expenditures . . . . .	24.8	67.1	235.7	675.6	1,290.0	2,359.5	2,454.5	2,653.6	2,754.5
Personal health care . . . . .	23.4	63.1	217.2	616.8	1,165.7	2,117.9	2,196.2	2,379.3	2,468.6
Administration and net cost of									
private health insurance . . . . .	1.1	2.6	12.0	38.8	81.3	167.6	182.8	199.5	210.6
Public health . . . . .	0.4	1.4	6.4	20.0	43.0	74.0	75.5	74.8	75.4
Investment <sup>2</sup> . . . . .	2.6	7.8	20.1	48.7	88.0	146.3	149.7	163.7	164.6
Deflator (2009 = 100.0)									
Chain-weighted national health expenditure deflator <sup>1</sup> . . . . .	---	---	---	---	---	100.0	102.7	106.9	108.3
Per capita amount, in dollars									
National health expenditures . . . . .	\$147	\$356	\$1,110	\$2,855	\$4,881	\$8,175	\$8,428	\$8,996	\$9,255
Health consumption expenditures . . . . .	133	319	1,023	2,663	4,570	7,698	7,943	8,473	8,733
Personal health care . . . . .	125	300	943	2,431	4,129	6,909	7,107	7,597	7,826
Administration and net cost of									
private health insurance . . . . .	6	12	52	153	288	547	592	637	668
Public health . . . . .	2	6	28	79	152	242	244	239	239
Investment <sup>2</sup> . . . . .	14	37	87	192	312	477	484	523	522
Percent									
National health expenditures as percent of GDP . . . . .	5.0	7.0	8.9	12.1	13.4	17.4	17.4	17.4	17.4
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	94.2	94.3	94.2	94.4
Personal health care . . . . .	85.4	84.3	84.9	85.2	84.6	84.5	84.3	84.5	84.6
Administration and net cost of									
private health insurance . . . . .	3.9	3.5	4.7	5.4	5.9	6.7	7.0	7.1	7.2
Public health . . . . .	1.4	1.8	2.5	2.8	3.1	3.0	2.9	2.7	2.6
Investment <sup>2</sup> . . . . .	9.4	10.4	7.9	6.7	6.4	5.8	5.7	5.8	5.6
Average annual percent change from previous year shown <sup>3</sup>									
GDP . . . . .	...	7.1	10.3	7.6	5.6	3.8	3.8	3.9	3.7
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	6.9	3.9	4.0	3.6
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	6.9	4.0	4.0	3.8
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	6.9	3.7	4.1	3.8
Administration and net cost of									
private health insurance . . . . .	...	9.4	16.4	12.4	7.7	8.4	9.1	4.5	5.6
Public health . . . . .	...	13.8	16.9	12.0	8.0	6.2	1.9	-0.4	0.8
Investment <sup>2</sup> . . . . .	...	11.7	10.0	9.2	6.1	5.8	2.3	4.6	0.5
National health expenditures, per capita . . . . .	...	9.2	12.0	9.9	5.5	5.9	3.1	3.3	2.9
Health consumption expenditures . . . . .	...	9.1	12.4	10.0	5.5	6.0	3.2	3.3	3.1
Personal health care . . . . .	...	9.1	12.1	9.9	5.4	5.9	2.9	3.4	3.0
Administration and net cost of									
private health insurance . . . . .	...	7.2	15.8	11.4	6.5	7.4	8.2	3.7	4.9
Public health . . . . .	...	11.6	16.7	10.9	6.8	5.3	0.8	-1.0	0.0
Investment <sup>2</sup> . . . . .	...	10.2	8.9	8.2	5.0	4.8	1.5	4.0	-0.2

See footnotes at end of table.

**Table 102 (page 2 of 2). Gross domestic product, national health expenditures, per capita amounts, percent distribution, and average annual percent change: United States, selected years 1960–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#102>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

-- - Data not available.

. . . Category not applicable.

<sup>1</sup>Year 2009 = 100. For more information on the detailed price series recommended for deflating each category of spending see the National Health Expenditure Accounts Methodology Paper, 2013 and NHE Deflator Methodology paper. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/>.

<sup>2</sup>Investment consists of research and structures and equipment.

<sup>3</sup>See Appendix II, Average annual rate of change (percent change).

NOTES: Dollar amounts shown are in current dollars. 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. Census resident-based population less armed forces overseas and population of outlying areas used to calculate per capita. For more information on NHE categories, sources, and methods, see the National Health Expenditure Accounts Methodology Paper, 2013. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-13.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 aggregate. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>, accessed on December 12, 2014. U.S. Department of Commerce Bureau of Economic Analysis, National Economic Accounts, National Income and Product Accounts, Table 1.1.4, accessed on December 12, 2014. 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 103 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#103>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2009	2012	2013
Amount, in billions								
National health expenditures . . . . .	\$27.4	\$74.9	\$255.8	\$724.3	\$1,378.0	\$2,505.8	\$2,817.3	\$2,919.1
Health consumption expenditures . . . . .	24.8	67.1	235.7	675.6	1,290.0	2,359.5	2,653.6	2,754.5
Personal health care . . . . .	23.4	63.1	217.2	616.8	1,165.7	2,117.9	2,379.3	2,468.6
Hospital care . . . . .	9.0	27.2	100.5	250.4	415.5	776.8	898.5	936.9
Professional services . . . . .	8.0	19.8	64.6	208.1	390.2	672.4	752.0	777.9
Physician and clinical services . . . . .	5.6	14.3	47.7	158.9	290.9	503.2	565.3	586.7
Other professional services . . . . .	0.4	0.7	3.5	17.4	37.0	66.8	76.8	80.2
Dental services . . . . .	2.0	4.7	13.4	31.7	62.3	102.5	110.0	111.0
Other health, residential, and personal care . . . . .	0.5	1.3	8.5	24.3	64.5	122.5	140.1	148.2
Home health care <sup>1</sup> . . . . .	0.1	0.2	2.4	12.6	32.4	67.2	77.1	79.8
Nursing care facilities and continuing care retirement communities <sup>1</sup> . . . . .	0.8	4.0	15.3	44.9	85.1	138.5	152.2	155.8
Retail outlet sales of medical products . . . . .	5.0	10.6	25.9	76.5	177.9	340.3	359.4	370.0
Prescription drugs . . . . .	2.7	5.5	12.0	40.3	121.2	255.0	264.4	271.1
Durable medical equipment . . . . .	0.7	1.7	4.1	13.8	25.2	35.0	41.3	43.0
Other nondurable medical products . . . . .	1.6	3.3	9.8	22.4	31.6	50.3	53.7	55.9
Government administration <sup>2</sup> . . . . .	0.1	0.7	2.8	7.2	17.1	29.8	34.2	37.0
Net cost of health insurance <sup>3</sup> . . . . .	1.0	1.9	9.3	31.6	64.2	137.8	165.3	173.6
Government public health activities <sup>4</sup> . . . . .	0.4	1.4	6.4	20.0	43.0	74.0	74.8	75.4
Investment . . . . .	2.6	7.8	20.1	48.7	88.0	146.3	163.7	164.6
Research <sup>5</sup> . . . . .	0.7	2.0	5.4	12.7	25.5	45.2	48.0	46.7
Structures and equipment . . . . .	1.9	5.8	14.7	36.0	62.5	101.1	115.7	117.9
Average annual percent change from previous year shown <sup>6</sup>								
National health expenditures . . . . .	...	10.6	13.1	11.0	6.6	6.9	4.0	3.6
Health consumption expenditures . . . . .	...	10.5	13.4	11.1	6.7	6.9	4.0	3.8
Personal health care . . . . .	...	10.4	13.2	11.0	6.6	6.9	4.0	3.8
Hospital care . . . . .	...	11.7	14.0	9.6	5.2	7.2	5.0	4.3
Professional services . . . . .	...	9.5	12.6	12.4	6.5	6.2	3.8	3.4
Physician and clinical services . . . . .	...	9.8	12.8	12.8	6.2	6.3	4.0	3.8
Other professional services . . . . .	...	6.4	17.0	17.5	7.8	6.8	4.7	4.5
Dental services . . . . .	...	9.0	11.0	9.0	7.0	5.7	2.4	0.9
Other health, residential, and personal care . . . . .	...	11.4	20.4	11.1	10.2	7.4	4.6	5.8
Home health care <sup>1</sup> . . . . .	...	14.5	26.9	18.1	9.9	8.4	4.7	3.4
Nursing care facilities and continuing care retirement communities <sup>1</sup> . . . . .	...	17.4	14.2	11.4	6.6	5.6	3.2	2.4
Retail outlet sales of medical products . . . . .	...	7.7	9.4	11.4	8.8	7.5	1.8	2.9
Prescription drugs . . . . .	...	7.5	8.2	12.8	11.6	8.6	1.2	2.5
Durable medical equipment . . . . .	...	9.0	8.8	13.0	6.2	3.7	5.6	4.2
Other nondurable medical products . . . . .	...	7.4	11.4	8.6	3.5	5.3	2.2	4.0
Government administration <sup>2</sup> . . . . .	...	29.9	14.1	10.0	9.1	6.4	4.7	8.2
Net cost of health insurance <sup>3</sup> . . . . .	...	6.4	17.3	13.1	7.3	8.9	6.3	5.0
Government public health activities <sup>4</sup> . . . . .	...	13.8	16.9	12.0	8.0	6.2	0.3	0.8
Investment . . . . .	...	11.7	10.0	9.2	6.1	5.8	3.8	0.5
Research <sup>5</sup> . . . . .	...	10.9	10.8	8.9	7.2	6.6	2.1	-2.6
Structures and equipment . . . . .	...	12.0	9.7	9.4	5.7	5.5	4.6	1.9
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	94.2	94.2	94.4
Personal health care . . . . .	85.4	84.3	84.9	85.2	84.6	84.5	84.5	84.6
Hospital care . . . . .	32.8	36.3	39.3	34.6	30.2	31.0	31.9	32.1
Professional services . . . . .	29.3	26.4	25.3	28.7	28.3	26.8	26.7	26.6
Physician and clinical services . . . . .	20.6	19.1	18.7	21.9	21.1	20.1	20.1	20.1
Other professional services . . . . .	1.4	1.0	1.4	2.4	2.7	2.7	2.7	2.7
Dental services . . . . .	7.3	6.3	5.2	4.4	4.5	4.1	3.9	3.8
Other health, residential, and personal care . . . . .	1.6	1.8	3.3	3.4	4.7	4.9	5.0	5.1
Home health care <sup>1</sup> . . . . .	0.2	0.3	0.9	1.7	2.4	2.7	2.7	2.7
Nursing care facilities and continuing care retirement communities <sup>1</sup> . . . . .	3.0	5.4	6.0	6.2	6.2	5.5	5.4	5.3
Retail outlet sales of medical products . . . . .	18.4	14.1	10.1	10.6	12.9	13.6	12.8	12.7
Prescription drugs . . . . .	9.8	7.3	4.7	5.6	8.8	10.2	9.4	9.3
Durable medical equipment . . . . .	2.7	2.3	1.6	1.9	1.8	1.4	1.5	1.5
Other nondurable medical products . . . . .	5.9	4.4	3.8	3.1	2.3	2.0	1.9	1.9
Government administration <sup>2</sup> . . . . .	0.2	1.0	1.1	1.0	1.2	1.2	1.2	1.3
Net cost of health insurance <sup>3</sup> . . . . .	3.7	2.5	3.6	4.4	4.7	5.5	5.9	5.9
Government public health activities <sup>4</sup> . . . . .	1.4	1.8	2.5	2.8	3.1	3.0	2.7	2.6
Investment . . . . .	9.4	10.4	7.9	6.7	6.4	5.8	5.8	5.6
Research <sup>5</sup> . . . . .	2.5	2.6	2.1	1.8	1.8	1.8	1.7	1.6
Structures and equipment . . . . .	6.8	7.8	5.7	5.0	4.5	4.0	4.1	4.0

See footnotes at end of table.



**Table 103 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2013**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#103>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2009	2012	2013
	Percent distribution							
Personal health care . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care . . . . .	38.5	43.1	46.3	40.6	35.6	36.7	37.8	38.0
Professional services . . . . .	34.3	31.3	29.8	33.7	33.5	31.8	31.6	31.5
Physician and clinical services . . . . .	24.1	22.7	22.0	25.8	25.0	23.8	23.8	23.8
Other professional services . . . . .	1.7	1.2	1.6	2.8	3.2	3.2	3.2	3.3
Dental services . . . . .	8.5	7.5	6.2	5.1	5.3	4.8	4.6	4.5
Other health, residential, and personal care . . . . .	1.9	2.1	3.9	3.9	5.5	5.8	5.9	6.0
Home health care <sup>1</sup> . . . . .	0.2	0.3	1.1	2.0	2.8	3.2	3.2	3.2
Nursing care facilities and continuing care retirement communities <sup>1</sup> . . . . .	3.5	6.4	7.0	7.3	7.3	6.5	6.4	6.3
Retail outlet sales of medical products . . . . .	21.6	16.8	11.9	12.4	15.3	16.1	15.1	15.0
Prescription drugs . . . . .	11.5	8.7	5.5	6.5	10.4	12.0	11.1	11.0
Durable medical equipment . . . . .	3.2	2.8	1.9	2.2	2.2	1.7	1.7	1.7
Other nondurable medical products . . . . .	7.0	5.3	4.5	3.6	2.7	2.4	2.3	2.3

. . . Category not applicable.

<sup>1</sup>Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.

<sup>2</sup>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.

<sup>3</sup>Net cost of health insurance is calculated as the difference between calendar year incurred premiums earned and benefits incurred for private health insurance. This includes administrative costs, and in some cases additions to reserves, rate credits and dividends, premium taxes, and net underwriting gains or losses. Also included in this category is the difference between premiums earned and benefits incurred for the private health insurance companies that insure the enrollees of the following programs: Medicare, Medicaid, Children's Health Insurance Program, and workers' compensation (health portion only).

<sup>4</sup>Includes health care services delivered by government public health agencies.

<sup>5</sup>Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded. These are included in the expenditure class in which the product falls because such expenditures are covered by the payment received for that product.

<sup>6</sup>See Appendix II, Average annual rate of change (percent change).

NOTES: Percents and average annual percent change are calculated using unrounded data. For more information on NHE categories, sources, and methods, see the National Health Expenditure Accounts Methodology Paper, 2013. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-13.pdf>. See Appendix I, National Health Expenditure Accounts (NHEA). Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>, accessed on December 12, 2014. See Appendix I, National Health Expenditure Accounts (NHEA).

**Table 104 (page 1 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#104>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2009	2010	2012	2013
Per capita	\$125	\$300	\$943	\$2,431	\$4,129	\$6,909	\$7,107	\$7,597	\$7,826
Amount									
Amount, in billions									
All personal health care expenditures <sup>1</sup>	\$23.4	\$63.1	\$217.2	\$616.8	\$1,165.7	\$2,117.9	\$2,196.2	\$2,379.3	\$2,468.6
Out-of-pocket payments	13.1	25.0	58.4	138.6	201.5	300.9	306.2	328.8	339.4
Health insurance	6.6	29.6	131.9	403.2	845.5	1,639.2	1,701.4	1,842.0	1,907.9
Private health insurance	4.9	14.0	61.4	205.1	407.3	736.1	755.4	822.9	846.0
Medicare	...	7.3	36.3	107.3	216.3	471.2	489.2	532.2	550.5
Medicaid	...	5.0	24.7	69.7	186.9	346.4	366.2	389.0	410.8
Federal	...	2.7	13.7	40.3	109.3	230.7	247.5	224.0	236.7
State and local	...	2.3	11.0	29.4	77.6	115.6	118.6	165.0	174.1
CHIP <sup>2</sup>	...	...	...	...	2.5	9.5	9.7	10.6	11.3
Federal	...	...	...	...	1.8	6.7	6.8	7.4	7.8
State and local	...	...	...	...	0.8	2.8	2.9	3.2	3.5
Other health insurance programs <sup>3</sup>	1.7	3.3	9.6	21.2	32.4	76.1	80.9	87.2	89.3
Other third-party payers and programs <sup>4</sup>	3.7	8.5	26.9	74.9	118.7	177.8	188.6	208.5	221.2
Deflator (2009 = 100.0)									
Chain-weighted personal health care deflator <sup>5</sup>	9.3	13.5	28.5	56.4	75.7	100.0	102.7	106.8	108.4
Percent distribution									
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	55.9	39.6	26.9	22.5	17.3	14.2	13.9	13.8	13.7
Health insurance	28.3	46.9	60.7	65.4	72.5	77.4	77.5	77.4	77.3
Private health insurance	21.1	22.2	28.3	33.2	34.9	34.8	34.4	34.6	34.3
Medicare	...	11.5	16.7	17.4	18.6	22.2	22.3	22.4	22.3
Medicaid	...	8.0	11.4	11.3	16.0	16.4	16.7	16.3	16.6
Federal	...	4.3	6.3	6.5	9.4	10.9	11.3	9.4	9.6
State and local	...	3.7	5.1	4.8	6.7	5.5	5.4	6.9	7.1
CHIP <sup>2</sup>	...	...	...	...	0.2	0.5	0.4	0.4	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 <sup>3</sup>	7.2	5.2	4.4	3.4	2.8	3.6	3.7	3.7	3.6
Other third-party payers and programs <sup>4</sup>	15.8	13.5	12.4	12.1	10.2	8.4	8.6	8.8	9.0
Amount, in billions									
Hospital expenditures <sup>6</sup>	\$9.0	\$27.2	\$100.5	\$250.4	\$415.5	\$776.8	\$814.9	\$898.5	\$936.9
Percent distribution									
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	20.6	9.0	5.4	4.5	3.2	3.2	3.3	3.4	3.5
Health insurance	50.7	71.4	79.6	82.6	86.2	87.6	87.2	86.8	86.3
Private health insurance	35.6	32.5	36.7	38.7	34.1	36.1	35.9	37.2	37.1
Medicare	...	19.7	26.1	26.9	29.7	27.8	27.1	26.3	25.9
Medicaid	...	9.7	9.2	10.6	17.1	17.6	18.0	17.4	17.5
Federal	...	5.2	5.0	6.3	10.3	11.7	12.2	10.1	10.1
State and local	...	4.5	4.2	4.3	6.8	6.0	5.9	7.3	7.4
CHIP <sup>2</sup>	...	...	...	...	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 <sup>3</sup>	15.1	9.5	7.7	6.3	5.0	5.7	5.8	5.5	5.4
Other third-party payers and programs <sup>4</sup>	28.7	19.5	15.0	13.0	10.6	9.2	9.5	9.7	10.2
Amount, in billions									
Physician and clinical expenditures	\$5.6	\$14.3	\$47.7	\$158.9	\$290.9	\$503.2	\$519.0	\$565.3	\$586.7
Percent distribution									
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	60.1	45.1	29.8	18.9	11.2	9.5	9.8	9.6	9.4
Health insurance	32.6	48.8	59.8	67.8	76.6	81.4	81.0	80.7	80.5
Private health insurance	28.3	29.4	34.8	42.2	47.4	47.3	46.5	45.9	45.6
Medicare	...	11.5	17.4	19.2	20.2	22.2	22.2	22.5	22.2
Medicaid	...	4.5	5.1	4.4	6.6	7.9	8.2	8.1	8.5
Federal	...	2.4	2.9	2.6	3.9	5.5	5.7	4.9	5.3
State and local	...	2.1	2.2	1.8	2.7	2.5	2.5	3.1	3.2
CHIP <sup>2</sup>	...	...	...	...	0.3	0.6	0.6	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 <sup>3</sup>	4.3	3.4	2.4	2.1	2.1	3.5	3.5	3.6	3.5
Other third-party payers and programs <sup>4</sup>	7.3	6.1	10.4	13.3	12.3	9.1	9.2	9.8	10.1

See footnotes at end of table.

**Table 104 (page 2 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#104>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2009	2010	2012	2013
Amount, in billions									
Dental services expenditures . . . . .	\$2.0	\$4.7	\$13.4	\$31.7	\$62.3	\$102.5	\$105.4	\$110.0	\$111.0
Percent distribution									
All sources of funds . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments . . . . .	96.0	90.0	65.8	48.1	44.4	42.0	41.5	42.1	42.5
Health insurance . . . . .	3.2	9.5	33.3	51.3	55.0	57.5	57.9	57.4	57.0
Private health insurance . . . . .	1.9	4.5	28.4	48.1	50.2	48.7	48.5	48.1	47.4
Medicare . . . . .	...	...	...	0.0	0.1	0.3	0.2	0.3	0.4
Medicaid . . . . .	...	3.4	3.7	2.4	3.7	6.6	7.0	6.6	6.8
Federal . . . . .	...	1.8	2.0	1.3	2.1	4.5	4.8	3.8	3.9
State and local . . . . .	...	1.6	1.7	1.0	1.6	2.1	2.2	2.8	2.8
CHIP <sup>2</sup> . . . . .	...	...	...	...	0.4	0.7	1.0	1.2	1.3
Federal . . . . .	...	...	...	...	0.3	0.5	0.7	0.8	0.9
State and local . . . . .	...	...	...	...	0.1	0.2	0.3	0.4	0.4
Other health insurance programs <sup>3</sup> . . . . .	1.3	1.6	1.2	0.9	0.6	1.1	1.2	1.1	1.1
Other third-party payers and programs <sup>4</sup> . . . . .	0.8	0.4	0.8	0.6	0.6	0.5	0.5	0.5	0.5
Amount, in billions									
Home health care expenditures <sup>7</sup> . . . . .	\$0.1	\$0.2	\$2.4	\$12.6	\$32.4	\$67.2	\$71.2	\$77.1	\$79.8
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 . . . . .	12.3	9.5	15.3	17.9	19.6	7.6	7.5	7.9	8.1
Health insurance . . . . .	5.3	37.7	53.7	66.1	71.4	89.1	89.5	88.9	88.9
Private health insurance . . . . .	1.8	3.2	14.7	22.9	23.8	7.0	6.8	7.4	7.9
Medicare . . . . .	...	26.8	26.8	26.0	26.4	45.1	44.6	43.6	43.1
Medicaid . . . . .	...	6.8	11.6	17.1	20.9	36.2	37.0	36.7	36.5
Federal . . . . .	...	3.2	6.2	9.1	11.3	23.5	24.3	20.0	20.1
State and local . . . . .	...	3.2	5.4	7.9	9.6	12.6	12.6	16.6	16.4
CHIP <sup>2</sup> . . . . .	...	...	...	...	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 <sup>3</sup> . . . . .	3.5	1.4	0.5	0.3	0.3	0.9	1.2	1.3	1.4
Other third-party payers and programs <sup>4</sup> . . . . .	80.7	52.7	31.1	16.0	9.0	3.2	3.0	3.1	3.0
Amount, in billions									
Nursing care facilities and continuing care retirement communities expenditures <sup>8</sup> . . . . .	\$0.8	\$4.0	\$15.3	\$44.9	\$85.1	\$138.5	\$143.0	\$152.2	\$155.8
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 . . . . .	74.7	49.5	40.7	40.3	31.9	28.9	28.1	29.1	29.4
Health insurance . . . . .	...	28.5	51.9	48.8	61.1	64.5	64.7	63.5	63.2
Private health insurance . . . . .	...	0.2	1.3	6.2	8.8	7.5	7.6	8.0	8.1
Medicare . . . . .	...	3.5	2.0	3.8	12.7	21.7	22.5	22.2	22.2
Medicaid . . . . .	...	23.3	46.2	36.6	37.4	32.4	31.8	30.4	30.1
Federal . . . . .	...	12.5	26.1	20.6	21.7	21.6	21.5	17.3	17.1
State and local . . . . .	...	10.8	20.1	16.0	15.7	10.9	10.3	13.1	12.9
CHIP <sup>2</sup> . . . . .	...	...	...	...	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 <sup>3</sup> . . . . .	0.0	1.5	2.4	2.2	2.2	2.8	2.8	2.9	2.9
Other third-party payers and programs <sup>4</sup> . . . . .	25.3	21.9	7.4	10.9	6.9	6.7	7.2	7.4	7.4
Amount, in billions									
Prescription drug expenditures . . . . .	\$2.7	\$5.5	\$12.0	\$40.3	\$121.2	\$255.0	\$256.2	\$264.4	\$271.1
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	27.8	19.4	18.0	17.6	16.9
Health insurance . . . . .	1.5	16.5	26.9	40.3	70.3	79.2	80.6	81.4	82.1
Private health insurance . . . . .	1.3	8.8	15.0	27.0	50.5	46.4	46.4	44.8	43.5
Medicare . . . . .	...	...	...	0.5	1.7	21.4	23.0	25.5	27.5
Medicaid . . . . .	...	7.6	11.7	12.6	16.3	7.9	7.8	7.6	7.8
Federal . . . . .	...	4.1	6.8	7.2	9.3	5.3	5.3	4.1	4.3
State and local . . . . .	...	3.5	4.9	5.4	7.0	2.6	2.5	3.5	3.5
CHIP <sup>2</sup> . . . . .	...	...	...	...	0.2	0.5	0.6	0.5	0.5
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 <sup>3</sup> . . . . .	0.1	0.1	0.2	0.2	1.5	2.9	2.8	2.9	2.8
Other third-party payers and programs <sup>4</sup> . . . . .	2.5	1.1	1.8	3.0	1.9	1.4	1.3	1.0	0.9

See footnotes at end of table.

**Table 104 (page 3 of 3). Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#104>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2009	2010	2012	2013
	Amount, in billions								
All other personal health care expenditures <sup>9</sup> . . .	\$3.2	\$7.1	\$25.8	\$77.9	\$158.3	\$274.6	\$286.6	\$311.9	\$327.4
	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 . . . . .	84.9	74.5	57.1	49.9	38.3	32.9	32.6	32.3	32.4
Health insurance . . . . .	3.4	8.3	25.0	33.3	44.3	50.6	51.1	52.0	52.5
Private health insurance . . . . .	2.0	3.4	6.7	12.0	12.6	12.5	12.5	12.6	12.5
Medicare . . . . .	...	1.0	2.8	5.5	8.0	10.4	10.4	10.7	10.2
Medicaid . . . . .	...	2.9	14.7	14.9	22.6	26.7	27.0	27.2	28.2
Federal . . . . .	...	1.6	8.1	8.5	12.9	17.7	18.2	15.4	16.0
State and local . . . . .	...	1.3	6.7	6.4	9.7	8.9	8.8	11.8	12.3
CHIP <sup>2</sup> . . . . .	...	...	...	...	0.2	0.4	0.4	0.4	0.4
Federal . . . . .	...	...	...	...	0.1	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 <sup>3</sup> . . . . .	1.4	0.9	0.8	0.9	0.8	0.6	0.8	1.0	1.1
Other third-party payers and programs <sup>4</sup> . . . . .	11.7	17.2	17.9	16.9	17.5	16.5	16.4	15.7	15.1

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Includes all expenditures other than expenses for government administration, net cost of health insurance, public health activities, research, and structures and equipment.

<sup>2</sup>The Children's Health Insurance Program (CHIP) including Medicaid CHIP expansions.

<sup>3</sup>Includes Department of Defense and Department of Veterans Affairs.

<sup>4</sup>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.

<sup>5</sup>The personal health care deflator is calculated as a chain-weighted price index using the Producer Price Indexes for hospitals, offices of physicians, medical and diagnostic laboratories, home health care services, and nursing care facilities; and Consumer Price Indices specific to each of the remaining personal health care components. For more information on the detailed price series recommended for deflating each category of spending see the National Health Expenditure Accounts Methodology Paper, 2013 and NHE Deflator Methodology paper. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/>.

<sup>6</sup>Includes expenditures for hospital-based nursing home and home health agency care.

<sup>7</sup>Includes expenditures for care in freestanding facilities only. Additional services of this type are provided in hospital-based facilities and are considered hospital care.

<sup>8</sup>Includes expenditures for care in freestanding nursing homes. Expenditures for care in hospital-based nursing homes are included with hospital care.

<sup>9</sup>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. Census resident-based population less armed forces overseas and population of outlying areas used to calculate per capita. The Medicare and Medicaid programs began coverage in 1965. The Children's Health Insurance Program began coverage in 1997. For more information on NHE sources and methods, see the National Health Expenditure Accounts Methodology Paper, 2013. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-13.pdf>. See Appendix I, National Health Expenditure Accounts (NHEA). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at:

<http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Expenditure Accounts, National health expenditures. Available from:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>, accessed on December 12, 2014. Hartman M, Martin AB, Lassman D, Catlin A. National Health Spending in 2013: Growth slows, remains in step with the overall economy. *Health Aff* 2015;34(1):150–160. See Appendix I, National Health Expenditure Accounts (NHEA).

**Table 105 (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 2000–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#105>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure <sup>1</sup>	Mean inflation-adjusted cost per hospitalization: 2012 dollars <sup>2</sup>			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2012 dollars (in millions)		
	2000	2005	2012	2000	2005	2012	2000	2005	2012
All ages									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	\$13,317	\$15,980	\$18,521	8,743,631	9,964,151	8,870,290	\$115,725	\$159,370	\$164,141
Laminectomy (back surgery) . . . . .	8,207	9,293	13,384	285,636	248,800	184,060	2,354	2,313	2,478
Heart valve procedures . . . . .	43,107	52,827	52,625	79,719	93,802	104,200	3,430	4,975	5,481
Coronary artery bypass graft (CABG) . . . . .	31,425	38,266	40,142	337,972	221,325	153,635	10,657	8,483	6,170
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart) . . . . .	15,063	18,559	19,225	581,183	727,912	455,635	8,753	13,516	8,767
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator . . . . .	27,789	35,585	35,028	66,286	160,629	100,270	1,856	5,709	3,509
Colorectal resection (removal of part of the bowel) . . . . .	19,560	22,789	23,204	253,780	274,599	249,415	5,067	6,266	5,783
Appendectomy . . . . .	7,359	8,542	9,649	269,089	298,829	226,210	1,959	2,552	2,188
Cholecystectomy (gall bladder removal) . . . . .	10,447	12,152	12,846	389,079	376,158	337,575	4,030	4,572	4,344
Hysterectomy . . . . .	6,562	7,300	9,799	580,019	550,659	266,400	3,779	4,027	2,612
Cesarean section . . . . .	5,456	5,487	5,892	898,859	1,258,990	1,159,970	4,789	6,913	6,839
Treatment, fracture or dislocation of hip and femur . . . . .	12,633	15,353	17,309	237,615	251,071	233,705	3,052	3,852	4,045
Arthroplasty knee (knee replacement) . . . . .	13,873	15,691	16,556	318,854	533,216	671,374	4,398	8,370	11,117
Hip replacement . . . . .	15,045	17,171	17,486	295,940	369,634	436,815	4,507	6,340	7,637
Spinal fusion . . . . .	17,509	24,954	28,190	204,320	322,610	406,995	3,492	8,060	11,484
Under 18 years									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	13,366	19,442	25,470	382,455	535,472	343,670	4,940	10,365	8,697
Incision and excision of CNS (a type of brain surgery) . . . . .	29,016	35,228	43,217	6,352	11,436	7,600	177	405	327
Tonsillectomy and/or adenoidectomy . . . . .	4,443	5,748	7,041	12,045	16,288	11,145	55	95	79
Small bowel resection (removal of part of the small bowel) . . . . .	36,440	50,816	46,904	1,712	2,993	2,125	62	150	99
Appendectomy . . . . .	6,603	8,160	9,158	75,481	85,790	60,045	485	700	551
Cesarean section . . . . .	6,058	5,756	6,118	23,690	28,609	15,945	130	165	98
Spinal fusion . . . . .	29,437	46,330	56,398	7,463	12,880	10,170	217	591	571
18–44 years									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	8,800	9,960	11,819	2,806,078	3,101,461	2,571,636	24,163	30,922	30,371
Incision and excision of CNS (a type of brain surgery) . . . . .	25,586	30,692	37,981	19,510	18,229	17,890	480	563	678
Laminectomy (back surgery) . . . . .	7,385	8,654	12,342	95,687	67,321	37,080	712	583	459
Appendectomy . . . . .	6,779	7,773	8,721	133,662	135,504	97,850	894	1,053	855
Cholecystectomy (gall bladder removal) . . . . .	8,556	9,458	10,287	132,538	128,987	119,540	1,089	1,221	1,232
Oophorectomy (removal of one or both ovaries) . . . . .	6,379	7,427	10,150	38,252	33,384	20,150	247	248	205
Ligation of fallopian tubes (“tying” of fallopian tubes) . . . . .	4,717	4,544	6,016	75,221	74,449	61,305	335	338	369
Hysterectomy . . . . .	6,084	6,628	8,856	291,704	255,025	108,685	1,749	1,692	963
Cesarean section . . . . .	5,439	5,477	5,884	873,231	1,226,170	1,140,550	4,647	6,721	6,715
Treatment, fracture or dislocation of lower extremity (other than hip or femur) . . . . .	9,376	11,904	15,044	68,015	59,527	47,940	627	708	722
Spinal fusion . . . . .	16,460	23,113	26,096	73,228	87,276	73,515	1,165	2,018	1,919

See footnotes at end of table.

**Table 105 (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 2000–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#105>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure <sup>1</sup>	Mean inflation-adjusted cost per hospitalization: 2012 dollars <sup>2</sup>			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2012 dollars (in millions)		
	2000	2005	2012	2000	2005	2012	2000	2005	2012
45–64 years									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	\$14,568	\$17,528	\$20,776	2,435,212	2,909,930	2,806,265	\$35,322	\$51,076	\$58,220
Laminectomy (back surgery) . . . . .	8,279	9,174	14,122	107,720	96,084	73,155	893	883	1,038
Heart valve procedures. . . . .	40,489	48,406	50,948	22,849	26,650	28,145	920	1,298	1,434
Coronary artery bypass graft (CABG). . . . .	29,362	35,053	38,570	139,897	94,742	67,190	4,127	3,328	2,594
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart) . . . . .	14,578	17,923	18,892	252,151	318,811	202,975	3,668	5,718	3,837
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator. . . . .	34,034	38,618	37,351	15,957	44,029	29,575	539	1,699	1,103
Colorectal resection (removal of part of the bowel) . . . . .	17,594	20,300	21,803	76,604	95,108	95,070	1,374	1,933	2,071
Cholecystectomy (gall bladder removal) . . . . .	9,853	11,700	12,891	117,432	117,636	108,565	1,157	1,379	1,402
Oophorectomy . . . . .	7,637	8,738	12,333	21,232	22,459	22,780	162	196	280
Hysterectomy . . . . .	6,693	7,443	9,941	231,498	242,030	123,495	1,546	1,805	1,228
Arthroplasty knee (knee replacement) . . . . .	14,193	15,744	16,710	95,902	199,682	281,825	1,355	3,144	4,710
Hip replacement. . . . .	15,635	17,416	17,364	65,118	105,138	152,480	1,026	1,828	2,647
Spinal fusion . . . . .	16,805	23,196	26,806	87,388	150,313	195,235	1,431	3,490	5,237
65–74 years									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	16,321	19,492	21,488	1,511,467	1,602,345	1,630,700	24,797	31,284	35,019
Laminectomy (back surgery) . . . . .	8,673	9,264	12,894	45,976	45,731	41,735	399	424	543
Heart valve procedures. . . . .	44,119	53,721	51,726	23,236	24,774	27,895	1,016	1,335	1,444
Coronary artery bypass graft (CABG). . . . .	31,979	39,029	39,725	112,652	70,404	51,505	3,600	2,750	2,047
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart) . . . . .	14,996	18,386	19,340	166,497	196,855	122,225	2,493	3,621	2,364
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator. . . . .	30,360	36,723	36,133	19,096	44,900	27,275	583	1,646	985
Endarterectomy (plaque removal from artery lining brain, head, neck) . . . . .	8,740	9,377	10,395	51,292	40,715	31,305	460	383	326
Colorectal resection (removal of part of the bowel) . . . . .	19,670	23,087	23,429	63,693	62,337	60,115	1,291	1,442	1,407
Cholecystectomy (gall bladder removal) . . . . .	11,542	13,864	14,866	65,953	55,566	50,890	774	771	758
Arthroplasty knee (knee replacement) . . . . .	14,130	15,643	16,372	110,961	177,306	233,810	1,553	2,776	3,829
Hip replacement. . . . .	14,986	16,885	17,322	71,986	86,918	115,385	1,094	1,467	1,998
Spinal fusion . . . . .	18,507	26,788	29,263	23,419	47,031	88,200	432	1,260	2,584
75–84 years									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	16,567	20,146	21,475	1,224,573	1,360,428	1,094,565	20,583	27,442	23,513
Laminectomy (back surgery) . . . . .	9,358	10,164	12,818	31,059	31,945	25,285	293	325	326
Heart valve procedures. . . . .	45,508	56,607	52,882	21,004	25,070	28,010	967	1,425	1,480
Coronary artery bypass graft (CABG). . . . .	34,672	43,386	44,119	68,750	45,187	27,290	2,403	1,962	1,203
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart) . . . . .	15,877	19,647	19,715	111,169	144,906	81,495	1,776	2,847	1,609
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator. . . . .	24,903	34,513	34,021	19,975	48,557	25,735	507	1,673	875
Endarterectomy (plaque removal from artery lining brain, head, neck) . . . . .	9,079	9,721	10,813	45,337	38,073	24,980	425	372	270
Colorectal resection (removal of part of the bowel) . . . . .	21,451	25,600	25,201	62,096	61,238	44,120	1,368	1,568	1,111
Cholecystectomy (gall bladder removal) . . . . .	13,229	16,353	16,298	52,448	49,823	38,025	709	814	620
Treatment, fracture or dislocation of hip and femur . . . . .	11,895	14,308	15,892	73,332	72,878	61,615	898	1,044	980
Arthroplasty knee (knee replacement) . . . . .	14,124	15,743	16,370	79,138	121,865	123,025	1,119	1,919	2,015
Hip replacement. . . . .	14,806	17,041	17,538	92,715	105,580	96,635	1,395	1,797	1,695
Spinal fusion . . . . .	19,256	27,950	29,264	11,770	22,902	35,875	226	640	1,052

See footnotes at end of table.

**Table 105 (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 2000–2012**

Updated data when available, Excel, and PDF: <http://www.cdc.gov/nchs/hus/contents2014.htm#105>.

[Data are compiled by the Agency for Healthcare Research and Quality using discharge data from participating states]

Age and principal operating room procedure <sup>1</sup>	Mean inflation-adjusted cost per hospitalization: 2012 dollars <sup>2</sup>			Number of discharges with operating room principal procedure			Total inflation-adjusted national costs: 2012 dollars (in millions)		
	2000	2005	2012	2000	2005	2012	2000	2005	2012
85 years and over									
Hospital discharges with an operating room principal procedure <sup>3</sup> . . . . .	\$15,190	\$18,535	\$19,622	382,341	434,936	421,815	\$5,898	\$8,069	\$8,289
Heart valve procedures . . . . .	47,840	60,719	49,972	2,985	3,957	9,215	143	240	460
Coronary artery bypass graft (CABG) . . . . .	39,005	49,965	49,855	5,280	4,174	2,960	204	209	147
Percutaneous coronary angioplasty (PTCA) (balloon angioplasty of heart) . . . . .	18,019	21,913	20,570	16,682	28,942	23,985	298	633	494
Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator. . . . .	14,779	25,124	25,449	7,071	13,675	10,355	107	343	264
Colorectal resection (removal of part of the bowel) . . . . .	23,180	27,405	25,980	20,729	20,456	16,990	491	561	441
Cholecystectomy (gall bladder removal) . . . . .	16,099	18,157	17,693	15,698	16,732	15,045	256	303	267
Treatment, fracture or dislocation of hip and femur . . . . .	11,582	13,738	15,361	76,900	77,692	74,205	917	1,069	1,141
Arthroplasty knee . . . . .	14,320	16,536	17,241	10,122	15,784	17,245	146	261	297
Hip replacement . . . . .	14,397	17,111	17,843	50,005	53,975	54,755	731	923	977
Amputation of lower extremity (amputation of leg, foot or toe) . . . . .	13,289	17,178	17,269	12,855	10,029	7,610	173	173	132

<sup>1</sup>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.

<sup>2</sup>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 2012 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, accessed on August 25, 2014). See Appendix II, Cost-charge ratio.

<sup>3</sup>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 46 in 2011 and 44 in 2012. See Appendix I, Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample, for a list of states available in each year. In 2012, the HCUP-NIS was redesigned and changed from a sample of hospitals to a sample of discharges from all participating community hospitals. The estimates are weighted to provide national estimates. Because of sampling frame and methodological differences between the Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, and the National Hospital Discharge Survey (NHDS), estimates from these data sources are not directly comparable. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, National (Nationwide) Inpatient Sample. See Appendix I, Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample.

**Table 106 (page 1 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#106>.

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

Characteristic	Total expenses <sup>1</sup>										
	Population in millions <sup>2</sup>			Percent of persons with expense				Mean annual expense per person with expense <sup>3</sup>			
	1997	2000	2011	1987	1997	2000	2011	1987	1997	2000	2011
All ages . . . . .	271.3	278.4	311.1	84.5	84.1	83.5	84.6	\$3,083	\$3,397	\$3,527	\$5,056
Under 65 years:											
Total . . . . .	237.1	243.6	267.6	83.2	82.5	81.8	82.7	2,396	2,576	2,778	4,143
Under 6 years . . . . .	23.8	24.1	24.4	88.9	88.0	86.7	89.6	2,045	1,203	1,468	1,739
6–17 years . . . . .	48.1	48.4	49.7	80.2	81.7	80.0	84.9	1,332	1,350	1,459	1,886
18–44 years . . . . .	108.9	109.0	111.1	81.5	78.3	77.7	75.6	2,105	2,334	2,488	3,618
45–64 years . . . . .	56.3	62.1	82.4	87.0	89.2	88.5	88.8	4,086	4,521	4,653	6,763
Sex											
Male . . . . .	118.0	120.9	132.8	78.8	77.6	76.6	78.0	2,265	2,328	2,660	3,948
Female . . . . .	119.1	122.7	134.7	87.5	87.4	87.0	87.3	2,511	2,795	2,881	4,315
Hispanic origin and race <sup>4</sup>											
Hispanic or Latino . . . . .	29.4	32.0	49.5	71.0	69.5	69.0	71.5	1,918	2,144	1,892	2,977
Not Hispanic or Latino:											
White . . . . .	166.2	169.2	163.6	86.9	87.2	86.6	87.6	2,403	2,763	2,907	4,503
Black or African American . . . . .	31.3	32.1	33.6	72.2	72.1	71.3	77.5	2,912	2,066	2,951	4,054
Asian . . . . .	...	...	14.0	...	...	...	76.8	...	...	...	4,035
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	6.9	...	...	...	82.4	...	...	...	2,955
Insurance status <sup>5</sup>											
Any private insurance . . . . .	174.0	181.6	175.4	86.5	86.5	85.9	88.0	2,297	2,625	2,647	4,259
Public insurance only . . . . .	29.8	29.7	53.5	82.4	83.3	83.6	84.9	3,868	3,131	4,217	4,689
Uninsured all year . . . . .	33.3	32.3	38.7	61.8	61.1	57.3	55.4	1,477	1,539	1,959	2,156
65 years and over:											
Total . . . . .	34.2	34.8	43.6	93.7	95.2	95.5	96.4	7,630	8,335	8,021	9,863
Sex											
Male . . . . .	14.6	15.0	19.2	92.0	94.5	93.4	95.7	7,806	9,366	8,600	10,556
Female . . . . .	19.6	19.8	24.3	94.9	95.7	97.1	97.0	7,508	7,576	7,599	9,322
Hispanic origin and race <sup>4</sup>											
Hispanic or Latino . . . . .	1.7	1.9	3.2	82.5	94.2	92.5	93.4	7,257	8,721	7,198	7,011
Not Hispanic or Latino:											
White . . . . .	28.8	28.9	34.6	94.9	95.9	95.9	97.1	7,509	8,377	8,142	10,306
Black or African American . . . . .	2.8	2.9	3.7	88.5	92.2	94.0	93.6	9,222	8,208	7,713	9,371
Asian . . . . .	...	...	1.6	...	...	...	93.7	...	...	...	7,295
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	*	...	...	...	*	...	...	...	*
Insurance status <sup>6</sup>											
Medicare only . . . . .	8.8	12.0	15.9	85.9	92.1	94.8	95.1	6,007	7,678	6,886	8,790
Medicare and private insurance . . . . .	21.7	19.2	21.2	95.4	97.0	96.0	97.7	7,549	8,129	8,224	10,381
Medicare and other public insurance . . . . .	3.2	3.2	5.8	94.4	93.2	96.3	97.3	11,736	11,747	11,006	11,193

See footnotes at end of table.



**Table 106 (page 2 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#106>.

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

Characteristic	Prescribed medicine expenses <sup>7</sup>							
	Percent of persons with expense				Mean annual out-of-pocket expense per person with out-of-pocket expense <sup>3</sup>			
	1987	1997	2000	2011	1987	1997	2000	2011
All ages . . . . .	57.3	62.1	62.3	62.7	\$182	\$284	\$358	\$300
Under 65 years:								
Total . . . . .	54.0	58.7	58.5	58.0	135	201	260	245
Under 6 years . . . . .	61.8	61.3	56.9	49.0	47	49	48	38
6–17 years . . . . .	44.3	48.2	46.2	45.5	90	75	91	88
18–44 years . . . . .	51.3	55.9	56.0	53.6	105	170	198	185
45–64 years . . . . .	65.3	71.8	73.3	74.2	255	373	490	402
Sex								
Male . . . . .	46.5	51.5	51.3	51.9	125	179	228	235
Female . . . . .	61.4	65.8	65.6	64.0	142	218	285	253
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino . . . . .	41.6	47.7	45.0	43.8	98	133	191	163
Not Hispanic or Latino:								
White . . . . .	57.7	63.1	63.8	64.8	141	217	279	279
Black or African American . . . . .	44.1	50.0	47.6	52.9	120	161	214	184
Asian . . . . .	...	...	...	41.2	...	...	...	160
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	57.0	...	...	...	178
Insurance status <sup>5</sup>								
Any private insurance . . . . .	56.5	61.6	61.6	62.8	139	190	223	256
Public insurance only . . . . .	56.5	62.0	62.4	58.1	93	197	372	168
Uninsured all year . . . . .	35.1	40.2	37.6	36.3	148	289	431	334
65 years and over:								
Total . . . . .	81.6	86.0	88.3	91.3	419	677	814	515
Sex								
Male . . . . .	78.0	82.8	83.9	90.3	391	609	611	499
Female . . . . .	84.0	88.3	91.5	92.1	437	724	955	527
Hispanic origin and race <sup>4</sup>								
Hispanic or Latino . . . . .	74.7	87.5	83.9	87.8	555	551	685	309
Not Hispanic or Latino:								
White . . . . .	82.3	86.7	89.0	92.3	428	699	844	551
Black or African American . . . . .	79.5	85.3	85.3	85.3	328	562	696	457
Asian . . . . .	...	...	...	88.7	...	...	...	281
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	*	...	...	...	*
Insurance status <sup>6</sup>								
Medicare only . . . . .	70.6	82.1	87.7	90.3	464	782	972	547
Medicare and private insurance . . . . .	83.4	88.1	89.0	92.4	436	686	753	550
Medicare and other public coverage . . . . .	88.2	85.0	88.5	92.3	158	379	645	322

See footnotes at end of table.

**Table 106 (page 3 of 3). Expenses for health care and prescribed medicine, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#106>.

[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.

<sup>1</sup>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.

<sup>2</sup>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).

<sup>3</sup>Estimates of expenses were converted to 2011 dollars using the Consumer Price Index (all items). See Appendix II, Consumer Price Index (CPI).

<sup>4</sup>Persons of Hispanic origin may be of any race. Estimates for Asian persons as well as for American Indian, Alaska Native, Native Hawaiian, Other 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.

<sup>5</sup>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.

<sup>6</sup>Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

<sup>7</sup>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 by using estimated charge-to-payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See Appendix I, Medical Expenditure Panel Survey (MEPS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2011 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

**Table 107 (page 1 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#107>.

[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 <sup>1</sup>			
		1987	1997	2000	2011	1987	1997	2000	2011
		Percent distribution							
All ages . . . . .	100.0	24.8	19.4	19.4	13.9	36.6	40.3	40.3	42.1
Under 65 years:									
Total . . . . .	100.0	26.2	21.1	20.3	14.6	46.6	53.1	52.5	54.5
Under 6 years . . . . .	100.0	18.5	14.2	10.3	8.2	39.5	49.3	51.2	49.7
6–17 years . . . . .	100.0	35.7	29.0	27.7	18.9	47.3	53.2	48.8	45.2
18–44 years . . . . .	100.0	27.4	21.1	19.9	15.3	46.8	52.9	51.2	54.4
45–64 years . . . . .	100.0	24.0	20.1	20.2	14.0	47.8	53.6	54.5	56.5
Sex									
Male . . . . .	100.0	24.5	21.3	18.1	13.5	44.6	50.3	52.2	51.5
Female . . . . .	100.0	27.5	21.0	22.1	15.5	48.1	55.1	52.7	57.0
Hispanic origin and race <sup>2</sup>									
Hispanic or Latino . . . . .	100.0	22.0	18.8	20.5	13.9	36.1	42.3	45.8	38.3
Not Hispanic or Latino:									
White . . . . .	100.0	28.2	21.8	21.7	15.9	50.1	55.8	55.1	61.5
Black or African American . . . . .	100.0	15.5	17.1	11.8	8.9	30.0	42.3	40.5	34.6
Asian . . . . .	100.0	...	...	...	*10.7	...	...	...	*45.2
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	100.0	...	...	...	14.6	...	...	...	36.9
Insurance status									
Any private insurance <sup>3</sup> . . . . .	100.0	29.0	21.6	21.2	16.2	60.0	67.6	70.2	75.8
Public insurance only <sup>4</sup> . . . . .	100.0	8.9	10.6	9.8	5.5	...	...	...	...
Uninsured all year <sup>5</sup> . . . . .	100.0	40.6	41.3	40.4	33.6	...	...	...	...
65 years and over . . . . .	100.0	22.0	16.3	17.5	12.3	15.8	16.5	14.9	14.7
Sex									
Male . . . . .	100.0	21.7	14.2	14.2	11.2	17.6	20.1	16.8	15.8
Female . . . . .	100.0	22.2	18.1	20.2	13.3	14.4	13.2	13.3	13.7
Hispanic origin and race <sup>2</sup>									
Hispanic or Latino . . . . .	100.0	*13.5	13.6	13.9	8.6	*4.7	5.9	8.4	11.2
Not Hispanic or Latino:									
White . . . . .	100.0	23.7	17.0	18.3	12.9	16.7	17.9	15.2	15.0
Black or African American . . . . .	100.0	11.2	11.4	13.6	8.5	*11.9	8.8	9.3	15.6
Asian . . . . .	100.0	...	...	...	12.3	...	...	...	*8.3
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	13.5	...	...	...	...
Medicare and private insurance . . . . .	100.0	23.4	17.3	17.0	13.5	18.9	25.7	25.3	27.2
Medicare and other public coverage . . . . .	100.0	*6.2	5.2	9.1	5.8	...	...	...	...

See footnotes at end of table.

**Table 107 (page 2 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#107>.

[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 <sup>6</sup>				Other <sup>7</sup>			
	1987	1997	2000	2011	1987	1997	2000	2011
	Percent distribution							
All ages . . . . .	34.1	34.4	35.4	39.1	4.5	5.9	5.0	4.9
Under 65 years:								
Total . . . . .	21.3	18.1	21.3	25.0	6.0	7.7	6.0	5.8
Under 6 years . . . . .	35.8	25.4	33.6	36.8	6.2	11.2	4.9	*5.4
6–17 years . . . . .	11.8	14.1	20.1	33.9	5.2	3.7	3.4	2.1
18–44 years . . . . .	19.4	15.7	21.1	24.6	6.4	10.3	7.8	5.8
45–64 years . . . . .	22.4	20.3	20.2	23.0	5.8	6.0	5.2	6.4
Sex								
Male . . . . .	23.9	19.5	23.5	29.0	7.1	8.9	6.3	6.0
Female . . . . .	19.2	17.0	19.5	21.9	5.2	6.8	5.7	5.6
Hispanic origin and race <sup>2</sup>								
Hispanic or Latino . . . . .	35.8	28.9	27.5	40.0	6.0	10.0	6.2	7.9
Not Hispanic or Latino:								
White . . . . .	15.9	15.3	18.0	17.5	5.8	7.1	5.2	5.0
Black or African American . . . . .	47.2	30.7	38.8	47.8	7.3	9.9	8.8	8.8
Asian . . . . .	...	...	...	*40.4	...	...	...	*3.7
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	38.2	...	...	...	*10.4
Insurance status								
Any private insurance <sup>3</sup> . . . . .	6.2	6.6	5.3	5.6	4.8	4.2	3.3	2.3
Public insurance only <sup>4</sup> . . . . .	87.2	80.7	84.4	87.8	3.9	8.7	5.8	*6.7
Uninsured all year <sup>5</sup> . . . . .	28.6	7.5	*21.2	12.2	30.9	51.1	38.4	54.2
65 years and over . . . . .	60.8	64.8	64.7	70.2	1.5	2.5	2.9	2.9
Sex								
Male . . . . .	58.8	63.4	66.9	71.0	*1.9	2.3	2.2	2.0
Female . . . . .	62.3	65.9	63.0	69.4	1.1	2.7	3.5	3.6
Hispanic origin and race <sup>2</sup>								
Hispanic or Latino . . . . .	80.2	77.8	75.6	78.2	*1.6	*2.7	*2.2	2.1
Not Hispanic or Latino:								
White . . . . .	58.0	62.6	64.1	69.3	1.6	2.5	2.4	2.9
Black or African American . . . . .	76.3	77.6	68.3	73.2	0.6	2.2	*8.9	2.8
Asian . . . . .	...	...	...	75.0	...	...	...	*4.3
American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race . . . . .	...	...	...	*	...	...	...	*
Insurance status								
Medicare only . . . . .	68.8	72.4	72.2	79.1	1.4	7.7	5.7	7.3
Medicare and private insurance . . . . .	56.1	56.3	57.1	58.8	1.6	0.6	*0.6	*0.5
Medicare and other public coverage . . . . .	92.9	92.7	87.3	92.4	1.0	*2.1	*3.6	*1.8

See footnotes at end of table.

**Table 107 (page 3 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#107>.

[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.

<sup>1</sup>Private insurance includes any type of private insurance payments reported for people with private health insurance coverage during the year.

<sup>2</sup>Persons of Hispanic origin may be of any race. Estimates for Asian persons as well as for American Indian, Alaska Native, Native Hawaiian, Other 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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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).

<sup>7</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1996–2011 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

**Table 108. Out-of-pocket health care expenses among persons with medical expenses, by age: United States, selected years 1987–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#108>.

[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 <sup>1</sup>						
		Total	\$0	\$1–\$99	\$100–\$499	\$500–\$999	\$1,000–\$1,999	\$2,000 or more
All ages		Percent distribution						
1987	84.5	100.0	10.4	19.0	36.6	15.5	10.4	8.2
1997	84.1	100.0	8.5	25.4	34.7	14.5	9.7	7.0
2000	83.5	100.0	6.9	26.0	33.9	14.8	10.1	8.2
2005	84.7	100.0	8.7	20.8	30.9	16.0	12.2	11.5
2010	84.6	100.0	12.6	22.7	31.0	14.2	10.8	8.7
2011	84.6	100.0	12.1	22.2	31.8	14.8	11.0	8.2
Under 6 years								
1987	88.9	100.0	19.2	27.1	39.7	9.1	2.9	2.0
1997	88.0	100.0	20.0	43.7	29.1	4.1	2.3	0.8
2000	86.7	100.0	16.7	50.0	26.9	4.5	1.3	*0.6
2005	88.9	100.0	27.2	36.0	27.8	6.2	1.9	0.8
2010	88.9	100.0	40.0	33.8	21.1	3.2	1.5	*0.5
2011	89.6	100.0	40.1	31.5	22.5	3.9	1.4	*0.7
6–17 years								
1987	80.2	100.0	15.5	26.3	37.9	9.1	6.0	5.3
1997	81.7	100.0	16.5	35.3	32.4	7.7	3.9	4.2
2000	80.0	100.0	14.7	36.1	33.1	7.2	4.2	4.7
2005	83.0	100.0	18.6	31.9	31.1	9.5	4.8	4.1
2010	84.4	100.0	28.4	29.8	26.7	7.3	3.3	4.4
2011	84.9	100.0	28.5	30.2	26.1	7.1	3.7	4.4
18–44 years								
1987	81.5	100.0	10.1	20.8	39.4	15.2	8.7	5.7
1997	78.3	100.0	7.3	27.7	39.2	14.4	7.2	4.3
2000	77.7	100.0	5.8	28.8	39.1	14.3	7.5	4.6
2005	77.1	100.0	7.0	24.3	37.1	15.6	9.2	6.9
2010	76.0	100.0	9.5	28.0	36.2	13.1	7.9	5.4
2011	75.6	100.0	8.7	26.7	37.6	13.2	8.1	5.6
45–64 years								
1987	87.0	100.0	5.6	11.9	35.2	20.8	15.3	11.1
1997	89.2	100.0	3.4	16.3	35.3	19.9	15.4	9.7
2000	88.5	100.0	2.6	15.3	34.2	20.8	15.6	11.5
2005	89.7	100.0	2.4	12.6	28.7	21.4	19.0	15.8
2010	89.2	100.0	4.0	16.3	32.1	18.9	15.6	13.1
2011	88.8	100.0	3.7	16.6	32.2	19.4	16.2	11.9
65–74 years								
1987	92.8	100.0	5.3	9.3	26.7	21.8	19.5	17.3
1997	94.6	100.0	3.2	10.5	30.7	22.9	17.6	15.0
2000	94.7	100.0	1.5	9.8	26.4	21.9	20.9	19.5
2005	95.9	100.0	1.7	6.3	23.9	20.6	21.9	25.7
2010	95.8	100.0	2.4	9.1	28.8	22.5	21.3	15.8
2011	96.2	100.0	2.6	9.8	30.1	23.9	20.0	13.6
75 years and over								
1987	95.1	100.0	5.6	7.3	24.0	19.6	19.8	23.7
1997	95.8	100.0	2.4	9.3	26.7	19.6	21.3	20.7
2000	96.5	100.0	2.6	9.4	24.4	21.5	19.6	22.5
2005	97.4	100.0	1.6	6.1	20.2	19.7	20.0	32.4
2010	97.0	100.0	3.0	9.7	27.6	19.9	22.1	17.7
2011	96.7	100.0	2.4	11.1	29.7	22.1	19.3	15.5

\* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%.

<sup>1</sup> Estimates of expenses were converted to 2011 dollars using the Consumer Price Index (all items). See Appendix II, Consumer Price Index (CPI).

NOTES: Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenses for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates). Out-of-pocket expenses include expenditures for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Out-of-pocket expenses for over-the-counter medications, phone contacts with health providers, and premiums for health insurance policies are not included in these estimates. Estimates for 1987 are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable with MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86. See Appendix I, Medical Expenditure Panel Survey (MEPS). Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Data have been revised and differ from previous editions of *Health, United States*.

SOURCE: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. 1987 National Medical Expenditure Survey and 1997–2011 Medical Expenditure Panel Surveys. See Appendix I, Medical Expenditure Panel Survey (MEPS).

**Table 109 (page 1 of 2). National health expenditures and percent distribution, by sponsor: United States, selected years 1987–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#109>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2009	2010	2012	2013
Amount, in billions								
National health expenditures . . . . .	\$519.1	\$724.3	\$1,027.4	\$1,378.0	\$2,505.8	\$2,604.1	\$2,817.3	\$2,919.1
Businesses, households, and other private revenue . . . . .	354.0	488.2	642.3	888.4	1,415.2	1,446.6	1,592.7	1,652.8
Private business . . . . .	122.3	178.3	243.7	346.5	530.3	533.7	587.3	610.9
Employer contribution to private health insurance premiums <sup>1</sup> . . . . .	84.3	129.5	176.3	255.1	411.8	413.5	453.9	471.1
Employer contribution to Medicare hospital insurance trust fund <sup>2</sup> . . . . .	24.6	29.4	43.1	62.3	77.9	79.7	88.0	91.7
Workers' compensation and temporary disability insurance and worksite health care . . . . .	13.4	19.3	24.3	29.1	40.6	40.5	45.4	48.2
Household . . . . .	189.9	253.0	318.9	434.0	717.3	738.3	801.5	823.8
Employee contribution to private health insurance premiums and individual policy premiums <sup>3</sup> . . . . .	44.0	68.5	100.3	133.6	260.7	270.8	293.8	300.2
Employee and voluntary premiums paid to Medicare hospital insurance trust fund <sup>4</sup> . . . . .	29.5	35.7	56.0	82.6	108.4	112.1	125.5	124.8
Premiums paid by individuals to Medicare supplementary medical insurance trust fund <sup>5</sup> . . . . .	6.2	10.2	16.4	16.3	47.2	49.2	53.4	59.4
Out-of-pocket health spending . . . . .	110.2	138.6	146.2	201.5	300.9	306.2	328.8	339.4
Other private revenues . . . . .	41.9	56.9	79.7	107.9	167.6	174.6	203.9	218.1
Governments . . . . .	165.1	236.1	385.2	489.6	1,090.6	1,157.5	1,224.6	1,266.3
Federal government . . . . .	86.2	125.3	217.3	261.9	682.8	733.1	731.5	757.5
Employer contributions to private health insurance premiums . . . . .	4.9	9.9	11.4	14.3	26.8	28.5	31.0	32.4
Employer contributions to Medicare hospital insurance trust fund . . . . .	1.7	2.0	2.3	2.7	3.9	4.1	4.1	4.0
Adjusted Medicare <sup>6</sup> . . . . .	17.4	27.7	57.6	49.2	236.0	250.2	266.2	274.0
Health program expenditures (excluding Medicare) . . . . .	62.2	85.8	146.0	195.8	416.1	450.3	430.2	447.1
Medicaid <sup>7</sup> . . . . .	28.2	43.3	87.9	119.4	255.5	275.9	251.5	267.1
Other programs <sup>8</sup> . . . . .	34.0	42.5	58.1	76.4	160.6	174.5	178.8	180.0
State and local government . . . . .	78.9	110.8	167.9	227.7	407.9	424.5	493.1	508.8
Employer contributions to private health insurance premiums <sup>9</sup> . . . . .	16.0	26.4	38.9	56.9	127.8	142.9	153.5	156.0
Employer contributions to Medicare hospital insurance trust fund . . . . .	3.1	4.1	5.6	7.5	11.3	11.2	11.3	11.4
Health expenditures by program . . . . .	59.8	80.3	123.3	163.4	268.8	270.4	328.3	341.5
Medicaid <sup>7</sup> . . . . .	22.7	31.5	60.3	85.3	130.8	135.0	185.5	196.3
Other programs <sup>10</sup> . . . . .	37.1	48.8	63.1	78.0	138.0	135.3	142.8	145.2
Percent distribution								
National health expenditures . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Businesses, households, and other private revenue . . . . .	68.2	67.4	62.5	64.5	56.5	55.6	56.5	56.6
Private business . . . . .	23.6	24.6	23.7	25.1	21.2	20.5	20.8	20.9
Employer contribution to private health insurance premiums <sup>1</sup> . . . . .	16.2	17.9	17.2	18.5	16.4	15.9	16.1	16.1
Employer contribution to Medicare hospital insurance trust fund <sup>2</sup> . . . . .	4.7	4.1	4.2	4.5	3.1	3.1	3.1	3.1
Workers' compensation and temporary disability insurance and worksite health care . . . . .	2.6	2.7	2.4	2.1	1.6	1.6	1.6	1.7
Household . . . . .	36.6	34.9	31.0	31.5	28.6	28.4	28.4	28.2
Employee contribution to private health insurance premiums and individual policy premiums <sup>3</sup> . . . . .	8.5	9.5	9.8	9.7	10.4	10.4	10.4	10.3
Employee and voluntary premiums paid to Medicare hospital insurance trust fund <sup>4</sup> . . . . .	5.7	4.9	5.5	6.0	4.3	4.3	4.5	4.3
Premiums paid by individuals to Medicare supplementary medical insurance trust fund <sup>5</sup> . . . . .	1.2	1.4	1.6	1.2	1.9	1.9	1.9	2.0
Out-of-pocket health spending . . . . .	21.2	19.1	14.2	14.6	12.0	11.8	11.7	11.6
Other private revenues . . . . .	8.1	7.9	7.8	7.8	6.7	6.7	7.2	7.5

See footnotes at end of table.

**Table 109 (page 2 of 2). National health expenditures and percent distribution, by sponsor: United States, selected years 1987–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#109>.

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of sponsor	1987	1990	1995	2000	2009	2010	2012	2013
	Percent distribution							
Governments	31.8	32.6	37.5	35.5	43.5	44.4	43.5	43.4
Federal government	16.6	17.3	21.2	19.0	27.2	28.2	26.0	25.9
Employer contributions to private health insurance premiums	0.9	1.4	1.1	1.0	1.1	1.1	1.1	1.1
Employer contributions to Medicare hospital insurance trust fund	0.3	0.3	0.2	0.2	0.2	0.2	0.1	0.1
Adjusted Medicare <sup>6</sup>	3.4	3.8	5.6	3.6	9.4	9.6	9.4	9.4
Health program expenditures (excluding Medicare)	12.0	11.8	14.2	14.2	16.6	17.3	15.3	15.3
Medicaid <sup>7</sup>	5.4	6.0	8.6	8.7	10.2	10.6	8.9	9.2
Other programs <sup>8</sup>	6.5	5.9	5.7	5.5	6.4	6.7	6.3	6.2
State and local government	15.2	15.3	16.3	16.5	16.3	16.3	17.5	17.4
Employer contributions to private health insurance premiums <sup>9</sup>	3.1	3.6	3.8	4.1	5.1	5.5	5.4	5.3
Employer contributions to Medicare hospital insurance trust fund	0.6	0.6	0.5	0.5	0.5	0.4	0.4	0.4
Health expenditures by program								
Medicaid <sup>7</sup>	4.4	4.3	5.9	6.2	5.2	5.2	6.6	6.7
Other programs <sup>10</sup>	7.1	6.7	6.1	5.7	5.5	5.2	5.1	5.0

<sup>1</sup>Excludes Medicare Retiree Drug Subsidy (RDS) payments to private plans beginning in 2006, small-business tax credits beginning in 2010 and Early Retirement Reinsurance Program (ERRP) payments for 2010–2011.

<sup>2</sup>Includes one-half of self-employment contribution to the Medicare Hospital Insurance (HI) Trust Fund.

<sup>3</sup>Excludes government-subsidized Consolidated Omnibus Budget Reconciliation Act (COBRA) payments in 2009–2011.

<sup>4</sup>Includes one-half of self-employment contribution to Medicare HI Trust Fund and trust fund revenues from the income taxation of Social Security benefits.

<sup>5</sup>Includes premiums paid for the Pre-Existing Condition Insurance Plan (PCIP) beginning in 2010.

<sup>6</sup>Federal government Medicare expenditures equal Trust Fund interest income and Federal general revenue contributions to Medicare less the net change in Trust Fund balances. Includes Medicare RDS paid to private and state and local government employer plans beginning in 2006. Excludes Part D state phase-down payments to Medicare beginning in 2006 and Medicare premium buy-in programs by Medicaid for people eligible for both Medicaid and Medicare (dual eligibles).

<sup>7</sup>Includes Medicare Premium buy-in programs by Medicaid for people eligible for both Medicaid and Medicare (dual eligibles).

<sup>8</sup>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, Children's Health Insurance Program (CHIP), and investment (research, structures and equipment). Also includes government-subsidized COBRA payments in 2009–2011, small business tax credits beginning in 2006, and ERRP payments in 2010–2011. Excludes premiums paid for the Pre-Existing Condition Insurance Plan (PCIP) premiums beginning in 2010.

<sup>9</sup>Excludes Medicare RDS payments to state and local government employer plans beginning in 2006 and ERRP payments in 2010–2011.

<sup>10</sup>Includes maternal and child health, vocational rehabilitation, general assistance, school health, CHIP, public health activities, other state and local programs, investment (research, structures and equipment). Also includes Part D state phase-down payments to Medicare beginning in 2006. See Appendix II, Health expenditures, national.

NOTES: This table disaggregates health expenditures according to five 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. For more information on NHE sponsors, sources, and methods, see the National Health Expenditure Accounts Methodology Paper, 2013. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/dsm-13.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. National Health Expenditure Accounts, National health expenditures. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>, accessed on December 12, 2014. See Appendix I, National Health Expenditure Accounts (NHEA).



**Table 110. Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, by selected characteristics: United States, selected years 1999–2014**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#110>.

[Data are based on surveys of a sample of employers]

Characteristic	1999	2000	2005	2008	2009	2010	2011	2013	2014
Total compensation per employee-hour worked									
State and local government . . . . .	\$28.00	\$29.05	\$35.50	\$37.84	\$39.51	\$39.81	\$40.54	\$42.12	\$43.10
Total private industry . . . . .	19.00	19.85	24.17	26.76	27.46	27.73	28.10	29.13	29.99
Census region:									
Northeast . . . . .	20.94	22.67	27.09	30.56	31.73	32.13	32.16	33.43	34.79
Midwest . . . . .	18.36	19.22	24.23	25.98	26.44	26.75	27.47	27.93	28.71
South . . . . .	16.97	17.81	21.36	23.90	24.45	24.72	24.93	26.60	27.14
West . . . . .	20.74	20.88	25.98	28.70	29.53	29.52	29.95	30.54	31.59
Union status:									
Union . . . . .	24.75	25.88	33.17	36.28	36.59	37.16	37.68	40.43	43.84
Nonunion . . . . .	18.20	19.07	23.09	25.64	26.39	26.67	27.08	28.02	28.63
Establishment employment size:									
1–99 employees . . . . .	16.27	17.16	20.22	22.23	22.56	22.84	23.21	23.92	25.03
100 or more . . . . .	21.88	22.81	28.94	31.68	32.83	33.33	33.69	35.25	35.76
100–499 . . . . .	18.14	19.30	24.44	26.80	28.19	28.55	28.69	29.71	29.92
500 or more . . . . .	26.37	26.93	34.59	37.60	38.71	39.76	40.53	43.05	44.04
Wages and salaries as a percent of total compensation									
State and local government . . . . .	70.6	70.8	68.3	65.9	65.7	65.9	65.5	64.8	64.4
Total private industry . . . . .	73.0	73.0	71.0	70.6	70.8	70.6	70.7	70.3	69.9
Census region:									
Northeast . . . . .	72.0	72.2	70.4	69.8	69.6	69.0	69.5	68.8	68.4
Midwest . . . . .	71.9	72.4	70.1	69.8	70.3	70.0	69.8	69.5	69.5
South . . . . .	74.0	73.5	72.1	71.8	71.9	71.8	71.9	71.6	71.2
West . . . . .	74.1	74.0	70.9	70.8	71.1	71.1	71.0	70.6	70.0
Union status:									
Union . . . . .	65.5	65.2	62.6	61.9	62.2	61.6	61.1	59.8	60.0
Nonunion . . . . .	74.4	74.4	72.4	72.1	72.2	72.0	72.1	71.8	71.4
Establishment employment size:									
1–99 employees . . . . .	75.5	75.5	73.9	73.8	74.0	73.6	74.0	74.0	73.5
100 or more . . . . .	71.0	71.0	68.5	68.2	68.4	68.2	68.0	67.3	66.9
100–499 . . . . .	72.6	72.8	70.2	69.8	70.0	70.0	69.9	69.1	68.8
500 or more . . . . .	69.7	69.4	67.0	66.9	67.0	66.5	66.2	65.6	65.1
Health insurance as a percent of total compensation									
State and local government . . . . .	7.6	7.8	10.2	11.0	10.9	11.4	11.7	11.7	11.7
Total private industry . . . . .	5.4	5.5	6.8	7.2	7.3	7.5	7.5	7.8	7.9
Census region:									
Northeast . . . . .	5.7	5.6	6.8	6.9	7.2	7.5	7.8	8.1	8.2
Midwest . . . . .	5.8	5.8	7.3	7.9	8.1	8.3	8.3	8.6	8.6
South . . . . .	5.2	5.4	6.6	6.9	7.0	7.2	7.2	7.2	7.3
West . . . . .	4.8	5.0	6.3	6.9	6.9	7.1	7.1	7.4	7.5
Union status:									
Union . . . . .	8.2	8.4	10.3	10.9	11.4	11.8	12.3	12.9	12.6
Nonunion . . . . .	4.9	5.0	6.2	6.5	6.6	6.8	6.8	7.0	7.1
Establishment employment size:									
1–99 employees . . . . .	4.7	4.8	5.9	6.1	6.3	6.4	6.3	6.5	6.6
100 or more . . . . .	5.9	6.0	7.5	8.0	8.1	8.4	8.6	8.8	8.9
100–499 . . . . .	5.6	5.6	7.5	7.9	7.9	8.3	8.4	8.7	8.7
500 or more . . . . .	6.2	6.4	7.6	8.0	8.2	8.5	8.7	8.9	9.1

NOTES: Costs are calculated annually from March survey data. Total compensation includes wages, salaries and benefits. See Appendix II, Employer costs for employee compensation. See *Health, United States, 2013*, Table 121 for prior years of data. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey: Employer Costs for Employee Compensation Annual, 1999–2001; Quarterly, 2002–2003; March release, 2004–2014. Available from: <http://www.bls.gov/nchs/ect/>. See Appendix I, National Compensation Survey (NCS).

**Table 111 (page 1 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#111>.

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

Characteristic	Private health insurance <sup>1</sup>									
	1984 <sup>2</sup>	1989 <sup>2</sup>	1997	2000 <sup>3</sup>	2003	2005	2010	2012	2013	
	Number, in millions									
Total <sup>4</sup> . . . . .	157.5	162.7	165.8	174.0	173.6	174.7	163.9	164.9	165.3	
	Percent of population									
Total <sup>4</sup> . . . . .	76.8	75.9	70.7	71.5	68.9	68.2	61.7	61.8	61.8	
Age										
Under 19 years . . . . .	72.6	71.9	66.1	66.7	63.2	62.3	54.3	53.6	53.5	
Under 6 years . . . . .	68.1	67.9	61.3	62.7	58.2	56.6	48.3	48.4	47.3	
6–18 years . . . . .	74.8	73.9	68.4	68.5	65.4	64.9	57.2	56.0	56.3	
Under 18 years . . . . .	72.6	71.8	66.1	66.6	63.0	62.1	54.1	53.4	53.2	
6–17 years . . . . .	74.9	74.0	68.5	68.5	65.3	64.7	57.2	55.8	56.0	
18–64 years . . . . .	78.6	77.6	72.7	73.5	71.4	70.7	64.7	65.1	65.1	
18–44 years . . . . .	76.5	75.5	69.4	70.5	67.7	66.6	60.0	61.4	61.8	
18–24 years . . . . .	67.4	64.5	59.3	60.3	58.8	58.0	52.3	58.1	59.0	
19–25 years . . . . .	67.4	63.8	58.3	59.1	57.8	56.3	51.8	58.1	58.9	
25–34 years . . . . .	77.4	75.9	68.1	70.1	65.6	65.1	58.7	58.7	59.0	
35–44 years . . . . .	83.9	82.7	76.4	77.0	75.1	73.7	66.9	66.7	67.0	
45–64 years . . . . .	83.3	82.5	79.0	78.7	77.3	76.9	71.3	70.0	69.5	
45–54 years . . . . .	83.3	83.4	80.4	80.0	77.9	77.4	70.9	69.6	69.8	
55–64 years . . . . .	83.3	81.6	76.9	76.7	76.5	76.2	71.8	70.4	69.1	
Sex										
Male . . . . .	77.3	76.1	70.9	71.6	69.0	68.0	61.1	61.8	61.9	
Female . . . . .	76.2	75.7	70.5	71.3	68.9	68.4	62.4	61.9	61.7	
Sex and marital status <sup>5</sup>										
Male:										
Married . . . . .	85.0	84.2	81.6	81.5	79.8	79.6	75.1	74.9	74.8	
Divorced, separated, widowed . . . . .	65.5	64.6	59.9	62.2	59.4	56.7	50.6	51.0	50.9	
Never married . . . . .	71.3	68.3	63.3	63.8	60.8	60.2	52.5	54.7	55.8	
Female:										
Married . . . . .	83.8	83.5	81.0	81.0	79.6	79.3	75.6	75.0	74.3	
Divorced, separated, widowed . . . . .	63.1	63.6	59.1	63.2	58.4	59.9	53.9	51.8	52.1	
Never married . . . . .	72.2	70.0	63.8	64.2	62.6	61.5	54.1	56.2	56.2	
Race <sup>6</sup>										
White only . . . . .	79.9	79.1	74.2	75.7	71.5	70.9	64.9	64.8	64.7	
Black or African American only . . . . .	58.1	57.7	54.7	55.9	54.9	52.9	44.8	45.8	45.4	
American Indian or Alaska Native only . . . . .	49.1	45.5	39.4	43.7	45.0	43.0	31.7	34.9	36.0	
Asian only . . . . .	69.9	71.9	68.0	72.1	71.4	72.2	68.1	67.6	69.4	
Native Hawaiian or Other Pacific Islander only . . . . .	---	---	---	*	*	*	*	*	*	
2 or more races . . . . .	---	---	---	61.4	56.3	57.6	52.4	52.9	50.0	
Hispanic origin and race <sup>6</sup>										
Hispanic or Latino . . . . .	55.7	51.5	46.4	47.8	41.9	42.4	36.8	36.7	37.3	
Mexican . . . . .	53.3	46.8	42.3	45.4	39.3	39.7	33.4	34.1	34.9	
Puerto Rican . . . . .	48.4	45.6	47.0	51.1	48.6	48.5	46.0	43.7	42.1	
Cuban . . . . .	72.5	70.3	71.0	63.9	55.9	58.1	53.8	49.1	45.3	
Other Hispanic or Latino . . . . .	61.6	61.0	49.9	50.7	45.3	45.6	40.9	39.5	41.2	
Not Hispanic or Latino . . . . .	78.7	78.5	74.0	75.2	73.7	73.0	67.0	67.5	67.4	
White only . . . . .	82.4	82.5	78.1	79.5	77.8	77.3	72.0	72.6	72.4	
Black or African American only . . . . .	58.2	57.7	54.9	56.0	55.5	53.1	45.1	46.4	45.7	
Age and percent of poverty level <sup>7</sup>										
Under 65 years:										
Below 100% . . . . .	32.2	27.0	23.3	25.2	23.9	21.4	16.0	16.5	15.5	
100%–199% . . . . .	70.3	64.3	53.5	50.1	44.7	44.7	34.8	36.7	35.1	
100%–133% . . . . .	59.4	52.8	39.7	39.3	34.6	36.0	24.4	26.9	25.3	
134%–199% . . . . .	75.2	69.5	60.1	55.3	49.9	49.4	40.3	42.4	40.8	
200%–399% . . . . .	89.3	89.2	80.8	78.1	75.8	74.8	70.7	71.3	71.3	
400% or more . . . . .	95.4	94.6	91.8	91.9	91.6	90.6	89.9	90.6	90.4	

See footnotes at end of table.

**Table 111 (page 2 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#111>.

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

Characteristic	Private health insurance <sup>1</sup>								
	1984 <sup>2</sup>	1989 <sup>2</sup>	1997	2000 <sup>3</sup>	2003	2005	2010	2012	2013
Percent of population									
Under 19 years:									
Below 100% . . . . .	29.6	24.1	19.3	20.3	17.3	15.0	9.8	10.0	9.3
100%–199% . . . . .	73.6	68.5	54.7	49.5	42.1	41.6	31.5	32.4	29.2
100%–133% . . . . .	63.8	56.9	39.3	37.1	30.8	32.6	20.1	22.3	18.3
134%–199% . . . . .	78.4	74.0	62.4	56.1	48.1	47.0	38.1	38.4	36.2
200%–399% . . . . .	91.1	92.1	83.5	80.8	77.6	76.6	72.6	72.5	71.8
400% or more . . . . .	96.2	96.2	93.3	93.0	93.1	92.5	91.2	91.2	92.3
Under 18 years:									
Below 100% . . . . .	28.5	22.3	18.3	19.5	15.9	14.2	9.2	9.1	8.4
100%–199% . . . . .	73.9	68.9	54.7	49.4	41.9	41.4	31.5	32.1	28.5
100%–133% . . . . .	63.9	57.3	38.7	36.8	30.5	32.0	19.9	21.6	17.8
134%–199% . . . . .	78.6	74.5	62.8	56.2	48.2	47.0	38.3	38.4	35.3
200%–399% . . . . .	91.3	92.3	83.7	81.1	77.7	76.6	72.6	72.5	71.9
400% or more . . . . .	96.1	96.5	93.5	93.1	93.2	92.5	91.4	91.4	92.2
18–64 years:									
Below 100% . . . . .	35.0	30.8	26.8	29.1	28.8	25.9	20.4	20.9	19.9
100%–199% . . . . .	68.3	61.5	52.8	50.5	46.2	46.5	36.4	38.9	38.2
100%–133% . . . . .	56.6	50.0	40.3	40.9	36.9	38.3	26.9	29.6	29.2
134%–199% . . . . .	73.3	66.6	58.6	54.9	50.9	50.7	41.3	44.2	43.2
200%–399% . . . . .	88.3	87.6	79.4	76.7	74.9	74.0	70.0	70.8	71.1
400% or more . . . . .	95.2	94.4	91.3	91.6	91.2	90.1	89.5	90.4	89.9
Disability measure among adults 18–64 years <sup>8</sup>									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	61.6	63.1	59.6	58.1	53.0	50.8	48.6
Any basic actions difficulty . . . . .	---	---	62.3	63.9	60.0	58.8	53.8	51.7	49.2
Any complex activity limitation . . . . .	---	---	47.9	48.4	46.3	44.0	38.6	36.0	34.8
No disability . . . . .	---	---	77.4	77.2	74.4	73.7	69.3	70.2	70.7
Geographic region									
Northeast . . . . .	80.5	82.0	74.2	76.3	74.7	74.0	68.2	67.2	66.1
Midwest . . . . .	80.6	81.5	77.1	78.8	75.9	74.6	66.7	68.4	68.0
South . . . . .	74.3	71.4	67.3	66.8	64.0	62.5	57.5	57.3	57.4
West . . . . .	71.9	71.2	65.4	66.5	64.7	65.6	58.9	58.5	59.6
Location of residence <sup>9</sup>									
Within MSA . . . . .	77.5	76.5	71.2	72.3	70.2	69.0	62.9	63.0	63.0
Outside MSA . . . . .	75.2	73.8	68.4	67.8	63.7	64.6	55.1	55.3	54.7

See footnotes at end of table.

**Table 111 (page 3 of 3). Private health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#111>.

[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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Includes persons aged 14–64.

<sup>6</sup>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.

<sup>7</sup>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. See Appendix II, Family income; Poverty; Table VI.

<sup>8</sup>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.

<sup>9</sup>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). Private health insurance coverage is at the time of interview. The number of persons with private coverage was calculated by multiplying the percentage with private coverage by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons with private coverage were calculated with unknown values excluded from denominators. See Appendix II, Health insurance coverage. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 112 (page 1 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#112>.

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

Characteristic	Private insurance obtained through workplace <sup>1</sup>									
	1984 <sup>2</sup>	1989 <sup>2</sup>	1997	2000 <sup>3</sup>	2003	2005	2010	2012	2013	
	Number, in millions									
Total <sup>4</sup>	141.8	146.3	153.6	160.8	157.5	160.1	147.6	148.6	148.3	
	Percent of population									
Total <sup>4</sup>	69.1	68.3	66.4	67.1	64.4	63.6	56.6	56.9	56.6	
Age										
Under 19 years	66.4	65.6	62.8	63.1	59.5	58.7	50.9	50.1	49.6	
Under 6 years	62.1	62.3	58.3	58.9	54.6	53.4	44.9	45.0	44.2	
6–18 years	68.4	67.3	64.9	64.9	61.7	61.1	53.8	52.4	52.0	
Under 18 years	66.5	65.8	62.8	63.0	59.4	58.6	50.7	49.9	49.3	
6–17 years	68.7	67.7	65.1	65.0	61.7	61.1	53.8	52.3	51.8	
18–64 years	70.3	69.4	68.0	68.8	66.5	65.7	58.9	59.6	59.5	
18–44 years	69.6	68.4	65.7	66.5	63.2	62.2	54.6	56.7	56.9	
18–24 years	58.7	55.3	54.9	55.5	53.3	52.1	45.3	52.7	53.1	
19–25 years	59.0	55.0	53.7	54.2	52.2	50.6	44.1	52.7	53.0	
25–34 years	71.2	69.5	64.6	66.4	61.3	61.1	53.3	53.8	53.8	
35–44 years	77.4	76.2	72.7	73.2	71.3	69.9	62.8	62.7	63.1	
45–64 years	71.8	71.6	72.8	72.9	71.7	70.9	64.8	63.6	62.9	
45–54 years	74.6	74.4	75.6	75.6	73.2	72.6	65.9	64.4	64.3	
55–64 years	69.0	68.3	68.4	68.6	69.5	68.6	63.4	62.6	61.3	
Sex										
Male	69.8	68.7	66.7	67.3	64.4	63.6	56.1	57.1	56.9	
Female	68.4	67.9	66.2	66.9	64.4	63.6	57.1	56.8	56.4	
Sex and marital status <sup>5</sup>										
Male:										
Married	77.9	76.9	77.4	77.5	75.6	75.3	70.1	69.9	69.8	
Divorced, separated, widowed	58.0	57.3	55.2	57.4	54.7	51.9	45.3	46.2	45.3	
Never married	61.5	58.8	58.4	58.8	55.1	54.9	46.2	49.6	50.0	
Female:										
Married	76.1	75.5	76.4	76.3	75.0	74.2	69.8	69.3	68.5	
Divorced, separated, widowed	51.9	54.9	53.8	57.8	53.2	54.3	48.1	46.3	46.3	
Never married	63.5	60.9	59.6	60.1	57.9	56.3	48.2	50.9	50.6	
Race <sup>6</sup>										
White only	72.0	71.2	69.7	71.0	66.8	66.1	59.3	59.6	59.2	
Black or African American only	52.4	52.8	52.6	53.4	52.5	50.6	42.3	43.2	42.9	
American Indian or Alaska Native only	45.8	40.9	37.2	41.7	41.6	39.9	*29.4	34.0	34.2	
Asian only	59.0	61.1	61.7	65.8	63.5	64.4	60.6	60.1	61.4	
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	
2 or more races	---	---	---	59.8	53.5	54.8	49.5	48.8	46.9	
Hispanic origin and race <sup>6</sup>										
Hispanic or Latino	52.0	47.3	43.9	45.3	39.3	40.0	34.6	34.6	34.9	
Mexican	50.5	44.2	40.8	43.6	37.0	37.6	31.6	32.5	32.5	
Puerto Rican	45.9	42.3	45.1	49.4	45.5	46.2	43.6	41.6	40.8	
Cuban	57.4	56.5	58.4	53.6	51.8	53.5	47.4	42.8	41.2	
Other Hispanic or Latino	57.4	54.7	47.0	47.3	42.0	42.6	37.8	36.7	38.6	
Not Hispanic or Latino	70.7	70.5	69.5	70.6	68.9	68.0	61.3	62.0	61.7	
White only	74.0	74.1	73.3	74.5	72.7	71.9	65.7	66.6	66.1	
Black or African American only	52.5	52.8	52.9	53.6	53.0	50.9	42.6	43.6	43.2	
Age and percent of poverty level <sup>7</sup>										
Under 65 years:										
Below 100%	24.1	19.8	20.0	21.0	20.2	17.8	12.4	13.6	12.2	
100%–199%	61.7	56.1	48.9	45.4	39.6	40.1	30.2	32.2	31.0	
100%–133%	50.0	44.3	35.4	35.0	28.8	31.3	20.6	23.0	21.7	
134%–199%	66.9	61.5	55.4	50.5	45.2	44.8	35.3	37.5	36.3	
200%–399%	82.8	82.2	76.5	73.4	71.0	69.8	65.3	65.9	65.6	
400% or more	88.8	87.8	87.4	87.9	87.5	86.1	84.2	85.1	84.6	

See footnotes at end of table.

**Table 112 (page 2 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#112>.

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

Characteristic	Private insurance obtained through workplace <sup>1</sup>								
	1984 <sup>2</sup>	1989 <sup>2</sup>	1997	2000 <sup>3</sup>	2003	2005	2010	2012	2013
Percent of population									
Under 19 years:									
Below 100% . . . . .	23.6	18.6	17.0	17.1	15.3	13.3	8.2	8.7	7.8
100%–199% . . . . .	67.0	62.1	51.2	45.8	38.4	38.3	28.8	29.7	26.6
100%–133% . . . . .	56.1	49.9	35.8	33.6	26.7	29.1	17.9	20.5	16.4
134%–199% . . . . .	72.3	67.9	59.0	52.2	44.8	43.7	35.1	35.2	33.1
200%–399% . . . . .	85.7	86.0	80.0	76.9	73.8	72.4	68.7	68.0	66.7
400% or more . . . . .	90.8	90.3	89.7	89.5	89.0	88.3	86.5	86.3	86.9
Under 18 years:									
Below 100% . . . . .	23.0	17.5	16.2	16.6	14.0	12.5	7.8	8.1	7.2
100%–199% . . . . .	67.5	62.5	51.2	45.8	38.4	38.2	28.8	29.4	26.0
100%–133% . . . . .	56.3	50.3	35.2	33.5	26.4	28.6	17.8	19.8	16.0
134%–199% . . . . .	72.8	68.4	59.4	52.4	44.9	43.9	35.2	35.2	32.4
200%–399% . . . . .	85.9	86.4	80.2	77.1	73.9	72.4	68.7	68.1	66.8
400% or more . . . . .	90.7	90.5	89.8	89.7	89.2	88.5	86.6	86.4	86.8
18–64 years:									
Below 100% . . . . .	24.8	21.8	22.7	24.0	24.0	21.2	15.4	16.9	15.2
100%–199% . . . . .	58.3	52.3	47.6	45.2	40.2	41.1	30.9	33.6	33.3
100%–133% . . . . .	46.0	40.4	35.5	35.9	30.1	32.9	22.1	24.6	24.7
134%–199% . . . . .	63.6	57.5	53.2	49.5	45.3	45.3	35.3	38.7	38.0
200%–399% . . . . .	81.4	80.2	74.7	71.7	69.8	68.7	63.9	65.0	65.2
400% or more . . . . .	88.5	87.5	86.8	87.5	87.0	85.4	83.6	84.7	84.0
Disability measure among adults 18–64 years <sup>8</sup>									
Any basic actions difficulty or complex activity limitation . . . . .	---	---	57.3	58.5	55.6	53.3	48.0	45.8	44.0
Any basic actions difficulty . . . . .	---	---	58.0	59.1	56.1	54.0	48.9	46.7	44.6
Any complex activity limitation . . . . .	---	---	43.3	43.5	41.8	38.9	32.8	30.5	29.6
No disability . . . . .	---	---	72.5	72.5	69.6	68.5	63.5	64.7	64.7
Geographic region									
Northeast . . . . .	74.0	75.0	71.0	72.5	71.0	70.6	64.4	63.4	62.3
Midwest . . . . .	72.0	73.3	72.6	74.9	71.6	70.1	61.8	63.8	62.6
South . . . . .	66.2	63.6	62.9	62.5	59.8	58.0	52.2	52.2	52.4
West . . . . .	64.7	63.9	60.7	61.1	58.4	59.7	52.7	52.8	53.6
Location of residence <sup>9</sup>									
Within MSA . . . . .	70.9	69.6	67.3	68.2	65.8	64.5	57.9	58.1	57.8
Outside MSA . . . . .	65.3	63.5	62.8	62.6	58.7	59.6	49.4	50.3	49.4

See footnotes at end of table.

## Table 112 (page 3 of 3). Private health insurance coverage obtained through the workplace among persons under age 65, by selected characteristics: United States, selected years 1984–2013

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#112>.

[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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Includes persons aged 14–64.

<sup>6</sup>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.

<sup>7</sup>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. See Appendix II, Family income; Poverty; Table VI.

<sup>8</sup>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.

<sup>9</sup>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). Private coverage through the workplace is at the time of interview. The number of persons with private coverage through the workplace was calculated by multiplying the percentage with private coverage through the workplace by the number of persons under age 65 in the civilian noninstitutionalized U.S. population, which was determined from the post-stratification Census control total for each survey year. Percentages of persons with private coverage obtained through the workplace were calculated with unknown values excluded from denominators. See Appendix II, Health insurance coverage. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 113 (page 1 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#113>.

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

Characteristic	1984 <sup>1</sup>	1989 <sup>1</sup>	1997	2000 <sup>2</sup>	2003	2004(1) <sup>3</sup>	2004(2) <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
	Number, in millions									
Total <sup>4</sup>	14.0	15.4	22.9	23.2	30.9	31.1	31.6	44.8	48.1	48.5
	Percent of population									
Total <sup>4</sup>	6.8	7.2	9.7	9.5	12.3	12.3	12.5	16.9	18.0	18.1
Age										
Under 19 years	11.7	12.2	18.0	19.2	25.4	25.4	25.8	35.7	38.1	38.1
Under 6 years	15.5	15.7	24.7	24.7	32.3	31.8	32.4	43.7	45.7	45.9
6–18 years	9.8	10.5	14.9	16.8	22.3	22.5	22.9	31.8	34.7	34.6
Under 18 years	11.9	12.6	18.4	19.6	26.0	25.9	26.4	36.4	38.9	38.9
6–17 years	10.1	10.9	15.2	17.2	23.0	23.1	23.4	32.5	35.5	35.5
18–64 years	4.5	4.9	5.9	5.2	6.6	6.7	6.8	9.2	10.0	10.2
18–44 years	5.1	5.2	6.6	5.6	7.4	7.5	7.7	10.9	11.6	11.6
18–24 years	6.4	6.8	8.8	8.1	9.6	10.3	10.4	14.5	15.4	14.2
19–25 years	6.3	6.6	8.5	7.3	8.8	9.0	9.1	12.6	13.4	12.1
25–34 years	5.3	5.2	6.8	5.5	7.8	7.6	7.8	11.1	11.4	11.7
35–44 years	3.5	4.0	5.2	4.3	5.6	5.7	5.8	8.1	8.8	9.6
45–64 years	3.4	4.3	4.6	4.5	5.3	5.4	5.5	6.8	8.0	8.4
45–54 years	3.2	3.8	4.0	4.2	5.0	5.4	5.5	7.0	8.2	8.6
55–64 years	3.6	4.9	5.6	4.9	5.8	5.4	5.5	6.6	7.7	8.2
Sex										
Male	5.4	5.7	8.4	8.2	10.9	10.8	11.0	15.2	16.3	16.5
Female	8.1	8.6	11.1	10.8	13.6	13.7	13.9	18.5	19.7	19.8
Sex and marital status <sup>5</sup>										
Male:										
Married	1.9	1.8	2.5	2.2	3.0	2.9	3.0	4.0	4.8	5.3
Divorced, separated, widowed	4.9	5.4	5.7	6.1	6.7	6.7	6.8	9.3	9.7	10.3
Never married	4.8	5.6	7.0	7.2	10.2	10.2	10.4	13.5	15.1	14.8
Female:										
Married	2.6	3.0	3.5	3.1	4.3	4.2	4.3	5.7	6.2	6.9
Divorced, separated, widowed	16.0	16.1	14.7	12.7	15.3	14.9	15.2	17.6	18.8	18.8
Never married	10.7	11.9	14.2	13.2	16.0	16.9	17.1	22.2	22.6	22.2
Race <sup>6</sup>										
White only	4.6	5.1	7.4	7.1	10.4	10.2	10.4	14.5	15.5	15.6
Black or African American only	20.5	19.0	22.4	21.2	23.7	24.5	24.9	30.4	31.6	31.6
American Indian or Alaska Native only	*28.2	29.7	19.6	15.1	18.5	18.0	18.4	21.6	36.5	32.0
Asian only	*8.7	*8.8	9.6	7.5	8.0	9.6	9.8	12.0	13.0	13.2
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	*
2 or more races	---	---	---	19.1	23.5	19.0	19.3	27.4	29.1	30.4
Hispanic origin and race <sup>6</sup>										
Hispanic or Latino	13.3	13.5	17.6	15.5	21.8	21.9	22.5	28.6	30.5	29.5
Mexican	12.2	12.4	17.2	14.0	21.7	21.9	22.4	29.5	31.0	29.8
Puerto Rican	31.5	27.3	31.0	29.4	31.0	28.5	29.1	35.7	35.3	36.9
Cuban	*4.8	*7.7	7.3	9.2	13.8	17.9	17.9	17.3	22.9	23.3
Other Hispanic or Latino	7.9	11.1	15.3	14.5	19.3	19.9	20.8	24.5	28.3	27.0
Not Hispanic or Latino	6.2	6.5	8.7	8.5	10.6	10.5	10.7	14.4	15.2	15.5
White only	3.7	4.1	6.1	6.1	8.0	7.8	7.9	11.0	11.5	11.9
Black or African American only	20.7	19.0	22.1	21.0	23.4	24.1	24.6	30.0	31.3	31.3
Age and percent of poverty level <sup>7</sup>										
Under 65 years:										
Below 100%	33.0	37.6	40.5	38.4	43.2	44.2	45.0	50.8	52.5	53.7
100%–199%	5.3	7.5	13.0	16.2	22.1	21.6	22.0	28.5	30.1	30.8
100%–133%	8.7	11.9	20.1	22.4	28.5	28.5	29.1	36.3	38.0	38.8
134%–199%	3.7	5.6	9.5	13.1	18.8	18.2	18.6	24.4	25.5	26.2
200%–399%	0.8	1.3	2.7	4.0	6.0	6.1	6.1	8.4	9.0	9.0
400% or more	0.2	0.5	0.8	0.9	1.1	1.5	1.5	2.0	1.7	1.9

See footnotes at end of table.



**Table 113 (page 2 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#113>.

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

Characteristic	1984 <sup>1</sup>	1989 <sup>1</sup>	1997	2000 <sup>2</sup>	2003	2004(1) <sup>3</sup>	2004(2) <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Percent of population										
<b>Under 19 years:</b>										
Below 100% . . . . .	42.0	45.8	56.4	56.9	65.7	67.5	68.9	78.4	82.1	82.1
100%–199% . . . . .	6.5	8.6	20.3	27.8	40.8	38.7	39.5	53.5	56.3	58.9
100%–133% . . . . .	10.3	13.4	31.1	36.4	50.2	48.3	49.2	63.5	68.8	70.3
134%–199% . . . . .	4.7	6.3	14.8	23.3	35.7	33.9	34.6	47.7	48.8	51.6
200%–399% . . . . .	1.0	1.7	4.4	7.6	11.9	12.1	12.2	17.7	18.8	19.1
400% or more . . . . .	*	*1.2	1.3	2.1	2.6	3.2	3.2	4.3	3.6	3.2
<b>Under 18 years:</b>										
Below 100% . . . . .	43.3	47.8	58.0	58.5	67.5	69.2	70.7	79.8	83.7	83.9
100%–199% . . . . .	6.6	8.7	20.8	28.4	41.7	39.5	40.2	54.3	57.3	60.1
100%–133% . . . . .	10.4	13.5	32.0	36.9	51.5	48.9	49.8	64.6	70.1	71.2
134%–199% . . . . .	4.8	6.4	15.1	23.8	36.5	34.7	35.4	48.2	49.6	52.9
200%–399% . . . . .	1.0	1.7	4.5	7.6	12.2	12.2	12.3	18.0	19.1	19.5
400% or more . . . . .	*	*1.1	1.3	2.2	2.6	3.3	3.3	4.3	3.6	3.3
<b>18–64 years:</b>										
Below 100% . . . . .	25.3	29.1	28.0	24.9	28.3	28.6	28.9	32.4	34.0	35.4
100%–199% . . . . .	4.5	6.8	8.6	9.1	11.4	11.9	12.2	15.7	16.8	17.1
100%–133% . . . . .	7.6	10.8	13.0	13.2	15.3	17.0	17.4	21.0	21.8	22.0
134%–199% . . . . .	3.1	5.1	6.5	7.2	9.4	9.5	9.7	13.0	13.9	14.4
200%–399% . . . . .	0.7	1.1	1.9	2.4	3.3	3.4	3.4	4.8	5.1	5.1
400% or more . . . . .	0.2	0.4	0.7	0.6	0.7	1.0	1.0	1.3	1.2	1.6
Disability measure among adults 18–64 years <sup>8</sup>										
Any basic actions difficulty or complex activity limitation . . . . .	---	---	13.2	12.8	15.0	14.7	14.9	17.8	19.3	21.1
Any basic actions difficulty . . . . .	---	---	12.7	12.2	14.3	14.0	14.2	16.7	18.4	20.6
Any complex activity limitation . . . . .	---	---	22.9	23.2	26.5	23.9	24.1	30.0	30.8	32.3
No disability . . . . .	---	---	3.5	3.0	4.3	4.5	4.7	6.8	7.0	6.8
Geographic region										
Northeast . . . . .	8.6	6.6	11.3	10.6	12.9	12.8	13.0	17.9	19.3	20.8
Midwest . . . . .	7.4	7.6	8.4	8.0	10.8	10.2	10.4	17.3	16.3	16.9
South . . . . .	5.1	6.5	8.7	9.4	12.6	12.2	12.4	16.0	17.8	17.8
West . . . . .	7.0	8.5	11.7	10.4	12.8	14.2	14.4	17.1	19.1	18.0
Location of residence <sup>9</sup>										
Within MSA . . . . .	7.1	7.0	9.7	8.9	11.5	11.7	11.9	16.1	17.4	17.4
Outside MSA . . . . .	6.1	7.9	10.1	11.9	15.3	14.8	15.0	21.4	21.4	22.5

See footnotes at end of table.

## Table 113 (page 3 of 3). Medicaid coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#113>.

[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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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. Includes persons aged 14–64.

<sup>5</sup>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.

<sup>7</sup>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. See Appendix II, Family income; Poverty; Table VI.

<sup>8</sup>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.

<sup>9</sup>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). 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 2013, 14.8% of persons under age 65 reported being covered by Medicaid, 1.7% by state-sponsored health plans, and 1.7% 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; Medicaid. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 114 (page 1 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#114>.

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

Characteristic	1984 <sup>1</sup>	1989 <sup>1</sup>	1997	2000 <sup>2</sup>	2003	2004(1) <sup>3</sup>	2004(2) <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Number, in millions										
Total <sup>4</sup>	29.8	33.4	41.0	41.4	41.6	42.1	41.6	48.3	45.2	44.6
Percent of population										
Total <sup>4</sup>	14.5	15.6	17.5	17.0	16.5	16.6	16.4	18.2	16.9	16.7
Age										
Under 19 years	14.1	15.0	14.4	12.9	10.2	10.1	9.6	8.3	7.0	7.1
Under 6 years	14.9	15.1	12.5	11.8	8.2	8.9	8.2	6.3	4.6	5.0
6–18 years	13.8	15.0	15.2	13.4	11.1	10.6	10.3	9.2	8.1	8.0
Under 18 years	13.9	14.7	14.0	12.6	9.8	9.7	9.2	7.8	6.6	6.6
6–17 years	13.4	14.5	14.7	13.0	10.6	10.0	9.7	8.6	7.6	7.4
18–64 years	14.8	16.0	19.0	18.9	19.3	19.4	19.3	22.3	20.9	20.5
18–44 years	17.1	18.4	22.4	22.4	23.5	23.6	23.5	27.1	24.8	24.2
18–24 years	25.0	27.1	30.1	30.4	30.1	30.1	30.0	31.4	24.5	24.6
19–25 years	25.1	27.9	31.5	32.3	31.9	32.3	32.2	33.8	26.3	26.7
25–34 years	16.2	18.3	23.8	23.3	25.4	25.7	25.5	28.3	28.1	27.1
35–44 years	11.2	12.3	16.7	16.9	17.5	17.6	17.5	22.6	21.7	21.0
45–64 years	9.6	10.5	12.4	12.6	12.5	12.9	12.8	15.7	15.6	15.4
45–54 years	10.5	11.0	12.8	12.8	13.6	13.7	13.6	17.9	17.7	17.1
55–64 years	8.7	10.0	11.8	12.4	10.9	11.7	11.6	12.8	13.2	13.5
Sex										
Male	15.3	16.8	18.7	18.1	17.7	18.1	17.9	20.3	18.5	18.1
Female	13.8	14.4	16.3	15.9	15.3	15.2	14.9	16.1	15.4	15.2
Sex and marital status <sup>5</sup>										
Male:										
Married	11.1	12.5	13.9	14.1	14.4	14.5	14.4	17.2	16.2	15.9
Divorced, separated, widowed	24.9	25.0	28.8	25.8	27.9	27.1	27.0	31.4	29.3	28.1
Never married	22.4	25.0	27.9	27.2	27.3	27.6	27.5	31.1	27.5	26.9
Female:										
Married	11.2	11.8	13.0	13.3	13.1	13.2	13.1	14.7	14.6	14.6
Divorced, separated, widowed	19.2	19.1	23.2	21.3	22.9	23.3	23.0	23.6	24.2	22.8
Never married	16.3	18.0	20.5	21.1	20.2	19.6	19.3	21.9	19.6	19.6
Race <sup>6</sup>										
White only	13.6	14.5	16.4	15.4	16.0	16.3	16.1	17.6	16.7	16.3
Black or African American only	19.9	21.6	20.1	19.5	18.4	18.1	17.6	20.6	18.0	18.9
American Indian or Alaska Native only	22.5	28.4	38.1	38.4	35.0	35.0	34.6	44.0	27.0	29.4
Asian only	18.5	16.9	19.5	17.6	18.2	16.7	16.5	17.1	16.8	14.2
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*	*
2 or more races	---	---	---	16.8	15.9	12.6	12.3	15.8	14.5	15.3
Hispanic origin and race <sup>6</sup>										
Hispanic or Latino	29.5	33.7	34.5	35.6	34.7	35.1	34.4	32.0	30.4	30.7
Mexican	33.8	39.9	39.4	39.9	37.8	38.1	37.6	34.8	33.2	33.4
Puerto Rican	18.3	24.7	19.0	16.4	17.7	21.0	20.4	13.7	14.4	15.6
Cuban	21.6	20.6	21.1	25.4	29.1	22.8	22.8	26.5	24.3	26.6
Other Hispanic or Latino	27.4	25.8	33.0	33.4	33.4	33.3	32.3	32.4	30.1	28.8
Not Hispanic or Latino	13.2	13.7	15.2	14.0	13.3	13.3	13.2	15.2	13.9	13.4
White only	11.9	12.1	13.8	12.5	11.9	12.1	12.0	13.7	12.7	12.2
Black or African American only	19.7	21.5	20.0	19.5	18.1	17.8	17.3	20.7	17.8	18.8
Age and percent of poverty level <sup>7</sup>										
Under 65 years:										
Below 100%	33.9	35.2	33.7	34.2	31.1	31.8	31.0	30.3	28.2	28.0
100%–199%	21.8	25.6	30.6	31.0	29.8	29.4	29.0	32.4	29.3	29.3
100%–133%	28.8	32.3	36.6	35.7	32.8	32.3	31.7	34.9	31.1	30.4
134%–199%	18.7	22.6	27.7	28.7	28.2	28.0	27.6	31.0	28.4	28.6
200%–399%	7.6	8.3	14.2	15.4	15.6	15.7	15.6	17.4	16.2	16.1
400% or more	3.2	4.2	6.1	5.9	5.6	5.9	5.9	5.6	4.9	4.8

See footnotes at end of table.

**Table 114 (page 2 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#114>.

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

Characteristic	1984 <sup>1</sup>	1989 <sup>1</sup>	1997	2000 <sup>2</sup>	2003	2004(1) <sup>3</sup>	2004(2) <sup>3</sup>	2010 <sup>3</sup>	2012 <sup>3</sup>	2013 <sup>3</sup>
Percent of population										
<b>Under 19 years:</b>										
Below 100% . . . . .	29.0	31.7	23.8	22.6	17.2	17.2	15.7	11.3	8.3	8.9
100%–199% . . . . .	18.0	20.7	23.7	22.1	16.3	16.5	15.8	13.5	11.1	11.7
100%–133% . . . . .	24.4	27.6	28.2	26.5	17.7	18.4	17.6	15.9	9.6	11.6
134%–199% . . . . .	14.9	17.4	21.4	19.7	15.6	15.5	14.9	12.0	12.0	11.7
200%–399% . . . . .	5.1	4.9	9.7	9.6	8.5	8.1	8.0	7.4	6.8	6.7
400% or more . . . . .	1.8	2.1	4.0	3.5	2.8	2.8	2.8	2.3	2.2	1.9
<b>Under 18 years:</b>										
Below 100% . . . . .	28.9	31.6	23.2	22.0	16.8	16.5	15.0	10.6	7.6	8.2
100%–199% . . . . .	17.5	20.2	23.2	21.7	15.6	15.8	15.1	12.7	10.4	11.1
100%–133% . . . . .	24.0	27.1	28.1	26.4	16.8	17.9	17.1	15.1	9.0	11.2
134%–199% . . . . .	14.4	16.9	20.7	19.1	14.9	14.7	14.1	11.3	11.3	11.1
200%–399% . . . . .	4.9	4.7	9.4	9.3	8.1	7.7	7.6	7.0	6.7	6.3
400% or more . . . . .	1.8	1.9	3.9	3.3	2.7	2.6	2.6	2.1	2.1	1.8
<b>18–64 years:</b>										
Below 100% . . . . .	37.6	38.2	41.2	42.4	39.9	41.4	41.0	42.7	40.5	40.0
100%–199% . . . . .	24.4	28.8	34.7	36.4	37.5	36.7	36.5	42.1	38.6	37.8
100%–133% . . . . .	31.9	35.6	41.7	41.7	41.9	40.4	40.0	45.7	42.2	40.4
134%–199% . . . . .	21.1	25.9	31.5	34.0	35.3	35.0	34.8	40.3	36.5	36.4
200%–399% . . . . .	8.9	10.0	16.4	18.2	18.8	19.1	19.1	21.3	19.8	19.7
400% or more . . . . .	3.4	4.4	6.7	6.6	6.4	6.8	6.8	6.5	5.6	5.6
Disability measure among adults 18–64 years <sup>8</sup>										
Any basic actions difficulty or complex activity limitation . . . . .	---	---	20.1	17.6	19.1	19.8	19.6	20.8	20.4	20.4
Any basic actions difficulty . . . . .	---	---	20.1	17.6	19.3	20.0	19.8	20.9	20.3	20.4
Any complex activity limitation . . . . .	---	---	20.2	16.1	16.3	18.1	17.9	17.2	18.3	17.1
No disability . . . . .	---	---	17.6	18.5	19.4	19.3	19.2	21.6	20.4	19.9
Geographic region										
Northeast . . . . .	10.2	10.9	13.5	12.2	11.3	11.9	11.8	12.4	11.5	11.2
Midwest . . . . .	11.3	10.7	13.2	12.3	12.4	12.6	12.4	14.1	13.6	13.1
South . . . . .	17.7	19.7	20.9	20.5	19.8	20.2	19.9	21.9	20.3	19.9
West . . . . .	18.2	18.8	20.6	20.7	19.9	19.1	18.9	20.6	19.0	18.9
Location of residence <sup>9</sup>										
Within MSA . . . . .	13.6	15.2	16.9	16.6	16.0	16.4	16.2	17.8	16.4	16.2
Outside MSA . . . . .	16.6	17.0	19.8	18.6	18.7	17.4	17.2	20.4	19.9	19.3

See footnotes at end of table.

**Table 114 (page 3 of 3). No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984–2013**

Updated data when available, Excel, PDF, more data years, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#114>.

[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%.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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. Includes persons aged 14–64.

<sup>5</sup>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.

<sup>7</sup>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. See Appendix II, Family income; Poverty; Table VI.

<sup>8</sup>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.

<sup>9</sup>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). 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, Children's Health Insurance Program (CHIP); Health insurance coverage; Medicaid. Standard errors are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: CDC/NCHS, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting with 1997, data are from the family core and the sample adult questionnaires. See Appendix I, National Health Interview Survey (NHIS).

**Table 115 (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 1992–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#115>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare Risk Health Maintenance Organization <sup>1</sup>					Medicaid <sup>2</sup>				
	1992	1995	2000	2011	2012	1992	1995	2000	2011	2012
Age										
Number, in millions										
65 years and over . . . . .	1.1	2.6	5.9	11.3	12.4	2.7	2.8	2.7	3.4	3.6
Percent distribution										
65 years and over . . . . .	3.9	8.9	19.3	28.4	29.1	9.4	9.6	9.0	8.6	8.5
65–74 years . . . . .	4.2	9.5	20.6	28.5	29.1	7.9	8.8	8.5	7.8	7.6
75–84 years . . . . .	3.7	8.3	18.5	30.0	30.1	10.6	9.6	8.9	9.4	9.2
85 years and over . . . . .	*	7.3	16.3	24.4	26.3	16.6	13.6	11.2	10.3	10.3
Sex										
Male . . . . .	4.6	9.2	19.3	27.9	28.9	6.3	6.2	6.3	5.7	5.6
Female . . . . .	3.4	8.6	19.3	28.8	29.2	11.6	12.0	10.9	10.9	10.7
Race and Hispanic origin										
White, not Hispanic or Latino . . .	3.6	8.4	18.4	25.9	26.9	5.6	5.4	5.1	5.4	5.1
Black, not Hispanic or Latino . . .	*	7.9	20.7	33.1	30.3	28.5	30.3	23.6	18.9	19.0
Hispanic . . . . .	*	15.5	27.5	46.3	45.5	39.0	40.5	28.7	20.2	20.2
Percent of poverty level <sup>3</sup>										
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	28.4	28.6	4.0	4.3	4.3	3.9	3.9
Widowed . . . . .	2.3	7.7	19.4	26.6	28.6	14.9	15.0	13.6	13.3	13.8
Divorced . . . . .	*	9.7	24.4	32.9	32.4	23.4	24.5	20.2	16.8	15.7
Never married . . . . .	*	*	15.8	25.5	27.4	19.2	19.0	17.0	17.7	14.5
Employer-sponsored plan <sup>4</sup>										
Medigap <sup>5</sup>										
Age										
Number, in millions										
65 years and over . . . . .	12.5	11.3	10.7	11.5	12.0	9.9	9.5	7.6	7.9	8.0
Percent distribution										
65 years and over . . . . .	42.8	38.6	35.2	28.8	28.1	33.9	32.5	25.0	19.8	18.9
65–74 years . . . . .	46.9	41.1	36.6	30.6	29.8	31.4	29.9	21.7	18.4	17.5
75–84 years . . . . .	38.2	37.1	35.0	26.7	25.9	37.5	35.2	27.8	20.0	20.2
85 years and over . . . . .	31.6	30.2	29.4	26.1	26.1	38.3	37.6	31.1	25.3	22.1
Sex										
Male . . . . .	46.3	42.1	37.7	31.1	30.2	30.6	30.0	23.4	18.8	17.2
Female . . . . .	40.4	36.0	33.4	27.0	26.4	36.2	34.4	26.2	20.6	20.3
Race and Hispanic origin										
White, not Hispanic or Latino . . .	45.9	41.3	38.6	31.5	30.6	37.2	36.2	28.3	23.1	22.4
Black, not Hispanic or Latino . . .	25.9	26.7	22.0	23.8	27.4	13.6	10.2	7.5	6.5	5.7
Hispanic . . . . .	20.7	16.9	15.8	13.6	13.1	15.8	10.1	11.3	7.5	6.3
Percent of poverty level <sup>3</sup>										
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	34.2	32.9	33.0	32.6	25.6	20.5	20.1
Widowed . . . . .	34.1	30.3	28.7	23.6	22.6	37.5	35.2	26.7	21.1	19.9
Divorced . . . . .	27.3	26.6	22.4	17.8	19.7	27.9	24.1	16.9	14.6	13.0
Never married . . . . .	38.0	35.1	28.5	23.5	24.3	29.1	26.2	21.9	18.2	16.7

See footnotes at end of table.

**Table 115 (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 1992–2012**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#115>.

[Data are based on household interviews of a sample of noninstitutionalized Medicare beneficiaries]

Characteristic	Medicare fee-for-service only or Other <sup>6</sup>				
	1992	1995	2000	2011	2012
Age					
Number, in millions					
65 years and over . . . . .	2.9	3.1	3.5	5.8	6.6
Percent distribution					
65 years and over . . . . .	9.9	10.5	11.5	14.4	15.5
65–74 years . . . . .	9.7	10.7	12.6	14.7	16.0
75–84 years . . . . .	10.1	9.9	9.9	14.0	14.6
85 years and over . . . . .	10.8	11.3	12.1	14.0	15.1
Sex					
Male . . . . .	12.2	12.6	13.3	16.5	18.0
Female . . . . .	8.3	8.9	10.2	12.8	13.4
Race and Hispanic origin					
White, not Hispanic or Latino . . .	7.7	8.7	9.6	14.2	15.1
Black, not Hispanic or Latino . . .	26.7	25.0	26.1	17.7	17.6
Hispanic . . . . .	18.3	17.1	16.7	12.4	14.9
Percent of poverty level <sup>3</sup>					
Below 100% . . . . .	14.3	13.3	15.1	---	---
100%–less than 200% . . . . .	12.9	13.1	12.7	---	---
200% or more . . . . .	4.0	4.5	6.3	---	---
Marital status					
Married . . . . .	8.5	9.0	10.5	13.0	14.6
Widowed . . . . .	11.2	11.9	11.6	15.5	15.1
Divorced . . . . .	15.7	15.1	16.1	17.9	19.3
Never married . . . . .	*	13.1	16.8	15.1	17.2

\* Estimates are considered unreliable if the sample cell size is 50 or fewer.

--- Data not available.

<sup>1</sup>Enrollee has Medicare Risk Health Maintenance Organization (HMO) regardless of other insurance. See Appendix II, Managed care.

<sup>2</sup>Enrolled in Medicaid and not enrolled in a Medicare Risk HMO. See Appendix II, Managed care.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>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 the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Access to Care file. See Appendix I, Medicare Current Beneficiary Survey (MCBS).

**Table 116 (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 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#116>.

[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	2009	2010	2011	2012	2013 <sup>1</sup>
<b>Enrollees</b>											
Number, in millions											
Total Medicare <sup>2</sup>	20.4	28.4	34.3	37.6	39.7	42.6	46.6	47.7	48.9	50.9	52.3
Hospital insurance	20.1	28.0	33.7	37.2	39.3	42.2	46.3	47.4	48.5	50.5	51.9
Supplementary medical insurance (SMI) <sup>3</sup>	19.5	27.3	32.6	35.6	37.3	---	---	---	---	---	---
Part B	19.5	27.3	32.6	35.6	37.3	39.8	42.9	43.9	44.9	46.5	47.9
Part D <sup>4</sup>	---	---	---	---	---	1.8	33.6	34.8	35.7	37.4	39.1
<b>Expenditures</b>											
Amount, in billions											
Total Medicare	\$7.5	\$36.8	\$111.0	\$184.2	\$221.8	\$336.4	\$509.0	\$522.9	\$549.1	\$574.2	\$582.9
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	131.1	182.9	242.5	247.9	256.7	266.8	266.2
HI payments to managed care organizations <sup>5</sup>	---	0.0	2.7	6.7	21.4	24.9	59.4	60.7	64.6	70.2	74.2
HI payments for fee-for-service utilization	5.1	25.0	63.4	109.5	105.1	156.6	179.5	183.3	187.0	189.2	187.0
Inpatient hospital	4.8	24.1	56.9	82.3	87.1	123.3	133.8	135.9	133.7	138.4	135.2
Skilled nursing facility	0.2	0.4	2.5	9.1	11.1	19.3	26.3	27.1	32.1	28.7	28.8
Home health agency	0.1	0.5	3.7	16.2	4.0	6.0	7.1	7.2	7.1	6.9	6.9
Hospice	---	---	0.3	1.9	2.9	8.0	12.3	13.1	14.0	15.2	16.1
Other programs and sequestration <sup>6</sup>	---	---	---	---	---	---	---	---	0.9	2.8	0.0
Home health agency transfer <sup>7</sup>	---	---	---	---	1.7	---	---	---	---	---	---
Medicare Advantage premiums <sup>8</sup>	---	---	---	---	---	---	0.1	0.2	0.2	0.2	0.3
Accounting error (CY 2005–2008) <sup>9</sup>	---	---	---	---	---	-1.9	---	---	---	---	---
Administrative expenses <sup>10</sup>	0.2	0.5	0.9	1.4	2.9	3.3	3.5	3.8	4.0	4.3	4.7
Total supplementary medical insurance (SMI) <sup>3</sup>	2.2	11.2	44.0	66.6	90.7	153.5	266.5	274.9	292.5	307.4	316.7
Total Part B	2.2	11.2	44.0	66.6	90.7	152.4	205.7	212.9	225.3	240.5	247.1
Part B payments to managed care organizations <sup>5</sup>	0.0	0.2	2.8	6.6	18.4	22.0	53.4	55.2	59.1	66.0	72.7
Part B payments for fee-for-service utilization <sup>11</sup>	1.9	10.4	39.6	58.4	72.2	125.0	149.0	154.3	162.3	170.3	170.8
Physician/supplier <sup>12</sup>	1.8	8.2	29.6	---	---	---	---	---	---	---	---
Outpatient hospital <sup>13</sup>	0.1	1.9	8.5	---	---	---	---	---	---	---	---
Independent laboratory <sup>14</sup>	0.0	0.1	1.5	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	31.7	37.0	57.7	61.8	63.9	67.5	69.5	68.6
Durable medical equipment	---	---	---	3.7	4.7	8.0	8.2	8.3	8.2	8.2	7.1
Laboratory <sup>15</sup>	---	---	---	4.3	4.4	6.9	8.7	8.9	9.0	9.8	9.7
Other <sup>16</sup>	---	---	---	9.9	13.6	26.7	32.4	33.2	34.2	36.6	36.6
Hospital <sup>17</sup>	---	---	---	8.7	8.1	18.7	26.2	28.0	31.4	34.7	37.2
Home health agency	0.0	0.2	0.1	0.2	4.5	7.1	11.7	12.0	12.1	11.5	11.5
Home health agency transfer <sup>7</sup>	---	---	---	---	-1.7	---	---	---	---	---	---
Medicare Advantage premiums <sup>8</sup>	---	---	---	---	---	---	0.1	0.2	0.2	0.2	0.3
Accounting error (CY 2005–2008) <sup>9</sup>	---	---	---	---	---	1.9	---	---	---	---	---
Administrative expenses <sup>10</sup>	0.2	0.6	1.5	1.6	1.8	2.8	3.2	3.2	3.7	4.0	3.4
Part D start-up costs <sup>18</sup>	---	---	---	---	---	0.7	---	---	---	---	---
Total Part D <sup>4</sup>	---	---	---	---	---	1.1	60.8	62.1	67.1	66.9	69.7
<b>Percent distribution of expenditures</b>											
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations <sup>5</sup>	---	0.0	4.0	5.7	16.3	13.6	24.5	24.5	25.2	26.3	27.9
HI payments for fee-for-service utilization	97.0	97.9	94.6	93.1	80.2	85.6	74.0	73.9	72.8	70.9	70.3
Inpatient hospital	91.4	94.3	85.0	70.0	66.4	67.4	55.2	54.8	52.1	51.9	50.8
Skilled nursing facility	4.7	1.5	3.7	7.8	8.5	10.6	10.9	10.9	12.5	10.8	10.8
Home health agency	1.0	2.1	5.5	13.8	3.1	3.3	2.9	2.9	2.8	2.6	2.6
Hospice	---	---	0.5	1.6	2.2	4.4	5.1	5.3	5.5	5.7	6.1
Other programs and sequestration <sup>6</sup>	---	---	---	---	---	---	---	---	0.3	1.1	0.0
Home health agency transfer <sup>7</sup>	---	---	---	---	1.3	---	---	---	---	---	---
Medicare Advantage premiums <sup>8</sup>	---	---	---	---	---	---	0.1	0.1	0.1	0.1	0.1
Accounting error (CY 2005–2008) <sup>9</sup>	---	---	---	---	---	-1.0	---	---	---	---	---
Administrative expenses <sup>10</sup>	3.0	2.1	1.4	1.2	2.2	1.8	1.4	1.5	1.6	1.6	1.8

See footnotes at end of table.



**Table 116 (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 1970–2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#116>.

[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	2009	2010	2011	2012	2013 <sup>1</sup>
Percent distribution of expenditures											
Total supplementary medical insurance (SMI) <sup>3</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Part B	100.0	100.0	100.0	100.0	100.0	99.3	77.2	77.4	77.1	78.2	78.0
Part B payments to managed care organizations <sup>5</sup>	1.2	1.8	6.4	9.9	20.2	14.3	20.0	20.1	20.2	21.5	22.9
Part B payments for fee-for-service utilization <sup>11</sup>	88.1	92.8	90.1	87.6	79.6	81.5	55.9	56.1	55.5	55.4	53.9
Physician/supplier <sup>12</sup>	80.9	72.8	67.3	---	---	---	---	---	---	---	---
Outpatient hospital <sup>13</sup>	5.2	16.9	19.3	---	---	---	---	---	---	---	---
Independent laboratory <sup>14</sup>	0.5	1.0	3.4	---	---	---	---	---	---	---	---
Physician fee schedule	---	---	---	47.5	40.8	37.6	23.2	23.2	23.1	22.6	21.6
Durable medical equipment	---	---	---	5.5	5.2	5.2	3.1	3.0	2.8	2.7	2.3
Laboratory <sup>15</sup>	---	---	---	6.4	4.8	4.5	3.2	3.2	3.1	3.2	3.1
Other <sup>16</sup>	---	---	---	14.8	15.0	17.4	12.1	12.1	11.7	11.9	11.5
Hospital <sup>17</sup>	---	---	---	13.0	8.9	12.2	9.8	10.2	10.7	11.3	11.7
Home health agency	1.5	2.1	0.2	0.3	4.9	4.6	4.4	4.4	4.1	3.7	3.6
Home health agency transfer <sup>7</sup>	---	---	---	---	-1.9	---	---	---	---	---	---
Medicare Advantage premiums <sup>8</sup>	---	---	---	---	---	---	0.0	0.1	0.1	0.1	0.1
Accounting error (CY 2005–2008) <sup>9</sup>	---	---	---	---	---	1.2	---	---	---	---	---
Administrative expenses <sup>10</sup>	10.7	5.4	3.5	2.4	2.0	1.8	1.2	1.2	1.3	1.3	1.1
Part D start-up costs <sup>18</sup>	---	---	---	---	---	0.4	---	---	---	---	---
Total Part D <sup>4</sup>	---	---	---	---	---	0.7	22.8	22.6	22.9	21.8	22.0

--- Category not applicable or data not available.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Preliminary estimates.

<sup>2</sup>Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See Appendix II, Medicare.

<sup>3</sup>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).

<sup>4</sup>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.

<sup>5</sup>Medicare-approved managed care organizations. See Appendix II, Managed care.

<sup>6</sup>Includes Community-Based Care Transitions Program (\$0.1 billion in each of 2011, 2012, and 2013), Electronic Health Records Incentive Program (\$0.7 billion in 2011, \$2.7 billion in 2012, and \$3.4 billion in 2013), and Sequestration per the Budget Control Act of 2011 (-\$3.5 billion in 2013).

<sup>7</sup>For 1998 to 2003 data, reflects annual home health HI to SMI transfer amounts.

<sup>8</sup>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.

<sup>9</sup>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.

<sup>10</sup>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.

<sup>11</sup>Type-of-service reporting categories for fee-for-service reimbursement differ before and after 1991.

<sup>12</sup>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/supplier category are included in Other.

<sup>13</sup>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.

<sup>14</sup>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.

<sup>15</sup>Payments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent laboratory, or in a hospital outpatient department.

<sup>16</sup>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.

<sup>17</sup>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.

<sup>18</sup>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. 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.

**Table 117 (page 1 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#117>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2010	2011	1992	2010	2011	1992	2010	2011	1992	2010	2011
	Number of beneficiaries, in millions											
All Medicare beneficiaries . . . . .	36.8	48.4	50.0	30.9	37.3	38.2	3.3	4.6	4.7	1.9	4.2	4.5
	Percent distribution of beneficiaries											
All Medicare beneficiaries . . . . .	100.0	100.0	100.0	84.2	76.9	76.3	8.9	9.5	9.4	5.2	8.7	9.1
	Percent of beneficiaries with at least one service											
All Medicare beneficiaries:												
Long-term care facility stay . . .	7.7	8.6	8.5	8.0	9.1	9.1	6.2	9.8	7.5	4.2	4.9	5.9
Community-only residents:												
Inpatient hospital . . . . .	17.9	17.3	17.1	18.1	17.4	17.2	18.4	23.0	19.5	16.6	13.0	15.3
Outpatient hospital . . . . .	57.9	71.6	73.5	57.8	72.3	74.5	61.1	72.4	73.5	53.1	66.0	67.6
Physician/supplier <sup>1</sup> . . . . .	92.4	95.7	96.5	93.0	96.1	97.0	89.1	95.0	96.3	87.9	93.4	94.1
Dental . . . . .	40.4	44.6	45.0	43.1	48.7	49.4	23.5	28.4	27.8	29.1	32.9	32.9
Prescription medicine . . . . .	85.2	94.1	94.7	85.5	94.2	95.0	83.1	93.9	94.4	84.6	94.0	93.5
	Expenditures per beneficiary											
All Medicare beneficiaries:												
Total health care <sup>2</sup> . . . . .	\$6,716	\$16,787	\$16,383	\$6,816	\$16,474	\$16,195	\$7,043	\$23,047	\$20,061	\$5,784	\$14,029	\$15,976
Long-term care facility <sup>3</sup> . . . .	1,581	2,767	2,763	1,674	2,880	2,929	1,255	3,396	2,964	*758	1,606	2,024
Community-only residents:												
Total personal health care . . . .	5,054	12,513	12,186	4,988	12,137	11,757	5,530	17,018	15,179	4,938	11,563	13,156
Inpatient hospital . . . . .	2,098	2,467	2,330	2,058	2,246	2,223	2,493	4,935	3,220	1,999	2,021	2,412
Outpatient hospital . . . . .	504	1,530	1,500	478	1,451	1,425	668	2,606	2,409	511	1,078	1,280
Physician/supplier <sup>1</sup> . . . . .	1,524	3,253	3,135	1,525	3,451	3,219	1,398	2,828	3,105	1,587	2,140	2,642
Dental . . . . .	142	414	408	153	459	447	70	250	219	97	275	279
Prescription medicine . . . . .	468	2,967	2,987	481	2,896	2,916	417	3,443	3,421	389	3,038	3,139
Long-term care facility residents only:												
Long-term care facility <sup>4</sup> . . . . .	23,054	44,017	46,413	23,177	43,288	45,795	21,272	49,850	56,121	*25,026	*44,450	*43,043
	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	45.2	45.3	42.7	45.1	45.3	42.0	44.3	42.6	46.7	46.9	48.8
Female . . . . .	57.1	54.8	54.7	57.3	54.9	54.7	58.0	55.7	57.4	53.3	53.1	51.2
	Eligibility criteria and age											
All Medicare beneficiaries <sup>5</sup> . . . . .	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	16.7	8.6	13.5	13.9	19.1	30.7	31.5	16.5	22.6	23.1
Under 45 years . . . . .	3.5	3.6	3.7	2.9	3.0	3.0	7.6	8.4	8.4	6.9	4.7	4.8
45–64 years . . . . .	6.5	12.5	13.0	5.8	10.5	10.9	11.5	22.2	23.1	9.6	17.9	18.2
Aged . . . . .	89.8	83.8	83.3	91.4	86.5	86.1	81.0	69.3	68.5	83.5	77.4	76.9
65–74 years . . . . .	51.5	45.4	45.5	52.0	45.8	46.0	48.0	40.6	40.2	49.4	47.0	46.7
75–84 years . . . . .	28.8	26.6	25.7	29.5	27.8	26.8	24.0	20.4	19.8	27.1	23.4	22.9
85 years and over . . . . .	9.7	11.8	12.0	9.9	13.0	13.3	9.0	8.3	8.5	6.9	7.0	7.4
	Living arrangement <sup>6</sup>											
All living arrangements . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Alone . . . . .	27.0	29.1	28.8	27.5	30.1	29.5	27.7	31.1	32.4	20.2	23.1	22.0
With spouse . . . . .	51.2	48.7	48.6	53.3	51.0	51.0	33.3	30.8	29.6	50.4	48.4	48.0
With children . . . . .	9.1	10.2	10.3	7.7	8.2	7.9	16.8	17.9	20.4	16.6	14.8	17.4
With others . . . . .	7.6	7.9	8.7	6.2	6.5	7.7	18.1	16.4	14.3	10.8	11.0	10.3
Long-term care facility . . . . .	5.1	4.1	3.6	5.3	4.3	3.9	4.0	3.8	3.2	*2.0	*2.6	*2.3

See footnotes at end of table.

**Table 117 (page 2 of 2). Medicare beneficiaries, by race, Hispanic origin, and selected characteristics: United States, selected years 1992–2011**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#117>.

[Data are based on household interviews of a sample of Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino											
	All			White			Black or African American			Hispanic or Latino		
	1992	2010	2011	1992	2010	2011	1992	2010	2011	1992	2010	2011
Age and limitation of activity <sup>7</sup>	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	27.5	26.0	21.8	26.6	23.9	26.2	31.3	35.2	21.2	26.6	24.8
IADL only . . . . .	39.0	35.4	34.9	38.9	35.4	36.0	35.8	35.6	31.9	46.1	35.8	36.1
1 or 2 ADLs . . . . .	21.2	23.0	23.8	21.5	23.6	24.7	21.2	19.3	20.5	*20.9	*26.0	*22.6
3–5 ADLs . . . . .	17.2	14.0	15.3	17.9	14.5	15.4	*16.8	*13.8	*12.3	*11.9	*11.5	*16.4
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	72.6	71.9	68.7	74.0	73.6	55.1	68.5	65.7	59.2	69.4	68.5
IADL only . . . . .	17.8	14.7	14.7	17.0	14.3	14.1	22.9	15.9	18.8	*20.9	14.7	15.0
1 or 2 ADLs . . . . .	10.4	8.4	8.9	9.6	7.8	8.4	14.4	*9.3	*9.5	*15.7	*10.0	*9.8
3–5 ADLs . . . . .	4.8	4.4	4.5	4.6	3.9	4.0	*7.6	*6.3	*6.0	*4.2	*5.8	*6.7
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	55.6	53.9	47.5	57.0	55.4	42.0	47.0	52.2	44.3	54.2	47.6
IADL only . . . . .	23.9	21.3	22.4	23.6	21.0	21.6	26.7	20.1	20.0	*27.8	22.1	27.9
1 or 2 ADLs . . . . .	16.5	13.7	14.8	16.8	13.0	14.5	15.3	*19.4	*17.0	*14.9	*14.5	*14.2
3–5 ADLs . . . . .	13.0	9.4	8.9	12.2	9.1	8.4	*15.9	*13.5	*10.8	*13.0	*9.2	*10.3
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	29.7	27.5	20.2	31.0	28.7	*19.6	*19.2	*24.3	*19.7	*16.4	*17.5
IADL only . . . . .	20.9	25.4	27.6	20.2	26.0	28.3	*22.1	*29.0	*18.7	*24.7	*20.0	*25.3
1 or 2 ADLs . . . . .	23.5	19.5	20.2	23.5	19.1	20.4	*24.3	*20.2	*23.6	*23.7	*25.1	*15.7
3–5 ADLs . . . . .	35.8	25.5	24.8	36.1	24.0	22.6	*34.0	*31.5	*33.3	*31.8	*38.4	*41.6

\* Estimates are based on 50 persons or fewer or have a relative standard error of 30% or higher and are considered unreliable.  
<sup>1</sup>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.  
<sup>2</sup>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. Excluded are health insurance premiums.  
<sup>3</sup>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.  
<sup>4</sup>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. Excluded are expenditures for short-term facility stays for full-year community residents. See Appendix II, Long-term care facility.  
<sup>5</sup>Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups Aged and Disabled. In 2011, less than 1% of Medicare beneficiaries qualified because of ESRD.  
<sup>6</sup>In 2011, less than 1% of Medicare beneficiaries had an unknown living arrangement.  
<sup>7</sup>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. Estimates include individuals enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs at any time during the calendar year.

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 118 (page 1 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2011**

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#118>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and Hispanic origin</i>	1999	2000	2004	2005	2007	2008	2009	2010	2011
<b>Beneficiaries<sup>1</sup></b>									
Number, in millions									
All beneficiaries . . . . .	40.1	42.8	55.6	57.7	56.8	58.8	62.6	65.7	68.8
Percent of beneficiaries									
<b>Basis of eligibility:</b>									
Aged (65 years and over) . . . . .	9.4	8.7	7.8	7.6	7.1	7.1	6.7	6.5	6.2
Blind and disabled . . . . .	16.7	16.1	14.6	14.2	14.8	14.8	14.4	14.3	14.1
Adults in families with dependent children <sup>2</sup> . . . . .	18.7	20.5	22.5	21.8	21.8	22.0	23.1	23.7	23.7
Children under age 21 <sup>3</sup> . . . . .	46.9	46.1	47.8	47.2	48.4	47.8	47.7	48.3	47.2
Other Title XIX <sup>4</sup> . . . . .	8.4	8.6	7.3	9.1	7.8	8.4	8.1	7.2	8.8
<b>Race and Hispanic origin:<sup>5</sup></b>									
White . . . . .	---	---	41.1	39.3	38.6	38.1	38.2	38.9	38.3
Black or African American . . . . .	---	---	22.1	21.5	21.6	21.1	20.7	20.6	20.5
American Indian or Alaska Native . . . . .	---	---	1.3	1.2	1.2	1.3	1.2	1.2	1.1
Asian or Pacific Islander . . . . .	---	---	3.3	3.5	3.5	3.5	3.6	3.6	3.7
Asian . . . . .	---	---	2.4	2.5	2.6	2.6	2.7	2.7	2.9
Pacific Islander . . . . .	---	---	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Hispanic or Latino . . . . .	---	---	19.4	20.6	21.6	21.7	22.3	22.3	22.3
Multiple race or unknown . . . . .	---	---	12.7	13.9	13.5	14.3	14.0	13.3	14.0
<b>Payments<sup>6</sup></b>									
Amount, in billions									
All payments . . . . .	\$153.5	\$168.3	\$257.7	\$274.9	\$276.2	\$296.8	\$326.0	\$339.0	\$365.2
Percent distribution									
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Basis of eligibility:</b>									
Aged (65 years and over) . . . . .	27.7	26.4	23.1	23.1	20.7	20.6	19.7	19.4	18.2
Blind and disabled . . . . .	42.9	43.2	43.3	43.4	43.3	43.5	43.4	43.4	42.4
Adults in families with dependent children <sup>2</sup> . . . . .	10.3	10.6	12.0	11.8	12.4	12.7	13.9	14.2	14.8
Children under age 21 <sup>3</sup> . . . . .	15.7	15.9	17.2	17.2	19.4	19.2	19.6	19.8	19.6
Other Title XIX <sup>4</sup> . . . . .	3.4	3.9	4.5	4.6	4.2	4.0	3.3	3.1	5.0
<b>Race and Hispanic origin:<sup>5</sup></b>									
White . . . . .	---	---	53.4	53.0	50.7	50.2	50.0	50.2	48.7
Black or African American . . . . .	---	---	19.8	19.8	20.8	20.6	20.7	20.5	20.6
American Indian or Alaska Native . . . . .	---	---	1.2	1.2	1.2	1.3	1.2	1.3	1.2
Asian or Pacific Islander . . . . .	---	---	2.5	2.7	2.8	2.9	3.1	3.0	3.2
Asian . . . . .	---	---	1.7	1.9	2.0	2.1	2.3	2.3	2.4
Pacific Islander . . . . .	---	---	0.8	0.8	0.8	0.8	0.8	0.7	0.8
Hispanic or Latino . . . . .	---	---	10.7	12.2	13.1	13.7	14.2	14.2	14.2
Multiple race or unknown . . . . .	---	---	12.3	11.1	11.4	11.4	10.8	10.8	12.1
<b>Payments per beneficiary<sup>6</sup></b>									
Amount									
All beneficiaries . . . . .	\$3,819	\$3,936	\$4,639	\$4,768	\$4,862	\$5,051	\$5,209	\$5,160	\$5,304
<b>Basis of eligibility:</b>									
Aged (65 years and over) . . . . .	11,268	11,929	13,687	14,427	14,141	14,742	15,337	15,286	15,489
Blind and disabled . . . . .	9,832	10,559	13,714	14,531	14,194	14,843	15,670	15,695	15,982
Adults in families with dependent children <sup>2</sup> . . . . .	2,104	2,030	2,471	2,583	2,753	2,912	3,144	3,095	3,306
Children under age 21 <sup>3</sup> . . . . .	1,282	1,358	1,664	1,732	1,951	2,035	2,145	2,122	2,198
Other Title XIX <sup>4</sup> . . . . .	1,532	1,778	2,896	2,380	2,622	2,407	2,104	2,219	3,020
<b>Race and Hispanic origin:<sup>5</sup></b>									
White . . . . .	---	---	6,026	6,422	6,390	6,657	6,809	6,663	6,741
Black or African American . . . . .	---	---	4,158	4,397	4,669	4,928	5,216	5,142	5,333
American Indian or Alaska Native . . . . .	---	---	4,320	4,626	4,826	5,218	5,382	5,421	5,544
Asian or Pacific Islander . . . . .	---	---	3,513	3,710	3,863	4,133	4,402	4,300	4,531
Asian . . . . .	---	---	3,198	3,624	3,847	4,123	4,386	4,307	4,528
Pacific Islander . . . . .	---	---	4,366	3,947	3,907	4,161	4,448	4,275	4,540
Hispanic or Latino . . . . .	---	---	2,563	2,822	2,960	3,175	3,322	3,276	3,381
Multiple race or unknown . . . . .	---	---	4,493	3,816	4,106	4,014	4,025	4,173	4,575

See footnotes at end of table.

**Table 118 (page 2 of 2). Medicaid beneficiaries and payments, by basis of eligibility, and race and Hispanic origin: United States, selected fiscal years 1999–2011**

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#118>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

---

- - - Data not available.

<sup>1</sup>Beneficiaries include those who received services through Medicaid.

<sup>2</sup>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.

<sup>3</sup>Includes children (including those in the foster care system) in the TANF program. For more information on the eligibility requirements, see Appendix II, Medicaid.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.3 billion in FY2011) and DSH mental health facility payments (\$2.9 billion in FY2011). Available from: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/CMS-64-Quarterly-Expense-Report.html>.

NOTES: Data are for fiscal year ending September 30. See Appendix II, Medicaid; Medicaid payments. For more information, see: <http://www.medicaid.gov>. Maine had not reported 2011 data as of the date accessed.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2011 were accessed December 22, 2014. See Appendix I, Medicaid Statistical Information System (MSIS).

**Table 119. Medicaid beneficiaries and payments, by type of service: United States, selected fiscal years 1999–2011**

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#119>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1999	2000	2004	2005	2007	2008	2009	2010	2011
<b>Beneficiaries<sup>1</sup></b>									
Number, in millions									
All beneficiaries . . . . .	40.2	42.8	55.6	57.7	56.8	58.8	62.6	65.7	68.8
Percent of beneficiaries									
Inpatient hospital . . . . .	11.2	11.5	9.8	9.5	9.0	8.9	8.7	6.9	7.5
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	0.1
Nursing facility . . . . .	4.0	4.0	3.1	3.0	2.9	2.7	2.6	2.4	2.3
Physician . . . . .	45.7	44.7	43.1	42.0	38.8	36.9	36.9	36.9	34.9
Dental . . . . .	14.0	13.8	16.2	16.2	16.8	16.7	17.8	19.1	19.5
Other practitioner . . . . .	9.9	11.1	10.7	10.2	9.5	8.8	8.8	9.2	8.3
Outpatient hospital . . . . .	30.9	30.9	28.7	28.2	26.2	25.2	26.4	24.2	23.7
Clinic . . . . .	16.8	17.9	20.0	20.7	20.6	20.2	20.6	20.7	20.9
Laboratory and radiological . . . . .	25.4	26.6	28.9	27.7	27.8	26.6	26.2	25.8	24.5
Home health . . . . .	2.0	2.3	2.1	2.1	2.1	1.9	1.7	1.7	1.6
Prescribed drugs . . . . .	49.4	48.0	50.3	49.2	42.1	41.8	42.6	44.7	44.0
Capitated care . . . . .	51.5	49.7	54.2	58.1	64.5	64.9	66.6	70.8	71.2
Primary care case management . . . . .	9.7	13.0	15.4	15.1	12.5	14.9	13.1	13.3	13.7
Personal support . . . . .	10.1	10.6	11.3	11.8	11.6	10.8	10.7	11.0	10.3
Other care <sup>2</sup> . . . . .	21.6	21.4	22.9	21.9	21.5	21.3	20.6	19.9	19.8
<b>Payments<sup>3</sup></b>									
Amount, in billions									
All payments . . . . .	\$153.5	\$168.3	\$257.7	\$274.9	\$276.2	\$296.8	\$326.0	\$339.0	\$365.2
Percent distribution									
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital . . . . .	14.5	14.4	13.5	12.8	13.4	12.5	11.8	9.9	10.1
Mental health facility . . . . .	1.1	1.1	0.9	0.8	0.9	0.8	0.8	0.7	0.7
Intermediate care facility for the mentally retarded . . . . .	6.1	5.6	4.3	4.3	4.3	4.2	3.9	3.7	3.6
Nursing facility . . . . .	21.7	20.5	16.3	16.3	16.8	16.1	14.9	14.4	13.2
Physician . . . . .	4.3	4.0	4.0	4.1	3.6	3.5	3.5	3.5	3.3
Dental . . . . .	0.8	0.8	1.1	1.1	1.2	1.3	1.4	1.6	1.6
Other practitioner . . . . .	0.3	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.5
Outpatient hospital . . . . .	4.0	4.2	4.0	3.6	3.7	3.7	3.7	3.8	3.6
Clinic . . . . .	3.8	3.7	3.2	3.2	3.1	3.1	3.1	3.2	3.4
Laboratory and radiological . . . . .	0.8	0.8	1.0	1.1	1.1	1.0	1.0	1.0	1.0
Home health . . . . .	1.9	1.9	1.8	2.0	2.3	2.2	2.2	2.1	2.0
Prescribed drugs . . . . .	10.8	11.9	15.3	15.6	8.0	7.9	7.8	8.0	8.1
Capitated care . . . . .	14.0	14.5	16.5	16.9	21.2	23.0	25.5	27.2	29.8
Primary care case management . . . . .	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Personal support . . . . .	6.9	6.9	7.2	7.5	8.4	8.3	8.0	7.7	6.9
Other care <sup>2</sup> . . . . .	8.6	8.8	10.3	10.2	11.6	12.0	11.9	12.7	12.3
<b>Payments per beneficiary<sup>3</sup></b>									
Amount									
Total payment per beneficiary . . . . .	\$3,819	\$3,936	\$4,639	\$4,768	\$4,862	\$5,051	\$5,209	\$5,160	\$5,304
Inpatient hospital . . . . .	4,943	4,919	6,424	6,411	7,191	7,083	7,070	7,347	7,186
Mental health facility . . . . .	18,094	17,800	19,928	19,252	21,407	21,975	21,404	20,782	20,074
Intermediate care facility for the mentally retarded . . . . .	76,443	79,330	97,497	107,028	113,735	123,053	127,837	125,851	139,149
Nursing facility . . . . .	20,568	20,220	24,475	26,185	28,282	29,533	29,551	31,617	29,843
Physician . . . . .	357	356	426	465	457	485	496	492	502
Dental . . . . .	214	238	318	326	340	389	423	432	424
Other practitioner . . . . .	118	139	160	200	170	171	171	190	291
Outpatient hospital . . . . .	491	533	639	617	695	736	735	803	804
Clinic . . . . .	860	805	750	749	741	772	792	791	857
Laboratory and radiological . . . . .	114	113	168	183	185	188	198	205	208
Home health . . . . .	3,571	3,135	3,978	4,487	5,334	5,789	6,628	6,375	6,568
Prescribed drugs . . . . .	837	975	1,411	1,509	926	957	951	926	974
Capitated care . . . . .	1,040	1,148	1,415	1,386	1,598	1,786	1,991	1,983	2,220
Primary care case management . . . . .	119	30	58	27	33	32	41	49	45
Personal support . . . . .	2,583	2,543	2,946	3,035	3,534	3,852	3,903	3,593	3,553
Other care <sup>2</sup> . . . . .	1,508	1,600	2,086	2,228	2,611	2,856	3,015	3,289	3,287

<sup>1</sup>Beneficiaries include those who received services through Medicaid.

<sup>2</sup>Unknown services (0.2% of beneficiaries and 0.9% of payments in 2011) are included with Other care.

<sup>3</sup>Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.3 billion in FY2011) and DSH mental health facility payments (\$2.9 billion in FY2011). Available from: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/CMS-64-Quarterly-Expense-Report.html>.

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>. Maine had not reported 2011 data as of the date accessed.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2011 were accessed December 22, 2014. See Appendix I, Medicaid Statistical Information System (MSIS).

**Table 120. Department of Veterans Affairs health care expenditures and use, and persons treated, by selected characteristics: United States, selected fiscal years 2000–2013**

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#120>.

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

Type of expenditure and use	2000	2005 <sup>1</sup>	2007 <sup>1</sup>	2008 <sup>1</sup>	2009 <sup>1</sup>	2010 <sup>1</sup>	2011 <sup>1</sup>	2012 <sup>1</sup>	2013 <sup>1</sup>
Health care expenditures									
Amount, in millions									
All expenditures <sup>2</sup>	\$19,327	\$30,291	\$34,025	\$38,282	\$42,955	\$47,280	\$50,575	\$51,880	\$54,738
Percent distribution									
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	37.3	24.3	24.0	23.5	22.7	21.4	20.6	20.1	19.8
Outpatient care	45.7	53.4	53.5	53.2	53.5	52.5	52.6	53.8	53.2
Nursing home care	8.2	8.4	8.3	8.1	7.8	7.4	7.2	7.3	7.0
All other <sup>3</sup>	8.8	13.9	14.2	15.2	16.0	18.8	19.6	18.8	20.0
Health care use									
Number, in thousands									
Inpatient hospital discharges <sup>4,5</sup>	579	614	607	622	640	656	653	646	632
Outpatient visits <sup>6</sup>	38,370	57,169	62,234	66,484	73,969	79,457	83,146	87,370	90,226
Nursing home discharges <sup>5,7</sup>	91	61	63	64	65	67	63	67	69
Inpatients <sup>8</sup>									
Total	417	488	477	492	512	532	540	546	545
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	34.4	37.6	39.9	41.1	42.6	43.5	44.9	46.5	48.3
Veterans without service-connected disability	64.7	61.5	59.1	58.0	56.4	55.6	54.3	52.6	50.8
Low income	41.7	39.9	36.9	35.4	34.8	34.6	33.4	32.1	30.4
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled <sup>9</sup>	16.0	12.1	11.3	11.1	10.5	10.1	9.8	9.6	9.4
Veterans receiving medical care subject to copayments <sup>10</sup>	5.2	8.6	9.8	10.0	9.5	9.3	9.3	9.2	9.3
Other and unknown <sup>11</sup>	1.8	1.0	1.0	1.6	1.6	1.6	1.7	1.7	1.7
Nonveterans	0.9	0.9	0.9	0.9	1.0	0.9	0.9	0.9	0.9
Outpatients <sup>8</sup>									
Total	3,657	5,077	5,221	5,291	5,439	5,631	5,789	5,903	6,009
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	30.7	31.6	33.8	34.7	37.1	38.6	39.8	41.7	44.0
Veterans without service-connected disability	60.8	62.7	60.8	59.7	57.2	56.4	55.1	53.3	51.1
Low income	37.6	31.8	28.9	27.2	25.9	25.7	24.9	24.0	22.6
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled <sup>9</sup>	3.8	3.5	3.5	3.5	3.4	3.4	3.3	3.2	3.2
Veterans receiving medical care subject to copayments <sup>10</sup>	15.4	25.4	25.5	25.2	23.8	23.0	22.3	21.4	20.7
Other and unknown <sup>11</sup>	4.0	2.0	3.0	3.8	4.0	4.3	4.6	4.6	4.6
Nonveterans	8.5	5.7	5.4	5.7	5.7	5.1	5.1	5.1	4.9

<sup>1</sup>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.

<sup>2</sup>Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Until FY2004, includes Department of Veterans Affairs nursing home and residential rehabilitation treatment programs (formerly domiciliary) stays, and community nursing home care stays.

<sup>6</sup>Hospital outpatient care. Includes the following services: physicians, laboratory tests, home-based primary care, or outpatient fee-basis care.

<sup>7</sup>Includes state nursing home veteran patients.

<sup>8</sup>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.

<sup>9</sup>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.

<sup>10</sup>Includes veterans who receive medical care subject to copayments according to income level, based on financial means testing.

<sup>11</sup>Includes expenditures for services for veterans who were prisoners of war, exposed to Agent Orange, and other. Veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

NOTES: Some veterans have multiple sources of health coverage, including Medicare or private insurance. Estimates in this table relate only to health care use paid for by the Veteran's Administration. At the end of FY2013, the veteran population was estimated at 22.0 million, with 45% aged 65 and over. Of all living veterans, 6% had served during World War II, 9% during the Korean conflict, 33% during the Vietnam era, 30% during the Persian Gulf War (service from August 2, 1990 to present), and 25% during peacetime. Percentages sum to more than 100% because some veterans serve during more than one war. See Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Department of Veterans Affairs (VA), Office of the Assistant Deputy Under Secretary for Health, National Patient Care Database, National Enrollment Database, budgetary data, and unpublished data. Veteran population estimates were provided by the VA's Office of the Actuary. See Appendix I, Department of Veterans Affairs National Enrollment and Patient Databases.

**Table 121 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#121>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

State	Short-stay hospital utilization									
	Enrollment, in thousands <sup>1</sup>		Percent of enrollees in managed care <sup>2</sup>		Average payment per fee-for-service enrollee		Discharges per 1,000 enrollees <sup>3</sup>		Average length of stay, in days <sup>3</sup>	
	1994	2013	1994	2013	1994	2013	1994	2013	1994	2013
United States <sup>4</sup>	36,190	51,274	7.9	28.0	\$4,375	\$9,329	345	292	7.5	5.4
Alabama	633	922	0.8	22.9	4,454	8,457	413	322	7.0	5.5
Alaska	33	76	0.6	0.9	3,687	7,861	269	190	6.3	5.6
Arizona	578	1,051	24.8	37.3	4,442	8,681	292	246	5.9	4.7
Arkansas	416	572	0.2	18.6	3,719	8,029	366	296	7.0	5.2
California	3,582	5,294	30.0	37.5	5,219	9,807	366	251	6.1	5.3
Colorado	413	722	17.2	35.1	3,935	7,837	302	226	6.0	4.8
Connecticut	497	608	2.6	23.3	4,426	10,061	287	302	8.1	5.9
Delaware	99	168	0.2	7.2	4,712	9,494	326	286	8.1	5.4
District of Columbia	80	84	3.9	10.7	5,655	10,358	376	344	10.1	6.1
Florida	2,584	3,757	13.8	36.0	5,027	10,743	326	325	7.1	5.3
Georgia	819	1,411	0.4	26.5	4,402	8,658	378	286	6.9	5.4
Hawaii	146	230	29.8	46.0	3,069	6,355	301	169	9.1	6.4
Idaho	146	261	2.5	30.5	3,045	7,504	274	186	5.2	4.6
Illinois	1,605	1,982	5.5	11.2	4,324	9,587	374	322	7.3	5.1
Indiana	805	1,094	2.6	21.4	3,945	9,154	345	305	6.9	5.2
Iowa	470	549	3.1	14.2	3,080	7,936	322	241	6.6	5.1
Kansas	378	465	3.3	13.0	3,847	8,430	348	264	6.5	5.0
Kentucky	578	826	2.3	23.3	3,862	8,584	396	328	7.2	5.1
Louisiana	572	751	0.4	26.4	5,468	10,137	399	316	7.2	5.5
Maine	198	291	0.1	18.1	3,464	7,805	322	225	7.6	5.1
Maryland	596	876	1.4	8.7	4,997	10,767	362	316	7.5	5.3
Massachusetts	924	1,158	6.1	18.5	5,147	10,047	350	296	7.6	5.3
Michigan	1,331	1,805	0.7	27.5	4,307	10,077	328	340	7.6	5.2
Minnesota	625	862	19.6	49.6	3,394	11,271	334	381	5.7	4.8
Mississippi	391	537	0.1	12.7	4,189	9,537	423	328	7.4	5.7
Missouri	821	1,086	3.4	24.8	4,191	8,659	349	309	7.3	5.1
Montana	128	188	0.4	15.7	3,114	7,047	306	194	5.9	4.8
Nebraska	247	298	2.2	12.4	2,926	8,381	281	241	6.3	4.9
Nevada	187	414	19.0	31.4	4,306	9,568	291	254	7.0	5.7
New Hampshire	152	250	0.2	6.3	3,414	8,208	281	220	7.6	5.3
New Jersey	1,158	1,430	2.6	16.2	4,531	10,417	354	306	10.2	5.8
New Mexico	205	349	13.6	29.3	3,110	7,409	301	221	6.0	4.9
New York	2,601	3,211	6.2	34.0	4,855	10,150	334	309	11.2	6.7
North Carolina	1,001	1,663	0.5	20.6	3,465	8,495	314	285	8.0	5.3
North Dakota	101	114	0.6	13.9	3,218	8,424	327	244	6.3	5.3
Ohio	1,649	2,055	2.4	37.4	3,982	9,595	350	340	7.1	5.0
Oklahoma	481	650	2.5	16.3	4,098	8,750	355	305	7.0	5.2
Oregon	469	700	27.7	42.0	3,285	7,040	305	193	5.2	4.7
Pennsylvania	2,053	2,437	3.3	39.2	5,212	9,349	379	321	8.0	5.5
Rhode Island	166	196	7.0	35.1	4,148	8,868	312	282	8.1	5.5
South Carolina	497	875	0.1	20.4	3,777	8,501	319	275	8.3	5.5
South Dakota	114	147	0.1	14.8	2,952	8,016	356	256	6.1	5.0
Tennessee	754	1,170	0.3	30.1	4,441	8,675	375	313	7.1	5.3
Texas	2,029	3,388	4.1	27.2	4,703	10,294	333	295	7.2	5.3
Utah	182	320	9.4	33.3	3,443	7,740	238	217	5.4	4.3
Vermont	82	124	0.1	7.4	3,182	7,880	283	184	7.6	5.5
Virginia	803	1,269	1.5	15.3	3,748	8,026	348	288	7.3	5.2
Washington	676	1,100	12.5	28.8	3,401	7,579	269	220	5.3	4.8
West Virginia	326	404	8.3	24.7	3,798	8,554	420	327	7.1	5.4
Wisconsin	752	994	2.0	33.7	3,246	8,241	310	263	6.8	4.9
Wyoming	58	89	3.3	4.1	3,537	7,705	315	210	5.6	4.8

See footnotes at end of table.



**Table 121 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2013**

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#121>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

<sup>1</sup>Total persons enrolled in the hospital insurance (Part A) program, supplementary medical insurance (Part B) program, or both, as of July 1. Includes fee-for-service and managed care enrollees.

<sup>2</sup>Includes enrollees in Medicare managed care plans. See Appendix II, Managed care.

<sup>3</sup>Data are for fee-for-service enrollees only.

<sup>4</sup>Includes residents of any of the 50 states and the District of Columbia.

NOTES: In 1994, 92% of Medicare enrollees were in fee-for-service; in 2013, 72% of enrollees were in fee-for-service. See Appendix II, Medicare; Fee-for-service health insurance. Prior to 2004, enrollment and percentage of enrollees in managed care were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database. Starting with 2004 data, the enrollee counts were pulled from the 100% Denominator File. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a 5% sample of Medicare beneficiaries as recorded in CMS' National Claims History File. Prior to 2011, short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MedPAR) stay records for a 20% sample of Medicare beneficiaries. Beginning in 2011, short-stay hospital utilization is based on the MedPAR stay records for 100% of Medicare beneficiaries. Estimates may not sum to totals because of rounding. State based on residence of the beneficiary. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplement for publication year 2011; Office of Information Products and Data Analytics. Medicare and Medicaid Statistical Supplements for publication years 2012 and 2013. Includes unpublished estimates. See Appendix I, Medicare Administrative Data.

**Table 122. Medicaid beneficiaries, beneficiaries in managed care, and payments per beneficiary, by state: United States, selected fiscal years 2000–2011**

Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#122>.

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

State	Beneficiaries, in thousands <sup>1</sup>			Percent of beneficiaries in managed care <sup>2</sup>			Payments per beneficiary <sup>3</sup>		
	2000	2010	2011	2000	2010	2011	2000	2010	2011
United States . . . . .	42,763	65,700	68,850	56	71	74	\$3,936	\$5,160	\$5,304
Alabama . . . . .	619	931	938	60	60	61	3,860	4,342	4,457
Alaska . . . . .	96	127	135	—	—	—	4,876	9,520	9,693
Arizona . . . . .	681	1,805	1,990	92	90	89	3,100	5,270	4,743
Arkansas . . . . .	489	773	784	57	78	78	3,086	4,916	4,647
California . . . . .	7,915	11,212	11,501	50	55	60	2,155	3,094	3,266
Colorado . . . . .	381	682	737	90	95	95	4,747	4,840	4,717
Connecticut . . . . .	420	664	730	72	70	69	6,762	8,120	8,001
Delaware . . . . .	115	210	229	79	77	81	4,584	6,380	6,445
District of Columbia . . . . .	139	211	236	66	70	67	5,715	8,577	9,028
Florida . . . . .	2,360	3,656	3,829	60	64	64	3,114	4,412	4,507
Georgia . . . . .	1,290	1,875	2,143	96	91	91	2,774	3,717	3,908
Hawaii . . . . .	204	288	314	74	98	99	2,626	4,692	4,674
Idaho <sup>4</sup> . . . . .	131	430	261	30	88	100	4,530	2,871	5,533
Illinois . . . . .	1,516	2,758	2,917	10	56	68	5,150	4,222	4,072
Indiana . . . . .	705	1,177	1,212	67	70	70	4,224	4,889	4,756
Iowa . . . . .	314	508	545	90	90	91	4,707	5,920	6,023
Kansas . . . . .	263	364	404	56	87	87	4,670	6,309	6,362
Kentucky . . . . .	771	959	1,086	81	88	89	3,780	5,532	5,192
Louisiana . . . . .	761	1,237	1,298	6	64	65	3,456	4,439	4,241
Maine . . . . .	192	330	---	35	68	49	6,820	4,451	---
Maryland . . . . .	665	940	1,004	81	79	75	5,396	7,273	7,160
Massachusetts . . . . .	1,047	1,637	1,720	64	54	53	5,153	6,760	6,584
Michigan . . . . .	1,352	2,219	2,304	100	86	88	3,611	5,127	5,158
Minnesota . . . . .	559	851	993	63	64	66	5,857	8,390	7,998
Mississippi . . . . .	605	801	820	39	76	87	2,987	4,197	4,514
Missouri . . . . .	890	1,141	1,151	40	99	98	3,673	5,429	5,465
Montana . . . . .	104	126	137	61	75	76	4,173	6,023	5,838
Nebraska . . . . .	229	269	284	77	86	85	4,185	5,890	5,666
Nevada . . . . .	138	334	363	39	85	84	3,733	3,899	3,843
New Hampshire . . . . .	97	148	152	6	—	—	6,712	6,805	6,769
New Jersey . . . . .	822	1,229	1,310	59	77	78	5,724	6,963	6,789
New Mexico . . . . .	376	557	572	64	73	73	3,325	4,971	4,513
New York . . . . .	3,420	5,011	5,421	25	68	77	7,646	8,526	9,445
North Carolina . . . . .	1,209	1,876	1,901	68	77	83	3,996	5,111	5,059
North Dakota . . . . .	61	83	89	55	67	64	5,852	8,261	8,279
Ohio . . . . .	1,305	2,319	2,527	21	73	75	5,434	6,231	6,262
Oklahoma . . . . .	507	853	957	69	90	86	3,163	4,355	3,949
Oregon . . . . .	542	644	749	83	87	98	3,135	4,948	4,782
Pennsylvania . . . . .	1,492	2,326	2,444	73	82	82	4,266	6,834	7,242
Rhode Island . . . . .	179	214	221	69	67	69	5,982	7,367	7,265
South Carolina . . . . .	685	953	979	6	100	100	3,900	5,339	5,263
South Dakota . . . . .	102	142	135	93	80	76	3,935	5,479	5,687
Tennessee . . . . .	1,568	1,532	1,488	100	100	100	2,226	5,914	7,532
Texas . . . . .	2,603	4,745	4,996	34	67	71	3,487	4,367	4,487
Utah . . . . .	224	369	435	90	83	100	4,277	5,404	4,946
Vermont . . . . .	139	181	187	47	57	58	3,451	5,525	5,622
Virginia . . . . .	627	969	1,019	59	59	58	3,960	6,045	5,860
Washington . . . . .	895	1,330	1,396	100	87	88	2,717	4,744	4,491
West Virginia . . . . .	335	397	411	35	49	51	4,154	6,774	7,119
Wisconsin . . . . .	577	1,230	1,319	44	62	64	5,039	4,393	4,353
Wyoming . . . . .	46	76	76	—	—	—	4,609	7,540	7,550

--- Data not available.

— Quantity zero.

<sup>1</sup>Beneficiaries include those who received services through Medicaid.

<sup>2</sup>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>.

<sup>3</sup>Medicaid payments exclude disproportionate share hospital (DSH) payments (\$14.3 billion in FY2011) and DSH mental health facility payments (\$2.9 billion in FY2011). Available from: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/CMS-64-Quarterly-Expense-Report.html>.

<sup>4</sup>In 2010, Idaho implemented a new Medicaid management information system. This system assigned new identification numbers to enrollees and redesigned Idaho's Medicaid Statistical Information System. These changes may have affected Idaho's Medicaid data. Therefore, trends of data for Idaho should be interpreted with caution.

NOTES: See Appendix II, Medicaid; Medicaid payments. Maine had not reported 2011 data as of the date accessed.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Medicaid Statistical Information System (MSIS). MSIS data for 2011 were accessed December 22, 2014. Managed care enrollment data from Medicaid managed care enrollment report as of July 1, 2011. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MdManCrEnrllRep.html>. See Appendix I, Medicaid Statistical Information System (MSIS).

**Table 123 (page 1 of 3). Persons under age 65 without health insurance coverage, by age, state, and territory: United States and Puerto Rico, 2009–2013**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#123>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population in the United States and Puerto Rico]

Age, state, and territory	2009	2010	2011	2012	2013
Under 65 years			Percent		
United States <sup>1</sup>	17.2	17.6	17.2	16.9	16.7
Alabama	16.0	16.9	16.3	15.4	15.9
Alaska	22.0	19.4	21.7	22.0	20.3
Arizona	19.8	19.5	19.9	20.3	20.3
Arkansas	19.3	20.2	19.7	19.0	18.8
California	20.1	20.7	20.3	20.0	19.3
Colorado	17.4	17.6	17.0	16.3	15.7
Connecticut	10.1	10.3	9.8	10.6	10.8
Delaware	11.9	11.5	10.2	9.9	11.7
District of Columbia	7.8	8.4	8.3	6.1	7.1
Florida	24.8	25.4	25.0	24.0	24.2
Georgia	21.0	21.9	21.8	20.8	21.1
Hawaii	7.9	8.7	8.4	7.7	8.3
Idaho	19.1	20.3	17.8	18.3	18.5
Illinois	14.9	15.7	14.5	14.6	14.4
Indiana	15.8	17.0	16.6	16.6	16.2
Iowa	10.1	10.8	10.4	9.7	10.2
Kansas	14.5	15.6	14.4	14.6	14.3
Kentucky	16.5	17.5	16.6	15.8	16.8
Louisiana	19.5	20.1	19.9	19.0	19.2
Maine	11.9	12.5	13.1	12.4	13.3
Maryland	12.5	12.7	11.5	11.5	11.4
Massachusetts	4.9	4.9	4.8	4.5	4.4
Michigan	14.1	14.3	13.6	13.4	12.8
Minnesota	10.2	10.1	9.9	9.4	9.5
Mississippi	20.0	20.7	20.2	19.7	19.6
Missouri	15.3	15.2	15.7	16.1	15.2
Montana	21.9	19.6	21.8	21.4	19.7
Nebraska	13.1	13.4	13.6	12.7	12.2
Nevada	24.6	25.4	24.7	25.0	23.4
New Hampshire	12.0	12.7	11.4	12.8	12.6
New Jersey	14.2	15.0	14.7	14.5	15.3
New Mexico	23.1	22.8	22.8	21.6	22.2
New York	13.0	13.5	13.0	12.5	12.4
North Carolina	18.2	19.2	18.7	18.9	18.0
North Dakota	11.4	11.5	11.5	12.4	11.9
Ohio	14.0	14.1	13.9	13.4	12.8
Oklahoma	21.3	22.0	21.3	21.1	20.4
Oregon	19.8	19.7	18.0	16.9	17.4
Pennsylvania	11.3	11.9	11.8	11.3	11.3
Rhode Island	12.8	13.7	12.6	13.3	13.9
South Carolina	19.2	20.2	19.4	19.3	18.4
South Dakota	15.6	13.6	13.4	12.3	14.3
Tennessee	16.3	16.4	17.0	16.1	16.2
Texas	26.3	26.3	25.5	24.8	24.5
Utah	15.7	17.0	16.5	15.3	14.7
Vermont	9.9	9.0	8.3	7.7	8.1
Virginia	13.3	14.5	14.1	14.2	14.1
Washington	15.3	16.1	16.0	15.7	16.1
West Virginia	16.7	17.2	18.2	16.9	16.1
Wisconsin	10.4	10.9	10.6	10.6	10.4
Wyoming	17.5	16.6	17.5	18.3	14.6
Puerto Rico <sup>2</sup>	9.4	9.4	8.9	8.5	7.7

See footnotes at end of table.

**Table 123 (page 2 of 3). Persons under age 65 without health insurance coverage, by age, state, and territory: United States and Puerto Rico, 2009–2013**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#123>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population in the United States and Puerto Rico]

Age, state, and territory	2009	2010	2011	2012	2013
Under 18 years					
			Percent		
United States <sup>1</sup>	8.5	8.0	7.5	7.1	7.1
Alabama	6.1	5.9	5.2	4.0	4.5
Alaska	12.8	9.3	13.9	13.3	11.7
Arizona	12.1	13.0	12.8	12.8	12.1
Arkansas	6.2	6.3	5.5	5.4	5.7
California	9.4	9.0	8.0	8.0	7.3
Colorado	9.8	9.8	9.3	8.1	8.4
Connecticut	3.9	2.9	2.5	3.7	4.1
Delaware	5.7	5.6	3.5	3.6	5.1
District of Columbia	*	*2.0	*4.1	*	*2.2
Florida	14.7	12.7	11.9	10.8	11.0
Georgia	10.7	9.8	9.5	8.9	9.5
Hawaii	2.4	3.7	3.9	2.9	3.2
Idaho	10.7	10.6	8.5	7.6	8.3
Illinois	4.4	4.8	3.4	3.2	4.3
Indiana	8.5	8.9	8.4	8.0	8.4
Iowa	4.4	4.3	4.6	4.3	4.8
Kansas	8.1	7.7	6.1	6.9	6.6
Kentucky	5.8	5.8	5.9	5.9	5.9
Louisiana	6.4	5.6	5.7	5.3	5.6
Maine	5.7	3.8	5.5	4.2	5.1
Maryland	4.7	4.9	4.5	3.8	4.3
Massachusetts	1.7	1.4	1.6	1.3	1.5
Michigan	4.3	4.2	3.9	4.2	4.2
Minnesota	7.0	6.3	6.1	5.7	6.1
Mississippi	10.1	8.2	7.4	7.2	7.3
Missouri	7.2	6.3	6.7	7.2	7.3
Montana	13.4	12.7	12.8	10.9	10.4
Nebraska	6.3	5.2	7.3	5.4	5.9
Nevada	18.0	17.9	16.1	16.5	13.9
New Hampshire	4.6	4.9	3.2	4.2	3.5
New Jersey	6.2	6.0	5.2	5.1	5.7
New Mexico	12.0	9.9	9.1	8.1	9.0
New York	4.8	4.8	4.4	4.0	4.1
North Carolina	7.9	8.1	7.8	7.3	5.9
North Dakota	6.3	6.6	7.6	7.4	7.7
Ohio	6.4	5.9	6.1	5.4	5.1
Oklahoma	11.1	10.4	10.9	9.9	10.5
Oregon	10.8	8.8	7.0	5.6	6.3
Pennsylvania	5.0	5.2	5.4	5.1	5.0
Rhode Island	4.9	4.8	3.9	5.1	6.0
South Carolina	9.5	9.8	8.7	7.8	7.0
South Dakota	6.8	7.2	5.6	3.9	7.2
Tennessee	5.7	5.3	5.8	5.6	5.7
Texas	16.3	14.7	13.3	12.3	12.5
Utah	10.2	11.1	11.1	9.3	9.0
Vermont	*3.3	*2.7	*	*3.0	*
Virginia	6.7	6.4	5.8	5.6	5.7
Washington	7.0	6.4	6.1	5.5	6.3
West Virginia	5.4	4.7	5.0	3.9	4.0
Wisconsin	4.6	5.2	4.6	4.7	4.4
Wyoming	9.0	7.4	8.7	9.9	6.3
Puerto Rico <sup>2</sup>	4.2	4.5	4.0	4.3	3.5

See footnotes at end of table.

**Table 123 (page 3 of 3). Persons under age 65 without health insurance coverage, by age, state, and territory: United States and Puerto Rico, 2009–2013**

Updated data when available, Excel, PDF, and standard errors: <http://www.cdc.gov/nchs/hus/contents2014.htm#123>.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population in the United States and Puerto Rico]

Age, state, and territory	2009	2010	2011	2012	2013
18–64 years			Percent		
United States <sup>1</sup>	20.6	21.4	21.0	20.6	20.3
Alabama	19.8	21.2	20.5	19.7	20.2
Alaska	25.8	23.6	24.8	25.5	23.9
Arizona	23.3	22.3	22.8	23.4	23.7
Arkansas	24.6	25.8	25.4	24.5	24.0
California	24.5	25.3	25.1	24.7	23.8
Colorado	20.3	20.5	19.9	19.4	18.5
Connecticut	12.4	13.0	12.4	13.1	13.1
Delaware	14.3	13.7	12.7	12.2	14.1
District of Columbia	9.2	9.9	9.3	7.1	8.3
Florida	28.6	29.9	29.5	28.6	28.8
Georgia	25.4	26.9	26.8	25.6	25.8
Hawaii	9.9	10.5	10.1	9.4	10.1
Idaho	22.8	24.7	22.0	23.1	23.1
Illinois	19.0	20.0	18.8	19.0	18.1
Indiana	18.8	20.3	19.8	20.0	19.2
Iowa	12.2	13.3	12.6	11.8	12.3
Kansas	17.1	18.9	17.9	17.8	17.4
Kentucky	20.6	22.0	20.7	19.5	20.8
Louisiana	24.8	25.8	25.6	24.4	24.5
Maine	14.0	15.4	15.5	15.1	15.8
Maryland	15.4	15.5	14.0	14.3	14.0
Massachusetts	5.9	6.1	5.8	5.5	5.3
Michigan	17.8	18.1	17.3	16.8	16.0
Minnesota	11.4	11.6	11.3	10.9	10.8
Mississippi	24.3	26.0	25.6	25.0	24.6
Missouri	18.4	18.7	19.2	19.5	18.2
Montana	25.0	22.1	25.0	25.1	23.0
Nebraska	15.9	16.8	16.2	15.7	14.8
Nevada	27.3	28.4	28.1	28.4	27.1
New Hampshire	14.4	15.3	14.1	15.6	15.6
New Jersey	17.2	18.3	18.2	17.9	18.7
New Mexico	27.8	28.2	28.5	27.2	27.6
New York	16.0	16.6	16.0	15.4	15.2
North Carolina	22.2	23.5	22.9	23.3	22.6
North Dakota	13.2	13.3	12.9	14.1	13.4
Ohio	16.9	17.2	16.8	16.4	15.6
Oklahoma	25.6	26.8	25.6	25.6	24.5
Oregon	23.1	23.6	21.9	20.9	21.2
Pennsylvania	13.6	14.2	14.0	13.4	13.5
Rhode Island	15.5	16.7	15.5	16.0	16.4
South Carolina	23.0	24.2	23.5	23.6	22.5
South Dakota	19.1	16.3	16.6	15.7	17.2
Tennessee	20.4	20.7	21.2	20.0	20.1
Texas	30.9	31.5	30.9	30.4	29.7
Utah	18.6	20.1	19.3	18.4	17.7
Vermont	12.0	11.1	10.3	9.2	9.6
Virginia	15.8	17.4	17.1	17.3	17.1
Washington	18.4	19.7	19.6	19.4	19.8
West Virginia	20.5	21.5	22.7	21.2	20.2
Wisconsin	12.5	13.1	12.8	12.8	12.7
Wyoming	20.7	20.2	20.7	21.5	17.8
Puerto Rico <sup>2</sup>	11.5	11.3	10.9	10.0	9.2

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

<sup>1</sup>Excludes data for Puerto Rico.

<sup>2</sup>Data for Puerto Rico are collected in the Puerto Rico Community Survey. Data are not collected for the other territories.

NOTES: Health insurance estimates are shown for the civilian noninstitutionalized population. Data for 2009 use Census 2000 population controls, and data for 2010 and beyond use Census 2010 population controls. Questions on health insurance coverage ask about current coverage as of the day of American Community Survey (ACS) interview. Persons were considered uninsured if they were not covered by private health insurance, Medicare, Medicaid, Medical Assistance, TRICARE or other military health care, veteran's coverage through the Veteran's Administration, or other government coverage. People with Indian Health Service coverage only are considered uninsured by ACS. Standard errors for selected years are available in the spreadsheet version of this table. Available from: <http://www.cdc.gov/nchs/hus.htm>. Standard errors were computed with replicate weights using 80 balanced repeated replicate weights (BRR) with a Fay-modified BRR adjustment factor of 0.5.

SOURCE: U.S. Census Bureau, American Community Survey, public-use microdata sample. See Appendix I, American Community Survey (ACS).



# Appendix Contents

<b>Appendix I. Data Sources</b> . . . . .	<b>357</b>	Postcensal Population Estimates . . . . .	385
<b>Government Sources</b> . . . . .	<b>358</b>	Intercensal Population Estimates . . . . .	386
Abortion Surveillance System . . . . .	358	Bridged-race Population Estimates . . . . .	386
American Community Survey (ACS) . . . . .	358	Quality Improvement Evaluation System (QIES) . . . . .	387
Census of Fatal Occupational Injuries (CFOI) . . . . .	359	Sexually Transmitted Disease (STD) Surveillance . . . . .	387
Current Population Survey (CPS) . . . . .	360	Surveillance, Epidemiology, and End Results Program (SEER) . . . . .	388
Department of Veterans Affairs National Enrollment and Patient Databases . . . . .	361	United States Renal Data System (USRDS) . . . . .	388
Employee Benefits Survey—See Appendix I, National Compensation Survey (NCS).		Youth Risk Behavior Survey (YRBS) . . . . .	389
Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample . . . . .	361	<b>Private and Global Sources</b> . . . . .	<b>390</b>
Medicaid Statistical Information System (MSIS) . . . . .	362	American Association of Colleges of Osteopathic Medicine (AACOM) . . . . .	390
Medical Expenditure Panel Survey (MEPS) . . . . .	363	American Association of Colleges of Pharmacy (AACP) . . . . .	390
Medicare Administrative Data . . . . .	364	American Association of Colleges of Podiatric Medicine (AACPM) . . . . .	390
Medicare Current Beneficiary Survey (MCBS) . . . . .	365	American Dental Association (ADA) . . . . .	390
Monitoring the Future (MTF) Study . . . . .	365	American Hospital Association (AHA) Annual Survey of Hospitals . . . . .	391
National Ambulatory Medical Care Survey (NAMCS) . . . . .	366	American Medical Association (AMA) Physician Masterfile . . . . .	391
National Compensation Survey (NCS) . . . . .	367	American Osteopathic Association (AOA) . . . . .	391
National Health and Nutrition Examination Survey (NHANES) . . . . .	368	Association of American Medical Colleges (AAMC) . . . . .	391
National Health Expenditure Accounts (NHEA) . . . . .	369	Association of Schools and Colleges of Optometry (ASCO) . . . . .	392
National Health Interview Survey (NHIS) . . . . .	370	Association of Schools & Programs of Public Health (ASPPH) . . . . .	392
National HIV Surveillance System . . . . .	372	Guttmacher Institute Abortion Provider Census . . . . .	392
National Hospital Ambulatory Medical Care Survey (NHAMCS) . . . . .	372	Organisation for Economic Co-operation and Development (OECD) Health Data . . . . .	393
National Hospital Discharge Survey (NHDS) . . . . .	373	<b>Appendix II. Definitions and Methods</b> . . . . .	<b>394</b>
National Immunization Survey (NIS) . . . . .	374	Acquired immunodeficiency syndrome (AIDS) . . . . .	394
National Income and Product Accounts (NIPA) . . . . .	376	Active physician—See Appendix II, Physician.	
National Medical Expenditure Survey (NMES)—See Appendix I, Medical Expenditure Panel Survey (MEPS).		Activities of daily living (ADL) . . . . .	394
National Notifiable Diseases Surveillance System (NNDSS) . . . . .	377	Admission . . . . .	394
National Survey of Family Growth (NSFG) . . . . .	377	Age . . . . .	394
National Survey on Drug Use & Health (NSDUH) . . . . .	378	Age adjustment . . . . .	395
National Vital Statistics System (NVSS) . . . . .	379	AIDS—See Appendix II, Acquired immunodeficiency syndrome (AIDS).	
Birth File . . . . .	380	Alcohol consumption . . . . .	397
Fetal Death Data Set . . . . .	380	Any-listed diagnosis—See Appendix II, Diagnosis.	
Mortality Multiple Cause-of-Death File . . . . .	381	Average annual rate of change (percent change) . . . . .	397
Linked Birth/Infant Death Data Set . . . . .	383	Average length of stay . . . . .	398
Compressed Mortality File (CMF) . . . . .	383	Basic actions difficulty . . . . .	398
Occupational Employment Statistics (OES) . . . . .	384	Bed, health facility . . . . .	398
Population Census and Population Estimates . . . . .	384	Binge drinking . . . . .	398
Decennial Census . . . . .	384	Birth cohort . . . . .	398
Race Data on the 1990 Census . . . . .	384	Birth rate—See Appendix II, Rate: Birth and related rates.	
Race Data on the 2000 Census . . . . .	385		
Race Data on the 2010 Census . . . . .	385		
Modified Decennial Census Files . . . . .	385		

Birthweight . . . . .	398	Gross domestic product (GDP) . . . . .	412
Blood pressure, high . . . . .	398	Health care contact . . . . .	412
Body mass index (BMI) . . . . .	399	Health expenditures, national . . . . .	413
Cause of death . . . . .	400	Health insurance coverage . . . . .	414
Cause-of-death ranking . . . . .	400	Health maintenance organization (HMO) . . . . .	415
Children's Health Insurance Program (CHIP) . . . . .	400	Health services and supplies expenditures—See Appendix II, Health expenditures, national.	
Cholesterol . . . . .	400	Health status, respondent-assessed . . . . .	416
Cigarette smoking . . . . .	403	Hearing trouble . . . . .	416
Civilian noninstitutionalized population; Civilian population—See Appendix II, Population.		Hispanic origin . . . . .	416
Colorectal tests or procedures . . . . .	404	HIV—See Appendix II, Human immunodeficiency virus (HIV) disease.	
Community hospital—See Appendix II, Hospital.		Home visit . . . . .	419
Comparability ratio . . . . .	404	Hospital . . . . .	419
Compensation—See Appendix II, Employer costs for employee compensation.		Hospital-based physician—See Appendix II, Physician.	
Complex activity limitation . . . . .	405	Hospital day—See Appendix II, Days of care.	
Consumer Price Index (CPI) . . . . .	406	Hospital utilization . . . . .	420
Contraception . . . . .	406	Human immunodeficiency virus (HIV) disease . . . . .	420
Cost-charge ratio . . . . .	406	Hypercholesterolemia—See Appendix II, Cholesterol.	
Critical access hospital—See Appendix II, Hospital.		Hypertension—See Appendix II, Blood pressure, high.	
Crude birth rate; Crude death rate—See Appendix II, Rate: Birth and related rates; Rate: Death and related rates.		ICD; ICD codes—See Appendix II, Cause of death; <i>International Classification of Diseases</i> (ICD).	
Days of care . . . . .	406	Illicit drug use . . . . .	421
Death rate—See Appendix II, Rate: Death and related rates.		Immunization—See Appendix II, Vaccination.	
Dental caries . . . . .	406	Incidence . . . . .	421
Dental visit . . . . .	407	Income—See Appendix II, Family income.	
Diabetes . . . . .	407	Individual practice association (IPA)—See Appendix II, Health maintenance organization (HMO).	
Diagnosis . . . . .	408	Industry of employment . . . . .	421
Diagnostic and other nonsurgical procedure—See Appendix II, Procedure.		Infant death . . . . .	422
Discharge . . . . .	408	Injury . . . . .	422
Domiciliary care home—See Appendix II, Long-term care facility; Nursing home.		Injury-related visit . . . . .	422
Drug . . . . .	408	Inpatient . . . . .	422
Drug abuse—See Appendix II, Illicit drug use.		Inpatient care—See Appendix II, Hospital utilization.	
Education . . . . .	409	Inpatient day—See Appendix II, Days of care.	
Emergency department . . . . .	409	Instrumental activities of daily living (IADL) . . . . .	422
Emergency department or emergency room visit . . . . .	409	Insurance—See Appendix II, Health insurance coverage.	
Employer costs for employee compensation . . . . .	409	Intermediate care facility—See Appendix II, Nursing home.	
End-stage renal disease (ESRD) . . . . .	410	<i>International Classification of Diseases</i> (ICD) . . . . .	423
Ethnicity—See Appendix II, Hispanic origin.		<i>International Classification of Diseases, 9th Revision, Clinical Modification</i> (ICD-9-CM) . . . . .	423
Exercise—See Appendix II, Physical activity, leisure-time.		<i>International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System</i> (ICD-10-CM/PCS) . . . . .	423
Expenditures—See Appendix II, Health expenditures, national. (Also see Appendix I, National Health Expenditure Accounts [NHEA].)		Late fetal death rate—See Appendix II, Rate: Death and related rates.	
External cause of injury . . . . .	410	Leading causes of death—See Appendix II, Cause-of- death ranking.	
Family income . . . . .	410	Length of stay—See Appendix II, Average length of stay.	
Federal hospital—See Appendix II, Hospital.		Life expectancy . . . . .	424
Fee-for-service health insurance . . . . .	412	Limitation of activity . . . . .	425
Fertility rate—See Appendix II, Rate: Birth and related rates.		Long-term care facility . . . . .	425
General hospital—See Appendix II, Hospital.		Low birthweight—See Appendix II, Birthweight.	
Geographic region . . . . .	412		
Gestation . . . . .	412		



Mammography . . . . .	425	Public expenditures—See Appendix II, Health expenditures, national.	
Managed care . . . . .	427	Purchasing power parities (PPPs) . . . . .	436
Marital status . . . . .	427	Race . . . . .	436
Maternal age—See Appendix II, Age.		Rate. . . . .	442
Medicaid. . . . .	428	Region—See Appendix II, Geographic region.	
Medicaid payments . . . . .	429	Registered hospital—See Appendix II, Hospital.	
Medical specialty—See Appendix II, Physician specialty.		Registration area . . . . .	443
Medicare. . . . .	429	Relative standard error (RSE). . . . .	443
Metropolitan statistical area (MSA). . . . .	430	Relative survival rate . . . . .	443
Micropolitan statistical area . . . . .	431	Reporting area . . . . .	443
Multum Lexicon Plus therapeutic class. . . . .	431	Resident, health facility . . . . .	443
Neonatal mortality rate—See Appendix II, Rate: Death and related rates.		Resident population—See Appendix II, Population.	
Nonprofit hospital—See Appendix II, Hospital.		Rural—See Appendix II, Urbanization.	
North American Industry Classification System (NAICS)—See Appendix II, Industry of employment.		Self-assessment of health—See Appendix II, Health status, respondent-assessed.	
Notifiable disease. . . . .	431	Serious psychological distress. . . . .	443
Nursing home . . . . .	431	Short-stay hospital—See Appendix II, Hospital.	
Nursing home expenditures—See Appendix II, Health expenditures, national.		Skilled nursing facility—See Appendix II, Nursing home.	
Obesity—See Appendix II, Body mass index (BMI).		Smoker—See Appendix II, Cigarette smoking.	
Occupancy rate . . . . .	432	Special hospital—See Appendix II, Hospital.	
Office-based physician—See Appendix II, Physician.		Substance use . . . . .	444
Office visit. . . . .	432	Suicidal ideation . . . . .	444
Operation—See Appendix II, Procedure.		Surgery—See Appendix II, Outpatient surgery; Procedure.	
Outpatient department. . . . .	432	Surgical specialty—See Appendix II, Physician specialty.	
Outpatient surgery . . . . .	432	Tobacco use—See Appendix II, Cigarette smoking.	
Outpatient visit . . . . .	432	Uninsured. . . . .	444
Overweight—See Appendix II, Body mass index (BMI).		Urbanization . . . . .	445
Pap smear. . . . .	432	Usual source of care. . . . .	445
Patient—See Appendix II, Inpatient; Office visit; Outpatient visit.		Vaccination. . . . .	445
Percent change/percentage change—See Appendix II, Average annual rate of change (percent change).		Wages and salaries—See Appendix II, Employer costs for employee compensation.	
Perinatal mortality rate; ratio—See Appendix II, Rate: Death and related rates.		Years of potential life lost (YPLL) . . . . .	446
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 . . . . .	433		
Physician. . . . .	434		
Physician specialty. . . . .	434		
Population . . . . .	434		
Postneonatal mortality rate—See Appendix II, Rate: Death and related rates.			
Poverty . . . . .	435		
Preferred provider organization (PPO) . . . . .	435		
Prevalence . . . . .	435		
Primary care specialty—See Appendix II, Physician specialty.			
Private expenditures—See Appendix II, Health expenditures, national.			
Procedure. . . . .	435		
Proprietary hospital—See Appendix II, Hospital.			

## Appendix II: Tables

Table I. United States projected year 2000 standard population and age groups used to age-adjust data. . .	395
Table II. United States projected year 2000 standard population and proportion distribution, by age, for age-adjusting death rates prior to 2001 . . . . .	396
Table III. Revision of the <i>International Classification of Diseases</i> (ICD), by year of conference in which adopted and years in use in the United States . . . . .	400
Table IV. Cause-of-death codes, by applicable revision of the <i>International Classification of Diseases</i> (ICD) . . . . .	401
Table V. Comparability of selected causes of death between the 9th and 10th revisions of the <i>International Classification of Diseases</i> (ICD) . . . . .	405
Table VI. Imputed family income percentages in the National Health Interview Survey, by selected characteristics: United States, 1990–2013 . . . . .	412

<b>Table VII.</b> 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 . . . . .	417
<b>Table VIII.</b> Codes for industries, based on the North American Industry Classification System (NAICS) . . . . .	422
<b>Table IX.</b> Codes for external causes of injury, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i> . . . . .	423
<b>Table X.</b> Codes for diagnostic categories, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i> . . . . .	424
<b>Table XI.</b> Codes for procedure categories for National Hospital Discharge Survey data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i> . . . . .	426
<b>Table XII.</b> Codes for procedure categories for Healthcare Cost and Utilization Project data, from the <i>International Classification of Diseases, 9th Revision, Clinical Modification</i> . . . . .	437
<b>Table XIII.</b> 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 . . . . .	438
<b>Table XIV.</b> 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 . . . . .	439

## Appendix II: Figure

<b>Figure I.</b> U.S. Census Bureau: Four geographic regions and nine divisions of the United States . . . . .	413
--	-----

# 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 care 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 are able to collect socioeconomic data and information on the impact of an illness, such as 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 medical 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 may 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 *Coverage* section describes the population or events that the data system covers: for example, residents of the United States, the noninstitutionalized population, persons in specific population groups, or other entities that are included in the survey or data system. 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 shown in *Health, United States*: 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 in the United States.

*Coverage.* The system includes women of all ages, including adolescents, who obtain legal induced abortions.

*Methodology.* Each year, CDC requests tabulated data from the central health agencies of 52 reporting areas (the 50 states, the District of Columbia [D.C.], and New York City) 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 report abortion data to CDC and provide only the aggregate numbers for the abortion data they have collected through their independent surveillance systems. Although reporting to CDC is voluntary, most reporting areas provide aggregate abortion numbers; during 2002–2011, a total of 46 reporting areas provided CDC a continuous annual record of abortion numbers.

*Issues Affecting Interpretation.* Because reporting areas establish their own reporting requirements for abortion and send their data to CDC voluntarily, CDC is unable to obtain the total number of abortions performed in the United States. Although most states legally require medical providers to submit a report for all the abortions they perform, enforcement of this requirement varies. Additionally, although most reporting areas collect and send abortion data to CDC, during 2002–2011, 6 of the 52 reporting areas did not provide CDC with data on a consistent annual basis (the six states that did not report continuously for the period 2002–2011 were: Alaska, California, Louisiana, Maryland, New Hampshire, and West Virginia). Because of these limitations, during the period covered by this report, the total annual number of abortions recorded by CDC was consistently approximately 70% 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.

### Reference

Pazol K, Creanga AA, Burley KD, Jamieson DJ. Abortion surveillance—United States, 2011. *MMWR Surveill Summ* 2014;63(SS–11):1–41. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s\\_cid=ss6311a1\\_e#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_e#Tab1).

*For More Information.* See the NCCDPHP surveillance and research website at: [http://www.cdc.gov/reproductivehealth/Data\\_Stats/index.htm](http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm).

### American Community Survey (ACS)

#### *U.S. Census Bureau*

*Overview.* ACS provides annual estimates of income, education, employment, health insurance coverage, and housing costs and conditions for U.S. residents. Estimates from ACS complement data on population counts collected by the U.S. Census Bureau during the decennial census. Topics currently included on an annual basis in ACS were previously collected once a decade through the decennial census long form.

*Coverage.* ACS covers U.S. residents residing in all 3,141 counties in the 50 states and the District of Columbia, and all 78 municipalities in Puerto Rico. ACS began data collection for U.S. residents residing in housing units in January 2005 and for residents residing in group quarters facilities in January 2006. Annual ACS estimates are available every year for states and for specific geographic areas with populations of 65,000 or more.

*Methodology.* Starting with 2013 data, the ACS data collection operation uses up to four modes to collect information: Internet, mail, telephone, and personal visit interviews. The first mode includes a mailed request to respond to the ACS questionnaire over the Internet, followed later by an option to complete a paper questionnaire and return it by mail. If neither an Internet nor mail questionnaire is received, a follow-up interview by phone or personal visit is attempted for a sample of nonrespondents. Prior to 2013, Internet collection was not used, and only three modes of collection were used. Each month, a sample of housing unit addresses and residents of group quarters facilities receive questionnaires. Housing units include a house, apartment, mobile home or trailer, a group of rooms, or a single room occupied as separate living quarters, or if vacant, intended for occupancy as separate living quarters. Group quarters are places where people live or stay that are normally owned or managed by an entity or organization providing housing and services for the residents. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to persons receiving these services. The group quarters population comprises both the institutional and noninstitutional group quarters populations. The

institutional group quarters population includes residents under formally authorized supervised care, such as those in skilled nursing facilities, adult correctional facilities, and psychiatric hospitals. The noninstitutional group quarters population includes residents of colleges or university housing, military barracks, and group homes.

ACS creates two sets of weights: a weight to each sample person record (both household and group quarters persons) and a weight to each sample housing unit record. For information on the weighting procedure, see the ACS methodology website at: [http://www.census.gov/acs/www/methodology/methodology\\_main/](http://www.census.gov/acs/www/methodology/methodology_main/).

*Sample Size and Response Rate.* Each year from 2005 through 2010, approximately 2.9 million housing unit addresses in the U.S. and 36,000 in Puerto Rico were selected to participate in ACS. Starting in 2011, the housing unit sample was increased to 3.54 million addresses per year. For 2005–2012, the housing unit response rate was 97%–98%; in 2013, the housing unit response rate was 90%. Beginning in 2006, the ACS sample was expanded to include 2.5% of the population living in group quarters, which included approximately 20,000 group quarters facilities and 195,000 residents of group quarters in the United States and Puerto Rico. In 2013, the group quarters sample for college dorms was restricted to the nonsummer months. The group quarters response rate ranged between 95% and 98% for 2005–2013. For year-specific response rates, see: [http://www.census.gov/acs/www/methodology/response\\_rates\\_data/](http://www.census.gov/acs/www/methodology/response_rates_data/).

*Issues Affecting Interpretation.* Several changes were made to the ACS questionnaire at the beginning of 2008, including the introduction of new questions on health insurance coverage. Health insurance coverage estimates are methodologically consistent for data year 2009 and subsequent years (O'Hara). In addition, the methodology for weighting the group quarters survey changed starting in 2011.

#### References

Torrieri N, Program Staff. American Community Survey design and methodology (January 2014). Washington, DC: U.S. Census Bureau; 2014. Available from: [http://www.census.gov/acs/www/Downloads/survey\\_methodology/acs\\_design\\_methodology\\_report\\_2014.pdf](http://www.census.gov/acs/www/Downloads/survey_methodology/acs_design_methodology_report_2014.pdf).

O'Hara B, Medalia C. CPS and ACS health insurance estimates: Consistent trends from 2009–2012. SEHSD working paper 2014–29. Washington, DC: U.S. Census Bureau, Social, Economic, and Housing Statistics Division; 2014. Available from: [http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/CPS\\_ACS\\_Trends.pdf](http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/CPS_ACS_Trends.pdf).

*For More Information.* See the ACS website at: <http://www.census.gov/acs/www/>.

## 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.

*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.

*Issues Affecting Interpretation.* The numbers of fatal occupational injuries 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. Increases in the published counts over the last 5 years based on

additional information have averaged 165 fatal occupational injuries per year, or less than 4% of the annual total.

Beginning with 2003 data, CFOI began using the 2002 North American Industry Classification System (NAICS). 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.)

#### Reference

Bureau of Labor Statistics. Revisions to the 2012 Census of Fatal Occupational Injuries (CFOI) counts. Washington, DC: U.S. Department of Labor; 2014. Available from: [http://www.bls.gov/iif/oshwc/cfoi/cfoi\\_revised12.pdf](http://www.bls.gov/iif/oshwc/cfoi/cfoi_revised12.pdf).

*For More Information.* See the CFOI website at: <http://www.bls.gov/iif/oshcfoi1.htm> and the CFOI section of the *BLS Handbook of Methods* at: <http://www.bls.gov/opub/hom/pdf/homch9.pdf>.

## Current Population Survey (CPS)

### *Bureau of Labor Statistics (BLS) and U.S. Census Bureau*

*Overview.* CPS provides current estimates and trends in employment, unemployment, poverty, and other characteristics of the general labor force, the population as a whole, and various population subgroups.

*Coverage.* The Census 2000-based basic CPS sample was introduced in April 2004, and implementation was completed by July 2005 with coverage in every state and D.C. For CPS labor force data, the adult universe (i.e., the population of marriageable age) is composed of persons aged 15 and over in the civilian noninstitutionalized population. The sample for the March CPS supplement was expanded to include members of the Armed Forces who are living in a household with at least one civilian adult, as well as additional Hispanic households that are not included in the monthly labor force estimates.

*Methodology.* 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 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, weeks worked, time spent looking for work or on layoff from a job, occupation and industry classification of the job held for the longest during the year, and receipt of noncash benefits (such as food stamps, school lunch program, employer-provided group health insurance plan, personal health insurance, Medicaid, Medicare, Tricare or military health care, and energy assistance).

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.

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.

The final CPS sample 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 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 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. Starting with *Health, United States, 2012*, Census 2010-based population controls were implemented for poverty estimates for 2010 and beyond. For a discussion of the impact of the implementation of the Census 2010-based controls on poverty estimate trends, see: DeNavas-Walt, Proctor, and Smith (2012).

For 2013 data, the CPS ASEC used a split panel to test a new set of income questions. Data for 2013 presented in this report are consistent with 2012 and do not include the redesigned income questions.

#### References

U.S. Census Bureau. Current Population Survey: Design and methodology. Technical paper no 66. Washington, DC: U.S. Census Bureau; 2006. Available from: <http://www.census.gov/prod/2006pubs/tp-66.pdf>.

DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States: 2012. Current Population Reports, P-60-245. Washington, DC: U.S. Government Printing Office; 2013. Available from: <http://www.census.gov/prod/2013pubs/p60-245.pdf>.

DeNavas-Walt C, Proctor BD. Income and poverty in the United States: 2013. Current Population Reports, P-60-249. Washington, DC: U.S. Government Printing Office; 2014. Available from: <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf>.

*For More Information.* See the CPS website at: <http://www.census.gov/cps>.

## Department of Veterans Affairs National Enrollment and Patient Databases

### *Department of Veterans Affairs (VA)*

*Overview.* The VA compiles and analyzes multiple data sets on the health and health care of its clients and other veterans to monitor access and quality of care and to conduct program and policy evaluations. The VA maintains 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. The VA also maintains 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.* Encounter data from VA clinical information systems 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.asp>.

## Employee Benefits Survey—See Appendix I, National Compensation Survey (NCS).

## Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample

### *Agency for Healthcare Research and Quality (AHRQ)*

*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 National (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.

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).

*Coverage.* HCUP-NIS for 2012 covers community hospital discharges (excluding discharges from rehabilitation or long-term acute hospitals) from 44 states, which contain about 94% of all U.S. community hospital discharges.

Community hospitals are defined by the American Hospital Association as nonfederal, short-term, general, and other specialty hospitals, excluding hospital units of institutions.

The number of states participating in HCUP–NIS has generally increased each year. In the years of data presented, the number of states grew from 28 in 2000 to 37 in 2005, 45 in 2010, 46 in 2011, and 44 in 2012. In 2012, all states except Alabama, Delaware, Idaho, Maine, Mississippi, and New Hampshire were included. D.C. is not included.

*Methodology.* HCUP–NIS prior to 2012 was designed to approximate a 20% stratified sample of U.S. community hospitals (excluding rehabilitation hospitals). This universe of U.S. community hospitals was divided into strata using five hospital characteristics: ownership and control, bed size, teaching status, urban or rural location, and U.S. region. The pre-2012 HCUP–NIS was 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 was limited by the availability of inpatient data from the data sources participating in HCUP. Discharge records for all patients in the sampled hospitals were included in the pre-2012 HCUP–NIS.

In 2012, HCUP–NIS was redesigned to improve national estimates. To highlight the design change, beginning with 2012 data, AHRQ renamed HCUP–NIS from the “Nationwide Inpatient Sample” to the “National Inpatient Sample.” The redesigned HCUP–NIS is now a sample of discharge records from all HCUP-participating hospitals, rather than a sample of hospitals from which all discharges were retained. It approximates a 20% stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. For this report, the statistics for years prior to 2012 were regenerated using new trend weights taking into account the redesign, to permit longitudinal analysis.

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 cost 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 2012 HCUP–NIS contains data from 7.3 million hospital stays sampled from 4,378 hospitals.

*Issues Affecting Interpretation.* Weights are produced to create national estimates, but because the number of participating states has increased over time, estimates from earlier years may be biased if omitted states have substantially different hospitalization patterns than states that provided data.

#### Reference

Agency for Healthcare Research and Quality. Introduction to the HCUP National Inpatient Sample (NIS), 2012. In: Healthcare Cost and Utilization Project—HCUP: A federal-state-industry partnership in health data. Rockville, MD: AHRQ; 2014. Available from: <http://www.hcup-us.ahrq.gov/db/nation/nis/NISIntroduction2012.pdf>.

*For More Information.* See the HCUP website at: <http://www.hcup-us.ahrq.gov/>.

## Medicaid Statistical Information System (MSIS)

### Centers for Medicare & Medicaid Services (CMS)

*Overview.* CMS works with its state partners to collect data on each person served by the Medicaid program, in order to monitor and evaluate access to and quality of care, trends in program eligibility, characteristics of enrollees, changes in payment policy, and other program-related issues. MSIS is the primary data source for Medicaid statistical information. 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.

*Coverage.* Medicaid data for all 50 states and D.C. are available starting in 1999. The data include information about all individuals enrolled in the Medicaid program, the services they receive, and the payments made for those services.

*Methodology.* 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.



Another source of Medicaid information, not used in *Health, United States*, is the Form CMS–64, Quarterly Expense Report, a product of the financial budget and grant system. The report is a statement of expenditures for the Medicaid program that the states submit to CMS 30 days after each quarter. The report is an accounting statement of actual expenditures made by the states for which they are entitled to receive federal reimbursement under Title XIX for that quarter. The amount claimed on form CMS–64 is a summary of expenditures derived from source documents such as invoices, cost reports, and eligibility records. For more information, see: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MBES/CMS-64-Quarterly-Expense-Report.html>.

Form CMS–64 shows the disposition of Medicaid grant funds for the quarter being reported and for previous years, the recoupments made or refunds received, and income earned on grant funds. The data on form CMS–64 are used to reconcile the monetary advance made on the basis of states' funding estimates filed prior to the beginning of the quarter on form CMS–37, Medicaid Program Budget Report. As such, form CMS–64 is the primary source for making adjustments for any identified overpayments and underpayments to the states. Also incorporated into this process are disallowance actions forwarded from other federal financial adjustments. Finally, form CMS–64 provides information that forms the basis for a series of Medicaid financial reports and budget analyses. Also included are third-party liability (TPL) collections tables. TPL refers to the legal obligation of certain health care sources to pay the medical claims of Medicaid recipients before Medicaid pays these claims. Medicaid pays only after the TPL sources have met their legal obligation to pay.

*Issues Affecting Interpretation.* The Medicaid tables in *Health, United States* are based on MSIS data. Users of Medicaid data may note apparent inconsistencies in the data that are primarily due to the difference in information captured in MSIS compared with form CMS–64 reports. The most substantive difference is due to payments made to disproportionate share hospitals. Payments to disproportionate share hospitals do not appear in MSIS because states reimburse these hospitals directly and there is no fee-for-service billing. Other, less significant, differences between MSIS and form CMS–64 occur because adjudicated claims data are used in MSIS compared with actual payments reflected in form CMS–64. Differences also may occur because of internal state practices for capturing and reporting these data through two separate systems. Finally, national totals for form CMS–64 are different because they include other jurisdictions, such as the Northern Mariana Islands and American Samoa. Starting with 1999 data, MSIS excluded data from Puerto Rico and the U.S. Virgin Islands, which accounted for approximately 1 million eligibles and \$250 million in Medicaid payments.

*For More Information.* See the CMS websites at: <http://www.cms.hhs.gov/home/medicaid.asp> and

<http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Data-and-Systems/Data-and-Systems.html> and the Research Data Assistance Center (ResDAC) website at: <http://cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/ResearchDataAssistanceCenter.html>. (Also see Appendix II, Medicaid.)

## Medical Expenditure Panel Survey (MEPS)

### *Agency for Healthcare Research and Quality (AHRQ)*

*Overview.* MEPS produces nationally representative estimates of health care use, expenditures, sources of payment, insurance coverage, and quality of care. MEPS consists of three components: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). Data from MEPS–HC and MEPS–MPC are used in *Health, United States*.

*Coverage.* The U.S. civilian noninstitutionalized population is the primary population represented.

*Methodology.* MEPS–PC 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 MEPS predecessor, the 1987 National Medical Expenditure Survey (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 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 2011, the MEPS annual survey consisted of 13,449 families and 33,622 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 55% in recent years.

*Issues Affecting Interpretation.* The 1987 estimates are based on NMES, and 1996 and later years' estimates are based on MEPS. Because expenditures in NMES were based primarily on charges, whereas those for MEPS were based on payments, data for NMES were adjusted to be more comparable with MEPS by using estimated charge-to-payment ratios for 1987. For a detailed explanation of this adjustment, see Zuvekas and Cohen (2002).

## References

Ezzati-Rice TM, Rohde F, Greenblatt J. Sample design of the Medical Expenditure Panel Survey Household Component, 1998–2007. Methodology report no 22. Rockville, MD: Agency for Healthcare Research and Quality; 2008. Available from: [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.shtml](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.shtml).

Zuvekas SH, Cohen JW. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. *Inquiry* 2002;39(1):76–86.

*For More Information.* See the MEPS website at: <http://www.meps.ahrq.gov/mepsweb/>.

## Medicare Administrative Data

### *Centers for Medicare & Medicaid Services (CMS)*

*Overview.* CMS collects and synthesizes Medicare enrollment, spending, and claims data to monitor and evaluate access to and quality of care, trends in utilization, changes in payment policy, and other program-related issues. Data include claims information for services furnished to Medicare fee-for-service beneficiaries and Medicare enrollment data. Claims data include type of service, procedures, diagnoses, dates of service, charge amounts, and payment amounts. Enrollment data include date of birth, sex, race, ethnicity, and reason for entitlement.

*Coverage.* Enrollment data are for all persons enrolled in the Medicare program. Claims data include data for Medicare fee-for-service beneficiaries who received services and for whom claims were filed.

*Methodology.* The claims and utilization data files contain extensive utilization information at various levels of summarization for a variety of providers and services. There are many types and levels of these files: National Claims History (NCH) files, Standard Analytic files (SAFs), Medicare Provider and Analysis Review (MedPAR) files, Medicare enrollment files, and various other files.

The NCH 100% Nearline file contains all institutional and noninstitutional claims and provides records of every Medicare claim submitted, including adjustment claims. SAFs contain final action claims data in which all adjustments have been resolved. These files contain information collected by Medicare to pay for health care services provided to a Medicare beneficiary. SAFs are available for each institutional (inpatient, outpatient, skilled nursing facility, hospice, or home health agency) and noninstitutional (physician and durable medical equipment providers) claim type. The record unit of SAFs is the claim (some episodes of care may have more than one claim).

MedPAR files contain inpatient hospital and skilled nursing facility (SNF) final action stay records. Each MedPAR record represents a stay in an inpatient hospital or SNF. An inpatient stay record summarizes all services rendered to a beneficiary from the time of admission to a facility, through discharge. Each MedPAR record may represent one claim or multiple claims, depending on the length of a beneficiary's stay and the amount of inpatient services used throughout the stay.

The Denominator file contains demographic and enrollment information about each beneficiary enrolled in Medicare during a calendar year. The information in the Denominator file is frozen in March of the following calendar year. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, age, monthly entitlement indicators (for Medicare Part A, Medicare Part B, or Part A and Part B), reasons for entitlement, state buy-in indicators, and monthly managed care indicators (yes or no). The Denominator file is used to determine beneficiary demographic characteristics, entitlement, and beneficiary participation in Medicare managed care organizations (MCOs).

The Vital Status file contains demographic information about each beneficiary ever entitled to Medicare. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, ZIP code, date of birth, date of death, sex, race, and age.

The Group Health Plan (GHP) master file contains data on beneficiaries who are currently enrolled, or have ever been enrolled, in an MCO under contract with CMS. Each record represents one beneficiary, and each beneficiary has one record. Some of the information contained in this file includes the beneficiary unique identifier, state and county codes, date of birth, date of death, and managed care enrollment information such as dates of membership and MCO contract number.

*Issues Affecting Interpretation.* Because Medicare MCOs might not file claims, files based only on claims data will exclude care for persons enrolled in Medicare MCOs. In addition, to maintain a manageable file size, some files are based on a sample of enrollees rather than on all Medicare enrollees. Coding and the interpretation of Medicare coverage rules have also changed over the life of the Medicare program.

*For More Information.* See the CMS Research Data Assistance Center (ResDAC) website at: <http://www.resdac.org> and the CMS website at: [http://www.cms.gov/Research-Statistics-Data-and-Systems.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html). (Also see Appendix II, Medicare.)

## Medicare Current Beneficiary Survey (MCBS)

### *Centers for Medicare & Medicaid Services (CMS)*

*Overview.* MCBS produces nationally representative estimates of health and functional 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.

*Coverage.* MCBS is a continuous survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

*Methodology.* The overlapping panel design of the survey allows each sample person (or their proxies) to be interviewed three times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because residents of long-term care facilities often are in poor health, information about institutionalized residents is collected from proxy respondents such as nurses and other primary caregivers affiliated with the facility. The sample is selected from the Medicare enrollment files, with oversampling among disabled persons under age 65 and among persons aged 85 and over.

MCBS has two components: the Cost and Use file and the Access to Care file. Medicare claims are linked to survey-reported events to produce the Cost and Use file, which provides complete expenditure and source-of-payment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the always enrolled population—those who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the ever enrolled population, including those who entered Medicare and those who died during the year.

*Sample Size and Response Rate.* Each fall, about one-third of the MCBS sample is retired and roughly 6,000 new sample persons are included in the survey; the exact number chosen is based on projections of target samples of 12,000

persons with 3 years of cost and use information distributed appropriately across the sample cells. In the community, response rates for initial interviews are approximately 80%; once respondents have completed the first interview, their participation in subsequent rounds is 95% or more. In recent rounds, data have been collected from approximately 16,000 beneficiaries. Roughly 90% of the sample is made up of persons who live in the community, with the remaining persons living in long-term care facilities. Response rates for facility interviews approach 100%.

*Issues Affecting Interpretation.* Because only Medicare enrollees are included in MCBS, the survey excludes a small proportion of persons aged 65 and over who are not enrolled in Medicare. This should be noted when using MCBS to make estimates of the entire population aged 65 and over in the United States.

### *References*

Adler GS. A profile of the Medicare Current Beneficiary Survey. *Health Care Financ Rev* 1994;15(4):153–63.

Lo A, Chu A, Apodaca R. Redesign of the Medicare Current Beneficiary Survey sample. Rockville, MD: Westat, Inc.; 2003. Available from: <http://www.amstat.org/sections/srms/Proceedings/y2002/Files/JSM2002-000662.pdf>.

*For More Information.* See the MCBS website at: <http://www.cms.hhs.gov/MCBS>.

## Monitoring the Future (MTF) Study

### *University of Michigan, supported by National Institute on Drug Abuse (NIDA)*

*Overview.* MTF is an ongoing study that uses annual surveys to track the behaviors, attitudes, and values of U.S. secondary school students, college students, and adults through age 55. Data collected include lifetime, annual, and 30-day prevalence of use of many illegal drugs, inhalants, tobacco, and alcohol.

*Coverage.* MTF surveys a sample of 12th, 10th, and 8th graders in public and private high schools in the coterminous United States. Follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation, to gather information on college students, young adults, and older adults.

*Methodology.* The survey design is a multistage random sample, with stage 1 being the selection of particular geographic areas, stage 2 the selection of one or more schools in each area, and stage 3 the selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the University of Michigan's Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded. Recognizing that the

dropout population is at higher risk for drug use, MTF was expanded in 1991 to include similar nationally representative samples of 8th and 10th graders, who have lower dropout rates than seniors and include future high-risk 12th grade dropouts. For more information on MTF adjustments for absentees and dropouts, see Johnston et al. (2013).

*Sample Size and Response Rate.* In 2013, a total of 41,675 students in 389 public and private schools in the coterminous United States participated. The annual senior samples comprised 13,180 12th graders in 126 public and private high schools nationwide. The 10th-grade samples involved 13,262 students in 120 schools, and the 8th-grade samples had 15,233 students in 143 schools. Student response rates were 90% for grade 8, 88% for grade 10, and 82% for grade 12 and have been relatively constant across time. Absentees constitute virtually all of the nonresponding students.

*Issues Affecting Interpretation.* Estimates of substance use among youth based on the National Survey on Drug Use & Health (NSDUH) are not directly comparable with estimates based on MTF and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and data cleaning procedures. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. In addition, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

#### References

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE, Miech RA. Monitoring the Future National Survey results on drug use: 1975–2013. Vol I: Secondary school students. Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2014. Available from: [http://www.monitoringthefuture.org//pubs/monographs/mtf-vol1\\_2013.pdf](http://www.monitoringthefuture.org//pubs/monographs/mtf-vol1_2013.pdf).

Cowan CD. Coverage, sample design, and weighting in three federal surveys. *J Drug Issues* 2001;31(3):599–614.

*For More Information.* See the NIDA website at: <http://www.nida.nih.gov/Infobox/HSYouthtrends.html> and the MTF website at: <http://www.monitoringthefuture.org>.

## National Ambulatory Medical Care Survey (NAMCS)

CDC/NCHS

*Overview.* NAMCS provides national data about the provision and use of medical care services in office-based physician practices in the United States, using information collected from medical records. Data are collected 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.

*Coverage.* NAMCS 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 in the United States. 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. Beginning in 1989, the first-stage sample consisted of 112 primary sampling units (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. Starting in 1989, the survey included all 50 states and D.C.

Starting in 2006, a dual-sampling procedure was used to select CHC physicians and nonphysician clinicians. First, the traditional NAMCS sample was selected using the methods described above. Second, information from the Health Resources and Services Administration and the Indian Health Service was used to select a sample of CHCs. Within CHCs, a maximum of three health care providers were selected, including physicians, physician assistants, nurse practitioners, or nurse midwives. After selection, CHC providers followed traditional NAMCS methods for selecting patient visits.

The U.S. Census Bureau acts as the data collection agent for NAMCS. Screening interviews are conducted by Census field representatives to obtain information about physicians' office-based practices and to ensure that the practice is within the scope of the survey. Field representatives visit eligible physicians prior to their participation in the survey, to provide them with survey materials and instruct them on how to sample patient visits and complete patient record forms. Participants are asked to complete forms for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week period, but increasingly patient record forms are abstracted by field representatives.

Sample data are weighted to produce national estimates. The estimation procedure used in NAMCS has four basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, ratio adjustment to fixed totals, and weight smoothing.

*Sample Size and Response Rate.* In 2010, a sample of 3,525 physicians was selected: 2,406 were in-scope and 1,418 participated, for a response rate of 58%. Data were provided for 31,229 visits. The response rates have been modified to accommodate the mixture of one- and two-stage samples of providers.

*Issues Affecting Interpretation.* The NAMCS patient record form is modified approximately every 2–4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include increasing the number of drugs recorded on the patient record form and adding checkboxes for specific tests or procedures performed. Sample sizes vary by survey year. For some years it is suggested that analysts combine two or more years of data if they wish to examine relatively rare populations or events. Starting with *Health, United States, 2005*, data for survey years 2001–2002 were revised to be consistent with the weighting scheme introduced in the 2003 NAMCS data. For more information on the new weighting scheme, see Hing et al. (2005).

#### Reference

Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey: 2003 summary. Advance data from vital and health statistics; no 365. Hyattsville, MD: NCHS; 2005. Available from: <http://www.cdc.gov/nchs/data/ad/ad365.pdf>.

*For More Information.* See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

## National Compensation Survey (NCS)

### *Bureau of Labor Statistics (BLS)*

*Overview.* NCS provides comprehensive measures of occupational earnings, compensation cost trends, benefit incidence, and detailed plan provisions based on surveys of a sample of employers.

*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). 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, private household workers, the self-employed, and the federal government.

*Methodology.* NCS is conducted quarterly by BLS' Office of Compensation and Working Conditions. The sample consists of approximately 152 areas that represent the nation's metropolitan statistical areas and micropolitan statistical areas (as defined by the Office of Management and Budget [OMB]) and the remaining portions of the 50 states. The sample is selected using a three-stage design. The first stage involves the selection of geographic 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 sampled areas. 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. Data are collected for the pay period including the 12th day of the survey months of March, June, September, and December.

*Sample Size and Response Rate.* The sample consists of about 8,800 establishments in private industry and about 1,400 establishments in state and local government.

*Issues Affecting Interpretation.* Prior to 1999, estimates were based on multiple surveys which were replaced by NCS; therefore, trend analyses based on estimates prior to 1999 should be interpreted with care.

The state and local government sample is revised every 10 years and was replaced in its entirety in December 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 approximately every 5 years, which makes the sample more representative of the economy and reduces respondent burden. The sample is replaced on a cross-area, cross-establishment 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.

#### References

Bureau of Labor Statistics. Employer costs for employee compensation—March 2014 [press release USDL–14–1075]. Washington, DC: U.S. Department of Labor;

2014 June 11. Available from: <http://www.bls.gov/news.release/ecec.nr0.htm>.

Wiatrowski WJ. The National Compensation Survey: Compensation statistics for the 21st century. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. Compensation and Working Conditions (CWC) Online 2000;Winter:5–14. Available from: <http://www.bls.gov/opub/mlr/cwc/the-national-compensation-survey-compensation-statistics-for-the-21st-century.pdf>.

U.S. Bureau of Labor Statistics. BLS handbook of methods, Ch. 8: National compensation measures; 2007. Available from: <http://www.bls.gov/opub/hom/pdf/homch8.pdf>.

*For More Information.* See the NCS website at: <http://www.bls.gov/ncs/>.

## National Health and Nutrition Examination Survey (NHANES)

### CDC/NCHS

*Overview.* NHANES is designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES collects data on the prevalence of chronic diseases and conditions (including undiagnosed conditions) and on risk factors such as obesity, elevated serum cholesterol levels, hypertension, diet and nutritional status, and numerous other measures.

*Coverage.* NHANES III, conducted during 1988–1994, targets the civilian noninstitutionalized U.S. population aged 2 months and over. Beginning in 1999, NHANES has been conducted continuously and targets the civilian noninstitutionalized population.

*Methodology.* NHANES includes clinical examinations, selected medical and laboratory tests, and self-reported data. NHANES interviews persons in their homes and conducts medical examinations in a mobile examination center (MEC), including laboratory analysis of blood, urine, and other tissue samples. Medical examinations and laboratory tests follow very specific protocols and are standardized as much 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.

The survey for NHANES III was conducted from 1988 to 1994 using a stratified, multistage probability design to sample 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 a physical examination. Participants were selected from households in

81 survey units across the United States. Children aged 2 months to 5 years, persons aged 60 and over, black persons, and persons of Mexican origin 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, collecting data every year from a representative sample of the civilian noninstitutionalized U.S. population, newborns and older, through in-home personal interviews and physical examinations in the MEC. The sample design is a complex, multistage, clustered design using unequal probabilities of selection. The first-stage sample frame for continuous NHANES during 1999–2001 was the list of PSUs selected for the design of the National Health Interview Survey. Typically, an NHANES PSU is a county. For 2002, an independent sample of PSUs (based on current census data) was selected. This independent design was used for the period 2002–2006. In 2007–2010 and 2011–2014, the sample was redesigned. For 1999, because of a delay in the start of data collection, 12 distinct PSUs were in the annual sample. For each year in 2000–2010, 15 PSUs were selected. The within-PSU design involves forming secondary sampling units that are nested within census tracts, selecting dwelling units within secondary units, and then selecting sample persons within dwelling units. Selection of the final sample person involves differential probabilities of selection according to the demographic variables of sex (male or female), race and ethnicity (Hispanic, white, black, or all other persons), and age. Because of the differential probabilities of selection, dwelling units are screened for potential sample persons. For more information on the sample design for 1999–2006, see: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_155.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_155.pdf); and for the sample design for 2007–2010, see: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_160.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_160.pdf).

Beginning in 1999, NHANES oversampled low-income persons, adolescents aged 12–19, persons aged 60 and over, African American persons, and persons of Mexican origin. The sample for data years 1999–2006 was not designed to give a nationally representative sample for the total Hispanic population residing in the United States. Starting with 2007–2010 data collection, all Hispanic persons were oversampled, not just persons of Mexican origin, and adolescents were no longer oversampled. For more information on the sampling methodology and analytic guidance for 2007–2010, see: [http://www.cdc.gov/nchs/data/nhanes/analyticnote\\_2007-2010.pdf](http://www.cdc.gov/nchs/data/nhanes/analyticnote_2007-2010.pdf).

In 2011–2012, the sampling design was changed and the following groups were oversampled: Hispanic persons; non-Hispanic black persons; non-Hispanic Asian persons; non-Hispanic white and other persons at or below 130% of poverty; and non-Hispanic white and other persons aged 80 and over. For more information on the 2011–2012 sample and analytic guidance, see: [http://www.cdc.gov/nchs/data/nhanes/analytic\\_guidelines\\_11\\_12.pdf](http://www.cdc.gov/nchs/data/nhanes/analytic_guidelines_11_12.pdf).

The estimation procedure used to produce national statistics for all NHANES involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated, to measure the reliability of the statistics.

*Sample Size and Response Rate.* Over the 6-year survey period of NHANES III, 39,695 persons were selected; the household interview response rate was 86% (33,994); and the medical examination response rate was 78% (30,818).

For NHANES 2009–2010, a total of 13,272 persons were identified, of which 79% (10,537) were interviewed and 77% (10,253) completed the health examination component. For NHANES 2011–2012, a total of 13,431 persons were identified, of which 73% (9,756) were interviewed and 70% (9,338) completed the health examination component. For more information on unweighted NHANES response rates and response weights using sample size weighted to Current Population Survey population totals, see: [http://www.cdc.gov/nchs/nhanes/response\\_rates\\_CPS.htm](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 survey years. Data files are revised periodically. If the file changes are minor and the impact on estimates small, then the data are not revised in *Health, United States*. Major data changes are incorporated.

Periodically, NHANES changes its sampling design to oversample different groups. Because the total sample size in any year is fixed due to operational constraints, sample sizes for the other oversampled groups (including Hispanic persons and non-low-income white and other persons) were decreased. Therefore, trend analyses on demographic subpopulations should be carefully evaluated to determine if the sample sizes meet the NHANES Analytic Guidelines. In general, any 2-year data cycle in NHANES can be combined with adjacent 2-year data cycles to create analytic data files based on 4 or more years of data in order to improve precision. However, because of the sample design change for 2011–2012, the data user should be aware of the implications if these data are combined with data from earlier survey cycles. Users are advised to examine their estimates carefully to see if the 4-year estimates (and sampling errors) are consistent with each set of 2-year estimates.

## References

Ezzati TM, Massey JT, Waksberg J, et al. Sample design: Third National Health and Nutrition Examination Survey. NCHS. Vital Health Stat 1992;2(113). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_113.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_113.pdf).

NCHS. Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. Vital Health Stat 1994;1(32). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_032.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_032.pdf).

Johnson CL, Paulose-Ram R, Ogden CL, et al. National Health and Nutrition Examination Survey: Analytic guidelines, 1999–2010. NCHS. Vital Health Stat 2013;2(161). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_161.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_161.pdf).

NCHS. National Health and Nutrition Examination Survey: Analytic guidelines, 2011–2012. 2013. Available from: [http://www.cdc.gov/nchs/data/nhanes/analytic\\_guidelines\\_11\\_12.pdf](http://www.cdc.gov/nchs/data/nhanes/analytic_guidelines_11_12.pdf).

*For More Information.* See the NHANES website at: <http://www.cdc.gov/nchs/nhanes.htm>.

## National Health Expenditure Accounts (NHEA)

### Centers for Medicare & Medicaid Services (CMS)

*Overview.* NHEA provide estimates of aggregate health care expenditures in the United States from 1960 onward. 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, or retail prescription drugs) and by the source of funds that pay for that care (e.g., private health insurance, Medicare, Medicaid, or out-of-pocket). A consistent set of definitions is used for health care goods and services and for sources of funds that finance health care expenditures, allowing for comparisons over time.

*Methodology.* The primary data sources used to estimate hospital care spending are the American Hospital Association (AHA) Annual Survey and the U.S. Census Bureau's Services Annual Survey (SAS). These sources are supplemented by data on federal hospital spending. Expenditures for physician and clinical services, nursing care facilities and continuing care retirement communities, home health care, dentists, and the services of health care professionals (e.g., chiropractors, private duty nurses, therapists, and podiatrists) are estimated using data from SAS and the U.S. Census Bureau's quinquennial Economic Census. The estimate of retail spending for prescription drugs is based on prescription drug data from the U.S. Census Bureau's Census of Retail Trade and data 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 are based on input-output and personal consumption expenditure data (Bureau of Economic Analysis), Economic Census and Annual Retail Trade Survey (ARTS) data (U.S. Census Bureau), Consumer

Expenditure Survey data (Bureau of Labor Statistics [BLS]), Medical Expenditure Panel Surveys (MEPS) data (Agency for Healthcare Research and Quality [AHRQ]), and over-the-counter sales data from Kline and Company, Inc. Durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed health professionals or through home health care agencies, are excluded from NHEA estimates of durable and nondurable medical products but are included with the expenditure estimates for the provider service category.

The Structures and Equipment component of NHEA includes estimates of the value of new construction put in place and new capital equipment (including software) purchased by the medical sector during the year. These estimates are based on a variety of data from the U.S. Census Bureau and the Bureau of Economic Analysis, including the Annual Capital Expenditures Survey, the C-30 Survey, and data from the National Income and Product Accounts.

Expenditures for noncommercial research are included in the Investment category of NHEA and are developed primarily from information gathered by the National Institutes of Health and the National Science Foundation. The cost of commercial research (such as by drug companies) is assumed to be embedded in the price charged for the product and therefore is not included in the noncommercial research category.

Private health insurance spending for health care goods and services is derived using data from the U.S. Census Bureau, the American Medical Association (AMA), the American Hospital Association (AHA), and IMS Health, as well as household data from surveys such as the National Medical Care Expenditure Survey (National Center for Health Services Research, 1987) and later, MEPS (AHRQ, 1996–2013). The net cost of private health insurance (which includes administrative costs, additions to reserves, rate credits and dividends, premium taxes, and net underwriting gains or losses) is estimated using data from A.M. Best (Oldwick, NJ), the National Association of Insurance Commissioners, BLS surveys on the cost of employer-sponsored health insurance and consumer expenditures, MEPS data for self-insured plans, data from privately funded surveys, and numerous consulting firms and private health insurance trade organizations.

Estimates of federal health care program spending (e.g., Medicare, Medicaid, and Department of Defense) were developed using administrative records maintained by the servicing agencies. Out-of-pocket spending (direct spending by consumers for copayments, coinsurance, deductibles, and payments for goods and services not covered by insurance) was estimated using data from SAS (U.S. Census Bureau), the Consumer Expenditure Survey (BLS), MEPS (AHRQ), the AHA Annual Survey, and data from IMS Health.

*Issues Affecting Interpretation.* Every 5 years, NHEA undergo a comprehensive revision that includes the incorporation of newly available source data, methodological and

definitional changes, and benchmark estimates from the Economic Census. During these comprehensive revisions, the entire NHEA time series is opened for revision. In addition to these changes, during the 2009 comprehensive revision, the classification structure of NHEA was changed to more clearly align programs and payers with the current health care system. CMS (2010).

## References

Hartman M, Martin AB, Lassman D, Catlin A; the National Health Expenditure Accounts Team. National health spending in 2013: Growth slows, remains in step with the overall economy. *Health Aff (Millwood)* 2015;34(1):150–160.

Martin AB, Hartman M, Whittle L, Catlin A; National Health Expenditure Accounts Team. National health spending in 2012: Rate of health spending remained low for the fourth consecutive year. *Health Aff (Millwood)* 2014;33(1):67–77.

Centers for Medicare & Medicaid Services. National Health Expenditure Accounts: Methodology paper, 2013: Definitions, sources, and methods. Baltimore, MD: CMS; 2015. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/DSM-13.pdf>.

Centers for Medicare & Medicaid Services. Summary of National Health Expenditure Account 2009 comprehensive revisions. Baltimore, MD: CMS; 2010. Available from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/benchmark2009.pdf>.

*For More Information.* See the CMS National Health Expenditure Accounts website at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>.

## 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. 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.

*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 2006 design is very similar to the previous design for the 1995–2005 surveys. Only the current sampling plan covering design years 2006–2015 is addressed here. The first stage of the current sampling plan consists of a sample of 428 primary sampling units (PSUs) drawn from approximately 1,900 geographically defined PSUs that cover the 50 states and D.C. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit segments. Area segments are defined geographically and contain an expected 8, 12, or 16 addresses. Permit segments cover housing units built after the 2000 census. The permit segments are defined using updated lists of building permits issued in the PSU since 2000 and contain an expected four addresses. Within each segment, all occupied households at the sample addresses are targeted for interview.

The total NHIS sample of PSUs is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of advantages, including flexibility for the total sample size. The households selected for interview each week in NHIS are a probability sample representative of the target population.

Oversampling of the black and Hispanic populations was retained in the 2006–2015 design to allow for more precise estimation of health characteristics in these populations. The current 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 current NHIS questionnaire, 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. 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.* The NHIS sample size varies from year to year. It may be reduced for budgetary reasons or may be augmented if supplementary funding is available. Between 1997 and 2005, the sample numbered about 100,000 persons annually, with about 30,000–36,000 persons participating in the Sample Adult and about 12,000–14,000 in the Sample Child questionnaires. In the 2006–2015 redesign, the NHIS sample was reduced by 13% compared with the 1995–2005 design. With four sample panels and no sample cuts or augmentations, the expected annual NHIS sample size (completed interviews) during survey years 2006–2010 was, on average, 37,000 households containing about 81,000 persons.

In 2011–2013, the NHIS sample size was augmented in 32 states and D.C. The main goal of the augmentation was to increase the number of states for which reliable state-level estimates can be made. In 2011, the sample size was augmented by approximately 13%; in 2012, by approximately 21%; and in 2013, by approximately 18%.

In 2011, the sample numbered 101,875 persons, with 33,014 persons participating in the Sample Adult and 12,850 in the Sample Child questionnaires. In 2011, the total household response rate was 82%. The final response rate was 66% for the Sample Adult file and 75% for the Sample Child file.

In 2012, the sample numbered 108,131 persons, with 34,525 persons participating in the Sample Adult and 13,275 in the Sample Child questionnaires. In 2012, the total household response rate was 78%. The final response rate was 61% for the Sample Adult file and 70% for the Sample Child file.

In 2013, the sample numbered 104,520 persons, with 34,557 persons participating in the Sample Adult and 12,860 in the Sample Child questionnaires. In 2013, the total household response rate was 76%. The final response rate was 61% for the Sample Adult file and 69% for the Sample Child file.

*Issues Affecting Interpretation.* In 1997, the questionnaire was redesigned: some basic concepts were changed, and other concepts were measured in different ways. For some questions there was a change in the reference period. Also in 1997, the collection methodology changed from paper-and-pencil questionnaires to computer-assisted personal interviewing (CAPI). Because of the major redesign of the questionnaire in 1997, most NHIS trend tables in *Health, United States* begin with 1997 data. Starting with *Health, United States, 2005*, estimates for 2000–2002 were revised to use 2000-based weights and differ from previous editions of *Health, United States* that used 1990-based weights for those data years. The weights available on the public-use NHIS files for 2000–2002 are 1990-based. Data for 2003–2011 use

weights derived from the 2000 census. Data for 2012 and beyond use weights derived from the 2010 census. In 2006–2010, the sample size was reduced, and this is associated with slightly larger variance estimates than in other years when a larger sample was fielded. Starting in 2010, a geographic nonresponse adjustment was made to both the sample adult weight and the sample child weight. See Moriarity (2009).

#### Reference

Moriarity C. 2009 National Health Interview Survey sample adult and sample child nonresponse bias analysis. Hyattsville, MD: NCHS; 2010. Available from: [http://www.cdc.gov/nchs/data/nhis/nr\\_bias\\_analysis\\_report\\_2009\\_NHIS.pdf](http://www.cdc.gov/nchs/data/nhis/nr_bias_analysis_report_2009_NHIS.pdf).

*For More Information.* See the NHIS website at: <http://www.cdc.gov/nchs/nhis.htm>.

## National HIV Surveillance System

*CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)*

*Overview.* Human immunodeficiency virus (HIV) surveillance data are used to detect and monitor cases of HIV infection in the United States, identify epidemiologic trends, identify unusual cases requiring follow-up, and inform public health efforts to prevent and control the disease. Data collected on persons diagnosed with HIV infection include age, sex, race, ethnicity, mode of exposure, and geographic region.

*Coverage.* All 50 states, D.C., and six U.S. dependent areas (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands) report confirmed diagnoses of HIV infection 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. *Health, United States* only presents data for the 50 states and the six U.S. dependent areas (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).

*Methodology.* HIV surveillance is conducted by health departments in each state or dependent area and D.C. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs that include five major reporting sources of HIV information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports), and laboratories. Using a standard confidential case report form, the health departments collect information that is then transmitted electronically, without personal identifiers, to CDC.

The statistical adjustment of data on diagnoses of HIV infection (including stage 3, AIDS) is based on estimates of reporting-delay distributions, which are calculated by using a modified semiparametric life table statistical procedure. This procedure takes into account differences in reporting delays due to sex, race/ethnicity, and HIV transmission categories; reporting city, state, or territory; geographic region; size of the metropolitan statistical area; and type of facility where the diagnosis was made. HIV surveillance data are provisional and are updated annually.

*Issues Affecting Interpretation.* Although the completeness of reporting of cases of HIV infection to state and local health departments differs by geographic region and patient population, studies conducted by state and local health departments indicate that the reporting of cases of HIV infection in most areas of the United States is more than 80% complete. To assess trends in cases of HIV infection and deaths, 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.

#### Reference

CDC. HIV surveillance report. Atlanta, GA; [published annually]. Available from: <http://www.cdc.gov/hiv/library/reports/surveillance/index.html>.

*For More Information.* See the NCHHSTP website at: <http://www.cdc.gov/nchhstp>.

## National Hospital Ambulatory Medical Care Survey (NHAMCS)

*CDC/NCHS*

*Overview.* NHAMCS provides national data on the provision and use of medical care services in hospital emergency and outpatient departments, using information collected from medical records. Data are collected 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.

*Coverage.* NHAMCS covers visits to emergency departments (EDs) and outpatient departments (OPDs) of nonfederal, short-stay, or general hospitals in the United States. Telephone contacts are excluded. Starting in 2009, the survey includes visits to hospital-based ambulatory surgery centers (ASCs). Starting in 2010, visits to freestanding ASCs are 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, generally a sample of 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 2011, the number of PRFs completed for EDs was 31,084 and for OPDs was 32,233, and the hospital response rate was 80% for EDs and 67% for OPDs.

*Issues Affecting Interpretation.* The NHAMCS PRF is modified approximately every 2 to 4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations. Examples of recent changes include an increase in the number of drugs recorded on the PRF and adding checkboxes for specific tests or procedures performed.

#### Reference

McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. NCHS. Vital Health Stat 1994;1(34). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_034acc.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf).

*For More Information.* See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the Ambulatory Health Care Data website at: <http://www.cdc.gov/nchs/ahcd.htm>.

## National Hospital Discharge Survey (NHDS)

### CDC/NCHS

*Overview.* NHDS collected and produced national estimates on characteristics of inpatient stays in nonfederal, short-stay hospitals in the United States annually from 1965 through 2010. Patient information collected included demographics, length of stay, diagnoses, and procedures. Hospital characteristics collected included region, ownership, and bed size.

*Coverage.* The survey design covered the 50 states and D.C. Included in the survey were hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded were 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 were included in the survey; however, data for newborns were 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.

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 files from commercial abstracting services, state data systems,

hospitals, or hospital associations that contained automated discharge data for some hospitals participating in NHDS. Discharges on these computer files were subjected to the NHDS sampling specifications, as well as the computer edits and estimation procedures.

Under the 1988 redesign, hospitals were selected using a modified three-stage stratified design. Units selected at the first stage consisted of 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 were arrayed by primary diagnoses, patient sex and age group, and date of discharge, before sampling.

The NHDS hospital sample was generally updated every 3 years by continuing the sampling process among hospitals that became eligible for the survey during the intervening years and by excluding hospitals that were 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. Annual modifications to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) may affect diagnosis and procedure categories. (See Appendix II, *International Classification of Diseases, 9th Revision, Clinical Modification* [ICD–9–CM]; Table X; Table XI.)

Hospital utilization rates per 10,000 population were computed using estimates of the civilian population of the United States as of July 1 of each year. Rates for 1990–1999 use postcensal estimates of the civilian population based on the 1990 census, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. The estimates for 2000 and beyond that appear in *Health, United States, 2003* and later editions were calculated using estimates of the civilian population based on the 2000 census, and therefore are not strictly comparable with postcensal rates calculated for the 1990s. (See Appendix I, Population Census and Population Estimates.)

## References

NCHS. Data highlights from the National Hospital Discharge Survey. Available from: [http://www.cdc.gov/nchs/nhds/nhds\\_tables.htm#number](http://www.cdc.gov/nchs/nhds/nhds_tables.htm#number).

NCHS. National Hospital Discharge Survey: 2010 Public Use Data File documentation. Available from: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHDS/NHDS\\_2010\\_Documentation.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHDS/NHDS_2010_Documentation.pdf).

Dennison C, Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 Redesign. NCHS. Vital Health Stat 2000;1(39). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_039.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf).

*For More Information.* See the National Health Care Surveys website at: <http://www.cdc.gov/nchs/dhcs.htm> and the National Hospital Discharge Survey website at: <http://www.cdc.gov/nchs/nhds.htm>.

## National Immunization Survey (NIS)

*CDC/National Center for Immunization and Respiratory Diseases (NCIRD) and NCHS*

*Overview.* NIS is a continuing nationwide telephone sample survey to monitor vaccination coverage rates among children aged 19–35 months and among teenagers (NIS-Teen) aged 13–17. Data collection for children aged 19–35 months started in 1994, and data collection for teenagers aged 13–17 started in 2004.

*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](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a5.htm?s_cid=mm6134a5_e%0d%0a).

**Sample Size and Response Rate.** In 2013, the Council of American Survey Research Organizations (CASRO) response rate for the NIS landline sample was 62.3% and 30.5% for the cellular telephone sample. Of the 4,963 age-eligible children with completed household interviews from the landline sample, 3,152 (63.5%) had adequate provider data. From the cellular telephone sample, 10,459 (59.8%) of the 17,499 eligible children with completed household interviews had adequate provider data.

The CASRO response rate for the 2013 NIS-Teen landline sample was 51.1% and 23.3% for the cellular telephone sample. Of the 10,148 age-eligible adolescents with completed household interviews from the landline sample, 6,039 (59.5%) had adequate provider data. From the cellular telephone sample, 12,225 (54.5%) of the 22,448 eligible adolescents with completed household interviews had adequate provider data.

**Issues Affecting Interpretation.** For data years 1998, 2002, 2004, and 2005, slight modifications to the estimation procedure were implemented to obtain vaccination coverage rates from the provider data. Published estimates of vaccination coverage based on NIS data for years prior to 1998 (e.g., estimates published in *Morbidity and Mortality Weekly Report* [MMWR] articles) may differ slightly from estimates published in *Health, United States* and on the NIS website for the same data. All released public-use data files

include the sampling weights using the revised estimation procedure.

The findings in recent years are subject to several limitations. Data year 2011 was the first year that the NIS and NIS-Teen used a dual-frame sampling scheme that included landline and cellular telephone households. Estimates from 2011 and subsequent years might not be comparable with those from prior to 2011 when surveys were conducted via landline telephone only. NIS is a telephone survey, and statistical adjustments might not compensate fully for nonresponse and for households without landline telephones prior to 2011. Underestimates of vaccination coverage might have resulted in exclusive use of provider-reported vaccination histories because completeness of records is unknown. Finally, although national coverage estimates are precise, annual estimates and trends for state and local areas should be interpreted with caution because of smaller sample sizes and wider confidence intervals.

Before January 2009, NIS did not distinguish between Hib vaccine production types; therefore, children who received three doses of a vaccine product that requires four doses were misclassified as fully vaccinated. For more information, see "Changes in measurement of *Haemophilus influenzae* serotype b (Hib) vaccination coverage—National Immunization Survey, United States, 2009" (2010).

#### References

CDC. National, state, and local area vaccination coverage among children aged 19–35 months—United States, 2012. *MMWR* 2013;62(36):733–740. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm>.

CDC. National and state vaccination coverage among adolescents aged 13–17 years—United States, 2012. *MMWR* 2013;62(34):685–693. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm>.

Smith PJ, Hoaglin DC, Battaglia MP, et al. Statistical methodology of the National Immunization Survey, 1994–2002. *NCHS. Vital Health Stat* 2005;2(138). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_138.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_138.pdf).

CDC. Announcement: Addition of households with only cellular telephone service to the National Immunization Survey, 2011. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a5.htm?s\\_cid=mm6134a5\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a5.htm?s_cid=mm6134a5_e%0d%0a).

CDC. Changes in measurement of *Haemophilus influenzae* serotype b (Hib) vaccination coverage—National Immunization Survey, United States, 2009. *MMWR* 2010;59(33):1069–72. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s\\_cid=mm5933a3\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a3.htm?s_cid=mm5933a3_e%0d%0a).

For More Information. See the NIS website at: <http://www.cdc.gov/nchs/nis.htm>.

## National Income and Product Accounts (NIPA)

### Bureau of Economic Analysis (BEA)

*Overview.* NIPA are a set of economic accounts that provide detailed measures of the value and composition of national output and the incomes generated in the production of that output. Essentially, NIPA provide a detailed snapshot of the myriad transactions that make up the economy—buying and selling goods and services, hiring of labor, investing, renting property, paying taxes, and the like. NIPA estimates show U.S. production, distribution, consumption, investment, and saving.

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.

*Coverage.* Source data for NIPA domestic estimates cover all 50 states and D.C. 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.

*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](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 source data and estimates are revised frequently. Data are released at different times, estimates are updated as they become available, new concepts and definitions are incorporated, and source data may change due to improvements in collection and new methodologies. As a result, major estimates such as GDP and its major components undergo frequent revision, and historical data are changed. For more information, see the BEA (NIPA) website at: <http://www.bea.gov/national/an1.htm#2012AnnualRevision>.

### Reference

U.S. Bureau of Economic Analysis. A guide to the National Income and Product Accounts of the United States. Washington, DC: BEA; 2006. Available from: <http://www.bea.gov/national/pdf/nipaguid.pdf>.

For More Information. See the BEA (NIPA) website at: <http://www.bea.gov/national/index.htm>.

## National Medical Expenditure Survey (NMES)—See Appendix I, Medical Expenditure Panel Survey (MEPS).

## National Notifiable Diseases Surveillance System (NNDSS)

CDC

*Overview.* The CDC National Notifiable Diseases Surveillance System (NNDSS) is a nationwide collaboration that enables all levels of public health (local, state, territorial, federal, and international) to share health information to monitor, control, and prevent the occurrence and spread of state-reportable and nationally notifiable infectious and some noninfectious diseases and conditions. NNDSS is a multifaceted program that includes the surveillance system for collection, analysis, and sharing of health data, resources, and information about policies and standards, at the local, state, and national levels. NNDSS provides weekly provisional and annual finalized information on the occurrence of diseases defined as notifiable by the Council of State and Territorial Epidemiologists (CSTE). Data include incidence of reportable diseases, which are nationally notifiable using uniform surveillance case definitions.

*Coverage.* Notifiable disease reports are received from health departments in the 50 states, five territories, D.C., and New York City. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

*Methodology.* CDC, in partnership with CSTE, administers NNDSS. Reportable disease surveillance is conducted by public health practitioners at local, state, and national levels to support disease prevention and control and then data on a subset of reportable conditions which have been designated nationally notifiable are submitted to CDC without personal identifiers. The system also provides annual summaries of the finalized data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases, based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However, reporting nationally notifiable diseases to CDC is voluntary. Because reporting is currently mandated by law or regulation only at the local and state levels, the list of diseases that are considered reportable varies by state. For example, reporting of cyclosporiasis to CDC is not done by some states in which this disease is not reportable to local or state authorities.

State epidemiologists report cases of nationally notifiable diseases to CDC, which tabulates and publishes these data in *Morbidity and Mortality Weekly Report* (MMWR) and in *Summary of Notifiable Diseases, United States* (before 1985, titled *Annual Summary*).

*Issues Affecting Interpretation.* NNDSS data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (for example, plague and rabies) are likely reported accurately if diagnosed by a clinician. However, persons who have

diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) may not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting is also influenced by the diagnostic facilities available, the control measures in effect, public awareness of a specific disease, and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

### Reference

CDC. Summary of notifiable diseases—United States, 2012. *MMWR* 2014;61(53):1–121. Available from [http://www.cdc.gov/mmwr/mmwr\\_nd/index.html](http://www.cdc.gov/mmwr/mmwr_nd/index.html).

*For More Information.* See the NNDSS website at: <http://wwwn.cdc.gov/nndss/>.

## National Survey of Family Growth (NSFG)

CDC/NCHS

*Overview.* NSFG gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. NSFG provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. Data collected 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.

*Coverage.* NSFG in 1982, 1988, and 1995 included women aged 15–44 in the civilian noninstitutionalized population of the U.S. The 2002, 2006–2010, and 2011–2013 NSFG included both men and women aged 15–44 in the household population of the United States. The household population of the United States refers to the civilian noninstitutionalized population and active-duty military personnel who are not living on military bases.

*Methodology.* The 2006–2010 and 2011–2013 NSFG sample design consisted of five stages of selection: primary sampling units (PSUs), blocks or segments, housing units, one eligible person per housing unit, and housing units or persons for phase 2 data collection (intended to raise response rates and correct any bias due to nonresponse). Samples of 110 PSUs were drawn for 2006–2010 and 117 PSUs were drawn for 2011–2015. Both PSU samples were divided into four fully representative national samples. Interviewing was done for 1 year in each subsample; the

entire 110-PSU design was completed in the 4-year period, 2006–2010. The 2011–2013 file contained interviews from 65 PSUs, equal to 2 of the 4 subsamples drawn for the 2011–2015 NSFG. The interviews were administered in person by trained female interviewers using a laptop or notebook computer with computer-assisted personal interviewing (CAPI) or audio computer-assisted self-interview (ACASI) programs.

In all survey years, 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 and 2011–2013 NSFG, black and Hispanic adults and all 15- to 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 1982, 1995, 2002, and 2006–2010 surveys, the response rate ranged from 78%–80%. The response for the 2011–2013 survey was 73%. Sample sizes have varied over the surveys: in 1982 the sample size was 7,969; in 1995 it was 10,847; in 2002 it was 7,643; in 2006–2010 it was 12,279; and in 2011–2013 it was 5,601.

## References

Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, cycle III: Sample design, weighting, and variance estimation. NCHS. Vital Health Stat 1985;2(98). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_098.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_098.pdf).

Judkins DR, Mosher WD, Botman S. National Survey of Family Growth: Design, estimation, and inference. NCHS. Vital Health Stat 1991;2(109). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_109.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_109.pdf).

Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. NCHS. Vital Health Stat 1997;1(36). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_036.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_036.pdf).

Potter FJ, Iannacchione VG, Mosher WD, et al. Sample design, sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. NCHS. Vital Health Stat 1998;2(124). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_124.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_124.pdf).

Groves RM, Benson G, Mosher WD, et al. Plan and operation of cycle 6 of the National Survey of Family

Growth. NCHS. Vital Health Stat 2005;1(42). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_042.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_042.pdf).

Groves RM, Mosher WD, Lepkowski J, Kirgis NG. Planning and development of the continuous National Survey of Family Growth. NCHS. Vital Health Stat 2009;1(48). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_048.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf).

Lepkowski JM, Mosher WD, Davis KE, et al. The 2006–2010 National Survey of Family Growth: Sample design and analysis of a continuous survey. NCHS. Vital Health Stat 2010;2(150). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_150.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf).

Lepkowski JM, Mosher WD, Groves RM, et al. Responsive design, weighting, and variance estimation in the 2006–2010 National Survey of Family Growth. NCHS. Vital Health Stat 2013;2(158). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_158.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_158.pdf).

*For More Information.* See the NSFG website at: <http://www.cdc.gov/nchs/nsfg.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. 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. NSDUH also reports on substance use disorders, substance use treatment, health care, mental health disorders, and mental health service utilization.

*Coverage.* NSDUH is representative of persons aged 12 and over in the civilian noninstitutionalized population of the United States, and representative in each state and D.C. NSDUH oversamples youths and young adults.

The survey covers residents of households (including those living in houses, townhouses, apartments, and condominiums), persons in noninstitutional group quarters (including those in shelters, boarding houses, college dormitories, migratory work camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters such as jails and hospitals.

*Methodology.* The data collection method is in-person interviews conducted with a sample of individuals at their place of residence. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-



interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

NSDUH uses a 50-state sample design. In 2005, NSDUH introduced a coordinated 5-year sample design in which the first stage of selection involved census tracts, with sample segments within a single census tract to the extent possible. States were first stratified into a total of 900 state sampling regions (48 regions in each large sample state and 12 regions in each small sample state). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Starting with the 2005 survey, a total of 48 census tracts per state sampling region were selected with probability proportional to size. Within sampled census tracts, adjacent census blocks were combined to form the second-stage sampling units, or area segments. Of these segments, 24 were designated for the coordinated 5-year sample and 24 were designated as reserve segments. Eight sample segments per state sampling region were fielded during the survey year. These sampled segments were allocated equally into four separate samples, one for each 3-month period (calendar quarter) during the year, so that the survey was essentially continuous in the field.

The design also oversampled youths and young adults, so that each state's sample was approximately equally distributed among three major age groups: 12–17, 18–25, and 26 and over.

*Sample Size and Response Rate.* Nationally, 160,325 household addresses were successfully screened for the 2013 survey, conducted from January to December 2013. In these screened households, a total of 88,742 sample persons were selected, from which 67,838 completed interviews were obtained. Weighted response rates were 84% for household screening and 72% for interviewing.

*Issues Affecting Interpretation.* Several improvements to the survey were implemented in 2002, when the survey was redesigned as NSDUH. In addition to the name change, respondents were offered a \$30 incentive payment for participation in the survey starting in 2002, and quality control procedures for data collection were enhanced in 2001 and 2002. Because of these improvements and modifications, estimates from NSDUH completed in 2002 and later should not be compared with estimates from the 2001 or earlier versions of the survey. The data collected in 2002 represent a new baseline for tracking trends in substance use and other measures. Special questions on methamphetamine were added in 2005 and 2006. Data for years prior to 2007 were adjusted for comparability. Starting with 2011 data, 2010-census based control totals were used in the weighting process. For the analysis weights in the 2002 through 2010 NSDUHs, the weights were derived from the 2000 census data. This reweighting to the 2010 census data could affect comparisons between estimates for 2011 and subsequent years and those from prior years. An analysis of the impact of reweighting showed that the percentages of substance users were largely unaffected.

For more information, see: <http://www.samhsa.gov/data/NSDUH/NSDUHCensusEffects/Index.aspx>.

Estimates of substance use for youth based on NSDUH are not directly comparable with estimates based on the Monitoring the Future (MTF) Study and the Youth Risk Behavior Survey (YRBS). In addition to the fact that MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in the populations covered, sample design, questionnaires, and interview setting. NSDUH collects data in residences, whereas MTF and YRBS collect data in school classrooms. Further, NSDUH estimates are tabulated by age, whereas MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

#### Reference

Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of national findings. NSDUH series H–48. HHS pub no (SMA) 143–4863. Rockville, MD: SAMHSA; 2014. Available from: <http://archive.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/NationalFindings/NSDUHresults2013.htm>.

*For More Information.* See the NSDUH website at: <http://www.samhsa.gov/data/population-data-nsduh> and the Center for Behavioral Health Statistics and Quality (the data collection agency) website at: <http://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq>.

## 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.

*Coverage.* NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and D.C., as well as for each individual state and D.C. and the U.S. dependent areas of Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas. Vital events occurring in the United States to non-U.S. residents, and vital events occurring abroad to U.S. residents, are excluded. Starting with *Health, United States, 2013*, information on vital events for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas is shown in selected tables that show data by state, but are not included in U.S. totals.

*Methodology.* NCHS' Division of Vital Statistics obtains information on births and deaths from the registration

offices of each of the 50 states, New York City, D.C., Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas. Until 1972, microfilm copies of all death certificates and a 50% sample of birth certificates were received from all registration areas and processed by NCHS. In 1972, some states began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100% of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as with CHSS. The number of participating states grew from 6 in 1972 to 46 in 1984. Starting in 1985, all 50 states and D.C. participated in VSCP.

*U.S. Standard Certificates.* U.S. Standard Certificates of Live Birth and Death and Fetal Death Reports are revised periodically, allowing evaluation and addition, modification, and deletion of items. Beginning with 1989, revised Standard Certificates replaced the 1978 versions. The 1989 revision of the birth certificate included items to identify the Hispanic parentage of newborns and to expand information about maternal and infant health characteristics. The 1989 revision of the death certificate included items on educational attainment and Hispanic origin of decedents, as well as changes to improve the medical certification of cause of death. Standard Certificates recommended by NCHS are modified in each registration area to serve the area's needs. However, most certificates conform closely in content and arrangement to the Standard Certificate, and all certificates contain a minimum data set specified by NCHS. The 2003 revision of vital records went into effect in some states and territories beginning in 2003, but full implementation in all states and territories will be phased in over several years. The 2003 revision of the birth certificate included changes in ascertainment of education level, prenatal care, and tobacco use during pregnancy. The 2003 revision of the death certificate included changes in the ascertainment of multiple races, education level, tobacco use, and maternal mortality.

### *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.

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.

*Coverage.* Birth data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are shown in selected state tables but are not included in U.S. totals. Beginning with 1970, births to nonresidents of the United States are excluded.

*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.* Two-thirds (66%) of all births in 2009, 76% in 2010, 83% in 2011, 86% in 2012, and 90% in 2013 reported using the 2003 revision of the U.S. Standard Certificate of Live Birth. 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; Hispanic origin; Marital status; Race.

### *Reference*

Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf).

*For More Information.* See the Birth Data website at: <http://www.cdc.gov/nchs/births.htm>, and Vitalstats at: [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.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. The Fetal Death data set includes characteristics of the fetus, such as sex, birthweight, and weeks of gestation; demographic information about the mother, such as age, race, Hispanic origin, live-birth order, and marital status; and medical and health information, such as maternal diabetes and hypertension.

*Coverage.* Data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are not included in U.S. totals but are included in the Fetal Death User Guide available from the NCHS website at: [http://www.cdc.gov/nchs/data\\_access/VitalStatsOnline.htm](http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm), and in periodic reports.

*Methodology.* Fetal death means the death of a fetus prior to delivery from the mother, irrespective of the duration of pregnancy. Fetal deaths do not include induced terminations of pregnancy. This definition of fetal death, adopted by NCHS as the nationally recommended standard, is based on the definition published by the World Health Organization in 1950 and revised in 1988. The term fetal death encompasses other commonly used terms, including stillbirth, spontaneous abortion, and miscarriage. All U.S. states and registration areas have definitions similar to the standard definition, except for Puerto Rico and Wisconsin, which have no formal definition.

State laws require the reporting of fetal deaths, and federal law mandates national collection and publication of fetal death data. States and reporting areas submit fetal mortality data to NCHS as part of a cooperative agreement. Standard forms and procedures for the collection of the data are developed and recommended for state use through cooperative activities of the states and NCHS. NCHS shares the costs incurred by the states in providing vital statistics data for national use.

In addition to fetal mortality rates, perinatal mortality rates are also presented in *Health, United States*. Perinatal mortality includes both late fetal deaths (of at least 28 weeks of gestation) and early infant (neonatal) deaths (within 7 days of birth). Data on early infant deaths come from the Linked Birth/Infant Death data set.

*Issues Affecting Interpretation.* Reporting requirements for fetal deaths vary by state, and these differences have important implications for comparisons of fetal mortality rates by state. The majority of states require reporting of fetal deaths at 20 weeks of gestation or more, or a minimum of 350 grams birthweight (roughly equivalent to 20 weeks), or some combination of the two. However, seven states require reporting of fetal deaths at all periods of gestation, and one state requires reporting beginning at 16 weeks of gestation. Further, two states require the reporting of fetal deaths with birthweights of 500 grams or more (roughly equivalent to 22 weeks of gestation).

There is substantial evidence that not all fetal deaths for which reporting is required are, in fact, reported. Underreporting of fetal deaths is most likely to occur in the earlier part of the required reporting period for each state. For example, in 2006, for states that required the reporting of fetal deaths at all periods of gestation, 58% of fetal deaths at 20 weeks or more gestation occurred within 20–27 weeks, whereas for states that required reporting of fetal deaths at 500 grams or more, only 28% were within 20–27 weeks. This

disparity suggests substantial underreporting of early fetal deaths in some states.

## References

MacDorman MF, Kirmeyer SE, Wilson EC. Fetal and perinatal mortality, United States, 2006. National vital statistics report; vol 60 no 8. Hyattsville, MD: NCHS; 2012. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_08.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_08.pdf).

Gregory ECW, MacDorman MF, Martin JA. Trends in fetal and perinatal mortality in the United States, 2006–2012. NCHS data brief, no 169. Hyattsville, MD: NCHS; 2014. Available from: <http://www.cdc.gov/nchs/data/databriefs/db169.htm>.

*For More Information.* See the NCHS Fetal Deaths data website at: [http://www.cdc.gov/nchs/fetal\\_death.htm](http://www.cdc.gov/nchs/fetal_death.htm).

## Mortality Multiple Cause-of-Death File

*Overview.* Vital statistics mortality data are a fundamental source of demographic, geographic, and underlying and multiple cause-of-death information. 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.

The Mortality multiple cause-of-death file includes demographic information on age, sex, race, Hispanic origin, state of residence, and educational attainment, as well as medical information on causes of death. 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.

*Coverage.* Mortality data presented in *Health, United States* are based on reporting from all 50 states and D.C. Data for Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas are shown in selected state tables, but are not included in U.S. totals. Beginning with 1970, mortality statistics for the U.S. exclude deaths of nonresidents of the U.S. Mortality statistics for Puerto Rico, Virgin Islands, American Samoa, and Northern Marianas excluded deaths of nonresidents for each area. For Guam, mortality statistics exclude deaths that occurred to a resident of any place other than Guam or the U.S. (50 states and D.C.).

*Methodology.* By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner

may be required to examine the body and certify the cause of death.

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 of 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.

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).

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.

The death certificate has been revised periodically. A revised U.S. Standard Certificate of Death was recommended for state use beginning January 1, 1989. Among the changes were the addition of a new item on educational attainment and Hispanic origin of the decedent and changes to improve the medical certification of cause of death. The U.S. Standard Certificate of Death was revised again in 2003; states are adopting this new certificate on a rolling basis.

The 2003 revision permits reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. Some states, however, are still using the 1989 revision of the U.S. Standard Certificate of Death, which allows only a single race to be reported. Until all states adopt the new death certificate, the race data reported using the 2003 revision are “bridged” for those for whom more than one race was reported (multiple race) to one single race, to provide comparability with race data reported on the 1989 revision. For more information on the impact of the 2003 certificate revisions on mortality data presented in *Health, United States*, see Appendix II, Race.

#### References

Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015 [Forthcoming]. Portions available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf).

Murphy SL, Kochanek KD, Xu JQ, et al. Deaths: Final data for 2012. National vital statistics reports; vol 63 no 9. Hyattsville, MD: NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf).

Kochanek KD, Murphy SL, Xu JQ, et al. Deaths: Final data for 2011. National vital statistics reports; vol 63 no 3. Hyattsville, MD: NCHS; 2014. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf).

Heron M, Hoyert DL, Murphy SL, et al. Deaths: Final data for 2006. National vital statistics reports; vol 57 no 14. Hyattsville, MD: NCHS; 2009. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_14.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf).

NCHS. Multiple causes of death in the United States. Monthly vital statistics report; vol 32 no 10 suppl 2. Hyattsville, MD: NCHS; 1984. Available from: [http://www.cdc.gov/nchs/data/mvsr/supp/mv32\\_10s2.pdf](http://www.cdc.gov/nchs/data/mvsr/supp/mv32_10s2.pdf).

*For More Information.* See the Mortality Data website at: <http://www.cdc.gov/nchs/deaths.htm>.

### *Linked Birth/Infant Death Data Set*

*Overview.* National linked files of live births and infant deaths are used for research on infant mortality. 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.

*Coverage.* To be included in the U.S. linked file, both the birth and death must have occurred in the 50 states, D.C., Puerto Rico, Virgin Islands, or Guam. Data for Puerto Rico, Virgin Islands, and Guam are shown in selected state tables but are not included in U.S. totals. Linked birth/infant death data are not available for American Samoa and Northern Marianas.

*Methodology.* Infant 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 2012 period linked file contains a numerator file that consists of all infant deaths occurring in 2012 that have been linked to their corresponding birth certificates, whether the birth occurred in 2011 or 2012. In contrast, the 2012 birth cohort linked file

will contain a numerator file that consists of all infant deaths to babies born in 2012, whether the death occurred in 2012 or 2013. 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 (4.0% in 2012) than for live births (0.1% in 2012). In both 2011 and 2012, 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.

### *References*

NCHS. Public use data file documentation: 2012 period Linked Birth/Infant Death data set. Hyattsville, MD: NCHS; 2014. Available from: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/DVS/periodlinked/LinkPE12Guide.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/periodlinked/LinkPE12Guide.pdf).

Mathews TJ, MacDorman MF. Infant mortality statistics from the 2010 period Linked Birth/Infant Death data set. National vital statistics report; vol 62 no 8. Hyattsville, MD: NCHS; 2013. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_08.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf).

*For More Information.* See the NCHS Linked Birth and Infant Death Data website at: <http://www.cdc.gov/nchs/linked.htm>.

### *Compressed Mortality File (CMF)*

*Overview.* The CMF is a county-level national mortality and population database. It contains mortality data derived from the detailed Mortality multiple cause-of-death files of 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 1999–2013, mortality statistics can be obtained by place of residence, age group, expanded race groups (white, black, American Indian or Alaska Native, Asian or Pacific Islander), Hispanic origin, sex, and year of death.

*Methodology.* In *Health, United States*, the CMF is used to compute death rates by urbanization level of the decedent's county of residence. Counties can be categorized according to level of urbanization based on either 2006 or 2013 "NCHS Urban-Rural Classification Scheme for Counties" (available from: [http://www.cdc.gov/nchs/data\\_access/urban\\_rural.htm](http://www.cdc.gov/nchs/data_access/urban_rural.htm)). This scheme assigns counties and county equivalents to one of six urbanization levels: four metropolitan and two nonmetropolitan.

*For More Information.* See the CMF website at: [http://www.cdc.gov/nchs/data\\_access/cmfm.htm](http://www.cdc.gov/nchs/data_access/cmfm.htm) and the CDC WONDER website at: <http://wonder.cdc.gov/>. (Also see Appendix II, Urbanization.)

## Occupational Employment Statistics (OES)

### *Bureau of Labor Statistics (BLS)*

*Overview.* The OES program conducts a semiannual survey designed to produce estimates of employment and wages for specific occupations. The program collects data on wage and salary workers in nonfarm establishments in order to produce employment and wage estimates for about 800 occupations. The OES program produces these occupational estimates for the nation as a whole, by state, by metropolitan or nonmetropolitan area, and by industry or ownership. BLS produces occupational employment and wage estimates for over 430 industry classifications at the national level.

*Coverage.* The OES survey covers all full-time and part-time wage and salary workers in nonfarm establishments. 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 2013 employment and wage estimates are based on all data collected from establishments sampled in the May 2013, November 2012, May 2012, November 2011, May 2011, and November 2010 semiannual panels. The overall national response rate for the six panels is 75% based on establishments, covering 72% based on employment. The OES survey is a federal-state cooperative program between BLS and state workforce agencies (SWAs). BLS provides the procedures and technical support, draws the sample, and produces the survey materials, while SWAs collect most of the data. SWAs from all 50 states plus D.C., Puerto Rico, Guam, and the U.S. Virgin Islands participate in the survey. Occupational employment and wage rate estimates at the national level are produced by BLS using data from the 50 states and D.C. Employers who respond to states'

requests to participate in the OES survey make these estimates possible.

*Issues Affecting Interpretation.* Because of revisions to the occupational classification system, more recent OES estimates may not be directly comparable with data from previous years.

The May 2013 and May 2012 OES estimates are based on the Office of Management and Budget's revised 2010 Standard Occupational Classification (SOC) system. The OES survey classifies workers into 821 detailed occupations based on the 2010 SOC. Together, these detailed occupations make up 22 of the 23 SOC major groups. Major group 55, Military Specific Occupations, is not included. The May 2013 and May 2012 estimates also include national data for SOC minor groups and broad occupations.

OES estimates for 2010 and 2011 were based on a hybrid structure of the 2000 and 2010 SOC systems. For more information about the hybrid structure, see FAQ 8 at [http://www.bls.gov/oes/oes\\_ques.htm#other](http://www.bls.gov/oes/oes_ques.htm#other). Estimates from 1999 through 2009 were based on the 2000 SOC.

The May 2013 and May 2012 OES data are based on the 2012 North American Industry Classification System (NAICS). Data from 2008 through 2011 are based on the 2007 NAICS, and data from 2002 through 2007 are based on the 2002 NAICS. Data prior to 2002 are based on the Standard Industrial Classification (SIC) system.

### *Reference*

Bureau of Labor Statistics. Occupational employment and wages, May 2013. Washington, DC: U.S. Department of Labor; 2014. Available from: <http://www.bls.gov/oes/home.htm>.

*For More Information.* See the OES website at: <http://www.bls.gov/OES>.

## Population Census and Population Estimates

### *U.S. Census Bureau*

#### *Decennial Census*

The census of population (decennial census) has been held in the United States every 10 years since 1790. Since 1930, it has enumerated the resident population as of April 1 of the census year. Data on sex, race, Hispanic origin, age, and marital status are collected from 100% of the enumerated population.

#### *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 and 2010 censuses, the U.S. Census Bureau modified the race data and produced the Modified Race Data Summary files. For these files, persons who did not report a race (reported only the category Some Other Race) as part of their race response were assigned by imputation 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. For the 2000 census, 97% of the 15.4 million persons who did not report a race were of Hispanic origin. Because a large proportion of those identifying their race as Some Other Race are Hispanic, for the 2010 census, a new instruction was added that, for the census, Hispanic origins are not races. For the 2010 census, 97% of the 19.1 million persons who did not report a race (reported only the category Some Other Race) 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, both the Vintage 2001 and the Vintage 2002 postcensal series have revised estimates for July 1, 2001, but the estimates 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 states and counties, using the components-of-population-change method. An additional component of population change—net internal migration—is involved.

### *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.

### *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 with 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.

### *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](http://www.cdc.gov/nchs/data/series/sr_02/sr02_135.pdf).

*For More Information.* See the U.S. Census Bureau website at: <http://www.census.gov> and the NCHS website for U.S. Census populations with bridged race categories at: [http://www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm).



## Quality Improvement Evaluation System (QIES)

*Centers for Medicare & Medicaid Services (CMS)*

*Overview.* This administrative database, referred to in *Health, United States* as QIES, is created from the Certification and Survey Provider Enhanced Reporting (CASPER) and QIES systems. QIES is a CMS database that contains information from the standard annual facility survey data submitted by state survey agencies to CMS for certification to participate in the Medicare and Medicaid programs 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 paid for services furnished to Medicare and Medicaid beneficiaries. In 2012, the QIES system replaced the Online Survey Certification and Reporting Database (OSCAR). QIES (and its predecessor OSCAR) contains information on facility and patient characteristics and health deficiencies issued by the government during the survey process.

*Coverage.* Facilities in the United States that are certified to receive Medicare or Medicaid payments are included.

*Methodology.* QIES data are compiled by the state survey agency and a facility representative. The data are reviewed during the survey process and then submitted electronically to CMS. The information provided can be audited at any time.

All certified facilities are inspected periodically by representatives of the state survey agency (generally the department of health). Some facilities are inspected twice, or more often, during any given reporting cycle. To avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation of nursing home data were performed by Cowles Research Group (CRG; Anacortes, WA) and published in the group's *Nursing Home Statistical Yearbook* series.

### References

Cowles CM, ed. *Nursing home statistical yearbooks for 2003–2013*. Anacortes, WA: CRG; published 2004–2014, respectively.

Centers for Medicare & Medicaid Services. *Certification and compliance*. Baltimore, MD: CMS; 2005. Available from: [http://www.cms.gov/CertificationandCompliance/01\\_Overview.asp](http://www.cms.gov/CertificationandCompliance/01_Overview.asp).

*For More Information.* See the CMS website at: <http://www.cms.hhs.gov/NonIdentifiableDataFiles> and the CRG website at: <http://www.longtermcareinfo.com/index.html>.

## Sexually Transmitted Disease (STD) Surveillance

*CDC/National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)*

*Overview.* Surveillance information on the incidence and prevalence of STDs is used to inform public and private health efforts to control these diseases. 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.

*Coverage.* Case reports of STDs are reported to CDC by STD surveillance systems operated by state and local STD control programs and health departments in 50 states, D.C., selected cities, 3,142 U.S. counties, and outlying areas consisting of U.S. dependencies, possessions, and independent nations in free association with the United States. Data from outlying areas are not included in *Health, United States*.

*Methodology.* Information is obtained from the following data sources: (a) notifiable disease reporting from state and local STD programs; (b) projects that monitor STD positivity and prevalence in various settings, including the National Job Training Program, the STD Surveillance Network, and the Gonococcal Isolate Surveillance Project; and (c) 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 through 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 2012*. Atlanta, GA: CDC; 2014. Available from: <http://www.cdc.gov/std/stats12/default.htm>.

*For More Information.* See the STD Data and Statistics website at: <http://www.cdc.gov/std/stats> and the STD Diseases & Related Conditions 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. 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.

**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.

**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. The ICD-O-3 coding also includes updates for hematopoietic codes based on *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues* (2008). 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/chs/index.cfm?module=chs\\_requirements\\_chsda](http://www.ihs.gov/chs/index.cfm?module=chs_requirements_chsda). For more information on SEER estimates by race and ethnicity, see: [http://seer.cancer.gov/seerstat/variables/seer/race\\_ethnicity/index.html](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

Howlander N, Noone AM, Krapcho M, Garshell J, Miller D, Altekruse SF, et al. (eds). SEER Cancer Statistics Review, 1975–2011, National Cancer Institute. Bethesda, MD (based on November 2013 SEER data submission, posted to the SEER web site, April 2014.) Available from: [http://seer.cancer.gov/csr/1975\\_2011/](http://seer.cancer.gov/csr/1975_2011/).

**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.

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.

*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-274 6), 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.

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.

*Issues Affecting Interpretation.* Ascertainment of incident cases may 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. In 2014, the methodology was revised and all data were reestimated.

#### Reference

National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. United States Renal Data System annual data report 2014: An overview of the epidemiology of kidney disease in the United States. Bethesda, MD: NIH; 2014. Available from: <http://www.usrds.org/adr.aspx>.

*For More Information.* See the USRDS website at: <http://www.usrds.org>.

## Youth Risk Behavior Survey (YRBS)

*CDC/National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP)*

*Overview.* YRBS monitors health risk behaviors among students in grades 9–12 that contribute to morbidity and mortality in both adolescence and adulthood. The six areas monitored are 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, asthma, and sleep behaviors.

*Coverage.* National data are representative of high school students in public and private schools in the United States.

*Methodology.* The national YRBS school-based surveys have been conducted biennially since 1991. A three-stage cluster sample design is used to produce a nationally representative sample of students in grades 9–12 attending public and private schools. In 2013, the first-stage sampling frame comprised primary sampling units (PSUs), consisting of counties, subareas of large counties, or groups of smaller, adjacent counties. PSUs were categorized into strata according to their metropolitan statistical area (MSA) status (i.e., urban city) and the percentages of black and Hispanic students in the PSUs. PSUs were sampled with probability proportional to overall school enrollment size for the PSU. In the second stage of sampling, schools with any of grades 9–12 were sampled with probability proportional to school enrollment size. The third stage of sampling consisted of random sampling in each of grades 9–12, one or two classrooms from either a required subject (e.g., English or social studies) or a required period (e.g., homeroom or second period).

All students in sampled classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced. To enable a separate analysis of data for black and Hispanic students, two classes per grade, rather than one, were sampled in schools with a high enrollment of black and Hispanic students. Prior to 2013, three strategies were used to oversample black and Hispanic students: (a) larger sampling rates were used to select PSUs that were in high-black and high-Hispanic strata; (b) a modified measure of size was used to increase the probability of sampling schools with a disproportionately high minority enrollment; and (c) two classes per grade, rather than one, were sampled in schools with a high enrollment of black and Hispanic students. 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 2013 YRBS was 13,583 students in 148 schools. The school response rate was 77%, and the student response rate was 88%, for an overall response rate of 68%.

**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, including some charter, public alternative, special education, and vocational schools. These students may not be representative of all persons in this age group because those who have dropped out of 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. All YRBS data collection is anonymous.

#### References

Brener ND, Kann L, Shanklin SL, Kinchen S, Eaton DK, Hawkins J, et al. Methodology of the Youth Risk Behavior Surveillance System—2013. *MMWR* 2013;62(RR-1):1–23. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6201a1.htm>.

Kann L, Kinchen S, Shanklin SL, Flint KH, Hawkins J, Harris WA, et al. Youth Risk Behavior Surveillance—United States, 2013. *MMWR Surveill Summ* 2014;63(SS-4):1–172. Available from: <http://www.cdc.gov/mmwr/pdf/ss/ss6304.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/yrbbs>.

## Private and Global Sources

### American Association of Colleges of Osteopathic Medicine (AACOM)

AACOM 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.

#### Reference

American Association of Colleges of Osteopathic Medicine. Trends in osteopathic medical school applicants, enrollment and graduates 2014. Chevy Chase, MD: AACOM; 2014.

*For More Information.* 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 2013, the response rate was 97.7%.

#### Reference

American Association of Colleges of Pharmacy. Fall 2013 profile of pharmacy students. Available from: <http://www.aacp.org/resources/research/institutionalresearch/Pages/StudentApplications,EnrollmentsandDegreesConferred.aspx>.

*For More Information.* 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.* 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. 2012–2013 Survey of dental education series. Report 1: Academic programs, enrollment and graduates. Chicago, IL: ADA; 2014. Available from: <http://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education>.

*For More Information.* 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.

## Reference

American Hospital Association. Hospital statistics, 2014. Chicago, IL: AHA; 2014.

*For More Information.* 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; 2014.

*For More Information.* 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. Among its activities, AOA compiles the number of osteopathic physicians (DOs); the number of active DOs by gender, age, and specialty and by 50 states and D.C.; and the number of osteopathic medical students by selected characteristics.

## Reference

American Osteopathic Association. Osteopathic medical profession report, 2010. Chicago, IL: AOA; 2012. Available from: <http://www.osteopathic.org/inside-aoa/about/who-we-are/Documents/Osteopathic-Medical-Profession-Report-2010.pdf>.

*For More Information.* See the AOA website at: <http://www.osteopathic.org>.

## Association of American Medical Colleges (AAMC)

As part of its mission to serve and lead the academic medicine community to improve the health of all, AAMC collects information on student enrollment in medical schools through a variety of sources. Among the data services and sources offered are the Medical College Admission Test (MCAT), the American Medical College Application Service (AMCAS), the Electronic Residency Application Service (ERAS), the online portfolio Pivio, and the Student Records System. The AAMC Data Warehouse (DW) stores data relevant to both applicants and students, and from these two source files the association derives summary statistics about applicants, accepted applicants, matriculants, enrollees, and graduates. AAMC has developed policies and procedures to ensure that the privacy of individual and institutional data are protected and meet

federal, state, AAMC, and professional standards. 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, 2014. Washington, DC: AAMC; 2014.

*For More Information.* 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 student data report: Academic year 2013–2014. Rockville, MD: ASCO; 2014. Available from: <http://www.opted.org/wp-content/uploads/2013/03/2-ASCO-2013-2014-Annual-Student-Data-Report.pdf>.

*For More Information.* See the ASCO website at: <http://www.opted.org>.

## Association of Schools & Programs of Public Health (ASPPH)

ASPPH compiles data on schools of public health in the United States, Puerto Rico, Mexico, and Canada. Unlike health professional schools that emphasize specific clinical occupations, schools and programs 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. Data collection is conducted annually from all member schools, and data collection on programs will begin in 2014. The response rate is 100%.

#### Reference

Association of Schools and Programs of Public Health. Washington, DC: ASPPH; 2014.

*For More Information.* See the ASPH website at: <http://www.aspph.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. 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 legal induced abortions and the number, types, and locations of abortion providers by state and region.

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.

Questionnaires are mailed to all potential providers, with two additional mailings and telephone follow-up for nonresponse. All questionnaires ask the number of induced abortions performed at the provider's location. State health statistics agencies are 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 provide data to Guttmacher, the health agency figures are used for providers who do not respond to the survey. Estimates of the number of abortions performed by some providers are ascertained from knowledgeable sources, including other providers of reproductive health services.

In the 2012–2013 survey, respondents were asked to report the number of induced abortions performed in their facilities during 2010 and 2011. Of the 2,288 potential providers surveyed between April 2012 and May 2013, 1,222 responded directly or in follow-up; health department data were used for 470 providers; 71 facilities had closed or stopped offering abortion services during the survey period; knowledgeable sources were used for 51 providers; and Guttmacher made its own estimates for 474 facilities, usually relying on prior abortion census results. The level of internal estimation was higher than in the 2008 survey.

Between 2002 and 2011, the total number of abortions reported to CDC has been about one-third less than the total estimated by Guttmacher. (See Appendix I, Abortion Surveillance System.)

#### Reference

Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2011. *Perspect Sex Reprod Health* 2014;46(1):3–14. Available from: <http://www.guttmacher.org/pubs/journals/psrh.46e0414.pdf>.

*For More Information.* 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.

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.

Each year, OECD compiles cross-country data in the OECD Health Data database, one of the most comprehensive sources of comparable health-related statistics.

*For More Information.* 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 of 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 indicates that the person has reached the late stages of the disease and is given to people with HIV who have been diagnosed with at least one of a set of opportunistic diseases or whose laboratory values indicate advanced disease. 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 U.S. Virgin Islands) report confirmed diagnoses of HIV infection and AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions have changed over time to incorporate a broader range of AIDS-indicator diseases and conditions and use HIV diagnostic tests to improve the sensitivity and specificity of the definition. Because of these case definition changes, caution should be used when interpreting AIDS trends. (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. If the sample person was not able to respond, a proxy person answered the questions. For persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning. Starting in 1997, interview questions for people residing in long-term care facilities were changed slightly from those administered to people living in the community, in order to differentiate residents who were independent from those who received supervision or assistance with transferring, locomotion on unit, dressing, eating, toilet use, and bathing. (Also see Appendix II, Complex activity limitation; Instrumental activities of daily living [IADL]; Limitation of activity.)

**Admission**—The American Hospital Association defines admissions as persons, excluding newborns, accepted for inpatient services during the survey reporting period. (Also see Appendix II, Days of care; Discharge; Inpatient.)

**Age**—Age is reported as age at last birthday (i.e., age in completed years), often calculated by subtracting the date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Mother's (maternal) age is reported on the birth certificate by all states. Birth statistics are presented for mothers aged 10–49 through 1996 and aged 10–54 starting in 1997, based on mother's date of birth or age as reported on the birth certificate. The age of the mother is edited for upper and lower limits. When the age of the mother is computed to be under 10 or 55 and over (50 and over in 1964–1996), it is considered not stated and is imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963, not-stated ages were distributed in proportion to the known ages for each racial group.



**Table I. United States projected year 2000 standard population and age groups used to age-adjust data**

<i>Data system and age</i>	<i>Population</i>
<b>DVS mortality data</b>	
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
<b>DVS (Table 19)</b>	
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
<b>NHIS, NAMCS, NHAMCS, and NHDS</b>	
All ages . . . . .	274,633,642
18 years and over . . . . .	203,852,188
25 years and over . . . . .	177,593,760
40 years and over . . . . .	118,180,367
65 years and over . . . . .	34,709,480
Under 18 years . . . . .	70,781,454
2–17 years . . . . .	63,227,991
18–44 years . . . . .	108,151,050
18–24 years . . . . .	26,258,428
25–34 years . . . . .	37,233,437
35–44 years . . . . .	44,659,185
45–64 years . . . . .	60,991,658
45–54 years . . . . .	37,030,152
55–64 years . . . . .	23,961,506
65–74 years . . . . .	18,135,514
75 years and over . . . . .	16,573,966
18–49 years . . . . .	127,956,843
40–64 years:	
40–49 years . . . . .	42,285,022
50–64 years . . . . .	41,185,865

See footnotes at end of table.

**Table I. United States projected year 2000 standard population and age groups used to age-adjust data—Con.**

<i>Data system and age</i>	<i>Population</i>
<b>NHANES</b>	
20 years and over . . . . .	195,850,985
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 years and over . . . . .	34,709,480
<b>NHANES (Tables 42 and 59)</b>	
20–44 years . . . . .	100,149,847
45–64 years . . . . .	60,991,658
65 years and over . . . . .	34,709,480
<b>NHANES (Table 62)</b>	
20–44 years . . . . .	100,149,847
45–64 years . . . . .	60,991,658
65–74 years . . . . .	18,135,514
75 years and over . . . . .	16,573,966
<b>NHANES (Table 85)</b>	
Under 18 years . . . . .	70,781,454
18–44 years . . . . .	108,151,050
45–64 years . . . . .	60,991,658
65 years and over . . . . .	34,709,480

NOTES: DVS is Division of Vital Statistics. NHIS is National Health Interview Survey. NAMCS is National Ambulatory Medical Care Survey. NHAMCS is National Hospital Ambulatory Medical Care Survey. NHDS is National Hospital Discharge Survey. 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>.

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, regardless of the birth certificate version used. 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

**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	<sup>1</sup> 0.044842	44,842
85 years and over . . . . .	4,259,000	0.015508	15,508

<sup>1</sup>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](http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf).

result from age differences in population composition. Age-adjusted rates should be viewed as relative indexes rather than actual measures of risk.

Age-adjusted rates are calculated by the direct method, as follows:

$$\sum_{i=1}^n r_i \times (p_i / P)$$

where

$r_i$  = rate in age group  $i$  in the population of interest

$p_i$  = standard population in age group  $i$

$$P = \sum_{i=1}^n p_i$$

$n$  = total number of age groups over the age range of the age-adjusted rate.

Age adjustment by the direct method requires the use of a standard age distribution. The standard for age-adjusting death rates and estimates from surveys in *Health, United States* is the projected year 2000 U.S. resident population. Starting with *Health, United States, 2000*, the projected year 2000 U.S. standard population replaced the 1970 civilian noninstitutionalized population for age-adjusting estimates from most NCHS surveys; and starting with *Health, United States, 2001*, it was used uniformly and replaced the 1940 U.S. population for age-adjusting mortality statistics and the 1980 U.S. resident population, which previously had been used for age-adjusting estimates from the National Health and Nutrition Examination Survey.

Changing the standard population has implications for racial and ethnic differentials in mortality. For example, the

mortality ratio for the black to white populations is reduced from 1.6 using the 1940 standard to 1.4 using the 2000 standard, reflecting the greater weight the 2000 standard gives to the older population, in which race differentials in mortality are smaller.

Age-adjusted estimates from any data source presented in *Health, United States* that use the projected year 2000 U.S. resident population may differ from age-adjusted estimates based on the same data presented in other reports if different age groups are used in the adjustment procedure.

For more information on implementing the 2000 population standard for age-adjusting death rates, see: Anderson RN, Rosenberg HM. Age standardization of death rates: Implementation of the year 2000 standard. National vital statistics reports; vol 47 no 3. Hyattsville, MD: NCHS; 1998. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47_03.pdf). For more information on the derivation of age-adjustment weights for use with NCHS survey data, see: Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S. population. Healthy People 2010 statistical notes, no 20. Hyattsville, MD: NCHS; 2001. Available from: <http://www.cdc.gov/nchs/data/statnt/statnt20.pdf>. The projected year 2000 U.S. standard population is available from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program: <http://seer.cancer.gov/stdpopulations/stdpop.singleages.html>.

*Mortality data*—Death rates are age-adjusted to the projected year 2000 U.S. standard population (Table I). Prior to 2001 data, age-adjusted rates were calculated using standard million proportions based on rounded population numbers (Table II). Starting with 2001 data, unrounded population numbers are used to age-adjust. Adjustment is based on 11 age groups, with two exceptions. First, age-adjusted death rates for black

males and black females in 1950 are based on nine age groups, with under 1 and 1–4 combined as one group, and 75–84 and 85 and over combined as one group. Second, age-adjusted rates for years of potential life lost before age 75 also use the projected year 2000 standard population and are based on eight age groups: under 1, 1–14, 15–24, and 10-year age groups through 65–74.

*National Health and Nutrition Examination Survey (NHANES)*—Estimates based on the National Health Examination Survey and NHANES are generally age-adjusted to the projected year 2000 U.S. standard population by using five age groups: 20–34, 35–44, 45–54, 55–64, and 65–74 or 65 and over (Table I). Prior to *Health, United States, 2001*, these estimates were age-adjusted to the 1980 U.S. resident population.

*National Health Care Surveys*—Estimates based on the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are age-adjusted to the projected year 2000 U.S. standard population (Table I). Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

*National Health Interview Survey (NHIS)*—Estimates based on NHIS are age-adjusted to the projected year 2000 U.S. standard population (Table I). Prior to *Health, United States, 2000*, NHIS estimates were age-adjusted to the 1970 civilian noninstitutionalized population. Information on the age groups used in the age-adjustment procedure is contained in the footnotes to the specific tables.

**AIDS**—See Appendix II, Acquired immunodeficiency syndrome (AIDS).

**Alcohol consumption**—Alcohol consumption is measured differently in the following data systems. (Also see Appendix II, Binge drinking.)

*Monitoring the Future (MTF) Study*—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol in their lifetime, students are asked a preliminary alcohol consumption (defined as beer, wine, liquor, and any other beverage that contains alcohol) screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption over different time frames: “On how many occasions (if any) have you had alcohol to drink—more than just a few sips... in your lifetime, ...in the last 12 months, ...in the last 30 days?” A subsequent question asks, “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc.

*National Health Interview Survey (NHIS)*—Starting with the 1997 NHIS, information on alcohol consumption has been collected in the Sample Adult questionnaire. Adult respondents are asked two screening questions about their lifetime alcohol consumption: “In any 1 year, have you had at least 12 drinks of any type of alcoholic beverage?” and “In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?” Persons who report at least 12 drinks in a lifetime are then asked several questions about alcohol consumption in the past year: “In the past year, how often did you drink any type of alcoholic beverage?” and “In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?” Adults who had at least one drink in the past year were also asked, “In the past year, on how many days did you have five or more drinks of any alcoholic beverage?”

Levels of alcohol consumption are defined as follows: light drinkers, 3 drinks or fewer per week; moderate drinkers, more than 3 and up to 14 drinks per week for men and more than 3 and up to 7 drinks per week for women; heavier drinkers, more than 14 drinks per week for men and more than 7 drinks per week for women, on average.

*National Survey on Drug Use & Health (NSDUH)*—Starting in 1999, NSDUH information about the frequency of the consumption of alcoholic beverages in the past 30 days has been obtained for all persons surveyed who are aged 12 and over. An extensive list of examples of the kinds of beverages covered is given to respondents prior to question administration. A drink is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Those times when the respondent had only a sip or two from a drink are not considered consumption. Alcohol use is based on the following questions: “During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?”, “On the days that you drank during the past 30 days, how many drinks did you usually have?”, and “During the past 30 days, on how many days did you have five or more drinks on the same occasion?”

**Any-listed diagnosis**—See Appendix II, Diagnosis.

**Average annual rate of change (percent change)**—In *Health, United States*, average annual rates of change, or growth rates, are calculated as follows:

$$[(P_n / P_o)^{1/N} - 1] \times 100$$

where

$P_n$  = later time period

$P_o$  = earlier time period

$N$  = number of years in interval.

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

**Average length of stay**—In the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of hospital days of care (counting the date of admission but not the date of discharge) by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. (Also see Appendix II, Days of care; Discharge; Inpatient.)

**Basic actions difficulty**—Basic actions difficulty captures limitations or difficulties in movement, emotional, sensory, or cognitive functioning associated with a health problem. Persons with more than one of these difficulties are counted only once in the estimates. The full range of functional areas cannot be assessed on the basis of National Health Interview Survey (NHIS) questions; however, the available questions can identify difficulty in the following core areas of functioning:

- Movement (walking, standing, sitting, bending or kneeling, reaching overhead, grasping objects with fingers, and lifting).
- Selected elements of emotional functioning, in particular, feelings that interfere with accomplishing daily activities. Respondents were classified based on responses to a series of questions that measure psychological distress.
- Sensory functioning, based on difficulties seeing or hearing.
- Selected elements in cognitive functioning, specifically difficulties with remembering, or experiencing confusion.

For many measures of disability, only disabilities resulting from an underlying condition that is chronic (based on nature and duration) are considered. However, whether the underlying conditions related to the core areas of basic actions difficulty were chronic was not a requirement in classifying persons. In *Health, United States*, respondents missing responses in a series of questions were classified as missing for that component. Respondents reporting that they “do not do this activity” were classified as missing for that activity. For hearing, respondents reporting that they were “deaf” or “had a lot of trouble” hearing without the use of hearing aids or other listening devices were coded as having a hearing limitation. For more information on how this measure was constructed using NHIS data, including the specific questions asked, see: Altman B, Bernstein A. Disability and health in the United States, 2001—2005. Hyattsville, MD: NCHS; 2008. Available from: <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>. (Also see Appendix II, Complex activity limitation; Hearing trouble.)

**Bed, health facility**—The American Hospital Association defines bed count as the number of beds, cribs, and pediatric bassinets that are set up and staffed for use by inpatients on the last day of the reporting period. In the Center for Medicare & Medicaid Service's Quality

Improvement Evaluation System (QIES) (formerly the Online Survey Certification and Reporting [OSCAR]) database, all beds in certified facilities are counted on the day of certification inspection. (Also see Appendix II, Hospital; Occupancy rate.)

**Binge drinking**—Binge drinking is measured in the following data systems. (Also see Appendix II, Alcohol consumption.)

*Monitoring the Future (MTF) Study*—This school-based survey of secondary school students collects information on alcohol use by using self-completed questionnaires. To determine whether they have tried alcohol, students are asked a preliminary screening question: “Have you ever had any alcoholic beverage to drink—more than just a few sips?” Students who reply in the affirmative are then asked additional questions about their alcohol consumption, including one on binge drinking: “Think back over the last two weeks. How many times have you had five or more drinks in a row?” A drink is defined as a bottle of beer, a glass of wine, a shot glass of liquor, a mixed drink, etc. Information on binge drinking is obtained for 12th graders (starting in 1975) and for 8th and 10th graders (starting in 1991).

*National Survey on Drug Use & Health (NSDUH)*—In NSDUH, binge alcohol use is defined as “Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) at least once in the past 30 days.” Heavy alcohol use is defined as “Five or more drinks on the same occasion (binge drinking) on at least 5 different days in the past 30 days.” (Also see Appendix II, Alcohol consumption.)

**Birth cohort**—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

**Birth rate**—See Appendix II, Rate: Birth and related rates.

**Birthweight**—Birthweight is the first weight of the newborn obtained after birth. Low birthweight is defined as weighing less than 2,500 grams (5 lb 8 oz). Very low birthweight is defined as weighing less than 1,500 grams (3 lb 4 oz). Prior to 1979, low birthweight was defined as weighing 2,500 grams or less, and very low birthweight as weighing 1,500 grams or less.

**Blood pressure, high**—In *Health, United States*, a person is considered to have hypertension if they have measured high blood pressure (i.e., average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or if they report that they are taking a prescription medicine for high blood pressure (respondents were asked, “Are you now taking prescribed medicine for your high blood pressure?”), even if their blood pressure readings are within the normal range. Uncontrolled high blood pressure is defined as having an average measured systolic blood pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg, among those with

hypertension. Those with uncontrolled high blood pressure also may be taking prescribed medicine for high blood pressure. These blood pressure standards are consistent with the following: National Heart, Lung, and Blood Institute. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH pub no 04–5230. Bethesda, MD: National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>; and Go AS, Bauman M, King SMC, Fonarow GC, Lawrence W, Williams KA, et al. AHA/ACC/CDC. An effective approach to high blood pressure control: A science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension* 2013. Available from: <http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003.citation>.

Blood pressure data presented in *Health, United States* are from the National Health and Nutrition Examination Survey (NHANES). Blood pressure is measured by averaging up to three blood pressure readings taken for an NHANES participant. Blood pressure readings of 0 mm Hg are assumed to be in error and are not included in the estimates. The methods used to measure the blood pressure of participants have changed over the different NHANES survey years. Changes include the following:

- Number of blood pressure measurements taken (increased from one to four).
- Equipment maintenance procedures.
- Training of persons taking readings (physician, nurse, or interviewer).
- Proportion zero end-digits for systolic and diastolic readings.
- Published diastolic definition.
- Location where the measurements were taken (mobile examination center [MEC] or home).

In 1999 and subsequent years, blood pressure has been measured in the NHANES MEC by one of the MEC physicians. For people aged 8 and over, three consecutive blood pressure readings are obtained using the same arm. If a blood pressure measurement was interrupted or the measurer was unable to get one or more of the readings, a fourth attempt may be made. Both systolic and diastolic measurements are recorded to the nearest even number.

In NHANES III, three sets of blood pressure measurements were taken in the MEC for examinees aged 5 and over. Blood pressure measurements were also taken by trained interviewers during the household interview, on sample persons aged 17 and over. Systolic and diastolic average blood pressures were computed as the arithmetic mean of six or fewer measurements obtained at the household interview (maximum of three) and the MEC examination (maximum of three). If the examinee did not have blood pressure measurements taken in the MEC, this variable was

calculated from measurements taken at the household interview. Both systolic and diastolic measurements were recorded to the nearest even number.

For more information on changes in blood pressure measurement in NHANES up to 1991, see: Burt VL, Cutler JA, Higgins M, Horan MJ, Labarthe D, Whelton P, et al. Trends in the prevalence, awareness, treatment, and control of hypertension in the adult U.S. population: Data from the health examination surveys, 1960 to 1991. *Hypertension* 1995;26(1):60–9.

**Body mass index (BMI)**—BMI is a measure that adjusts body weight for height. It is calculated as weight in kilograms divided by height in meters squared. Healthy weight for adults is defined as a BMI of 18.5 to less than 25.0; overweight (including obesity) is greater than or equal to 25.0; and obesity is greater than or equal to 30.0. Within the obesity category, Grade 1 obesity is defined as a BMI of 30.0 to less than 35.0; Grade 2 is 35.0 to less than 40.0; and Grade 3 is 40.0 or greater. Prior to assigning a person to a BMI category, BMI is rounded to one decimal place. In *Health, United States* the NHANES variable, Body Mass Index, is used to assign persons to BMI categories. BMI cut points are defined in the following: U.S. Department of Agriculture and HHS. *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/files/docs/guidelines/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/files/docs/guidelines/ob_gdlns.pdf); Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Obesity Society. *Circulation*. 2013doi:10.1161/01.cir.0000437739.71477.ee. Available from: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation>; and HHS. *Healthy People 2020: Nutrition, physical activity, and obesity*; 2012. Available from: <http://www.healthypeople.gov/2020/Leading-Health-Indicators>.

Obesity for children and adolescents is defined as a BMI at or above the sex- and age-specific 95th percentile 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](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,

**Table III. Revision of the *International Classification of Diseases* (ICD), by year of conference in which adopted and years in use in the United States**

ICD revision	Year of conference in which adopted	Years in use in United States
1st . . . . .	1900	1900–1909
2nd . . . . .	1909	1910–1920
3rd . . . . .	1920	1921–1929
4th . . . . .	1929	1930–1938
5th . . . . .	1938	1939–1948
6th . . . . .	1948	1949–1957
7th . . . . .	1955	1958–1967
8th . . . . .	1965	1968–1978
9th . . . . .	1975	1979–1998
10th . . . . .	1990	1999–present

SOURCE: CDC/NCHS. Available from: <http://www.cdc.gov/nchs/icd.htm>.

a rank is skipped. For more information, see: Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS [Forthcoming]. Portions available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). (Also see Appendix II, *International Classification of Diseases* [ICD].)

**Children’s Health Insurance Program (CHIP)**—Title XXI of the Social Security Act, often referred to as the Children’s Health Insurance Program (CHIP), is a program originally enacted by the Balanced Budget Act of 1997. The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA, P.L. 111–3) reauthorized CHIP and appropriated funding for CHIP through FY 2013. The Affordable Care Act of 2010 (ACA, P.L. 111–148) extends CHIP funding through FY 2015. CHIP provides federal funds for states to provide health care coverage to eligible low-income, uninsured children who do not qualify for Medicaid. Generally CHIP is only available through age 18. However, a small number of adults are covered with CHIP funds under waivers in a few states. CHIP gives states broad flexibility in program design within a federal framework that includes important beneficiary protections. Funds from CHIP may be used for a separate child health program or to expand Medicaid. Although CHIP is not part of Medicaid, in some instances in *Health, United States*, data on CHIP and Medicaid are presented together and those instances are discussed in the footnotes of the respective tables. For more information, see: <http://www.medicaid.gov/chip/chip-program-information.html>. (Also see Appendix II, Health insurance coverage; Medicaid.)

**Cholesterol**—Serum total cholesterol is a combination of high-density lipoprotein (HDL) cholesterol, low-density lipoprotein (LDL) cholesterol, and very low-density lipoprotein (VLDL) cholesterol and is highly correlated with LDL cholesterol. High serum total cholesterol is a risk factor for cardiovascular disease. In its third report on high blood cholesterol, the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of

**Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)***

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Communicable diseases . . . . .	...	...	001–139, 460–466, 480–487, 771.3	A00–B99, J00–J22
Chronic and noncommunicable diseases . . .	...	...	140–459, 470–478, 490–799	C00–I99, J30–R99
Meningococcal infection . . . . .	...	...	036	A39
Septicemia . . . . .	...	...	038	A40–A41
Human immunodeficiency virus (HIV) disease <sup>1</sup> . . . . .	...	...	*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 <sup>2</sup> . . . . .	480–483, 490–493	470–474, 480–486	480–487	J09–J18
Chronic lower respiratory diseases . . . . .	241, 501, 502, 527.1	490–493, 519.3	490–494, 496	J40–J47
Chronic liver disease and cirrhosis . . . . .	581	571	571	K70, K73–K74
Nephritis, nephrotic syndrome, and nephrosis . . . . .	...	...	580–589	N00–N07, N17–N19, N25–N27
Pregnancy, childbirth, and the puerperium . . . . .	640–689	630–678	630–676	O00–O99
Congenital malformations, deformations, and chromosomal abnormalities . . . . .	...	...	740–759	Q00–Q99
Certain conditions originating in the perinatal period . . . . .	...	...	760–779	P00–P96
Newborn affected by maternal complications of pregnancy . . . . .	...	...	761	P01
Newborn affected by complications of placenta, cord, and membranes . . . . .	...	...	762	P02
Disorders related to short gestation and low birthweight, not elsewhere classified . . . . .	...	...	765	P07
Birth trauma . . . . .	...	...	767	P10–P15
Intrauterine hypoxia and birth asphyxia . . . . .	...	...	768	P20–P21
Respiratory distress of newborn . . . . .	...	...	769	P22
Bacterial sepsis of newborn . . . . .	...	...	...	P36
Necrotizing enterocolitis of newborn . . . . .	...	...	777.5	P77
Sudden infant death syndrome . . . . .	...	...	798.0	R95

See footnotes at end of table.

**Table IV. Cause-of-death codes, by applicable revision of the *International Classification of Diseases (ICD)*—Con.**

<i>Cause of death (10th Revision titles)</i>	<i>6th and 7th Revisions</i>	<i>8th Revision</i>	<i>9th Revision</i>	<i>10th Revision</i>
Occupational diseases:				
Angiosarcoma of liver . . . . .	...	...	...	C22.3
Malignant mesothelioma . . . . .	...	...	158.8, 158.9, 163	C45
Pneumoconiosis . . . . .	...	...	500–505	J60–J66
Coal workers' pneumoconiosis . . . . .	...	...	500	J60
Asbestosis . . . . .	...	...	501	J61
Silicosis . . . . .	...	...	502	J62
Other (including unspecified) . . . . .	...	...	503–505	J63–J66
Injuries <sup>2</sup> . . . . .	...	...	E800–E869, E880–E929, E950–E999	*U01–*U03, V01–Y36, Y85–Y87, Y89
Unintentional injuries <sup>3</sup> . . . . .	E800–E936, E960–E965	E800–E929, E940–E946	E800–E869, E880–E929	V01–X59, Y85–Y86
Motor vehicle-related injuries <sup>3</sup> . . . . .	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 <sup>2</sup> . . . . .	E963, E970– E979	E950–E959	E950–E959	*U03, X60–X84, Y87.0
Homicide <sup>2</sup> . . . . .	E964, E980– E983	E960–E969	E960–E969	*U01–*U02, X85–Y09, Y87.1
Firearm-related injury . . . . .	...	E922, E955, E965, E970, E985	E922, E955.0– E955.4, E965.0–E965.4, E970, E985.0– E985.4	*U01.4, W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0
Injury by drug poisoning . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14
Opioid analgesics . . . . .	...	...	...	X40–X44, X60–X64, X85, Y10–Y14 (underlying cause) and T40.2–T40.4 (multiple cause)

... Cause-of-death codes are not provided for causes not shown in *Health, United States*.

<sup>1</sup>Categories for coding human immunodeficiency virus (HIV) infection were introduced in 1987. The asterisk (\*) indicates codes that are not part of ICD–9.

<sup>2</sup>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 accommodate deaths from influenza A (H1N1) virus in the ICD–10 code J09 for data years 2009 and beyond.

<sup>3</sup>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](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/nvsr47\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvsr47_19.pdf).

Hoyert DL, Heron MP, Murphy SL, Kung H-C. Deaths: Final data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: NCHS; 2006. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54\\_13.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_13.pdf).

Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: NCHS; 2013. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf).

Xu JQ, Murphy SL, Kochanek KD, et al. Deaths: Final data for 2013. National vital statistics reports; vol 64 no 2. Hyattsville, MD: NCHS; 2015. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf).



High Blood Cholesterol in Adults (Adult Treatment Panel III, or ATP III) continued to classify a serum total cholesterol value greater than or equal to 240 mg/dL (6.20 mmol/L) as high and a value of at least 200 mg/dL but less than 240 mg/dL as borderline-high. ATP III focused on LDL cholesterol as the primary target of cholesterol-lowering therapy and used other cardiovascular disease risk factors (such as cigarette smoking, low HDL cholesterol, hypertension, family history, and age) to evaluate an individual's risk for cardiovascular disease. A more recent set of guidelines—the result of a collaboration among the National Heart, Lung, and Blood Institute; the American College of Cardiology; and the American Heart Association—focused on which groups of people could benefit from statin use, based on their risk factors. Because *Health, United States* focuses on providing population-level prevalence data rather than individual-level estimates, three broad indicators of cholesterol are presented. For more information on high cholesterol guidelines, see: National Cholesterol Education Program (NCEP). Third report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III): Final report. NIH pub no 02–5215. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2002. Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf>; Stone NJ, Robinson JG, Lichtenstein AH, Merz CNB, Blum CB, Eckel RH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129:S1–45. Available from: [http://circ.ahajournals.org/content/129/25\\_suppl\\_2/S1.full](http://circ.ahajournals.org/content/129/25_suppl_2/S1.full).

In *Health, United States*, three measures of total cholesterol are presented: hypercholesterolemia, high serum total cholesterol, and mean serum total cholesterol. Hypercholesterolemia 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 who were told by a doctor or health professional that their cholesterol was high, and were told by a doctor to take cholesterol-lowering medication and answered “yes” to the question, “Are you now following this advice?” were classified as taking cholesterol-lowering medication. High serum total cholesterol is defined as measured serum total cholesterol greater than or equal to 240 mg/dL (6.20 mmol/L). Both high serum cholesterol and mean serum total cholesterol are 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 and is available from: <http://www.cdc.gov/nchs/nhanes.htm>.

**Cigarette smoking**—Cigarette smoking and related tobacco use are measured in the following data systems.

*Monitoring the Future (MTF) Study*—Information on current cigarette smoking was obtained for 12th graders (starting in 1975) and for 8th and 10th graders (starting in 1991), based on the following question: “How frequently have you smoked cigarettes during the past 30 days?”

*National Health Interview Survey (NHIS)*—Information about cigarette smoking is obtained for adults aged 18 and over. Starting in 1993, current smokers are identified by asking the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days, or not at all?” Persons who smoked 100 cigarettes and who now smoke every day or some days were defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: “Have you smoked 100 cigarettes in your entire life?” and “Do you smoke now?” (traditional definition). In 1992, the definition of current smoker in NHIS was modified to specifically include persons who smoked on some days (revised definition). In 1992, cigarette smoking data were collected for a half-sample, with one-half the respondents (one-quarter sample) answering the traditional smoking questions and the other one-half of respondents (one-quarter sample) answering the revised smoking question, “Do you smoke every day, some days, or not at all?” An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percentage of current smokers aged 18 and over remained the same as for 1991. The estimates for 1992 shown in *Health, United States* combine data collected using both the traditional and revised questions.

In 1993–1995, estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997, smoking data were

collected in the Sample Adult questionnaire. For more information on survey methodology and sample sizes pertaining to NHIS cigarette smoking data, see the NHIS Adult Tobacco Use Information website at: <http://www.cdc.gov/nchs/nhis/tobacco.htm>.

*National Survey on Drug Use & Health (NSDUH)*—Information on current cigarette smoking is obtained for all persons surveyed who are aged 12 and over, based on the following question: “During the past 30 days, have you smoked part or all of a cigarette?”

**Civilian noninstitutionalized population; Civilian population**—See Appendix II, Population.

**Colorectal tests or procedures**—Colorectal tests or procedures are used to detect polyps, abnormal cell growth, lesions, and other gastrointestinal conditions, including colon cancer. These tests often include home fecal occult blood tests, sigmoidoscopy, or colonoscopy. The time interval varies depending on the test and individual risk factors.

In the National Health Interview Survey (NHIS), questions about colorectal tests or procedures were asked of respondents aged 40 and over on an intermittent schedule, and the questions varied over time.

In 2000, 2003, 2005, and 2008, respondents were asked, “Have you ever had a sigmoidoscopy, colonoscopy, or proctoscopy?” In 2010 and 2013, respondents were asked 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 all 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, 2010, and 2013, the questionnaire skip 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). In 2010 only, additional questions on the use of virtual or CT colonoscopy were included in the questionnaire, but these questions were not used to determine whether respondents had a colorectal test or procedure.

Colorectal screening tests and procedures may be used for diagnostic or screening purposes. Recommendations for screening tests and time between screening vary based on individual risks and the particular colorectal tests. The current recommendation, made by the U.S. Preventive Services Task Force in 2008, is the use of fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults aged 50 to 75. For a summary of current colorectal screening recommendations, and updated recommendations when available, 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>.

In *Health, United States*, estimates of colorectal tests are presented for adults aged 50–75 who had any colorectal test or procedure (defined as reporting 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) or a colonoscopy in the past 10 years.

**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 1.5812. 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. Alzheimer's disease had the highest comparability ratio (1.5812), indicating that Alzheimer's disease is 58% 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

**Table V. Comparability of selected causes of death between the 9th and 10th revisions of the *International Classification of Diseases (ICD)***

Cause of death <sup>1</sup>	Final comparability ratio <sup>2</sup>
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

<sup>1</sup>See Table IV for ICD–9 and ICD–10 cause-of-death codes.

<sup>2</sup>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](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/Comparability/icd9_icd10/Comparability_Ratio_tables.xls).

Miniño M, Anderson RN, Fingerhut LA, Boudreaux 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](http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_10.pdf).

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, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_02.pdf); Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports; vol 49 no 3. Hyattsville, MD: NCHS; 2001, available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_03.pdf); Final ratios for 113 selected causes of death, available from: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Datasets/Comparability/icd9\\_icd10/](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](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. In *Health, United States*, respondents missing responses in a series of questions were classified as missing for that component. Respondents reporting that they “do not do this activity” were classified as missing for that activity. 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>. (Appendix II, Activities of daily living [ADL]; Basic actions difficulty; Instrumental activities of daily living [IADL].)

**Consumer Price Index (CPI)**—The CPI, prepared by the U.S. Bureau of Labor Statistics, is a monthly measure of the average change in prices of goods and services purchased by urban households. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, and drug prices. A revised definition of the CPI has been in use since January 1988. (Also see Appendix II, Gross domestic product [GDP]; and Health expenditures, national.)

**Contraception**—The National Survey of Family Growth collects information on contraceptive use as reported by women aged 15–44. To determine current contraceptive use, women were asked to identify up to 4, out of 21, contraceptive methods they had used during the month of interview. Contraceptive methods listed as “other methods” in 2011–2013 included emergency contraception, 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 2006–2010, the contraceptive ring, female condom/vaginal pouch, foam, cervical cap, Today-brand sponge, suppository or insert, jelly or cream (without diaphragm), and other methods; 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 cost 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 decay on the crown or enamel surface of a tooth (i.e., coronal caries) and includes treated and untreated caries. Untreated dental caries refers to decay on the crown or enamel surface of a tooth (i.e., coronal caries) that has not been treated or filled. Decay in the root (i.e., root caries) was not included.

In *Health, United States*, estimates on the presence of caries are based on evaluation of primary and permanent teeth for persons aged 5 and older. The third molars were not included. Persons without at least one natural tooth (primary or permanent) were classified as edentulous (without any teeth) and were excluded. The majority of edentulous persons are aged 65 and over. Estimates of edentulism among persons aged 65 and over are 33% in 1988–1994, 23% in 2005–2008, and 19% in 2011–2012.

Dental caries was identified by an oral examination as part of the National Health and Nutrition Examination Survey (NHANES). Over time, there have been changes in the NHANES oral health examination process, ages examined, and methodology. During 1988–1994, a full-mouth complete oral health exam was conducted by a trained dentist on those aged 1 and over. During 1999–2004, a full-mouth complete oral health exam was conducted by a trained dentist on those aged 2 and over. During 2005–2008, data were collected for those aged 5 and over by a trained health technologist using the Basic Screening Examination (BSE), a simplified screening process to collect information on untreated caries, dental restorations, and dental sealants. During 2009–2010, the BSE was conducted by a trained dental hygienist on those aged 3–19. No data were collected on adults. During 2005–2008 and 2009–2010, due to use of the BSE, it cannot be determined whether untreated decay was found in permanent teeth or primary teeth. For 2011–2012, a full-mouth complete oral health exam was conducted by a trained dentist on those aged 1 and over.

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; and see the following NHANES resources: [http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/OHX\\_D.htm](http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/OHX_D.htm), [http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/OHX\\_E.htm](http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/OHX_E.htm), [http://www.cdc.gov/nchs/nhanes/nhanes2009-2010/OHXDEN\\_F.htm](http://www.cdc.gov/nchs/nhanes/nhanes2009-2010/OHXDEN_F.htm), and [http://www.cdc.gov/nchs/nhanes/2011-2012/OHXDEN\\_G.htm](http://www.cdc.gov/nchs/nhanes/2011-2012/OHXDEN_G.htm).

**Dental visit**—Starting in 1997, National Health Interview Survey respondents were asked, “About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as hygienists.” Starting in 2001, the question was modified slightly to ask respondents how long it had been since they last saw a dentist. Questions about dental visits were not asked for children under age 2 for years 1997–1999 and under age 1 for years 2000 and beyond. Starting with 1997 data, estimates are presented for people with a dental visit in the past year.

**Diabetes**—Diabetes is a group of conditions in which insulin is not adequately secreted or utilized. Diabetes is a leading cause of disease and death in the United States. Using data from the National Health and Nutrition Examination Survey (NHANES), three measures of diabetes are presented in *Health, United States*: physician-diagnosed diabetes, undiagnosed diabetes, and total diabetes. Physician-diagnosed diabetes data were obtained by self-report. 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. Total diabetes includes those who were classified as having either physician-diagnosed or undiagnosed diabetes. Fasting weights were used to obtain prevalence estimates, and pregnant women were excluded.

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.

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. NHANES does not recommend any adjustments to the A1c data.

Estimates presented in *Health, United States* may differ from other estimates based on the same data and presented elsewhere if different weights, age-adjustment groups, definitions, or trend adjustments are used.

For more information, see: [http://wwwn.cdc.gov/nchs/nhanes/2011-2012/GHB\\_G.htm](http://wwwn.cdc.gov/nchs/nhanes/2011-2012/GHB_G.htm) and [http://wwwn.cdc.gov/nchs/nhanes/2011-2012/GLU\\_G.htm](http://wwwn.cdc.gov/nchs/nhanes/2011-2012/GLU_G.htm).

**Diagnosis**—Diagnosis is the act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data. Diagnoses in the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Hospital Ambulatory Medical Care Survey are abstracted from medical records and coded to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*.

For a given medical care encounter, the first-listed diagnosis can be used to categorize the visit, or if more than one diagnosis is recorded on the medical record, the visit can be categorized based on all diagnoses recorded. Analyzing first-listed diagnoses avoids double-counting events such as visits or hospitalizations; the first-listed diagnosis is often, but not always, considered the most important or dominant condition among all comorbid conditions. However, the choice of the first-listed diagnosis by the medical facility may be influenced by reimbursement or other factors. A hospital discharge would be considered a first-listed stroke discharge if the diagnosis code for stroke was recorded in the first diagnosis field on the hospital record. An any-listed stroke discharge would classify all diagnoses of stroke recorded on the hospital face sheet, regardless of the order in which they are listed. Any-listed diagnoses double-count events such as visits or hospitalizations with more than one recorded diagnosis but provide information on the burden a specific diagnosis presents to the health care system. (Also see Appendix II, External cause of injury; Injury; Injury-related visit.)

**Diagnostic and other nonsurgical procedure**—See Appendix II, Procedure.

**Discharge**—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of one night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey and the Healthcare Cost and Utilization Project—National (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; Hospital utilization; Inpatient.)

**Domiciliary care home**—See Appendix II, Long-term care facility; Nursing home.

**Drug**—Drugs are pharmaceutical agents, by any route of administration, for the prevention, diagnosis, or treatment of medical conditions or diseases. Data on specific drug use are collected in several NCHS surveys. (Also see Appendix II, Multum Lexicon Plus therapeutic class.)

*National Health and Nutrition Examination Survey (NHANES)*—Drug information from NHANES III and from NHANES for 1999 and subsequent years was collected during in-person interviews conducted in participants' homes. 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](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](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*.

*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). (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](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.

*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., 2013 family income data were based on calendar year 2012 information). The 1997–2006 instrument allowed the respondent to supply a specific dollar amount (up to \$999,995). Any family income responses greater than \$999,995 were entered as \$999,996. Respondents who did not know or refused to give a dollar amount in response to this question were asked if their total combined family income for the previous year was \$20,000 or more, or less than \$20,000. If the respondent answered this question, he or she was then given one of two flash cards and asked to indicate which income group listed on the card best represented the family's combined income during the previous calendar year. One flash card listed incomes that were \$20,000 or more, and the other flash card listed incomes that were less than \$20,000. Starting with the 2007 NHIS, the income amount follow-up questions that had been in place since 1997 were replaced with a series of unfolding bracket questions. The unfolding bracket method asked a series of closed-ended income range questions (e.g., "Is it less than \$50,000?") if the respondent did not provide an answer to the exact income amount question. The closed-ended income range questions were constructed so that each successive question establishes a smaller range for the amount of the family's income. In 2011, several new unfolding-bracket income questions were added to NHIS to improve the assignment of poverty status. Additional questions focused on assessing whether a family's income was less than 200% of the poverty threshold or 200% or more of the poverty threshold. The question received depended on family size. In addition, a question was added for respondents who answered that their family's income was \$100,000 or more as to whether their family's income was less than \$150,000, or \$150,000 or more. For more information on this series of family income questions, see: 2013 NHIS



public-use data release. NCHS. 2014. Available from: <http://www.cdc.gov/nchs/nhis/2013imputedincome.htm>.

Also see: Pleis JR, Cohen RA. Impact of income bracketing on poverty measures used in the National Health Interview Survey's Early Release Program: Preliminary data from the 2007 NHIS. Hyattsville, MD: NCHS. 2007. Available from: <http://www.cdc.gov/nchs/data/nhis/income.pdf>.

For NHIS respondents, family income data are used in the computation of a poverty measure. Starting with *Health, United States, 2004*, a new methodology for imputing family income data for NHIS was implemented for data years 1997 and beyond. Multiple imputations were performed for survey years 1997 and beyond, with five sets of imputed values created to allow for the assessment of variability caused by imputation. A detailed description of the multiple imputation procedure, and data files for 1997 and beyond, are available from: [http://www.cdc.gov/nchs/nhis/quest\\_data\\_related\\_1997\\_forward.htm](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/](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/1990-96_Family_Income/). (Also see Appendix II, Poverty; Table VI.)

*National Health and Nutrition Examination Survey (NHANES)*—In NHANES 1999 and onward, family income is asked in a series of questions about possible sources of income, including wages, salaries, interest and dividends, federal programs, child support, rents, royalties, and other possible sources. After the information about sources of income was obtained in the family interview income section of the questionnaire, the respondent was asked to report total combined family income for him- or herself and the other members of their family, in dollars. If the respondent did not provide an answer or did not know the total combined family income, he or she was asked if the total family income was less than \$20,000 or \$20,000 or more. If the respondent answered, a follow-up question asked the respondent to select an income range from a list on a printed flash card. The midpoint of the income range was then used as the total family income value. Family income values are used to calculate a poverty measure. NHANES II (1976–1980) included questions on components of income; NHANES III (1988–1994) did not ask the detailed components-of-income questions but asked respondents to identify their income based on a set of ranges provided on a flash card. Family income was not imputed for individuals or

families with no reported income information in any of the NHANES survey years. (Also see Appendix II, Poverty.)

*National Immunization Survey (NIS)*—Prior to 1998, family income was the total income received by all family members in the past 12 months at the time of interview. Following the changes in the NHIS income questions, NIS changed the reference period for 1998 onward and collected income received by all family members for the calendar year prior to the interview year for households with age-eligible children (e.g., 2013 NIS family income data are based on calendar year 2012 income). Family income is the combined total income received by all members of a family before taxes. For the family income questions, the household respondent is asked to include income received from jobs, social security, retirement income, unemployment payments, public assistance, interest, dividends, net income from business, farm, rent, or any other sources. Respondents who answered “don't know” or refused to give a dollar amount for the total family income were asked a cascading sequence of income questions (a total of 15 cascading questions that attempt to place the family income into one of 15 income intervals ranging from less than or equal to \$7,500 to greater than or equal to \$75,000). The initial question asks if the family income for the prior year was more or less than \$20,000. Subsequent sets of income range questions are asked so that each successive question establishes a smaller income range. The midpoint of the income range is used as the total family income value for respondents who answered “don't know” or refused to give a dollar amount. A family income variable is constructed from the total family income question and the cascading income questions. If an exact income is given, family income is set to this amount; otherwise it is set to the midpoint of the tightest bounds established by the cascading income questions. The values of total family income are used to calculate a poverty measure. For NIS, this ratio is calculated only for households with age-eligible children, using the actual family income value or the midpoint of the interval from the series of cascading questions in the numerator and the poverty threshold provided by the Census Bureau for the size of the family and the number of related children in the household in the denominator. Details of the income questions and computation of the income-to-poverty ratio for each data collection year can be found in the NIS data documentation (Data User's Guide and Household Interview Questionnaire) provided on the NIS website at: <http://www.cdc.gov/nchs/nis/datasets.htm>.

For more information, see: Battaglia MP, Hoaglin DC, Izrael D, Khare M, Mokdad A. Improving income imputation by using partial income information and ecological variables. Presented at the American Statistical Association–Joint Statistical Meeting; 2002 Aug 11–15, New York, NY. Available from: [http://www.cdc.gov/nchs/data/nis/estimation\\_weighting/Battaglia2002.pdf](http://www.cdc.gov/nchs/data/nis/estimation_weighting/Battaglia2002.pdf).

**Table VI. Imputed family income percentages in the National Health Interview Survey, by selected characteristics: United States, 1990–2013**

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	25	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	31	30	30	44	34	37	32	38
2002	32	28	33	31	30	30	44	33	37	32	37
2003	33	30	35	33	32	32	44	35	38	34	38
2004	33	29	34	32	31	31	41	34	36	33	37
2005	33	29	34	32	31	31	44	35	37	33	38
2006	34	31	35	33	33	33	45	36	39	34	39
2007	33	29	34	32	31	31	43	35	38	33	37
2008	30	27	31	29	29	29	40	32	34	30	34
2009	25	21	26	24	23	23	34	26	29	25	29
2010	25	20	26	24	23	23	36	27	30	25	30
2011	22	19	23	22	21	21	31	24	26	23	26
2012	23	19	24	22	21	21	32	24	27	23	27
2013	23	19	24	23	22	22	31	25	27	23	27

NOTES: Percentages are weighted. See Appendix II, Family income.

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

**Federal hospital**—See Appendix II, Hospital.

**Fee-for-service health insurance**—Fee-for-service health insurance is private (commercial) health insurance that reimburses health care providers on the basis of a fee for each health service provided to the insured person. It is also known as indemnity health insurance. In addition, “fee-for-service” is a term often applied to original Medicare, before Medicare managed-care plans or other new payment systems were introduced. (Also see Appendix II, Health insurance coverage; Managed care; Medicare.)

**Fertility rate**—See Appendix II, Rate: Birth and related rates.

**General hospital**—See Appendix II, Hospital.

**Geographic region**—The U.S. Census Bureau groups the 50 states and D.C., for statistical purposes, into four geographic regions (Northeast, Midwest, South, and West) and nine divisions based on geographic proximity. (See Figure I.)

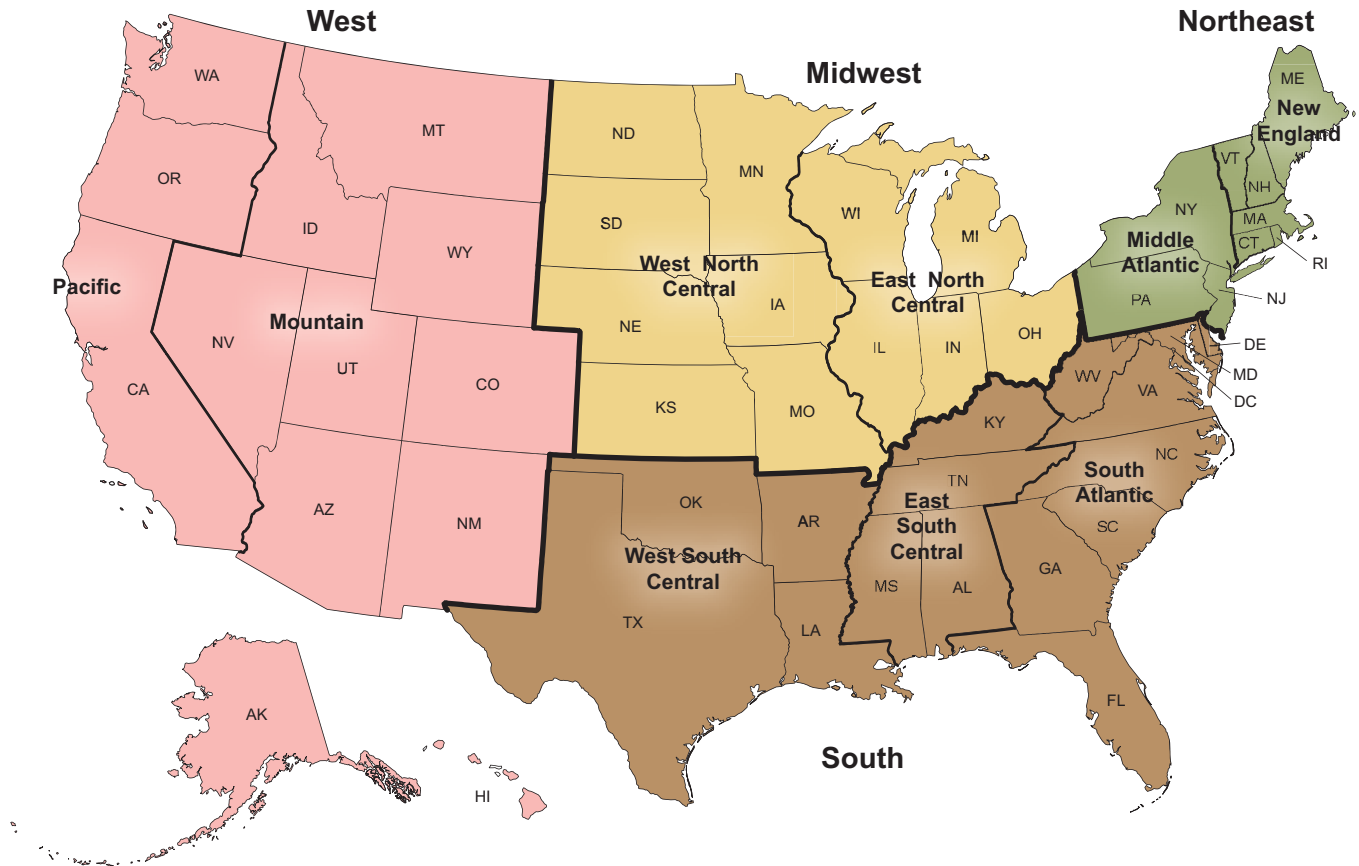
**Gestation**—For the National Vital Statistics System and CDC's Abortion Surveillance System, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of

termination of pregnancy. Data on gestational age are subject to error for several reasons, including imperfect maternal recall or misidentification of the last menstrual period because of postconception bleeding, delayed ovulation, or intervening early miscarriage.

**Gross domestic product (GDP)**—The GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (i.e., the workers and, for property, the owners) may be U.S. residents or residents of other countries. (Also see Appendix II, Consumer Price Index [CPI]; Health expenditures, national.)

**Health care contact**—Starting in 1997, the National Health Interview Survey has collected information on health care contacts with doctors and other health care professionals by using the following series of questions: “During the past 12 months, how many times have you gone to a hospital emergency room about your own health?”, “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?”, and “During the past 12 months, how many times have you seen a doctor or other health care

Figure I. U.S. Census Bureau: Four geographic regions and nine divisions of the United States



professional about your own health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." Starting with 2000 data, this question was amended to specifically exclude dental visits.

For 1997–1999, for each question, respondents were shown a flash card with response categories of 0, 1, 2–3, 4–9, 10–12, or 13 or more visits. For tabulation of the 1997–1999 data, responses of 2–3 were recoded to 2, responses of 4–9 were recoded to 6, responses of 10–12 were recoded to 11, and 13 or more visits were recoded to 13. The recoded values for the three types of visits were then added to yield an estimate of total health care contacts. Starting with 2000 data, response categories were expanded to 0, 1, 2–3, 4–5, 6–7, 8–9, 10–12, 13–15, or 16 or more. For 2000 and more recent data, these response categories were recoded to the midpoint of the range. The category of 16 or more was recoded to 16. The recoded values for the three types of visits were then added to yield an estimate of the summary measure of health care contacts (including doctor's visits, hospital emergency room visits, and home visits). After summing the three component visit variables, respondents with values on the edge of the categories presented in *Health, United States* were rounded down to provide a more conservative estimate of the number of visits. For example, a respondent with 3.5 health

care contacts was included in the 1–3 visits category, and a respondent with 9.5 health care contacts was included in the 4–9 visits category. Respondents were included in this analysis only if they were known on all three visit variables.

Analyses of the percentage of children without a health care visit are based on the following question: "During the past 12 months, how many times has [person] seen a doctor or other health care professional about [his/her] health at a doctor's office, a clinic, or some other place? Do not include times [person] was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." (Also see Appendix II, Emergency department or emergency room visit; Home visit.)

**Health expenditures, national**—National health expenditures are estimated by the Centers for Medicare & Medicaid Services (CMS) and measure calendar year spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket spending). CMS produces both historical and projected estimates of health expenditures by category. (Also see Appendix II, Gross domestic product [GDP].) Types of national health expenditures include:

*Health consumption expenditures* are outlays for goods and services relating directly to patient care, plus expenses for administering health insurance programs and public health activities. This category is equivalent to total national health expenditures minus expenditures for investment in noncommercial research and structures and equipment.

*Personal health care expenditures* are outlays for goods and services relating directly to patient care. These expenditures are total national health expenditures minus expenditures for investment, health insurance program administration and the net cost of insurance, and public health activities.

*Business, household, and other private expenditures* are outlays for services paid for by nongovernmental sources, such as consumers, private industry, and philanthropic and other non-patient-care sources.

*Government expenditures* are outlays for services paid for by federal, state, and local government agencies or expenditures required by governmental mandate (such as workers' compensation insurance payments).

**Health insurance coverage**—Health insurance is broadly defined to include both public and private payers who cover medical expenditures incurred by a defined population in a variety of settings. Estimates of health insurance are available from several different government surveys. Because of differences in methodology, question wording, and recall period, estimates from different sources may vary and are not directly comparable. For more information, see: Health insurance measurement: Differences by data source. Available from: [http://www.census.gov/content/dam/Census/library/infographics/health\\_insurance\\_measurement.pdf](http://www.census.gov/content/dam/Census/library/infographics/health_insurance_measurement.pdf).

*American Community Survey (ACS)*—For point-in-time health insurance estimates, ACS respondents were asked about their coverage at the time of interview. Respondents were asked: “Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark yes or no for each type of coverage: Insurance through a current or former employer or union [of this person or another family member]; Insurance purchased directly from an insurance company [by this person or another family member]; Medicare, for people 65 and older, or people with certain disabilities; Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability; TRICARE or other military health care; VA (including those who have ever used or enrolled for VA health care); Indian Health Service; Any other type of health insurance or health coverage plan [specify plan].” In ACS, persons were considered uninsured if they were not covered by private health insurance, Medicare, Medicaid, Medical Assistance, TRICARE or other military health care, veteran's coverage through the Veteran's Administration, or other

government coverage. People with Indian Health Service coverage only were considered uninsured in ACS.

*National Health Interview Survey (NHIS)*—For point-in-time health insurance estimates, NHIS respondents were asked about their coverage at the time of interview. For 1993–1996, respondents were asked about their coverage in the previous month. Questions on health insurance coverage were expanded starting in 1993, compared with previous years. In 1997, the entire questionnaire was redesigned and data were collected using a computer-assisted personal interview (CAPI). In 2007, questions on health insurance coverage were expanded again to include three new questions on high-deductible health plans, health savings accounts, and flexible spending accounts.

Respondents were considered to be covered by private health insurance if they indicated private health insurance or, prior to 1997, if they were covered by a single-service hospital plan. Private health insurance includes managed care such as health maintenance organizations (HMOs).

Private insurance obtained through the workplace was defined as any private insurance that was originally obtained through a present or former employer or union, or, starting in 1997, through the workplace, self-employment, or a professional association. Starting in 2011, respondents were also asked whether health insurance coverage was obtained through parents or another relative. Coverage obtained through parents or another relative was not included as workplace coverage.

Until 1996, persons were defined as having Medicaid or other public assistance coverage if they indicated that they had either Medicaid or other public assistance or if they reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). After welfare reform in late 1996, Medicaid was delinked from AFDC and SSI. Starting in 1997, persons were considered to be covered by Medicaid if they reported Medicaid or a state-sponsored health program. Starting in 1999, persons were considered covered by Medicaid if they reported coverage by the Children's Health Insurance Program (CHIP). Medicare or military health plan coverage was also determined in the interview, and starting in 1997 other government-sponsored program coverage was determined as well.

If respondents did not report coverage under one of the above types of plans and they had unknown coverage under either private health insurance or Medicaid, they were considered to have unknown coverage.

The remaining respondents without any indicated coverage were considered uninsured. The uninsured were persons who did not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored health plan, other government-sponsored programs, or a military health plan. Persons

with only Indian Health Service (IHS) coverage were considered uninsured. Although NHIS respondents who report IHS coverage as their only source of coverage are currently recoded to being uninsured, IHS provides a comprehensive health service delivery system for approximately 2.2 million American Indian and Alaska Native persons. See: <http://www.ihs.gov/newsroom/factsheets/ihsyear2015profile/>. Estimates of the percentage of persons who were uninsured based on NHIS may differ slightly from those based on other sources 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.

(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 the 2007 data, the question was revised to expand the response categories. Respondents were asked, “These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices. Is your hearing excellent, good, [do you have] a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?” Starting with 2008 data, respondents were asked, “WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, [do you have] a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?” 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 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](http://www.cdc.gov/nchs/data/series/sr_10/sr10_240.pdf). (Also see Appendix II, Basic actions difficulty.)

**Hispanic origin**—Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Latin American or Spanish origin. Persons of Hispanic origin may be of any race.

**Birth file**—The reporting area for an Hispanic-origin item on the birth certificate expanded between 1980 and 1993 (when the Hispanic item was included on the birth certificate in all states and D.C.). Trend data on births of Hispanic and non-Hispanic parentage in *Health, United States* are affected by expansion of the reporting areas, which affects numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981, information on births of Hispanic parentage was reported on the birth certificate by the following 22 states: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 D.C., began reporting this information. Between 1983 and 1987, information on births of Hispanic parentage was available for 23 states and D.C. In 1988, this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington state, increasing the number of states reporting information on births of Hispanic parentage to 30 states and D.C. In 1989, this information became available from an additional 17 states, increasing the number of Hispanic-reporting states to 47 and D.C. In 1989, only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. With the inclusion of Louisiana in 1989 and Oklahoma in 1990 as Hispanic-reporting states, 99% of birth records included information on mother’s origin. Hispanic origin of the mother was reported on the birth certificates of 49 states and D.C. in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993, Hispanic origin of mother was reported by all 50 states and D.C.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Live Birth. Hispanic origin and race are collected separately on the birth certificate. The Hispanic origin question on the 2003 revision of the birth certificate asks respondents to select only one response. Occasionally, more than one Hispanic origin response is given; that is, a specified Hispanic origin group (Mexican, Puerto Rican, Cuban, or Central and South American) in combination with one or more other specified Hispanic origin groups. From 2003 through 2012, respondents who selected more than one Hispanic origin on the birth certificate were classified as other Hispanic. In 2012, 0.4% of births in the revised-state reporting area, plus Massachusetts (unrevised state that also reported more than one Hispanic origin response), were to women reporting more than one

**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 <sup>1</sup>		Uninsured <sup>2</sup>	
	Method 2 <sup>3</sup>	Method 1 <sup>3</sup>	Method 2 <sup>3</sup>	Method 1 <sup>3</sup>
	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 <sup>4</sup>				
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 <sup>4</sup>				
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 <sup>5</sup>				
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)

<sup>1</sup>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).

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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>.

<sup>5</sup>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).

Hispanic origin. Beginning with 2013 data, respondents who select more than one Hispanic origin are randomly assigned to a single Hispanic origin. The Hispanic origin question on the 1989 revision of the birth certificate also offers the opportunity to report more than one origin; however, NCHS processing guidelines for unrevised data allow for coding only the first Hispanic origin listed.

*Linked birth/Infant death file*—The linked birth/infant death file is particularly useful for computing accurate infant mortality rates by race and Hispanic origin because the race and Hispanic origin of the mother from the birth certificate are used in both the numerator and denominator of the linked birth/infant death infant mortality rate. In contrast, infant mortality rates based on the vital statistics mortality file use for the numerator race and Hispanic origin as reported on the death certificate and for the denominator the race and Hispanic origin of the mother as reported on the birth certificate. Race and Hispanic origin information from the birth certificate, which is reported by the mother, is considered more reliable than race and Hispanic origin information from the death certificate, which is reported by the funeral director based on information provided by an informant or by observation. See Appendix II, Hispanic origin; sections for Birth file, Mortality file.

*Mortality file*—The reporting area for an Hispanic-origin item on the death certificate expanded between 1985 and 1997. In 1985, mortality data by Hispanic origin of decedent were based on deaths of residents of the following 17 states and D.C. whose data on the death certificate were at least 90% complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986, New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting states to 18 and D.C. in 1986 and 1987. In 1988, Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington state were added to the reporting area, increasing the number of states to 26 and D.C. In 1989, an additional 18 states were added, increasing the Hispanic reporting area to 44 states and D.C.; only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in *Health, United States*, the criterion was changed to include states whose data were at least 80% complete. In 1990, Maryland, Virginia, and Connecticut; in 1991 Louisiana; and in 1993 New Hampshire were added, increasing the reporting area for Hispanic origin of decedent to 47 states and D.C. in 1990; 48 states and D.C. in 1991 and 1992; and 49 states and D.C. in 1993–1996. Only Oklahoma did not provide this information in 1993–1996. Starting in 1997, Hispanic origin of decedent was reported by all 50 states and D.C. Based on data from the U.S. Census Bureau, the 1990 reporting area encompassed 99.6% of the U.S.

Hispanic population. In 1990, more than 96% of death records included information on Hispanic origin of the decedent.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races) and includes some revisions in the item reporting Hispanic origin. The effect of the 2003 revision of the Hispanic origin item on the reporting of Hispanic origin on death certificates is presumed to be minor. For more information, see Appendix II, Race. Also see the Technical Notes section of the annual series of “Deaths: Final Data” reports, available from: <http://www.cdc.gov/nchs/products/nvsr.htm>; and NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: [http://www.cdc.gov/nchs/data/dvs/Multiple\\_race\\_docu\\_5-10-04.pdf](http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf).

*National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES)*—Questions on Hispanic origin are self-reported in NHANES III and subsequent years, and since 1976 in NHIS, and precede questions on race. For 1999–2006 data, the NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data collection, all Hispanic persons were oversampled, not just persons of Mexican origin. In addition to allowing estimates for the total group of Hispanic persons, the sample size for Hispanic persons of Mexican origin is sufficient to continue to produce reliable estimates for this group. However, the methodology for the oversampling of Hispanic persons did not provide sufficient sample sizes for calculating estimates for other Hispanic subgroups besides Mexican origin. For more information on the NHANES sampling methodology changes, see [http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling\\_0708.htm](http://www.cdc.gov/nchs/nhanes/nhanes2007-2008/sampling_0708.htm); and the series of NHANES analytic guidelines available from: [http://www.cdc.gov/nchs/nhanes/analytic\\_guidelines.htm](http://www.cdc.gov/nchs/nhanes/analytic_guidelines.htm). For more information on race and Hispanic origin in NHIS, see the NHIS Race and Hispanic Origin Information home page. Available from: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

*Surveillance, Epidemiology, and End Results (SEER) Program*—SEER data are available from the National Institutes of Health, National Cancer Institute. SEER Hispanic data used in *Health, United States* tables exclude data from Alaska. The North American Association of Central Cancer Registries, Inc. (NAACCR) Hispanic Identification Algorithm was used on a combination of variables to classify incidence cases as Hispanic for



analytic purposes. See: NAACCR guideline for enhancing Hispanic–Latino identification. Bethesda, MD: National Cancer Institute; 2003. Available from: [http://seer.cancer.gov/seerstat/variables/seer/yr1973\\_2004/race\\_ethnicity/](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 persons with intellectual disabilities (formerly called 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: Healthcare Cost and Utilization Project, National (Nationwide) Inpatient Sample (HCUP–NIS); National Health Interview Survey (NHIS); National Hospital Discharge Survey (NHDS); and American Hospital Association (AHA). Beginning with the 2012 data year, HCUP–NIS is a 20% sample of discharges (alive or deceased) from all community hospitals participating in HCUP, excluding rehabilitation and long-term acute care hospitals (a total of nearly 4,440 hospitals). For prior years, HCUP–NIS estimates 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, excluding rehabilitation hospitals and long-term acute care hospitals. NHIS hospital utilization data are based on household interviews with a sample of the civilian noninstitutionalized population. Respondents were asked whether they had any hospital stays in the past year. 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. AHA data are from information reported by a census of hospitals. Estimates for average length of stay presented in *Health, United States* from NHDS and AHA data 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], National [Nationwide] Inpatient Sample; National Health Interview Survey [NHIS]; National Hospital Discharge Survey [NHDS].)

**Human immunodeficiency virus (HIV) disease**—HIV disease is caused by infection with a cytopathic retrovirus, which in turn leads to destruction of parts of the immune system. A surveillance case for HIV requires laboratory-confirmed evidence of infection, including a positive result

on a screening test for HIV antibody, followed by a positive result on a confirmatory test, or a positive result or detectable quantity on an HIV virologic test (see MMWR 2008;57(RR–10):1–8).

Since 1985, many states and U.S. dependent areas have implemented HIV case reporting as part of their comprehensive HIV and AIDS surveillance programs. As of April 2008, all reporting areas (50 states, D.C., and the six U.S. dependent areas of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands) had implemented HIV case surveillance using a confidential system for name-based case reporting for both HIV infection and AIDS. To better capture and characterize populations in which HIV infection has been newly diagnosed, including persons with evidence of recent HIV infection, many states report the prevalence of those living with a diagnosis of HIV infection, including those living with AIDS.

In 2008, changes were made to the case definition for HIV infection. The new case definition combined the two previous case definitions for HIV and AIDS and established a new disease staging classification. The term HIV/AIDS was replaced with the term “diagnosis of HIV infection,” which is defined as diagnosis of HIV infection regardless of the stage of disease (stage 1, 2, 3 [AIDS], or unknown) and refers to all persons with a diagnosis of HIV infection (see MMWR 2008;57(RR–10):1–8). Mortality and morbidity coding for HIV disease are similar and have evolved over time.

From 2008 to the present, a revised HIV case definition was used to classify HIV infection among adults, adolescents, and children. The revised definition incorporates the following HIV infection classification staging system:

- *HIV infection, stage 1*: No AIDS-defining condition and either a CD4 count of 500 cells/μL or more or a CD4 percentage of total lymphocytes of 29% or more.
- *HIV infection, stage 2*: No AIDS-defining condition and either a CD4 count of 200–499 cells/μL or a CD4 percentage of total lymphocytes of 14%–28%.
- *HIV infection, stage 3 (AIDS)*: Documentation of an AIDS-defining condition or either a CD4 count of less than 200 cells/μL or a CD4 percentage of total lymphocytes of less than 14%. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not by itself be the basis for a stage 3 (AIDS) classification.
- *HIV infection, stage unknown*: No reported information on AIDS-defining conditions and no information available on CD4 count or percentage (see MMWR 2008;57(RR–10):1–8).

**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 category All other diseases; to Pneumocystosis (ICD–9 code 136.3) contained in the category All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Because of these coding changes, death statistics for HIV infection before 1987 are not strictly comparable with data for 1987 and subsequent years and therefore 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.)

**Hypercholesterolemia**—See Appendix II, Cholesterol.

**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, due to births, deaths, or migration, for example. 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). 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 two- through six-digit hierarchical coding system to classify all economic activity. The first two digits of the six-digit code designate the highest level of aggregation, into the government and 20 private industry sectors (Table VIII). Agriculture, forestry, fishing and hunting; mining; construction; and manufacturing are primarily goods-producing sectors, and the remaining 16 sectors are entirely service providing. NAICS allows for the classification of more than 1,000 industries. For more information on NAICS, see: <http://www.census.gov/eos/www/naics>.

Starting in 1997, NAICS replaced the Standard Industrial Classification (SIC) system, which was last updated in 1997. 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-technology 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 classified by NAICS should not be compared with estimates that used SIC.

**Infant death**—An infant death is the death of a live-born child before his or her first birthday. Age at death may be further classified as neonatal or postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur within 28 days to under 1 year of age. (Also see Appendix II, Rate: Death and related rates.)

**Injury**—The International Classification of External Causes of Injuries (ICECI) Coordination and Maintenance Group defines injury as a (suspected) bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance. The time between exposure to the energy and the appearance of an injury is short. In some cases, an injury results from an insufficiency of any of the vital elements (i.e., air, water, or warmth), as in strangulation, drowning, or freezing. Acute poisonings and toxic effects, including overdoses of substances and wrong substances given or taken in error are included, as are adverse effects and complications of therapeutic, surgical, and medical care. Psychological harm is excluded. Injuries can be intentional or unintentional (i.e., accidental). In NCHS data systems, external causes of nonfatal injuries are coded to the *International Classification of Diseases, 9th Revision, Clinical Modification*, Supplementary Classification of External Causes of Injury and Poisoning, and the codes are often referred to as E codes. See Table IX for a list of external causes of injury categories and E codes used in *Health, United States*. Also see the NCHS injury website at: <http://www.cdc.gov/nchs/injury.htm>; and see: ICECI Coordination and Maintenance Group. International Classification of External Causes of Injuries (ICECI), ver 1.2. Amsterdam, The Netherlands: Consumer Safety Institute; and Adelaide, Australia: Australian Institute of Health and Welfare National Injury Surveillance Unit. Flinders University; 2004. Available from: <http://www.who.int/classifications/icd/adaptations/iceci/en/index.html>. (Also see Appendix II, Diagnosis; Injury-related visit.)

**Injury-related visit**—In the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department visit was considered injury-related if the physician diagnosis was injury-related or an external cause-of-injury code (E code) was present (Tables IX and X). Starting with *Health, United States, 2008*, an injury-related visit was redefined as an initial injury visit. In the 2001–2010 NHAMCS, an initial injury visit was the first visit to an emergency department for an injury that was characterized by either the first-listed diagnosis being a valid injury diagnosis or by a valid first-listed E code, regardless of the diagnosis code. Visits for which the first-listed diagnosis or the first-listed E code was for a complication of medical care or for an adverse event were not counted as injury visits. For 2001–2004 and 2007

**Table VIII. Codes for industries, based on the North American Industry Classification System (NAICS)**

<i>Industry</i>	<i>Code</i>
Agriculture, forestry, fishing and hunting . . . . .	11
Mining, quarrying, and oil and gas extraction . . . .	21
Utilities . . . . .	22
Construction . . . . .	23
Manufacturing . . . . .	31–33
Wholesale trade . . . . .	42
Retail trade . . . . .	44–45
Transportation and warehousing . . . . .	48–49
Information . . . . .	51
Finance and insurance . . . . .	52
Real estate and rental and leasing . . . . .	53
Professional, scientific, and technical services . . . .	54
Management of companies and enterprises . . . . .	55
Administrative and support and waste management and remediation services . . . . .	56
Educational services . . . . .	61
Health care and social assistance . . . . .	62
Arts, entertainment, and recreation . . . . .	71
Accommodation and food services . . . . .	72
Other services, except public administration . . . . .	81
Public administration . . . . .	92

SOURCE: Bureau of Labor Statistics. Available from: <http://www.census.gov/eos/www/naics/>.

and subsequent data years, the patient record form had a specific question on whether the episode of care was an initial visit for the problem. In the 2005 and 2006 surveys, this variable was not included, and in its place an imputed variable was constructed that indicated whether the visit was or was not the initial visit for the problem. For an explanation of the methodology used to create the imputed 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

**Table IX. Codes for external causes of injury, from the *International Classification of Diseases, 9th Revision, Clinical Modification***

<i>External cause of injury category</i>	<i>E code</i>
All injury . . . . .	E800–E869, E880–E929, E950–E999
Unintentional. . . . .	E800–E869, E880–E929
Motor vehicle traffic . . . . .	E810–E819
Falls . . . . .	E880–E886, E888
Struck by or against objects or persons . . . . .	E916–E917
Caused by cutting and piercing instruments or objects. . . . .	E920
Intentional (suicide and homicide) . . . . .	E950–E969, E979, E999.1
Undetermined . . . . .	E980–E989
Other (includes legal intervention and operations of war). . . . .	E970–E978, E990–E999.0

SOURCE: Recommended framework of E code groupings for presenting injury morbidity data. Available from: [http://www.cdc.gov/injury/wisqars/ecode\\_matrix.html](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>.

or personal items, performing light or heavy housework, and using a telephone. In the National Health Interview Survey, respondents are asked whether they or family members aged 18 and over need the help of another person for handling routine IADL needs because of a physical, mental, or emotional problem.

In the Medicare Current Beneficiary Survey, if a sample person had any difficulty performing an activity by him- or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of interview. Sample persons in the community answered health status and functioning questions themselves, if able to do so. For sample persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person's health status and functioning. (Also see Appendix II, Activities of daily living [ADL]; Complex activity limitation; Limitation of activity.)

**Insurance**—See Appendix II, Health insurance coverage.

**Intermediate care facility**—See Appendix II, Nursing home.

**International Classification of Diseases (ICD)**—The ICD is used to code and classify cause-of-death data. The ICD is developed collaboratively by the World Health Organization and 10 international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since 1900, the ICD has been modified about once every 10 years, except for the 20-year interval between the 9th and 10th revisions (ICD–9 and ICD–10) (Table III). The purpose of the revisions is to stay abreast of advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics (Tables IV and V). For more information, see the NCHS ICD–10 website at: <http://www.cdc.gov/nchs/icd/icd10.htm>. (Also see Appendix II, Cause of death; Comparability ratio; *International Classification of Diseases, 9th Revision, Clinical Modification* [ICD–9–CM].)

**International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)**—ICD–9–CM is based on, and is compatible with, the World Health Organization's ICD–9. The United States currently uses ICD–9–CM to code morbidity diagnoses and inpatient procedures. ICD–9–CM consists of three volumes. Volumes 1 and 2 contain the diagnosis tabular list and index; Volume 3 contains the procedure classification (tabular list and index combined).

ICD–9–CM is divided into 17 chapters and two supplemental classifications. The chapters are arranged primarily by body system. In addition, there are chapters for Infectious and parasitic diseases; Neoplasms; Endocrine, nutritional, and metabolic diseases; Mental disorders; Complications of pregnancy, childbirth, and puerperium; Certain conditions originating in the perinatal period; Congenital anomalies; and Symptoms, signs, and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health services (V codes), and for external causes of injury and poisoning (E codes).

In *Health, United States*, morbidity data are currently classified using ICD–9–CM. Diagnostic categories and codes for ICD–9–CM are shown in Table X; ICD–9–CM procedure categories and codes are shown in Tables XI and XII. For more information about ICD–9–CM, see the NCHS Classification of Diseases, Functioning, and Disability website at: <http://www.cdc.gov/nchs/icd.htm>. (Also see Appendix II, *International Classification of Diseases* [ICD].)

**International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD–10–CM/PCS)**—Use of ICD–10–CM/PCS to report medical diagnoses and inpatient procedures will be implemented October 1, 2015. The transition to ICD–10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). This change to ICD–10 does not affect Current Procedural Terminology (CPT) coding for outpatient procedures and physician services. ICD–10–CM/PCS consists of two parts: ICD–10–CM for diagnosis coding, and ICD–10–PCS for inpatient procedure coding. For more information about ICD–10–CM/PCS, see the NCHS

**Table X. Codes for diagnostic categories, from the *International Classification of Diseases, 9th Revision, Clinical Modification***

<i>Diagnostic category</i>	<i>Code</i>
Childbirth . . . . .	V27
Septicemia . . . . .	038
Human immunodeficiency virus (HIV/AIDS) (1990–1994 data) . . . . . (Starting with 1995 data) . . . . .	042–044, 279.19, 795.8 042, V08
Cancer, all . . . . . (Starting with 2010 data) . . . . .	140–208, 230–234 140–208, 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 . . . . . (Starting with 2006 data) . . . . .	276.5 276.50–276.52
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

Classification of Diseases, Functioning, and Disability website at: <http://www.cdc.gov/nchs/icd.htm> and the Centers for Medicare & Medicaid Services ICD–10 transition website at: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

**Late fetal death rate**—See Appendix II, Rate: Death and related rates.

**Leading causes of death**—See Appendix II, Cause-of-death ranking.

**Length of stay**—See Appendix II, Average length of stay.

**Life expectancy**—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates—generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by sex, race and Hispanic origin, or other characteristics by using age-specific death rates for the population with that characteristic. (Also see Appendix II, Rate: Death and related rates.)

U.S. life tables by Hispanic origin were available starting with 2006 data. Life expectancy data for the Hispanic population was not available before 2006 for three major reasons: (a) coverage of the Hispanic population in the U.S. mortality statistics system was incomplete, (b) misclassification of Hispanic persons on death certificate data underestimated deaths in the Hispanic population, and (c) misstatement of age at the oldest ages in the Hispanic population led to an underestimation of mortality at the oldest ages.

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](http://www.cdc.gov/nchs/data/series/sr_02/sr02_152.pdf).

In 2000, the life table methodology was revised. The revised methodology is similar to that developed for the 1999–2001 decennial life tables. In 2008, the life table methodology was refined in two important ways. First, a logistic rather than a nonlinear least squares model was used to smooth and extrapolate the Vital and Medicare blended death rates at the older ages. Second, the age at which smoothing is begun was raised from 66 to 85 years or so, depending on the population. Values for 2001 and subsequent data years are based on the latest revision of the life table methodology. As a result, data post-2000 may differ from figures published previously. For a full description of the new life table methodology, see: Arias E. United States life tables, 2008. National vital statistics reports; vol 61 no 3. Hyattsville, MD: NCHS; 2012. Available from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_03.pdf](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 persons with intellectual disabilities (formerly called mentally retarded) and the developmentally disabled. (Also see Appendix II, Nursing home.)

**Low birthweight**—See Appendix II, Birthweight.

**Mammography**—A mammogram is an x-ray image of the breast used to detect irregularities in breast tissue. In the National Health Interview Survey, questions concerning use of mammography are asked on an intermittent schedule, and question content differed across years. For 2013, women were asked when they had their most recent mammogram, and use of mammography was defined as “percent of women having a mammogram within the past two years.” Survey questions have changed over time as follows.

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. Estimates for 1999 may be slightly overestimated in comparison with previous years due to the inclusion of women who responded “2 years ago” (10% of women), which could have included more than 2 years but less than 3 years.

In 2000 and 2003, women were asked when they had their most recent mammogram (asked to give month and year). Women who did not respond were given a follow-up question that used the 1999 wording, and women who did

**Table XI. Codes for procedure categories for National Hospital Discharge Survey data, from the *International Classification of Diseases, 9th Revision, Clinical Modification***

<i>Procedure category</i>	<i>Code</i>
Operations on vessels of heart (through 2005 data) . . . . .	36
Operations on vessels of heart (starting with 2006 data) . . . . .	36, 00.66
Coronary angioplasty or arthrectomy (through 2005 data) . . . . .	36.01, 36.02, 36.05
(Starting with 2006 data) . . . . .	00.66
Coronary artery stent insertion . . . . .	36.06, 36.07
Drug-eluting stent insertion . . . . .	36.07
Coronary artery bypass graft (CABG) . . . . .	36.1
Cardiac catheterization . . . . .	37.21–37.23
Pacemaker . . . . .	37.7–37.8
(Starting with 2003 data) . . . . .	37.7–37.8, 00.50, 00.52, 00.53
Carotid (neck arteries) endarterectomy . . . . .	38.12
Endoscopy of small intestine . . . . .	45.11–45.14, 45.16
Endoscopy of large intestine . . . . .	45.21–45.25
Gall bladder removal . . . . .	51.2
Laparoscopic gall bladder removal . . . . .	51.23, 51.24
Treatment of intra-abdominal scar tissue . . . . .	54.5
Removal of prostate . . . . .	60.2–60.6
Transurethral prostatectomy . . . . .	60.2
Hysterectomy . . . . .	68.3–68.5
Abdominal hysterectomy . . . . .	68.4
Vaginal hysterectomy . . . . .	68.5
Forceps, vacuum, and breech delivery . . . . .	72
Episiotomy . . . . .	72.1, 72.21, 72.31, 72.71, 73.6
Other procedures inducing or assisting delivery . . . . .	73
Medical induction of labor . . . . .	73.4
Cesarean section . . . . .	74.0–74.2, 74.4, 74.99
Reduction of fracture . . . . .	79.0–79.5, 76.7, 21.7, 02.02, 03.53
Excision of intervertebral disc and spinal fusion . . . . .	80.5 and 81.0
Total hip replacement . . . . .	81.51
Partial hip replacement . . . . .	81.52
Total knee replacement . . . . .	81.54
Mastectomy . . . . .	85.4
CT scan . . . . .	87.03, 87.41, 87.71, 88.01, 88.38
Arteriography and angiocardiology with contrast . . . . .	88.4–88.5
Diagnostic ultrasound . . . . .	00.2, 37.28, 88.7, 95.13
Magnetic resonance imaging . . . . .	88.91–88.97
Mechanical ventilation . . . . . (1990–1991 data) . . . . .	93.92
(Starting with 1992 data) . . . . .	96.7

not respond to the 1999 wording were asked a second follow-up question that used the 1998 wording. Estimates for 2000 and 2003 may be slightly overestimated compared with estimates prior to 1999 due to the inclusion of women who responded “2 years ago” (2% of women), which could have included more than 2 years but less than 3 years.

In 2005, women were asked the same series of mammography questions as in the 2000 and 2003 surveys, but the questionnaire skip pattern was modified so that more women were asked the follow-up question using the 1998 wording. Thus, estimates for 2005 and subsequent years are more precise than estimates for 1999, 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](http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm). In 2008, 2010, and 2013,

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. The current recommendation, made by the U.S. Preventive Services Task Force in 2009, is the use of screening mammography for breast cancer every 2 years in women aged 50–74.

For additional details and 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/uspbrca.htm>; and U.S. Preventive Services Task Force. Guide to clinical preventive services, 2014. Rockville, MD: Agency



for Healthcare Research and Quality; 2014. Available from: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>.

**Managed care**—“Managed care” is a term originally used to refer to prepaid health plans (generally, health maintenance organizations, or HMOs) that furnish care through a network of providers under a fixed budget and “manage” costs. Increasingly, the term is also used to include preferred provider organizations (PPOs) and even forms of indemnity insurance coverage (i.e., “fee-for-service” insurance).

Medicare managed care includes a combination of risk- and cost-based plans. Risk-based plans receive a fixed prepayment per beneficiary per month to help pay for the cost of all covered services that a beneficiary may use. Each year, the Centers for Medicare & Medicaid Services (CMS) announces a “benchmark” amount for each county for coverage of Medicare Part A and Part B services. A managed care plan contracting with Medicare then submits a “bid,” which represents the revenue it needs to cover these services. If the bid is above the benchmark, the difference 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 are paid 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 the CMS Medicare managed care manual. Ch 1, section 30, “Types of MA plans,” Baltimore, MD: CMS; 2011. Available from: <http://www.cms.gov/manuals/downloads/mc86c01.pdf>.

Medicare enrollees can choose 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, or MCOs) and primary care case management (PCCM) arrangements. Risk-based plans (MCOs) are paid a fixed monthly fee per enrollee. 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 they can also include nurse practitioners, nurse midwives, or physician assistants. These providers (also 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 such plans. Both MCOs and PCCM arrangements include 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.

*Birth file*—In 1970, 39 states and D.C., and in 1975, 38 states and D.C., included a direct question about mother's marital status on the birth certificate. Since 1980, national estimates of births to unmarried women have been based on two methods for determining marital status: a direct question in the birth registration process and inferential procedures. In 1980–1996, marital status was reported on the birth certificates of 41–45 states and D.C.; with the addition of California in 1997, 46 states and D.C.; and in 1998–2001, 48 states and D.C. In 1997, all but four states (Connecticut, Michigan, Nevada, and New York), and in 1998, all but two states (Michigan and New York) included a direct question about mother's marital status on their birth certificates. In 1998–2007, marital status was imputed as married on birth records with missing information in the 48 states and D.C. where this information was obtained by a direct question. In 2008–2013 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 2009–2013, 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.

**Medicaid**—Medicaid was authorized in 1965 and became Title XIX of the Social Security Act. Medicaid is a jointly funded cooperative venture between the federal and state governments to assist states in the provision of adequate medical care to eligible persons. Within broad federal guidelines, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.

Medicaid is the largest program providing medical and health-related services to America's poorest people. Medicaid eligibility criteria have changed over time. Currently, Medicaid provides health coverage to children, pregnant women, parents, seniors, and individuals with disabilities. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to the Centers for Medicare & Medicaid Services for a waiver of federal law to expand health coverage beyond these groups. In order to be eligible for Medicaid, individuals need to satisfy federal and state requirements regarding residency, immigration status, and documentation of U.S. citizenship.

Many states have expanded coverage, particularly for children, above the federal minimums. For many eligibility groups, income is calculated in relation to HHS poverty guidelines, which are updated annually. For other groups, income standards are based on income or other nonfinancial criteria standards for other programs, such as the Supplemental Security Income (SSI) program.

The Affordable Care Act (ACA) creates a national Medicaid minimum eligibility level of 133% of poverty (\$29,700 for a family of four in 2011) for nearly all Americans under age 65. This Medicaid eligibility expansion went into effect January 1, 2014, but states could have chosen to expand coverage with federal support before this date. The major eligibility groups covered by most states include:

- *Major Eligibility Group*

*Children*—Most states have elected to provide Medicaid to children in families with family incomes above the minimum of 100% of poverty, and all states have expanded coverage to children with higher incomes through the Children's Health Insurance Program (CHIP).

In general, children in families with incomes up to \$44,700 per year (for a family of four in 2011) are likely to be eligible for Medicaid or CHIP coverage. In many states, families with higher incomes can still qualify for coverage for their children. This includes children in mandatory Medicaid eligibility groups, which states must cover in order to participate in Medicaid, as well as children in optional eligibility groups that a state may elect to cover. All children from birth to age 6 years with family incomes up to 133% of poverty (\$29,700 for a family of four in 2011) and children ages 6–18 with family incomes up to 100% of poverty (\$22,350 for a family of four in 2011) are eligible for Medicaid. Other eligible children include infants born to women covered by Medicaid (known as “deemed newborns”), certain children in foster care or an adoption assistance program, and certain children with disabilities.

*Nondisabled Adults*—Medicaid provides health coverage to 11 million nonelderly low-income parents, other caretaker relatives, pregnant women, and other nondisabled adults. States provide coverage to parents and caretaker relatives who are in mandatory eligibility groups and optional eligibility groups.

Eligibility levels for parents and caretaker relatives vary across the country, and there is currently no federal requirement that states provide coverage to nonpregnant adults without dependent children. ACA creates a national minimum eligibility standard of 133% of poverty, beginning in 2014, which will include coverage of most adults under age 65 at this income level.

*Parents and Caretaker Relatives*—Parents and caretaker relatives in low-income families with dependent children are eligible for coverage if their income meets minimum eligibility levels established for financial and medical assistance in 1996, which averages 41% of poverty. (1996 was the year of enactment for welfare reform, which held in place guaranteed Medicaid eligibility for those receiving AFDC benefits at that time.) Parents are also eligible for Medicaid if they are medically needy, or through Transitional Medical Assistance (TMA). States have the option to cover parents with incomes above the 1996 minimum levels, and many states do so as mandatory or optional Medicaid state plan coverage or as part of a 1115 waiver program.

*Adults Without Dependent Children*—There is currently no federal requirement that states provide health coverage to adults without dependent children. These adults qualify for Medicaid coverage only if they have a disability or are age 65 or over. However, about one-half of states provide some coverage through federal waivers or state-funded programs for nondisabled adults who have limited incomes but do not otherwise qualify for Medicaid.

*Affordable Care Act Provides Eligibility for Most Low-income Adults*—In 2014, individuals under age 65 (including parents and adults without dependent children) with incomes below 133% of poverty (\$14,500 for an individual in 2011) became eligible for Medicaid in every state. This change ends the longstanding coverage gap for low-income adults. States could have chosen to expand eligibility for adults prior to 2014, and several states did so.

- **Other Eligibility Groups**

*Medically Needy*—Many states have what are called “medically needy programs,” which are optional for states. Individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups can still become eligible by “spending down” the amount of income that is above a particular state’s medically needy income standard. Individuals spend down by incurring expenses for medical and remedial care. If once those incurred expenses are subtracted from the person’s annual income and the person’s income is at or below the state’s medically needy income standard, the person can be eligible for Medicaid. The Medicaid program then pays the cost of services that exceed what the individual had to incur in the way of expenses in order to become eligible.

In addition to states with medically needy programs, states that determine Medicaid eligibility of the aged, blind, and disabled using more restrictive eligibility criteria than are used by the Supplemental Security Income (SSI) program (known as 209(b) states) also allow individuals to spend down their excess income to the state’s categorically needy income standard. 209(b) states must allow a spenddown to their categorically needy income standard even if the state also has a medically needy program.

Thirty-six states and D.C. use spenddown programs, either as medically needy programs or as 209(b) states.

*Breast and Cervical Cancer Prevention and Treatment Program*—States can choose to provide Medicaid coverage to certain groups of women who are in need of treatment for breast and cervical cancer. Women are screened through CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP). For a woman to be eligible for Medicaid under this option, she must have been screened for and found to have breast or cervical cancer, including precancerous conditions, through the NBCCEDP; need treatment for breast or cervical cancer; be under age 65; and be uninsured and otherwise not eligible for Medicaid.

*Tuberculosis (TB)*—States can choose to provide Medicaid financing for coverage of TB-related services to low-income individuals who are infected with TB. This eligibility group serves individuals who are not otherwise

eligible for Medicaid based on the traditional eligibility categories.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or states may pay for Medicaid services through various prepayment arrangements, such as through health maintenance organizations or other forms of managed care. Within federally imposed upper limits and specific restrictions, each state for the most part has broad discretion in determining the payment methodology and payment rate for services. Thus, the Medicaid program varies considerably from state to state, as well as within each state over time. For more information, see: <http://www.medicaid.gov/>.

(Also see Appendix II, Health expenditures, national; Health insurance coverage; Health maintenance organization [HMO]; Managed care; and Appendix I, Medicaid Statistical Information System [MSIS].)

**Medicaid payments**—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the state through a fiscal agent, or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third-party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions; payments made from state medical assistance funds that are not federally matchable; disproportionate-share hospital payments, cost sharing, or enrollment fees collected from recipients or a third party; and administration and training costs. Medicaid payment data presented in *Health, United States* are from the Medical Statistical Information System (MSIS), which obtains payment data from electronic Medicaid data submitted to the Centers for Medicare & Medicaid Services by each state. Payment data are based on adjudicated claims for medical services reimbursed with Title XIX funds.

**Medical specialty**—See Appendix II, Physician specialty.

**Medicare**—Medicare is a nationwide program providing health insurance coverage to selected groups, regardless of income. The covered groups are (a) most people aged 65 and over; (b) people entitled to Social Security or Railroad Retirement disability benefits for at least 24 months (with the waiting period waived or reduced in certain situations); (c) government employees or spouses with Medicare-only coverage who have been disabled for more than 29 months (with the waiting period waived or reduced in certain situations); (d) most people with end-stage renal disease; and (e) certain people in the Libby, Montana, vicinity who are diagnosed with asbestos-related conditions. The program was enacted on July 30, 1965, as Title XVIII of the Social Security Act, “Health Insurance for the Aged and Disabled,” and became effective on July 1, 1966.

From its inception, Medicare has included two separate but coordinated programs: Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B). Part C (Medicare Advantage, previously known as Medicare+Choice) was established by the Balanced Budget Act of 1997 as an expanded set of options for the delivery of health care under Medicare. 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 have the option 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. Although most Medicare Advantage enrollees are in coordinated care plans, such as health maintenance organizations and preferred provider organizations, Medicare Advantage plans also include private fee-for-service plans, provider-sponsored organizations, special needs plans, and medical savings account plans (MSA plans, which provide benefits after a single high deductible is met). Medicare Advantage plans are generally paid on a capitation basis—that is, plans are paid a predetermined amount per member per month, which is adjusted according to the health status of the plans' members—and 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 on December 8, 2003. The MMA (P. L. 108–173) established a voluntary prescription drug benefit for Medicare beneficiaries and created a new Medicare Part D. People eligible for Medicare could begin to enroll in Part D beginning in January 2006. For more information, see: <http://www.medicare.gov/publications/pubs/pdf/10050.pdf> and <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSup/2013.html>. (Also see Appendix II, Fee-for-service health insurance; Health insurance coverage; Health maintenance organization [HMO]; Managed care; and Appendix I, Medicare Administrative Data.)

**Metropolitan statistical area (MSA)**—The Office of Management and Budget (OMB) defines MSAs according to published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census, and are applied to the census data to delineate the statistical areas. Revisions to the areas are implemented between censuses by using updated population estimates. The most recent standards were released in June 2010 (available from: [http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg\\_2010/06282010\\_metro\\_standards-Complete.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf)). In February 2013, OMB released a new delineation of the nation's metropolitan and micropolitan statistical

areas based on the 2010 standards (available from: <http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf>). New MSA delineations are incorporated into individual data systems at different times. In the 2000 and 2010 standards, an MSA is a county, or group of contiguous counties, that contains at least one urbanized area with a population of 50,000 or more. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties if there are strong social and economic ties with the central county or counties, as measured by commuting. Counties that are not within an MSA are considered to be nonmetropolitan. For more information, see: <http://www.census.gov/population/metro/> and [http://www.whitehouse.gov/omb/bulletins\\_fy05\\_b05-02](http://www.whitehouse.gov/omb/bulletins_fy05_b05-02). Most data by MSA currently in *Health, United States* are based on the June 2003 OMB definitions (2000 OMB standards applied to 2000 census data). (Also see Appendix II, Urbanization.)

*National Health Interview Survey (NHIS)*—For respondents to 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.

*National Immunization Survey (NIS)*—Designation of place of residence as metropolitan or nonmetropolitan for respondents to NIS is based on 2000 census data and the MSAs delineated in 2003, as well as the following versions and revisions of MSA definitions: for 2011 and 2012, on the December 2009 definitions; for 2010, on the November 2008 definitions, for New England, the county-based areas were used; for 2009, on the November 2007 definitions, for New England, the county-based areas were used; for 2008, on the December 2006 definitions, for New England, the county-based areas were used; for quarter 4 of 2007, on the December 2006 definitions; for quarters 1–3 of 2007, on the December 2005 definitions, for New England, the county-based areas were used in 2007; for 2006, on the November 2004 definitions, for New England, the county-based areas were used; for 2005, on the December 2003 definitions, for New England, the county-based areas were used; for quarters 3 and 4 of 2004, on the December 2003 definitions; and for quarters 1 and 2 of 2004 and quarter 4 of 2003, on the June 2003 definitions. For 2003–2004 for New England, the county-based areas were used. For more information, see: <http://www.census.gov/population/metro/>.

**Micropolitan statistical area**—The Office of Management and Budget (OMB) defines micropolitan statistical areas based on published standards that are applied to U.S. Census Bureau data. The standards are revised periodically, generally prior to the decennial census, and are applied to the census data to delineate statistical areas. Revisions to the areas are implemented between censuses using updated population estimates. The most recent standards were released in June 2010 (available from: [http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg\\_2010/06282010\\_metro\\_standards-Complete.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf)). OMB released a new delineation of the nation's metropolitan and micropolitan statistical areas based on the 2010 standards in February 2013 (available from: <http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b13-01.pdf>). Data for micropolitan statistical areas currently in *Health, United States* are based on the 2003-based delineation. The micropolitan statistical area data will be updated when the new delineation is incorporated into individual data systems.

A micropolitan statistical area is a nonmetropolitan county, or group of contiguous nonmetropolitan counties, that contains an urban cluster of 10,000–49,999 persons. A micropolitan statistical area may include surrounding counties that have strong social and economic ties with the central county or counties as measured by commuting. Nonmetropolitan counties that are not classified as part of a micropolitan statistical area are considered noncore. For more information about micropolitan statistical areas, see <http://www.census.gov/population/www/metroareas/metroarea.html>. (Also see Appendix II, Metropolitan statistical area [MSA]; 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://wwwn.cdc.gov/nchs/nhanes/1999-2000/RXQ\\_DRUG.htm](http://wwwn.cdc.gov/nchs/nhanes/1999-2000/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](http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm).

**Nursing home**—In the Quality Improvement Evaluation System (QIES) (formerly the Online Survey Certification and Reporting [OSCAR]) database, a nursing home is a facility that is certified and meets the Centers for Medicare & Medicaid Services' long-term care requirements for Medicare and Medicaid eligibility.

After October 1, 1990, long-term care facilities that met the Omnibus Budget Reconciliation Act of 1987, P. L. 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 persons with intellectual disabilities (formerly called mentally retarded) or the developmentally disabled. To be certified for participation in Medicaid, nursing facilities must also be certified to participate in Medicare (except those

facilities that have obtained waivers). Thus, most nursing home care is now provided in skilled care facilities.

(Also see Appendix II, Long-term care facility; Nursing home; Resident, health facility.)

**Nursing home expenditures**—See Appendix II, Health expenditures, national.

**Obesity**—See Appendix II, Body mass index (BMI).

**Occupancy rate**—In American Hospital Association statistics, hospital occupancy rate is calculated as the average daily census divided by the number of hospital beds, cribs, and pediatric bassinets set up and staffed on the last day of the reporting period, expressed as a percentage. Average daily census is calculated by dividing the total annual number of inpatients, excluding newborns, by 365 days to derive the number of inpatients receiving care on an average day during the annual reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents at the facility reported on the day of interview, divided by the number of reported beds. In the Quality Improvement Evaluation System (QIES) (formerly the Online Survey Certification and Reporting [OSCAR]) database, occupancy is determined as of the day of certification inspection as the total number of residents on that day divided by the total number of beds on that day.

**Office-based physician**—See Appendix II, Physician.

**Office visit**—In the National Ambulatory Medical Care Survey, a physician's ambulatory practice (office) can be in any location other than in a hospital, nursing home, other extended care facility, patient's home, industrial clinic, college clinic, or family planning clinic. Offices in health maintenance organizations and private offices in hospitals are included. An office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purpose of seeking care and rendering health services. (Also see Appendix II, Outpatient visit.)

**Operation**—See Appendix II, Procedure.

**Outpatient department**—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following types of OPDs are excluded from NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. (Also see Appendix II, Emergency department; Outpatient visit.)

**Outpatient surgery**—According to the American Hospital Association, outpatient surgery is a surgical operation, whether major or minor, performed on a patient who does not remain in the hospital overnight. Outpatient surgery may be performed in inpatient operating suites, outpatient

surgery suites, or procedure rooms within an outpatient care facility. A surgical operation involving more than one surgical procedure is considered one surgical operation. (Also see Appendix II, Procedure.)

**Outpatient visit**—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services at a hospital by patients who are not lodged in the hospital. Each appearance by an outpatient to each unit of the hospital is counted individually as an outpatient visit, including all clinic visits, referred visits, observation services, outpatient surgeries, and emergency department visits. In the National Hospital Ambulatory Medical Care Survey, an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision for the purpose of seeking care and receiving personal health services. (Also see Appendix II, Emergency department or emergency room visit; Outpatient department.)

**Overweight**—See Appendix II, Body mass index (BMI).

**Pap smear**—A Pap smear (also known as a Papanicolaou smear or Pap test) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical conditions.

In the National Health Interview Survey (NHIS), questions concerning Pap smear use are asked on an intermittent schedule, and the question content has differed slightly across years. For 2013, women were asked when they had their most recent Pap smear, and use of Pap smears was defined as "percent of women having a Pap smear within the past three years." Survey questions have changed over time.

In 1987, women were asked to report when they had their most recent Pap smear, in days, weeks, months, or years. Women who did not respond were asked a follow-up question, "Was it 3 years ago or less, between 3 and 5 years, or 5 years or more ago?" In 1990 and 1991, Pap smear data in the past 3 years were not available. 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. Estimates for 1999 may be slightly overestimated in comparison with estimates for previous years due to the inclusion of women who responded "3 years ago" (4% of women), which could have included more than 3 years but less than 4 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 respond to the follow-up question were asked a second follow-up question that used the 1998 wording. Estimates for 2000 and 2003 may be slightly overestimated in comparison with years prior to 1999 due to the inclusion of women who responded “3 years ago” (less than 1% of women), which could have included more than 3 years but less than 4 years.

In 2005, women were asked the same series of questions about Pap smear use as in the 2000 and 2003 surveys, but the questionnaire skip pattern was modified so that more women were asked the follow-up question using the 1998 wording, and 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. 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](http://www.cdc.gov/nchs/nhis/nhis_2005_data_release.htm).

In 2008, 2010, and 2013, Pap smear questions were similar to those asked in 2005.

All women aged 18 and over are asked the Pap smear question(s). 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 current recommendation, made by the U.S. Preventive Services Task Force in 2012, is the use of Pap smears for cervical cancer every 3 years in women aged 21–65. In *Health, United States, 2014*, additional age groups (18–20, 21–24, and 21–44) were added to account for the new recommendation. For more information on the change in recommendations, see: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening#update-of-previous-uspstf-recommendation>.

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, as follows.

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, 1999, and 2013 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. Cervical cancer: Screening [Recommendation summary]. Release date, March 2012. Rockville, MD: Agency for Healthcare Research and Quality; 2013. Available from: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfscerv.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 in previous editions of *Health, United States* that showed the percentage of Americans with regular leisure-time physical activity. For more information, see: Carlson SA, Fulton JE, Schoenborn CA, Loustalot F. Trend and prevalence estimates based on the 2008 Physical Activity Guidelines for Americans. *Am J Prev Med* 2010;39(4):305–13.

Starting with 1998 data, leisure-time physical activity has been assessed in the National Health Interview Survey (NHIS) by asking adults a series of questions about how often they do vigorous or light/moderate physical activity of

at least 10 minutes duration and about how long these sessions generally last. All questions related to leisure-time physical activity were phrased in terms of current behavior and lack a specific reference period. Vigorous physical activity is described as causing heavy sweating or a large increase in breathing or heart rate, and light/moderate as causing light sweating or a slight to moderate increase in breathing or heart rate. Adults were also asked about how often they did leisure-time physical activities specifically designed to strengthen their muscles, such as lifting weights or doing calisthenics. For more information, see the NHIS Adult Physical Activity Information website at: [http://www.cdc.gov/nchs/nhis/physical\\_activity.htm](http://www.cdc.gov/nchs/nhis/physical_activity.htm).

**Physician**—Data on physician characteristics are obtained through physician self-report from the American Medical Association's (AMA) Physician Masterfile. Although the AMA collects data for both doctors of medicine (MDs) and doctors of osteopathy (DOs), in *Health, United States* data for DOs come from the American Osteopathic Association.

*Active (or professionally active) physician*—These physicians are currently engaged in patient care or other professional activity for a minimum of 20 hours per week. Other professional activity includes administration, medical teaching, research, and other activities such as employment with insurance carriers, pharmaceutical companies, corporations, voluntary organizations, and medical societies. Physicians who are retired, semiretired, working part-time, or not practicing are classified as inactive and are excluded. Also excluded are physicians with unknown address and physicians who did not provide information on type of practice or present employment (not classified).

*Hospital-based physician*—These physicians are employed under contract with hospitals to provide direct patient care and include physicians in residency training (including clinical fellows) and full-time members of the hospital staff.

*Office-based physician*—These physicians are engaged in seeing patients in solo practice, group practice, two-physician practice, other patient care employment, or in providing inpatient services such as those offered by pathologists and radiologists.

Data for physicians are presented by type of education (doctor of medicine or doctor of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); area of specialty; and geographic area. (Also see Appendix II, Physician specialty.)

**Physician specialty**—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two areas of practice: those who provide primary care and those who provide specialty care.

*Primary care generalist*—These physicians practice in the general fields of family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics. Specifically excluded are primary care specialists associated with these generalist fields.

*Primary care specialist*—These specialists practice in the primary care subspecialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics. Family medicine subspecialties include geriatric medicine and sports medicine. Internal medicine subspecialties include adolescent medicine, critical care medicine, diabetes, endocrinology, diabetes and metabolism, hematology, hepatology, hematology/oncology, cardiac electrophysiology, infectious diseases, clinical and laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, pulmonary critical care medicine, and rheumatology. Obstetrics and gynecology subspecialties include hospice and palliative medicine (obstetrics and gynecology), maternal and fetal medicine, critical care medicine (obstetrics and gynecology), and reproductive endocrinology. Pediatric subspecialties include adolescent medicine, pediatric critical care medicine, pediatrics/internal medicine, neonatal-perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric infectious disease, pediatric pulmonology, medical toxicology (pediatrics), pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, clinical and laboratory immunology (pediatrics), pediatric nephrology, pediatric rheumatology, and sports medicine (pediatrics).

*Specialty care physician*—These physicians are sometimes called specialists and include primary care specialists listed above in addition to all other physicians not included in the generalist definition. Specialty fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

(Also see Appendix II, Physician.)

**Population**—The U.S. Census Bureau collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates. (Also



see Appendix I, Population Census and Population Estimates.)

*Resident population* includes persons whose usual place of residence (i.e., the place where one usually lives and sleeps) is in one of the 50 states or D.C. It includes members of the Armed Forces stationed in the United States and their families. It excludes members of the Armed Forces stationed outside the United States and civilian U.S. citizens whose usual place of residence is outside the United States. The resident population is the denominator used to calculate birth and death rates and incidence of disease.

*Civilian population* is the resident population excluding members of the Armed Forces, although families of members of the Armed Forces are included. The civilian population is the denominator for rates calculated for the National Hospital Discharge Survey and for emergency department visit rates using the National Hospital Ambulatory Medical Care Survey—Emergency Department Component.

*Civilian noninstitutionalized population* is the civilian population excluding persons residing in institutions (such as nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities). U.S. Census Bureau estimates of the civilian noninstitutionalized population are used to calculate sample weights for the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Survey of Family Growth, and as denominators for rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey—Outpatient Department Component.

**Postneonatal mortality rate**—See Appendix II, Rate: Death and related rates.

**Poverty**—Two related versions of federal poverty measures are shown in *Health, United States*. The first measure—a ratio of family income to federal poverty threshold—is constructed using poverty thresholds from the U.S. Census Bureau. Poverty thresholds are updated annually for inflation by the Census Bureau using the Consumer Price Index for all urban consumers (CPI-U). Poverty thresholds include a set of money income thresholds that vary by family size and composition but do not vary geographically. Families or individuals with income below the appropriate threshold are classified as below poverty. For example, the average poverty threshold for a family of four was \$23,834 in 2013, \$22,314 in 2010, \$17,603 in 2000, and \$13,359 in 1990. For more information, see the U.S. Census Bureau's poverty threshold website at: <http://www.census.gov/hhes/www/poverty/poverty.html>.

The second poverty measure used in *Health, United States* is a ratio of family income to the HHS poverty guidelines. Poverty guidelines are derived from the U. S. Census Bureau's poverty thresholds, are issued annually by HHS,

and are often used to determine eligibility in certain federal programs. The HHS poverty guidelines take into account family size and state (coterminous, Alaska, Hawaii), but not family composition. For more information, see HHS. Office of the Assistant Secretary for Planning and Evaluation. Poverty Guidelines, Research, and Measurement website at: <http://aspe.hhs.gov/poverty/index.cfm>.

*National Health Interview Survey (NHIS)*—For data years prior to 1997, a ratio of family income to U.S. Census Bureau poverty threshold is computed taking into account family income and family size. Starting with 1997 data, the poverty ratio was based on family income, family size, and family composition (number of children in the family, and for families with two or fewer adults the age of the adults in the family). (Also see Appendix II, Consumer Price Index [CPI]; Family income; and Appendix I, Current Population Survey [CPS]; National Health Interview Survey [NHIS].)

*National Health and Nutrition Examination Survey (NHANES)*—NHANES uses the U.S. Census Bureau's Current Population Survey (CPS) definition of family to group household members into a family unit. A poverty ratio is computed by dividing family income by the HHS poverty guidelines specific to family size, as well as the appropriate guideline year, and state. See: Johnson CL, Paulose-Ram R, Ogden CL, et al. National Health and Nutrition Examination Survey: Analytic guidelines, 1999–2010. NCHS. Vital Health Stat 2(161). 2013. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_161.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_161.pdf).

**Preferred provider organization (PPO)**—A PPO is a type of medical plan in which coverage is provided to participants through a network of selected health care providers, such as hospitals and physicians. Enrollees may seek care outside the network but pay a greater percentage of the cost of coverage than within the network. (Also see Appendix II, Health maintenance organization [HMO]; Managed care.)

**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 appendectomies), diagnostic procedures (such as spinal taps), and therapeutic treatments (such as infusion of a cancer chemotherapeutic substance) reported on a patient's medical record. In *Health, United States*, procedures are currently coded according to the *International*

*Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).*

**National Hospital Discharge Survey (NHDS)**—In NHDS, up to four different procedures are coded per hospital stay; in 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, National (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) software. For DRG development, 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 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

**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
Enderterectomy (plaque removal from artery lining of brain, head, neck) . . . . .	38.11, 38.12
Heart valve procedures . . . . .	35.00–35.14, 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, 17.55, 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.

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. These 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.

Survey data 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

**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).

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

**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**

<i>1997 Standards</i>	<i>Sample size</i>	<i>Percent</i>	<i>Standard error</i>	<i>1977 Standards</i>	<i>Sample size</i>	<i>Percent</i>	<i>Standard error</i>
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).

documentation at: [http://www.cdc.gov/nchs/nhis/quest\\_data\\_related\\_1997\\_forward.htm](http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm) and from the NHIS race and Hispanic origin home page at: <http://www.cdc.gov/nchs/nhis/rhoi.htm>.

*National Health and Nutrition Examination Survey (NHANES)*—Starting with *Health, United States, 2003*, race-specific estimates based on NHANES were tabulated using the 1997 Standards for data years 1999 and

beyond. Prior to data year 1999, the 1977 Standards were used. Because of the differences between the two standards, the race-specific estimates shown in Trend Tables based on NHANES for 1999–2004 are not strictly comparable with estimates for earlier years. Race in NHANES I and II was determined primarily by interviewer observation; starting with NHANES III, race was self-reported by survey participants.

The NHANES sample for data years 1999–2006 was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexican origin were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Starting with 2007–2008 data, all Hispanic persons were oversampled, not just persons of Mexican origin. Oversampling of the black population was continued. The current sample design also oversamples the Asian population. In *Health, United States* 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 during this period to meet statistical reliability or confidentiality requirements for reporting estimates for additional race categories.

*National Survey on Drug Use & Health (NSDUH)*—Race-specific estimates based on NSDUH are tabulated using the 1997 Standards. Estimates in the NSDUH Trend Table begin with data year 2002. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories white only, black or African American only, American Indian or Alaska Native only, Asian only, and Native Hawaiian or Other Pacific Islander only include persons who reported only one racial group; the category two or more races includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “some other race.”

*National Vital Statistics System (NVSS)*—Some of the states in the Vital Statistics Cooperative Program are still revising their birth and death records to conform to the 1997 Standards on race and ethnicity. During the transition to full implementation of the 1997 Standards, vital statistics data will continue to be presented for four major race groups (white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander) in accordance with the 1977 Standards.

*Birth file*—Information about the race and Hispanic origin of the mother and father are provided by the mother at the time of birth and are recorded on the birth certificate or fetal death record. Since 1980, birth rates, birth characteristics, and death rates for live-born infants and fetal deaths are presented in *Health, United States* according to race of the mother. Before 1980, data were tabulated by race of the newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father's race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified

as white. Starting in 1964, unknown race was classified according to information on the birth record. Starting with the 2000 census, the race and ethnicity data used for denominators (population) to calculate birth and fertility rates have been collected in accordance with the 1997 revised OMB standards for race and ethnicity. However, the numerators (births) will not be compatible with the denominators until all the states revise their birth certificates to reflect the new standards. To compute rates, it is currently necessary to bridge population data for multiple-race persons to single-race categories. (Also see Appendix I, Population Census and Population Estimates, Bridged-race Population Estimates.)

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Live Birth, which allows the reporting of more than one race (multiple races). For 2013 data, 44 states, D.C., Guam, and Northern Marianas allowed the reporting of multiple-race data. The 44 states and D.C. represented 91% of all U.S. resident births. In 2013, multiple race was reported for slightly more than 2% of mothers in the states that permitted reporting of more than one race. In 2013, data from the vital records of the remaining six states, and two territories, followed the 1977 OMB Standards and reported the minimum set of four race categories, compared with the minimum of five race categories for the 1997 Standards. To provide uniformity and comparability of the data during the transition to the 2003 revision, before multiple-race data are available for all reporting areas, the responses of those who reported more than one race are 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 2013 Natality public-use data file at: <http://www.cdc.gov/nchs/births.htm>.

*Mortality file*—Information about the race and Hispanic origin of a decedent is reported by the funeral director as provided by an informant (often the surviving next of kin), or in the absence of an informant, on the basis of observation. Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the Census Bureau (denominators). Race and ethnicity information from the census is by self-report. To

the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census—particularly young black males, young white males, and elderly persons—resulting in an overestimation of death rates. Race and ethnicity reporting on the death certificate continues to be excellent for the white and black populations. It remains poor for the American Indian or Alaska Native population but is reasonably good for the Hispanic and Asian or Pacific Islander populations. Decedent characteristics such as place of residence and nativity have an important effect on the quality of reporting on the death certificate. The effects of misclassification on mortality estimates were most pronounced for the American Indian or Alaska Native population, where correcting for misclassification reverses a large American Indian or Alaska Native-over-white mortality advantage to a large disadvantage. Among the Hispanic and Asian or Pacific Islander populations, adjustment for death certificate misclassification did not significantly affect minority-majority mortality. For more information, see: Arias E, Schauman WS, Eschbach K, et al. The validity of race and Hispanic origin reporting on death certificates in the United States. NCHS. Vital Health Stat 2008;2(148). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_148.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_148.pdf).

Denominators for infant mortality rates are based on the number of live births, rather than on population estimates. Race information for the denominator is supplied from the birth certificate. Before 1980, race of child for the denominator took into account the races of both parents. Starting in 1980, race information for the denominator has been based solely on the race of the mother. Race information for the numerator is supplied from the death certificate. For the infant mortality rate, race information for the numerator is race of the deceased child.

Issues affecting the interpretation of vital event rates for the American Indian or Alaska Native population include (a) changes in the classification or self-identification of persons of American Indian or Alaska Native heritage over time, and (b) misclassification of American Indian or Alaska Native persons on death certificates by the funeral director or informant. Vital event rates for the American Indian or Alaska Native population shown in *Health, United States* are based on the total U.S. resident American Indian and Alaska Native population, as enumerated by the U.S. Census Bureau. In contrast, the Indian Health Service calculates vital event rates for this population based on U.S. Census Bureau county data for

American Indian and Alaska Native persons who reside on or near reservations. Because of misclassification of American Indian or Alaska Native persons on death certificates American Indian or Alaska Native national and state-specific mortality estimates published in *Health, United States* should be interpreted with caution.

Interpretation of trends for the Asian population in the United States should take into account that this population more than doubled between 1980 and 1990, primarily because of immigration. Between 1990 and 2000, the increase in the Asian population was 48% for persons reporting that they were Asian alone and 72% for persons who reported they were either Asian alone or Asian in combination with another race.

For more information on coding race by using vital statistics, see: NCHS. Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix. Hyattsville, MD; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

Starting with 2003 data, some states began using the 2003 revision of the U.S. Standard Certificate of Death, which allows the reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the U.S. population and to be consistent with the decennial census. For more information on states reporting of multiple-race data, see the annual series of “Deaths: Final Data” reports, available from: <http://www.cdc.gov/nchs/products/nvsr.htm>.

To provide uniformity and comparability of data until all states are reporting multiple-race data, it has been necessary to bridge the responses of those for whom more than one race is reported (multiple race) to one single race. For more information, see: NCHS procedures for multiple-race and Hispanic origin data: Collection, coding, editing, and transmitting. Hyattsville, MD: NCHS; 2004. Available from: [http://www.cdc.gov/nchs/data/dvs/Multiple\\_race\\_docu\\_5-10-04.pdf](http://www.cdc.gov/nchs/data/dvs/Multiple_race_docu_5-10-04.pdf); and NCHS. Vital statistics of the United States, vol I, Natality, and vol II, Mortality, part A, Technical appendix. Hyattsville, MD; published annually. Available from: <http://www.cdc.gov/nchs/nvss.htm>.

*Youth Risk Behavior Survey (YRBS)*—Prior to 1999, the 1977 OMB Standards were used. Respondents could select only one of the following categories: white (not Hispanic), black (not Hispanic), Hispanic or Latino, Asian or Pacific Islander, American Indian or Alaska Native, or other. Beginning in 1999, the 1997 OMB Standards were used for race-specific estimates, and respondents were given the option of selecting more than one category to describe their race and ethnicity. Between 1999 and 2003, students were asked a single question about race and Hispanic origin, with the option of choosing more than one of the following responses: white, black or African American, Hispanic or Latino, Asian, Native

Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. In 2005, students were asked a question about Hispanic origin (“Are you Hispanic or Latino?”) and a second separate question about race that included the option of selecting more than one of the following categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white. Because of the differences between questions, data about race and Hispanic ethnicity for the years prior to 1999 are not strictly comparable with estimates for the later years. However, analyses of data collected between 1991 and 2003 have indicated that the data are comparable across years and can be used to study trends. See: Brener ND, Kann L, McManus T. A comparison of two survey questions on race and ethnicity among high school students. *Public Opin Q* 2003;67(2):227–36.

(Also see Appendix II, Hispanic origin; and Appendix I, Population Census and Population Estimates.)

**Rate**—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. (Also see Appendix II, Age adjustment; Population.)

- *Birth and related rates*

*Birth rate* is calculated by dividing the number of live births in a population in a year by the resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 5-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Birth rates for 1991–1999 were revised based on the April 1, 2000, census. Birth rates for 1991–1999 were revised based on the 1990 and 2000 censuses. The rates for 1990, 2000, and 2010 are based on populations from the censuses in those years as of April 1. Birth rates for 2001–2009 were revised based on the 2000 and 2010 censuses. Birth rates for 2011 and subsequent years were computed using 2010-based postcensal estimates. The population estimates have been provided by the U.S. Census Bureau and have been modified to be consistent with OMB racial categories as of 1977 and historical categories for birth data. Beginning in 1997, the birth rate for the maternal age group 45–49 includes data for mothers aged 50–54 in the numerator and is based on the population of women aged 45–49 in the denominator. Birth rates are expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate), or it may be related to the entire population (crude rate).

*Fertility rate* is the total number of live births, regardless of the age of the mother, per 1,000 women of reproductive age (15–44 years). Beginning in 1997, the birth rate for the maternal age group 45–49 includes data for mothers aged 50–54 in the numerator and is based on the population of women aged 45–49 in the denominator.

- *Death and related rates*

*Death rate* is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. For the noncensus years 1981–1989, rates are based on national estimates of the resident population as of July 1, rounded to thousands. Rounded population estimates for 10-year age groups are calculated by summing unrounded population estimates before rounding to thousands. Starting in 1991, rates are based on unrounded national population estimates. Rates for the Hispanic and non-Hispanic white populations in each year are based on unrounded state population estimates for states in the Hispanic reporting area. Death rates are expressed as the number of deaths per 100,000 resident population. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate), or it may be related to the entire population (crude rate). (Also see Appendix I, Population Census and Population Estimates.)

*Birth cohort infant mortality rates* are based on the birth cohort linked birth and infant death files and are computed as the number of deaths under age 1 year to members of the birth cohort, divided by the number of live births, times 1,000. (Also see Appendix II, Birth cohort.)

*Fetal mortality rate* is the number of fetal deaths with stated or presumed gestation of 20 weeks or more, divided by the sum of live births plus fetal deaths, times 1,000.

*Infant mortality rate* is based on period files and is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. Neonatal mortality rate is the number of deaths among infants under age 28 days per 1,000 live births. Postneonatal mortality rate is the number of infant deaths that occur between 28 days to under 1 year after birth, per 1,000 live births. (Also see Appendix II, Infant death.)

*Late fetal mortality rate* is the number of fetal deaths with stated or presumed gestation of 28 weeks or more, divided by the sum of live births plus late fetal deaths, times 1,000. (Also see Appendix II, Gestation.)



*Perinatal mortality rates and ratios* relate to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. Although several different perinatal mortality definitions exist, the perinatal definition used in *Health, United States* (and used most commonly for international comparisons) is the sum of late fetal deaths at 28 weeks of gestation or more plus infant deaths within 7 days of birth, divided by the sum of live births plus late fetal deaths, times 1,000. Perinatal mortality ratio is the sum of late fetal deaths plus infant deaths within 7 days of birth, divided by the number of live births, times 1,000.

- **Visit rate**

*Visit rate* is a basic measure of service utilization for event-based data. Examples of events include physician office visits with drugs provided, or hospital discharges. In the visit rate calculation, the numerator is the number of estimated events, and the denominator is the corresponding U.S. population estimate for those who possibly could have had events during a given period of time. The interpretation is that for every person in the population there were, on average, *x* events. It does not mean that *x* persons in the population had events, because some persons in the population had no events while others had multiple events. The only exception is when an event can occur just once for a person (e.g., if an appendectomy is performed during a hospital stay). The visit rate is best used to compare utilization across various subgroups of interest, such as age or race groups or geographic regions.

**Region**—See Appendix II, Geographic region.

**Registered hospital**—See Appendix II, Hospital.

**Registration area**—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to states and include two separate registration areas for D.C. and New York City. The term “reporting area” may be used interchangeably with the term “registration area.” All registration areas have adopted laws that require registration of births and deaths and the reporting of fetal deaths. It is believed that more than 99% of births and deaths occurring in this country are registered.

The death registration area was established in 1900 with 10 states and D.C., and the birth registration area was established in 1915, also with 10 states and D.C. Beginning in 1933, all states were included in the birth and death registration areas. The specific states added year by year are shown in: Hetzel AM. History and organization of the vital statistics system. Hyattsville, MD: NCHS; 1997. Available from: <http://www.cdc.gov/nchs/data/misc/usvss.pdf>. Currently, Puerto Rico, the U.S. Virgin Islands, and Guam each constitute a separate registration area, although their data are not included in statistical tabulations of U.S. resident data. (Also see Appendix II, Reporting area.)

**Relative standard error (RSE)**—RSE is a measure of an estimate’s reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate, *SE(r)*, by the estimate itself, *r*. This quantity is expressed as a percentage of the estimate and is calculated as follows:

$$RSE = 100 \times [SE(r)/r]$$

Estimates with large RSEs are considered unreliable. In *Health, United States*, most statistics with large RSEs are preceded by an asterisk or are not presented. The criteria for evaluating RSEs is discussed in the footnotes accompanying each table.

**Relative survival rate**—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate estimates the proportion of cancer patients who have survived their cancer 5 years after diagnosis. Because more than one-half of all cancers occur in persons aged 65 and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. However, by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate gives a more specific estimate of the chance of surviving the effects of cancer alone.

**Reporting area**—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex is based on data from residents of all 50 states in the United States, D.C., and New York City. The term “reporting area” may be used interchangeably with the term “registration area.” (Also see Appendix II, Registration area; and Appendix I, National Vital Statistics System [NVSS].)

**Resident, health facility**—In the Quality Improvement Evaluation System (QIES) (formerly the Online Survey Certification and Reporting [OSCAR]) database, all residents in certified facilities are counted on the day of certification inspection.

**Resident population**—See Appendix II, Population.

**Rural**—See Appendix II, Urbanization.

**Self-assessment of health**—See Appendix II, Health status, respondent-assessed.

**Serious psychological distress**—The K6 mental health screening instrument is a measure of psychological distress associated with unspecified but potentially diagnosable mental illness that may result in a higher risk for disability and higher utilization of health services. In the National Health Interview Survey (NHIS), the K6 questions were asked of adults aged 18 and over. The K6 is designed to identify persons with serious psychological distress, using as few questions as possible. The six items included in the K6 are:

During the past 30 days, how often did you feel:

- So sad that nothing could cheer you up?
- Nervous?
- Restless or fidgety?
- Hopeless?
- That everything was an effort?
- Worthless?

Possible answers are “All of the time” (4 points), “Most of the time” (3 points), “Some of the time” (2 points), “A little of the time” (1 point), and “None of the time” (0 points).

To score the K6, the points are added together, yielding a possible total of 0–24 points. A threshold of 13 points or more is used to define serious psychological distress. Persons answering “Some of the time” to all six questions would not reach the threshold for serious psychological distress because to achieve a score of 13 they would need to answer “Most of the time” to at least one item. The version of the K6 used in NHIS provides 1-month prevalence rates because the reference period is the past 30 days. For more information, see: Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003;60(2):184–9. (Also see Appendix II, Basic actions difficulty.)

**Short-stay hospital**—See Appendix II, Hospital.

**Skilled nursing facility**—See Appendix II, Nursing home.

**Smoker**—See Appendix II, Cigarette smoking.

**Special hospital**—See Appendix II, Hospital.

**Substance use**—Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects. (Also see Appendix II, Illicit drug use.)

*Monitoring the Future (MTF) Study*—MTF collects information on the use of selected substances by using self-completed questionnaires in a school-based survey of secondary school students. MTF has tracked 12th graders' illicit drug use and attitudes toward drugs since 1975. In 1991, 8th and 10th graders were added to the study. The survey includes questions on abuse of substances including (but not limited to) marijuana, inhalants, other illegal drugs, alcohol, cigarettes, and other tobacco products. (Also see Appendix I, Monitoring the Future [MTF] Study.)

*National Survey on Drug Use & Health (NSDUH)*—NSDUH conducts in-person, computer-assisted interviews of a sample of individuals aged 12 and over at their place of residence. For illicit drug use, alcohol use, and tobacco use, information is collected about use in the lifetime,

past year, and past month. However, only estimates of use in the past month are presented in *Health, United States*. For illicit drug use, respondents in NSDUH are asked about use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically. A series of questions is asked about each substance: “Have you ever, even once, used [substance]?” and “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**—Broadly, persons are considered uninsured if they do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a state-sponsored or other government-sponsored plan or program, or a military health plan. Because of differences in methodology, question wording, and recall period, estimates from different sources may vary and are not directly comparable. For more information, see: Health insurance measurement: Differences by data source. Available from: [http://www.census.gov/content/dam/Census/library/infographics/health\\_insurance\\_measurement.pdf](http://www.census.gov/content/dam/Census/library/infographics/health_insurance_measurement.pdf).

*American Community Survey (ACS)*—In ACS, persons are considered uninsured if they do not have coverage through private health insurance, Medicare, Medicaid, Children's Health Insurance Program, military/TRICARE or veterans coverage, another government program, or other insurance. Persons with only Indian Health Service

coverage are considered uninsured. The questions on health insurance are administered throughout the year and ask about current health insurance coverage as of the day of the interview.

**National Health Interview Survey (NHIS)**—In 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 for the uninsured are shown only for the population under age 65. Estimates of the percentage of persons who are uninsured based on NHIS may differ slightly from those based on the March Current Population Survey or the American Community Survey because of differences in survey questions, recall period, and other aspects of survey methodology.

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.)

**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 currently used to categorize counties by urbanization level are the Office of Management and Budget's (OMB) metropolitan and micropolitan statistical area classification and the 2006 NCHS Urban–Rural Classification Scheme for Counties. For more information on the OMB classification of counties, see Appendix II, Metropolitan statistical area (MSA); Micropolitan statistical area.

The 2006 NCHS Urban–Rural Classification Scheme for Counties is a six-level classification scheme to assign the 3,141 U.S. counties and county equivalents to four metropolitan (or urban) categories and two non-metropolitan (or rural) categories. The county classifications are based on the following information: (a) the December 2005 OMB delineation of metropolitan and micropolitan statistical areas; (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 Scheme are large central metro (inner-city counties of MSAs of 1 million or more population), large fringe metro (suburban counties of MSAs of 1 million or more population), medium metro (counties of MSAs of 250,000–999,999 population), small metro (counties of MSAs with less than 250,000 population), nonmetropolitan micropolitan,

and nonmetropolitan noncore. Recently, NCHS updated the Urban–Rural Classification scheme. The 2013 NCHS Scheme is based on the February 2013 OMB delineation of MSAs and micropolitan statistical areas, 2012 postcensal estimates of county and place population, and county-level data on selected settlement density, socioeconomic, and demographic variables from Census 2010. Comparison of the 2013 and 2006 schemes showed that 9% of counties had different category assignments in the two schemes, with most of the counties moving to a more urban category. For more information on the 2006 and 2013 classification schemes, see: [http://www.cdc.gov/nchs/data\\_access/urban\\_rural.htm](http://www.cdc.gov/nchs/data_access/urban_rural.htm).

**Usual source of care**—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent, “Is there a particular person or place that [person] usually goes to when [person] is sick or needs advice about [person's] health?” In the 1995 and 1996 NHIS, the respondent was asked, “Is there one doctor, person, or place that [person] usually goes to when [person] is sick or needs advice about health?” Starting in 1997, the respondent was asked, “Is there a place that [person] usually goes when he/she is sick or you need advice about [his/her] health?” Persons who report the emergency department as their usual source of care are defined in *Health, United States* as having no usual source of care.

**Vaccination**—Vaccinations, or immunizations, work by stimulating the immune system—the natural disease-fighting system of the body. A healthy immune system is able to recognize invading bacteria and viruses and produce substances (antibodies) to destroy or disable these invaders. Vaccinations prepare the immune system to ward off a disease. In addition to the initial immunization process, the effectiveness of some immunizations can be improved by periodic repeat injections or “boosters.” Vaccines are among the most successful and cost-effective public health tools available for reducing morbidity and mortality from vaccine-preventable diseases. For a comprehensive list of vaccine-preventable diseases, see: <http://www.cdc.gov/vaccines/vpd-vac/vpd-list.htm> and <http://www.cdc.gov/vaccines/spec-grps/default.htm>.

The currently recommended childhood vaccination schedule includes vaccines that prevent infectious diseases including hepatitis A and B, diphtheria, tetanus toxoids, acellular pertussis (whooping cough), measles, mumps, rubella (German measles), polio, varicella (chicken pox), and some forms of meningitis (HIB), influenza, and pneumonia. In February 2006, a rotavirus vaccine (RotaTeq) was licensed for use in U.S. infants.

A vaccine that protects against the four types of human papillomavirus (HPV) that cause most cervical cancers and genital warts began to be marketed in 2006 and is now available for both females and males. The vaccine was recommended for 11- and 12 year-old girls and for girls and women aged 13–26 who have not yet been vaccinated or

completed the vaccine series. In October 2011, HPV vaccination was recommended for males aged 11 and 12. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>.

Boosters (revaccination) of vaccinations received during childhood or adulthood are necessary for some vaccines. In addition to keeping current with the vaccines listed above, and annual influenza vaccination, some additional vaccinations are recommended for older adults, persons with specific health conditions, or health care workers who are likely to be exposed to infectious persons. Herpes zoster vaccination is recommended one time for adults aged 60 and over, and pneumococcal vaccination is recommended one time for adults aged 65 and over.

For a full discussion of recommended vaccination schedules by age and population, see CDC's vaccination and immunization website at: <http://www.cdc.gov/vaccines/schedules/index.html>.

*Influenza vaccination*—In the National Health Interview Survey, questions concerning influenza vaccination were slightly different across the survey years. Respondents were asked, "During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season." Beginning in September 2003, respondents were asked about influenza vaccination by nasal spray (sometimes called by the brand name FluMist) during the past 12 months, in addition to the question regarding the flu shot. Starting with 2005 data, receipt of nasal spray or a flu shot was included in the calculation of influenza vaccination estimates. In 2010, additional questions were asked about the receipt of the H1N1 flu shot and spray, including month and year received. These H1N1 questions, and the original seasonal flu questions, were asked only in quarters 1 and 2 and the first several weeks of quarter 3. Beginning August 11, 2010, revised flu vaccination questions replaced all flu vaccination questions fielded earlier in 2010 and were used in 2011 and beyond. The revised questions reflect the introduction of a new combined flu vaccination that protects against both the seasonal and H1N1 strains. For more information regarding 2010 influenza questions, see: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHIS/2010/srvydesc.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2010/srvydesc.pdf).

The prevalence of influenza vaccination during the past 12 months may differ from season-specific coverage, and estimates from different data sources may differ (additional estimates are available from: <http://www.cdc.gov/flu/fluview/>).

**Wages and salaries**—See Appendix II, Employer costs for employee compensation.

**Years of potential life lost (YPLL)**—YPLL is a measure of premature mortality. Starting with *Health, United States, 1996*, YPLL has been presented for persons under age 75 because the average life expectancy in the United States is over 75 years. YPLL-75 is calculated using the following eight age groups: under 1, 1-14, 15-24, 25-34, 35-44, 45-54, 55-64, and 65-74. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5 years, respectively. For example, the death of a person aged 15-24 counts as 55.5 years of life lost. Years of potential life lost is derived by summing years of life lost over all age groups. In *Health, United States, 1995* and earlier editions, YPLL was presented for persons under age 65. For more information, see: CDC. Premature mortality in the United States: Public health issues in the use of years of potential life lost. MMWR 1986;35(SS-02):1S-11S. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001773.htm>.



# Index

(Numbers are table and figure numbers)

<b>A</b>	<i>Table/Figure (F)</i>
Abortion	8
Access to care (see also Dental visits; Emergency department visits; Health insurance; Hospital utilization; Injuries; Unmet need for medical care, dental care, prescription drugs)	
Health care visits	71, F26
No recent health care visit, children	70
No usual source of care	67, 68
Accidents, see Motor vehicle-related injuries; Unintentional injuries.	
Activities of daily living (ADL) see Basic actions difficulty; Complex activity limitation; Limitation of activity.	
Adolescents, see Child and adolescent health.	
AIDS, see HIV/AIDS.	
Alcohol consumption	55, 56, 58
Allergy	39
Alzheimer's disease	18, 19, 20, 21, 89, F3
American Indian or Alaska Native population	
Access to care	67, 68, 69, 70, 71
AIDS cases	38
Alcohol consumption	55, 58
Allergy	39
Asthma	39
Attention-deficit/hyperactivity disorder	39
Back pain, low	46
Basic actions difficulty	47
Birth rates	3, 5, F5
Births, number	4
Birthweight, low	6, 7
Breast cancer	28, 40
Cancer incidence rates	40
Cancer, respondent-reported	42
Chronic conditions, selected	43
Cigarette smoking	54, 55
Colorectal tests or procedures	78
Complex activity limitation	47
Death rates, all causes	17, 18, 23
Death rates, selected causes	18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Death rates, state and U.S. territory	17
Deaths, leading causes	20
Dental visits	84
Drug poisoning	30
Ear infection	39
Emergency department visits	79, 80
Emotional or behavioral difficulties	39
End-stage renal disease	45
Expenses, health care	106, 107
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114
Health status, respondent-assessed	50
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87
Illicit drug use	55

<b>A—Con.</b>	<i>Table/Figure (F)</i>
American Indian or Alaska Native population—Con.	
Infant mortality	11, 13
Mammography	76
Marijuana use	55
Medicaid	113, 118
Neck pain	46
Occupational injury deaths	36
Out-of-pocket health care expenditures	106, 107
Pap smear	77
Physical activity	63
Population, resident	1
Serious psychological distress	51
Stroke, respondent-reported	42
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	72, 73, 74, 75
Vision trouble	48
Years of potential life lost (YPLL)	19
Asian or Pacific Islander population	
Access to care	67, 68, 69, 70, 71
AIDS cases	38
Alcohol consumption	55, 58
Allergy	39
Asthma	39
Attention-deficit/hyperactivity disorder	39
Back pain, low	46
Basic actions difficulty	47
Birth rates	3, 5
Births, number	4
Birthweight, low	6, 7
Breast cancer	28, 40
Cancer incidence rates	40
Cancer, respondent-reported	42
Chronic conditions, selected	43
Cigarette smoking	54, 55
Colorectal tests or procedures	78, F14
Complex activity limitation	47
Death rates, all causes	17, 18, 23
Death rates, selected causes	18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Death rates, state and U.S. territory	17
Deaths, leading causes	20
Dental visits	84
Drug poisoning	30
Ear infection	39
Emergency department visits	79, 80
Emotional or behavioral difficulties	39
End-stage renal disease	45
Expenses, health care	106, 107
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114

## A—Con.

## B—Con.

	Table/Figure (F)
Asian or Pacific Islander population—Con.	
Health status, respondent-assessed	50
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87
Illicit drug use	55
Infant mortality	11, 13
Mammography	76
Marijuana use	55
Medicaid	113, 118
Neck pain	46
Occupational injury deaths	36
Out-of-pocket health care expenditures	106, 107
Pap smear	77
Physical activity	63
Population, resident	1
Poverty	2
Serious psychological distress	51
Stroke, respondent-reported	42
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	72, 73, 74, 75, F13
Vision trouble	48
Years of potential life lost (YPLL)	19
Asthma	39, 89
Atherosclerosis	20, 21
Attention-deficit/hyperactivity disorder	39

## B

Back pain, low	46
Basic actions difficulty	46, 47, 50, 54, 58, 63, 68, 69, 71, 74, 75, 76, 77, 80, 84, 87, 111, 112, 113, 114, F7
Bed, health facility	98, 99, 101
Birth control, see Contraception.	
Births	
Age of mother	3, 5
Birth rates	3, 5
Births, number	4, 5
Birthweight, low	6, 7
Fertility rates	3
Hospital discharges	89
State	7
Teenage childbearing	4, F5
Unmarried mothers	5
Black or African American population	
Access to care	67, 68, 69, 70, 71
AIDS cases	38
Alcohol consumption	55, 56, 57, 58
Allergy	39
Asthma	39
Attention-deficit/hyperactivity disorder	39
Back pain, low	46
Basic actions difficulty	47
Birth rates	3, 4, 5

	Table/Figure (F)
Black or African American population—Con.	
Births, number	4
Birthweight, low	6, 7
Breast cancer	28, 40
Breastfeeding	10
Cancer incidence rates	40
Cancer, respondent-reported	42
Cancer survival, 5-year relative	41
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	52, 53, 54, 55, 56, F23
Cocaine use	56
Colorectal tests or procedures	78, F14
Complex activity limitation	47
Contraception	9
Death rates, all causes	17, 18, 22, 23
Death rates, selected causes	18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Death rates, state and U.S. territory	17
Death rates, urbanization	22
Deaths, leading causes	20
Dental caries (cavities), untreated	66
Dental visits	84, 117
Diabetes	44
Doctor visits	83
Drug poisoning	30
Drugs, prescription, use in past 28 days	85
Ear infection	39
Emergency department visits	79, 80, 82
Emotional or behavioral difficulties	39
End-stage renal disease	45
Expenses, health care	106, 107
Fetal mortality	11
Glycemic control	44
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114, 115
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87, 117
Hospital utilization, outpatient department	82, 117
Hypertension	60
Illicit drug use	55, 56
Infant mortality	11, 12, 13
Inhalants	56
Life expectancy	16, F1
Limitation of activity	117
Mammography	76
Marijuana use	55, 56
Medicaid	107, 113, 115, 118
Medicare	107, 115, 117
Mild-moderate psychological distress	F22
Neck pain	46
Nursing home expenditures	117
Nursing home utilization	117

## B—Con.

## C—Con.

	<i>Table/Figure (F)</i>
Black or African American population—Con.	
Occupational injury deaths	36
Out-of-pocket health care expenditures	106, 107
Overweight and obesity	64, 65
Pap smear	77
Physical activity	63, F24
Population, resident	1
Poverty	2
Seatbelt use	57
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Suicidal ideation	57
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	72, 73, 74, 75, F13
Violence	57
Vision trouble	48
Years of potential life lost (YPLL)	19
Blood pressure, high, see Hypertension.	
Breastfeeding	10

## C

Calories, see Energy and macronutrient intake.	
Cancer (Malignant neoplasms)	
Breast	18, 19, 28, 40, 41, 89
Deaths and death rates	18, 20, 21, 26, 27, 28, F3, F20
Hospital discharges	89
Incidence rates	40
Prevalence, respondent-reported	42
Site-specific data	18, 19, 27, 28, 40, 41, 89
Survival, 5-year relative	41
Trachea, bronchus, lung	18, 27, 40, 41, 89
Years of potential life lost (YPLL)	19
Cardiac procedures, see Heart disease, procedures.	
Central and South American population, see Hispanic origin subgroups.	
Cerebrovascular disease (stroke)	
Deaths and death rates	18, 20, 21, 25, F3, F20
Hospital discharges	89
Prevalence, respondent-reported	42
Years of potential life lost (YPLL)	19
Cesarean section	90, 105
Chancroid, see Diseases, notifiable.	
Child and adolescent health	
Abortion	8
Access to care	67, 69, 70, 71
AIDS cases	38
Alcohol consumption	55, 56, 57
Allergy	39
Asthma	39
Attention-deficit/hyperactivity disorder	39
Birthweight, low	6, 7
Breastfeeding	10
Cigarette smoking	55, 56, F8
Cocaine use	56

	<i>Table/Figure (F)</i>
Child and adolescent health—Con.	
Contraception	9
Death rates, all causes	21, 23
Death rates, selected causes	21, 24, 25, 26, 29, 30, 31, 32, 33, 34, 36
Deaths, leading causes	21
Dental caries (cavities), untreated	59, 66
Dental visits	84
Doctor visits	83
Drug poisoning	30
Drugs, prescription, use in 28 days	85, 86
Ear infection	39
Emergency department visits	79, 81, 82, F17
Emotional or behavioral difficulties	39
End-stage renal disease	45
Expenses, health care	105, 106, 107, 108
Health insurance	111, 112, 113, 114
Health status, respondent-assessed	50
Hospital utilization, inpatient	87, 88, 89
Hospital utilization, outpatient department	82
Illicit drug use	55, 56
Infant mortality	11, 12, 13, 14, F2
Inhalants	56
Injury	81
Marijuana use	55, 56
Medicaid	107, 113, 118
Obesity	59, 65, F10
Out-of-pocket health care expenditures	106, 107, 108
Physical activity	57
Population, resident	1
Poverty	2
Seatbelt use	57
Sleep	57
Suicidal ideation	57
Suicide	F4
Teenage childbearing	3, 4, 5, F5
TV watching	F4
Vaccinations	72, 73, F13
Violence	57
Chlamydia, see Diseases, notifiable.	
Cholesterol	59, 61, 86, F21, F28
Chronic conditions, selected	43, F21
Chronic liver disease and cirrhosis	18, 19, 20, 21, F20
Chronic lower respiratory diseases	18, 19, 20, 21, F20
Cigarette smoking	52, 53, 54, 55, 56, F8, F23
Cirrhosis, see Chronic liver disease and cirrhosis.	
Cocaine use	56
Colorectal tests or procedures	78, F14, F27
Complex activity limitation	46, 47, 50, 54, 58, 63, 68, 69, 71, 74, 75, 76, 77, 80, 84, 87, 111, 112, 113, 114, F7
Congenital anomalies	20, 21
Contraception	9
Cost, see Employers' costs for health insurance.	
Cuban population, see Hispanic origin subgroups.	



## D

	<i>Table/Figure (F)</i>
Deaths, death rates (see also Cancer [malignant neoplasms]; Cerebrovascular disease [stroke]; Chronic lower respiratory diseases; Diabetes; Drug poisoning; Firearm-related injuries; Heart disease; HIV/AIDS; Homicide; Infant mortality; Life expectancy; Motor vehicle-related injuries; Occupational diseases deaths; Occupational injury deaths; Suicide; Years of potential life lost [YPLL])	
All causes	23
Leading causes	20, 21
Selected causes	18, F3, F20
State	17
Urbanization	22
Dental caries (cavities), untreated	59, 66
Dental services expenditures	103
Dental visits	84, 117
Dentists	95, 97
Schools and students	97
State	95
Diabetes	18, 19, 20, 21, 44, 59, 89, F3, F6, F20, F21, F28
Deaths and death rates	18, 20, 21, F3, F20
Hospital discharges	89
Prevalence	44, 59, F6, F21
Years of potential life lost (YPLL)	19
Diagnostic procedures, during hospitalizations	90
Diphtheria, see Diseases, notifiable; Vaccinations.	
Disability	
Basic actions difficulty	46, 47, 50, 54, 58, 63, 68, 69, 71, 74, 75, 76, 77, 78, 80, 84, 87, 111, 112, 113, 114, F7
Blind and disabled Medicaid expenditures	118
Complex activity limitation	46, 47, 50, 54, 58, 63, 68, 69, 71, 74, 75, 76, 77, 78, 80, 84, 87, 111, 112, 113, 114, F7
Medicaid recipients	119
Medicare beneficiaries	117
Veterans with service-connected disabilities	120
Diseases, notifiable	37
Doctors of Medicine, see Physicians.	
Drug poisoning	30
Drug use, illicit, see Alcohol consumption; Cigarette smoking; Cocaine use; Illicit drug use; Inhalants; Marijuana use.	
Drugs, prescription, use in past 28 days	85, 86, F28
DTP (diphtheria, tetanus, pertussis), see Vaccinations.	

## E

Ear infection	39
Education	
Access to care	69
Alcohol consumption	56, 57
Back pain, low	46
Breastfeeding	10
Cancer, respondent-reported	42
Cigarette smoking	53, 54, 56
Cocaine use	56
Colorectal tests or procedures	78
Headache, severe or migraine	46
Hearing trouble	49
Heart disease, respondent-reported	42
Illicit drug use	56

## E—Con.

	<i>Table/Figure (F)</i>
Education—Con.	
Inhalants	56
Mammography	76
Marijuana use	56
Neck pain	46
Pap smear	77
Physical activity	63
Seatbelt use	57
Stroke, respondent-reported	42
Suicidal ideation	57
Unmet need	69
Violence	57
Vision trouble	48
Elderly population, see Older population aged 65 and over.	
Emergency department visits	79, 80, 81, F17, F26
Emotional or behavioral difficulties	39
Employed health service personnel	96
Employers' costs for health insurance	110
End-stage renal disease	45
Energy and macronutrient intake	62
Ethnicity, see Hispanic or Latino population.	
Exercise, see Physical activity.	
Expenditures, national health (see also Consumer Price Index [CPI]; Hospital care expenditures; Medicaid; Medicare; Nursing homes expenditures; Physician services expenditures; Prescription drug expenditures; Veterans' medical care)	
Amount per capita	102, 104
Percent of Gross Domestic Product	102
Personal health care	102, 103, 104, F19
Source of funds	102, 104, F17
Type of expenditure	103, 104
Type of payer	109
Expenses, health care	106, 107, 108

## F

Fertility rates, see Births.	
Fetal mortality	11
Firearm-related injuries, death rates	34
Food intake, see Energy and macronutrient intake.	

## G

Geographic region	
Access to care	67, 68, 69, 70, 71
Back pain, low	46
Breastfeeding	10
Cancer, respondent-reported	42
Chronic conditions, selected	43
Colorectal tests or procedures	78
Death rates, urbanization	22
Dental visits	84
Emergency department visits	79, 80
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114
Health status, respondent-assessed	50
Hearing trouble	49

	Table/Figure (F)
Geographic region—Con.	
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87, 88
Neck pain	46
Physical activity	63
Serious psychological distress	51
Stroke, respondent-reported	42
Unmet need	69
Vaccinations	74, 75
Vision trouble	48
Glycemic control	44
Gonorrhea, see Diseases, notifiable.	
Gross Domestic Product (GDP)	102

## H

<i>Haemophilus influenzae</i> , invasive, see Diseases, notifiable.	
Hawaiian population, see Native Hawaiian or Other Pacific Islander population.	
Headache, severe or migraine	46
Health care expenses, see Expenses, health care.	
Health care utilization	70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, F26
Health expenditures, national, see Expenditures, national health.	
Health insurance (see also Access to care; Emergency department visits; Medicaid; Medicare)	
Basic actions difficulty	111, 112, 113, 114
Complex activity limitation	111, 112, 113, 114
Employer costs	110
Employment related	112, F25
Medicaid	113, F15, F16
Private	111, 112, F15, F16, F25
Public	F25
Race and Hispanic origin	111, 112, 113, 114, 115
65 and over	115
Under age 65	111, 112, 113, 114
Uninsured	114, 123, F15, F16, F25
Health professionals visits, see Visits to health professionals.	
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease	
Deaths and death rates	18, 20, 21, 24, F3, F20
Drugs, prescription, use in past 28 days	86, F28
Hospital discharges	89, 90
Ischemic heart disease	18, 19
Prevalence, respondent-reported	42
Procedures (angiocardiography; cardiac catheterization; coronary artery bypass graft; insertion of stent; pacemaker)	90
Years of potential life lost (YPLL)	19
Hib ( <i>Haemophilus influenzae</i> type b), see Vaccinations.	
Hispanic or Latino population	
Access to care	67, 68, 69, 70, 71
AIDS cases	38
Alcohol consumption	55, 57, 58
Allergy	39
Asthma	39

	Table/Figure (F)
Hispanic or Latino population—Con.	
Attention-deficit/hyperactivity disorder	39
Back pain, low	46
Basic actions difficulty	47
Birth rates	3, 5, F5
Births, number	4
Birthweight, low	6, 7
Breast cancer	28, 40
Breastfeeding	10
Cancer incidence rates	40
Cancer, respondent-reported	42
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	54, 55, F23
Colorectal tests or procedures	78, F14
Complex activity limitation	47
Contraception	9
Death rates, all causes	17, 18, 23
Death rates, selected causes	18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Death rates, state and U.S. territory	17
Deaths, leading causes	20
Dental caries (cavities), untreated	66
Dental visits	84, 117
Diabetes	44
Drug poisoning	30
Drugs, prescription, use in past 28 days	85
Ear infection	39
Emergency department visits	79, 80
Emotional or behavioral difficulties	39
End-stage renal disease	45
Expenses, health care	106
Fetal mortality	11
Glycemic control	44
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114, 115
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87, 117
Hospital utilization, outpatient department	117
Hypertension	60
Illicit drug use	55
Infant mortality	11, 13
Life expectancy	16, F1
Limitation of activity	117
Mammography	76
Marijuana use	55
Medicaid	113, 115, 118
Medicare	107, 115, 117
Mild-moderate psychological distress	F22
Neck pain	46
Nursing home expenditures	117
Nursing home utilization	117
Occupational injury deaths	36
Out-of-pocket health care expenditures	106, 107

	<i>Table/Figure (F)</i>
Hispanic or Latino population—Con.	
Overweight and obesity	64, 65
Pap smear	77
Physical activity	63, F24
Population, resident	1
Poverty	2
Seatbelt use	57
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Suicidal ideation	57
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	72, 73, 74, 75
Violence	57
Vision trouble	48
Years of potential life lost (YPLL)	19
Hispanic origin subgroups (Central and South American population; Cuban population) (see also Mexican origin population; Puerto Rican population)	
Birth rates	5
Births, number	4
Birthweight, low	6
Chronic conditions, selected	43
Health insurance	111, 112, 113, 114
Infant mortality	11
Teenage childbearing	4
Unmarried mothers	5
HIV/AIDS	
Deaths and death rates	18, 20, 21, 29
HIV diagnoses	38
Hospital discharges	89
Years of potential life lost (YPLL)	19
Home health care expenditures	103
Homicide, death rates	18, 19, 20, 21, 32
Hospital care expenditures (see also Consumer Price Index [CPI]; Medicaid; Medicare)	104, 105
Hospital discharges	87, 88, 89, 90, 105
Hospital utilization (see also Access to care; Emergency department visits; Medicaid; Medicare; Veterans' medical care)	
Admissions	91
Average length of stay	88, 91, 121
Days of care	88
Diagnoses, selected	89
Discharges	88, 89, 90, F26
Outpatient department	82, 91, 117
Procedures or surgeries	90, 105
Race and Hispanic origin	87, 117
Hospitals (see also Mental health; Nursing homes)	
Beds	98, 99
Occupancy rate	98, 100
State	99, 100
Hypercholesterolemia, See Cholesterol.	
Hypertension	59, 60, F9, F21

	<i>Table/Figure (F)</i>
Illicit drug use	55, 56
Immunizations, see Vaccinations.	
Incidence (Cancer)	40
Income, family, see Poverty.	
Infant mortality (see also Fetal mortality)	
Age at death	11, 12, F2
Birth cohort data	11
Cause of death	21
International	14
Race and Hispanic origin	11, 12, 13
State	13
Infectious disease	
Deaths	18, 19, 20, 21, 29
Hospital utilization	89
Notifiable diseases	37, 38
Vaccinations	72, 73, 74, 75
Influenza and pneumonia	18, 19, 20, 21
Influenza vaccination, see Vaccinations.	
Inhalants	56
Injuries, see Emergency department visits; Firearm-related injuries; Death rates; Hospital utilization, diagnoses, selected; Motor vehicle-related injuries; Occupational injuries; Unintentional injuries.	
Inpatient care, see Hospital utilization; Mental health; Nursing homes, utilization.	
Instrumental activities of daily living (IADL), see Limitation of activity.	
Insurance, see Health insurance.	
International health (see also Expenditures, national health; Infant mortality; Life expectancy)	14, 15
Intervertebral disc disorders	89, 90, 105
Ischemic heart disease, see Heart disease.	

## K

Kidney disease, see End-stage renal disease; Nephritis, nephrotic  
syndrome and nephrosis.

## L

Leading causes of death, see Deaths, leading causes.  
Leisure-time activity, see Physical activity.  
Life expectancy . . . . . 15, 16, F1  
Limitation of activity (see also Basic actions difficulty;  
Complex activity limitation) . . . . . 117  
Liver disease, see Chronic liver disease and cirrhosis.  
Low birthweight, see Births; Infant mortality.  
Low income, see Poverty.  
Lyme disease, see Diseases, notifiable.

Malignant neoplasms, see Cancer.	
Mammography	76, F27
Marijuana use	55, 56
Marital status	111, 112, 113, 114, 115
Maternal health, see Women's health.	
Measles, see Diseases, notifiable; Vaccinations.	
Medicaid (see also Health insurance)	
Basic actions difficulty	113
Basis of eligibility	118
Complex activity limitation	113
Coverage	113, 115
Expenses, health care	106
Expenditures	104, 109
Payments	118, 119, 122
Race and Hispanic origin	113, 118
State	122
Type of service	119
Medical doctors, see Physicians.	
Medicare (see also Health insurance)	
Age and sex of beneficiaries	115
Coverage	115
Enrollment	116, 117, 121
Expenses, health care	106
Expenditures	104, 109, 116
Hospital utilization	121
Payments	107, 121
Race and Hispanic origin	115, 117
State	121
Type of service	116
Meningococcal disease	21, 37
Men's health	
Access to care	68, 69, 71
AIDS cases	38
Alcohol consumption	55, 58
Back pain, low	46
Basic actions difficulty	47, F7
Cancer incidence rates	40
Cancer, respondent-reported	42
Cancer survival, 5-year relative	41
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	52, 53, 54, 55, F8, F23
Colorectal tests or procedures	78
Complex activity limitation	47, F7
Contraception	9
Death rates, all causes	18, 23, F3, F20
Death rates, selected causes	18, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 36, 38, F3, F4, F20
Death rates, urbanization	22
Deaths, leading causes	20, F20
Dental caries (cavities), untreated	66
Dental visits	84
Diabetes	44
Doctor visits	83
Drug poisoning	30
Drugs, prescription, use in past 28 days	85, 86
Emergency department visits	80, 81, 82
End-stage renal disease	45
Energy and macronutrient intake	62

Men's health—Con.	
Expenses, health care	106, 107
Glycemic control	44
Headache, severe or migraine	46
Health insurance	111, 112, 113, 114, 115, 117
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87, 88, 89, 90
Hospital utilization, outpatient department	82
Hypertension	60, F9
Illicit drug use	55
Injury	81, F4
Life expectancy	15, 16, F1
Marijuana use	55
Mild-moderate psychological distress	F20
Neck pain	46
Occupational injury deaths	36
Overweight and obesity	64, F11
Physical activity	63, F24
Population, resident	1
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Unmet need	69
Vaccinations	74, 75
Vision trouble	48
Years of potential life lost (YPLL)	19
Mental health (see also Suicide)	
Drugs, prescription, use in past 28 days	86, F28
Emotional or behavioral difficulties, children	39
Expenditures	119
Hospital discharges	89
Mild-moderate psychological distress	F22
Psychiatrists	93
Serious psychological distress	51, F22
Metropolitan/nonmetropolitan data	
Access to care	67, 68, 69, 70, 71
Back pain, low	46
Basic actions difficulty	47
Cancer, respondent-reported	42
Chronic conditions, selected	43
Colorectal tests or procedures	78
Complex activity limitation	47
Death rates, urbanization	22
Dental visits	84
Emergency department visits	79, 80
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114
Health status, respondent-assessed	50
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87
Medicaid	113
Neck pain	46
Physical activity	63
Serious psychological distress	51

## M—Con.

## N—Con.

	<i>Table/Figure (F)</i>
Metropolitan/nonmetropolitan data—Con.	
Stroke, respondent-reported	42
Unmet need	69
Vaccinations	72, 73, 74, 75
Vision trouble	48
Mexican origin population (see also Hispanic origin subgroups)	
Access to care	68, 69
Alcohol consumption	58
Back pain, low	46
Birth weight, low	6
Births, number	4
Births, rate	5
Cancer, respondent-reported	42
Cholesterol	61
Cigarette smoking	54
Colorectal tests or procedures	78
Dental caries (cavities), untreated	66
Diabetes	44
Drugs, prescription, use in past 28 days	85
Emergency department visits	80
Glycemic control	44
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hypertension	60
Infant mortality	11
Medicaid	113
Neck pain	46
No usual source of care	68
Overweight and obesity	64, 65
Physical activity	63
Poverty	2
Serious psychological distress	51
Stroke, respondent-reported	42
Teenage childbearing	4
Unmarried mother	5
Unmet need	69
Vaccinations	74, 75
Vision trouble	48
MMR (measles, mumps, rubella), see Vaccinations.	
Motor vehicle-related injuries	18, 19, 31, 81, F4
Mumps, see Diseases, notifiable; Vaccinations.	

## N

National health expenditures, see Expenditures, national health.	
Native Hawaiian or Other Pacific Islander population	
AIDS cases	38
Alcohol consumption	55
Cigarette smoking	55
Illicit drugs	55
Occupational injury deaths	36
Vaccinations	72
Neck pain	46
Neonatal mortality, see Infant mortality, age at death.	

	<i>Table/Figure (F)</i>
Nephritis, nephrotic syndrome and nephrosis	18, 19, 20, 21
Nurses	96
Nursing homes	
Beds, occupancy	101
Expenditures	103, 104, 117
Utilization	101, 117, 120
Nutrition, see Energy and macronutrient intake.	

## O

Obesity	59, 64, 65, F10, F11, F21
Occupational diseases, deaths	35
Occupational injury deaths	36
Occupational therapists	96
Office visits	82, 83
Older population aged 65 and over	
Access to care	69, 71
AIDS cases	38
Alcohol consumption	58
Back pain, low	46
Basic actions difficulty	47, F7
Cancer, respondent-reported	42
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	52, 54, F8
Complex activity limitation	47, F7
Death rates, all causes	23
Death rates, selected causes	24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Deaths, leading causes	21
Dental caries (cavities), untreated	66
Dental visits	84, 117
Diabetes	44, F6
Doctor visits	83
Drug poisoning	30
Drugs, prescription, use in past 28 days	85, 86
Emergency department visits	80, 81, 82
End-stage renal disease	45
Energy and macronutrient intake	62
Expenses, health care	105, 106, 107, 108
Glycemic control	44
Headache, severe or migraine	46
Health insurance	115, 117
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42, F6
Hospital utilization, inpatient	87, 88, 89, 90, 105, 117, 121
Hospital utilization, outpatient department	82, 117
Hypertension	60, F9
Injury	81
Life expectancy	15, 16
Limitation of activity	117
Mammography	76
Medicaid	118
Medicare	107, 115, 116, 117, 121
Neck pain	46

## O—Con.

## P—Con.

	<i>Table/Figure (F)</i>
Older population aged 65 and over—Con.	
Nursing home expenditures	117
Nursing home utilization	101, 117
Occupational injury deaths	36
Out-of-pocket health care expenses	106, 107, 108
Overweight and obesity	64
Pap smear	77
Physical activity	63
Pneumonia discharges	89
Population, resident	1
Serious psychological distress	51
Stroke, respondent-reported	42
Suicide	F4
Unmet need	69
Vaccinations	74, 75
Vision trouble	48
Opioid poisoning	30
Optometry students	97
Osteoarthritis	89
Osteopaths, see Physicians.	
Out-of-pocket health care expenses	106, 107, 108, 109
Outpatient department, see Hospital utilization, outpatient department.	
Overweight	59, 64, F11

## P

Pacemakers	90
Pap smear	77, F27
Perinatal mortality, see Infant mortality, age at death.	
Personal health care expenditures, see Expenditures, national health.	
Pertussis (whooping cough), see Diseases, notifiable; Vaccinations.	
Pharmacists/pharmacy students	96, 97
Physical activity	57, 63, F24
Physician services expenditures (see also Consumer Price Index [CPI]; Medicaid; Medicare)	104
Physician utilization	82, 83, F26
Physicians	
Doctors of osteopathy	97
International medical school graduates	93
Primary care	83, 94
Primary specialty	83, 93, 94
Schools and students	97
State	92
Pneumococcal vaccinations, see Vaccinations.	
Pneumonia (see also Influenza and pneumonia)	89
Podiatry students	97
Poliomyelitis (polio), see Diseases, notifiable; Vaccinations.	
Population, resident	1
Postneonatal mortality, see Infant mortality, age at death.	
Poverty	
Access to care	67, 68, 69, 70, 71, F12, F16, F20, F21, F22, F23
Alcohol consumption	58
Allergy	39
Asthma	39
Attention-deficit/hyperactivity disorder	39
Back pain, low	46
Basic actions difficulty	47
Cancer, respondent-reported	42

	<i>Table/Figure (F)</i>
Poverty—Con.	
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	54, F23
Colorectal tests or procedures	78
Complex activity limitation	47
Dental caries (cavities), untreated	66
Dental visits	84
Diabetes	44
Ear infection	39
Emergency department visits	79, 80
Emotional or behavioral difficulties	39
Glycemic control	44
Headache, severe or migraine	46
Health care visits	71
Health insurance	111, 112, 113, 114, 115, F25
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87
Hypertension	60
Mammography	76
Medicaid	113, 115
Medicare	115
Mild-moderate psychological distress	F22
Neck pain	46
Overweight and obesity	64, 65
Pap smear	77
Physical activity	63, F24
Population	2
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Unmet need	69, F18
Vaccinations	72, 73, 74, 75, F13
Vision trouble	48
Prescription drug expenditures (see also Medicaid; Medicare)	103, 104, 106
Prescription drug use, see Drugs, prescription, use in past 28 days.	
Primary care physicians, see Physicians.	
Private health insurance, see Health insurance.	
Procedures	90, 105
Public Health, schools of; students	97
Puerto Rican population (see also Hispanic origin subgroups)	
Births	4, 5, 6
Birthweight, low	7
Death rates, state and U.S. territory	17
Health insurance	111, 112, 113, 114
Infant mortality	11, 13
Poverty	2

## R

Race, see specific race groups.	
Rocky Mountain spotted fever, see Diseases, notifiable.	
Rubella (German measles), see Diseases, notifiable; Vaccinations.	
Rubeola (measles), see Diseases, notifiable; Vaccinations.	
Rural data, see Metropolitan/nonmetropolitan data.	

## S

Table/Figure (F)

Salmonellosis, see Diseases, notifiable.	
Self-assessment of health, see Health status, respondent-assessed.	
Septicemia . . . . .	20, 21
Serious psychological distress (see also Mental health) . . . . .	51, F22
Shigellosis, see Diseases, notifiable.	
Smoking, see Cigarette smoking.	
Source of funds or payments (see also Expenditures, national health; Health insurance; Medicaid; Medicare) . . . . .	104, 107, 109
Special Feature, Adults aged 55–64 . . . . .	F20, F21, F22, F23, F24, F25, F26, F27, F28, F29
State and U.S. territory data	
Birthweight, low . . . . .	7
Death rates . . . . .	17
Dentists . . . . .	95
Health insurance, uninsured . . . . .	123
Hospital beds . . . . .	99
Hospital occupancy rates . . . . .	100
Infant mortality . . . . .	13
Medicaid . . . . .	122
Medicare . . . . .	121
Nursing homes, beds, occupancy rates . . . . .	101
Physicians . . . . .	92
Stent, cardiac, see Heart disease, procedures.	
Sterilization, see Contraception.	
Stroke, see Cerebrovascular disease (stroke).	
Sudden infant death syndrome, see Infant mortality, cause of death.	
Suicidal ideation . . . . .	57
Suicide . . . . .	18, 19, 20, 21, 33, F4
Surgery, see Hospital utilization.	
Syphilis, see Diseases, notifiable.	

## T

Tetanus, see Diseases, notifiable; Vaccinations.	
Tobacco use, see Cigarette smoking.	
Tuberculosis, see Diseases, notifiable.	

## U

Uninsured, health, see Health insurance, uninsured.	
Unintentional injuries . . . . .	18, 19, 20, 21, 81, F3, F20
Unmet need for medical care, dental care, prescription drugs . . . . .	69, F18, F29
Urban and rural data, see Metropolitan/nonmetropolitan data.	
U.S. territories, see State and U.S. territory data.	
Usual source of care, see Access to care.	

## V

Vaccinations . . . . .	72, 73, 74, 75, F12, F13, F27
Varicella, see Vaccinations.	
Veterans' medical care . . . . .	120
Vision trouble . . . . .	48
Visits to health professionals . . . . .	71, F26

## W

Table/Figure (F)

Wages and salaries . . . . .	96, 110
Wages, health care occupations . . . . .	96
White population	
Abortion . . . . .	8
Access to care . . . . .	67, 68, 69, 70, 71
AIDS cases . . . . .	38
Alcohol consumption . . . . .	55, 56, 57, 58
Allergy . . . . .	39
Asthma . . . . .	39
Attention-deficit/hyperactivity disorder . . . . .	39
Back pain, low . . . . .	46
Basic actions difficulty . . . . .	47
Birth rates . . . . .	3, 4, 5
Births, number . . . . .	4
Birthweight, low . . . . .	6, 7
Breast cancer . . . . .	28, 40
Breastfeeding . . . . .	10
Cancer incidence rates . . . . .	40
Cancer, respondent-reported . . . . .	42
Cancer survival, 5-year relative . . . . .	41
Cholesterol . . . . .	61
Chronic conditions, selected . . . . .	43
Cigarette smoking . . . . .	52, 53, 54, 55, 56, F23
Cocaine use . . . . .	56
Colorectal tests or procedures . . . . .	78, F14
Complex activity limitation . . . . .	47
Contraception . . . . .	9
Death rates, all causes . . . . .	17, 18, 22, 23
Death rates, selected causes . . . . .	18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36
Death rates, state and U.S. territory . . . . .	17
Death rates, urbanization . . . . .	22
Deaths, leading causes . . . . .	20
Dental caries (cavities), untreated . . . . .	66
Dental visits . . . . .	84, 117
Diabetes . . . . .	44
Doctor visits . . . . .	83
Drug poisoning . . . . .	30
Drugs, prescription, use in past 28 days . . . . .	85
Ear infection . . . . .	39
Emergency department visits . . . . .	79, 80, 82
Emotional or behavioral difficulties . . . . .	39
End-stage renal disease . . . . .	45
Expenses, health care . . . . .	106, 107
Fetal mortality . . . . .	11
Glycemic control . . . . .	44
Headache, severe or migraine . . . . .	46
Health care visits . . . . .	71
Health insurance . . . . .	111, 112, 113, 114, 115
Health status, respondent-assessed . . . . .	50
Healthy weight . . . . .	64
Hearing trouble . . . . .	49
Heart disease, respondent-reported . . . . .	42
Hospital utilization, inpatient . . . . .	87, 117
Hospital utilization, outpatient department . . . . .	82, 117
Hypertension . . . . .	60
Illicit drug use . . . . .	55, 56

White population—Con.	
Infant mortality	11, 12, 13
Inhalants	56
Life expectancy	16, F1
Limitation of activity	117
Mammography	76
Marijuana use	55, 56
Medicaid	107, 113, 115, 118
Medicare	107, 115, 117
Mild-moderate psychological distress	F22
Neck pain	46
Nursing home expenditures	117
Nursing home utilization	117
Occupational injury deaths	36
Out-of-pocket health care expenditures	106, 107
Overweight and obesity	64, 65
Pap smear	77
Physical activity	63, F24
Population, resident	1
Poverty	2
Seatbelt use	57
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Suicidal ideation	57
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	72, 73, 74, 75, F13
Violence	57
Vision trouble	48
Years of potential life lost (YPLL)	19
Women's health	
Access to care	68, 69, 71
Abortion	8
AIDS cases	38
Alcohol consumption	55, 58
Back pain, low	46
Basic actions difficulty	47, F7
Birth rates, fertility rates	3, 4, 5
Births, number	5
Breast cancer	28, 40, 41, 89
Breastfeeding	10
Cancer incidence rates	40
Cancer, respondent-reported	42
Cancer survival, 5-year relative	41
Cesarean section	90
Cholesterol	61
Chronic conditions, selected	43
Cigarette smoking	52, 53, 54, 55, F8, F23
Colorectal tests or procedures	78
Complex activity limitation	47, F7
Contraception	9
Death rates, all causes	18, 23, F3, F20

Women's health—Con.	
Death rates, selected causes	18, 19, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36, F3, F4, F20
Death rates, urbanization	22
Deaths, leading causes	20, F20
Dental caries (cavities), untreated	66
Dental visits	84
Diabetes	44
Doctor visits	83
Drug poisoning	30
Drugs, prescription, use in past 28 days	85, 86
Emergency department visits	80, 81, 82
End-stage renal disease	45
Energy and macronutrient intake	62
Expenses, health care	106, 107
Glycemic control	44
Headache, severe or migraine	46
Health insurance	111, 112, 113, 114, 115, 117
Health status, respondent-assessed	50
Healthy weight	64
Hearing trouble	49
Heart disease, respondent-reported	42
Hospital utilization, inpatient	87, 88, 89, 90
Hospital utilization, outpatient department	82
Hypertension	60, F9
Illicit drug use	55
Injury	81, F4
Life expectancy	15, 16, F1
Mammography	76, F27
Marijuana use	55
Mild-moderate psychological distress	F22
Neck pain	46
Occupational injury deaths	36
Overweight and obesity	64, F11
Pap smear	77, F27
Physical activity	63, F24
Population, resident	1
Poverty	2
Serious psychological distress	51, F22
Stroke, respondent-reported	42
Teenage childbearing	3, 4, F5
Unmarried mothers	5
Unmet need	69
Vaccinations	74, 75
Vision trouble	48
Years of potential life lost (YPLL)	19
Working-age adults (aged 18–64)	43, 47, 68, 69, 75, 77, 80, 84, 87, 111, 112, 113, 114, F7, F15, F17, F18

## Y

Years of potential life lost (YPLL)	19
Young adults (aged 19–25)	68, 69, 111, 112, 113, 114, F16



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention  
National Center for Health Statistics  
3311 Toledo Road, Room 5419  
Hyattsville, MD 20782-2064

---

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300

Scan for the *Health, United States* website,  
<http://www.cdc.gov/nchs/hus.htm>

