

Health, United States, 2001

With Urban and Rural Health Chartbook



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Monitoring the
Nation's Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention • National Center for Health Statistics

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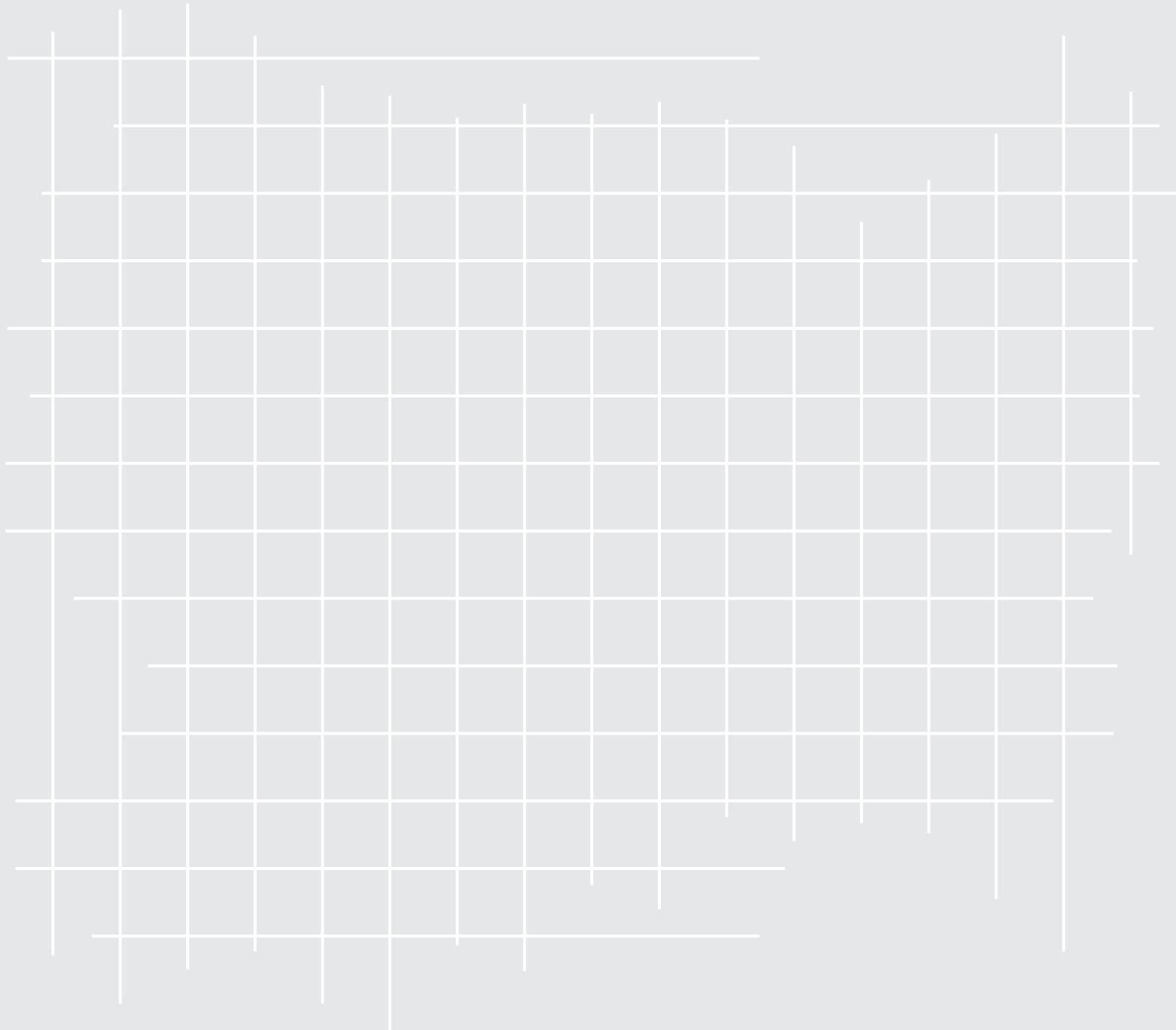
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Health, United States, 2001 With Urban and Rural Health Chartbook is the 25th report on the health status of the Nation. This report was compiled by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The National Committee on Vital and Health Statistics served in a review capacity.

The *Health, United States* series presents national trends in health statistics. Major findings are presented in the highlights. The report includes a chartbook on urban and rural health, trend tables, extensive appendixes, and an index.

Urban and Rural Health Chartbook

In each edition of *Health, United States*, a chartbook focuses on a major health topic. This year the Urban and Rural Health Chartbook describes the health of people living in urban and rural communities. Urban and rural communities have different health priorities that are related to differences in demographics, health behavior, geographic isolation, and access to health care. This chartbook highlights some of these major differences and presents information on population characteristics, health-related behaviors, health status, and health care access and use for five levels of urbanization and four regions of the United States. The Urban and Rural Health Chartbook consists of 28 figures and accompanying text.

Trend Tables

The chartbook is followed by 148 trend tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. A major criterion used in selecting the trend tables is the availability of comparable national data over a period of several years. The tables report data for selected years to highlight major trends in health statistics. Earlier editions of *Health, United States* may present data for additional years that are not included in the current printed report. Where possible, these additional years of data are available in Lotus 1-2-3 and Excel spreadsheet files on the NCHS Web site. Tables with additional data years are listed in [Appendix III](#).

Racial and Ethnic Data

Many tables in *Health, United States* present data according to race and Hispanic origin consistent with Department-wide emphasis on expanding racial and ethnic detail in presenting health data. Trend data on

race and ethnicity are usually in the greatest detail possible, after taking into account the quality of data, the amount of missing data, and the number of observations. The large differences in health status by race and Hispanic origin documented in this report may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination, and access to health care. New standards for presenting Federal data on race and ethnicity are described in [Appendix II](#) under *Race*.

Changes in This Edition

Each volume of *Health, United States* is prepared with the goal of maximizing its usefulness as a standard reference source while ensuring its continuing relevance. Comparability is fostered by including similar trend tables in each volume. Currency is ensured by adding new tables each year to reflect emerging topics in public health and making improvements in the content of ongoing tables. New to *Health, United States, 2001* is a table on suicidal ideation and attempts among adolescents based on data from the Youth Risk Behavior Survey (YRBS), ([table 59](#)); and a table on sources of payment for health care expenses by insurance coverage and selected demographic characteristics based on data from the National Medical Expenditures Survey (NMES) and Medical Expenditures Panel Survey (MEPS), ([table 119](#)).

Data for racial and ethnic groups have been expanded in tables showing fatal occupational injuries ([table 50](#)), cancer incidence ([table 55](#)), and mammography use ([table 82](#)). In addition, the new [tables 59](#) and [119](#) present data for racial and ethnic groups.

In other changes, more data years are shown in trend tables on health insurance coverage for persons under 65 years of age ([tables 128–130](#)); prevalence of overweight children has been revised to reflect the new growth charts ([table 69](#)); Varicella vaccinations have been added to the table on childhood vaccinations ([table 73](#)); and inpatient hospitalizations for serious mental illness and alcohol- and drug-related diagnoses have been added in tables showing hospital discharge data ([tables 93](#) and [94](#)).

Two major changes affect mortality trend tables in this edition: (1) introduction of the Tenth Revision of the *International Classification of Diseases* (ICD-10) for coding cause-of-death; and (2) use of the year 2000 standard population for age adjustment.

In the first change, starting with 1999 mortality data, ICD-10 is used for coding cause of death in the trend

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tables. In order to minimize discontinuity in mortality trends between ICD-9 and ICD-10, coding by earlier ICD revisions for some causes has been revised to more closely reflect ICD-10 coding. For example the trend for homicide replaces homicide and legal intervention ([table 46](#)) and malignant neoplasms of the trachea, bronchus, and lung replaces malignant neoplasms of the respiratory system ([table 40](#)).

In the second change, mortality data as well as data based on the National Health and Nutrition Examination Survey and National Hospital Discharge Survey are age adjusted using the year 2000 population, thus completing the phase in of the new population standard for age adjustment for NCHS data sources in *Health, United States* (see [Appendix II, Age adjustment](#)). Rates age adjusted to the 2000 standard differ from age-adjusted rates in previous editions of this report.

Appendices

[Appendix I](#) describes each data source used in the report and provides references for further information about the sources.

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

[Appendix III](#) lists tables for which additional years of trend data are available electronically in Lotus 1–2–3 and Excel spreadsheet files on the NCHS Web site and CD-ROM.

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

Electronic Access

Health, United States may be accessed from the NCHS Web site at www.cdc.gov/nchs. Click on "Top 10 Links" and "Health, United States." From the *Health, United States* home page, one may also subscribe to the *Health, United States* listserv.

Health, United States, 2001, the chartbook on urban and rural health, and each of the 148 individual trend tables are available as separate Acrobat .pdf files on the *Health, United States* home page. Individual tables are downloadable as Lotus 1–2–3 and Excel spreadsheet files. Pdf and spreadsheet files for selected tables will be updated on the *Health, United States* home page, if more current data become available near the time when the book is released. Readers who register for the listserv will be notified of these periodic table updates. Previous editions of *Health, United States* and chartbooks, starting with the 1993 edition, also may be accessed from the *Health, United States* home page.

Health, United States is also available, along with other NCHS reports, on a CD-ROM entitled "Publications from the National Center for Health Statistics, featuring *Health, United States, 2001*," vol 1 no 7, 2001. These publications can be viewed, searched, printed, and saved using Adobe Acrobat software on the CD-ROM. The CD-ROM and complete *Health, United States* report may be purchased from the Government Printing Office.

Questions?

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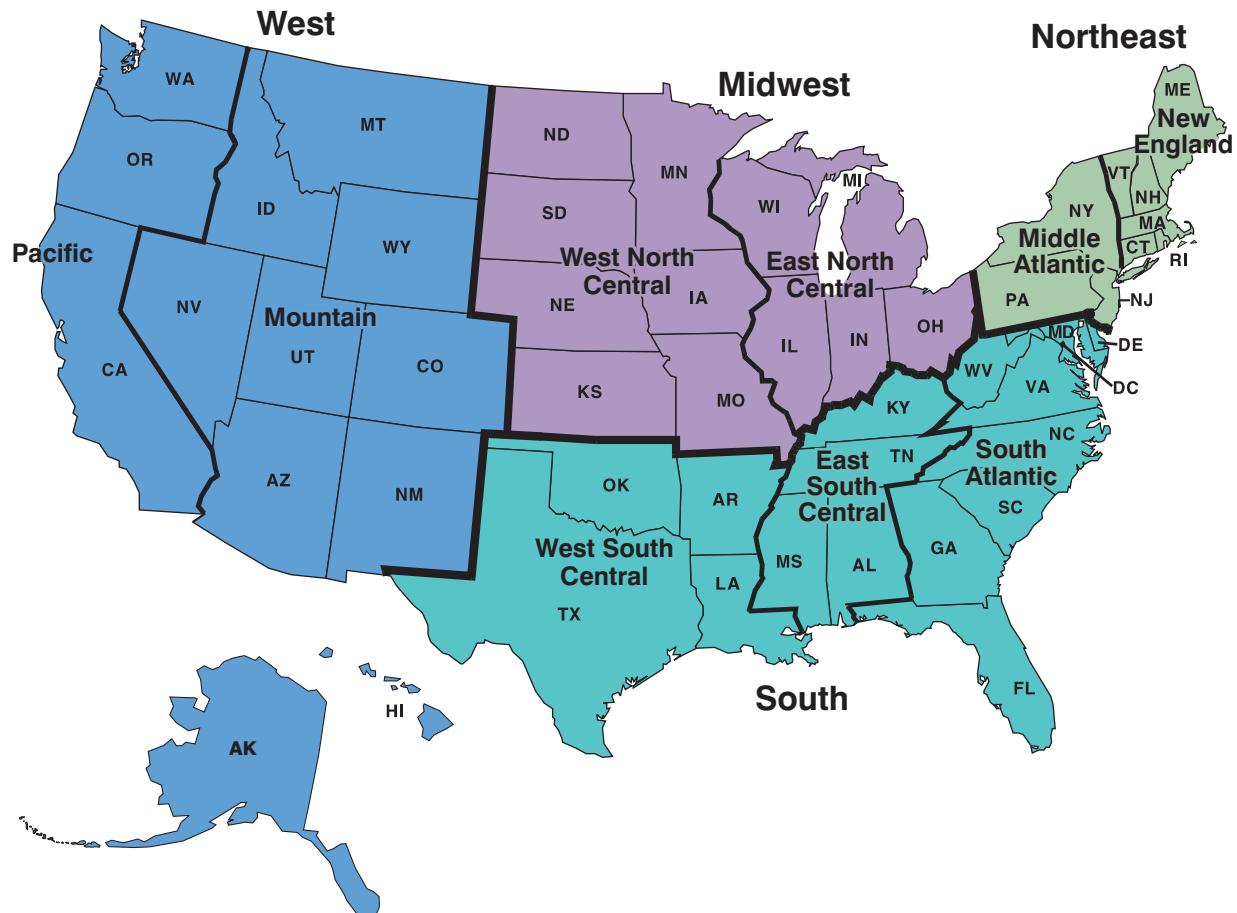
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Geographic Regions and Divisions of the United States



Highlights

Urbanization Level Defined

This chartbook classifies counties into five urbanization levels, three for metropolitan (metro) counties and two for nonmetropolitan (nonmetro) counties. From the most urban to the most rural, the urbanization levels are:

Metropolitan counties:

Large central - counties in large (1 million or more population) metro areas that contain all or part of the largest central city

Large fringe - remaining counties in large (1 million or more population) metro areas

Small - counties in metro areas with less than 1 million population

Nonmetropolitan counties:

With a city of 10,000 or more population

Without a city of 10,000 or more population

Urban-Rural Population

Communities at different urbanization levels differ in their demographic, environmental, economic, and social characteristics. These characteristics influence the magnitude and types of health problems communities face. In addition, more urban counties tend to have a greater supply of health care providers in relation to population and residents of more rural counties often live farther from health care resources.

- The number and characteristics of counties at different urbanization levels vary by **region**. In the Northeast, over one-half of all counties are in metro areas compared with only one in five in the Midwest. Counties in the West generally have larger land areas than counties in other regions, increasing the likelihood that even metro county residents may be far from an urban center ([figure 1](#)).
- Most of the U.S. **population** lives in metropolitan areas. One-half of all Americans live in large metro areas. Almost three-quarters of U.S. counties are classified as nonmetro, but they are home to only 20 percent of the population ([figure 2](#)).
- The **age** structure of the population tends to get older as urbanization decreases. The upward urban-rural gradient in the proportion of the population that is 65 years of age and over is present in all regions, but is steepest in the Midwest and South ([figure 3](#)).
- **Racial and ethnic** composition varies substantially by urbanization level and region. Central

counties of large metro areas are more racially and ethnically diverse than counties at other urbanization levels. For the United States as a whole, 54 percent of the population of central counties is non-Hispanic white compared with over three-quarters at all other urbanization levels. Non-Hispanic black Americans constitute over 20 percent of central county residents in each region except the West. Hispanic persons constitute 18 percent or more of the population of central counties except in the Midwest. In the South, the proportion of the population of large fringe, small metro, and nonmetro counties that is non-Hispanic black is greater than in the other regions. In the West, the proportion of the population that is Asian or Pacific Islander, or Hispanic is greater than in any other region. Also, in the West, the proportion of the nonmetro population that is American Indian or Alaska Native is higher than in the other regions ([figure 4](#)).

- In all regions of the United States, fringe counties of large metro areas have the lowest levels of **poverty** (less than 10 percent). Compared with fringe counties, poverty levels are more than twice as high in central counties of the Northeast and Midwest and in the most rural counties of the South. Poverty in small metro counties is higher in the South and West than in other regions ([figure 5](#)).

Urban-Rural Health Risk Factors

Improving health behaviors to reduce the risk of disease and disability poses distinct challenges for central counties of large metro areas, with their ethnically diverse and large economically disadvantaged populations. Equally difficult but different challenges confront the most rural counties with more dispersed and older populations.

- Nationally, **adolescents** living in the most rural counties are the most likely to **smoke** and those living in central counties of large metro areas are the least likely to smoke. In 1999 for the United States as a whole, 19 percent of adolescents in the most rural counties smoked compared with 11 percent in central counties ([figure 6](#)).
- Nationally, **adults** living in the most rural counties are most likely to **smoke** and those living in large metro (central and fringe) counties are least likely to smoke (27 compared with 20 percent of women and 31 compared with 25 percent of men, in 1997–98). Regionally, the largest urban-rural increases in smoking are seen for women in the Northeast and for men and women in the South ([figure 7](#)).

Highlights

- Nationally and regionally, men are twice as likely as women to consume five or more drinks in one day in the last year. In the Northeast, adults 18–49 years in central counties were less likely to report this level of **alcohol consumption** than those living in other urbanization levels. In the West, prevalence of this level of alcohol consumption was higher among adults living in nonmetro counties than other urbanization levels ([figure 8](#)).
- Self-reported **obesity** varies more by urbanization level for women than for men. Nationally, women living in fringe counties of large metro areas have the lowest prevalence of obesity and women living in the most rural counties have the highest (16 compared with 23 percent in 1997–98). Self-reported obesity among men ranges from 18 percent in central counties of large metro areas to 22 percent in the most rural counties ([figure 9](#)).
- **Physical inactivity** during leisure time varies substantially with level of urbanization but the patterns differ by region. In 1997–98 the proportion of the population physically inactive during leisure time was highest in nonmetro counties in the South (56 percent of women and 52 percent of men) and in central counties of large metro areas of the Northeast (51 percent of women and 47 percent of men) ([figure 10](#)).

Urban-Rural Mortality

- For the United States as a whole and within each region, **infant** mortality rates are lowest in fringe counties of large metro areas. In the Northeast and Midwest, central counties of large metro areas had the highest infant mortality rates in 1996–98 (45 percent higher than in fringe counties), while in the South and West, nonmetro counties had the highest rates (24 and 30 percent higher than in fringe counties) ([figure 11](#)).
- For the United States as a whole, death rates for **children and young adults** (ages 1–24 years) are lowest in fringe counties of large metro areas and highest in the most rural counties. In all regions except the Northeast, 1996–98 death rates in the most rural counties were over 50 percent higher than rates in fringe counties. In the Northeast and for males in the Midwest, death rates in central counties are as high as those in the most rural counties ([figure 12](#)).
- Nationally and within each region, death rates for **working-age adults** (age 25–64 years) are lowest in fringe counties of large metro areas. In the Northeast and Midwest, 1996–98 death rates were highest in central counties of large metro areas (34–53 percent higher than in fringe counties). In the South, death rates were highest in nonmetro counties (31–44 percent higher than in fringe counties) ([figure 13](#)).
- Nationally, death rates among **seniors** (age 65 years and over) are lower in large metro (central and fringe) counties than in nonmetro counties. Although in 1996–98 death rates for seniors varied by less than 10 percent across urbanization levels, this variation represents a large number of deaths ([figure 14](#)).
- For adults 20 years and over, urbanization patterns in **ischemic heart disease** (IHD) death rates differ by region. In the South, 1996–98 IHD death rates were lowest in fringe counties of large metro areas and over 20 percent higher in the most rural counties. In the Northeast and West, IHD death rates were highest in central counties of large metro areas ([figure 15](#)).
- For men 20 years and over, death rates for **chronic obstructive pulmonary diseases** (COPD) are lowest in large metro (central and fringe) counties and highest in nonmetro counties. For the nation as a whole, COPD rates among men were 30 percent higher in nonmetro counties than in large metro counties in 1996–98. Regionally, the urban-rural increase for men is largest in the Northeast, followed by the South. For women, COPD death rates vary little across urbanization levels, with an urban-rural increase found only in the Northeast ([figure 16](#)).
- Nationally and within each region, death rates from **unintentional injuries** increase markedly as counties become less urban (nationally, over 80 percent higher in the most rural counties than in fringe counties of large metro areas in 1996–98). Death rates for unintentional injuries were especially high in nonmetro counties of the South and West. Death rates for **motor vehicle traffic-related injuries** in the most rural counties are over twice as high as the rates in central counties of large metro areas ([figure 17](#)).
- For the United States as a whole and within each region, the highest **homicide** rates are found in central counties of large metro areas. In the Northeast and Midwest, 1996–98 homicide rates for males in central counties were about 7 times as high as those in nonmetro counties, where rates were lowest. In the South and West, the lowest homicide rates were found in fringe counties of large metro areas ([figure 18](#)).
- Nationally and within each region, **suicide** rates for males 15 years and over are lowest in large metro (central and fringe) counties and increase steadily as counties become less urban. In 1996–98 the urban-rural increase in male suicide was steepest in the West, where the rate for the most rural counties was nearly 80 percent greater than the rate in large metro counties ([figure 19](#)).

Other Urban-Rural Health Measures

Other important health indicators include adolescent childbearing, health-related activity limitations, and total tooth loss.

- The **birth rates for adolescents** 15–19 years of age are lowest in fringe counties of large metro areas. In the Northeast and Midwest, adolescent birth rates are substantially higher in central counties of large metro areas than in other urbanization levels. In the South and West, adolescent birth rates in small metro and nonmetro counties were similar to those in central counties (all more than 30 percent higher than rates in fringe counties) ([figure 20](#)).
- For the United States as a whole, **limitation in activity due to chronic health conditions** among adults is more common in nonmetro counties than in large metro counties. This urban-rural difference in activity limitation rates is most marked in the Northeast and South, where rates in nonmetro counties were more than 40 percent higher than those in large metro counties in 1997–98 ([figure 21](#)).
- For the United States as a whole, **total tooth loss** among seniors generally increases as urbanization declines. In 1997–98, almost one-half of lower income seniors living in nonmetro counties had lost all their natural teeth ([figure 22](#)).

Urban-Rural Health Care Access and Use

A community's health depends not only on the sociodemographic characteristics and risk factors of its residents, but also on their access to and use of health care services. Factors affecting access include health insurance coverage as well as provider supply.

- **Lack of health insurance** among nonelderly Americans is least common in fringe counties of large metro areas and most common in central counties and in the most rural counties. In 1997–98 lower income nonelderly persons were over three times as likely to be uninsured as higher income nonelderly persons at all urbanization levels. About one-third of lower income residents of central and nonmetro counties were uninsured in 1997–98 ([figure 23](#)).
- The urbanization pattern for **physician supply** depends on physician specialty. In 1998 the supply of family and general practice physicians rose slightly as urbanization decreases. By contrast, the supply of all other types of physicians decreased markedly as

urbanization decreased, nationally and in all regions ([figure 24](#)).

- Nationally and in each region, **dentist supply** decreases markedly as urbanization decreases. Compared with other regions, the South had the fewest dentists per 100,000 population in 1998 at each level of urbanization ([figure 25](#)).
- The urbanization pattern for **dental care use** is similar to that for dentist supply. In 1997–98 for the United States as a whole, only 57 percent of adults (ages 18–64 years) in the most rural counties reported having a **dental visit** within the past year compared with 71 percent in fringe counties of large metro areas. Residents of nonmetro counties in the South were less likely to have had a dental visit in the past year than nonmetro residents of other regions ([figure 26](#)).
- **Inpatient hospital discharge rates** among adults (ages 18–64 years) are higher in nonmetro than in metro counties. Higher hospital use in nonmetro areas may result in part from delays in seeking care for conditions that could have been treated in ambulatory settings if detected earlier ([figure 27](#)).
- Admission rates to **substance abuse treatment** programs vary by primary substance and urbanization level of the county where the program is located. Nationally, alcohol treatment admission rates are higher in small metro and nonmetro counties with a city of 10,000 than in counties at other urbanization levels. Admission rates for opiates and cocaine tend to decrease as urbanization decreases ([figure 28](#)).

Highlights

Mortality Trends

Overall life expectancy at birth remained the same and infant mortality was nearly level between 1998 and 1999, based on preliminary data. The Tenth Revision of the International Classification of Diseases (ICD-10) for coding cause of death was implemented in the United States in 1999, creating discontinuities in mortality trends between 1998 and 1999. Statements about mortality trends below take into account the effect of ICD-10 on the trend.

- In 1999 **life expectancy** at birth for the total population was unchanged from the record 76.7 years in 1998, based on preliminary data. Between 1993 and 1999 life expectancy at birth increased 3.2 years for black males to a record 67.8 years and 1.5 years for white males to a record 74.6 years ([table 28](#)).
- **Infant mortality** remained essentially unchanged between 1997 and 1999 at 7.1–7.2 deaths per 1,000 live births (based on preliminary data), after declining at an average rate of nearly 4 percent per year between 1970 and 1997 ([table 23](#)).
- Mortality from **heart disease**, the leading cause of death, continued to decline in 1999, based on preliminary data. Since 1970 heart disease mortality has declined at an average rate of about 2 percent per year ([tables 30](#) and [32](#)).
- Mortality from **cancer**, the second leading cause of death, declined 6 percent between 1990 and 1998, and continued to decline in 1999 (preliminary data), after adjusting for the discontinuity in the trend due to implementing ICD-10. In contrast cancer mortality increased slowly between 1970 and 1990 ([tables 30](#) and [32](#)).
- Mortality from **stroke**, the third leading cause of death, continued to decline in 1999 (preliminary data), after adjusting for the discontinuity in the trend due to implementing ICD-10. Between 1990 and 1998 stroke mortality declined slowly at an average rate of 1 percent per year. In contrast stroke mortality declined more rapidly between 1970 and 1990 at an average rate of about 4 percent per year ([tables 30](#) and [32](#)).
- Mortality from **chronic lower respiratory diseases**, the fourth leading cause of death, increased 13 percent between 1990 and 1998 and continued to increase in 1999, based on preliminary data. The upward trend in mortality from this cause is driven mainly by the upward trend in mortality among females ([tables 30](#) and [32](#)).
- Mortality from **unintentional injuries**, the fifth leading cause of death, declined 3 percent between 1990 and 1998 and continued to decline in 1999,

based on preliminary data. The trend in unintentional injury mortality has been generally downward since the 1970's ([tables 30](#) and [32](#)).

Disparities in Mortality

Disparities in mortality among racial and ethnic groups continue. Starting with 1999 data, disparities among groups are measured using death rates age adjusted to the year 2000 standard population instead of the 1940 population. Disparities are generally smaller using this new standard, reflecting the greater weight that the 2000 standard gives to the older population for whom mortality differences among racial and ethnic groups tend to be smaller.

- In 1998 **infant mortality** rates were higher for infants of black, Hawaiian, and American Indian mothers (13.8, 10.0, and 9.3 deaths per 1,000 live births) than for infants of other race groups. Mortality rates for infants of Hispanic and non-Hispanic white mothers were similar (5.8 and 6.0 per 1,000 live births) ([table 20](#)).
- **Infant mortality** decreases as the mother's level of education increases and this disparity is greater for white mothers than for mothers of other racial and ethnic groups. In 1998 mortality for infants of non-Hispanic white mothers with less than 12 years of education was double that for infants whose mothers had 13 or more years of education. The disparity in infant mortality by mother's education was 36 percent for non-Hispanic black mothers and 8 percent for Mexican American mothers ([table 21](#)).
- In 1999 overall mortality was one-third higher for **black Americans** than for white Americans. Preliminary age-adjusted death rates for the black population exceeded those for the white population by 38 percent for **stroke**, 28 percent for **heart disease**, 27 percent for **cancer**, and more than 700 percent for **HIV disease** ([table 30](#)).
- **Homicide** is the leading cause of death for **young black males** 15–24 years of age and the second leading cause for **young Hispanic males**. In 1999 the preliminary homicide rate for young black males was 17 times the rate for young non-Hispanic white males, and the rate for young Hispanic males was 7 times the rate for young non-Hispanic white males. ([table 46](#)).
- **HIV disease** is the leading cause of death for **black males** 25–44 years of age and the third leading cause for **Hispanic males** in that age group. In 1999 the preliminary death rate for HIV disease for black males 25–44 years was more than 7 times the rate for non-Hispanic white males, and the rate for Hispanic

males 25–44 years was more than double the rate for non-Hispanic white males of that age ([table 43](#)).

- In 1999 the preliminary death rate for **motor vehicle-related injuries for young American Indian males** 15–24 years of age was about 80 percent higher than the rate for young white males, and the preliminary **suicide** rate for young American Indian males was about double the rate for young white males. Death rates for the American Indian population are known to be underestimated ([tables 45](#) and [47](#)).
- In 1999 preliminary death rates for **stroke for Asian American males** 45–54 and 55–64 years of age were 31–40 percent higher than corresponding rates for white males of those ages. Death rates for Asian Americans are known to be underestimated somewhat ([table 38](#)).
- The risk of suicide is higher for elderly white males than for other groups. In 1999 the preliminary **suicide rate for white males** 85 years of age and over was more than 3 times that for young white males 15–24 years ([table 47](#)).
- Between 1992 and 1999 the **occupational injury** death rate decreased 15 percent to 4.4 deaths per 100,000 employed workers. The two industries with the highest death rates were mining and agriculture, forestry, and fishing (22–24 deaths per 100,000). Construction with a death rate of 14 per 100,000 accounted for the largest number of deaths, 20 percent of all occupational injury deaths. The risk of a fatal occupational injury was highest among workers age 65 years and over ([table 50](#)).

Natality

Birth rates for teens continued the downward trend that began in 1992, while birth rates for women 25–44 years of age increased in 1999. The overall fertility rate increased for the second year after dropping each year during 1990–97. The proportion of babies born with low birthweight was unchanged from 1998.

- In 1999 the **birth rate for teenagers** declined for the eighth consecutive year, to 49.6 births per 1,000 women aged 15–19 years, an all-time low for the Nation. Between 1991 and 1999 the teen birth rate declined more for 15–17 year-olds than for 18–19 year-olds (26 percent compared with 15 percent) ([table 3](#)).
- In 1999 the **birth rate for unmarried women** increased slightly to 44.4 births per 1,000 unmarried women ages 15–44 years, 5 percent below its highest level, 46.9 in 1994. Over the past decade birth rates for unmarried black women declined steadily to 71.5 per 1,000; birth rates for unmarried Hispanic women

increased to 93.4 per 1,000 in 1999, reversing a 4-year decline ([table 9](#)).

- **Low birthweight** is associated with elevated risk of death and disability in infants. In 1999 the rate of low birthweight (infants weighing less than 2,500 grams at birth) was unchanged at 7.6 percent overall, up from 7.0 percent in 1990. During the 1990's low-birthweight rates decreased slightly among black births while increasing 16–18 percent among non-Hispanic white, American Indian, and Asian or Pacific Islander births ([table 12](#)).
- **Cigarette smoking during pregnancy** is a risk factor for poor birth outcomes such as low birthweight and infant death. In 1999 the proportion of mothers who smoked cigarettes during pregnancy declined to a record low of 12.6 percent, down from 19.5 percent in 1989. However the percent of mothers ages 18–19 years who smoked continued to increase in 1999 and smoking rates for mothers ages 20–24 years rose for the first time in a decade ([table 11](#)).

Morbidity

Activity limitation and health status (self- or family member-assessed) are two summary measures of morbidity presented in this report. Additional measures of morbidity that are presented include the incidence of specific diseases.

- **Activity limitation** due to chronic health conditions is common among noninstitutionalized elderly persons and increases substantially with age. In 1998 about 29 percent of persons 65–74 years of age reported an activity limitation compared with 47 percent of persons 75 years of age and over. Some 10 percent of noninstitutionalized persons 75 years of age and over reported needing help with personal care needs such as bathing, dressing, and eating and 21 percent reported needing assistance with routine needs such as household chores and shopping ([table 57](#)).
- In 1999 the percent of persons reporting **fair or poor health** was higher for non-Hispanic black and Hispanic persons (15 and 12 percent) than for non-Hispanic white persons (8 percent) (age adjusted) ([table 58](#)).
- In 1999, 7.5 percent fewer **AIDS cases** were reported among the non-Hispanic white population 13 years and over than in the previous year, whereas there was a slight increase (1.3 percent) in the number of new cases reported among the non-Hispanic black population. Among children under 13 years of age, 31 percent fewer cases were reported in 1999, a

Highlights

continuation of the steep decline in pediatric AIDS incidence during the 1990's, principally among perinatally acquired infections ([table 53](#)).

- **Syphilis** facilitates transmission of HIV disease. The 1999 rate of 2.5 primary and secondary syphilis cases per 100,000 population was the lowest rate since national reporting began in 1941. However the decline in the incidence rate for primary and secondary syphilis slowed to 5 percent in 1999, following average reductions of more than 20 percent per year since the last major syphilis epidemic peaked in 1990 ([table 52](#)).
- **Gonorrhea** causes infertility and facilitates transmission of HIV disease. In 1999 gonorrhea incidence increased for the second year in a row to 133 cases per 100,000 population, following an average annual decline of 11 percent between 1990 and 1997 ([table 52](#)).
- Incidence rates for **all cancers combined** declined in the 1990's for males but not for females. Between 1990 and 1997 age-adjusted cancer incidence rates declined on average about 2 percent per year for non-Hispanic white males and Hispanic males. Although there was no significant change in cancer incidence for females overall, among Hispanic females, rates decreased on average almost 2 percent per year and among Asian or Pacific Islander females, rates increased almost 1 percent per year ([table 55](#)).
- The most frequently diagnosed **cancer sites in males** are prostate, followed by lung and bronchus and colon and rectum. Cancer incidence at these sites is higher for black males than for males of other racial and ethnic groups. In 1997 age-adjusted cancer incidence rates for black males exceeded those for white males by 60 percent for prostate, 58 percent for lung and bronchus, and 14 percent for colon and rectum ([table 55](#)).
- Breast is the most frequently diagnosed cancer site in females. **Breast cancer** incidence is higher for non-Hispanic white females than for females in other racial and ethnic groups. In 1997 age-adjusted breast cancer incidence rates for non-Hispanic white females exceeded those for black females by 22 percent, for Asian or Pacific Islander females by 44 percent, and for Hispanic females by 88 percent ([table 55](#)).
- Between 1980 and 1999 the **injuries with lost workdays** rate decreased 28 percent to 2.8 per 100 full-time equivalents (FTE's) in the private sector. The highest injury rate was reported for the transportation, communication, and public utilities industry (4.3 per 100 FTE's) ([table 51](#)).

Health Behaviors

Cigarette smoking is the single leading preventable cause of death in the United States. It increases the risk of lung cancer, heart disease, emphysema, and other respiratory diseases. Heavy and chronic use of alcohol and use of illicit drugs increase the risk of disease and injuries.

- In 1999 **cigarette smoking** among persons 25 years of age and over ranged from 11 percent among college graduates to 32 percent among persons without a high school diploma. Between 1974 and 1999 cigarette smoking levels declined for all educational groups with more rapid declines among persons with higher education (percents are age adjusted) ([table 61](#)).
- In 1999, 63 percent of adults 18 years of age and over reported they were **current drinkers**, 22 percent that they were lifetime abstainers, and 15 percent that they were former drinkers. Men were more likely than women to be current drinkers, one-half as likely to be lifetime abstainers, and equally as likely to be former drinkers ([table 66](#)).
- Between 1992 and 1999 the number of **cocaine-related emergency department episodes** per 100,000 population for persons 35 years and over increased by more than 80 percent to 64 per 100,000. Among those 26–34 years, the age group with the highest episode rates, the 1999 rate (162 per 100,000) was 16 percent higher than in 1992. The same patient may be involved in multiple drug-related episodes ([table 65](#)).
- Between 1993 and 1999, the percent of high school students who reported attempting suicide (8–9 percent) and whose **suicide attempts** required medical attention (about 3 percent) remained fairly constant. In 1999 girls were 80–90 percent more likely than boys to consider suicide or attempt suicide, and 50 percent more likely to make an attempt that required medical attention. In 1999 adolescent boys (15–19 years of age), however, were five times as likely to die from suicide as were adolescent girls, in part reflecting their choice of more lethal methods, such as firearms ([table 59](#)).

Preventive Health Care

Use of preventive health services helps reduce morbidity and mortality from disease. Use of several different types of preventive services has been increasing. However, disparities in use of preventive health care by race and ethnicity and by family income remain in evidence.

- Between 1990 and 1999 the percent of mothers receiving **prenatal care** in the first trimester of pregnancy increased from 76 to 83 percent. The largest increases in receipt of early prenatal care have occurred for racial and ethnic groups with the lowest levels of use, thereby reducing disparities in use of early care. However in 1999 the percent of mothers with early prenatal care still varied substantially among racial and ethnic groups, from 70 percent for American Indian mothers to 91 percent for Cuban mothers and Japanese mothers ([table 6](#)).
- In 1999, 78 percent of children 19–35 months of age received the combined **vaccination** series of 4 doses of DTP (diphtheria-tetanus-pertussis) vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, and 3 doses of Hib (Haemophilus influenzae type b) vaccine, up from 69 percent in 1994. Children living below the poverty threshold were less likely to have received the combined vaccination series than were children living at or above poverty (73 compared with 81 percent) ([table 73](#)).
- In 1998 and 1999 only 100 cases of **measles** were reported, down from 28,000 cases in 1990, providing evidence of the success of vaccination efforts to increase population immunity to measles ([table 52](#)).
- Between 1987 and 1998 the percent of women 40 years of age and over with **mammography** screening in the previous 2-year period more than doubled, from 29 to 67 percent. During this period, the gap between poor women and women with family incomes at or above the poverty level narrowed. In 1998 poor women were 27 percent less likely than women with family incomes above the poverty level to have a recent mammogram (51 compared with 69 percent) while in 1987 poor women were nearly 50 percent less likely (16 compared with 31 percent) ([table 82](#)).

Access to Care

Access to health care is important for preventive care and for prompt treatment of illness and injuries. Some indicators of access to health care services include having a usual source of health care, having a recent

health care contact, use of the emergency department, and treatment of health problems such as dental caries. Access to health care varies by health insurance status and poverty status.

- In 1998, 13 percent of children under 18 years of age had no **health insurance coverage**. Twenty-eight percent of children under 18 years with family incomes of 1–1.5 times the poverty level were without coverage compared with only 5 percent of those with family incomes at least twice the poverty level ([table 130](#)).
- In 1999, 16 percent of school-age children 6–17 years of age had no **health care visits to an office or clinic** within the past year. Poor school-age children were nearly twice as likely as those with family incomes at least twice the poverty level to be without a health care visit (23 compared with 12 percent) ([table 75](#)).
- In 1998–99 about 8 percent of school-age children 6–17 years of age had **no usual source of health care**. Nearly one-third of school-age children without health insurance coverage had no usual source of health care compared with 4 percent of those with insurance ([table 76](#)).
- In 1999 almost three-quarters of children 2–17 years of age had a **dental visit** in the past year. Poor and near poor children were less likely to have a recent dental visit than were those with family incomes at least twice the poverty level (58 and 62 percent compared with 80 percent) ([table 80](#)).
- In 1988–94 nearly one-quarter of school-age children 6–17 years of age had at least one untreated **dental caries** (cavity), down from 55 percent in 1971–74. Although substantial declines in untreated dental caries occurred for school-age children at all income levels, declines were greater for nonpoor than for poor and near poor children. In 1988–94 some 36 percent of school-age children living in poverty had untreated dental caries compared with about 15 percent of nonpoor children ([table 81](#)).
- In 1999, 15 percent of school-age children 6–17 years of age had an **emergency department visit** within the past 12 months. School-age children living below the poverty threshold were 50 percent more likely than nonpoor children to have a recent emergency department visit (21 compared with 14 percent) ([table 77](#)).
- In 1999, 17 percent of adults 18 years of age and over had an **emergency department visit** within the past 12 months and 5 percent had two or more visits. Having two or more emergency department visits was 3 times as common among poor adults as among those with family incomes at least twice the poverty level (12 compared with 4 percent) ([table 79](#)).

Highlights

Outpatient Care

Major changes continue to occur in the delivery of health care in the United States, driven in large part by the need to rein in rising costs. One significant change has been a decline in use of inpatient services and an increase in outpatient services such as outpatient surgery, home health care, and hospice care.

- In 1999, 62 percent of all **surgical operations** in community hospitals were performed on outpatients, up from 51 percent in 1990, 35 percent in 1985, and 16 percent in 1980 ([table 96](#)).
- Between 1996 and 1998 use of **home health care** by persons 65 years of age and over declined from 547 to 381 per 10,000 population, after increasing steadily between 1992 and 1996. The recent decline was a result of the Balanced Budget Act of 1997, which imposed stricter limits on the use of home health services funded by Medicare and interim limits on Medicare payments to home health agencies from October 1997 until a prospective payment system was implemented for Medicare home health agencies in October 2000 (data are age adjusted) ([table 88](#)).
- Use of **hospice care** by persons 65 years of age and over increased by 35 percent to about 18 patients per 10,000 population during the period 1994 to 1998. Among the elderly, use of hospice services was slightly higher for males than females (20 compared with 17 patients per 10,000 in 1998). Cancer was the most common diagnosis among hospice patients (data are age adjusted) ([table 89](#)).

Inpatient Care and Resources

Utilization of hospital inpatient services has declined, as has the number of beds in community hospitals. Utilization of nursing home care has also declined.

- Between 1985 and 1999 the **hospital discharge rate** declined 22 percent, from 151 to 118 discharges per 1,000 population, while **average length of stay** declined 1.6 days, from 6.6 to 5.0 days (data are age adjusted) ([table 91](#)).
- **Hospital discharge rates** are higher among poor persons than among those with higher family incomes. In 1999 among persons under 65 years of age, hospital discharge rates for the poor were more than double those for persons with family incomes at least twice the poverty level (174 and 82 per 1,000 population). Average length of stay was 2.1 days longer for poor than for nonpoor persons (5.7 and 3.6 days) (data are age adjusted) ([table 90](#)).

- Between 1990 and 1999 the number of **community hospital beds** declined from 927,000 to 830,000. Community hospital occupancy, estimated at 63 percent in 1999, has been relatively stable since the mid-1990's, after declining from 67 percent in 1990 and 76 percent in 1980 ([table 108](#)).
- In 1999 there were almost 1.5 million elderly **nursing home residents** 65 years of age and over. More than one-half of the elderly residents were 85 years of age and over and almost three-fourths were female. Between the mid-1970's and 1999 nursing home utilization rates increased for the black population and decreased for the white population ([table 97](#)).
- In 1999 there were 1.8 million **nursing home beds** in facilities certified for use by Medicare and Medicaid beneficiaries. Between 1995 and 1999 nursing home bed occupancy in those facilities was relatively stable, estimated at 83 percent in 1999 ([table 112](#)).
- Between 1986 and 1998 the supply of **beds in State and county mental hospitals** was reduced by one-half, from 50 to 24 beds per 100,000 population ([table 109](#)).

National Health Expenditures

After 25 years of double-digit annual growth in national health expenditures, the rate of growth slowed during the 1990's. At the end of the decade the rate of growth started edging up again. The United States continues to spend more on health than any other industrialized country.

- In 1999 **national health care expenditures** in the United States totaled \$1.2 trillion, increasing 5.6 percent from the previous year compared with a 4.8 percent increase in 1998. During the 1990's annual growth had slowed, following an average annual growth rate of 11 percent during the 1980's ([table 114](#)).
- The rate of increase in the medical care component of the **Consumer Price Index (CPI)** increased to 4.1 percent in 2000 from 3.3 percent per year during 1995–99. The CPI for hospital and related services showed the greatest price increase in 2000 (5.9 percent) compared with other components of medical care ([table 115](#)).
- Between 1995 and 1999 **health expenditures as a percent of the gross domestic product (GDP)** stabilized at 13.0–13.3 percent, due to the combination of strong economic growth and slower rates of increase in health spending than in earlier years ([table 114](#)).
- The United States spends a larger **share of the GDP on health** than any other major industrialized country. In 1998 the United States devoted 13.0 percent of the GDP to health compared with 10.4–10.6 percent each in Switzerland and Germany and 9.5–9.6 percent in Canada and France, countries with the next highest shares ([table 113](#)).

Expenditures by Type of Care and Source of Funds

Expenditures for hospital care as a percent of national health expenditures continue to decline. The sources of funds for medical care differ substantially according to the type of medical care being provided.

- **Expenditures for hospital care** as a percent of national health expenditures continued to decline, from 41 percent in 1980 to 32 percent in 1999. Physician services accounted for 22 percent of the total in 1999, prescription drugs for 8 percent, and nursing home care for 7 percent ([table 117](#)).
- **Home health care expenditures** declined 4 percent between 1997 and 1999 as Medicare's cost

controls and renewed fraud-and-abuse detection activities restrained growth in spending ([table 117](#)).

- In 1999 **prescription drug expenditures** increased 17 percent compared with an average annual rate of increase of 12 percent between 1995 and 1998. In 1999 prescription drugs posted one of the highest rates of price increase in the Consumer Price Index, 5.7 percent, although it dropped to 4.4 percent in 2000 ([tables 115](#) and [117](#)).
- The rate of growth in **total expenses in community hospitals** is edging upward. In 1999 community hospital total expenses increased 5.1 percent compared with a 4.3-percent increase in 1998 and an average annual increase of 3.5 percent between 1995 and 1997 ([table 122](#)).
- In 1999, 33 percent of **personal health care expenditures** were paid by the Federal Government and 11 percent by State and local government; private health insurance paid 34 percent and consumers paid 18 percent out-of-pocket ([table 118](#)).
- In 1999 the major **sources of funds** for hospital care were Medicare (31 percent) and private health insurance (32 percent). Physician services were also primarily funded by private health insurance (48 percent) and Medicare (20 percent). In contrast, nursing home care was financed primarily by Medicaid (47 percent) and out-of-pocket payments (27 percent) ([table 118](#)).
- In 1999, 43 percent of **prescription drug expenditures** were paid by private health insurance (up from one-quarter at the beginning of the decade), 35 percent by out-of-pocket payments (down from 59 percent in 1990), and 17 percent by Medicaid ([table 118](#)).
- In 1996, 84 percent of **persons under age 65** reported **medical expenses** averaging \$1,900 per person with expense, an increase of 53 percent over 1987. Nineteen percent of these expenses were paid out-of-pocket, 57 percent by private insurance, and 18 percent by public coverage (mainly Medicaid) ([table 119](#)).
- In 1996 the **uninsured** under age 65 were less likely to have had a **medical expense** than were those with public or private coverage (62 percent compared with 84 and 88 percent) ([table 119](#)).
- In 1996, 96 percent of **elderly persons** reported **medical expenses** averaging \$5,600 per person with expense, an increase of 46 percent over 1987. Fifteen percent of expenses were paid out-of-pocket, 19 percent by private insurance, and 64 percent by public programs (mainly Medicare and Medicaid) ([table 119](#)).

Highlights

- In 1996, 88 percent of elderly persons had a **prescribed medicine expense** compared with 82 percent in 1987. In 1996 the average annual out-of-pocket prescribed medicine expense per elderly person with expense (\$405) was 91 percent higher than in 1987 ([table 119](#)).
- In 1999 the average monthly charge per **nursing home** resident was \$3,891. Residents for whom the source of payment was private insurance, family support, or their own income paid close to the average charge, compared with an average monthly charge of \$5,800 when Medicare was the payor and \$3,500 when Medicaid was the source of payment ([table 124](#)).
- **The National Institutes of Health (NIH)** account for about four-fifths of Federal funding for health research and development. In 1999 the National Cancer Institute accounted for 20 percent of NIH's research and development budget; the National Heart, Lung and Blood Institute for 12 percent; and the National Institute of Allergy and Infectious Diseases for 10 percent. The Department of Defense accounted for 6 percent of Federal funding for health research and development ([table 126](#)).
- In 2000 **Federal expenditures for HIV-related activities** increased 10 percent to \$11 billion, compared with a 12-percent increase the previous year. Of the total Federal HIV-related spending in 2000, 58 percent was for medical care, 19 percent for research, 13 percent for cash assistance, and 10 percent for education and prevention ([table 127](#)).

Publicly Funded Health Programs

The two major publicly-funded health programs are Medicare and Medicaid. Medicare is funded by the Federal government and reimburses elderly and disabled persons for their health care. Medicaid is funded jointly by the Federal and State governments to provide health care for the poor. Medicaid benefits and eligibility vary by State. Medicare and Medicaid health care utilization and costs vary considerably by State.

- In 1999 the **Medicare** program had 39 million enrollees and expenditures of \$213 billion ([table 135](#)).
- In 1997, 83 percent of **Medicare** beneficiaries were non-Hispanic white, 9 percent were non-Hispanic black, and 6 percent were Hispanic. Some 22–25 percent of Hispanic and non-Hispanic black beneficiaries were persons under 65 years of age entitled to Medicare through **disability** compared with 10 percent of non-Hispanic white beneficiaries ([table 137](#)).

- In 1997 non-Hispanic white **Medicare** beneficiaries were more likely to have received **dental care** than were non-Hispanic black or Hispanic beneficiaries (45 percent compared with 24 percent and 29 percent) ([table 137](#)).
- **Total health expenditures per Medicare beneficiary** (including non-Medicare health expenditures) varied from \$7,200 for Hispanic beneficiaries to \$9,200 for non-Hispanic white and \$12,000 for non-Hispanic black beneficiaries in 1997 ([table 137](#)).
- In 1999 **hospital insurance (HI)** accounted for 61 percent of Medicare expenditures. Expenditures for home health agency care decreased to 6 percent of HI expenditures in 1999, down from 14 percent in 1995 ([table 135](#)).
- In 1999 **supplementary medical insurance (SMI)** accounted for 39 percent of Medicare expenditures. Payments to managed care organizations increased to 20 percent of SMI expenditures in 1999, up from 6 percent in 1990 ([table 135](#)).
- Of the 32 million **Medicare enrollees in the fee-for-service program** in 1998, 11 percent were 85 years of age and over and 14 percent were under 65 years of age. Among elderly fee-for-service Medicare enrollees, payments increased with age from an average of \$4,000 per year per enrollee for those aged 65–74 years to \$7,600 for those 85 years and over. Average payments per fee-for-service enrollee declined in 1998 ([table 136](#)).
- In 1998 **Medicare payments per enrollee** varied by State, ranging from \$3,600–\$3,800 in Hawaii, Montana, North Dakota, and South Dakota to \$6,800–\$7,100 in Louisiana and the District of Columbia ([table 145](#)).
- In 1998 **Medicaid** vendor payments totaled \$142 billion for 41 million recipients ([table 138](#)).
- In 1998 children under the age of 21 years accounted for 47 percent of **Medicaid recipients** but only 16 percent of expenditures. Aged, blind, and disabled persons accounted for 26 percent of recipients and 71 percent of expenditures ([table 138](#)).
- In 1998, 22 percent of **Medicaid payments** went to nursing facilities, 15 percent to inpatient general hospitals, 14 percent to prepaid health care, and 10 percent to prescribed drugs ([table 139](#)).
- In 1998, 50 percent of **Medicaid recipients** used prepaid health care at a cost averaging \$955 per recipient ([table 139](#)).
- In 1998 the percent of **Medicaid recipients enrolled in managed care** varied substantially among States, from 0 in Alaska and Wyoming to

98–100 percent in Montana, Colorado, and Tennessee (table 146).

- Between 1998 and 1999 spending on health care by the **Department of Veterans Affairs** increased 2.5 percent, to \$17.9 billion. In 1999, 38 percent of the total was for inpatient hospital care, down from 58 percent in 1990; 44 percent for outpatient care, up from 25 percent in 1990; and 10 percent for nursing home care, unchanged since 1990. In 1999, 54 percent of inpatients and 40 percent of outpatients were low-income veterans without service-connected disability (table 140).

Privately Funded Health Care

About 70 percent of the population has private health insurance, most of which is obtained through the workplace. The share of employees' total compensation devoted to health insurance has been declining in recent years, but increased in 2000. The health insurance market continues to change as new types of health insurance products are introduced. Use of traditional fee-for-service medical care continues to decline.

- Between 1994 and 1998 the age-adjusted proportion of the population under 65 years of age with **private health insurance** has remained stable at 71–72 percent after declining from 76 percent in 1989. More than 90 percent of private coverage was obtained through the workplace (a current or former employer or union) in 1998 (table 128).
- In 2000 **private employers' health insurance costs** per employee-hour worked increased to \$1.09 from \$1.00 in 1998, after declining from \$1.14 in 1994. Among private employers the share of total compensation devoted to health insurance was 5.5 percent in 2000, up slightly from 5.4 percent in 1998 and 1999 (table 121).
- In 2000 enrollment in **health maintenance organizations (HMO's)** totaled 81 million persons or 30 percent of the U.S. population. HMO enrollment ranged from 23 percent in the Midwest and South to 37 percent in the Northeast and 42 percent in the West. HMO enrollment increased steadily through 1999 but declined by 400,000 in 2000. The number of HMO plans decreased by 12 percent, to 568 plans in 2000 (table 133).
- In 2000 the percent of the population enrolled in **HMO's** varied among the States, from 0 in Alaska to 53–54 percent in Massachusetts and California. Other States with 40 percent or more of the population

enrolled in HMO's in 2000 included Connecticut, Maryland, Colorado, and Oregon (table 147).

- In 1999, 17 percent of the U.S. population under age 65 years had no **health care coverage** (either public or private). The proportion of the nonelderly population without health care coverage varied from less than 10 percent in Rhode Island, Minnesota, Iowa, and Missouri to one-quarter or more in Louisiana, Texas, and New Mexico (table 148).

Urban and Rural Health Chartbook

Knowing the characteristics of communities and how they differ is important for shaping health policy (1). The level of urbanization in an area has long been recognized as an important characteristic affecting access to health services. Rural health policy, in particular, has traditionally focused on reduced access to health services caused by the relative scarcity of health care providers in nonmetropolitan areas (2). Increasingly, policy makers have recognized that communities at different urbanization levels also differ in their demographic, environmental, economic, and social characteristics, and that these characteristics greatly influence the magnitude and types of health problems communities face. The number of children and elderly persons, environmental and occupational exposures, economic resources, health-related behaviors, and availability and use of health services all vary with urbanization level. Many residents in large urban centers lack health insurance coverage (figure 23), for example, making access to health services a problem in these areas despite a large supply of health care providers (figures 24 and 25). This chartbook describes some of the differences in population characteristics, health risk factors, health status, and health care access across urbanization levels. The health indicators selected for examination in this chartbook represent topics of major public health concern. Some of these topics have been identified as Leading Health Indicators in Healthy People 2010 including physical activity (figure 10), obesity (figure 9), tobacco use (figures 6 and 7), alcohol abuse (figure 8), infant mortality (figure 11), unintentional injury and motor vehicle deaths (figure 17), homicide (figure 18), suicide (figure 19), and health insurance coverage (figure 23) (3). The examination of health indicators by urbanization level is primarily descriptive; causal mechanisms are likely to be varied and numerous. Descriptions of differences are important in assessing the magnitude and type of health problems confronting communities at different levels of urbanization.

Urbanization Level Defined

When developing policies to address problems of access to care and health status, policy makers have used a number of different classification systems to distinguish among different urbanization levels. The most commonly used classification systems are the Office of Management and Budget's (OMB) metropolitan-nonmetropolitan system and urbanization levels based on this system (4). As described in the Technical Notes, the OMB defines metropolitan areas (including metropolitan statistical areas, consolidated

metropolitan statistical areas, and primary metropolitan statistical areas) according to published standards (5). The basic concept of a metropolitan area is that of a core area containing a large population nucleus, together with adjacent communities having a high degree of social and economic integration with that core. Counties included in a metropolitan area are considered to be metropolitan; counties not included in a metropolitan area are considered to be nonmetropolitan.

Metropolitan and nonmetropolitan, as defined by the OMB, are not synonymous with urban and rural as defined by the U.S. Bureau of the Census (6). The terms urban and rural as used in the chartbook are general descriptors only. They do not refer to the Bureau of the Census statistical definitions.

The use of the county as the geographic building block for the OMB metropolitan-nonmetropolitan system has a number of advantages. Counties are familiar entities to most persons, their boundaries are stable, and many data systems include county identifiers.

In this chartbook counties are grouped into five urbanization levels to reflect their position on a scale ranging from most urban to most rural (see Technical Notes detailed definitions of urbanization levels). This five-level classification system is based on the U. S. Department of Agriculture's Urban Influence Codes (see Technical Notes)— which, in turn, are based on the June 1993 OMB metropolitan-nonmetropolitan classification of counties. Use of a multilevel system permits description of urbanization in a more continuous fashion than the dichotomous metropolitan-nonmetropolitan classification. Use of a county-based system ensures availability of a wide variety of health data.

Three of the five urbanization levels in the chartbook classification system are for metropolitan (metro) counties and two are for nonmetropolitan (nonmetro) counties. The levels are:

Metropolitan counties

- A. Large central
- B. Large fringe
- C. Small

Nonmetropolitan counties

- D. With a city of 10,000 or more population
- E. Without a city of 10,000 or more population.

Counties are assigned to level A if they contain all or part of the largest central city of a large (1 million or more population) metropolitan statistical area or primary metropolitan statistical area. Counties are

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assigned to level B if they are in a large (1 million or more population) metropolitan statistical area or primary metropolitan statistical area but do not contain any part of the largest central city. Counties in metropolitan areas with less than 1 million population are assigned to level C. Level A counties are considered the most urban, with level B and level C counties considered progressively less urban. Level A counties are referred to as central counties, and level B counties as fringe counties.

Nonmetro counties are assigned to level D if they contain all or part of a city of 10,000 or more; otherwise nonmetro counties are assigned to level E. Level E counties are referred to as the most rural. When sample sizes are small, the two nonmetro levels are combined into one level, labeled D+E, in the figures.

The composition of the five urbanization categories for each region is described in the Technical Notes. For Levels A and B the metro areas contributing the most population are listed. For Levels C, D, and E, the States contributing the most population are listed.

Organization of the Chartbook

The *Urban and Rural Health Chartbook* presents charts on population characteristics, health risk factors, health status, and health care access for residents of U.S. counties grouped according to urbanization level. To examine regional variation in health patterns by urbanization level, charts also generally include estimates for each of four geographic regions - Northeast, Midwest, South, and West, as defined by the U.S. Bureau of the Census (see [Appendix II](#), Geographic region). Many findings are also presented separately for men and women. For most of the charts, estimates by urbanization level are presented graphically as dots connected by lines. This style of graphical presentation emphasizes the ordering of the urbanization levels from most urban to most rural. It also facilitates the comparison of urbanization patterns by region and sex.

Age groups examined vary by outcome; most estimates are age adjusted to the year 2000 standard population (see Technical Notes). Some measures are presented by family income expressed as a percent of the Federal poverty threshold. It was not possible to produce a comprehensive examination of variation in health measures for racial and ethnic subgroups by urbanization level and geographic region. The uneven geographic distribution of racial and ethnic subgroups produces insufficient numbers of observations for reliable statistical analyses for many of the measures

included in the chartbook; however, when sample size permits, differences for racial and ethnic subgroups of the population are discussed in the text.

The charts and accompanying text are followed by Technical Notes and a data table corresponding to each chart. The Technical Notes provide information about data sources and methods used that are not covered in [Appendices I](#) and [II](#). All data tables include the points graphed in the relevant chart; certain tables also include related data not included in the chart, as well as standard errors of estimates.

Population Characteristics

The first section of the chartbook describes selected sociodemographic characteristics of the U.S. population according to urbanization level within the four geographic regions of the United States. Nearly 80 percent of the U.S. resident population live in metro counties ([figure 2](#)). The Midwest and South are the most rural regions of the United States, with one in every four inhabitants residing in a nonmetro county.

Differences in the demographic, social, and economic conditions at different urbanization levels in each region help determine the degree and type of health problems and health care needs in particular areas. Populations in more rural counties are older ([figure 3](#)). Populations in central counties of large metro areas are more racially and ethnically diverse ([figure 4](#)). The relative economic advantage of residents of fringe counties in large metro areas ([figure 5](#)) is reflected in their generally most favorable outcomes for most of the health indicators examined in the remaining sections of the chartbook.

Health Behaviors and Risk Factors

The second section of the chartbook presents findings for selected measures of health-related behaviors and other risk factors. Nationally, cigarette smoking among adolescents is less common in central counties of large metro areas than in less urbanized counties ([figures 6](#)). Among adults cigarette smoking tends to be more common in nonmetro counties than in fringe counties of large metro areas ([figure 7](#)). Although the prevalence of heavy alcohol consumption varies little by urbanization level ([figure 8](#)), heavy alcohol consumption among men who are current drinkers is more common in nonmetro than metro counties. The prevalence of obesity varies little by urbanization level among men, but women living in fringe counties of large metro areas are less likely to be obese than

women in other counties ([figure 9](#)). Similarly, for the United States as a whole, leisure-time physical activity is relatively common among residents of fringe counties, whereas residents of other counties are more likely to be physically inactive in their leisure time ([figure 10](#)). Although there are regional differences in the patterns, where health behaviors vary across urbanization levels, higher rates of adverse behaviors are usually found in either nonmetro counties, or central counties of large metro areas, or both. Seeking to alter behavior leading to increased risk of disease and disability poses distinct challenges for central counties of large metro areas with their ethnically diverse and large economically disadvantaged populations, and equally distinct but different challenges in nonmetro counties with dispersed populations.

Mortality

The third section of the chartbook shows urban and rural patterns in death rates at specific ages and for selected causes. For each age group examined, fringe counties of large metro areas have the lowest death rates ([figures 11–14](#)). The urbanization category with the highest age-specific mortality varies by region and age group. Infant mortality rates are highest in central counties in the Northeast and Midwest, but rates in the South and West are highest in the small metro and nonmetro counties ([figure 11](#)). Depending on the region, the highest death rates for children and young adults (1–24 years of age) are found in either central counties of large metro areas or the most rural counties, but at both of these urbanization levels death rates tend to be higher than in fringe counties ([figure 12](#)). Intentional and unintentional injuries are major contributors to the pattern for this age group — with motor vehicle traffic-related injuries ([figure 17](#)) and suicide ([figure 19](#)) responsible for much of the excess mortality in nonmetro counties and homicide ([figure 18](#)) contributing to higher rates in central counties. In the Northeast and Midwest death rates for working age adults (25–64 years of age) are higher in central counties of large metro areas than in counties at all other urbanization levels. In the South residents of nonmetro counties have the highest death rates at 25–64 years of age ([figure 13](#)), due in part to higher death rates for ischemic heart disease ([figure 15](#)). For seniors (age 65 years and over), mortality is higher in nonmetro counties than in large metro counties (central and fringe), except in the Midwest. However, the relative urban-rural increase is less pronounced for seniors than for younger ages ([figure 14](#)). The higher prevalence of smoking in more rural counties ([figure 7](#)) contributes to the higher death rate from chronic

obstructive pulmonary diseases for men in these counties ([figure 16](#)).

Other Health Status Measures

The fourth section of the chartbook shows urbanization patterns for other selected health status measures: teen childbearing, health-related activity limitation, and total tooth loss.

Birth rates among adolescents are lowest in fringe counties of large metro areas and substantially higher in counties at all other levels of urbanization. In all regions teen birth rates in central counties of large metro areas are much higher than those in fringe counties, and in the South and West small metro and nonmetro counties have rates similar to those in central counties ([figure 20](#)).

Two health measures strongly reflective of health-related quality of life are limitation of activity caused by chronic health conditions and total tooth loss ([figures 21 and 22](#)). The urbanization patterns observed for these two measures indicate that nonmetro counties have a larger proportion of their population with total tooth loss and with chronic health conditions that affect daily functioning than counties at other urbanization levels.

Health Care Access and Use

The last section of the chartbook focuses on health care access and use. These measures show that access to health care and use of health services vary by urbanization level. Residents of fringe counties of large metro areas, who tend to fare better on most measures of health status than residents of other counties, are more likely to have health insurance than residents of other counties. Lack of health insurance is most common in central counties of large metro areas and in the most rural counties ([figure 23](#)). Availability of physician specialists and dentists is reduced in nonmetro counties ([figures 24 and 25](#)), while hospitalization rates are higher and average length of stay is shorter ([figure 27](#)). In combination, these findings suggest that residents of more rural counties may resort to hospital care for conditions that could have been treated with ambulatory care, because ambulatory care was less available or financially inaccessible because they lack health insurance. In addition, nearly one-half of adults under 65 living in the most rural counties have not seen a dentist in the past year ([figure 26](#)). This relative lack of regular preventive

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dental care may contribute to the high rates of total tooth loss seen in nonmetro counties ([figure 22](#)).

Chartbook Data Sources

Health-related and demographic data presented in this chartbook are from several national data systems. These are listed below and described in the Technical Notes and [Appendix I](#).

The U.S. Census Bureau provided population estimates for 1996–98 by age, race, and Hispanic origin and 1997 estimates of the population in poverty. The 1997 and 1998 National Health Interview Survey of the National Center for Health Statistics was used for estimates of adult cigarette smoking, heavy alcohol use, obesity, physical inactivity, activity limitation, edentulism (total tooth loss), health insurance coverage, and dental visits. The 1999 National Household Survey on Drug Abuse of the Substance Abuse and Mental Health Services Administration was used to estimate cigarette smoking among adolescents. Data from the 1996–98 National Vital Statistics System were used to estimate death rates and teen birth rates. The 1998 National Hospital Discharge Survey of the National Center for Health Statistics was used to estimate hospital discharge rates and average length of hospital stay. Estimates of physicians were based on 1998 data collected by the American Medical Association and estimates of dentists were based on 1998 data collected by the American Dental Association. Data from the 1998 Treatment Episode Data Set (TEDS) maintained by the Substance Abuse and Mental Health Services Administration were used to estimate substance abuse treatment admission rates (see Technical Notes).

Data Gaps and Limitations

Data sources could only be used for this chartbook if they included county identifiers as well as data from a sufficient number of counties at each urbanization level to yield reliable estimates. Some health surveys collect information in fewer than 5 percent of U.S. counties. Many health surveys include only a limited number of nonmetro counties in their samples because of the high cost of collecting data in sparsely populated areas. Some surveys collect data for such a limited number of nonmetro counties that they cannot provide reliable estimates for nonmetro counties even taken as a whole. Many others sample a sufficient number of nonmetro counties to calculate reliable estimates for nonmetro counties as a whole, but not for nonmetro subcategories.

Reliable estimates for racial and ethnic subgroups within region and urbanization level can only be calculated in some cases. Most data sources do not have a sufficient number of observations from nonmetro counties to permit calculation of reliable estimates for racial and ethnic subgroups. Even the most comprehensive data systems, such as the National Vital Statistics System, do not yield reliable estimates for all racial and ethnic subgroups by region and urbanization level because of the uneven distribution of these subgroups across the country. For example, non-Hispanic black persons constitute only 1 percent of the population living in nonmetro counties in the West, with only 61 deaths from all causes occurring during 1996 for males and females ages 1–24 years. Estimates based on small numbers like this may not accurately reflect the true mortality experience of this group over time.

Respondent confidentiality is another factor that limits the ability to make subnational estimates. In the Northeast only 31 counties are classified as level D (nonmetro counties with a city of 10,000 or more population). Surveys that involve health institutions may have only one institution in this region and urbanization category from which to sample. If so, estimates for this category could lead to identification of an institution, thus violating the commitment to confidentiality required by law and made at data collection.

Yet another problem for some data sources is missing county of residence. This may occur because address or county of residence is not recorded due to cost or confidentiality constraints—frequently the case for data systems based on administrative records.

A more general caveat is that, even when available, county of residence may not provide an accurate reflection of the level of urbanization relevant to a given resident. It has long been recognized that, because of its geographic extent, a metropolitan county often includes territory not functionally integrated with a specific urban core. This is especially true for large counties, which often contain many small cities and sparsely populated territory located at a considerable distance from the primary urban core. Because, in general, the more western the State, the more territory a county encompasses, the county unit is not evenly suited to classifying territory in the United States. The need for a classification system that uses subcounty building blocks has become increasingly important as U.S. settlement patterns have become more complex: large urban cores dominate increasingly large areas surrounding them, employment and residential nodes have grown in suburban areas, commuting between less “urbanized”

territory and urban cores and suburban nodes has increased. However, while subcounty units would provide greater precision when classifying areas, few health data systems have subcounty data.

Conclusions

Nationally and regionally many measures of health, health care use, and health care resources vary by urbanization level.

The Americans who generally fare best on the health indicators examined in this chartbook are residents of fringe counties of large metro areas. The consistency of this pattern is striking, even though, for some indicators, differences across urbanization levels are not large. Nationally people living in fringe counties have the lowest levels of premature mortality partly reflecting lower death rates for unintentional injuries, homicide, and suicide. Teens in fringe counties have the lowest levels of teenage childbearing. Residents of fringe counties also have the lowest prevalence of physical inactivity during leisure time and obesity in women, two of the most common behavioral risk factors for chronic disease. The percent of the population with no health insurance and no dental visit in the past year also is lowest in fringe counties. For many of the health measures examined, the advantage of fringe county residents is also apparent within each region.

In contrast, the level of urbanization associated with adverse health behaviors, health outcomes, and health care use and access measures is less consistent. Nationally residents of the most rural counties have the highest death rates for children and young adults, the highest death rates for unintentional and motor vehicle traffic-related injuries, and among men, the highest mortality for ischemic heart disease and suicide. Residents of the most rural counties also have the highest levels of adolescent smoking and physical inactivity during leisure time for men. Residents of the most rural counties are least likely to have a dental visit during the past year and there are fewest specialist physicians and dentists per capita in the most rural counties. The most rural counties and other nonmetro counties have similarly high percents of adult residents with activity limitations caused by chronic health conditions; and both urbanization levels have similarly high prevalences of adult cigarette smoking. Residents of central counties of large metro areas and the most rural counties have similarly high percents of residents with no health insurance; and the most urban and most rural counties also have high proportions of women who are physically inactive during leisure time. In general, central counties of large metro areas often

have the most adverse health measures in the Northeast and Midwest, while in the South and West nonmetro counties tend to fare the worst.

The decision to examine regional variation in the association between various health measures and urbanization level was based on the extensive literature documenting regional differences in mortality (7, 8), health behaviors (9), and availability and use of health services (10, 11). The data shown in the chartbook reconfirm the existence of regional variation in most health measures, while demonstrating that health and health care access patterns across urbanization levels are often region-specific as well.

Previous studies have focused on health at the extremes of the urbanization scale. A comprehensive report, *Rural Health in the United States* (12), highlighted health differences between rural and nonrural communities. At the other extreme, Andrusis and Goodman examined health in larger metropolitan areas, focusing on differences between central cities and their surrounding suburbs (13). This chartbook offers a perspective on how health measures vary across the complete range of urbanization levels, and examines similarities and differences in these patterns across regions.

Numerous factors are likely to be responsible for the patterns in health measures by urbanization level. First, the economic resources available to residents of an area exert a strong influence on many health indicators. The pattern of poverty — lowest in fringe counties of large metro areas and highest in central counties and the most rural counties — is clearly related to the pattern observed for most health measures. Other demographic differences — such as the relative contributions of racial and ethnic groups to an area's population — also play a major role in determining the health profile of an area, particularly with respect to health-related behaviors and access to and use of health services. The relative scarcity of health care resources in nonmetro areas is a continuing problem that is likely to have an enduring negative impact on health outcomes (14). Limited social support may result in reduced access to existing health care resources; older persons in less urbanized areas, for example, are more likely to live alone (15). Other likely contributors to health differences across urbanization levels are occupational differences (such as manual labor compared with white-collar service work) and environmental exposures (for example, air quality or fluoridation of water). Amelioration of these differences is not an easy task, but equal access to health information, prevention programs, and appropriate health care should improve health for all U.S. residents regardless of their geographic location.

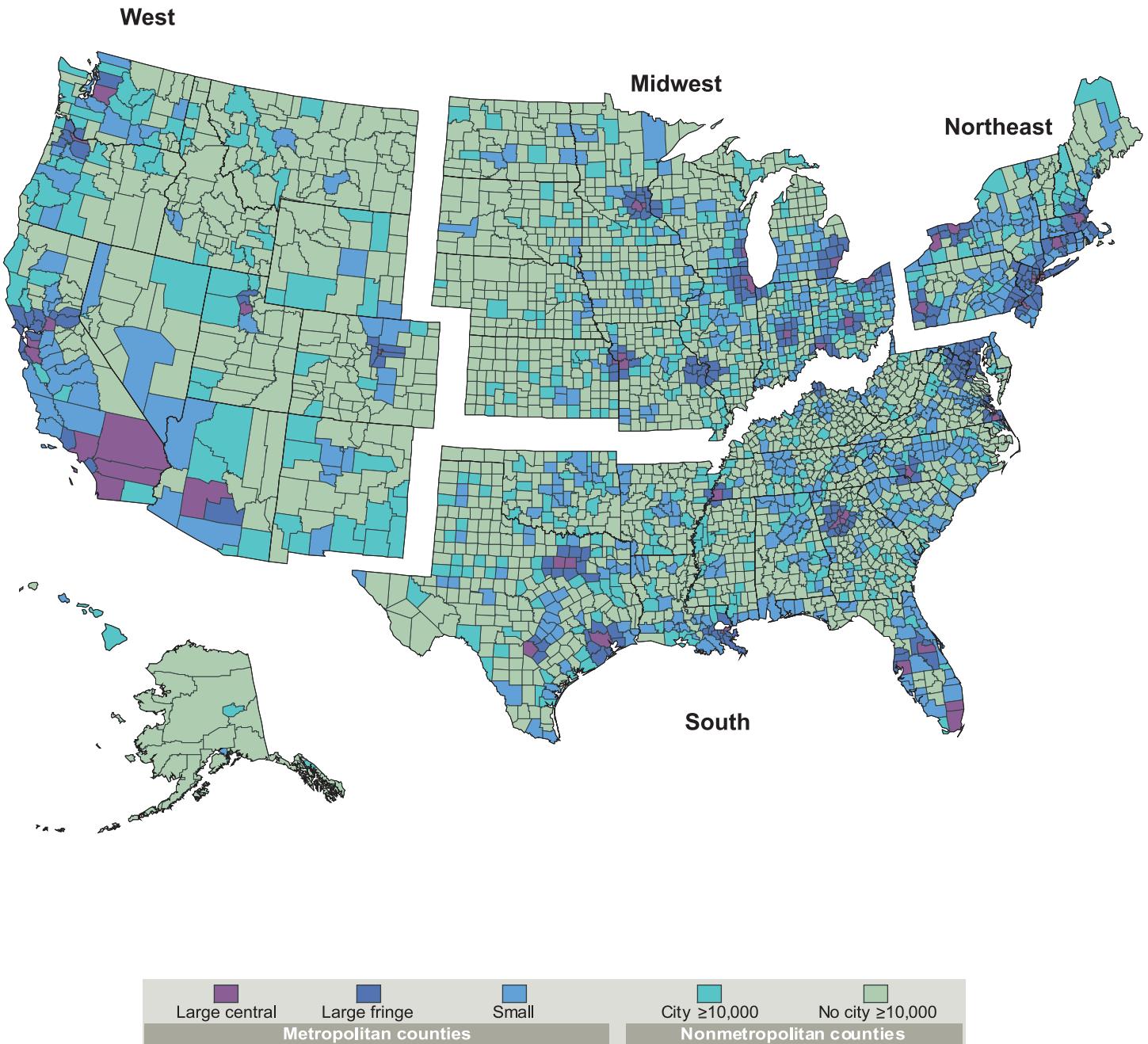
Urban and Rural Health

Region and Urbanization

Classifying counties by urbanization level can be useful when considering the health status and health care needs of their populations. More urban counties tend to have a greater supply of health care providers. More rural counties have fewer residents, who often live farther from health care resources than their more urban counterparts. [Figure 1](#) identifies the urbanization levels of the 3,142 counties in the United States as defined in this chartbook's introduction.

- Within the United States the number and characteristics of counties at different urbanization levels vary by region. In the Northeast, for example, over one-half of all counties are in metro areas compared with only one in five in the Midwest.
- Counties in the West generally have larger land areas than counties in other regions.
- It is important to note that any single urbanization level can be inadequate to describe counties covering large areas. In Southern California, for example, designation as a central or fringe county in a large metro area does not recognize that much of the area within the county may be far from any urban center.

Figure 1. United States counties by region and urbanization level, 1990



NOTE: See Technical Notes for description of data source and urbanization levels.

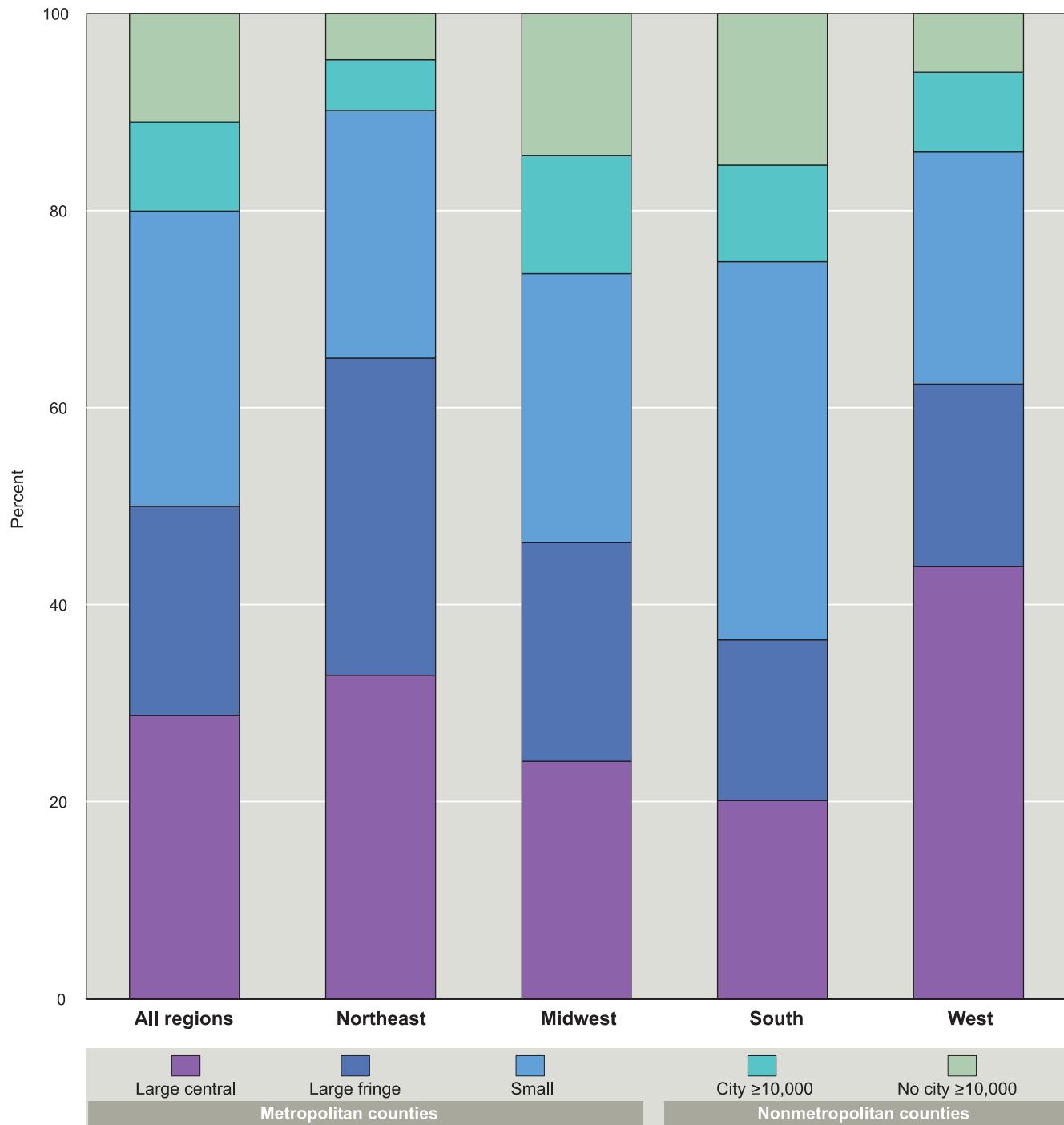
Urban and Rural Health

Population and Urbanization

Although most U.S. counties are classified as nonmetropolitan, most Americans live in counties in metropolitan areas. In 1998, for example, the 73 percent of U.S. counties classified as nonmetro ([figure 1](#)) were home to only 20 percent of the population.

- One-half of the 273 million persons living in the United States in 1998 lived in counties in large metro areas with one million or more inhabitants — 29 percent of the total U.S. population in central counties and 21 percent in fringe counties. Another 30 percent lived in small metro counties.
- The Northeast contained 19 percent of the population. Sixty-five percent of these residents lived in large metro areas, about evenly divided between central and fringe counties; another 25 percent lived in small metro counties. Only 10 percent lived in nonmetro counties.
- The West contained 23 percent of the U.S. population. The West was similar to the Northeast in that 62 percent of its inhabitants lived in large metro counties, although different in that almost two-thirds of these lived in central counties. A slightly larger share of residents (14 percent) lived in nonmetro counties in the West than in the Northeast.
- The Midwest also contained 23 percent of the U.S. population, but less than half (46 percent) of the region's population lived in large metro counties. One in four Midwest residents lived in nonmetro counties and 14 percent in the most rural counties.
- The South contained slightly over one-third (35 percent) of the total population of the United States in 1998. Unlike other regions, the largest proportion of the South's population lived in small metro counties, the smallest proportion in large metro counties, and about the same percent as the Midwest in nonmetro counties.

Figure 2. Population by region and urbanization level: United States, 1998



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: United States Census Bureau, Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990-98.

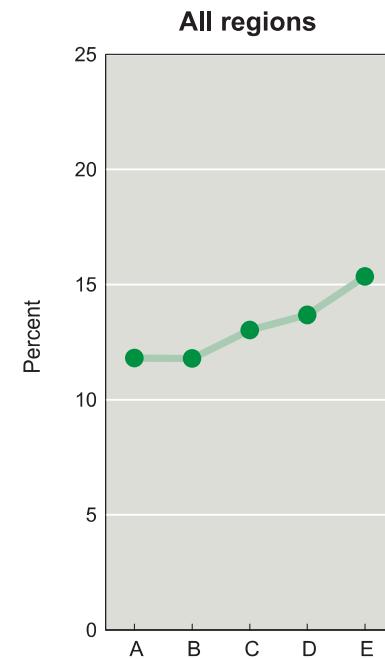
Urban and Rural Health

Age

The age distribution of a county greatly influences the health status and health care needs of its population. The risk of serious illness and death is greater for infants and for elderly persons (age 65 and over) than for other age groups (1). The elderly also use a disproportionate share of health care resources. In 1995, only 13 percent of the U.S. population were seniors, but they were responsible for 41 percent of total personal expenditures for health care (2). In 1998 Medicare—the Federal health insurance entitlement for the elderly—was the payment source for almost one-third of all hospital care expenditures (*Health, United States, 2001, table 118*).

- The age structure of the population tends to get older as urbanization decreases. Infants and children ages 1–4 years constitute a slightly larger percentage of the population in central counties of large metro areas than in nonmetro counties in all regions (see Data Table). The proportion of the population that is elderly is higher in the more rural counties (12 percent in central counties in 1998 compared with 15 percent in the most rural counties).
- The urban-rural upward gradient in the proportion of the population that is elderly is present in all geographic regions but is steepest in the Midwest and South. The gradient is least pronounced in the Northeast, which has the highest proportion of elderly at all urbanization levels except for the most rural counties. The West has the smallest proportion of elderly at all levels except for the most urban.
- Urbanization and regional differences in the age distribution are due to several factors. Domestic and international migration has resulted in adults of reproductive age and their children moving to urban areas, especially in the West and South (3,4). Between 1965–95 the South and West have had a net increase, and the Midwest and Northeast a net decrease in population due to migration. Population subgroups with higher birth rates, such as black persons and persons of Hispanic origin (*Health, United States, 2001, table 3*), are also disproportionately located in large urban areas and in the West and South (figure 4).

Figure 3. Population 65 years of age and over by region and urbanization level: United States, 1998



Metropolitan counties	Nonmetropolitan counties
A Large central	
B Large fringe	
C Small	
D City ≥10,000	
E No city ≥10,000	

NOTES: See Technical Notes for description of urbanization levels.
See Data Table for data points graphed.

SOURCE: United States Census Bureau, Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990–98.

Figure 3. Population 65 years of age and over by region and urbanization level: United States, 1998—Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: United States Census Bureau, Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990-98.

Urban and Rural Health

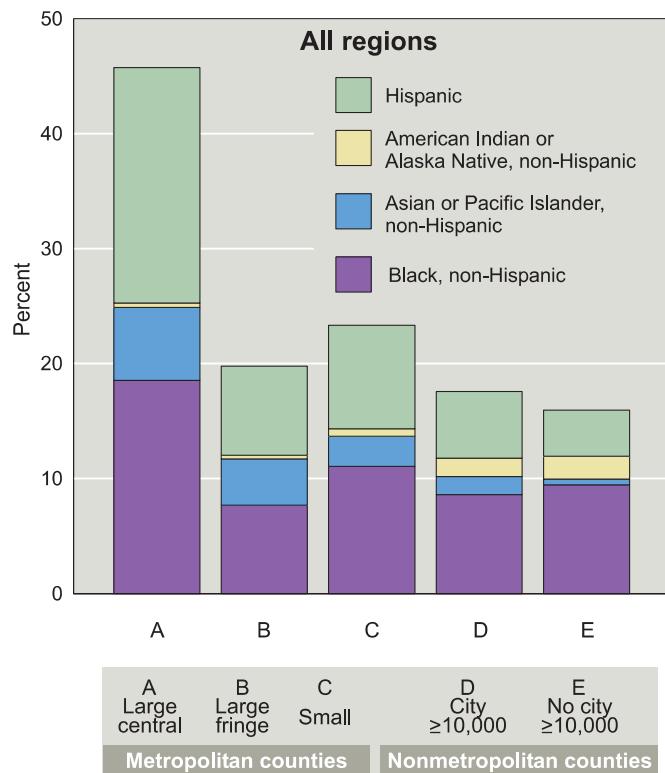
Race and Ethnicity

Racial and ethnic disparities exist in the United States for most measures of health (*Health, United States, 2001*, trend tables). Each racial and ethnic subgroup tends to be concentrated in certain geographic areas. These concentration patterns, in turn, influence geographic patterns of health status (1) and other health-related measures (2). Considering differences in the racial and ethnic composition of populations is important when interpreting health-related information.

- Non-Hispanic white persons represent over three-quarters of the population in fringe counties of large metro areas (80 percent in 1998), small metro counties (77 percent), and nonmetro counties (82–84 percent), but only 54 percent in central counties. The population of central counties nationwide in 1998 was 21 percent Hispanic persons, 19 percent non-Hispanic black persons, 6 percent persons of non-Hispanic Asian or Pacific Island origin, and less than 1 percent persons of non-Hispanic American Indian or Alaska Native origin. All these groups except the last are less likely to live in nonmetro than in central counties.
- Differences in racial and ethnic composition across regions are striking. The Midwest was the most homogeneous in 1998, with white persons representing 84 percent of its population. The Northeast had a larger proportion of residents of Hispanic and Asian or Pacific Island origin compared with the Midwest. In the South non-Hispanic black persons constituted a larger proportion of the population than in any other region. The West had a disproportionately high concentration of persons of Hispanic origin and of Asian or Pacific Island origin, and the lowest share of white persons.
- The racial and ethnic composition at different urbanization levels also varies considerably by region. Persons of Hispanic origin constituted only 8 percent of central county residents in the Midwest in 1998 but 18–29 percent in the other regions. Non-Hispanic black persons

constituted only 8 percent of the central county population in the West, but 22–26 percent in the other regions. In the South, non-Hispanic black Americans constituted over 18 percent of the population in the most rural counties, compared with less than 2 percent in the other regions. In the West, 9 percent of the most rural county population was of American Indian or Alaska Native origin and another 11 percent of Hispanic origin, compared with less than 6 percent for both groups combined in all other regions.

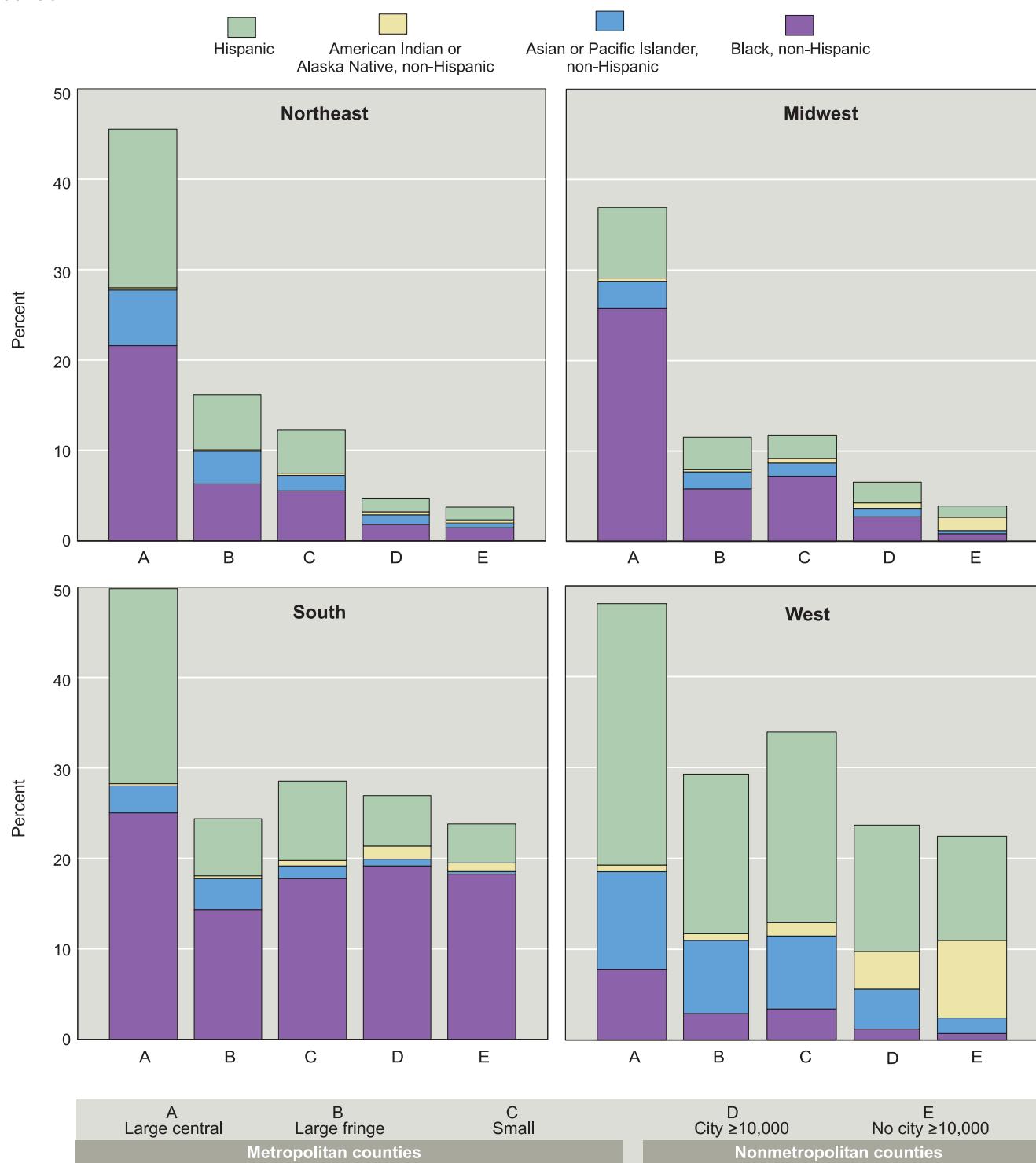
Figure 4. Population in selected race and Hispanic origin groups by region and urbanization level: United States, 1998



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: United States Census Bureau, Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990-98.

Figure 4. Population in selected race and Hispanic origin groups by region and urbanization level: United States, 1998—Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: United States Census Bureau, Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990-98.

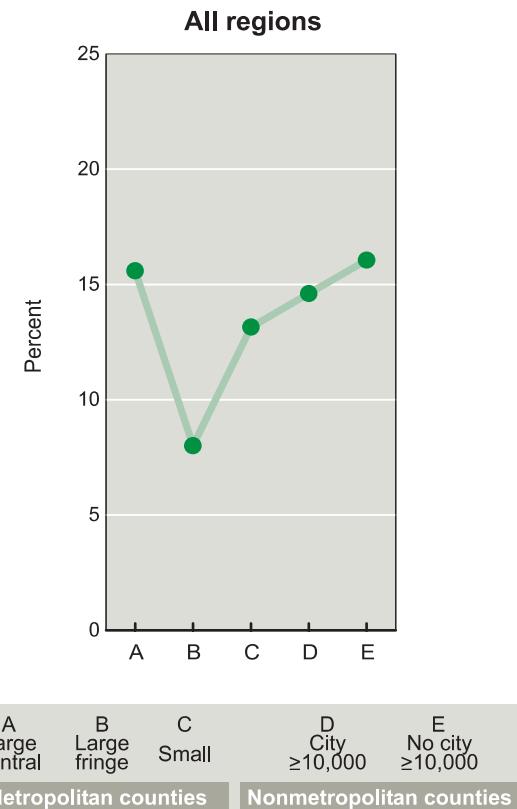
Urban and Rural Health

Poverty

Personal or family income is strongly related to most indicators of health status, health care access and use, and health-related behaviors (1). Thus, a county's economic well-being generally, and the share of its population living below the official poverty threshold in particular, greatly influence the health and health care needs of its residents.

- Thirteen percent of Americans lived with incomes below the poverty threshold in 1997 (*Health, United States, 2001*, [table 2](#)). The proportion of persons who were poor varied across regions, from a low of 11 percent in the Midwest to a high of 16 percent in the South.
- Fringe counties of large metro areas had the lowest concentration of poor persons in 1997 in all regions (7–9 percent). The highest levels of poverty in the Midwest and Northeast (14 and 18 percent, respectively) were in central counties of large metro areas. In the West, poverty levels in central counties and nonmetro counties were similar (approximately 16 percent), and in the South, the most rural counties had the most poverty (19 percent). Poverty in the small metro counties was higher in the South and West than elsewhere.

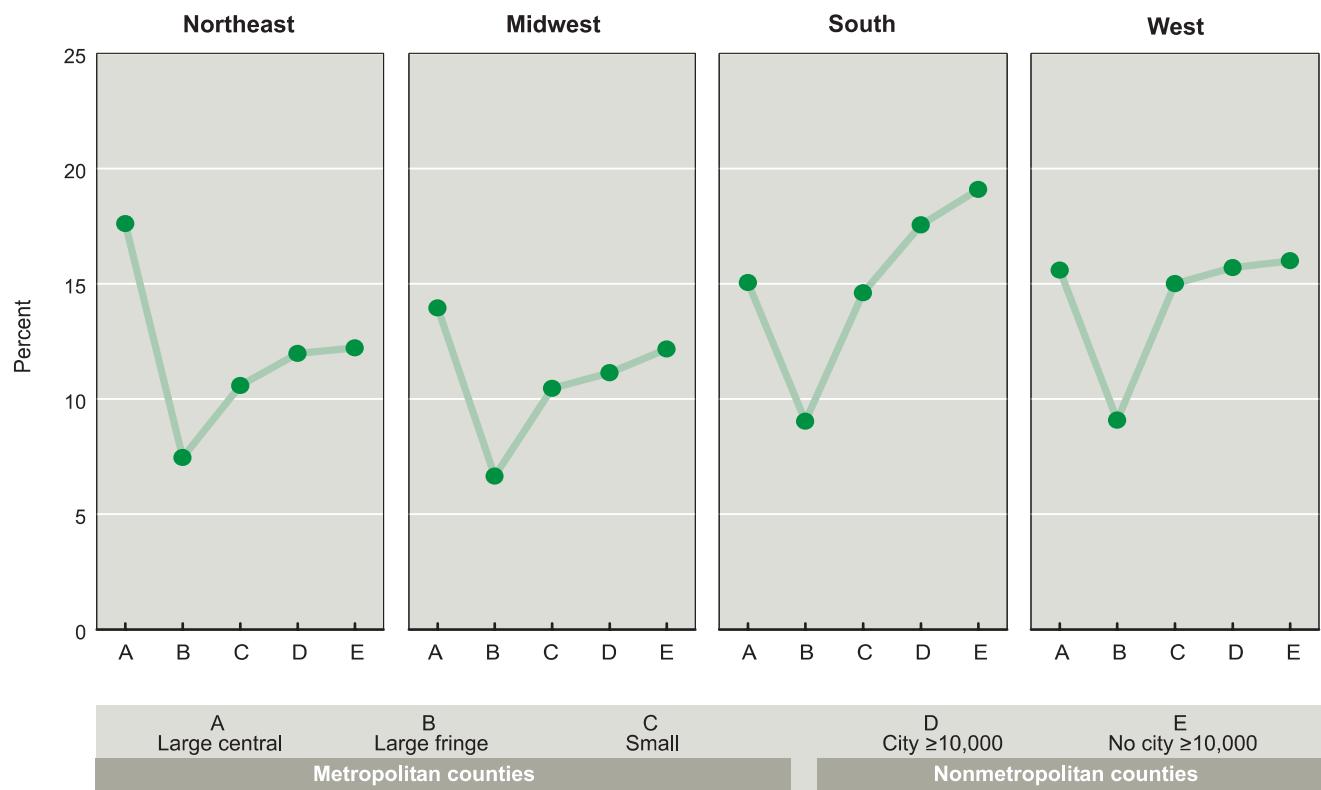
Figure 5. Population in poverty by region and urbanization level: United States, 1997



NOTES: See Technical Notes for description of urbanization levels.
See Data Table for data points graphed.

SOURCE: United States Census Bureau, Small Area Income and Poverty Estimates, 1997.

Figure 5. Population in poverty by region and urbanization level: United States, 1997–Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: United States Census Bureau, Small Area Income and Poverty Estimates, 1997.

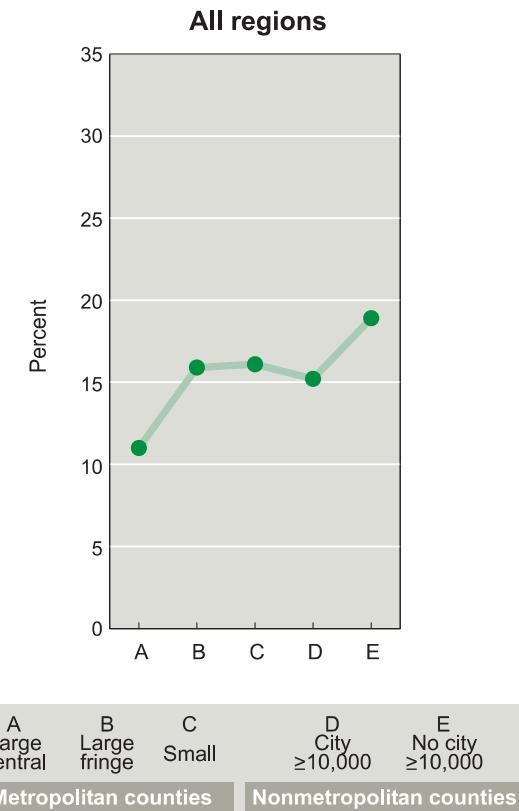
Urban and Rural Health

Adolescent Smoking

Smoking is the single most preventable cause of disease and death in the United States (1). Between 1991 and 1999 smoking among high school students increased from 28 to 35 percent (2). Over 80 percent of adults who are addicted to tobacco began smoking as adolescents (3). Tobacco-related illnesses are likely to cause the premature death of five million Americans who were 17 years of age or younger in 1995 (4).

- Current cigarette use (smoking 1 or more days in the past month) among adolescents 12–17 years of age differs by urbanization level. In 1999 adolescents living in central counties of large metro areas had the lowest rates of cigarette use (11 percent) and those living in the most rural counties the highest (19 percent).
- In each region except the Midwest, smoking was more common among adolescents living in nonmetro counties than among those living in central counties of large metro areas.
- In the Midwest adolescents in central counties of large metro areas were more likely to smoke (15 percent) than those in the central counties in the other three regions (10–11 percent).

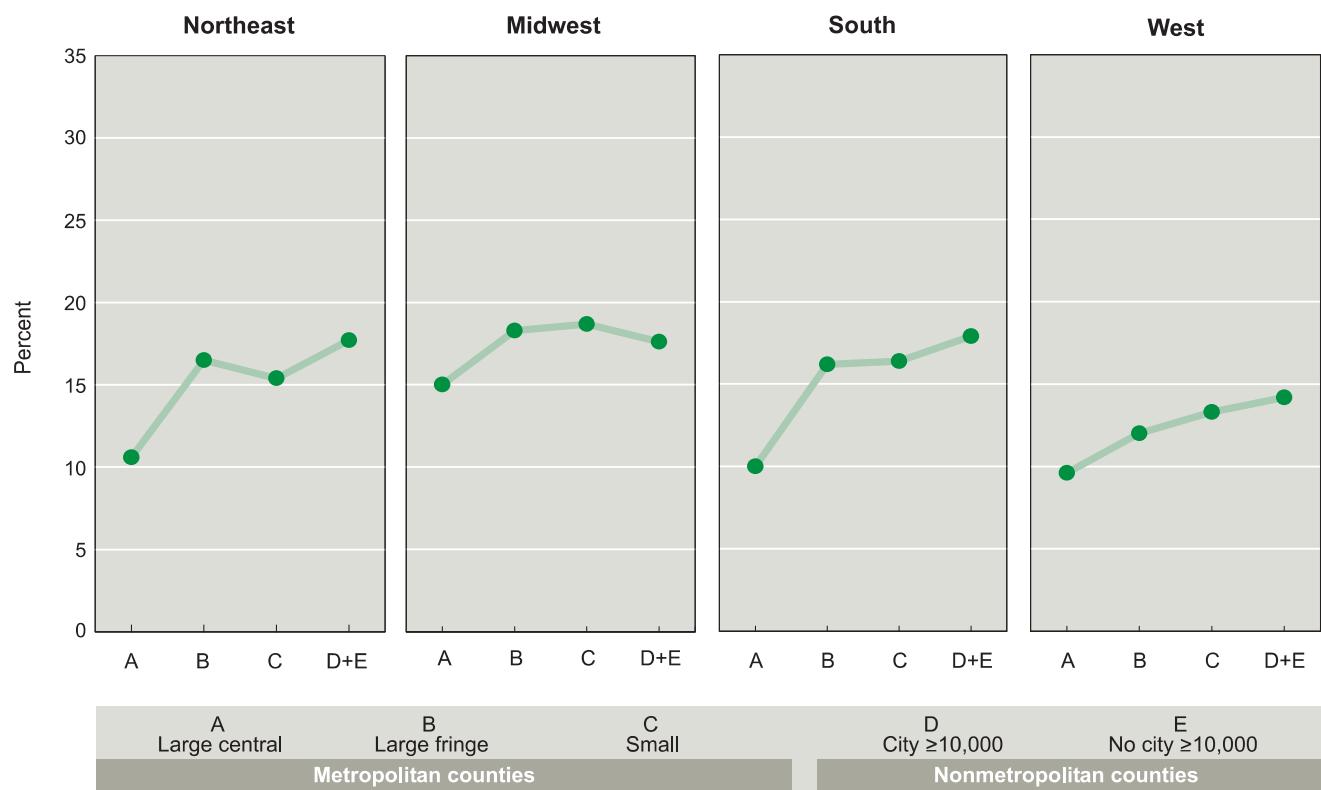
Figure 6. Cigarette smoking in the past month among adolescents 12-17 years of age by region and urbanization level: United States, 1999



NOTES: See Technical Notes for description of urbanization levels.
See Data Table for data points graphed.

SOURCE: Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse.

Figure 6. Cigarette smoking in the past month among adolescents 12-17 years of age by region and urbanization level: United States, 1999-Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse.

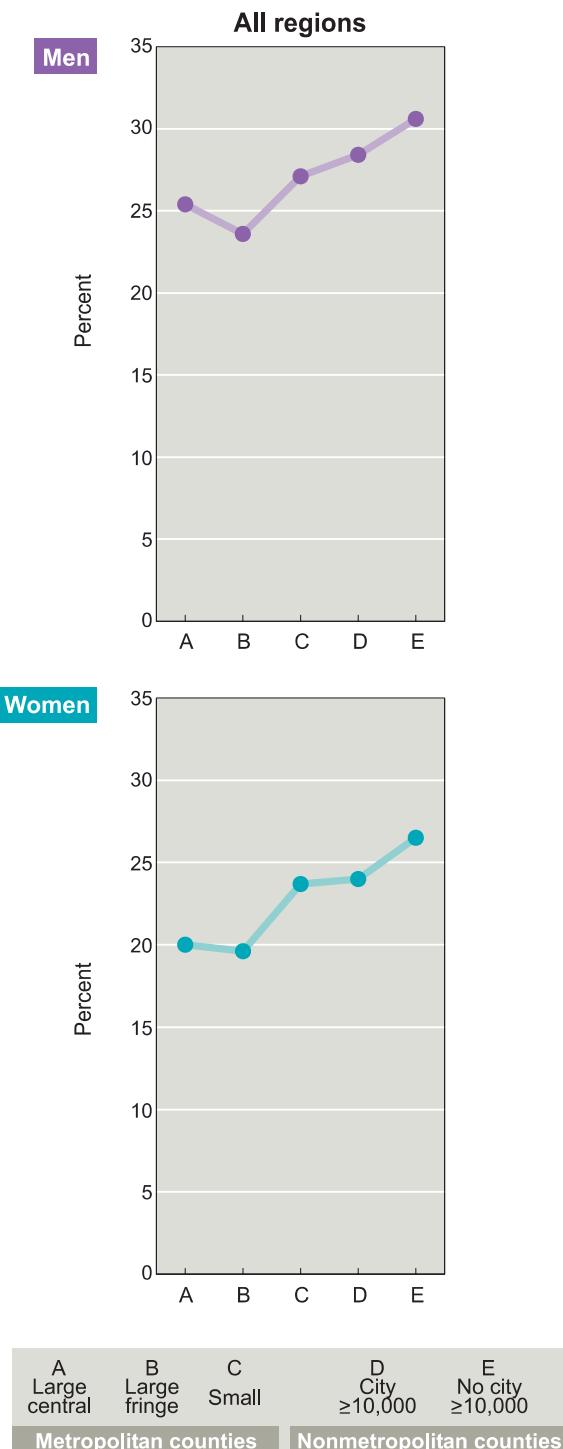
Urban and Rural Health

Adult Smoking

After dramatic declines in cigarette smoking among adults following the first Surgeon General's Report in 1964 (1), the decline among adults stalled. The percent of adults smoking declined from 42 to 25 percent between 1965 and 1990. However by 1999, smoking prevalence had inched down only to 23 percent (*Health, United States, 2001*, table 60). Understanding where smoking prevalence remains high may assist in planning population-specific campaigns to reduce smoking.

- Nationally, adults living in the most rural counties are the most likely to smoke (27 percent of women and 31 percent of men in 1997–98) and those living in central and fringe counties of large metro areas are the least likely to smoke (20 percent of women and 24–25 percent of men). Higher rates in the most rural counties are likely to reflect two factors—delayed access to the medical and media resources that help change unhealthy behaviors (2), and lower educational attainment (3), which is strongly associated with smoking.
- Regionally, the largest increases in smoking in nonmetro compared with large metro counties were seen for women in the Northeast and for women and men in the South. In the South, for example, smoking rates for men rose from 24 percent in fringe counties to 33 percent in nonmetro counties.
- Smoking rates are generally lower in the West than in other regions. One contributing factor is that Asian and Hispanic Americans, who constitute a larger share of the population in this region, are less likely to smoke than other groups (4). Aggressive anti-smoking efforts in California also contribute to the lower rates in the West (5).

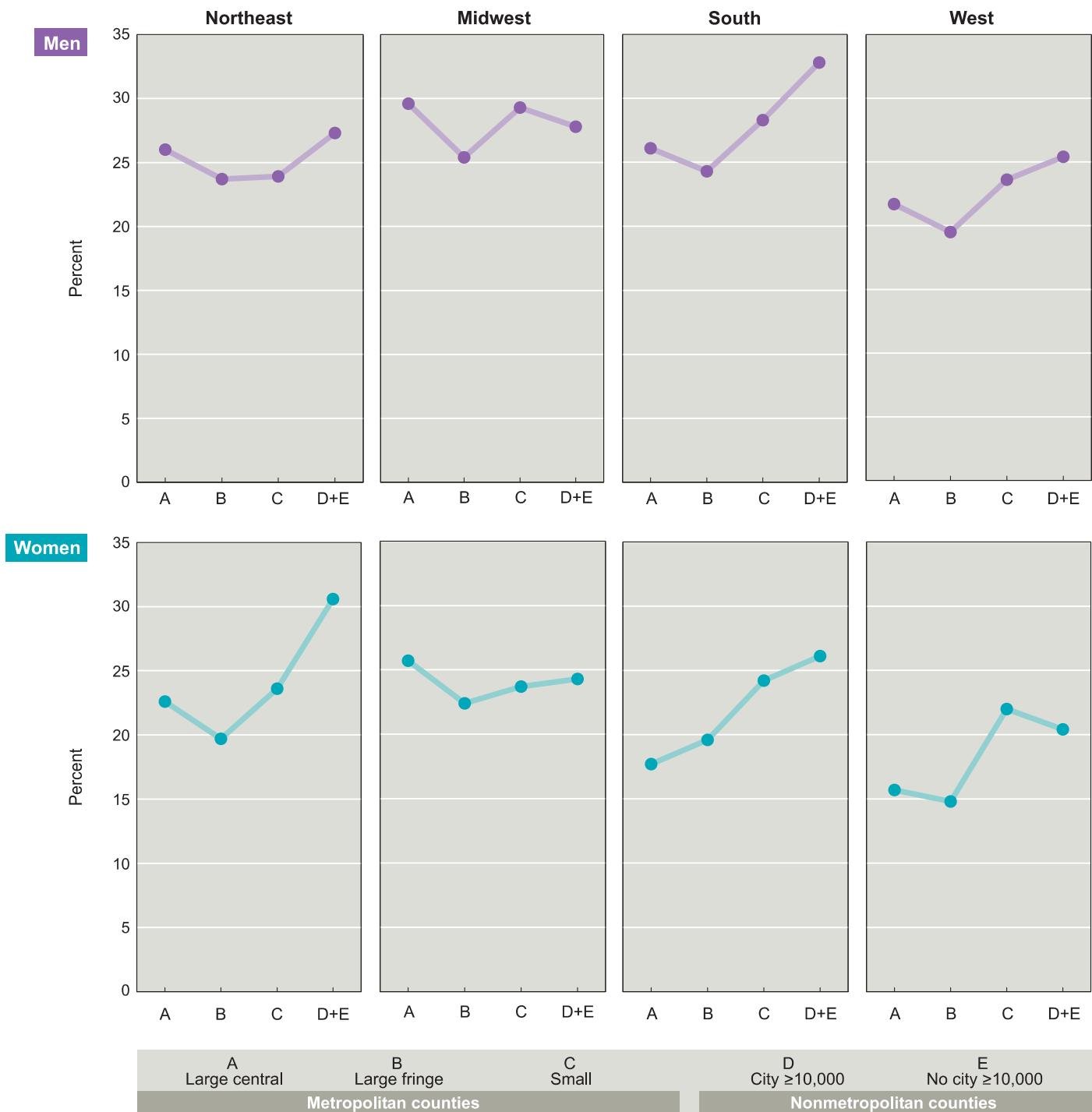
Figure 7. Cigarette smoking among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 60.

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

Figure 7. Cigarette smoking among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98—Con.



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 60.

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

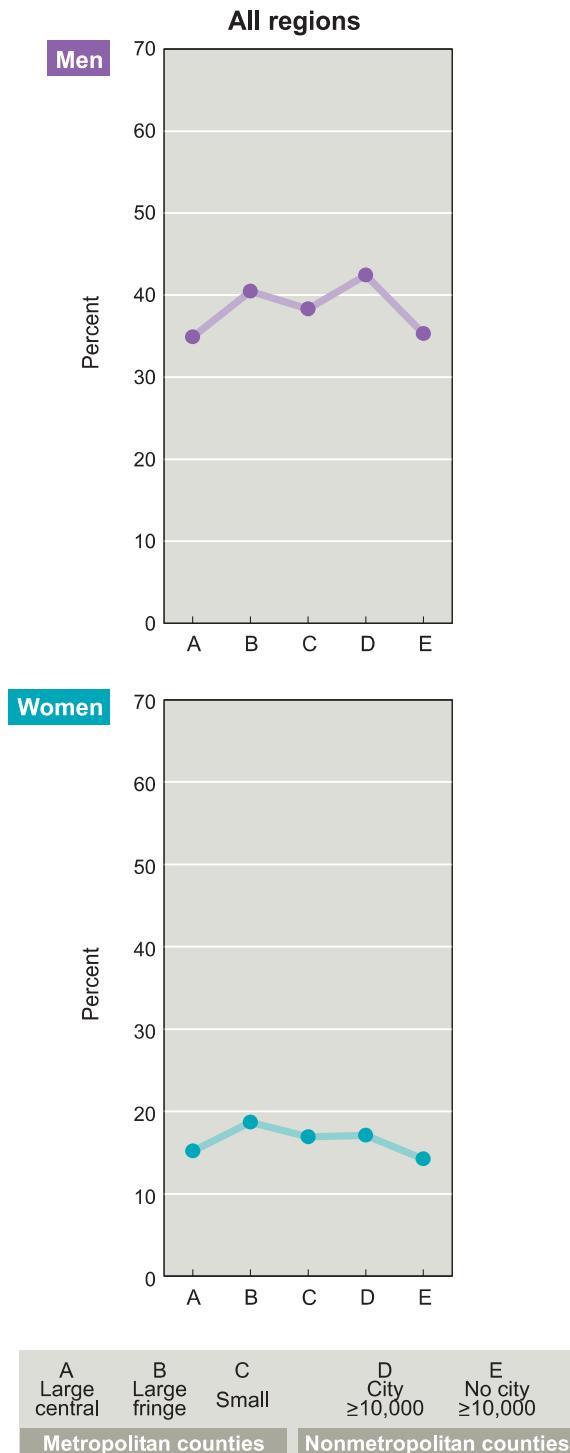
Urban and Rural Health

Alcohol Consumption

Consuming five or more drinks in 1 day in the last year is one indicator of heavy alcohol consumption. Infrequent consumption of alcoholic beverages at this level does not necessarily indicate alcohol abuse or alcoholism. However persons who consume this quantity of alcohol are at increased risk for alcohol-related disorders compared with persons who do not. Such alcohol consumption can also result in alcohol intoxication, which is commonly linked to homicides, traffic injuries, and domestic violence (1–3). Because alcohol use declines markedly with age, this section focuses on the highest risk group — adults ages 18–49 years.

- Nationally, men were about twice as likely as women to consume 5 or more drinks in 1 day in the last year (38 percent compared with 17 percent), a difference that persisted in each region.
- Nationally, the proportion of adults 18–49 years of age who consumed 5 or more alcoholic drinks in 1 day in the last year varied little by urbanization level. However, among current drinkers (those who consumed at least 1 drink in the last year), men living in nonmetro counties were more likely to consume 5 or more drinks in 1 day than those in metro counties (56 percent compared with 48–52 percent).
- In the Northeast, men and women living in central counties of large metro areas were less likely to report consumption of 5 or more drinks in 1 day in the last year than those living in other urbanization levels. In the West, prevalence of this level of alcohol consumption was higher among men and women living in nonmetro counties than in other urbanization levels.
- Periodic heavy drinking of alcohol is more common among non-Hispanic white, Hispanic, and American Indian persons (4) than among other groups. In the West these racial and ethnic groups account for 98 percent of the residents in nonmetro counties, compared with 61 percent in the central counties. Public health efforts to reduce the adverse health consequences of alcohol consumption need to take into account urbanization differences in racial and ethnic composition in order to develop culturally relevant treatment programs.

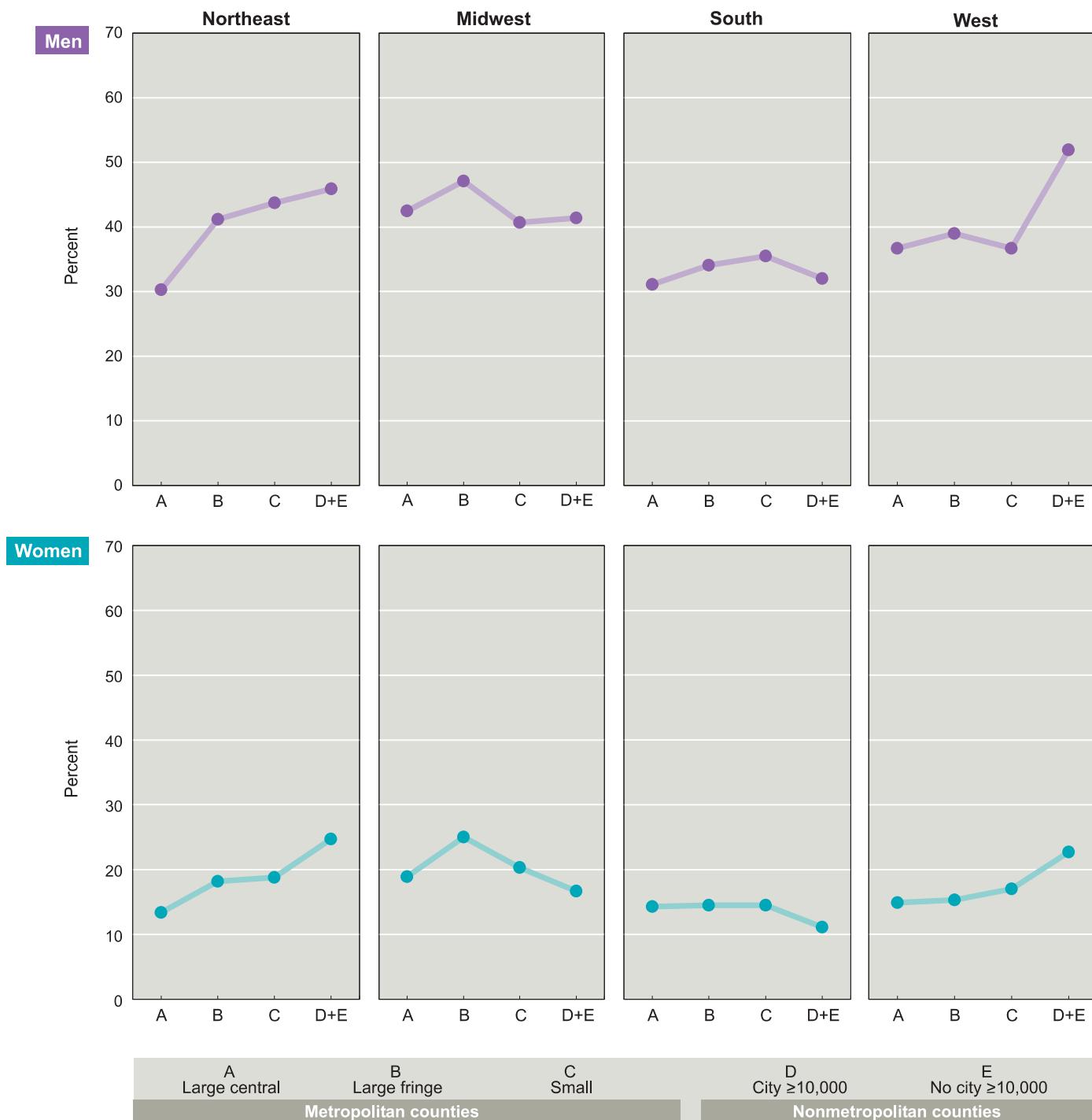
Figure 8. Alcohol consumption of 5 or more drinks in 1 day in the last year among persons 18–49 years of age by sex, region, and urbanization level: United States, 1997–98



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed.

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

Figure 8. Alcohol consumption of 5 or more drinks in 1 day in the last year among persons 18-49 years of age by sex, region, and urbanization level: United States, 1997-98—Con.



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed.

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

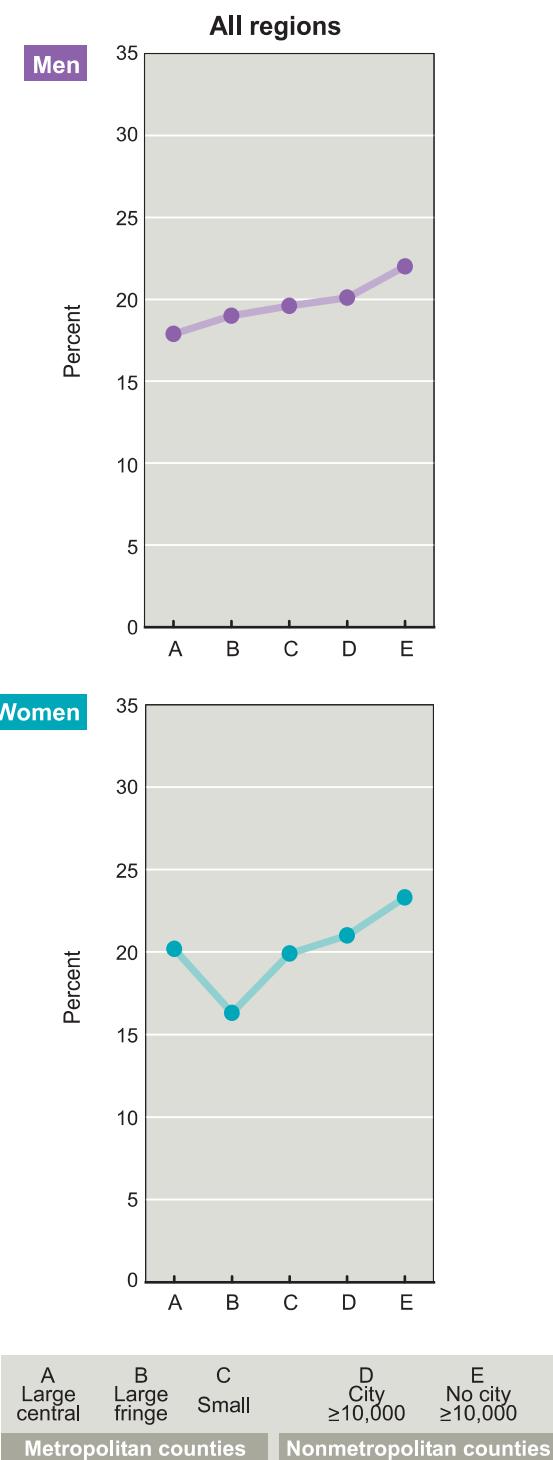
Urban and Rural Health

Obesity

Obesity (defined by a body weight to height ratio) has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis. Between the late 1970's and early 1990's, the proportion of U.S. adults who are obese increased from 14 percent to 22 percent (1), making it an increasing public health concern. Since the obesity estimates presented here are self-reports, they slightly underestimate obesity levels in comparison with estimates based on measured height and weight (1).

- Self-reported obesity varies more by urbanization level for women than for men. Nationally, for women in 1997–98, fringe county residents of large metro areas had the lowest age-adjusted prevalence (16 percent) and residents of the most rural counties the highest (23 percent).
- For men self-reported obesity varies little by urbanization level in any region except in the Midwest, where obesity is higher in nonmetro than in metro counties.
- For women obesity prevalence is generally lowest in fringe counties in each region, although regions differ in where obesity is high. In the Northeast and South, obesity is high among women living in nonmetro counties (23 percent). In the Midwest women living in central counties of large metro areas have high rates of obesity (25 percent).

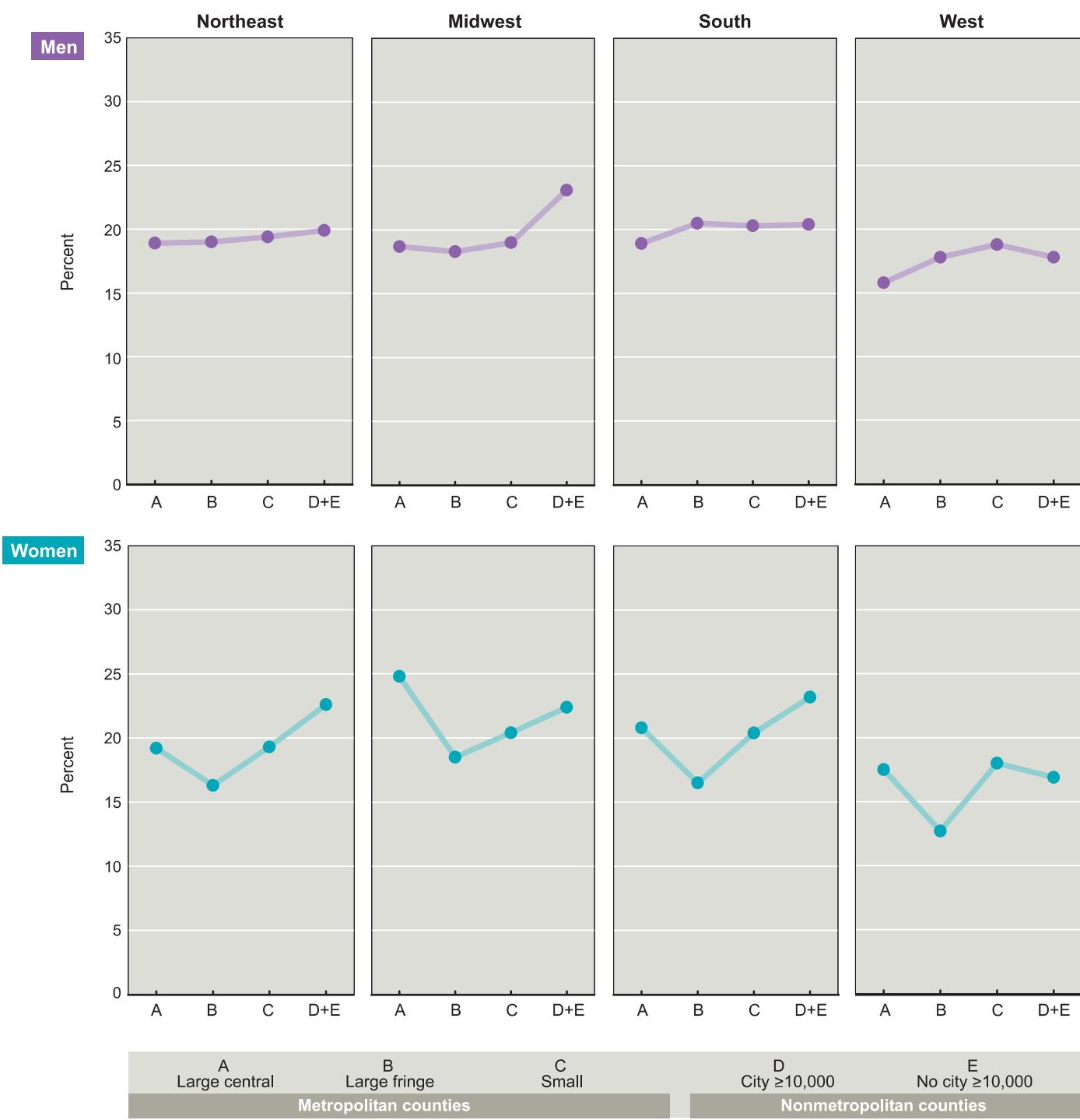
Figure 9. Obesity among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997–98



NOTES: Obesity is defined as body mass index ≥ 30 based on self-reported height and weight. Percents are age adjusted. See Technical Notes for description of age-adjustment method, urbanization levels, and obesity data. See Data Table for data points graphed. See related *Health, United States, 2001*, table 69.

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

Figure 9. Obesity among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98—Con.



NOTES: Obesity is defined as body mass index ≥ 30 based on self-reported height and weight. Percents are age adjusted. See Technical Notes for description of age-adjustment method, urbanization levels, and obesity data. See Data Table for data points graphed. See related *Health, United States, 2001*, table 69.

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

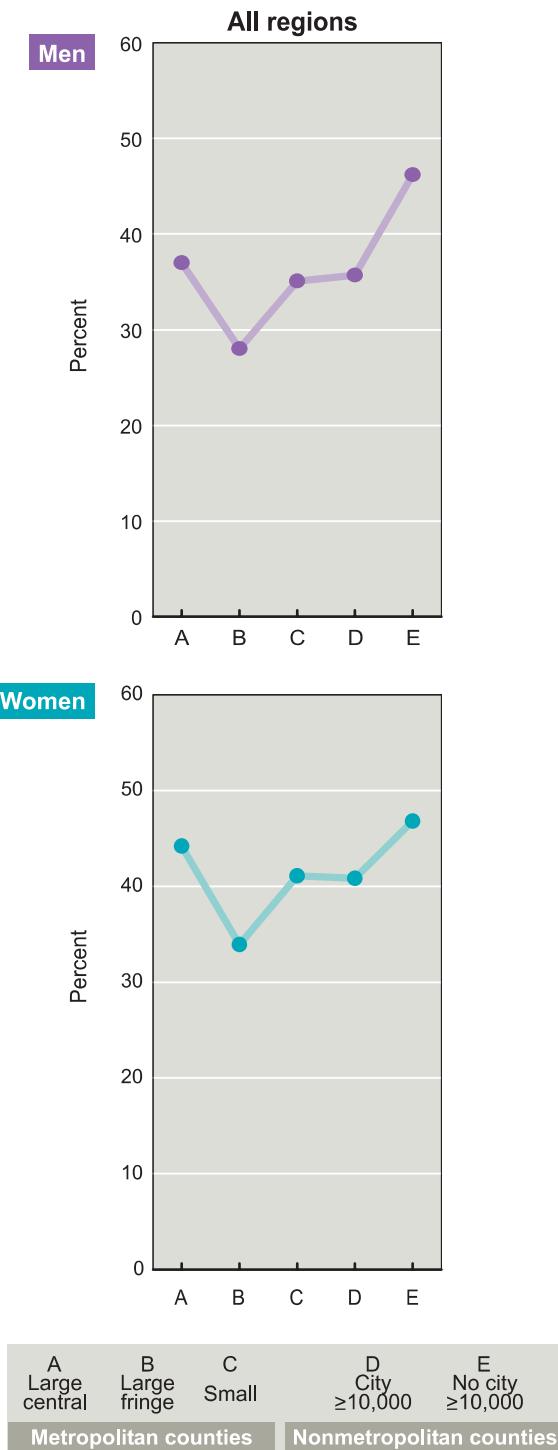
Urban and Rural Health

Physical Inactivity

Regular physical activity and improved physical fitness offer numerous health benefits, including reduced risk for cardiovascular disease, diabetes, obesity, some cancers, and musculoskeletal conditions (1). Physical activity as used here is limited to “exercise, sports, or physically active hobbies” pursued during a person’s leisure time. Health benefits may also be obtained through physical activity outside leisure time such as occupational activities, housekeeping, and transportation-related activities.

- Nationally, being inactive during leisure time is least common for residents of fringe counties of large metro areas (age-adjusted prevalence of 28 percent for men and 34 percent for women in 1997–98). Being inactive during leisure time is most common for men in the most rural counties and for women in the most rural counties as well as the central counties of large metro areas.
- Urbanization patterns in leisure time inactivity differ substantially among regions. Within each region, however, urbanization patterns for men and women tend to be similar.
- In the Northeast leisure time inactivity is substantially higher in central counties of large metro areas (51 percent of women and 47 percent of men in 1997–98) than in counties of any other urbanization level.
- In the South inactivity during leisure time is highest in nonmetro counties (56 percent of women and 52 percent of men in 1997–98).
- Demographic factors are related to, although they do not completely explain, differences in leisure-time inactivity across urbanization levels (2). Occupation is also relevant. People with physically active occupations are less likely to be physically active in their leisure time (3), and these occupations may be more common in nonmetro areas (4).

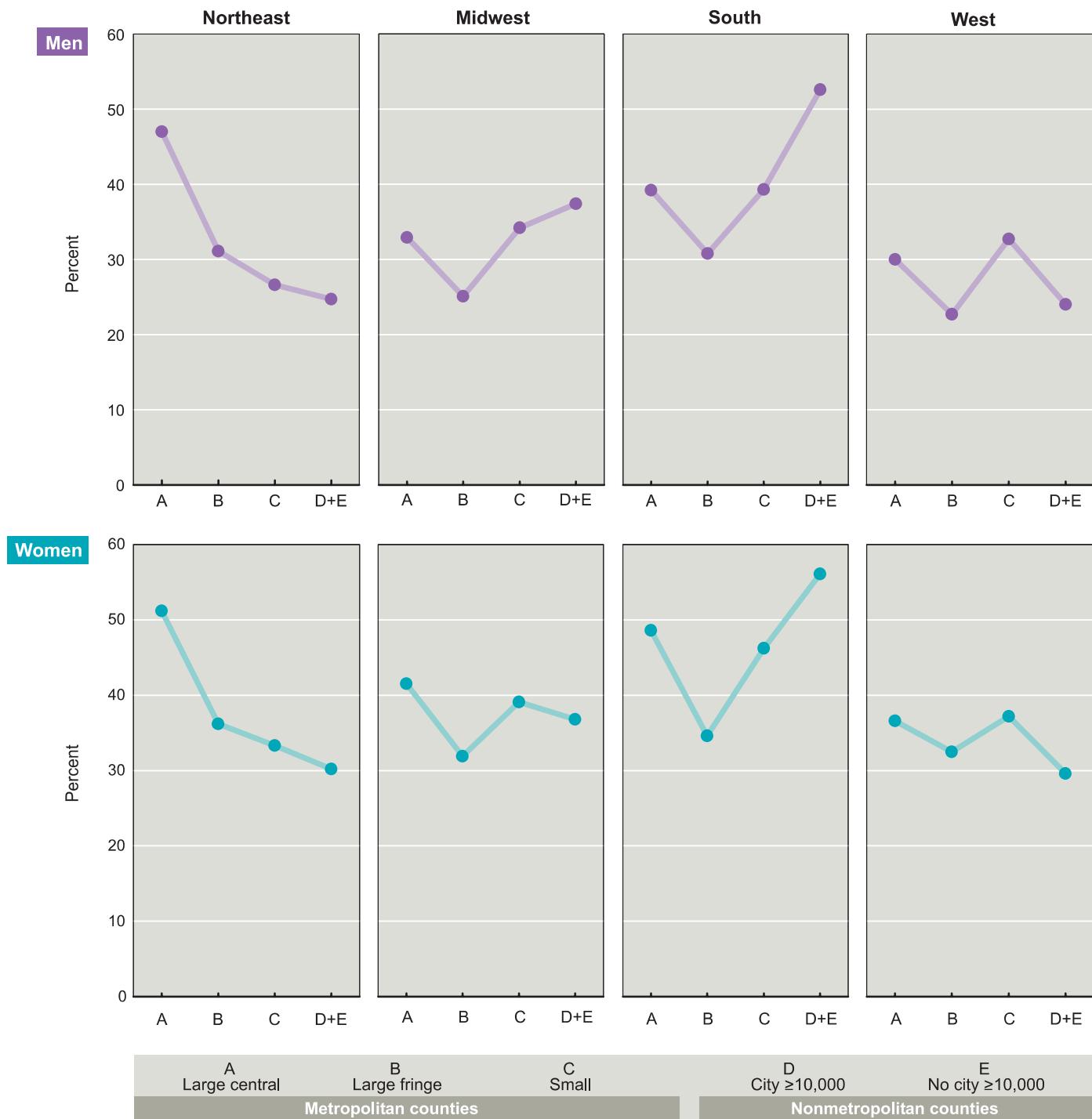
Figure 10. Physical inactivity during leisure time among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed.

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

Figure 10. Physical inactivity during leisure time among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98—Con.



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed.

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

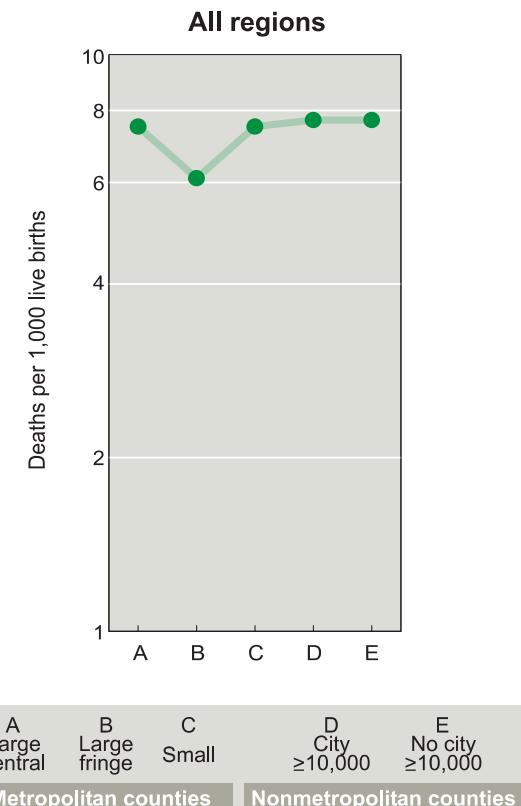
Urban and Rural Health

Infants

Infant mortality, defined as death of a child before age one, is related to the underlying health of the mother, and to the availability and use of prenatal and perinatal services. This makes infant mortality a useful indicator of health problems within and across communities (1).

- Nationally, infant mortality rates are about 20 percent lower in fringe counties of large metro areas than in other urbanization levels (6.1 compared with 7.5–7.7 deaths per 1,000 live births in 1996–98). Urbanization levels with the highest infant mortality differ by region. In the Northeast and Midwest, infants living in central counties are at highest risk of death. In the South and West, infants in small metro and nonmetro counties are at highest risk.
- Geographic variation in racial and ethnic composition ([figure 4](#)) and poverty ([figure 5](#)) contributes to the urbanization differences in infant mortality. Infants born to black mothers are at higher risk of death than those in other racial and ethnic groups (*Health, United States, 2001* [table 20](#)) and those living in poverty are at higher risk of death than other infants (2).
- Mortality among non-Hispanic white infants is lowest in fringe counties and highest in nonmetro counties (5.2 compared with 6.9 per 1,000 live births). Among black infants, mortality is higher in small metro counties than in most other urbanization levels (not shown). Among Hispanic infants, mortality rates vary little across urbanization levels.
- Similar mortality rates among very low-birth weight infants across urbanization levels (not shown) may indicate widespread access to perinatal and neonatal intensive care, either through perinatal regionalization programs or local perinatal intensive care services (3). Wide disparities by urbanization level in Sudden Infant Death Syndrome (SIDS), the third leading cause of infant mortality, (ranging from 57 deaths per 100,000 live births in fringe counties to over 90 deaths per 100,000 in nonmetro counties) may indicate that the “Back to Sleep” public health campaign to reduce SIDS (4) may be less effective in reaching the nonmetro counties.

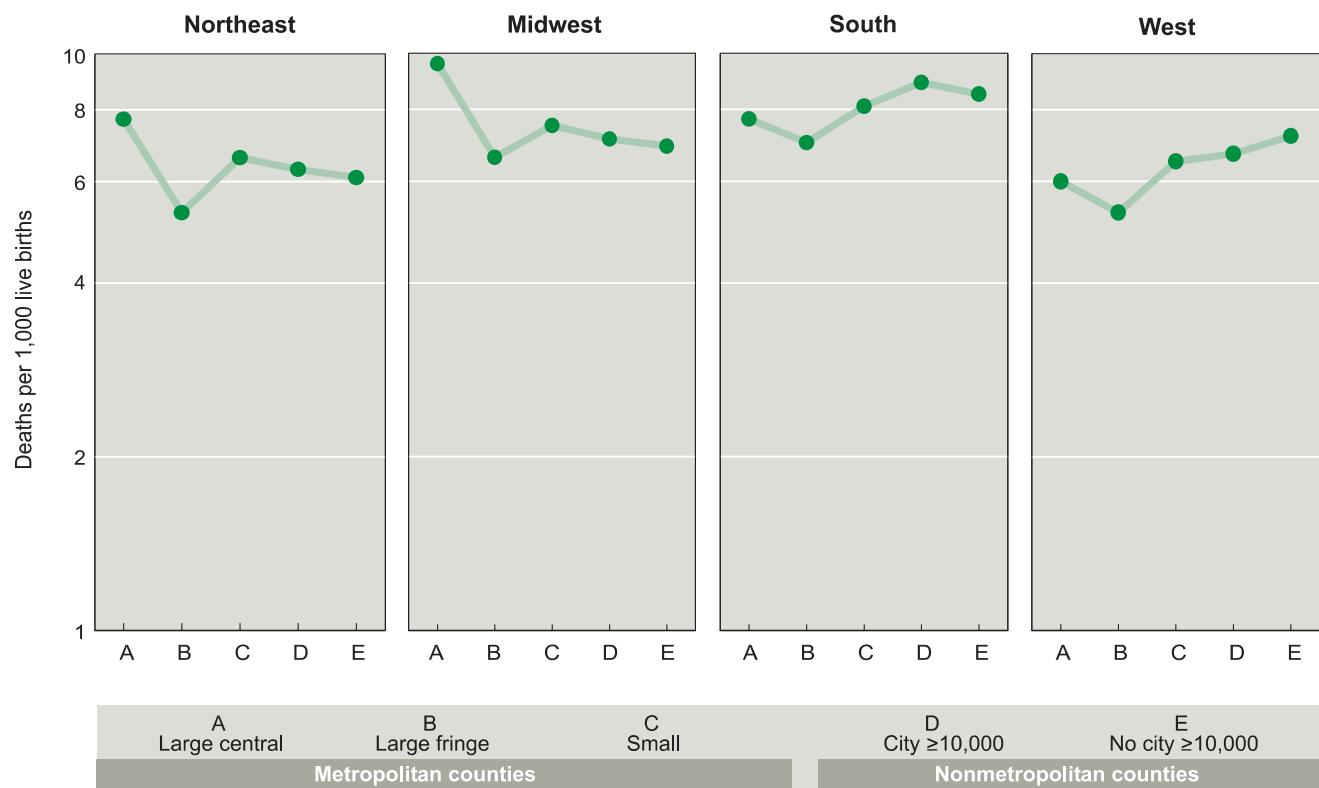
Figure 11. Infant mortality rates by region and urbanization level: United States, 1996–98



NOTES: Data are plotted on the log scale. See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 20 and 24.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

Figure 11. Infant mortality rates by region and urbanization level: United States, 1996-98—Con.



NOTES: Data are plotted on the log scale. See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 20 and 24.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

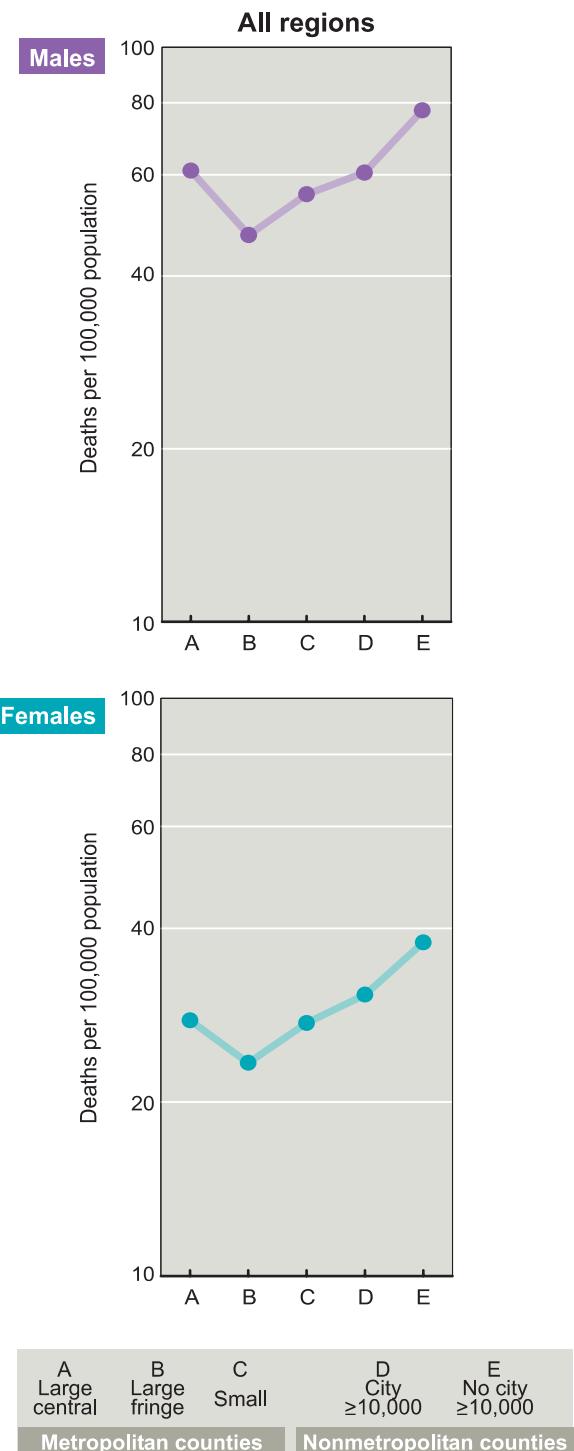
Urban and Rural Health

Children and Young Adults

Death rates for children and young adults (ages 1–24 years) are much lower than those for older persons. However, almost 70 percent of the deaths in this young group are due to injuries, both unintentional and intentional, and therefore largely preventable (1). The proportion of deaths due to injury increases with age from 44 percent for children 1–4 years old to 77 percent for young persons 15–24 years old (1).

- Nationally, the age-adjusted death rate for children and young adults increases steadily from fringe counties of large metro areas to the most rural counties (47 to 78 per 100,000 population for males, 23 to 38 per 100,000 for females in 1996–98).
- The mortality differential between fringe counties and the most rural counties in 1996–98 ranged from about 25 percent for both sexes in the Northeast to 105 percent for males in the West. For males and females in the Northeast and males in the Midwest, rates in central counties of large metro areas are as high as or higher than rates in the most rural counties.
- Almost one-half of the deaths occurring among children and young adults are attributable to unintentional injuries, which show a strong urban to rural increase ([figure 17](#)). The high death rates in central counties are partly attributable to the high homicide rates for young men in these counties ([figure 18](#)).

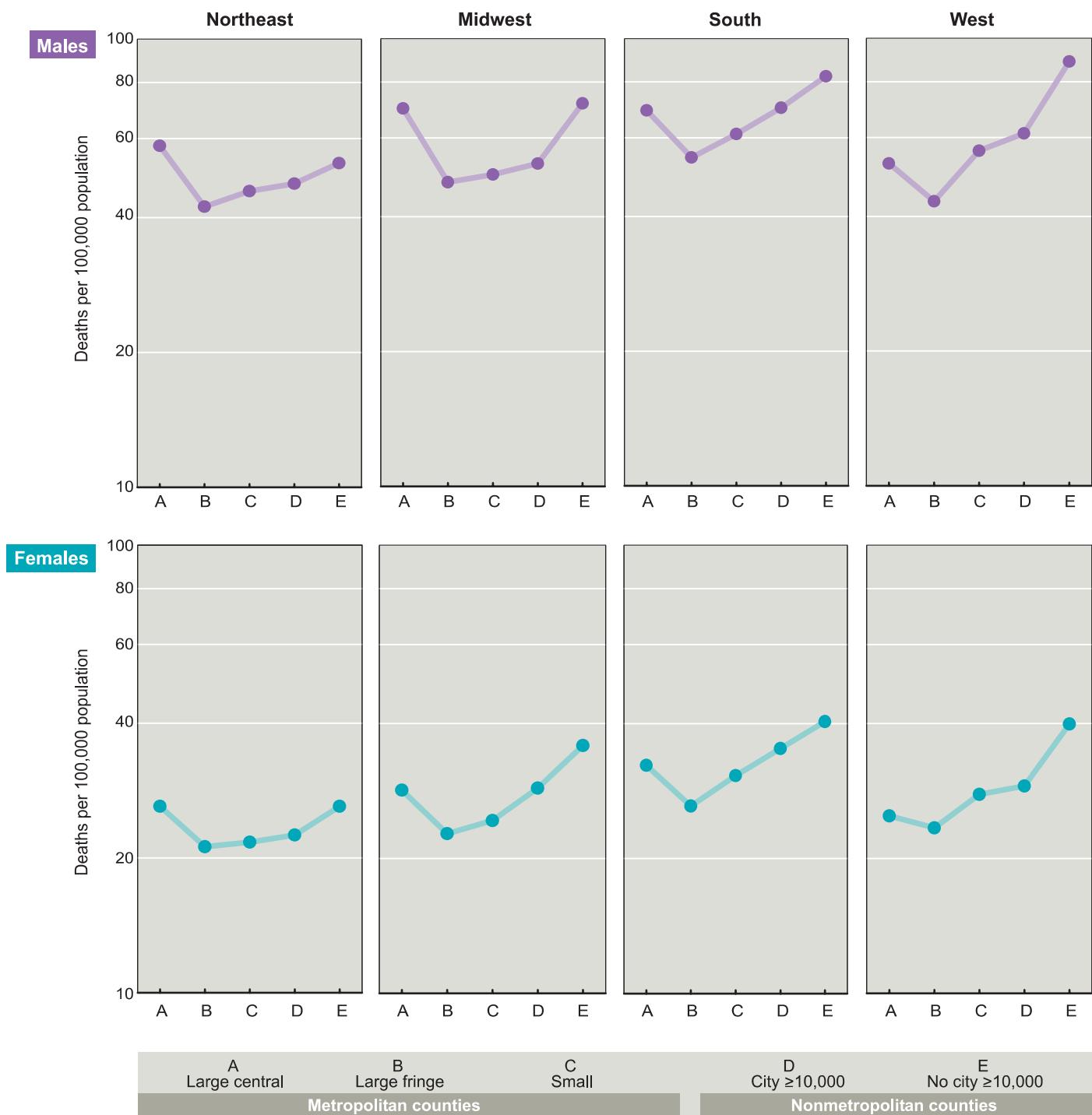
Figure 12. Death rates for all causes among persons 1–24 years of age by sex, region, and urbanization level: United States, 1996–98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

Figure 12. Death rates for all causes among persons 1-24 years of age by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

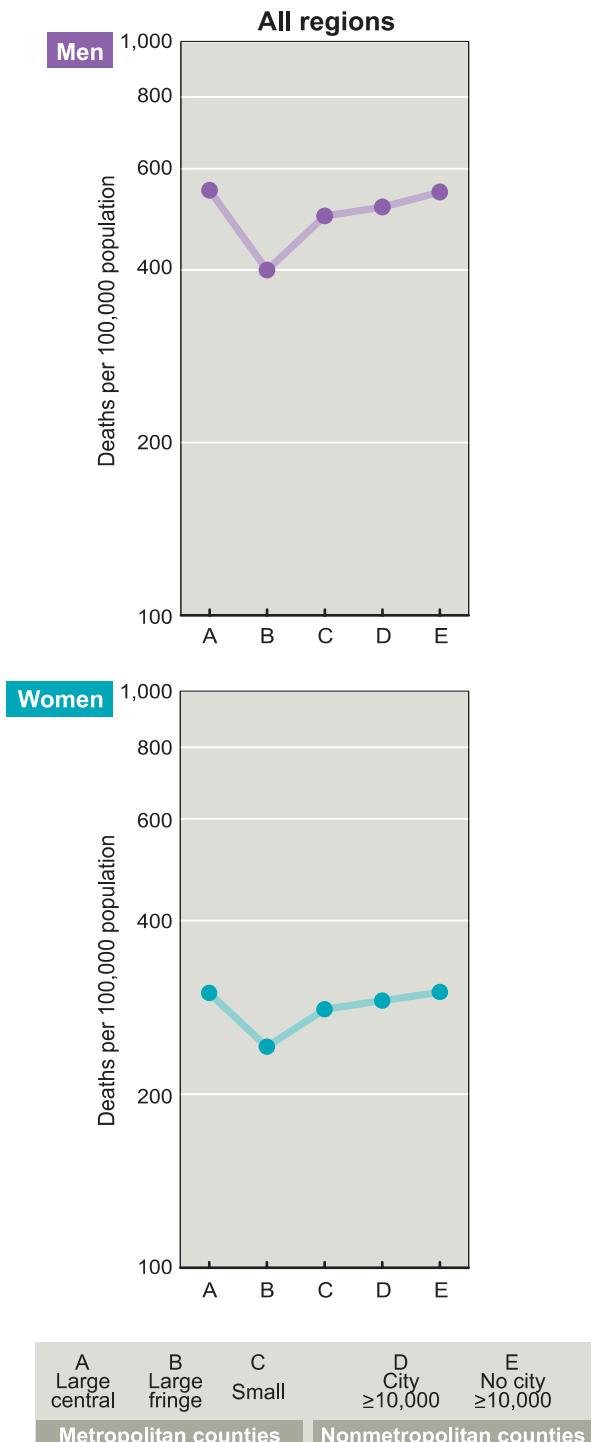
Urban and Rural Health

Working-Age Adults

Deaths among persons ages 25–64 years accounted for 22 percent of all deaths in the United States in 1998 (1). The three leading causes of death for working-age adults are cancer, heart disease, and unintentional injuries, with lung cancer the leading cause of cancer mortality (1).

- Nationwide age-adjusted death rates for working-age adults are lowest in fringe counties of large metro areas (399 per 100,000 population for men and 242 per 100,000 for women in 1996–98). For men, death rates in central counties and the most rural counties were 37–38 percent higher than in fringe counties. For women the excess in central counties and the most rural counties was 24 percent.
- In all regions the lowest death rates for working-age adults occur in the fringe counties of large metro areas. In the Northeast and Midwest, the death rates are highest in central counties (34–53 percent higher than in fringe counties). In the South death rates are highest in nonmetro counties (31–44 percent higher than in fringe counties).
- The regional differences in urbanization patterns observed for working-age adults reflect regional differences in the urbanization patterns of some leading causes of death for this age group. For example, heart disease death rates are higher in the rural South and for black Americans in central counties outside the South (figure 15) (2). Death rates from unintentional injuries are high in nonmetro counties (figure 17). Homicide rates are especially high in central counties in the Midwest and South (figure 18), while suicide rates are especially high in nonmetro counties in the West (figure 19). The regional differences in the urbanization patterns of these causes of death are partly attributable to differences in etiologic and demographic factors.

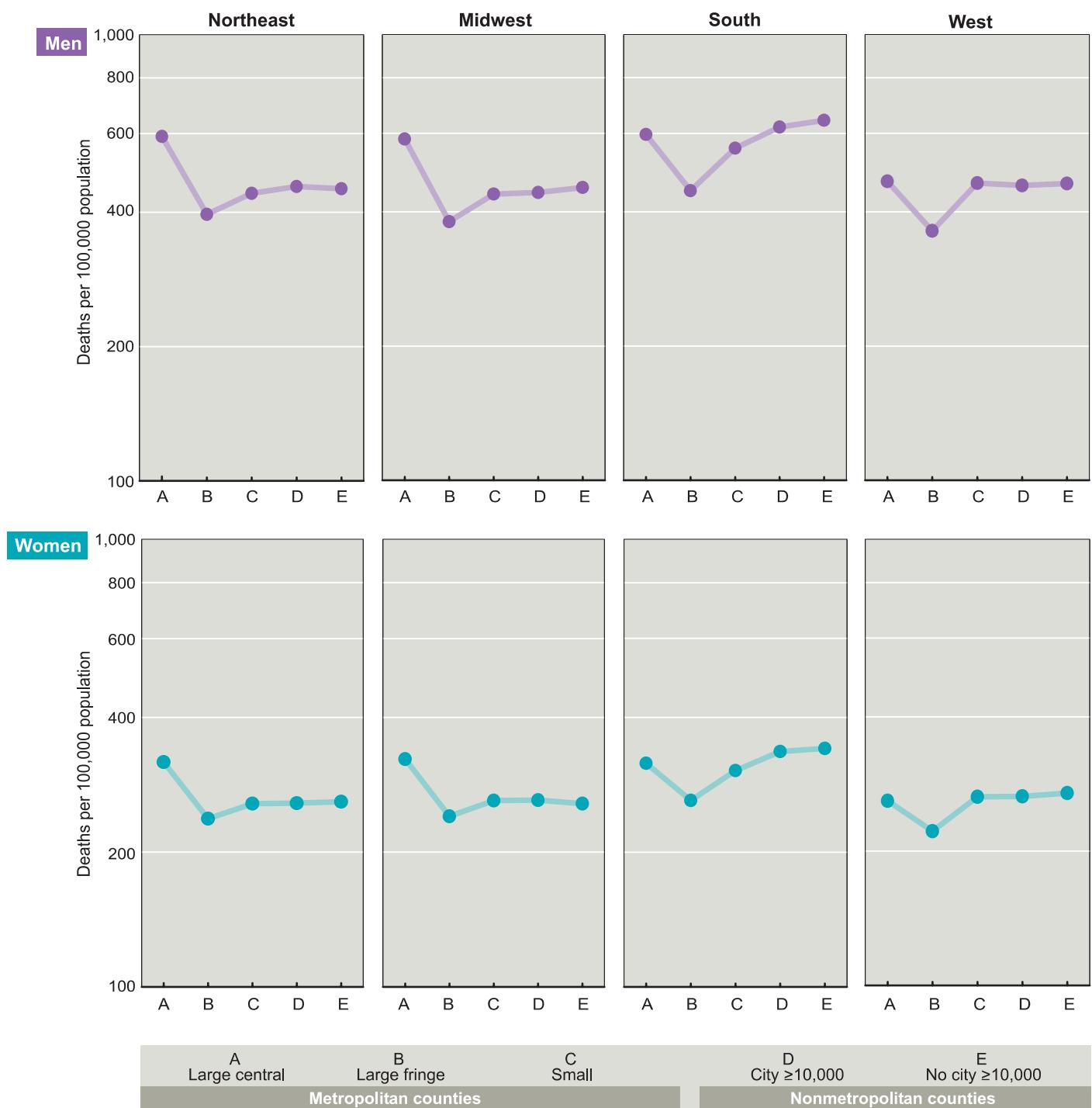
Figure 13. Death rates for all causes among persons 25–64 years of age by sex, region, and urbanization level: United States, 1996–98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

Figure 13. Death rates for all causes among persons 25-64 years of age by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

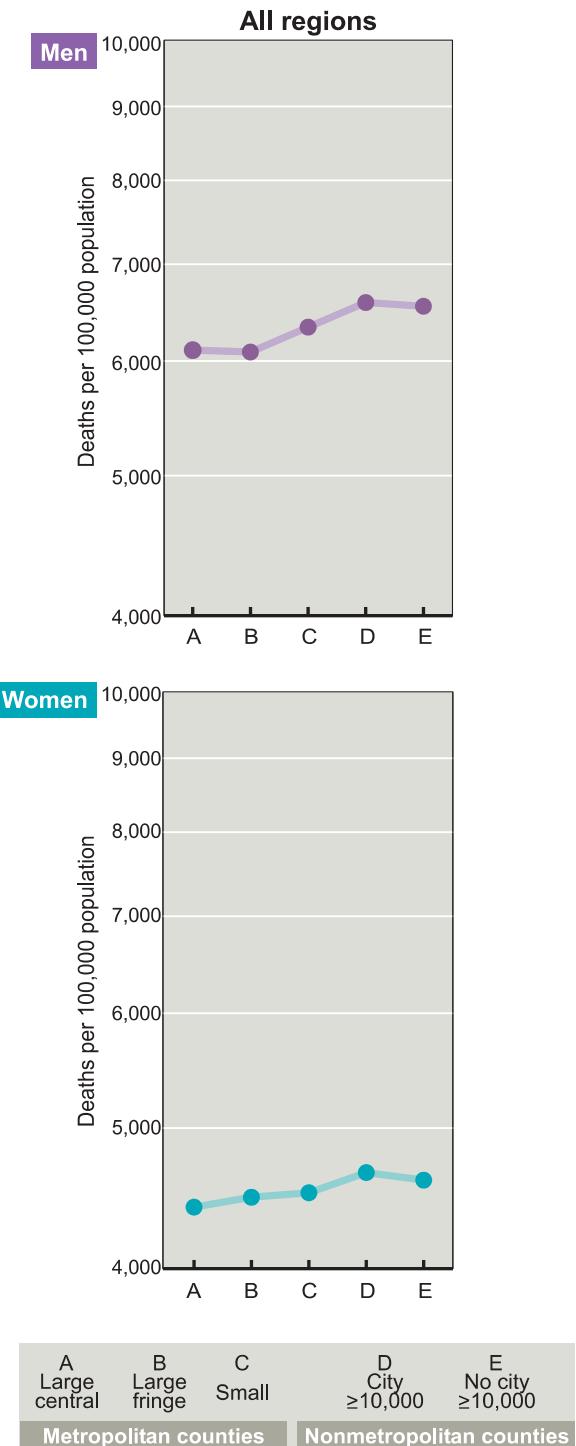
Urban and Rural Health

Seniors

Three-quarters of all deaths in the United States occur among persons age 65 and over (1). The top five causes of death for elderly Americans are heart disease, cancer, stroke, chronic obstructive pulmonary disease, and pneumonia (1). Provision of appropriate and timely health services can help seniors prevent, treat, and manage chronic illnesses, thus enhancing quality of life and preventing premature death.

- The national age-adjusted death rate for elderly men is lowest in large metro (central and fringe) counties and highest in nonmetro counties (about 6,100 compared with about 6,500–6,600 per 100,000 in 1996–98). For elderly women the rate is lowest in central counties of large metro areas and highest in nonmetro counties (4,410 compared with over 4,600 per 100,000). The urban-rural upward gradient for seniors (8 percent for men and 6 percent for women) is less steep than for younger persons, but it involves many more deaths because death rates for seniors are much higher than for younger persons.
- Urbanization patterns of mortality among seniors are similar for men and women within regions but vary across regions. In all regions except the Midwest, mortality among seniors is lowest in large metro (central and fringe) counties and highest in nonmetro counties. In the Midwest mortality is lower in nonmetro counties than in large metro counties.

Figure 14. Death rates for all causes among persons 65 years of age and over by sex, region, and urbanization level: United States, 1996–98

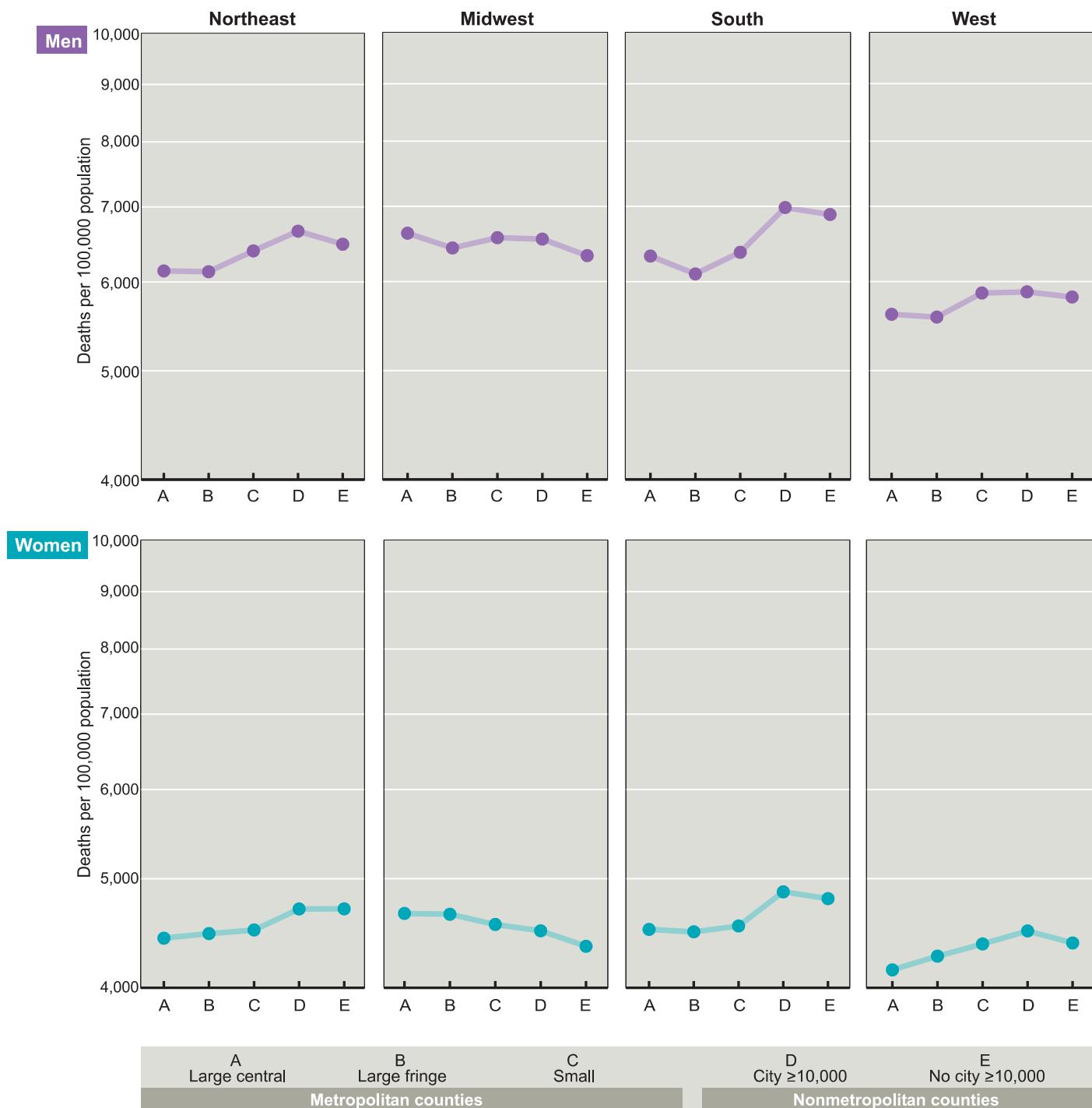


A Large central	B Large fringe	C Small	D City ≥10,000	E No city ≥10,000
Metropolitan counties		Nonmetropolitan counties		

NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

Figure 14. Death rates for all causes among persons 65 years of age and over by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 36.

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

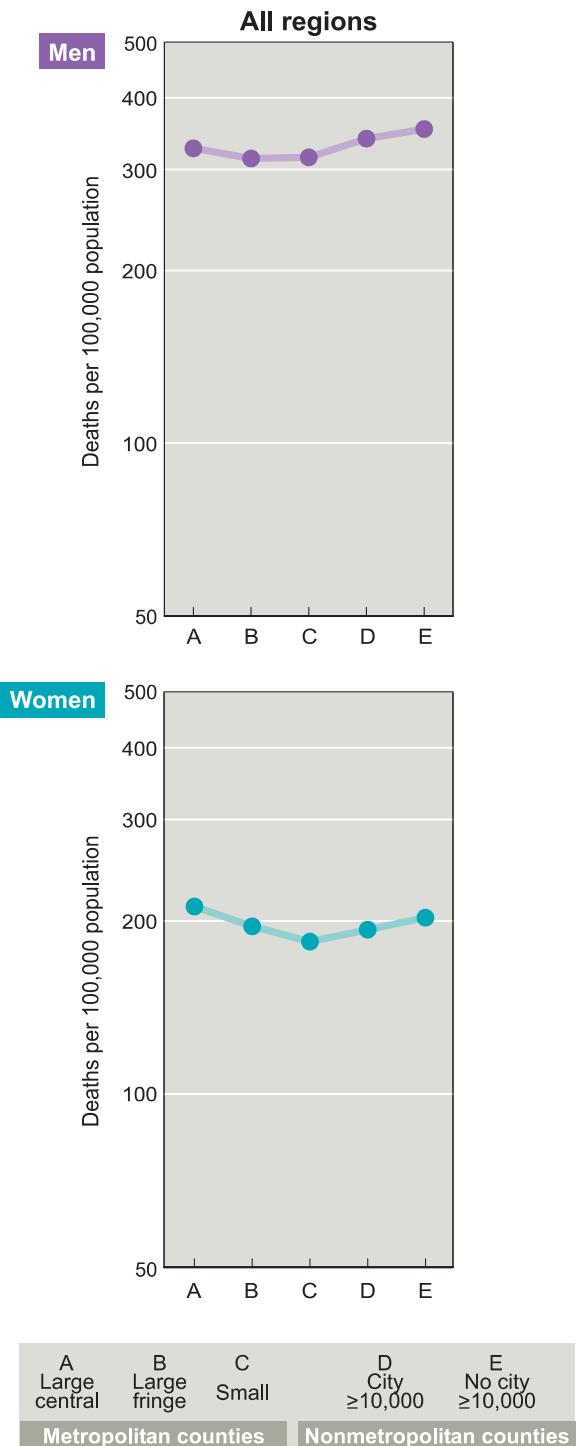
Urban and Rural Health

Heart Disease

Heart disease is the leading cause of death in the United States. Ischemic heart disease accounts for more than 60 percent of heart disease deaths (1). Regional and urbanization differences in heart disease mortality have long been recognized (2). Increased understanding of these geographic patterns may help in development of effective strategies to reduce heart disease mortality.

- For the country as a whole, ischemic heart disease death rates for men 20 years and over are highest in the most rural counties (about 12 percent higher than in large fringe and small metro counties). For women the highest death rates occur in the central counties of large metro areas.
- Among adults 20 years and over, urbanization patterns of ischemic heart disease death rates vary across the regions. In the South there is a consistent urban-rural increase in the death rates (with rates in the most rural counties over 20 percent higher than in fringe counties). In the West ischemic heart disease death rates decrease as urbanization decreases. In the Northeast the highest death rate occurs in central counties of large metro areas.
- Some of the differences in heart disease mortality are probably due to variation in the distribution of recognized cardiovascular risk factors and sociodemographic characteristics, in access to or use of medical care, and in occupation, socioeconomic status, and education (2,3). High death rates in nonmetro counties of the South, for example, are consistent with high poverty and smoking rates in those counties ([figures 5 and 7](#)).

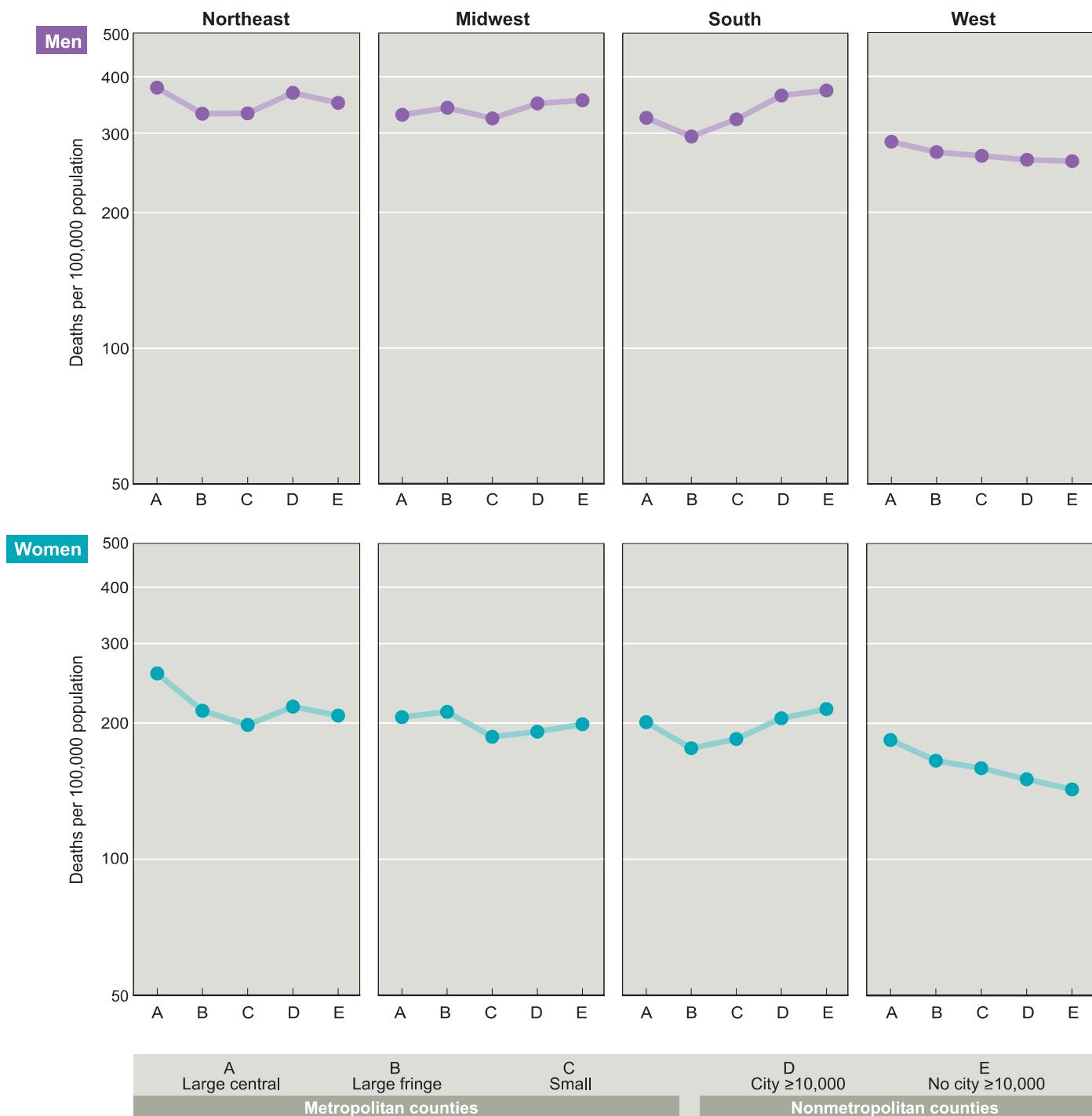
Figure 15. Death rates for ischemic heart disease among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996-98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 30.

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

Figure 15. Death rates for ischemic heart disease among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 30.

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

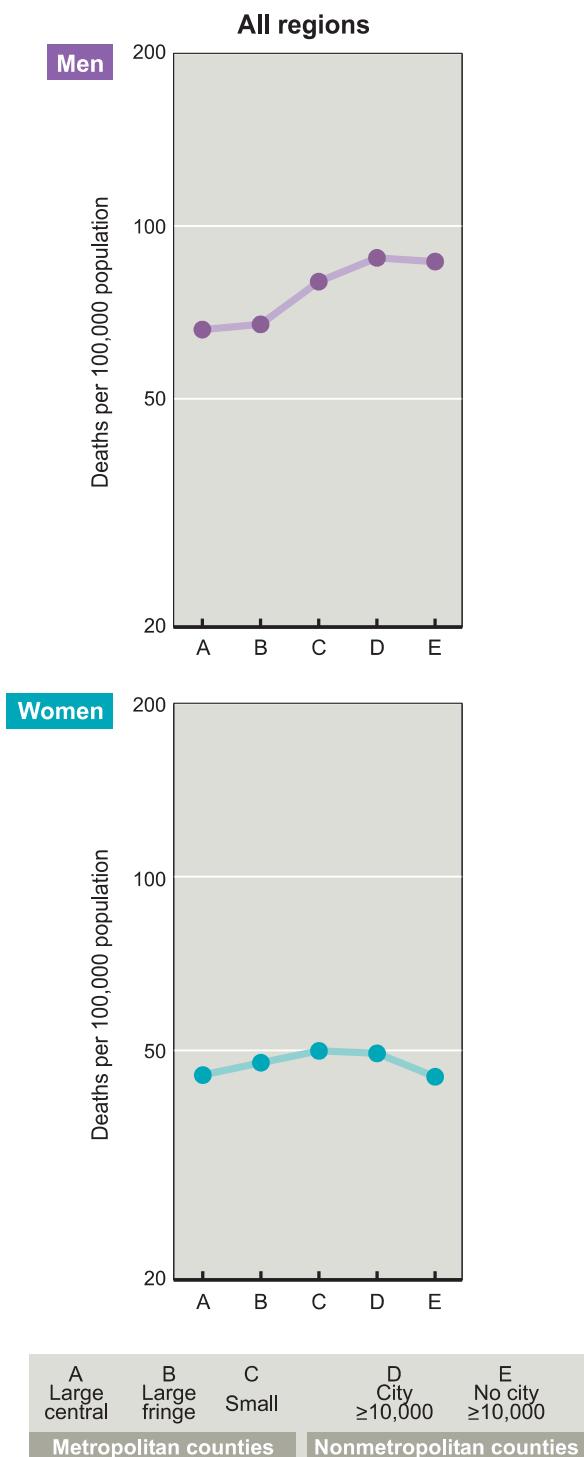
Urban and Rural Health

Chronic Obstructive Pulmonary Diseases

Chronic obstructive pulmonary diseases and allied conditions (COPD) are diseases characterized by obstruction of airflow (such as chronic bronchitis, emphysema, and asthma). COPD is the fourth leading cause of death in the United States, claiming over 112,000 lives in 1998 (1). Cigarette smoking is the most important risk factor for COPD (2). Occupational exposure to airborne pollutants such as solvents and dusts contribute to COPD (3).

- Nationwide, the age-adjusted COPD death rate for men 20 years and over increases as urbanization decreases (from 66 per 100,000 population in central counties of large metro areas in 1996–98 to 87–88 per 100,000 in nonmetro counties). For women there is no clear urban-rural gradient.
- For men the regional patterns follow the national pattern. Men in the Northeast have the largest urban-rural increase in COPD mortality, followed by men in the South. For women COPD death rates show an urban-rural increase only in the Northeast.
- Non-Hispanic white persons have higher COPD death rates than any other racial and/or ethnic group. Asians/Pacific Islanders have the lowest rates and have an urbanization pattern that reverses the national pattern (not shown).
- The higher rates of COPD found in nonmetro counties are consistent with cigarette smoking patterns (figure 7).

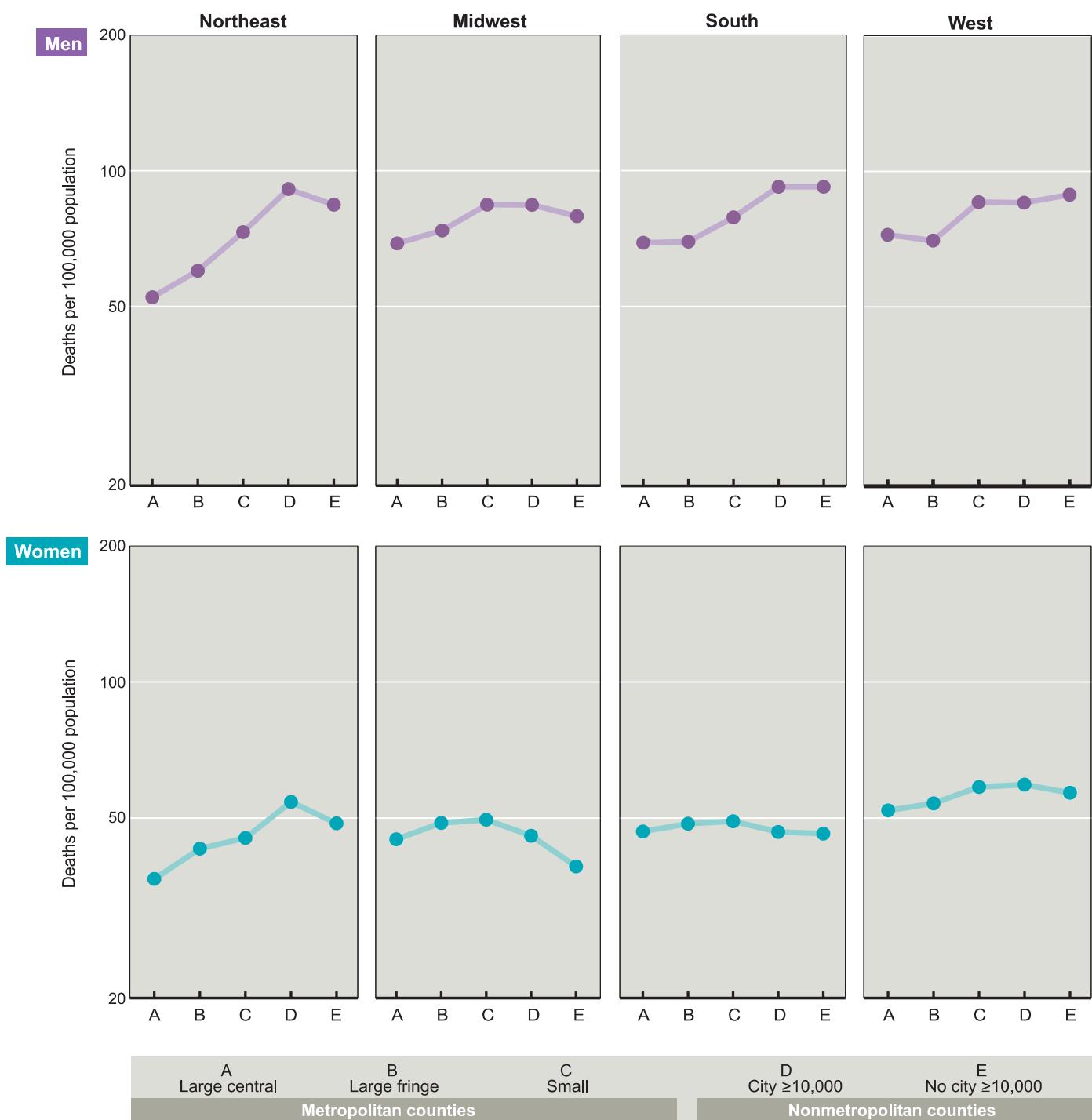
Figure 16. Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996–98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 42.

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

Figure 16. Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996-98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 42.

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

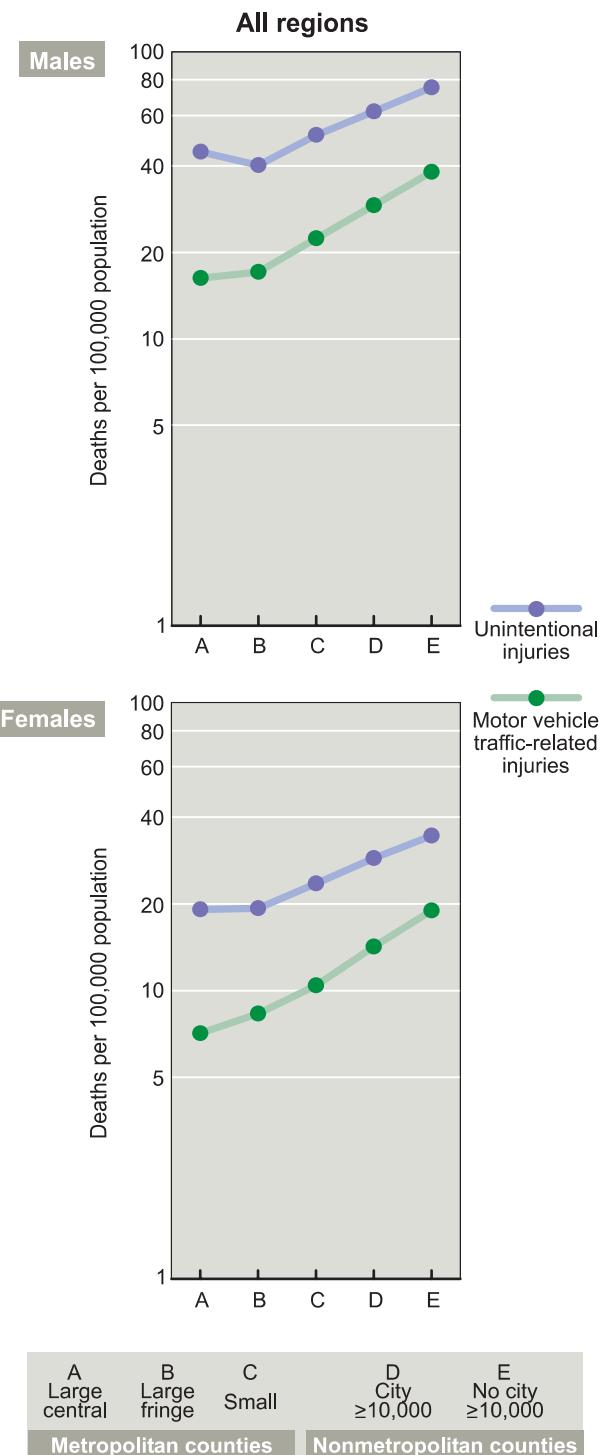
Urban and Rural Health

Unintentional Injuries and Motor Vehicle Traffic-Related Injuries

Deaths from unintentional injuries include those from motor vehicle traffic-related injuries (43 percent), falls (13 percent), poisoning (11 percent), and suffocation (5 percent). Unintentional injuries are the fifth leading cause of death overall and the leading cause for persons ages 1–44 years (1). Of all types of injury, those to the brain are most likely to result in death or disability (2). Sixteen percent of all unintentional injury deaths and 21 percent of motor vehicle deaths were attributable to traumatic brain injury in 1996–98 (3).

- Nationally, the age-adjusted unintentional injury death rate increases strongly as counties become less urban. For males in 1996–98, the death rate was 86 percent higher in the most rural counties than in fringe counties of large metro areas. For females the unintentional injury death rate was about 80 percent higher in the most rural counties than in large metro (central and fringe) counties.
- The nationwide urbanization pattern is replicated in each region. Unintentional injury death rates are especially high in the most rural counties of the South and West. High death rates among Hispanic persons and very high rates among American Indian persons (not shown) contribute to the higher mortality in nonmetro counties in the West.
- Nationwide and in each region, the age-adjusted rate for motor vehicle traffic-related deaths in the most rural counties is over twice the rate in central counties of large metro areas. The urbanization pattern for fatal motor vehicle injuries is similar to that for unintentional injuries, except that the motor vehicle death rate in fringe counties tends to be higher, rather than lower, than the rate in central counties.
- The excess risk of unintentional injury death in rural areas is associated with the higher incidence of fatal motor vehicle crashes and to some extent with more hazardous occupations such as commercial fishing, timber cutting, and farming (4,5). There are a number of reasons for the higher incidence of fatal crashes in rural areas: two lane highways, narrow or nonexistent shoulders, limited sight distance due to hills and curves, higher posted speed limits, lower rates of seat belt and child safety seat use, delays in discovery and extended Emergency Medical Services response times, and lack of medical emergency and trauma care facilities.

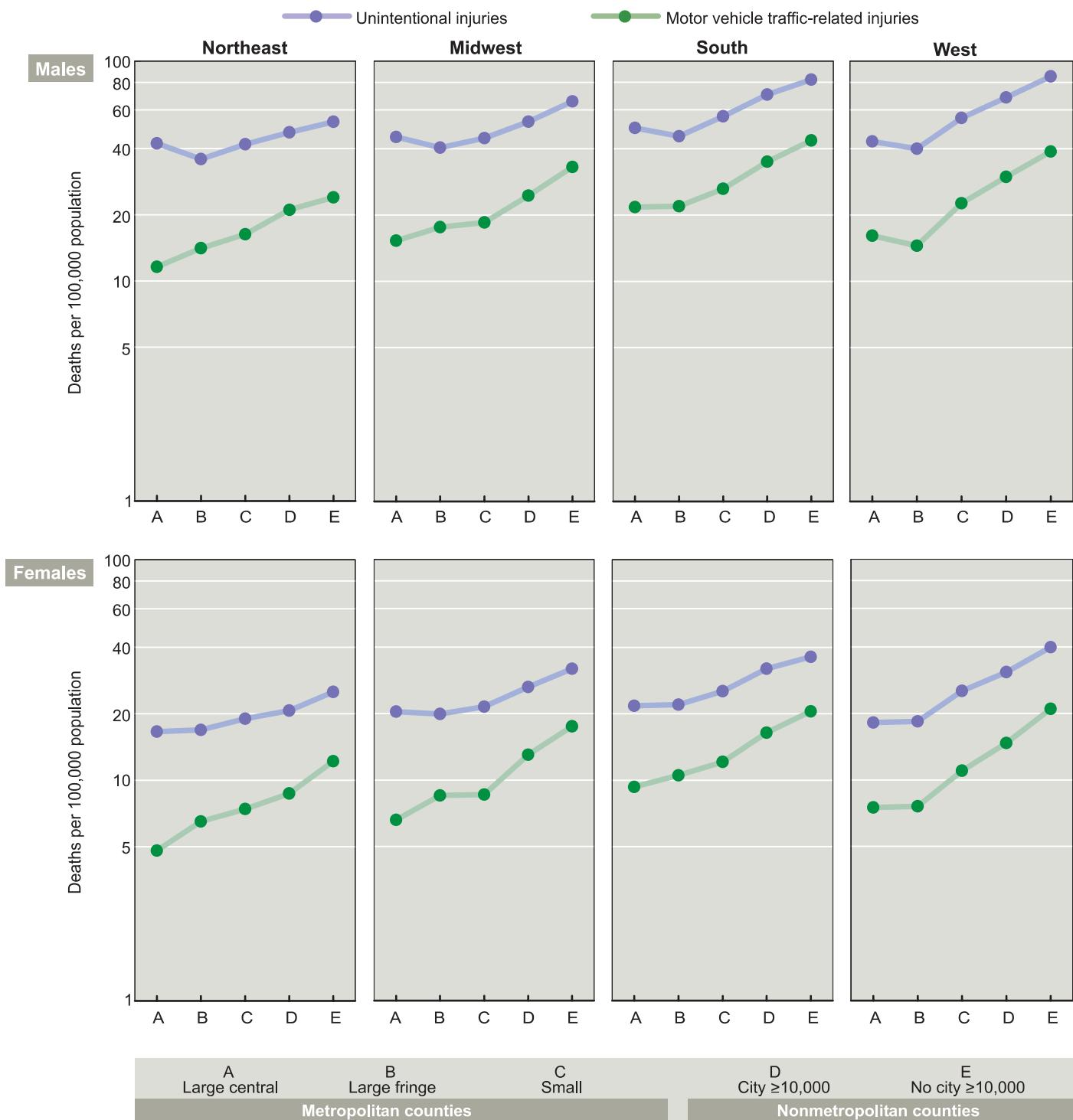
Figure 17. Death rates for all unintentional injuries and motor vehicle traffic-related injuries by sex, region, and urbanization level: United States, 1996–98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 45.

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

Figure 17. Death rates for all unintentional injuries and motor vehicle traffic-related injuries by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 45.

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

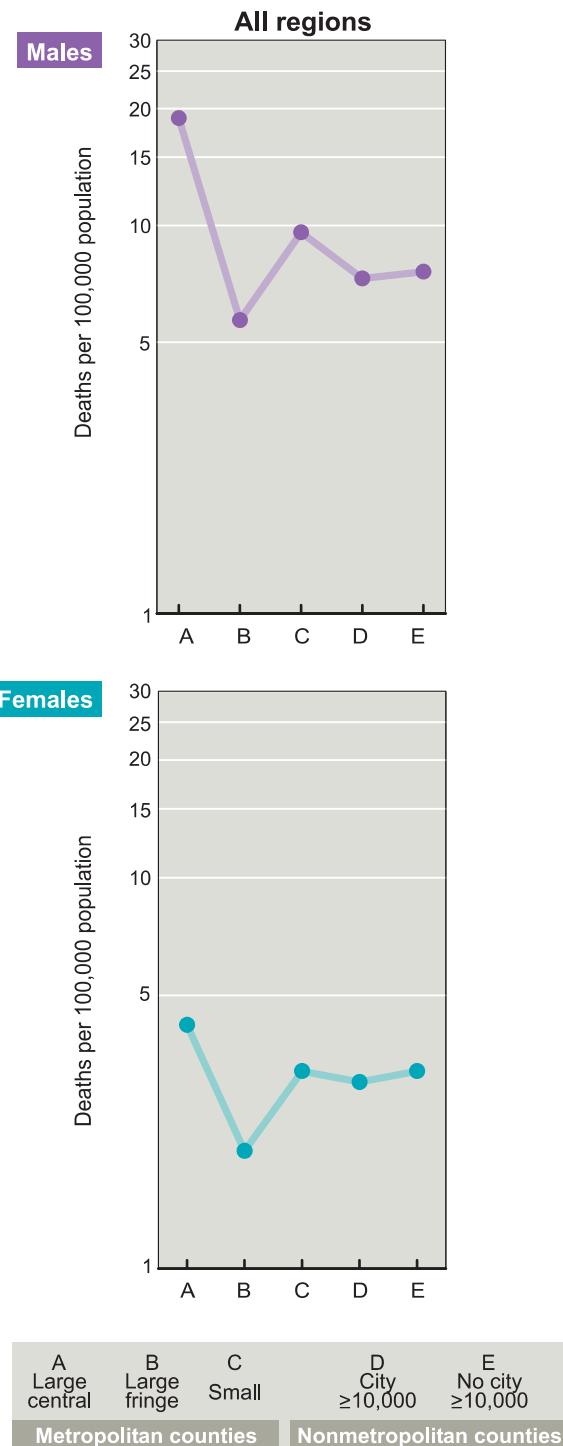
Urban and Rural Health

Homicide

After a sharp increase during the late 1980's and early 1990's, by 1998 the national homicide rate had dropped to its lowest level in about three decades (*Health, United States, 2001, table 46*). Even so, homicide is still the second leading cause of death for 15–24 year-olds and the sixth leading cause for 25–44 year-olds (1).

- For the Nation as a whole, age-adjusted homicide rates are highest in central counties of large metro areas and lowest in suburban counties. Homicide rates in small metro and nonmetro counties are somewhat higher than in fringe counties. This pattern holds for both sexes, although homicide rates for males are almost 5 times as high as for females in central counties (19 compared with 4 per 100,000 population in 1996–98) and 2–3 times as high at other urbanization levels (6–10 compared with 2–3 per 100,000).
- The urbanization pattern for homicide varies by region. In the Northeast and Midwest, the lowest rates for males occur in nonmetro counties. In the South and West, the lowest rates for both sexes occur in fringe counties. The Northeast and Midwest have the largest urban-rural differences in homicide; the South generally has the highest homicide rates at all urbanization levels.
- Firearm homicide accounts for 73 percent of homicides among males and 48 percent of homicides among females (not shown). Both firearm and nonfirearm homicide rates are markedly higher in central counties of large metro areas than in other urbanization levels.
- High homicide rates in central counties are primarily due to high rates for black and Hispanic men (not shown). High homicide rates in nonmetro counties in the South are primarily due to high rates among black men, American Indian men, and Hispanic men (not shown). These high rates, which are well-established (2), are associated with poorer socioeconomic conditions (3).

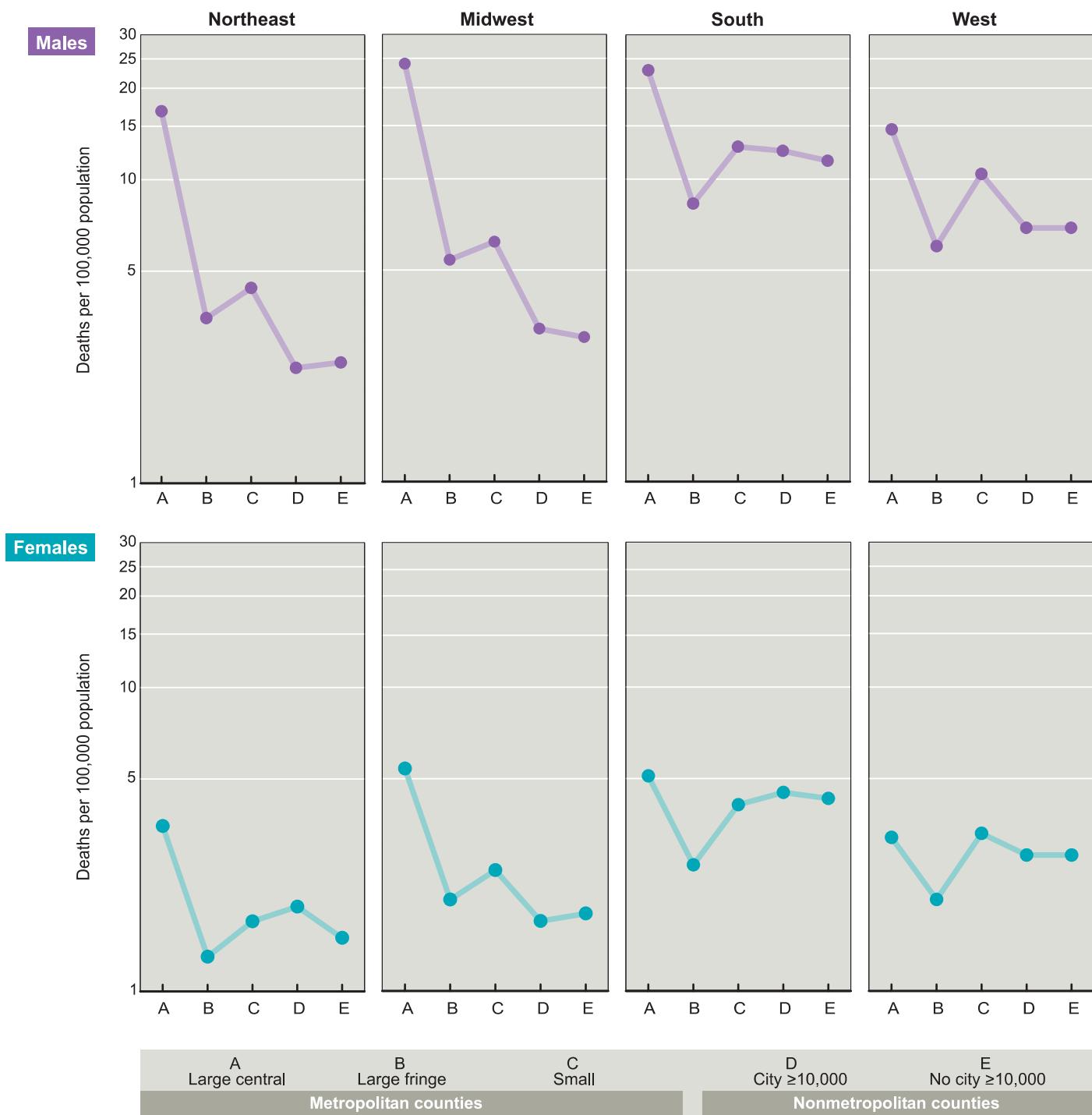
Figure 18. Homicide rates by sex, region, and urbanization level: United States, 1996–98



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 46.

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

Figure 18. Homicide rates by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 46.

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

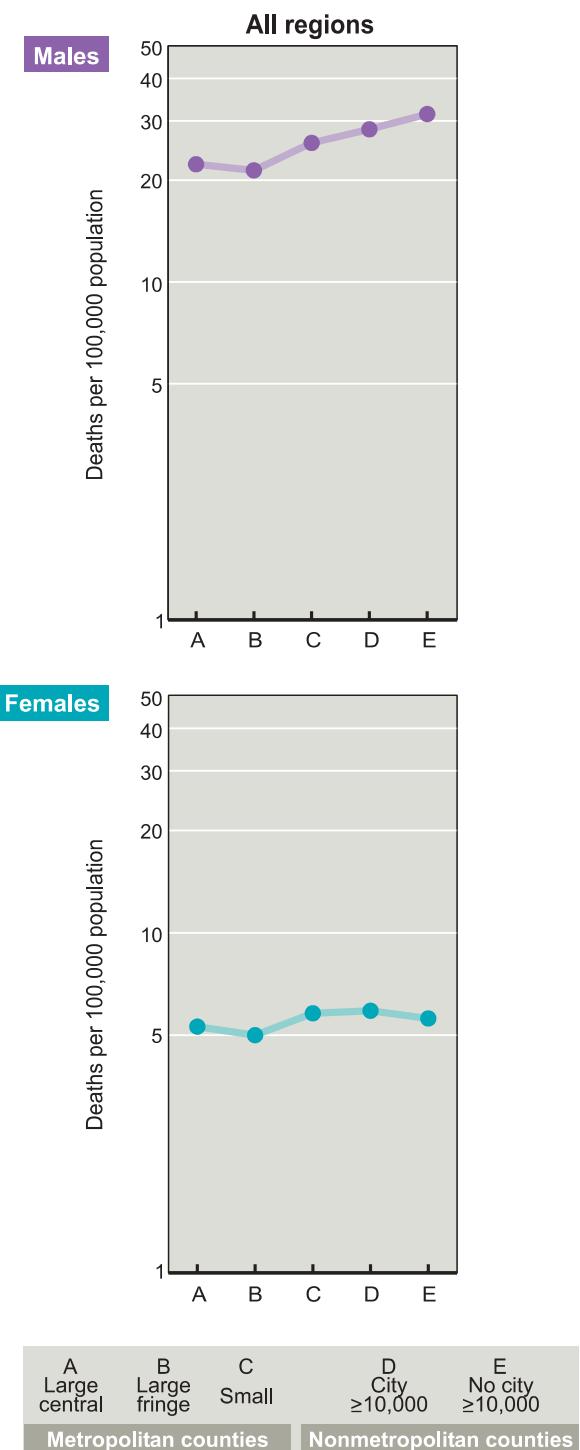
Urban and Rural Health

Suicide

Suicide is the eighth leading cause of death in the United States and the third leading cause for men ages 15–24 years (1). Persons of American Indian heritage have the highest age-adjusted suicide rates in the United States, followed by non-Hispanic white persons. Asian, black, and Hispanic persons have rates about one-half those of the other two groups.

- In the United States as a whole, there is a clear urban-rural increase in suicide rates for males but not for females. In 1996–98 age-adjusted suicide rates for males 15 years and over were 21–22 per 100,000 population in the large metro counties (central and fringe) and 31 per 100,000 in the most rural counties. Suicide rates for males 15 years and over are 4–6 times as high as those for females, with the divergence increasing as urbanization decreases.
- Among males, the urbanization pattern of suicide within each region follows the national pattern. The steepest urban-rural gradient is in the West. Among females, the only region with a clear urban-rural upward gradient is the West. For both sexes, the suicide rates in the nonmetro counties of the West were higher than those in any other region.
- Even though suicide attempts are higher for females (2,3), suicide rates are higher for males because males tend to use more reliably lethal methods. Among males, firearms account for 62 percent of suicides, suffocation for 19 percent, and poisoning for 12 percent. Among females, the proportions are 33, 17, and 34 percent, respectively (4).
- Firearm-related suicide rates (not shown) increase from large metro (central and fringe) counties to the most rural counties. Suicide rates from poisoning and most other methods are lower in the most rural counties. Firearm ownership, a strong predictor of suicide (5) is higher in the South and West than in the Midwest, and lowest in the Northeast (6). Lower treatment rates for depression in rural areas may contribute to the higher suicide rates (7).

Figure 19. Suicide rates among persons 15 years of age and over by sex, region, and urbanization level: United States, 1996–98

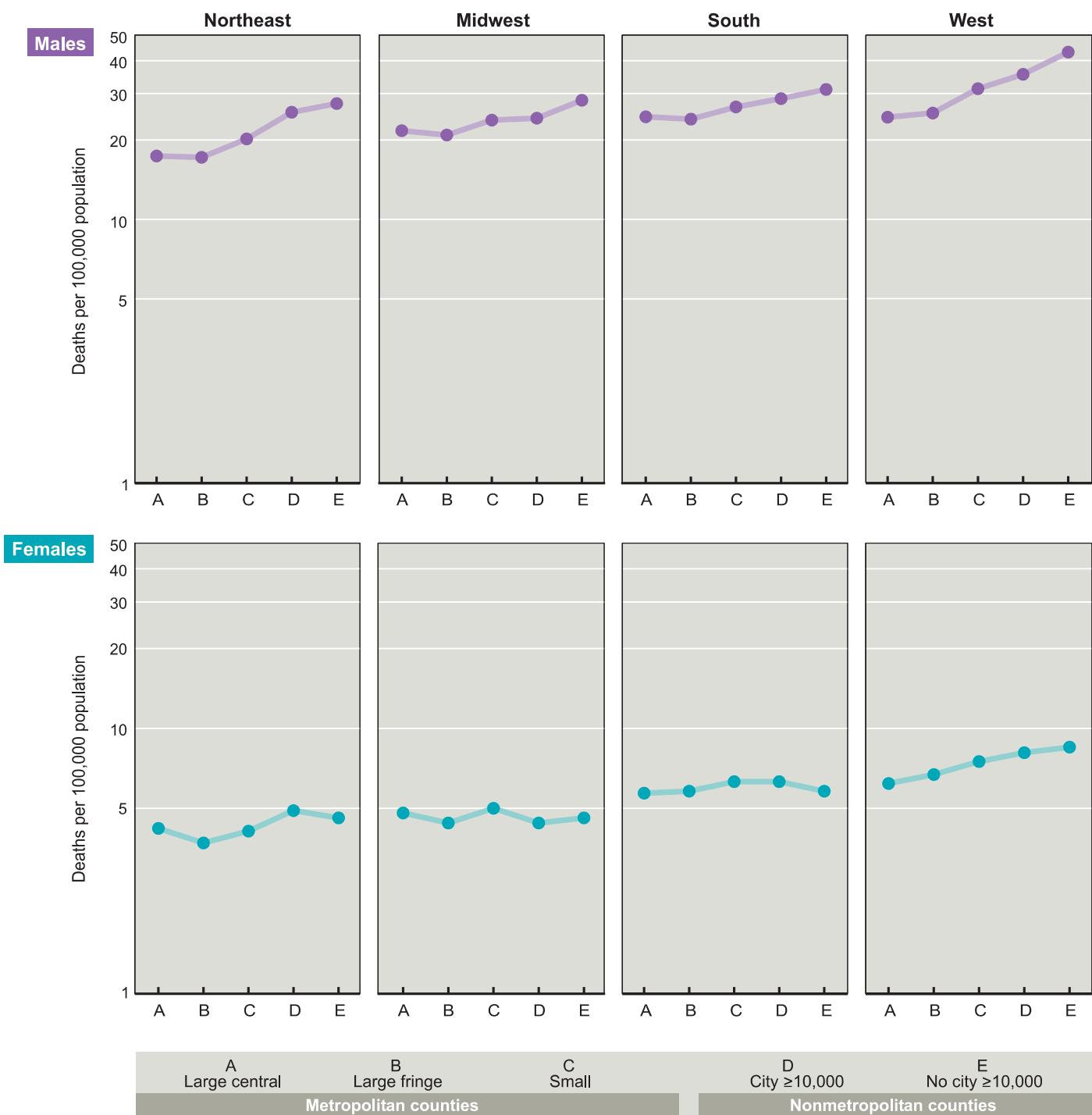


NOTES: Rates are age adjusted. Data are plotted on the log scale.

See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 47.

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

Figure 19. Suicide rates among persons 15 years of age and over by sex, region, and urbanization level: United States, 1996-98—Con.



NOTES: Rates are age adjusted. Data are plotted on the log scale. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 30 and 47.

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

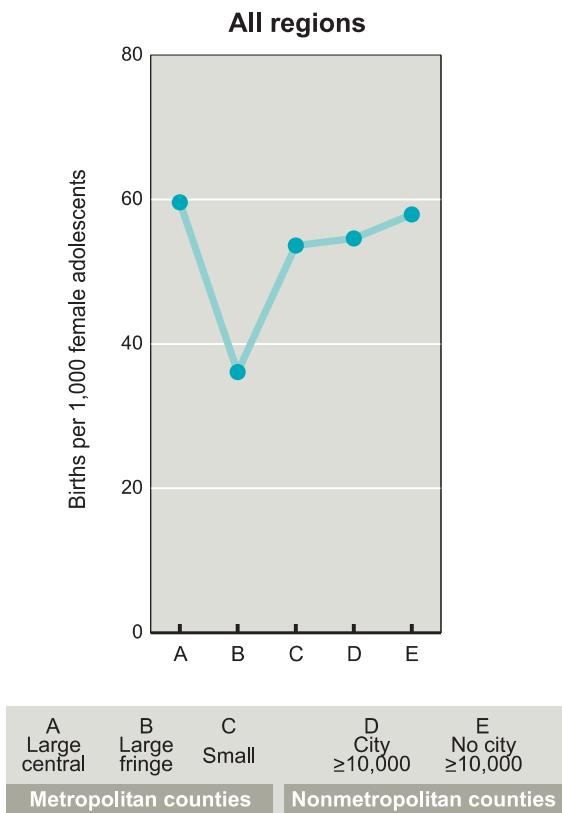
Urban and Rural Health

Adolescent Births

Even though the adolescent birth rate in the United States declined from 1991 to 1999, over 900,000 adolescents still become pregnant each year (1,2). Two-thirds of teen pregnancies are unplanned (3). Unintended teen births can lead to inadequate educational achievement, reduced employment opportunities, and increased likelihood of living in poverty. Infants of adolescent mothers are also more likely to face adverse health outcomes such as low birthweight, preterm birth, and infant mortality (4). Behaviors that increase the risk for unintended pregnancy and early childbearing, which include sexual activity, drinking, and drug use, occur at similar rates among urban and rural teens (5,6).

- For the United States as a whole, the birth rate for adolescents living in fringe counties of large metro areas is much lower (36 per 1,000 female adolescents in 1996–98) than at other urbanization levels (54–60 per 1,000).
- Regions differ in the degree to which rates in central counties differ from rates in small metro and nonmetro counties. In the Northeast and Midwest, teen birth rates in 1996–98 in central counties were nearly twice as high as in fringe counties, but in less urbanized counties rates were only 40–50 percent higher. In the South and West, teen birth rates in central counties were similar to rates in small metro and nonmetro counties.
- Adolescent birth rates are lowest in the Northeast and highest in the South, reflecting, among other things, differences in the racial and ethnic composition of the adolescent population (figure 4). Because non-Hispanic black and Hispanic adolescents have higher birth rates than non-Hispanic white adolescents (*Health, United States, 2001, table 3*), regions with higher proportions of these racial and ethnic groups have higher adolescent birth rates overall (4).
- Sexually active adolescents in less urban areas may be at greater risk of unintended pregnancies, births, and poor birth outcomes because of more limited access to and availability of health and family planning services (6–9).

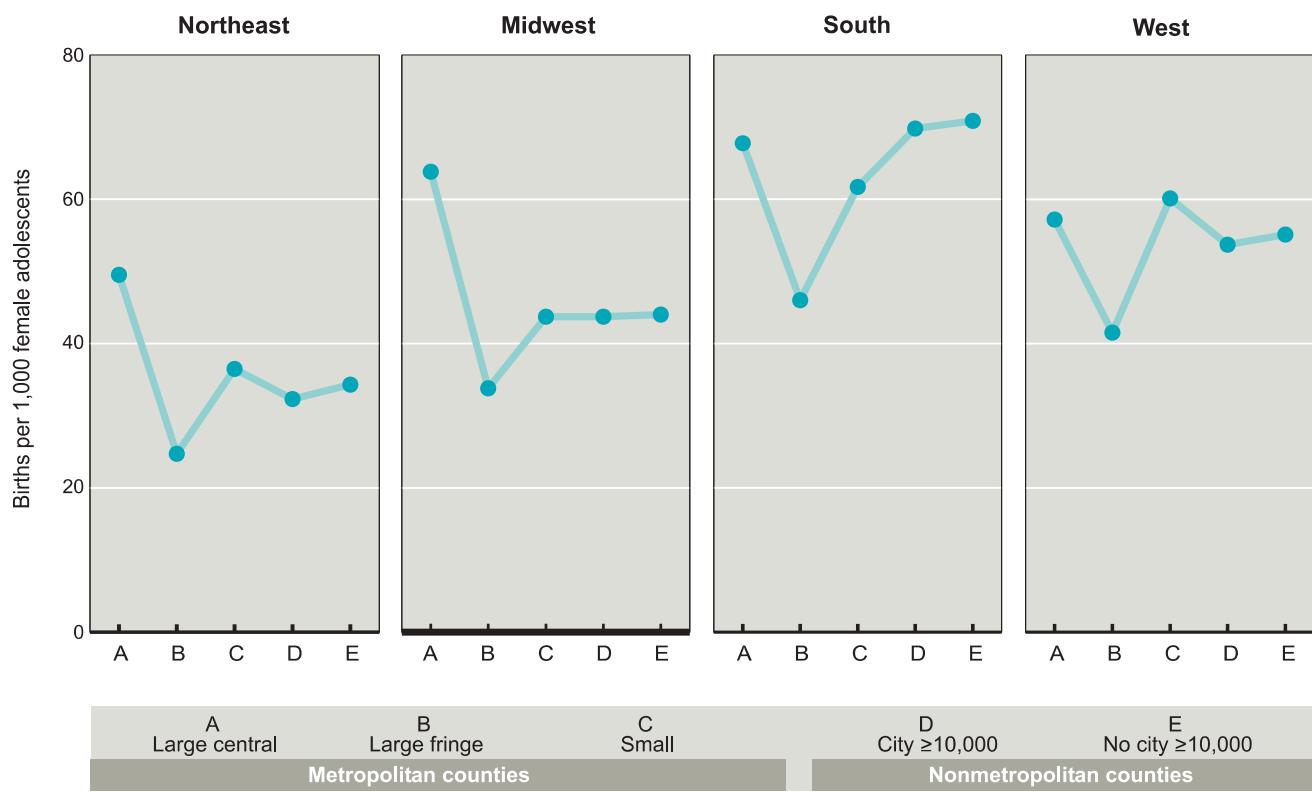
Figure 20. Birth rates among adolescents 15–19 years of age by region and urbanization level: United States, 1996–98



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001, table 3*.

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

Figure 20. Birth rates among adolescents 15-19 years of age by region and urbanization level: United States, 1996-98-Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 3.

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

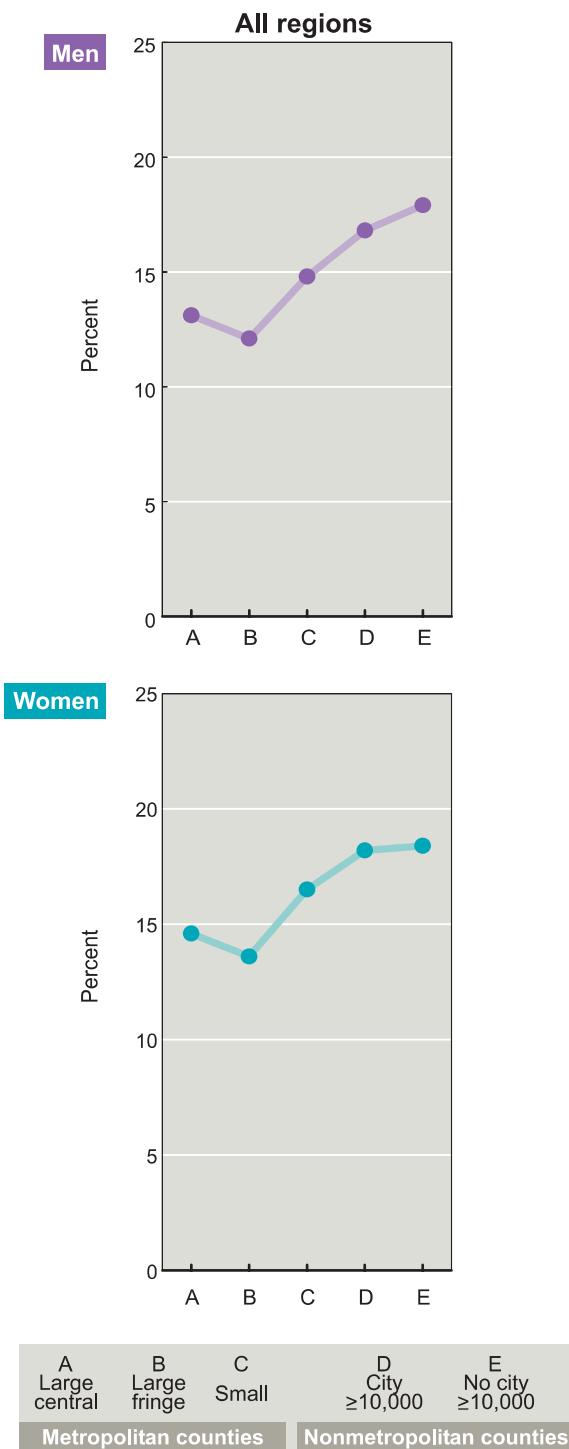
Urban and Rural Health

Limitation of Activity

Limitation of activity caused by chronic health conditions is a measure of limitation in the ability to perform common activities caused by one or more chronic health conditions. Activities reflected in this measure may include, but are not limited to, working, independently performing routine tasks such as household chores or shopping, and independently performing personal care activities such as bathing or eating (see [Appendix II](#), Limitation of activity). Factors related to activity limitation include the number, type, and severity of chronic conditions (1). The prevalence of both chronic conditions and activity limitation increases with age (2), with health-related limitation in mobility or self-care increasing fourfold between ages 65–74 and 85 or older (3). Activity limitation can reflect both a diminished quality of life for the person experiencing restricted functioning and, in severe instances, an additional burden on family and community resources. Public health is concerned not only with preventing debilitating illnesses and injuries, but also with reducing their impact on functioning and quality of life (4).

- For the nation as a whole, age-adjusted activity limitation rates are lowest in fringe counties of large metro areas and highest in nonmetro counties (12 compared with 18 percent for men; 14 compared with 19 percent for women).
- The Northeast and South show sharp urban-rural increases in activity limitation for men and women, increasing from 12–14 percent of adults in large metro counties to 19–21 percent in nonmetro counties. Activity limitation levels in the nonmetro counties of these two regions tend to be higher than in nonmetro counties in the Midwest and West.
- In the Midwest and West, activity limitation levels in central counties of large metro areas tend to be higher than in fringe counties and more similar to levels in small metro and nonmetro counties.

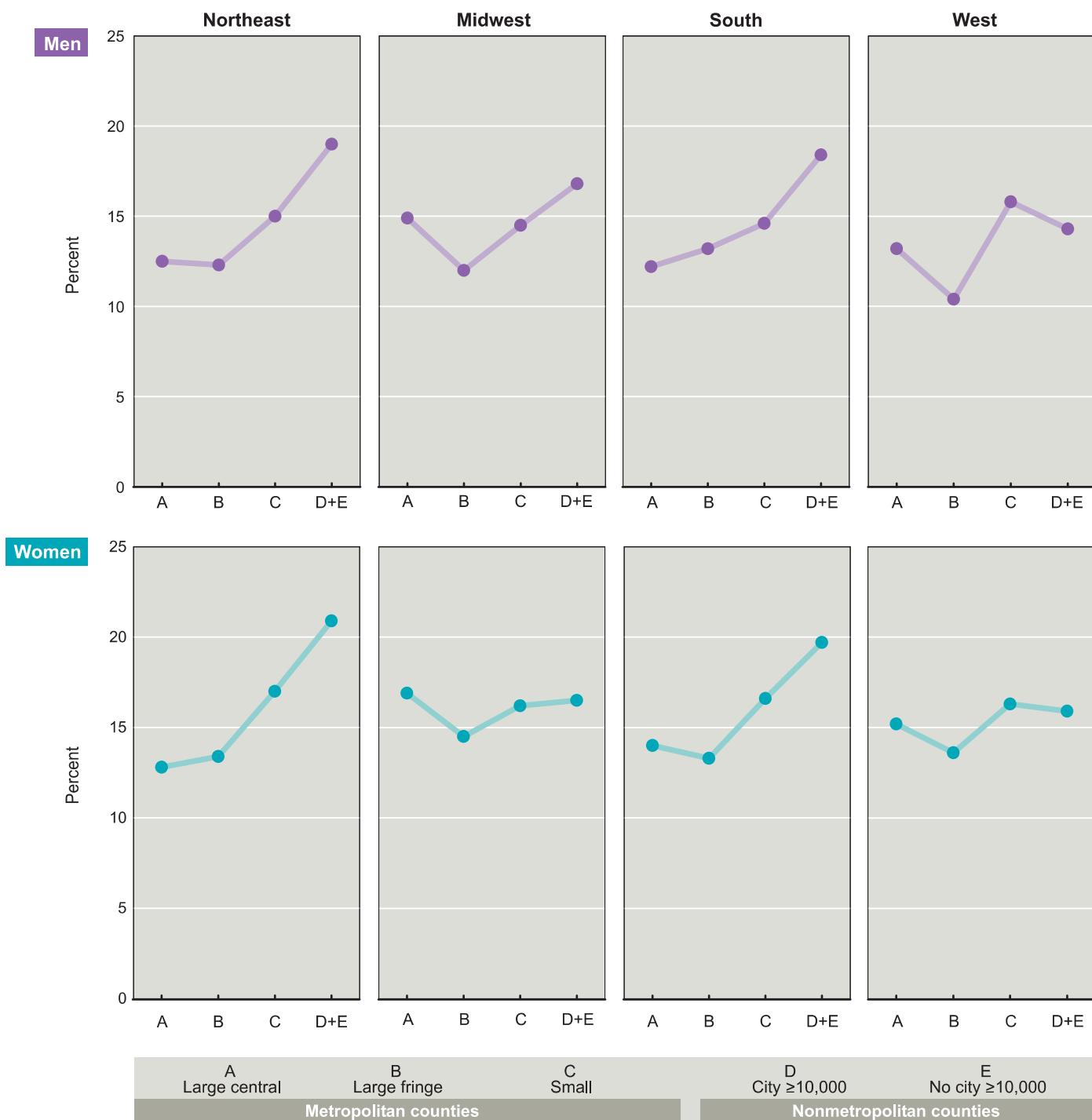
Figure 21. Limitation of activity caused by chronic health conditions among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997–98



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 57.

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

Figure 21. Limitation of activity caused by chronic health conditions among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98-Con.



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 57.

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

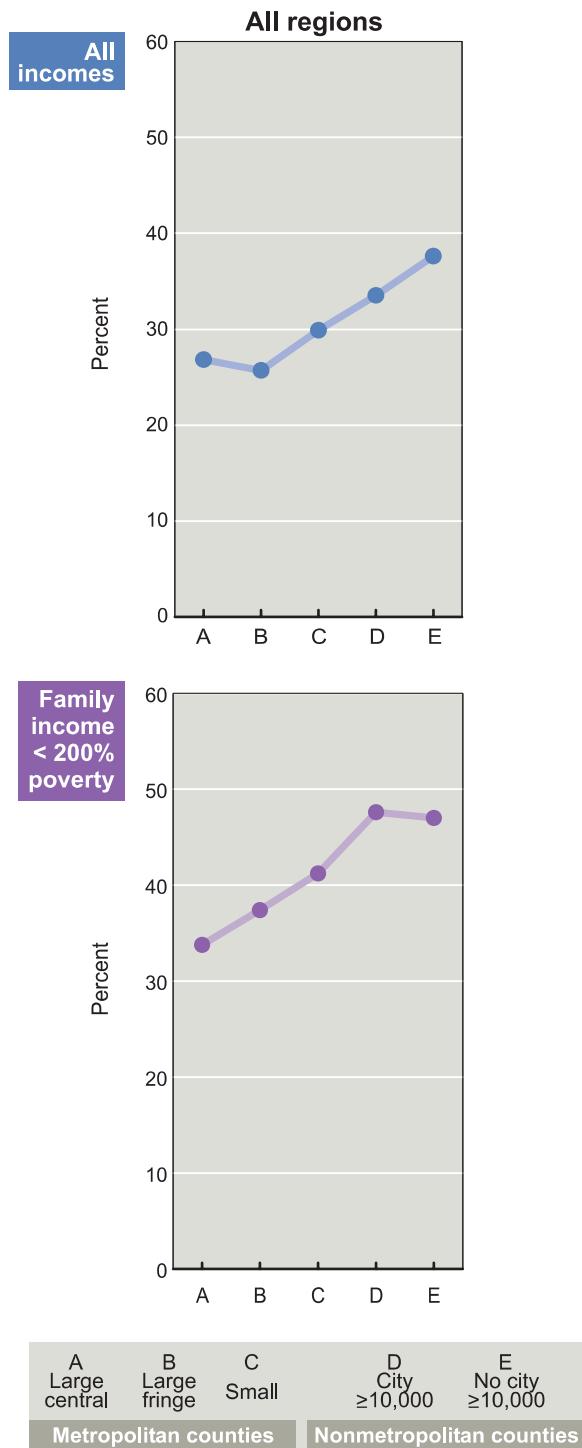
Urban and Rural Health

Total Tooth Loss

Loss of all natural teeth — edentulism — can diminish a person's quality of life because of its negative psychological, social, and physical effects. Most tooth loss is the final consequence of dental caries and periodontal disease. Edentulism reflects not only previous disease but also inadequate supply and use of dental care and community preventive services. This discussion focuses on persons age 65 years and over, the group with the highest prevalence of edentulism.

- For the United States as a whole, the age-adjusted edentulism prevalence among seniors generally increases as urbanization declines, with men and women having similar levels of edentulism at all urbanization levels. This urban-rural increase in total tooth loss is consistent with the urban-rural decrease in the number of dentists per population ([figure 25](#)).
- Edentulism is more common among low-income seniors than among seniors with higher incomes (see Data Table). In 1997–98, 34 percent of low-income seniors in central counties of large metro areas had lost all their teeth, compared with 47 percent in the most rural counties.
- All regions except the Midwest show a generally upward urban-rural gradient, with the gradient steepest in the West, particularly among low-income residents.
- It is encouraging that the prevalence of edentulism has been declining for the past half century (1). Compared with the current group of seniors, persons now 45–64 years of age are expected to have a much lower prevalence of total tooth loss in their senior years (data not shown).

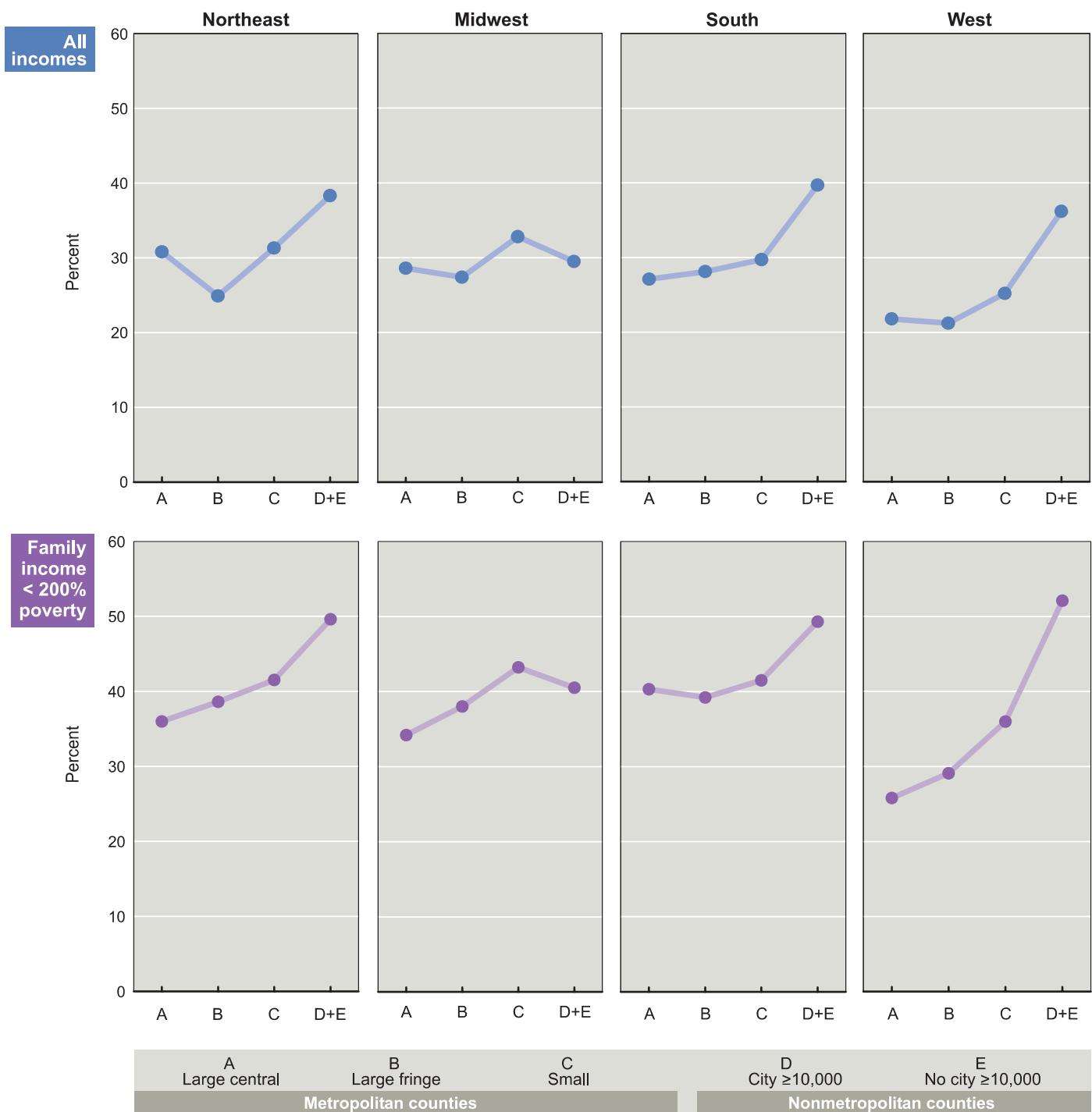
Figure 22. Edentulism (total tooth loss) among persons 65 years of age and over by poverty status, region, and urbanization level: United States, 1997-98



NOTES: Percents are age adjusted. See Technical Notes for description of poverty status and urbanization levels. See Data Table for data points graphed.

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

Figure 22. Edentulism (total tooth loss) among persons 65 years of age and over by poverty status, region, and urbanization level: United States, 1997-98-Con.



NOTES: Percents are age adjusted. See Technical Notes for description of poverty status and urbanization levels. See Data Table for data points graphed.

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

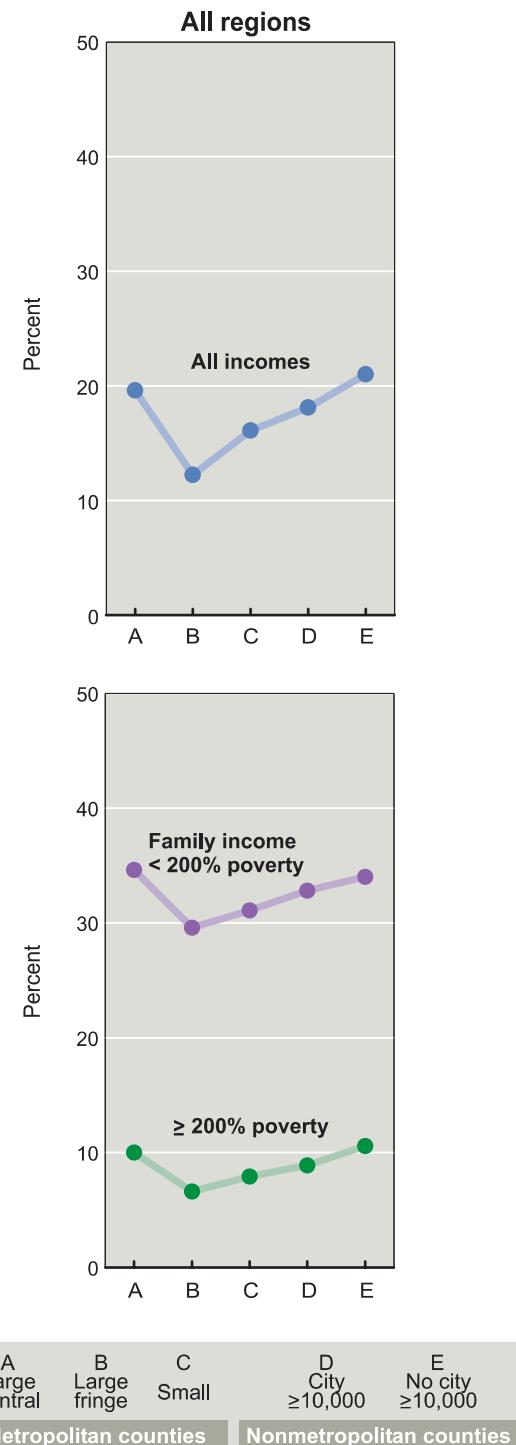
Urban and Rural Health

Health Insurance

Health insurance coverage is an important determinant of access to care. Although nearly all seniors are covered by Medicare, many persons under age 65 lack coverage. The major source of coverage for nonelderly persons is employer-sponsored group health insurance. Health insurance can also be purchased on an individual basis, but it typically costs more and provides less coverage than group insurance. Military programs provide care for active duty personnel, their dependents, and veterans. Joint Federal/State programs such as Medicaid provide coverage for some low-income persons.

- Nationally, the age-adjusted percent of the nonelderly population without health insurance varies by urbanization level. Residents of fringe counties of large metro areas are least likely to lack coverage (12 percent in 1997–98) and central and nonmetro county residents most likely (18–21 percent).
- Income is highly correlated with health coverage. Although similar urban-rural patterns characterize low and higher income groups, nonelderly persons below 200 percent of poverty were over three times as likely to be uninsured as higher income persons in 1997–98, throughout the urbanization range.
- Uninsurance rates among low-income Americans are uniformly higher in the South and West than in the Northeast and Midwest.
- Nationally, for the low-income population with insurance, the type of coverage differs somewhat by urbanization level. Among those with health insurance, Medicaid is more common in central counties of large metro areas and private insurance is more common in fringe counties of large metro areas. (see Data Table).
- Geographic variation in employment patterns and State variation in eligibility requirements of Medicaid programs contribute to regional health coverage differences. For example, low-income persons generally are most likely to have Medicaid in the Northeast and least likely in the South (see Data Table). Health safety net programs need to take into account geographic differences in types of coverage as well as in physical barriers to care (1) and provider supply (figure 24).

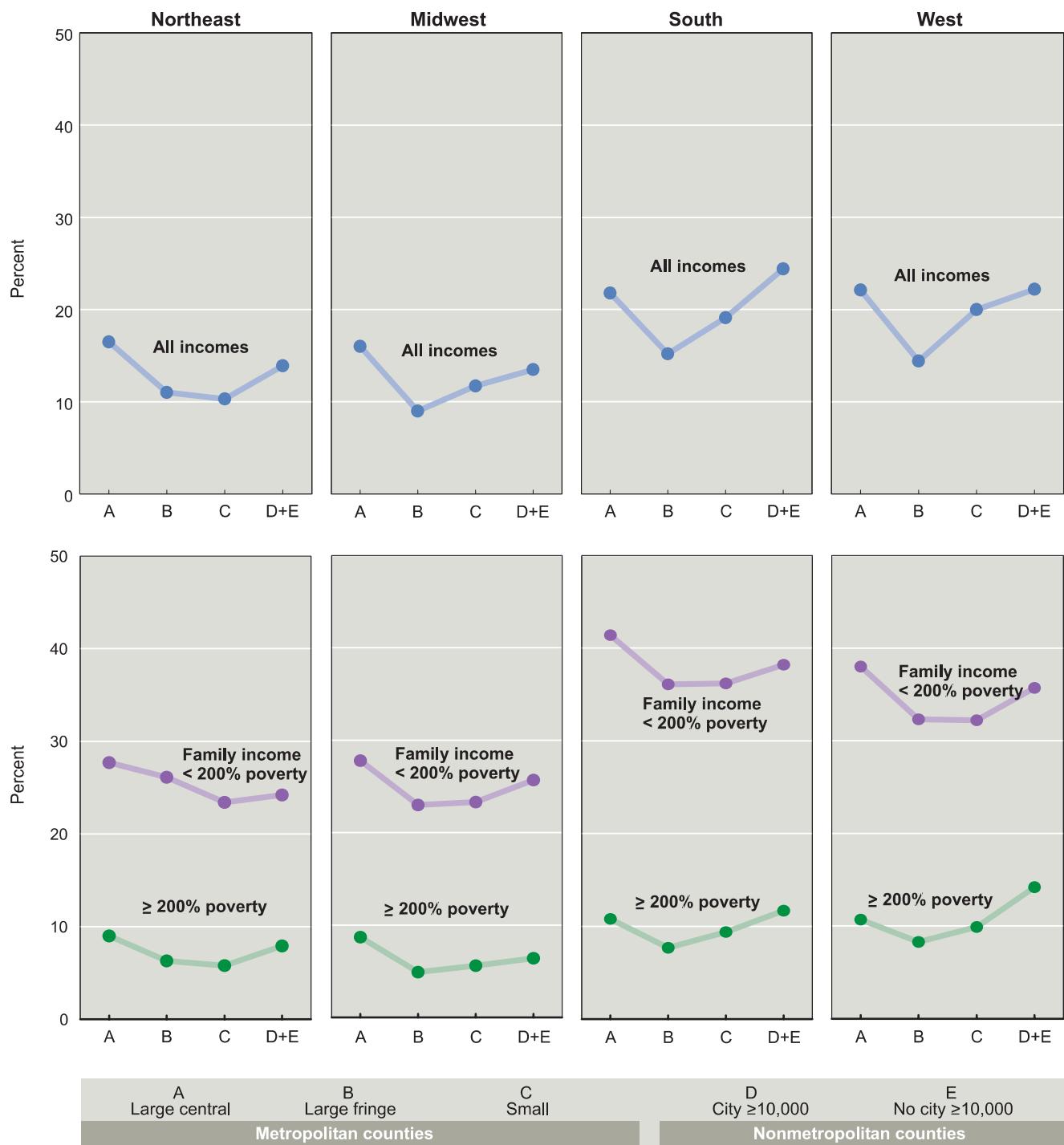
Figure 23. No health insurance coverage among persons under 65 years of age by poverty status, region, and urbanization level: United States, 1997-98



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method, poverty status, and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 128-130.

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

Figure 23. No health insurance coverage among persons under 65 years of age by poverty status, region, and urbanization level: United States, 1997-98—Con.



NOTES: Percents are age adjusted. See Technical Notes for description of age-adjustment method, poverty status, and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 128-130.

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

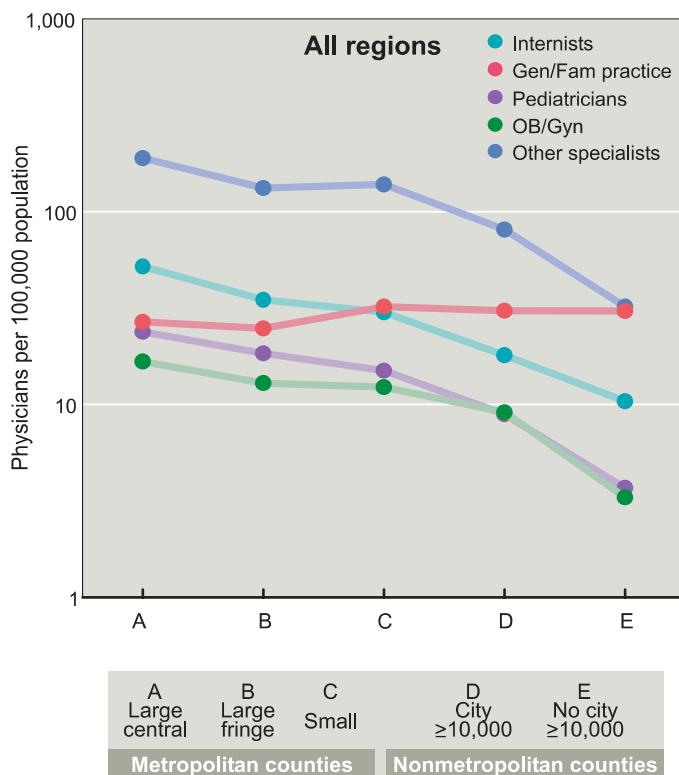
Urban and Rural Health

Physician Supply

Along with health insurance coverage, physician supply affects access to health care. Persons living in areas with few physicians must travel farther to obtain needed services. Although physician supply has risen sharply since the 1960's, physicians continue to favor more urban areas, leaving nonmetro residents generally with much lower physician supply relative to population (1,2). These differences may reflect oversupply in more urban areas and shortage in more rural areas (2).

- Among primary care physicians—which include family and general practitioners, general pediatricians, and general internists—the supply of general pediatricians and general internists decreases steadily as urbanization decreases. In 1998, there were six times as many general pediatricians per 100,000 population in central counties of large metro areas as in the most rural counties (24 compared with 4 per 100,000) and five times as many general internists (52 compared with 10 per 100,000). The urbanization gradient for obstetrician and/or gynecologists and other specialists follows a similar pattern.
- The supply of family and general practice physicians, in contrast to other physician groups, rises as urbanization decreases, but only slightly. This more even urbanization pattern is because general and family practice physicians can practice effectively with a smaller population base than can more specialized physicians.
- An urban-rural decrease in physician supply for all types of physicians except general and family practitioners is found in all regions.
- Efforts to increase physician supply in rural areas have included medical student financial incentives, changes in Medicare and Medicaid reimbursement formulae, and direct provision of care through community health centers and the National Health Service Corps (2).

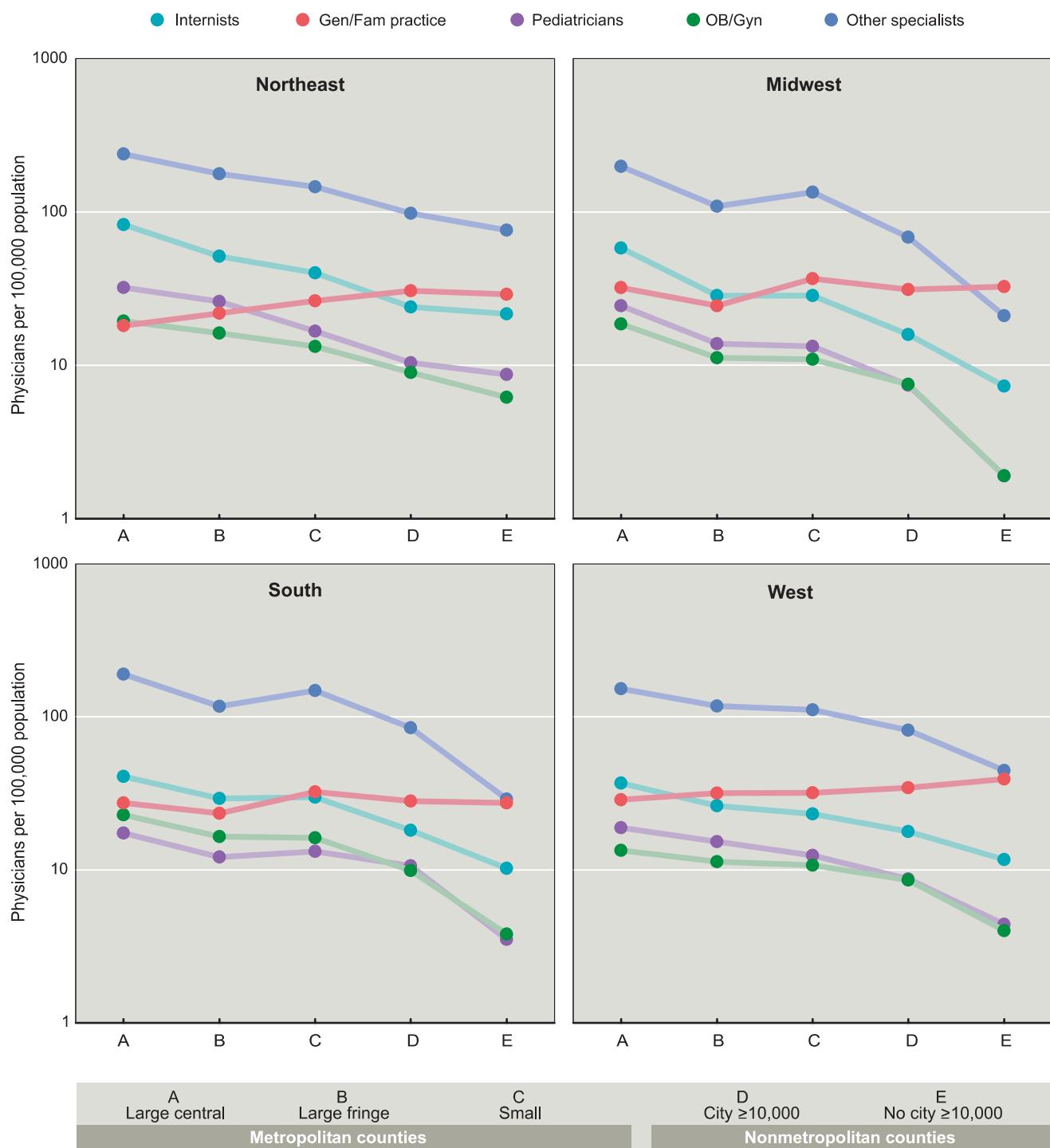
Figure 24. Patient care physicians per 100,000 population by physician specialty, region, and urbanization level: United States, 1998



NOTES: Includes all Federal and non-Federal patient care doctors of medicine. Data are plotted on the log scale. See Technical Notes for description of physician specialties and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 101 and 102.

SOURCE: Health Resources and Services Administration, Area Resource File.

Figure 24. Patient care physicians per 100,000 population by physician specialty, region, and urbanization level: United States, 1998—Con.



NOTES: Includes all Federal and non-Federal patient care doctors of medicine. Data are plotted on the log scale. See Technical Notes for description of physician specialties and urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, tables 101 and 102.

SOURCE: Health Resources and Services Administration, Area Resource File.

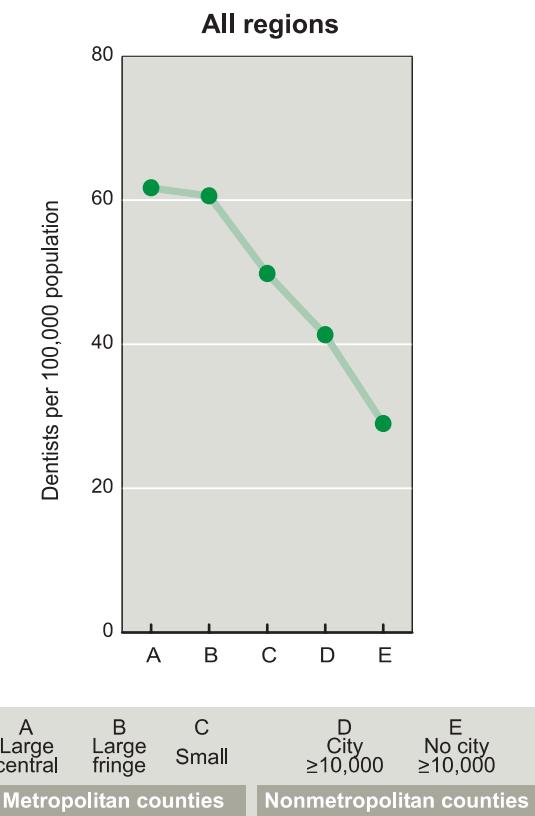
Urban and Rural Health

Dentist Supply

Dentists provide preventive and curative dental care and play an important role in maintaining oral health. As with physicians, the supply of dentists affects access to needed care. The geographic distribution of dentists in the United States is uneven, due to the tendency of dentists, like physicians, to practice in more affluent areas.

- The supply of dentists in relation to population generally decreases as urbanization decreases in the country as a whole and in all regions. In 1998 the supply of dentists fell from 61–62 per 100,000 population in central and fringe counties of large metro areas to 29 in the most rural counties.
- Regionally, the supply of dentists in the most urban counties is highest in the Northeast and lowest in the South. In the most rural counties, the supply of dentists is highest in the Northeast and West and lowest, again, in the South.
- Over the last decade dentist supply has declined slightly (1). The number of new dental students has declined and the number of retiring dentists has increased, raising concern about future dentist supply (1) and possibly widening urbanization disparities.

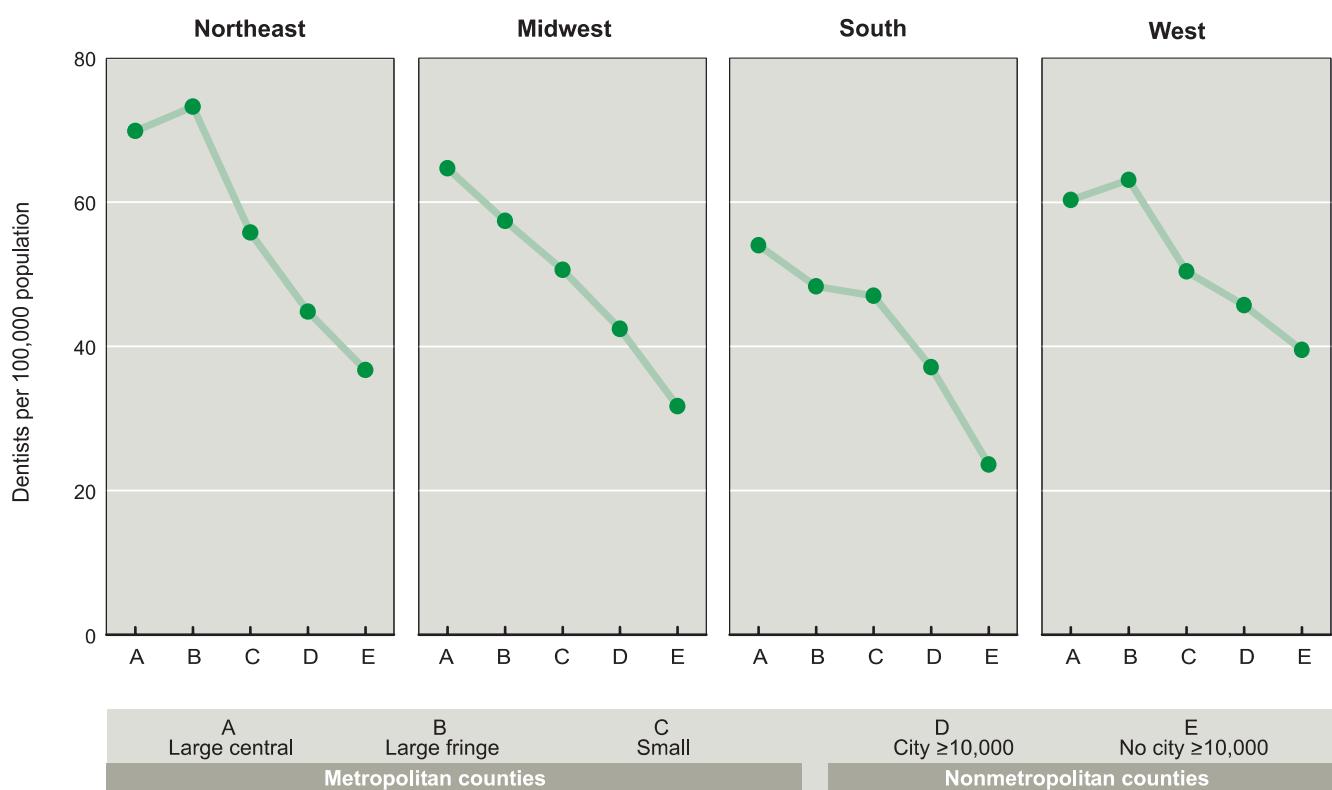
Figure 25. Dentists per 100,000 population by region and urbanization level: United States, 1998



NOTES: Includes all professionally active Federal and non-Federal dentists. See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 103.

SOURCE: Health Resources and Services Administration, Area Resource File.

Figure 25. Dentists per 100,000 population by region and urbanization level: United States, 1998–Con.



NOTES: Includes all professionally active Federal and non-Federal dentists. See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 103.

SOURCE: Health Resources and Services Administration, Area Resource File.

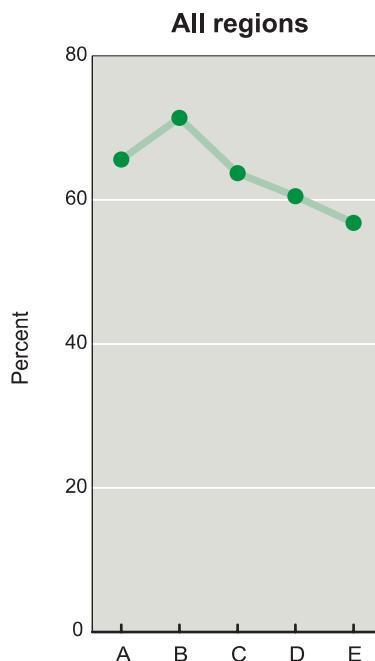
Urban and Rural Health

Dental Visits

Professional care received during dental visits, in combination with individual care and community preventive activities, is essential for maintaining good oral health. Yearly dental visits provide the opportunity for preventive care, and for early diagnosis and treatment of oral problems (1). Family income is an important determinant of dental care use. Adults with income at 200 percent of poverty or above are substantially more likely to have had a recent dental visit than poorer adults (See *Health, United States, 2001, table 80*.)

- Dental care use in the United States varies by urbanization level in a manner similar to dentist supply ([figure 25](#)). Nationally in 1997–98, 71 percent of adults ages 18–64 years living in fringe counties of large metro areas reported a dental visit in the past year compared with 57 percent in the most rural counties.
- The urban-rural decrease in dental care use appears for each region, though at somewhat different absolute levels. In 1997–98, residents of the South were less likely to have seen a dentist in the past year compared with residents of the other three regions. Nonmetro county residents in the South were least likely to have seen a dentist in the past year (53 percent). This is consistent with the regional pattern of lower dentist supply in the South ([figure 25](#)).
- *Healthy People 2000* had the goal that 70 percent of all persons ages 35 years and over should have had a dental visit in the past year. In 1997–98 this goal was achieved by adults living in fringe counties (71 percent). Adults living in central counties of large metro areas and small metro counties came close to achieving this goal (66 percent and 64 percent, respectively). The most rural counties were considerably farther away, with only 57 percent of residents having seen a dentist within the past year.

Figure 26. Dental visit within the past year among persons 18–64 years of age by region and urbanization level: United States, 1997–98

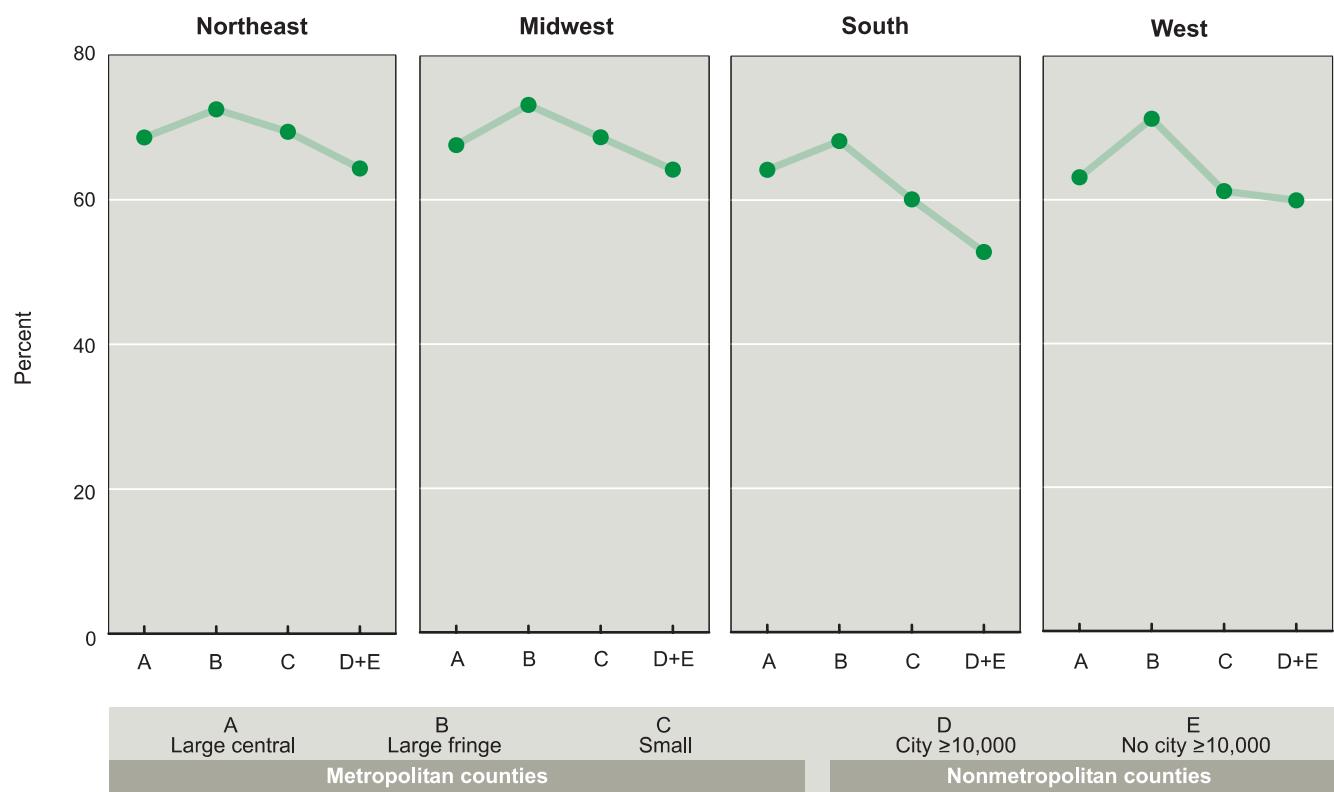


A Large central	B Large fringe	C Small	D City $\geq 10,000$	E No city $\geq 10,000$
Metropolitan counties	Nonmetropolitan counties			

NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001, table 80*.

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

Figure 26. Dental visit within the past year among persons 18-64 years of age by region and urbanization level: United States, 1997-98—Con.



NOTES: See Technical Notes for description of urbanization levels. See Data Table for data points graphed. See related *Health, United States, 2001*, table 80.

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

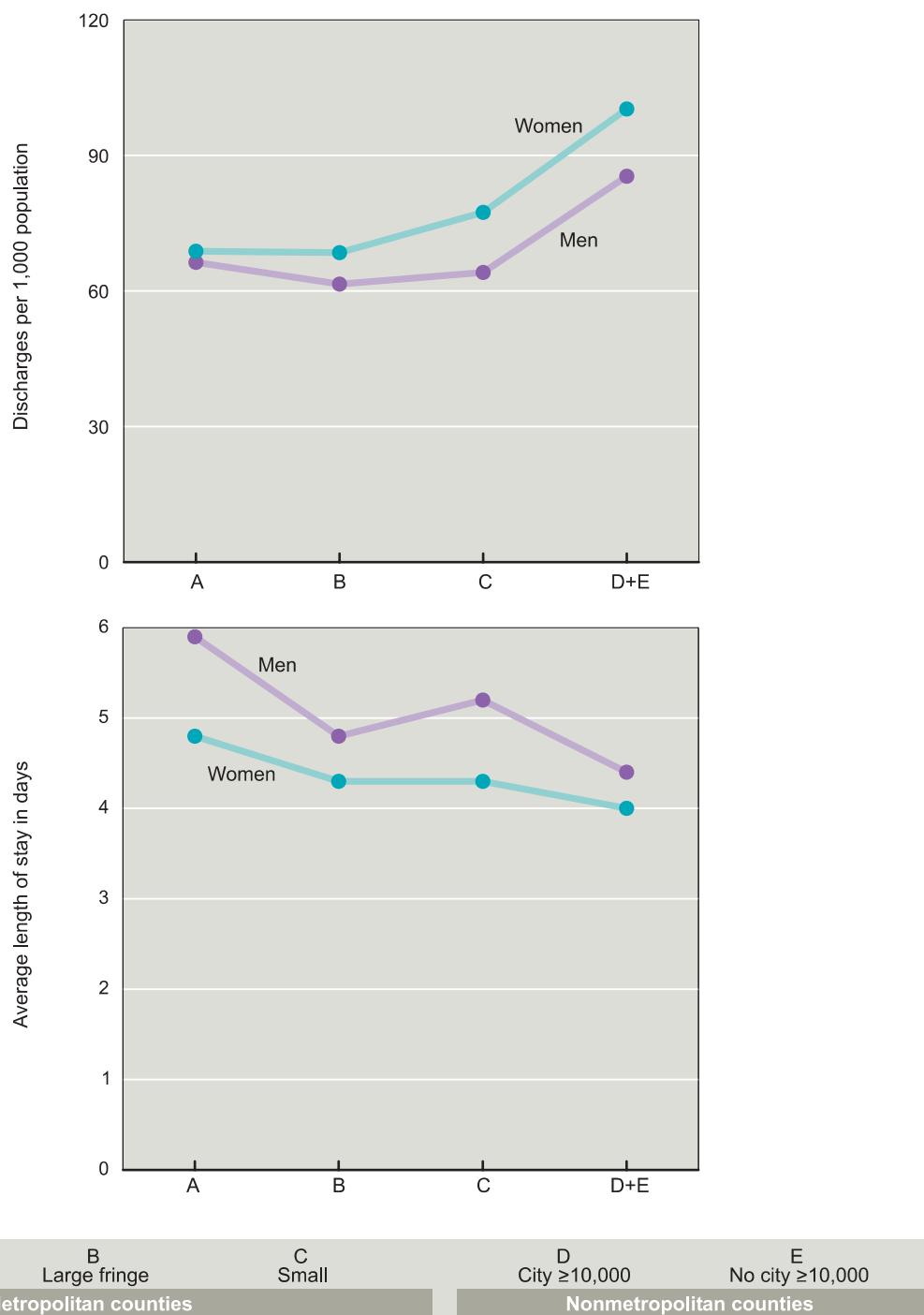
Urban and Rural Health

Inpatient Hospital Use

Inpatient hospital use depends on both underlying medical conditions and factors that affect access to care, including health insurance coverage and physician supply. Discharge rates and average length of stay in non-Federal short stay hospitals among adults have been decreasing since the early 1980's. Factors contributing to this decline include pressure to control health care costs, development of new technologies that are less invasive, and increased use of outpatient procedures (1).

- Among men and women ages 18–64 years, nationwide age-adjusted hospital discharge rates, excluding maternity cases, were considerably higher among those living in nonmetro than in metro counties. For men, as for women, discharge rates in 1998 were similar for residents of large and small metro counties.
- Age-adjusted average lengths of stay were longer among central county residents of large metro areas than among nonmetro county residents (1½ days longer for men and nearly 1 day longer for women).
- Ambulatory care-sensitive conditions such as asthma, COPD, and diabetes are used as indicators of access to primary health care. Hospitalization rates for such conditions were higher among residents of nonmetro than metro counties in a study of adult hospital use in South Carolina (2). Low income, lack of insurance, and restricted availability of health care professionals are all more likely in nonmetro than in fringe or small metro counties. To the extent that such obstacles result in delays in seeking ambulatory care, nonmetro residents may have more hospitalizations because they become inpatients for conditions that, if detected earlier, could have been treated successfully with appropriate ambulatory care.

Figure 27. Hospital discharge rates and average length of stay among persons 18-64 years of age by sex and urbanization level: United States, 1998



NOTES: Rates are age adjusted. Data are for non-Federal short stay hospitals and exclude obstetrical deliveries. Population estimates for rate calculations are for the civilian population corrected for net underenumeration. Urbanization levels are for patient's place of residence. See Technical Notes for description of urbanization levels. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Urban and Rural Health

Substance Abuse Treatment

In the United States approximately 13 million people have substance abuse disorders; however, only about 3 million are receiving treatment (1). The national effort to help close this treatment gap (1) requires information on current admissions to substance abuse treatment programs.

- **Figure 28** presents treatment admission rates according to the primary substance for which treatment is sought. Admission rates for the three most common reasons for substance abuse treatment—alcohol, opiates (primarily heroin), and cocaine are presented here. Additional information on treatment admission rates for marijuana and stimulants are presented in the data table for **figure 28**. Nearly 70 percent of all treatment admissions for substance abuse are included in the Treatment Episode Data Set, the source of these data (see Technical Notes). The treatment admission rates presented here are indicators of the relative burden on public funds of substance abuse admissions among counties at different urbanization levels, but are not estimates of the prevalence of substance abuse.

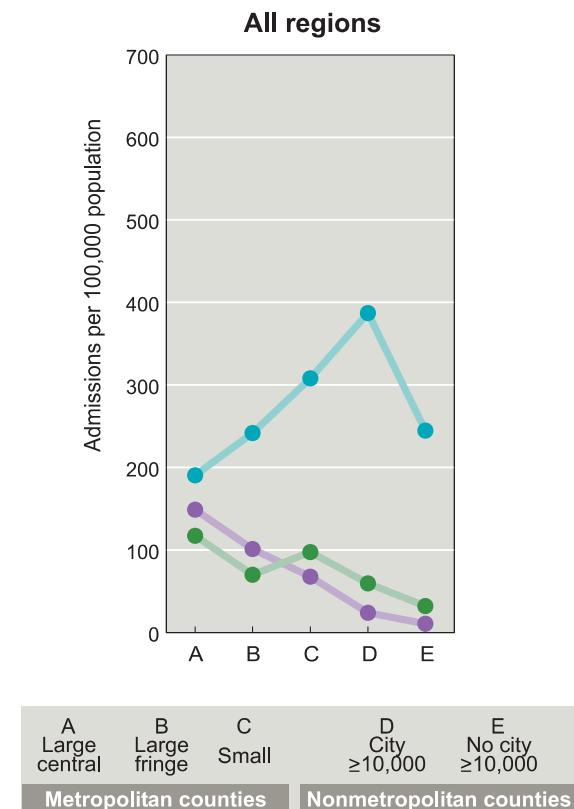
- Nationally, admission rates for alcohol are higher in nonmetro counties with a city of 10,000 or more and small metro counties than at other urbanization levels. By contrast, admission rates for opiates and cocaine generally decrease from the most urban to the most rural counties.

- Regionally, alcohol admission rates are highest in nonmetro counties with a city of at least 10,000 in the Northeast. Alcohol admission rates are lower in the South than in the other three regions. Opiate admission rates are highest in central counties of large metro areas in the Northeast. Cocaine admission rates are highest in central counties of large metro areas in the Northeast and Midwest.

- Comparing treatment admission rates by urbanization level requires caution because the rates are influenced by several factors including substance abuse rates, repeat admissions, treatment availability, willingness to seek treatment, and public funding levels.

Figure 28. Substance abuse treatment admission rates by primary substance, region and urbanization level: United States, 1998

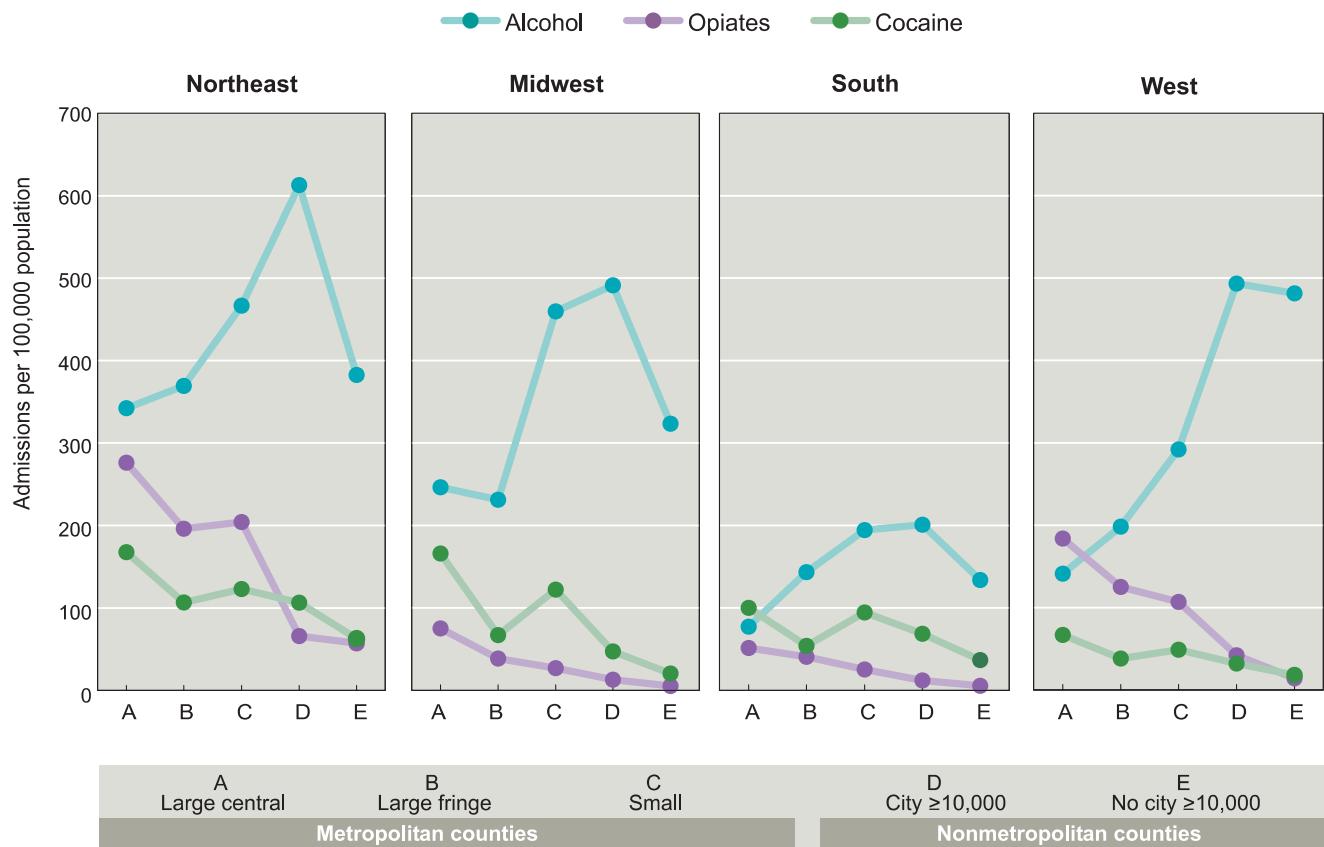
Alcohol Opiates Cocaine



NOTES: Rates are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. Urbanization levels are for place of treatment facility. Excludes data for Arizona, Colorado, Indiana, Maine, and West Virginia. See Data Table for data points graphed.

SOURCE: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)- 3.31.00.

Figure 28. Substance abuse treatment admission rates by primary substance, region and urbanization level: United States, 1998–Con.



NOTES: Rates are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. Urbanization levels are for place of treatment facility. Excludes data for Arizona, Colorado, Indiana, Maine, and West Virginia. See Data Table for data points graphed.

SOURCE: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)- 3.31.00.

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Definition of County Urbanization Levels

This Chartbook uses a five-level urbanization classification scheme for counties. There are three urbanization levels for metropolitan counties and two for nonmetropolitan counties. All 3,142 U.S. counties and county equivalents were assigned to one of the five levels.

The three levels for metropolitan (metro) counties are:

- A. Large central
- B. Large fringe
- C. Small

The two levels for nonmetropolitan (nonmetro) counties are:

- D. With a city of 10,000 or more population
- E. Without a city of 10,000 or more population

For [figures 2–23, 26, and 27](#), urbanization level is for the county of residence of persons. For [figures 24–25](#), urbanization level is for the county of the health care provider's preferred mailing address, which is assumed to be a practice location. For [figure 28](#), urbanization level is for the county of the substance abuse treatment facility.

Metropolitan and Nonmetropolitan Counties

Metropolitan counties are those that are included in a metropolitan area. Nonmetropolitan counties are those that are not included in a metropolitan area.

Metropolitan Areas

The Office of Management and Budget (OMB) defines metropolitan areas according to published standards that are applied to Census Bureau data. The general concept of a metropolitan area is that of a core area containing a population nucleus, together with additional communities having a high degree of economic and social integration with that core. Standard definitions for metropolitan areas were first issued in 1949 and were modified in 1958, 1971, 1975, 1980, 1990, and December, 2000 (to be applied to the 2000 census data). The most currently defined metropolitan areas are based on application of the 1990 standards (1).

The collective term "metropolitan area" became effective with the 1990 standards (1). Metropolitan areas include metropolitan statistical areas (MSA's),

consolidated metropolitan statistical areas (CMSA's), and primary metropolitan statistical areas (PMSA's).

The 1990 standards specify that an MSA must include 1) at least one city with 50,000 or more inhabitants or 2) a Census Bureau-defined urbanized area of at least 50,000 inhabitants and a total metropolitan population of at least 100,000 (75,000 in New England). In addition to the county or counties that contain the largest city, an MSA also includes counties that have a large portion of their population living in the urbanized area surrounding the largest city or that meet specified commuting and metropolitan character requirements.

If an MSA has a population of 1 million or more and meets requirements specified in the standards, it is termed a CMSA, consisting of two or more major components recognized as PMSAs.

The 1990 standards specify that the largest city in an MSA and/or CMSA be designated as a "central city". Additional cities qualify as central cities if requirements concerning population size and commuting patterns are met.

Assignment of Counties to the Urbanization Levels

The assignment of counties to the five urbanization levels was based on their classification in the Urban Influence code system (December 1996 Revision) developed by the Economic Research Service, U.S. Department of Agriculture (2). The categorization of counties as metropolitan or nonmetropolitan in the Urban Influence code system is based on the June 1993 OMB definition of metropolitan areas (the application of the 1990 metropolitan area standards to the 1990 decennial census data).

Urbanization Levels for Metropolitan Counties

The Urban Influence code system classifies metropolitan counties as either large metro (county is in an MSA/PMSA of 1 million or more population) or small metro (county is in an MSA/PMSA of less than 1 million population). For this chartbook, the large metro category of the Urban Influence code system was divided into two urbanization levels: large central metro and large fringe metro. Thus, for the chartbook metro counties were assigned to one of three urbanization levels as follows:

Large central metro—A county in a large (1 million or more population) MSA/PMSA was assigned to this urbanization level if it contains all or part of the largest central city of the MSA/PMSA.

Large fringe metro—A county in a large (1 million or more population) MSA/PMSA was assigned to this urbanization level if it does not contain any part of the largest central city of the MSA/PMSA. Note: counties in a few PMSA's with less than 1 million population were assigned to the large fringe urbanization level because the PMSA in which they are located is adjacent to a large central county of the CMSA.

Small metro—A county was assigned to this urbanization level if it was in a small (less than 1 million population) MSA/PMSA.

In the text, counties assigned to the large central urbanization level are referred to as “central” counties; counties assigned to the large fringe urbanization level are referred to as “fringe” counties.

Urbanization Categories for Nonmetropolitan Counties

The Urban Influence code system divides nonmetropolitan counties into seven categories based on adjacency to a metropolitan area and size of the largest city. A county is considered to have a city with a specified size if it includes all or part of the city. For this chartbook, the seven categories were collapsed into two categories: nonmetro counties with a city of 10,000 or more population and nonmetro counties without a city of 10,000 or more population. The categories were collapsed based on size of city rather than on adjacency to a metropolitan area because the effect of small cities in nonmetro areas is particularly important as their presence or absence affects health service availability.

Definition of Regions

For chartbook comparisons across geographic locations, the United States was divided into four regions: Northeast, Midwest, South, and West. These regions correspond to those defined by the U.S. Bureau of the Census (see Appendix II, Geographic region).

Composition of County Urbanization Levels by Region

The geographic composition of the five urbanization levels is described below. [Table A](#) describes the composition of the central and fringe categories in large metro areas. It lists the metropolitan areas included in these two urbanization categories, the number of counties from each MA, and the percent of

the category's population from each metro area.

[Table B](#) describes the composition of the small metro and nonmetro categories. It lists the States included in the small metro and nonmetro categories along with the number of counties from each State and the percent of the urbanization category's population from each State.

Northeast

The 217 counties in the Northeast are distributed among the 5 urbanization levels as follows: 16 large central, 44 large fringe, 64 small metro, 31 nonmetro with a city of 10,000 or more, and 62 nonmetro without a city of 10,000 or more.

Large central and large fringe metro—There are seven major metro areas in the Northeast. In 1998 the New York-Northern New Jersey-Long Island Consolidated Metropolitan Statistical Area (CMSA) contained 54 percent of the population residing in large central counties in the Northeast and 51 percent of the population residing in large fringe counties. The Boston-Worcester-Lawrence and Philadelphia-Wilmington-Atlantic City CMSA's had 12 and 11 percent of the large central population and 20 and 18 percent of the large fringe population, respectively. The other four major areas each had less than 10 percent of the region's central and fringe populations.

Small metro—In 1998 Pennsylvania and New York together accounted for 55 percent of the Northeast's small metro population. Connecticut and Massachusetts had 14 and 11 percent, respectively, of the small metro population. The remaining five Northeastern States had from 1–7 percent of the small metro population.

Nonmetro—Sixty-three percent of the population in nonmetro counties with a city of 10,000 or more lived in New York or Pennsylvania, 15 percent lived in New Hampshire, and 14 percent lived in Maine. Sixty-eight percent of the population in the most rural counties lived in New York or Pennsylvania, 16 percent lived in Maine, and 14 percent lived in Vermont. Nonmetro counties in the Northeast were, on average, more populous than nonmetro counties in other regions; those with a city of 10,000 or more had an average of 86,000 inhabitants, while the most rural counties averaged 39,000 inhabitants.

Midwest

The 1,055 Midwestern counties are distributed among the five urbanization levels as follows: 13 large central,

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76 large fringe, 132 small metro, 171 nonmetro with a city of 10,000 or more, and 663 nonmetro without a city of 10,000 or more.

Large central and large fringe metro—There are 10 major metro areas in the Midwest. Thirty-four percent of the Midwest's large central population resided in the Chicago-Gary-Kenosha CMSA, 14 percent resided in Detroit-Ann Arbor-Flint CMSA, and 10 percent resided in Minneapolis-St. Paul. One-quarter of the large fringe population resided in the Chicago-Gary-Kenosha CMSA, 21 percent resided in the Detroit-Ann Arbor-Flint CMSA, and 16 percent resided in St. Louis. The remainder of the large central and fringe populations was distributed among the other major metro areas with the percents ranging from 3 to 9.

Small metro—In 1998 Ohio had 22 percent and Michigan had 18 percent of the Midwest's small metro residents. The remaining small metro residents were distributed across the region, from 1 percent in South Dakota to 12 percent in Indiana.

Nonmetro—In 1998 Ohio had the largest number of residents in nonmetro counties with a city of 10,000 or more (19 percent), followed by Illinois (13 percent), and Indiana (11 percent). The percent of residents in the most rural counties ranged from 3 percent in North Dakota to 13 percent in Michigan. Nonmetro counties with a city of 10,000 or more had an average population of 44,000. The most rural counties had an average population of 14,000.

South

Of the 1,424 counties in the South, 21 are large central, 106 are large fringe, 275 are small metro, 201 are nonmetro with a city of 10,000 or more, and 821 are nonmetro without a city of 10,000 or more.

Large central and large fringe metro—The South has 12 major metro areas. The majority of central county residents lived in the metropolitan areas of Miami-Ft. Lauderdale (19 percent), Dallas-Fort Worth (18 percent), and Houston-Galveston-Brazoria (17 percent). The other nine major metro areas each had less than 10 percent of the central county residents in 1998. Unlike other regions, where the same metropolitan areas tend to predominate in the central and fringe county categories, fringe county residents in the South were disproportionately located in the 25 fringe counties of the Washington-Baltimore CMSA (38 percent). Ten other major metro areas had fringe county residents ranging from 1 percent (San Antonio and Memphis) to 12 percent (Atlanta). Miami-Ft. Lauderdale had no fringe county residents.

Small metro—Florida and Texas had 18 percent and 16 percent, respectively, of the South's small metro residents. The other States had from 1 percent (Maryland) to 10 percent (North Carolina) of the small metro residents.

Nonmetro—In 1998 Texas had 14 percent and Georgia, North Carolina, and Mississippi each had 10–11 percent of the residents of nonmetro counties with a city of 10,000 or more. Texas, North Carolina, and Kentucky each had 10–12 percent of the residents of nonmetro counties without a city of 10,000 or more. In the South nonmetro counties with a city of 10,000 or more had an average population of 47,000 in 1998, and the most rural counties had an average population of 18,000.

West

The West's 446 counties are distributed across the 5 urbanization levels as follows: 13 large central, 27 large fringe, 51 small metro, 80 nonmetro with a city of 10,000 or more, 275 nonmetro without a city of 10,000 or more.

Large central and large fringe metro—The West has nine major metro areas. In 1998 three out of four central county residents in the West lived in California (47 percent in the Los Angeles-Riverside-Orange County CMSA, 14 percent in the San Francisco-Oakland-San Jose CMSA, 11 percent in San Diego or Phoenix-Mesa, and 4 percent in Sacramento-Yolo). Almost 63 percent of large fringe county residents were located in California (Los Angeles-Riverside-Orange County, San Francisco-Oakland-San Jose, and Sacramento-Yolo CMSA's). The Denver-Boulder-Greeley CMSA had 15 percent and the Portland-Salem CMSA had another 11 percent of the large fringe residents in the West.

Small metro—Almost one-third of the West's small metro residents lived in California. Another 15 percent lived in Washington and 11 percent lived in Nevada. Each of the other States had from 1 to 7 percent of the small metro residents.

Nonmetro—Oregon had the largest number of residents of nonmetro counties with a city of 10,000 or more (15 percent). Washington, California, and New Mexico had 11–14 percent. Colorado, California, and Idaho had the largest number of residents living in the most rural counties (15 percent, 13 percent, and 11 percent, respectively). In 1998 nonmetro counties with a city of 10,000 or more in the West had an average population of 61,000, while the most rural counties averaged 13,000.

Race and Hispanic Origin

Figure 4 presents the distribution of selected race and Hispanic origin groups by region and urbanization level. As shown in **figure 4**, the distribution of racial and Hispanic origin groups by region and urbanization level is so uneven that the most extensive data sources often do not yield reliable estimates at that level of disaggregation. For this reason, none of the other charts presents estimates by race and Hispanic origin. Race and Hispanic origin-specific differences in estimates are discussed in the text when there are sufficient numbers of observations to obtain reliable estimates. (See **Appendix II**, Race and Hispanic origin, for a discussion of race and Hispanic origin categories.)

Age Adjustment

Estimates in most charts are age adjusted in order to eliminate differences in observed estimates that result from differences in the age distribution of the population among urbanization levels and regions (see **figure 3**). The projected 2000 U.S. population was used as the standard population (3) (see **Appendix II**, Age adjustment). The specific age groups used for age adjustment are as follows:

- **Figures 7, 9,10, and 21:** 18–44, 45–54, 55–64, 65–74, 75 years and over;
- **Figure 8:** 18–29, 30–39, and 40–49 years;
- **Figure 12:** 1–4, 5–14, 15–19, and 20–24 years;
- **Figure 13:** 25–34, 35–44, 45–54, and 55–64 years;
- **Figure 14:** 65–74, 75–84, 85 years and over;
- **Figures 15 and 16:** 20–24, 25–34, 35–44, 45–54, 55–64, 65–74, 75–84, and 85 years and over;
- **Figures 17 and 18:** under 1, 1–4, 5–14, 15–24, 25–34, 35–44, 45–54, 55–64, 75–84, and 85 years and over;
- **Figure 19:** 15–24, 25–34, 35–44, 45–54, 55–64, 65–74, 75–84, and 85 years and over;
- **Figure 22:** 65–74, and 75 years and over;
- **Figure 23:** under 18, 18–44, and 45–64 years;
- **Figure 27:** 18–44, 45–54, and 55–64 years;
- **Figure 28:** 0–14, 15–19, 20–29, 30–39, 40–49, 50–59, 60–69, and 70 years and over.

Population Estimates (**figures 2–4**)

Population estimates were obtained from the U.S. Census Bureau. They are the July 1 resident population of counties in the United States, by age, sex, race, and Hispanic origin from the 1990–98 annual time series.

Population in Poverty (**figure 5**)

Estimates of the percent of persons in poverty are based on the official definition of poverty (4). They were calculated from model-based county level estimates of the number of poor persons in 1997 produced by the U.S. Census Bureau (<http://www.census.gov/hhes/www/saipe.html>). The U.S. Census Bureau used a combination of multiple regression estimation techniques and shrinkage techniques to create the estimates. The modeling relies on the March Current Population Survey, administrative data derived from tax returns, counts of food stamp recipients, estimated total resident population, and decennial census estimates. (For poverty level definition, see **Appendix II**, Poverty level.)

Cigarette Smoking (**figures 6 and 7**)

Cigarette smoking data originated from two sources. For persons ages 12–17 years (**figure 6**), the data originated from the 1999 National Household Survey on Drug Abuse (see **Appendix I**). In that survey current smoking was defined as smoking part or all of a cigarette during the past 30 days.

For those 18 years of age and over (**figure 7**), the data originated from the 1997 and 1998 National Health Interview Survey (NHIS), sample adult questionnaire (see **Appendix I**). In the NHIS, current smokers are persons who have smoked at least 100 cigarettes in their lifetime and now smoke cigarettes every day or some days.

Alcohol Consumption (**figure 8**)

The measure of alcohol consumption used in **figure 8** is self-reported consumption of five or more drinks in one day in the last year. This measure is one indicator of heavy alcohol consumption. The data are from the

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sample adult questionnaire of the 1997 and 1998 National Health Interview Survey (NHIS) (see [Appendix I](#)). See [Appendix II](#), Current drinker for a description of the NHIS questions on alcohol consumption.

Obesity (figure 9)

Obesity was defined as having a body mass index (BMI) greater than or equal to 30 kg/m² (see [Appendix II](#), Body mass index). Data are from the 1997 and 1998 NHIS, sample adult questionnaire (see [Appendix I](#)). The NHIS obtained this information by asking respondents 18 years of age and over to report their own height and weight without shoes. The self-reported estimates of obesity presented in [figure 9](#) differ from those based on measured height and weight presented in *Health, United States, 2001* [table 69](#). NHIS data were used in [figure 9](#) because they provide sufficient data for estimates by urbanization level.

Physical Inactivity (figure 10)

Physical inactivity during leisure time is based on two questions in the 1997–98 National Health Interview Survey (NHIS), sample adult questionnaire (see [Appendix I](#)). In 1997 data on leisure time physical inactivity are for quarters 3 and 4 only due to an error in the Computer Assisted Personal Interview (CAPI) during quarters 1 and 2. Respondents were considered to be physically inactive during leisure time if they responded *never* or *unable to do this* to both of the following:

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

- 1) How often do you do vigorous activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?
- 2) How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

Mortality (figures 11–19)

See [Appendix I](#), National Center for Health Statistics, National Vital Statistics System for a description of the source for mortality data. Data for the 3 years 1996–98 were combined to increase reliability of estimates. Cause of death coding is for underlying cause of death

based on the *International Classification of Diseases, Ninth Revision* (ICD-9) (see [Appendix II](#), Cause of death). ICD-9 codes used for ischemic heart disease are 410–414. ICD-9 codes used for chronic obstructive pulmonary diseases are 490–496. External cause of injury codes (E-codes) were assigned for deaths for which the underlying cause of death was an injury. The E-codes used to define external causes of injury in the chartbook are:

unintentional injuries	E800–E949
motor vehicle traffic-related	E810–E819
homicide	E960–E969
suicide	E950–E959

The E-codes are designed to classify environmental events, circumstances, and conditions that contributed to the injury. E-codes have two dimensions: cause or mechanism of injury (for example, firearm, motor vehicle, and poisoning) and intent or manner of death (including unintentional, suicide, homicide, intent undetermined, and other). Population estimates are the July 1 resident population of counties in the United States by age, sex, race, and Hispanic origin for 1996–98 from the U.S. Bureau of the Census 1990–98 annual time series.

Mortality data are graphed on a log scale because of the large variation in death rates from different causes and for different ages. Use of a log scale facilitates presentation and comparison of mortality from causes or ages with disparate rates. The log scale also emphasizes relative rather than absolute change.

Teen Birth Rates (figure 20)

Birth rates were calculated for females 15–19 years of age. The birth data are complete counts of all live births occurring in the United States and are based on the National Vital Statistics System (see [Appendix I](#)). Data for the 3 years 1996–98 were combined to increase reliability of the estimates.

Limitation of Activity (figure 21)

Data on limitation of activity due to chronic health conditions were obtained from the 1997 and 1998 National Health Interview Survey, family core questionnaire (See [Appendix I](#)). In 1998 data on limitation of activity are for quarters 3 and 4 only due to an error in the Computer Assisted Personal

Interview (CAPI) during quarters 1 and 2. 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 due to one or more chronic health conditions. For persons 18 years of age and over, these activities include, but are not limited to: working, independently handling routine needs such as household chores and shopping, and independently performing personal care such as bathing, dressing, eating and getting around inside the home. Limitation of activity is assessed by asking respondents a series of questions about their need for help or other limitations in their ability to perform usual activities because of a physical, mental, or emotional problem. Respondents are also asked these questions about family members who are not present during the interview. (See [Appendix II](#), Limitation of activity.)

Edentulism and Dental Visits (figures 22 and 26)

Estimates of the prevalence of edentulism (total tooth loss) among the elderly and the proportion of adults who had a dental visit in the year prior to interview are based on data from the 1997 and 1998 NHIS sample adult questionnaire (see [Appendix I](#)). To assess tooth loss, respondents were asked, "Have you lost all of your upper natural teeth and lower natural teeth?" Information on dental visits within the past year was based on the question, "About how long has it been since you last saw or talked to a dentist?"

Health Insurance Coverage (figure 23)

Estimates of the percent uninsured were obtained from the 1997 and 1998 NHIS family core questionnaire (see [Appendix I](#)). (For definition of uninsured, see [Appendix II](#), Health insurance coverage.) Estimates are presented for the population under 65 years of age because almost all persons age 65 years and over are covered by Medicare.

Physicians (figure 24)

Physician-to-population ratios for 1998 were based on estimates of the number of professionally active patient care medical doctors based on data collected by the American Medical Association (AMA) and provided to the Area Resource File (ARF). Excluded from the analysis were about 5 percent of physicians who were osteopaths, due to incomparability of the classification system used for osteopathic and allopathic physicians. Osteopaths are more likely to be primary care

physicians and to practice in rural areas. Medical doctors included Federal and non-Federal patient care doctors in office-based and hospital-based practices. Physician specialty data were based on self-reported primary area of specialty. Primary care physicians include physicians practicing in the general fields of family and general practice, general internal medicine, and general pediatrics. Physician data were classified by county of preferred mailing address from the AMA file (that is, 41 percent primary office, 50 percent home, and 9 percent unknown).

Population estimates are for the resident population as of July 1 from the U.S. Bureau of the Census (Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990–98 annual time series). Physician data are graphed on a log scale because of the large variation in numbers of physicians in different specialties. Use of a log scale facilitates presentation of physician-to-population ratios for different specialties on the same figure. The log scale also emphasizes relative rather than absolute differences across urbanization levels. County level physician-to-population estimates do not reflect the fact that people may travel outside their county of residence for physician care (5). Additionally, physician-to-population estimates for specialists do not reflect the fact that specialty physician services may be imported into an area, for example, specialists from urban areas serving rural areas on a part-time basis (6). Information on the ARF is available at <http://www.bhpr.hrsa.gov/> or by contacting: Bureau of Health Professions, HRSA, National Center for Health Workforce Information and Analysis, Parklawn Building, Room 8-47, 5600 Fishers Lane, Rockville, MD 20857.

Dentists (figure 25)

Dentist-to-population ratios are estimates of the number of professionally active dentists collected by the American Dental Association and provided to the ARF. Professionally active dentists included Federal and non-Federal dentists working full- or part-time in all practice settings. Dentists were classified by the county of their primary office. Excluded from the analysis were 5 percent of dentists with county location unknown. Therefore, dentist-to-population ratios presented in the chartbook are underestimates. Population estimates are for the resident population as of July 1 from the U.S. Bureau of the Census (Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990–98 annual time series).

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Hospital Discharge Rates and Average Length of Stay (figure 27)

The National Hospital Discharge Survey (NHDS) provides data to estimate total hospital discharge rates and average length of stay (see [Appendix I](#)). This survey includes a national sample of hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children's general hospitals. Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of nonhealth institutions (such as prison hospitals) and hospitals with fewer than six beds staffed for patient use, are excluded.

County of residence of the patient was not available, but was assigned based on the ZIP Code where the patient lived as recorded in the hospital record. In order to assign a county of residence, the following method was used. The source for the ZIP Code file was Environmental Systems Research Institute, Inc. (ESRI), which makes ArcView geographic information systems software. Several geographic files are included with ArcView, one of which contains U.S. ZIP Code locations for five-digit ZIP Codes for the entire United States. The ZIP Code locations provided to ESRI by Geographic Data Technology, Inc., are a 1998 database. Each ZIP Code in the file is a separate observation, and each contains information on the State and county or counties in which it is located. Roughly 90 percent of all ZIP Codes are located within a single county. For those that extend into multiple counties, the county in which the greatest physical area of the ZIP Code is located is listed as the major county, and minor counties are listed in decreasing order of ZIP Code area. For the very small number of ZIP Codes that physically extend into two different States, only the State containing the largest portion of the ZIP Code is listed. (For more about ZIP Codes, see Dynemap/ZIP Code Boundary & Inventory Files version 8, section 3 "Understanding ZIP Codes" Geographic Data Technology, Inc. 2000, pp.10–21 [http://www.geographic.com/support/docs/ZIP8_00.pdf].) The process of appending a county code and urbanization level to each record of the 1998 NHDS was successful for 96 percent of the records. The 4 percent of records that did not match were deleted from the analysis. Population estimates are the July 1 resident population of counties in the United States, by age, sex, race, and Hispanic origin from the U.S. Bureau of the Census 1990–98 annual time series.

Substance Abuse Treatment Admissions (figure 28)

Data on substance abuse treatment admissions were obtained from the Treatment Episode Data Set (TEDS) maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS is one of the three components of SAMHSA's Drug and Alcohol Services Information System (DASIS), which provides national- and State-level information on the numbers and characteristics of individuals admitted to alcohol and drug treatment and describes the facilities that deliver care to those individuals.

States collect substance abuse treatment information and provide it to SAMHSA. TEDS includes more than 1.5 million records per year of admissions to substance abuse treatment. In 1997 TEDS included data from over 7,500 facilities, representing an estimated 67 percent of substance abuse admissions countrywide. States report TEDS data primarily on admissions to facilities that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for provision of treatment services. The scope of facilities included in TEDS is affected by differences in State systems of licensure, certification, accreditation, and disbursement of public funds. Although States may report data from facilities that do not receive public funding, they generally do not because of the difficulty in obtaining data from these facilities. Facilities that may not be accountable to the States and thus not included in the TEDS data are: a) facilities that operate entirely with private funds; b) individual practitioners; c) hospital-based substance abuse treatment facilities not licensed through the State substance abuse agency; d) correctional facilities (State prisons and local jails); and e) Federal facilities operated by the Department of Veterans Affairs, the Department of Defense, and the Federal Bureau of Prisons.

TEDS data monitor the characteristics of treatment episodes for substance abusers. Most States are able to report all admissions to all eligible facilities, although some report only those admissions that were financed by public funds. TEDS does not attempt to include early intervention programs (considered prevention programs). Crisis intervention facilities, such as sobering-up stations and hospital emergency departments, are generally not included in TEDS, although a State may opt to include such programs in its TEDS submissions.

For this chartbook several key aspects regarding the TEDS data require notation. The urbanization levels

used for analysis of TEDS data correspond to location of the facility rather than client residence. Rate differences may reflect the presence or absence of treatment facilities in metro and nonmetro counties rather than county differences in the rates of substance abuse. In addition, clients may seek treatment outside their county of residence. Data are displayed according to primary substance (that is, the substance listed at admission as the primary substance abuse problem for which treatment is sought). Data were not included from Arizona, Colorado, Indiana, Maine, and West Virginia. Indiana, Maine, and West Virginia did not report 1998 data. Arizona and Colorado reported only at the State level. (Further information on TEDS is available from: <http://www.samhsa.gov/statistics/statistics.html> or the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345.)

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Table A. Metropolitan areas included in large central and large fringe metropolitan urbanization categories by region, 1998

Region and metropolitan area	Large central metropolitan category		Region and metropolitan area	Large fringe metropolitan category	
	Number of counties	Percent of category's population		Number of counties	Percent of category's population
Northeast.....	16	100	Northeast.....	44	100
New York-Northern New Jersey-Long Island	8	54	New York-Northern New Jersey-Long Island	18	51
Boston-Worcester-Lawrence	2	12	Boston-Worcester-Lawrence	7	20
Philadelphia-Wilmington-Atlantic City	2	11	Philadelphia-Wilmington-Atlantic City	7	18
Pittsburgh	1	7	Pittsburgh	5	6
Buffalo-Niagara Falls.....	1	6	Rochester	5	2
Hartford.....	1	5	Buffalo-Niagara Falls.....	1	1
Rochester	1	4	Hartford.....	1	1
Midwest.....	13	100	Midwest.....	76	100
Chicago-Gary-Kenosha.....	1	34	Chicago-Gary-Kenosha.....	11	25
Detroit-Ann Arbor-Flint.....	1	14	Detroit-Ann Arbor-Flint.....	8	21
Minneapolis-St. Paul	2	10	St. Louis	11	16
Cleveland-Akron	1	9	Minneapolis-St. Paul	11	9
Columbus	1	7	Cleveland-Akron	5	6
Kansas City	3	6	Kansas City	8	5
Milwaukee-Racine	1	6	Cincinnati-Hamilton*	6	5
Cincinnati-Hamilton*	1	6	Indianapolis	8	5
Indianapolis	1	5	Milwaukee-Racine	3	4
St. Louis	1	2	Columbus	5	3
South.....	21	100	South.....	106	100
Miami-Fort Lauderdale	2	19	Washington-Baltimore	30	38
Dallas-Fort Worth	2	18	Atlanta.....	17	12
Houston-Galveston-Brazoria	1	17	Dallas-Fort Worth	10	9
Atlanta.....	3	10	Tampa-St. Petersburg-Clearwater.....	3	9
San Antonio	1	7	Houston-Galveston-Brazoria	7	8
Washington-Baltimore	2	6	New Orleans	7	5
Tampa-St. Petersburg-Clearwater.....	1	5	Charlotte-Gastonia-Rockhill	6	5
Memphis	1	5	Norfolk-Virginia Beach-Newport News.....	10	5
Norfolk-Virginia Beach-Newport News.....	4	4	Orlando	3	4
Orlando	1	4	Cincinnati-Hamilton*	6	2
Charlotte-Gastonia-Rockhill	1	3	Memphis	4	1
New Orleans	1	2	San Antonio	3	1
West.....	13	100	Miami-Fort Lauderdale	0	0
Los Angeles-Riverside-Orange County	3	47	West.....	27	100
San Francisco-Oakland-San Jose	3	14	Los Angeles-Riverside-Orange County	2	31
Phoenix-Mesa	1	11	San Francisco-Oakland-San Jose	7	27
San Diego	1	11	Denver-Boulder-Greeley	5	15
Seattle-Tacoma-Bremerton	1	6	Portland-Salem	5	11
Sacramento-Yolo	1	4	Seattle-Tacoma-Bremerton	2	6
Salt Lake City-Ogden	1	3	Sacramento-Yolo	3	5
Portland-Salem	1	2	Salt Lake City-Ogden	2	4
Denver-Boulder-Greeley	1	2	Phoenix-Mesa	1	1
			San Diego	0	0

*The Cincinnati-Hamilton MA includes counties in both the Midwest and South regions.

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Table B. States included in small metropolitan and nonmetropolitan urbanization categories by region, 1998

			Nonmetropolitan categories					
Small metropolitan category			With a city \geq 10,000 population			Without a city \geq 10,000 population		
Region and State	Number of counties	Percent of category's population	Region and State	Number of counties	Percent of category's population	Region and State	Number of counties	Percent of category's population
Northeast.....	64	100	Northeast.....	31	100	Northeast.....	62	100
PA.....	21	31	NY.....	11	35	PA.....	26	46
NY.....	20	24	PA.....	8	28	NY.....	13	22
CT.....	3	14	NH.....	6	15	ME.....	10	16
MA.....	5	11	ME.....	3	14	VT.....	10	14
RI.....	4	7	RI.....	1	3	NH.....	1	2
NJ.....	4	6	MA.....	1	3	MA.....	2	1
ME.....	3	4	VT.....	1	2	CT.....	0	0
NH.....	1	1	CT.....	0	0	NJ.....	0	0
VT.....	3	1	NJ.....	0	0	RI.....	0	0
Midwest.....	132	100	Midwest.....	171	100	Midwest.....	663	100
OH.....	22	22	OH.....	25	19	MI.....	46	13
MI.....	16	18	IL.....	19	13	IA.....	76	12
IN.....	24	12	IN.....	17	11	MO.....	74	12
WI.....	13	11	MO.....	19	9	WI.....	42	11
IL.....	14	10	WI.....	10	9	IL.....	55	10
IA.....	10	7	MN.....	17	9	IN.....	38	9
KS.....	5	5	KA.....	18	8	MN.....	52	8
NE.....	6	5	MI.....	12	8	OH.....	24	8
MO.....	8	4	IA.....	13	7	KS.....	78	6
MN.....	7	3	NE.....	9	4	NE.....	78	5
ND.....	4	2	SD.....	8	2	SD.....	55	3
SD.....	3	1	ND.....	4	2	ND.....	45	3
South.....	275	100	South.....	201	100	South.....	821	100
FL.....	24	18	TX.....	41	14	TX.....	155	12
TX.....	34	16	GA.....	21	11	NC.....	50	10
NC.....	28	10	NC.....	15	10	KY.....	87	10
AL.....	21	8	MS.....	20	10	GA.....	96	9
SC.....	15	7	AL.....	13	8	TN.....	54	7
TN.....	23	7	TN.....	15	8	VA.....	62	7
OK.....	14	6	OK.....	17	7	MS.....	55	7
LA.....	16	5	KY.....	11	6	AR.....	52	6
VA.....	31	5	AR.....	12	6	SC.....	26	6
GA.....	22	4	LA.....	10	6	FL.....	29	5
KY.....	16	4	VA.....	11	5	WV.....	38	5
AR.....	10	3	WV.....	5	4	AL.....	33	5
DE.....	2	2	FL.....	4	3	OK.....	46	4
MS.....	6	2	SC.....	4	3	LA.....	30	4
WV.....	10	2	MD.....	2	1	MD.....	7	2
MD.....	3	1	DE.....	0	0	DE.....	1	1
West.....	51	100	West.....	80	100	West.....	275	100
CA.....	14	32	OR.....	11	15	CO.....	49	15
WA.....	8	15	WA.....	11	14	CA.....	17	13
NV.....	3	11	CA.....	7	13	ID.....	34	11
AZ.....	3	7	NM.....	11	11	MT.....	48	9
CO.....	4	7	ID.....	8	9	WA.....	16	8
NM.....	6	7	AZ.....	4	8	AZ.....	6	8
HI.....	1	6	MT.....	7	7	AK.....	24	7
OR.....	4	6	UT.....	5	6	OR.....	16	7
ID.....	2	3	HI.....	3	5	UT.....	20	6
AK.....	1	2	CO.....	4	4	NM.....	16	6
UT.....	1	2	WY.....	5	3	WY.....	16	5
MT.....	2	1	AK.....	2	2	NV.....	12	4
WY.....	2	1	NV.....	2	2	HI.....	1	2

\geq Greater than or equal to.
Health, United States, 2001

NOTE: See map on page viii.

Urban and Rural Health

Introduction

1. Institute of Medicine. Defining primary care: An interim report. Washington, DC: National Academy Press. 1994.
2. U.S. Congress, Office of Technology Assessment. Health care in rural America, OTA-H-434. Washington, DC: U.S. Government Printing Office. 1990.
3. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With understanding and improving health and objectives for improving health. 2 vols. Washington, DC: U.S. Government Printing Office. 2000.
4. Ricketts TC, Johnson-Webb KD, Taylor P. Definitions of rural: A handbook for health policy makers and researchers. Technical Issues Paper. U.S. Department of Health and Human Services, Health Resources and Services Administration, Federal Office of Rural Health Policy. 1998.
5. Federal Register. Vol. 55 No. 82. March 30, 1990.
6. U.S. Census Bureau. Geographic areas reference manual. Washington, DC. 1994.
7. National Center for Health Statistics. Health, United States, 2000 With Adolescent Health Chartbook. Hyattsville, Maryland. 2000.
8. Stevens JA, Hasbrouck L, Durant TM, Dellinger, et al. CDC Surveillance Summaries, December 17, 1999. MMWR 48(SS08):27-50. 1999.
9. Kamimoto LA, Easton AN, Maurice E, et al. CDC Surveillance Summaries, December 17, 1999. MMWR 48(SS08):89-130. 1999.
10. Svenson JE, Spurlock C, Nypaver M. Factors associated with the higher traumatic death rate among rural children. Annals Emergency Medicine 27(5):625-32. 1996.
11. Monroe AC, Ricketts TC, Savitz LA. Cancer in rural versus urban populations: A review. J Rural Health 8(3):212-20. 1992.
12. Ricketts TC ed. Rural Health in the United States. New York, NY: Oxford University Press. 1999.
13. Andrus DP, Goodman NJ. The social and health landscape of urban and suburban America. Chicago, IL: American Hospital Association Press. 1999.
14. Barnett E, Halverson JA, Elmes GA, Braham VE. Metropolitan and non-metropolitan trends in coronary heart disease mortality within Appalachia, 1980-1997. Ann Epidemiol 10:370-9. 2000.
15. Rogers CC. Changes in the older population and implications for rural areas. Rural Development Research Report No. 90. Washington, DC: U.S. Department of Agriculture, Economic Research Service. 1999.

Figure 3

1. Murphy SL. Deaths: Final data for 1998. National vital statistics reports; vol 48 no. 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Hodgson TA, Cohen AJ. Medical expenditures for major diseases, 1995. Health Care Financing Review 21(2):119-64. 1999.
3. Schachter JP. Geographical mobility: 1990-95. Current population reports; P-23, no 200. U.S. Census Bureau. Available: <http://www.census.gov/prod/2000pubs/p23-200.pdf>. May 14, 2001.

4. U.S. Census Bureau. State population estimates and demographic components of population change: April 1, 1990 to July 1, 1999. Available: <http://www.census.gov/population/estimates/state/st-99-2.txt>. May 14, 2001.

Figure 4

1. Pickle LW, Mungiole M, Jones GK, White AA. Atlas of United States mortality. Hyattsville, Maryland: National Center for Health Statistics. 1996.
2. Centers for Disease Control and Prevention. CDC Surveillance Summaries, March 24, 2000. MMWR 49(No-SS-2). 2000.

Figure 5

1. Pamuk ER, Makuc DM, Heck KE, Reuben C, Lochner K. Socioeconomic Status and Health Chartbook. Health, United States, 1998. Hyattsville, Maryland: National Center for Health Statistics. 1998.

Figure 6

1. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed.. With understanding and improving health and objectives for improving health 2 vols. Washington, DC: U.S. Government Printing Office. 2000.
2. Centers for Disease Control and Prevention. Trends in cigarette smoking among high school students: United States, 1991-1999. MMWR 49:755-8. 2000.
3. U.S. Department of Health and Human Services. Preventing tobacco use among young people: A report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. 1994. Available: <http://www.cdc.gov/tobacco/sgrth2.htm>. May 14, 2001.
4. Centers for Disease Control and Prevention. Projected smoking-related deaths among youth United States. MMWR 45:971-4. 1996.

Figure 7

1. U.S. Public Health Service. Smoking and health. Report of the Advisory Committee to the Surgeon General of the Public Health Service. U.S. Department of Health, Education, and Welfare, Public Health Service, PHS Publication No. 1103. 1964. Available: <http://www.cdc.gov/tobacco/sgr/sgr64.htm>. May 14, 2001.
2. Pearson TA, Lewis C. Rural epidemiology: Insights from a rural population laboratory. Am J Epidemiology 148(10):949-57. 1998.
3. Newburger EC, Curry A. Educational attainment in the United States. Current population reports; P-20, no.528. U.S. Census Bureau. 1999.
4. U.S. Department of Health and Human Services. Tobacco use among U.S. racial/ethnic minority groups African Americans, American Indians and Alaska Natives, Asian Americans and Pacific

- Islanders, and Hispanics: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 1998.
5. Fichtenberg CM, Glantz SA. Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease. *New Engl J Med* 343(24):1772–7. 2000.

Figure 8

1. Klatsky AL, Armstrong MA. Alcohol use, other traits, and risk of unnatural death: A prospective study. *Alcohol Clin Exp Res* 17(6):1156–62. 1993.
2. Substance Abuse and Mental Health Services Administration. Blood alcohol concentration. In: NCADI: Prevention primer. Available: <http://www.health.org:80/govpubs/PHD627/blood.htm>. May 14, 2001.
3. Coker AL, Smith PH, McKeown RE, King MJ. Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *Am J Public Health* 90(4):553–9. 2000.
4. Substance Abuse and Mental Health Services Administration. Appendix G: National tables. National Household Survey on Drug Abuse, 1999. Office of Applied Studies, SAMHSA . Available: <http://www.samhsa.gov/oas/NHSDA/1999/Appendixg.htm>. May 14, 2001.

Figure 9

1. Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: Prevalence and trends, 1960–1994. *International J Obesity* 22:39–47. 1998.

Figure 10

1. U.S. Department of Health and Human Services. Physical activity and health: A report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 85–172. 1996.
2. Centers for Disease Control and Prevention. Self-reported physical inactivity by degree of urbanization: United States, 1996. *MMWR* 47(50):1097–100. 1998.
3. Centers for Disease Control and Prevention. Prevalence of leisure-time and occupational physical activity among employed adults: United States, 1990. *MMWR* 49(19):420–4. 2000.
4. Brownson RC, Eyler AA, King AC, et al. Patterns and correlates of physical activity among US women 40 years and older. *Am J Public Health* 90(2):264–70. 2000.

Figure 11

1. Kleinman JC, Kiely JL. Infant mortality. *Healthy People 2000 statistical notes*; vol 1 no. 2. National Center for Health Statistics. 1991.

2. Centers for Disease Control and Prevention. Poverty and infant mortality United States, 1988. *MMWR* 44(49):923–7. 1995.
3. McCormick MC, Richardson DK. Access to neonatal intensive care. *The Future of Children* 5(1):162–75. 1995.
4. American Academy of Pediatrics Task Force on Infant Positioning and SIDS. Positioning and SIDS. *Pediatrics* 89(6):1120–6. 1992.

Figure 12

1. Murphy SL. Deaths: Final data for 1998. *National vital statistics reports*; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.

Figure 13

1. Murphy SL. Deaths: Final data for 1998. *National vital statistics reports*; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Barnett E, Halverson J. Disparities in premature coronary heart disease mortality by region and urbanicity among black and white adults ages 35–64, 1985–1995. *Public Health Rep* 115:52–64. 2000.

Figure 14

1. Murphy SL. Deaths: Final data for 1998. *National vital statistics reports*; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.

Figure 15

1. Murphy SL. Deaths: Final data for 1998. *National vital statistics reports*; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Ingram DD, Gillum R. Regional and urbanization differentials in coronary heart disease mortality in the United States, 1968–85. *J Clin Epidemiol* 42:857–68. 1989.
3. Pamuk ER, Makuc DM, Heck KE, Reuben C, Lochner K. Socioeconomic Status and Health Chartbook. Health, United States, 1998. Hyattsville, Maryland: National Center for Health Statistics. 1998.

Figure 16

1. Murphy SL. Deaths: Final data for 1998. *National vital statistics reports*; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Centers for Disease Control and Prevention. Progress in chronic disease prevention chronic disease reports: chronic obstructive pulmonary disease mortality—United States, 1986. *MMWR* 38(32):549–52. 1989.
3. Becklake MR. The work relatedness of airways dysfunction. In: Proceedings of the Ninth International Symposium on epidemiology in Occupational Health. Cincinnati, Ohio. 1–28. 1992.

Urban and Rural Health

Figure 17

1. Murphy SL. Deaths: Final data for 1998. National vital statistics reports; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. U.S. Department of Health and Human Services. Traumatic brain injury in the United States: A Report to Congress. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 1999. Available: <http://www.cdc.gov/ncipc/pubs/bicongress.htm>. May 14, 2001.
3. National Center for Health Statistics. Multiple cause of death for ICD-9 data. 1996–98.
4. Blatt J, Furman SM. Residence location of drivers involved in fatal crashes. *Accid Anal and Prev* 30(6): 705–11. 1998.
5. Toscano GA, Windau JA. Profile of fatal work injuries in 1996. Bureau of Labor Statistics, Compensation and Working Conditions 3(1): 37–45. 1998.

Figure 18

1. Murphy SL. Deaths: Final data for 1998. National vital statistics reports; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Fingerhut LA, Ingram DD, Feldman JJ. Homicide rates among U.S. teenagers and young adults: Differences by mechanism, level of urbanization, race, and sex, 1987 through 1995. *JAMA* 280:423–7. 1998.
3. Cubbin C, Pickle LW, Fingerhut L. Social context and geographic patterns of homicide among U.S. black and white males. *Am J Public Health* 90(4):579–87. 2000.

Figure 19

1. Murphy SL. Deaths: Final data for 1998. National vital statistics reports; vol 48 no 11. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Kann L, Kinchen SA, Williams BI, et al. CDC Surveillance Summaries, August 14, 1998. *MMWR* 47(SS-3):1–89. 1998.
3. Moscicki EK. Gender differences in completed and attempted suicides. *Ann Epidemiol* 4(2):152–8. 1994.
4. National Center for Health Statistics. Compressed Mortality File 1989–98.
5. Kaplan MS, Geling O. Firearm suicides and homicides in the United States: Regional variations and patterns of gun ownership. *Soc Sci Med* 46(9):1227–33. 1998.
6. Glaeser E, Glendon S. Who owns guns? Criminals, victims, and the culture of violence. *Am Econ Rev Papers and Proceedings*. 458–62. 1998.
7. Rost K, Zhang M, Fortney J, et al. Rural-urban differences in depression treatment and suicidality. *Med Care* 36(7):1098–107. 1998.

Figure 20

1. Curtin SC, Martin JA. Births: Preliminary data for 1999. National vital statistics reports; vol 48 no 14. Hyattsville, Maryland: National Center for Health Statistics. 2000.
2. Ventura SJ, Mosher WD, Curtin SC, Abma JC, Henshaw S. Trends in pregnancies and pregnancy rates by outcome: estimates for the United States, 1976–96. National Center for Health Statistics. *Vital Health Stat* 21(56). 2000.
3. Abma JC, Chandra A, Mosher WD, Peterson LS, Piccinino LJ. Fertility, family planning and women's health: new data from the 1995 National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 23(19). 1997.
4. Ventura SJ, Curtin SC, Mathews TJ. Variations in teenage birth rates, 1991–98: National and State trends. National vital statistics reports; vol 48 no. 6. Hyattsville, Maryland: National Center for Health Statistics. 2000.
5. Loda FA, Speizer IS, Martin KL, et al. Programs and services to prevent pregnancy, childbearing, and poor birth outcomes among adolescents in rural areas of the southeastern United States. *J Adolesc Health* 21:157–66. 1997.
6. Bennett T, Skatrud JD, Guild P, et al. Rural adolescent pregnancy: A view from the South. *Fam Plann Perspect* 29:256–67. 1997.
7. U.S. Congress, Office of Technology Assessment. Adolescent Health—Volume I:Summary and policy options, Ota-h-468. Washington, DC: U. S. Government Printing Office. 1991.
8. Henshaw SK, Feivelson DJ. Teenage abortion and pregnancy statistics by State, 1996. *Fam Plann Perspect* 32:272–80. 2000.
9. Fothergill K, Feijoo A. Family planing services at school-based health centers: Findings from a national survey. *J Adolesc Health* 27:166–9. 2000.

Figure 21

1. Wilkins K, Park E. Chronic conditions, physical limitations and dependency among seniors living in the community. *Health Reports* 8(3):7–15. 1996.
2. LaPlante MP, Carlson D. Disability in the United States: Prevalence and causes, 1992. *Disability Statistics Report* (7). Washington, DC: U.S. Department of Education, National Institute on Disability and Rehabilitation Research. 1996.
3. Lin G. Regional assessment of elderly disability in the U.S. *Social Science Med* 50(7–8):1015–24. 2000.
4. Campbell VA, Crews JE, Moriarty DG, et al. CDC Surveillance Summaries, December 17, 1999. *MMWR* 48(SS08):131–56. 1999.

Figure 22

1. Johnson ES, Kelly JE, Van Kirk LE. Selected dental findings in adults by age, race, and sex, United States, 1960–1962. National Center for Health Statistics. *Vital Health Stat* 11(7). 1965.

Figure 23

1. Schur CL, Franco SJ. Access to Health Care. In: Ricketts T ed.. *Rural Health in the United States*. New York: Oxford University Press. 25–37. 1999.

Figure 24

1. Pasko T, Seidman B, Birkhead S. Physician characteristics and distribution in the US. American Medical Association, 2000–2001 Edition. 2000.
2. Rosenblatt RA, Hart LG. Physicians and rural America. In: Ricketts T ed. *Rural Health in the United States*. New York, NY: Oxford University Press. 38–51. 1999.

Figure 25

1. U.S. Department of Health and Human Services. Oral health in America: A report of the Surgeon General executive summary. Rockville, Maryland: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.

Figure 26

1. U.S. Department of Health and Human Services. Oral health in America: A report of the Surgeon General executive summary. Rockville, Maryland: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.

Figure 27

1. Duffy SQ, Farley DE. Patterns of decline among inpatient procedures. *Public Health Reports* 110:674–81. 1995.
2. Shi L, Samuels ME, Pease M, et al. Patient characteristics associated with hospitalizations for ambulatory care sensitive conditions in South Carolina. *South Med J* 92(10):989–98. 1999.

Figure 28

1. Substance Abuse and Mental Health Services Administration. *Changing the conversation— improving substance abuse treatment: the national treatment plan initiative*. Panel reports, public hearings, and participation acknowledgments. Rockville, Maryland: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. 2000. Available:
<http://www.samhsa.gov/centers/csat/content/ntp.htm>. May 14, 2001.

Technical Notes

1. Federal Register, Vol 55 No. 82. March 30, 1990.
2. Ghelfi LM, Parker TS. A new county level measure of urban influence. Staff Report, Rural Economy Division, Economic Research Service, U.S. Department of Agriculture. 1995.
3. Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S. population. *Healthy People statistical notes no. 20*. Hyattsville, Maryland: National Center for Health Statistics. 2001.
4. Office of Management and Budget. Statistical Policy Directive No. 14. Definition of poverty for statistical purposes. 1978. Available:
<http://www.census.gov/hhes/poverty/povmeas/ombdir14.html>. May 14, 2001.
5. Kleinman JC, Makuc DM. Travel for ambulatory medical care. *Medical Care* 21(5):543–57. 1993.
6. Wakefield DS, Tracy R. Adjusting measures of physician availability to reflect importation of physician services into rural areas. *J Rural Health* 12(1):39–44. 1996.

Data Tables on Urban and Rural Health

Figure 2. Population by region and urbanization level: United States, 1998

Urbanization level	All regions	Northeast	Midwest	South	West
Percent					
Total	100.0	100.0	100.0	100.0	100.0
Metropolitan counties:					
Large central	28.8	32.8	24.1	20.1	43.9
Large fringe.	21.2	32.2	22.2	16.3	18.5
Small	30.0	25.1	27.3	38.4	23.5
Nonmetropolitan counties:					
With a city ≥ 10,000 population	9.1	5.2	12.0	9.8	8.1
Without a city ≥ 10,000 population	11.0	4.7	14.4	15.4	6.0

≥ Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 3. Population by age, region, and urbanization level: United States, 1998

Region and urbanization level	All ages	Under 5 years	5–17 years	18–64 years	65 years and over
Percent					
All regions	100.0	7.0	18.8	61.4	12.7
Metropolitan counties:					
Large central	100.0	7.5	18.3	62.4	11.8
Large fringe	100.0	6.9	18.8	62.5	11.8
Small	100.0	7.0	18.8	61.2	13.0
Nonmetropolitan counties	100.0	6.5	19.7	59.2	14.6
With a city ≥ 10,000 population	100.0	6.7	19.4	60.2	13.7
Without a city ≥ 10,000 population	100.0	6.4	19.9	58.3	15.3
Northeast:					
Metropolitan counties:					
Large central	100.0	6.8	17.3	62.3	13.6
Large fringe	100.0	6.4	17.9	61.8	13.9
Small	100.0	6.3	18.0	60.8	14.9
Nonmetropolitan counties	100.0	5.9	18.9	60.4	14.8
With a city ≥ 10,000 population	100.0	6.0	18.7	60.7	14.6
Without a city ≥ 10,000 population	100.0	5.9	19.1	60.0	15.0
Midwest:					
Metropolitan counties:					
Large central	100.0	7.3	18.3	61.8	12.7
Large fringe	100.0	7.0	19.7	62.4	10.9
Small	100.0	6.7	18.9	61.8	12.6
Nonmetropolitan counties	100.0	6.3	19.8	58.3	15.6
With a city ≥ 10,000 population	100.0	6.4	19.3	60.0	14.2
Without a city ≥ 10,000 population	100.0	6.3	20.2	56.8	16.7
South:					
Metropolitan counties:					
Large central	100.0	7.7	18.6	63.0	10.7
Large fringe	100.0	7.1	18.7	63.1	11.2
Small	100.0	7.0	18.4	61.4	13.1
Nonmetropolitan counties	100.0	6.6	19.2	59.7	14.5
With a city ≥ 10,000 population	100.0	6.8	19.0	60.6	13.5
Without a city ≥ 10,000 population	100.0	6.4	19.4	59.1	15.1
West:					
Metropolitan counties:					
Large central	100.0	7.8	18.9	62.3	11.0
Large fringe	100.0	7.3	19.1	63.0	10.6
Small	100.0	7.8	20.2	60.5	11.5
Nonmetropolitan counties	100.0	7.1	21.2	58.8	12.8
With a city ≥ 10,000 population	100.0	7.2	20.8	59.4	12.6
Without a city ≥ 10,000 population	100.0	7.1	21.8	58.0	13.1

≥ Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 4. Population in selected race and Hispanic origin groups by region and urbanization level: United States, 1998

Region and urbanization level	Non-Hispanic				
	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic
Percent					
All regions	72.3	12.1	3.7	0.7	11.2
Metropolitan counties					
Large central	54.3	18.5	6.4	0.4	20.5
Large fringe	80.2	7.7	4.0	0.3	7.8
Small	76.7	11.1	2.6	0.7	9.0
Nonmetropolitan counties	83.3	9.1	1.0	1.8	4.8
With a city \geq 10,000 population	82.4	8.6	1.6	1.6	5.8
Without a city \geq 10,000 population	84.1	9.5	0.5	2.0	4.0
Northeast:					
Metropolitan counties:					
Large central	54.5	21.6	6.2	0.2	17.5
Large fringe	83.8	6.3	3.6	0.2	6.1
Small	87.7	5.5	1.7	0.2	4.8
Nonmetropolitan counties	95.8	1.7	0.8	0.3	1.5
With a city \geq 10,000 population	95.3	1.8	1.0	0.3	1.5
Without a city \geq 10,000 population	96.3	1.5	0.5	0.4	1.4
Midwest:					
Metropolitan counties:					
Large central	63.1	25.8	3.0	0.3	7.8
Large fringe	88.5	5.8	1.9	0.3	3.5
Small	88.3	7.2	1.5	0.5	2.6
Nonmetropolitan counties	94.9	1.7	0.6	1.1	1.7
With a city \geq 10,000 population	93.5	2.7	0.9	0.6	2.3
Without a city \geq 10,000 population	96.1	0.9	0.4	1.5	1.2
South:					
Metropolitan counties:					
Large central	50.2	25.0	3.0	0.3	21.6
Large fringe	75.6	14.3	3.5	0.3	6.3
Small	71.4	17.8	1.4	0.6	8.8
Nonmetropolitan counties	75.0	18.6	0.5	1.2	4.8
With a city \geq 10,000 population	73.1	19.2	0.8	1.5	5.6
Without a city \geq 10,000 population	76.2	18.3	0.3	1.0	4.3
West:					
Metropolitan counties:					
Large central	52.0	7.8	10.8	0.6	28.8
Large fringe	70.8	2.9	8.1	0.7	17.5
Small	66.0	3.5	8.0	1.4	21.1
Nonmetropolitan counties	76.9	0.9	3.3	6.1	12.9
With a city \geq 10,000 population	76.3	1.2	4.3	4.2	14.0
Without a city \geq 10,000 population	77.6	0.6	1.8	8.6	11.4

\geq Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 5. Population in poverty by region and urbanization level: United States, 1997

Urbanization level	All regions	Northeast	Midwest	South	West
Percent					
Metropolitan counties:					
Large central	15.6	17.6	14.0	15.1	15.6
Large fringe	8.0	7.5	6.7	9.0	9.1
Small	13.2	10.6	10.5	14.6	15.0
Nonmetropolitan counties	15.4	12.1	11.7	18.5	15.8
With a city ≥ 10,000 population.	14.6	12.0	11.1	17.6	15.7
Without a city ≥ 10,000 population	16.1	12.2	12.2	19.1	16.0

≥ Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 6. Cigarette smoking in the past month among adolescents 12-17 years of age by region and urbanization level: United States, 1999

Region and urbanization level	Percent	SE
All regions	14.9	0.3
Metropolitan counties:		
Large central	11.0	0.5
Large fringe.	15.9	0.7
Small	16.1	0.6
Nonmetropolitan counties.	17.2	0.6
With a city \geq 10,000 population	15.2	0.9
Without a city \geq 10,000 population	18.9	0.9
Northeast:		
Metropolitan counties:		
Large central	10.6	1.4
Large fringe.	16.5	1.7
Small	15.4	1.7
Nonmetropolitan counties.	17.7	1.8
Midwest:		
Metropolitan counties:		
Large central	15.0	1.1
Large fringe.	18.3	1.3
Small	18.7	1.2
Nonmetropolitan counties.	17.6	1.0
South:		
Metropolitan counties:		
Large central	10.0	0.9
Large fringe.	16.2	1.3
Small	16.4	1.0
Nonmetropolitan counties.	17.9	1.2
West:		
Metropolitan counties:		
Large central	9.6	0.8
Large fringe.	12.0	1.0
Small	13.3	1.1
Nonmetropolitan counties.	14.2	1.2

SE Standard error.

\geq Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 7. Cigarette smoking among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98

Region and urbanization level	Total		Men		Women	
	Percent	SE	Percent	SE	Percent	SE
All regions	24.2	0.2	26.4	0.3	22.1	0.3
Metropolitan counties:						
Large central	22.6	0.4	25.4	0.6	20.0	0.5
Large fringe	21.6	0.5	23.6	0.6	19.5	0.6
Small	25.4	0.4	27.1	0.6	23.7	0.5
Nonmetropolitan counties	27.3	0.5	29.5	0.7	25.2	0.7
With a city ≥ 10,000 population	26.1	0.8	28.4	1.0	24.0	0.9
Without a city ≥ 10,000 population	28.5	0.6	30.6	0.9	26.5	0.8
Northeast:						
Metropolitan counties:						
Large central	24.4	0.8	26.0	1.2	23.0	1.0
Large fringe	21.6	0.9	23.7	1.3	19.7	1.0
Small	23.8	0.9	23.9	1.3	23.6	1.2
Nonmetropolitan counties	29.0	1.8	27.3	2.3	30.6	2.4
Midwest:						
Metropolitan counties:						
Large central	27.6	1.0	29.6	1.5	25.7	1.3
Large fringe	23.9	0.9	25.4	1.2	22.4	1.2
Small	26.5	1.0	29.3	1.5	23.7	1.1
Nonmetropolitan counties	26.1	0.9	27.8	1.2	24.3	1.3
South:						
Metropolitan counties:						
Large central	21.8	0.7	26.1	1.1	17.7	0.9
Large fringe	21.9	0.9	24.3	1.2	19.6	1.1
Small	26.2	0.7	28.3	0.9	24.2	0.9
Nonmetropolitan counties	29.3	0.7	32.8	1.1	26.1	0.9
West:						
Metropolitan counties:						
Large central	18.7	0.6	21.7	0.9	15.7	0.7
Large fringe	17.4	1.0	19.5	1.4	14.8	1.2
Small	22.8	1.0	23.6	1.4	22.0	1.2
Nonmetropolitan counties	22.9	1.3	25.4	1.5	20.4	1.5

SE Standard error.

≥ Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 8. Alcohol consumption of 5 or more drinks in 1 day in the last year among persons 18-49 years of age by sex, region, and urbanization level: United States, 1997-98

Region and urbanization level	Total		Men		Women	
	Percent	SE	Percent	SE	Percent	SE
All regions	27.1	0.3	38.0	0.5	16.6	0.3
Metropolitan counties:						
Large central	24.8	0.5	34.9	0.8	15.2	0.5
Large fringe	29.5	0.7	40.5	1.0	18.7	0.8
Small	27.2	0.6	38.3	0.8	16.9	0.7
Nonmetropolitan counties	27.3	0.7	39.0	1.2	15.7	0.7
With a city \geq 10,000 population	29.6	1.1	42.4	1.6	17.1	1.1
Without a city \geq 10,000 population	24.8	1.0	35.3	1.6	14.2	1.0
Northeast:						
Metropolitan counties:						
Large central	21.4	1.1	30.3	1.7	13.4	1.1
Large fringe	29.6	1.2	41.2	1.8	18.2	1.4
Small	30.6	1.3	43.7	2.0	18.8	1.6
Nonmetropolitan counties	35.1	2.9	45.9	4.5	24.7	3.2
Midwest:						
Metropolitan counties:						
Large central	30.0	1.4	42.5	2.0	18.9	1.4
Large fringe	36.0	1.4	47.1	1.9	25.0	1.7
Small	30.2	1.3	40.7	1.5	20.3	1.8
Nonmetropolitan counties	29.0	1.3	41.4	2.2	16.7	1.2
South:						
Metropolitan counties:						
Large central	22.6	0.9	31.1	1.4	14.3	0.9
Large fringe	24.1	1.2	34.1	1.9	14.5	1.3
Small	24.7	0.9	35.5	1.2	14.5	0.8
Nonmetropolitan counties	21.4	0.9	32.0	1.6	11.1	0.7
West:						
Metropolitan counties:						
Large central	25.7	0.9	36.7	1.3	14.9	0.9
Large fringe	27.4	1.4	39.0	2.2	15.3	1.4
Small	26.3	1.2	36.7	2.0	17.0	1.2
Nonmetropolitan counties	37.4	1.9	51.9	1.6	22.7	2.6

SE Standard error.

\geq Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 9. Obesity among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997–98

Region and urbanization level	Total		Men		Women	
	Percent	SE	Percent	SE	Percent	SE
All regions	19.6	0.2	19.3	0.3	19.7	0.2
Metropolitan counties:						
Large central	19.1	0.4	17.9	0.5	20.2	0.5
Large fringe	17.7	0.4	19.0	0.6	16.3	0.5
Small	19.8	0.3	19.6	0.5	19.9	0.4
Nonmetropolitan counties.	21.6	0.4	21.0	0.6	22.1	0.6
With a city ≥ 10,000 population	20.5	0.6	20.1	0.8	21.0	0.8
Without a city ≥ 10,000 population	22.7	0.5	22.0	0.8	23.3	0.8
Northeast:						
Metropolitan counties:						
Large central	19.1	0.7	18.9	1.1	19.2	1.0
Large fringe	17.7	0.7	19.0	1.1	16.3	0.9
Small	19.5	0.8	19.4	1.2	19.3	1.1
Nonmetropolitan counties.	21.3	1.1	19.9	1.4	22.6	1.7
Midwest:						
Metropolitan counties:						
Large central	21.9	0.8	18.7	1.2	24.8	1.2
Large fringe	18.5	0.8	18.3	1.1	18.5	1.1
Small	19.8	0.7	19.0	1.1	20.4	0.8
Nonmetropolitan counties.	22.8	0.9	23.1	1.0	22.4	1.2
South:						
Metropolitan counties:						
Large central	19.9	0.8	18.9	1.0	20.8	1.0
Large fringe	18.5	0.9	20.5	1.3	16.5	1.0
Small	20.4	0.5	20.3	0.7	20.4	0.7
Nonmetropolitan counties.	21.9	0.6	20.4	1.0	23.2	0.9
West:						
Metropolitan counties:						
Large central	16.7	0.6	15.8	0.7	17.5	0.8
Large fringe	15.5	0.9	17.8	1.3	12.7	1.0
Small	18.4	0.7	18.8	1.0	18.0	1.0
Nonmetropolitan counties.	17.3	0.9	17.8	1.0	16.9	1.5

SE Standard error.

≥ Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 10. Physical inactivity during leisure time among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997–98

Region and urbanization level	Total		Men		Women	
	Percent	SE	Percent	SE	Percent	SE
All regions	38.1	0.4	35.1	0.5	40.8	0.4
Metropolitan counties:						
Large central	40.7	0.7	36.8	0.9	44.2	0.8
Large fringe	30.9	0.7	27.6	0.9	33.8	0.9
Small	38.1	0.7	34.8	0.9	40.9	0.8
Nonmetropolitan counties	42.2	0.9	40.6	1.2	43.5	1.1
With a city > = 10,000	38.1	1.7	35.3	2.0	40.6	1.9
Without a city > = 10,000	46.3	1.6	45.9	1.9	46.5	1.7
Northeast:						
Metropolitan counties:						
Large central	49.2	1.4	46.9	1.9	51.1	1.7
Large fringe	33.6	1.2	30.8	1.5	36.1	1.5
Small	30.0	1.3	26.3	2.0	33.1	1.7
Nonmetropolitan counties	27.3	2.6	24.4	3.2	29.8	4.1
Midwest:						
Metropolitan counties:						
Large central	37.2	1.4	32.5	1.8	41.4	1.6
Large fringe	28.4	1.4	24.5	1.7	31.7	1.8
Small	36.6	1.5	33.7	1.8	39.0	1.7
Nonmetropolitan counties	36.8	1.4	37.0	1.9	36.5	1.7
South:						
Metropolitan counties:						
Large central	44.0	1.4	39.0	1.8	48.5	1.6
Large fringe	32.7	1.4	30.6	1.8	34.6	1.6
Small	42.8	1.0	39.2	1.3	46.1	1.1
Nonmetropolitan counties	54.2	1.3	52.4	1.6	55.8	1.5
West:						
Metropolitan counties:						
Large central	33.4	1.1	29.7	1.5	36.5	1.3
Large fringe	27.5	1.5	22.5	1.7	32.3	2.0
Small	35.0	2.0	32.6	2.5	36.9	2.2
Nonmetropolitan counties	26.4	2.3	23.5	2.6	29.2	2.3

SE Standard error.

≥ Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 11. Infant mortality rates by region and urbanization level: United States, 1996–98

Urbanization level	All regions		Northeast		Midwest		South		West	
	Rate	SE	Rate	SE	Rate	SE	Rate	SE	Rate	SE
Infant deaths per 1,000 live births										
Total	7.2	0.02	6.6	0.06	7.7	0.05	8.0	0.04	6.1	0.05
Metropolitan counties:										
Large central	7.5	0.04	7.7	0.10	9.6	0.12	7.7	0.09	6.0	0.07
Large fringe	6.1	0.05	5.3	0.09	6.6	0.11	7.0	0.10	5.3	0.10
Small	7.5	0.05	6.6	0.12	7.5	0.10	8.1	0.07	6.5	0.10
Nonmetropolitan counties	7.7	0.06	6.2	0.19	7.0	0.11	8.7	0.09	6.9	0.14
With a city \geq 10,000 population	7.7	0.09	6.3	0.27	7.1	0.16	8.9	0.15	6.7	0.18
Without a city \geq 10,000 population	7.7	0.08	6.1	0.28	6.9	0.15	8.5	0.12	7.2	0.22

\geq Greater than or equal to.

SE Standard error.

Data Tables on Urban and Rural Health

Figure 12. Death rates for all causes among persons 1-24 years of age by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Males		Females	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	43.3	0.1	58.1	0.2	28.0	0.2
Metropolitan counties:						
Large central	44.5	0.3	61.0	0.4	27.7	0.3
Large fringe	35.4	0.3	47.1	0.5	23.4	0.3
Small	41.7	0.3	55.5	0.4	27.4	0.3
Nonmetropolitan counties	52.3	0.4	69.0	0.6	34.2	0.4
With a city \geq 10,000 population	46.2	0.5	60.5	0.8	30.7	0.6
Without a city \geq 10,000 population	58.5	0.5	77.7	0.8	37.8	0.6
Northeast:						
Metropolitan counties:						
Large central	41.7	0.6	57.8	0.9	26.1	0.6
Large fringe	31.9	0.5	42.3	0.9	21.2	0.6
Small	34.0	0.6	45.8	1.0	21.7	0.7
Nonmetropolitan counties	37.6	1.0	49.9	1.6	24.2	1.2
With a city \geq 10,000 population	35.6	1.3	47.6	2.1	22.5	1.5
Without a city \geq 10,000 population	40.1	1.5	52.9	2.5	26.1	1.8
Midwest:						
Metropolitan counties:						
Large central	48.7	0.6	69.8	1.1	28.4	0.7
Large fringe	35.4	0.6	47.8	1.0	22.7	0.7
Small	37.0	0.5	49.7	0.8	24.3	0.6
Nonmetropolitan counties	47.4	0.6	61.6	1.0	31.8	0.7
With a city \geq 10,000 population	41.1	0.8	52.6	1.3	28.7	1.0
Without a city \geq 10,000 population	54.5	1.0	71.7	1.5	35.7	1.1
South:						
Metropolitan counties:						
Large central	50.6	0.6	69.1	0.9	32.3	0.6
Large fringe	40.3	0.6	54.2	1.0	26.2	0.7
Small	46.1	0.4	61.2	0.6	30.6	0.5
Nonmetropolitan counties	58.1	0.6	77.0	0.9	38.1	0.6
With a city \geq 10,000 population	53.0	0.8	70.0	1.3	35.2	1.0
Without a city \geq 10,000 population	62.0	0.8	82.4	1.2	40.4	0.9
West:						
Metropolitan counties:						
Large central	39.3	0.4	52.5	0.7	24.9	0.5
Large fringe	33.8	0.6	43.2	1.0	23.4	0.7
Small	42.6	0.6	56.1	0.9	27.8	0.7
Nonmetropolitan counties	53.3	0.9	71.4	1.4	33.1	1.0
With a city \geq 10,000 population	45.9	1.1	61.3	1.7	29.0	1.2
Without a city \geq 10,000 population	65.9	1.6	88.7	2.6	39.9	1.8

NOTE: Rates are age adjusted.

SE Standard error.

\geq Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 13. Death rates for all causes among persons 25-64 years of age by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Men		Women	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	386.0	0.3	497.5	0.5	280.7	0.4
Metropolitan counties:						
Large central	419.6	0.6	549.8	1.0	299.5	0.7
Large fringe	319.1	0.6	399.3	1.0	241.6	0.7
Small	384.9	0.6	496.1	0.9	280.6	0.7
Nonmetropolitan counties	411.9	0.7	532.3	1.1	295.9	0.8
With a city \geq 10,000 population	399.8	1.0	514.3	1.7	290.4	1.2
Without a city \geq 10,000 population	421.5	1.0	546.6	1.5	300.4	1.1
Northeast:						
Metropolitan counties:						
Large central	445.9	1.3	591.4	2.2	317.6	1.5
Large fringe	314.4	1.1	395.6	1.8	237.5	1.3
Small	346.2	1.3	441.0	2.2	256.6	1.6
Nonmetropolitan counties	355.1	2.1	454.4	3.5	258.2	2.6
With a city \geq 10,000 population	355.5	3.0	457.0	4.8	257.2	3.6
Without a city \geq 10,000 population	354.7	3.1	451.7	4.9	259.3	3.7
Midwest:						
Metropolitan counties:						
Large central	445.7	1.4	582.7	2.3	322.7	1.7
Large fringe	309.6	1.2	380.4	1.9	240.3	1.5
Small	347.4	1.2	438.8	1.9	260.7	1.4
Nonmetropolitan counties	352.3	1.2	448.4	1.9	258.6	1.4
With a city \geq 10,000 population	350.2	1.8	442.3	2.8	261.2	2.1
Without a city \geq 10,000 population	354.2	1.6	453.7	2.6	256.8	1.9
South:						
Metropolitan counties:						
Large central	450.8	1.3	596.9	2.1	316.0	1.5
Large fringe	351.9	1.2	446.2	2.0	260.9	1.5
Small	424.4	0.9	555.5	1.5	304.2	1.0
Nonmetropolitan counties	481.2	1.1	633.5	1.9	338.6	1.3
With a city \geq 10,000 population	471.9	1.8	619.5	3.0	335.4	2.1
Without a city \geq 10,000 population	486.9	1.5	642.1	2.4	340.7	1.7
West:						
Metropolitan counties:						
Large central	362.1	1.0	468.3	1.6	259.2	1.2
Large fringe	291.6	1.4	362.5	2.1	221.6	1.7
Small	363.5	1.3	464.3	2.2	264.5	1.6
Nonmetropolitan counties	364.3	1.7	460.2	2.7	267.1	2.1
With a city \geq 10,000 population	361.6	2.3	458.4	3.6	265.4	2.7
Without a city \geq 10,000 population	368.3	2.6	463.3	4.1	269.8	3.1

SE Standard error.

\geq Greater than or equal.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 14. Death rates for all causes among persons 65 years of age and over by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Men		Women	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	5,204.5	2.3	6,279.3	4.2	4,504.5	2.7
Metropolitan counties:						
Large central	5,063.8	4.3	6,104.7	8.0	4,409.9	5.1
Large fringe	5,111.4	5.2	6,087.0	9.5	4,479.9	6.1
Small	5,227.1	4.2	6,333.0	7.7	4,512.3	4.9
Nonmetropolitan counties	5,416.0	4.8	6,562.3	8.6	4,626.8	5.7
With a city \geq 10,000 population	5,428.4	7.4	6,586.1	13.5	4,659.3	8.7
Without a city \geq 10,000 population	5,407.4	6.3	6,546.7	11.2	4,602.8	7.4
Northeast:						
Metropolitan counties:						
Large central	5,071.8	8.6	6,138.2	16.1	4,427.0	10.0
Large fringe	5,110.7	8.7	6,128.2	16.2	4,469.0	10.2
Small	5,219.3	9.5	6,396.3	17.9	4,501.5	11.1
Nonmetropolitan counties	5,447.3	15.6	6,573.3	28.4	4,700.0	18.3
With a city \geq 10,000 population	5,469.5	21.7	6,659.8	40.1	4,699.8	25.3
Without a city \geq 10,000 population	5,423.9	22.4	6,483.8	40.1	4,700.9	26.5
Midwest:						
Metropolitan counties:						
Large central	5,390.0	9.7	6,625.0	18.5	4,656.9	11.2
Large fringe	5,330.4	11.2	6,428.4	20.9	4,648.5	13.0
Small	5,318.3	9.1	6,565.4	17.2	4,553.1	10.5
Nonmetropolitan counties	5,225.7	8.1	6,414.1	14.6	4,413.0	9.4
With a city \geq 10,000 population	5,296.2	12.7	6,546.0	23.4	4,493.9	14.7
Without a city \geq 10,000 population	5,176.2	10.4	6,328.3	18.6	4,353.7	12.3
South:						
Metropolitan counties:						
Large central	5,204.2	9.4	6,321.9	17.4	4,507.0	11.0
Large fringe	5,129.6	10.3	6,094.9	18.7	4,484.5	12.2
Small	5,259.6	6.3	6,370.6	11.5	4,539.3	7.3
Nonmetropolitan counties	5,661.8	7.5	6,918.4	13.7	4,824.8	8.7
With a city \geq 10,000 population	5,690.3	12.5	6,984.0	23.2	4,867.2	14.5
Without a city \geq 10,000 population	5,646.1	9.3	6,884.3	16.9	4,800.2	11.0
West:						
Metropolitan counties:						
Large central	4,738.0	7.6	5,611.0	13.5	4,149.4	9.0
Large fringe	4,798.9	12.0	5,578.9	21.2	4,267.4	14.4
Small	5,005.2	10.5	5,860.6	18.1	4,375.1	12.7
Nonmetropolitan counties	5,069.1	12.9	5,847.0	21.5	4,446.4	15.9
With a city \geq 10,000 population	5,101.3	17.1	5,874.7	28.7	4,492.9	21.0
Without a city \geq 10,000 population	5,027.1	19.6	5,812.8	32.6	4,383.7	24.2

SE Standard error.

\geq Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 15. Death rates for ischemic heart disease among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Men		Women	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	251.1	0.2	324.5	0.4	196.8	0.2
Metropolitan counties:						
Large central	259.1	0.4	326.5	0.8	211.7	0.5
Large fringe	245.9	0.5	313.5	0.9	195.6	0.5
Small	239.6	0.4	314.9	0.7	184.0	0.4
Nonmetropolitan counties	263.6	0.5	347.1	0.8	198.4	0.5
With a city \geq 10,000 population	256.0	0.7	339.5	1.3	193.0	0.8
Without a city \geq 10,000 population	269.2	0.6	352.8	1.1	202.5	0.7
Northeast:						
Metropolitan counties:						
Large central	306.0	0.9	378.3	1.7	257.6	1.0
Large fringe	262.8	0.8	331.1	1.6	213.0	0.9
Small	254.0	0.9	331.8	1.7	198.2	1.0
Nonmetropolitan counties	276.5	1.5	359.3	2.8	212.8	1.7
With a city \geq 10,000 population	282.1	2.1	368.4	3.9	217.5	2.3
Without a city \geq 10,000 population	270.5	2.1	350.0	3.9	207.8	2.4
Midwest:						
Metropolitan counties:						
Large central	256.1	0.9	329.2	1.7	206.2	1.0
Large fringe	266.5	1.0	341.2	2.0	211.8	1.2
Small	243.4	0.8	323.2	1.6	186.5	0.9
Nonmetropolitan counties	263.9	0.8	352.0	1.4	195.8	0.9
With a city \geq 10,000 population	258.2	1.2	348.9	2.3	191.5	1.3
Without a city \geq 10,000 population	268.0	1.0	354.5	1.9	198.9	1.1
South:						
Metropolitan counties:						
Large central	251.7	0.9	324.3	1.6	201.0	1.0
Large fringe	227.0	0.9	294.9	1.7	176.0	1.0
Small	242.5	0.6	321.9	1.1	184.5	0.6
Nonmetropolitan counties	279.6	0.7	369.5	1.3	211.2	0.8
With a city \geq 10,000 population	271.8	1.2	363.6	2.2	205.0	1.3
Without a city \geq 10,000 population	284.1	0.9	373.0	1.6	214.9	1.0
West:						
Metropolitan counties:						
Large central	227.7	0.7	286.5	1.3	183.6	0.8
Large fringe	211.4	1.1	271.8	1.9	165.3	1.2
Small	207.3	0.9	266.6	1.6	159.1	1.0
Nonmetropolitan counties	199.7	1.1	260.5	1.9	147.1	1.2
With a city \geq 10,000 population	201.2	1.4	261.3	2.5	150.4	1.6
Without a city \geq 10,000 population	197.8	1.6	259.5	2.8	142.8	1.8

SE Standard error.

\geq Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 16. Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Men		Women	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	57.9	0.1	75.6	0.2	47.4	0.1
Metropolitan counties:						
Large central	52.9	0.2	66.0	0.3	45.3	0.2
Large fringe	54.7	0.2	67.4	0.4	47.6	0.3
Small	61.1	0.2	80.0	0.4	49.9	0.2
Nonmetropolitan counties	62.5	0.2	87.2	0.4	46.9	0.3
With a city \geq 10,000 population	64.0	0.3	88.0	0.6	49.4	0.4
Without a city \geq 10,000 population	61.5	0.3	86.7	0.5	45.0	0.3
Northeast:						
Metropolitan counties:						
Large central	42.3	0.3	52.4	0.6	36.7	0.4
Large fringe	48.8	0.4	60.0	0.7	42.8	0.4
Small	55.0	0.4	73.1	0.8	45.2	0.5
Nonmetropolitan counties	64.9	0.7	87.6	1.4	51.6	0.8
With a city \geq 10,000 population	67.5	1.0	91.1	2.0	54.3	1.2
Without a city \geq 10,000 population	62.1	1.0	84.1	1.9	48.7	1.2
Midwest:						
Metropolitan counties:						
Large central	53.4	0.4	69.0	0.8	44.9	0.5
Large fringe	57.3	0.5	73.7	0.9	48.8	0.6
Small	61.9	0.4	84.1	0.8	49.6	0.5
Nonmetropolitan counties	57.2	0.4	81.2	0.7	41.9	0.4
With a city \geq 10,000 population	60.0	0.6	84.0	1.1	45.7	0.7
Without a city \geq 10,000 population	55.1	0.5	79.3	0.9	39.1	0.5
South:						
Metropolitan counties:						
Large central	55.0	0.4	69.2	0.7	46.7	0.5
Large fringe	56.5	0.4	69.6	0.8	48.6	0.5
Small	60.3	0.3	78.8	0.5	49.2	0.3
Nonmetropolitan counties	63.8	0.3	92.1	0.6	46.3	0.4
With a city \geq 10,000 population	63.6	0.6	92.1	1.1	46.6	0.6
Without a city \geq 10,000 population	64.0	0.4	92.1	0.8	46.2	0.5
West:						
Metropolitan counties:						
Large central	59.8	0.4	72.3	0.6	52.0	0.4
Large fringe	59.9	0.6	70.2	1.0	53.9	0.7
Small	69.2	0.5	85.4	0.9	58.6	0.6
Nonmetropolitan counties	70.0	0.6	86.7	1.1	58.3	0.8
With a city \geq 10,000 population	69.9	0.8	85.2	1.4	59.3	1.0
Without a city \geq 10,000 population	70.2	1.0	88.7	1.7	56.9	1.2

SE Standard error.

\geq Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 17. Death rates for all unintentional injuries and motor vehicle traffic-related injuries by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Unintentional injuries						Motor vehicle traffic-related injuries					
	Total		Males		Females		Total		Males		Females	
	Rate	SE	Rate	SE	Rate	SE	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population												
All regions	36.1	0.1	50.8	0.1	23.0	0.1	15.8	0.0	21.9	0.1	10.3	0.0
Metropolitan counties:												
Large central	31.2	0.1	44.9	0.2	19.1	0.1	11.5	0.1	16.3	0.1	7.1	0.1
Large fringe.	29.1	0.1	40.3	0.2	19.3	0.1	12.5	0.1	17.1	0.1	8.3	0.1
Small	36.5	0.1	51.2	0.2	23.5	0.1	16.1	0.1	22.4	0.1	10.4	0.1
Nonmetropolitan counties.	49.7	0.2	69.1	0.3	31.8	0.2	25.1	0.1	33.9	0.2	16.7	0.1
With a city ≥ 10,000 population	44.6	0.2	62.0	0.4	28.7	0.3	21.4	0.2	29.1	0.3	14.2	0.2
Without a city ≥ 10,000 population	54.1	0.2	75.1	0.4	34.4	0.3	28.3	0.2	38.1	0.3	18.9	0.2
Northeast:												
Metropolitan counties:												
Large central	28.3	0.2	42.2	0.4	16.6	0.2	7.9	0.1	11.6	0.2	4.8	0.1
Large fringe.	25.7	0.2	35.8	0.4	16.9	0.2	10.2	0.1	14.1	0.2	6.5	0.2
Small	29.5	0.3	41.8	0.5	19.0	0.3	11.6	0.2	16.3	0.3	7.4	0.2
Nonmetropolitan counties.	36.0	0.5	50.0	0.8	22.8	0.5	16.3	0.3	22.4	0.5	10.3	0.4
With a city ≥ 10,000 population	33.7	0.6	47.4	1.1	20.7	0.7	14.8	0.4	21.1	0.7	8.7	0.5
Without a city ≥ 10,000 population	38.5	0.7	52.9	1.2	25.1	0.8	18.0	0.5	24.0	0.8	12.2	0.6
Midwest:												
Metropolitan counties:												
Large central	31.6	0.3	45.2	0.5	20.4	0.3	10.6	0.2	15.3	0.3	6.6	0.2
Large fringe.	29.3	0.3	40.5	0.5	19.9	0.3	12.9	0.2	17.6	0.3	8.5	0.2
Small	32.2	0.3	44.7	0.5	21.5	0.3	13.3	0.2	18.5	0.3	8.6	0.2
Nonmetropolitan counties.	43.9	0.3	59.8	0.5	29.3	0.3	22.0	0.2	29.0	0.3	15.3	0.2
With a city ≥ 10,000 population	38.9	0.4	53.1	0.7	26.4	0.5	18.5	0.3	24.5	0.5	13.0	0.3
Without a city ≥ 10,000 population	48.2	0.4	65.6	0.7	31.9	0.5	25.1	0.3	33.0	0.5	17.5	0.4
South:												
Metropolitan counties:												
Large central	34.7	0.3	49.6	0.5	21.7	0.3	15.2	0.2	21.7	0.3	9.3	0.2
Large fringe.	33.1	0.3	45.6	0.5	22.0	0.3	15.9	0.2	21.8	0.3	10.5	0.2
Small	39.8	0.2	56.1	0.3	25.3	0.2	18.9	0.1	26.3	0.2	12.1	0.1
Nonmetropolitan counties.	55.0	0.3	77.6	0.5	34.5	0.3	29.1	0.2	40.1	0.3	18.8	0.2
With a city ≥ 10,000 population	50.0	0.4	70.4	0.8	32.0	0.5	25.2	0.3	34.9	0.5	16.4	0.3
Without a city ≥ 10,000 population	58.3	0.4	82.3	0.6	36.2	0.4	31.7	0.3	43.6	0.5	20.5	0.3
West:												
Metropolitan counties:												
Large central	30.2	0.2	43.1	0.4	18.2	0.2	11.7	0.1	16.1	0.2	7.5	0.1
Large fringe.	28.6	0.3	40.0	0.5	18.4	0.3	10.9	0.2	14.5	0.3	7.6	0.2
Small	39.9	0.3	55.2	0.5	25.3	0.3	16.7	0.2	22.6	0.3	11.0	0.2
Nonmetropolitan counties.	54.9	0.5	75.3	0.8	34.6	0.5	25.4	0.3	33.5	0.5	17.3	0.4
With a city ≥ 10,000 population	49.3	0.6	68.3	1.0	30.8	0.6	22.2	0.4	29.8	0.7	14.7	0.5
Without a city ≥ 10,000 population	62.8	0.8	85.1	1.3	39.9	0.9	30.1	0.5	38.8	0.9	21.0	0.6

SE Standard error.

≥ Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 18. Homicide rates by sex, region, and urbanization level: United States, 1996–98

Region and urbanization level	Total		Males		Females	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	7.1	0.0	11.1	0.1	3.2	0.0
Metropolitan counties:						
Large central	11.5	0.1	18.9	0.1	4.2	0.1
Large fringe	3.9	0.0	5.7	0.1	2.0	0.0
Small	6.4	0.1	9.6	0.1	3.2	0.1
Nonmetropolitan counties	5.3	0.1	7.5	0.1	3.1	0.1
With a city ≥ 10,000 population	5.2	0.1	7.3	0.1	3.0	0.1
Without a city ≥ 10,000 population	5.4	0.1	7.6	0.1	3.2	0.1
Northeast:						
Metropolitan counties:						
Large central	10.0	0.1	16.8	0.3	3.5	0.1
Large fringe	2.4	0.1	3.5	0.1	1.3	0.1
Small	3.1	0.1	4.4	0.2	1.7	0.1
Nonmetropolitan counties	2.1	0.1	2.5	0.2	1.7	0.2
With a city ≥ 10,000 population	2.2	0.2	2.4	0.2	1.9	0.2
Without a city ≥ 10,000 population	2.0	0.2	2.5	0.3	1.5	0.2
Midwest:						
Metropolitan counties:						
Large central	14.5	0.2	24.0	0.3	5.4	0.2
Large fringe	3.7	0.1	5.4	0.2	2.0	0.1
Small	4.3	0.1	6.2	0.2	2.5	0.1
Nonmetropolitan counties	2.4	0.1	3.1	0.1	1.8	0.1
With a city ≥ 10,000 population	2.5	0.1	3.2	0.2	1.7	0.1
Without a city ≥ 10,000 population	2.4	0.1	3.0	0.2	1.8	0.1
South:						
Metropolitan counties:						
Large central	13.9	0.2	22.9	0.3	5.1	0.1
Large fringe	5.4	0.1	8.3	0.2	2.6	0.1
Small	8.4	0.1	12.8	0.2	4.1	0.1
Nonmetropolitan counties	8.1	0.1	11.8	0.2	4.4	0.1
With a city ≥ 10,000 population	8.4	0.2	12.4	0.3	4.5	0.2
Without a city ≥ 10,000 population	7.9	0.1	11.5	0.2	4.3	0.1
West:						
Metropolitan counties:						
Large central	9.0	0.1	14.6	0.2	3.2	0.1
Large fringe	4.0	0.1	6.0	0.2	2.0	0.1
Small	6.9	0.1	10.4	0.2	3.3	0.1
Nonmetropolitan counties	4.9	0.1	6.9	0.2	2.8	0.2
With a city ≥ 10,000 population	4.9	0.2	6.9	0.3	2.8	0.2
Without a city ≥ 10,000 population	4.9	0.2	6.9	0.4	2.8	0.2

SE Standard error.

≥ Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 19. Suicide rates among persons 15 years of age and over by sex, region, and urbanization level: United States, 1996-98

Region and urbanization level	Total		Males		Females	
	Rate	SE	Rate	SE	Rate	SE
Deaths per 100,000 population						
All regions	14.5	0.0	24.7	0.1	5.5	0.0
Metropolitan counties:						
Large central	13.2	0.1	22.3	0.2	5.3	0.1
Large fringe	12.6	0.1	21.4	0.2	5.0	0.1
Small	15.2	0.1	25.8	0.2	5.8	0.1
Nonmetropolitan counties	17.3	0.1	30.0	0.2	5.7	0.1
With a city \geq 10,000 population	16.5	0.2	28.3	0.3	5.9	0.1
Without a city \geq 10,000 population	18.0	0.2	31.4	0.3	5.6	0.1
Northeast:						
Metropolitan counties:						
Large central	10.3	0.2	17.4	0.3	4.2	0.1
Large fringe	10.0	0.2	17.2	0.3	3.7	0.1
Small	11.6	0.2	20.2	0.4	4.1	0.2
Nonmetropolitan counties	15.1	0.4	26.4	0.7	4.7	0.3
With a city \geq 10,000 population	14.7	0.5	25.5	0.9	4.9	0.4
Without a city \geq 10,000 population	15.6	0.5	27.5	1.0	4.6	0.4
Midwest:						
Metropolitan counties:						
Large central	12.6	0.2	21.7	0.4	4.8	0.2
Large fringe	12.1	0.2	20.9	0.4	4.4	0.2
Small	13.7	0.2	23.8	0.4	5.0	0.2
Nonmetropolitan counties	15.0	0.2	26.4	0.4	4.5	0.2
With a city \geq 10,000 population	13.8	0.3	24.2	0.5	4.4	0.2
Without a city \geq 10,000 population	16.1	0.3	28.3	0.5	4.6	0.2
South:						
Metropolitan counties:						
Large central	14.3	0.2	24.5	0.4	5.7	0.2
Large fringe	14.3	0.2	24.0	0.4	5.8	0.2
Small	15.7	0.1	26.7	0.3	6.3	0.1
Nonmetropolitan counties	17.4	0.2	30.2	0.3	6.0	0.1
With a city \geq 10,000 population	16.7	0.3	28.7	0.5	6.3	0.2
Without a city \geq 10,000 population	17.8	0.2	31.1	0.4	5.8	0.2
West:						
Metropolitan counties:						
Large central	14.8	0.2	24.4	0.3	6.2	0.1
Large fringe	15.5	0.3	25.3	0.5	6.7	0.2
Small	18.9	0.2	31.3	0.5	7.5	0.2
Nonmetropolitan counties	23.3	0.3	38.7	0.6	8.2	0.3
With a city \geq 10,000 population	21.5	0.4	35.5	0.8	8.1	0.4
Without a city \geq 10,000 population	25.8	0.6	43.1	1.0	8.5	0.5

SE Standard error.

\geq Greater than or equal to.

NOTE: Rates are age adjusted.

Data Tables on Urban and Rural Health

Figure 20. Birth rates among adolescents 15-19 years of age by region and urbanization level: United States, 1996-98

Urbanization level	All regions	Northeast	Midwest	South	West
Births per 1,000 female adolescents					
Total	52.4	36.7	46.2	62.9	54.7
Metropolitan counties:					
Large central	59.6	49.5	63.8	67.8	57.2
Large fringe	36.1	24.7	33.8	46.0	41.5
Small	53.6	36.5	43.7	61.7	60.1
Nonmetropolitan counties	56.3	33.2	43.8	70.4	54.3
With a city ≥ 10,000 population	54.6	32.3	43.7	69.8	53.7
Without a city ≥ 10,000 population	57.9	34.3	44.0	70.9	55.1

≥ Greater than or equal to.

Figure 21. Limitation of activity caused by chronic health conditions among persons 18 years of age and over by sex, region, and urbanization level: United States, 1997-98

Region and urbanization level	Total		Men		Women	
	Percent	SE	Percent	SE	Percent	SE
All regions	15.3	0.2	14.4	0.2	15.9	0.2
Metropolitan counties:						
Large central	14.1	0.3	13.2	0.3	14.8	0.3
Large fringe	13.0	0.3	12.2	0.4	13.7	0.4
Small	15.9	0.3	14.9	0.4	16.7	0.3
Nonmetropolitan counties	18.1	0.4	17.5	0.5	18.5	0.5
With a city ≥ 10,000 population	17.7	0.6	16.9	0.7	18.3	0.7
Without a city ≥ 10,000 population	18.4	0.7	18.0	0.8	18.6	0.7
Northeast:						
Metropolitan counties:						
Large central	12.8	0.6	12.5	0.7	12.9	0.7
Large fringe	13.0	0.5	12.4	0.7	13.5	0.7
Small	16.3	0.7	15.1	0.9	17.2	0.8
Nonmetropolitan counties	20.2	1.2	19.1	1.5	21.1	1.7
Midwest:						
Metropolitan counties:						
Large central	16.2	0.7	15.0	0.8	17.0	0.8
Large fringe	13.4	0.6	12.1	0.8	14.5	0.8
Small	15.6	0.7	14.6	1.0	16.4	0.7
Nonmetropolitan counties	16.8	0.7	16.9	0.9	16.6	0.8
South:						
Metropolitan counties:						
Large central	13.4	0.5	12.3	0.6	14.1	0.6
Large fringe	13.4	0.6	13.3	0.8	13.4	0.7
Small	15.9	0.4	14.8	0.5	16.8	0.5
Nonmetropolitan counties	19.3	0.7	18.6	0.8	19.8	0.7
West:						
Metropolitan counties:						
Large central	14.5	0.5	13.3	0.6	15.4	0.6
Large fringe	12.3	0.6	10.5	0.8	13.8	0.8
Small	16.3	0.7	16.0	0.9	16.5	0.8
Nonmetropolitan counties	15.3	1.1	14.4	1.1	16.1	1.5

SE Standard error.

≥ Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 22. Edentulism (total tooth loss) among persons 65 years of age and over by poverty status, region, and urbanization level: United States, 1997-98

Region and urbanization level	Family income as a percent of poverty level					
	All income		Under 200 percent		200 percent or more	
	Percent	SE	Percent	SE	Percent	SE
All regions	29.7	0.5	40.8	0.9	23.3	0.7
Metropolitan counties:						
Large central	26.8	0.9	33.8	1.6	22.4	1.4
Large fringe	25.7	1.1	37.4	2.1	19.5	1.4
Small	29.9	1.0	41.2	1.6	25.0	1.3
Nonmetropolitan counties.	35.7	1.1	47.2	1.6	25.9	1.6
With a city \geq 10,000 population	33.5	1.6	47.6	2.3	23.2	2.2
Without a city \geq 10,000 population	37.6	1.7	47.0	2.3	29.0	2.6
Northeast:						
Metropolitan counties:						
Large central	30.8	1.8	36.0	2.8	26.6	3.0
Large fringe	24.9	1.8	38.6	3.5	18.2	2.3
Small	31.3	2.1	41.5	3.2	23.7	3.0
Nonmetropolitan counties.	38.3	3.4	49.6	4.6	29.1	5.9
Midwest:						
Metropolitan counties:						
Large central	28.6	2.0	34.2	3.9	27.2	3.3
Large fringe	27.4	2.0	38.0	4.7	21.5	2.9
Small	32.8	2.7	43.2	4.6	29.9	3.0
Nonmetropolitan counties.	29.5	2.2	40.5	3.0	23.5	2.6
South:						
Metropolitan counties:						
Large central	27.1	1.8	40.3	3.2	22.0	3.0
Large fringe	28.1	2.1	39.2	4.1	20.2	3.0
Small	29.7	1.4	41.5	2.4	23.8	2.0
Nonmetropolitan counties.	39.7	1.7	49.3	2.3	28.2	2.8
West:						
Metropolitan counties:						
Large central	21.8	1.4	25.8	2.8	17.6	2.1
Large fringe	21.2	2.7	29.1	5.0	18.3	3.6
Small	25.2	1.8	36.0	4.0	22.8	2.6
Nonmetropolitan counties.	36.2	2.3	52.1	3.7	24.1	3.4

SE Standard error.

\geq Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 23. Health insurance coverage among persons under 65 years of age by poverty status, region, and urbanization level: United States, 1997-98

Region and urbanization level	Family income as a percent of poverty level											
	All incomes		Under 200 percent		200 percent or more		All incomes		Under 200 percent		200 percent or more	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Uninsured												
All regions	16.9	0.2	32.5	0.4	8.4	0.2	9.2	0.2	23.7	0.4	1.8	0.1
Metropolitan counties:												
Large central	19.6	0.4	34.6	0.8	10.0	0.3	12.2	0.4	29.8	0.9	2.0	0.2
Large fringe	12.2	0.4	29.6	1.1	6.6	0.3	5.0	0.3	19.3	0.9	1.3	0.1
Small	16.1	0.3	31.1	0.7	7.9	0.3	9.0	0.3	22.4	0.7	1.9	0.1
Nonmetropolitan counties	19.6	0.5	33.4	0.8	9.7	0.4	9.8	0.4	20.9	0.7	2.0	0.2
With a city \geq 10,000 population	18.1	0.9	32.8	1.7	8.9	0.6	9.3	0.6	20.4	1.3	1.8	0.3
Without a city \geq 10,000 population	21.0	0.8	34.0	1.0	10.6	0.8	10.4	0.6	21.2	0.8	2.2	0.3
Northeast:												
Metropolitan counties:												
Large central	16.5	0.7	27.7	1.4	9.0	0.7	16.5	1.4	38.8	2.7	2.4	0.4
Large fringe	11.0	0.6	26.1	2.3	6.3	0.5	6.0	0.6	24.7	2.0	1.6	0.3
Small	10.3	0.6	23.4	1.7	5.8	0.5	9.1	0.7	28.9	1.8	1.9	0.3
Nonmetropolitan counties	13.9	1.5	24.2	1.9	7.9	1.0	10.1	1.0	23.9	1.8	2.0	0.6
Midwest:												
Metropolitan counties:												
Large central	16.0	0.7	27.8	1.6	8.7	0.7	13.1	1.0	33.2	1.9	2.2	0.4
Large fringe	9.0	0.6	23.0	2.0	4.9	0.4	4.0	0.5	18.7	2.2	1.1	0.2
Small	11.7	0.6	23.4	1.1	5.6	0.5	7.8	0.7	20.7	1.7	1.6	0.2
Nonmetropolitan counties	13.5	0.8	25.7	1.7	6.4	0.5	7.2	0.5	18.0	1.3	1.4	0.2
South:												
Metropolitan counties:												
Large central	21.8	0.8	41.4	1.4	10.8	0.6	7.9	0.5	20.3	1.3	1.5	0.3
Large fringe	15.2	0.8	36.1	2.1	7.7	0.6	4.4	0.4	14.4	1.4	0.8	0.2
Small	19.1	0.5	36.2	1.0	9.4	0.4	8.7	0.4	19.8	0.9	2.0	0.2
Nonmetropolitan counties	24.4	0.8	38.2	1.1	11.7	0.8	11.8	0.6	21.4	0.9	2.6	0.4
West:												
Metropolitan counties:												
Large central	22.1	0.6	38.0	1.3	10.7	0.5	12.2	0.6	29.0	1.3	2.1	0.2
Large fringe	14.4	0.9	32.3	2.3	8.3	0.7	5.8	0.6	20.4	1.8	1.7	0.3
Small	20.0	0.9	32.2	2.0	9.9	0.9	11.8	0.8	26.7	1.4	2.3	0.4
Nonmetropolitan counties	22.2	1.1	35.7	2.5	14.2	1.5	9.7	1.4	22.4	2.7	1.7	0.4

Data Tables on Urban and Rural Health

Figure 23. Health insurance coverage among persons under 65 years of age by poverty status, region, and urbanization level: United States, 1997-98-Gon.

Region and urbanization level	Family income as a percent of poverty level												
	All incomes		Under 200 percent		200 percent or more		All incomes		Under 200 percent		200 percent or more		
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE	
Private insurance												Private insurance obtained through workplace	
All regions	71.2	0.3	39.1	0.5	87.7	0.2	65.6	0.3	35.0	0.5	82.1	0.3	
Metropolitan counties:													
Large central	65.9	0.6	31.5	0.8	86.5	0.4	60.7	0.6	27.9	0.8	80.9	0.5	
Large fringe	80.7	0.5	46.3	1.4	90.5	0.4	74.9	0.5	41.4	1.3	84.9	0.5	
Small	71.2	0.6	41.1	0.9	87.1	0.4	66.2	0.5	37.4	0.8	82.1	0.5	
Nonmetropolitan counties.	68.1	0.7	41.6	1.0	86.6	0.5	61.7	0.7	36.9	0.9	79.9	0.7	
With a city ≥ 10,000 population	69.8	1.2	42.2	1.7	87.4	0.8	64.2	1.2	37.6	1.6	81.7	1.1	
Without a city ≥ 10,000 population	66.4	1.2	41.0	1.3	85.8	0.9	59.4	1.2	36.3	1.2	78.1	1.1	
Northeast:													
Metropolitan counties:													
Large central	64.9	1.5	29.5	2.0	88.0	0.8	60.7	1.5	25.4	1.8	84.0	1.0	
Large fringe	81.9	1.0	45.9	2.9	91.7	0.6	77.7	1.0	41.4	2.7	88.1	0.7	
Small	79.0	1.1	45.2	2.2	91.2	0.7	74.7	1.1	41.3	2.1	86.7	0.8	
Nonmetropolitan counties.	73.1	2.2	47.1	3.1	87.6	1.3	69.5	1.9	41.1	2.2	85.5	1.5	
Midwest:													
Metropolitan counties:													
Large central	68.8	1.3	34.8	1.9	88.2	0.9	64.9	1.3	30.8	1.8	84.6	0.9	
Large fringe	85.5	0.9	52.7	2.8	93.0	0.6	79.4	0.9	47.5	2.6	87.1	0.8	
Small	78.5	1.0	51.2	2.0	91.5	0.6	73.3	1.0	46.9	1.9	86.4	0.9	
Nonmetropolitan counties.	77.4	1.1	52.4	2.5	90.9	0.6	69.1	1.3	44.7	2.3	83.1	1.1	
South:													
Metropolitan counties:													
Large central	67.2	1.0	33.6	1.4	85.0	0.8	61.2	1.0	29.9	1.4	78.5	0.9	
Large fringe	76.4	1.1	43.7	2.5	87.6	0.8	70.3	1.1	38.6	2.5	81.9	1.0	
Small	67.7	0.8	37.9	1.2	84.6	0.8	62.8	0.8	34.3	1.1	79.8	0.8	
Nonmetropolitan counties.	61.1	1.1	36.3	1.2	84.2	1.0	56.1	1.1	33.5	1.1	78.2	1.1	
West:													
Metropolitan counties:													
Large central	63.7	0.9	29.6	1.3	85.7	0.7	57.6	0.9	26.5	1.2	78.7	0.8	
Large fringe	78.0	1.3	43.1	2.7	88.6	0.8	70.1	1.3	38.0	2.5	81.0	1.2	
Small	63.1	1.5	35.1	2.2	82.4	1.4	57.2	1.5	31.9	2.1	75.9	1.4	
Nonmetropolitan counties.	65.0	2.0	37.3	2.3	81.5	2.1	56.8	1.5	31.7	2.3	71.7	1.7	

SE Standard error.

≥ Greater than or equal to.

NOTE: Percents are age adjusted.

Data Tables on Urban and Rural Health

Figure 24. Patient care physicians per 100,000 population by physician specialty, region, and urbanization level: United States, 1998

Region and urbanization level	General and family practitioners	General pediatricians	General internists	Obstetricians and gynecologists	Other specialists	All physicians
Physicians per 100,000 population						
All regions	28.7	16.5	34.1	12.4	135.0	226.7
Metropolitan counties:						
Large central	26.8	23.8	51.9	16.7	189.3	308.5
Large fringe	24.8	18.4	34.9	12.9	132.5	223.5
Small	32.1	15.0	30.0	12.3	138.3	227.7
Nonmetropolitan counties	30.5	6.1	13.8	5.9	54.1	110.4
With a city \geq 10,000 population	30.6	8.9	18.0	9.1	80.6	147.2
Without a city \geq 10,000 population	30.5	3.7	10.4	3.3	32.1	80.0
Northeast:						
Metropolitan counties:						
Large central	18.2	32.1	82.6	19.4	238.5	390.9
Large fringe	21.9	26.1	51.4	16.2	176.8	292.3
Small	26.3	16.7	40.0	13.3	145.5	241.8
Nonmetropolitan counties	29.9	9.6	22.9	7.7	87.7	157.7
With a city \geq 10,000 population	30.6	10.4	24.0	9.0	98.3	172.3
Without a city \geq 10,000 population	29.1	8.7	21.6	6.2	76.0	141.7
Midwest:						
Metropolitan counties:						
Large central	32.1	24.4	58.0	18.6	198.3	331.4
Large fringe	24.4	13.8	28.4	11.2	108.7	186.5
Small	36.6	13.3	28.4	10.9	134.2	223.4
Nonmetropolitan counties	32.0	4.4	11.2	4.4	42.5	94.5
With a city \geq 10,000 population	31.1	7.4	15.9	7.5	68.4	130.3
Without a city \geq 10,000 population	32.6	1.9	7.3	1.9	21.0	64.8
South:						
Metropolitan counties:						
Large central	27.4	22.9	40.8	17.4	189.7	298.2
Large fringe	23.4	16.5	29.3	12.1	117.2	198.5
Small	32.3	16.2	29.8	13.2	148.5	240.0
Nonmetropolitan counties	27.7	6.2	13.3	6.2	50.7	104.1
With a city \geq 10,000 population	28.2	9.9	18.1	10.6	84.7	151.6
Without a city \geq 10,000 population	27.4	3.8	10.2	3.5	29.0	73.7
West:						
Metropolitan counties:						
Large central	28.7	18.8	36.8	13.4	152.4	250.0
Large fringe	31.7	15.3	26.2	11.3	117.4	201.9
Small	31.8	12.4	23.2	10.7	111.0	189.1
Nonmetropolitan counties	36.4	6.9	15.3	6.7	66.5	131.8
With a city \geq 10,000 population	34.4	8.7	17.8	8.6	81.9	151.4
Without a city \geq 10,000 population	39.3	4.4	11.7	4.0	44.5	103.9

\geq Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 25. Dentists per 100,000 population by region and urbanization level: United States, 1998

Urbanization level	All regions	Northeast	Midwest	South	West
Dentists per 100,000 population					
Total	52.5	64.6	51.8	44.1	56.1
Metropolitan counties:					
Large central	61.7	69.9	64.7	54.0	60.3
Large fringe	60.6	73.3	57.4	48.3	63.1
Small	49.8	55.8	50.6	47.0	50.4
Nonmetropolitan counties	34.5	40.9	36.6	28.9	43.1
With a city ≥ 10,000 population	41.3	44.8	42.4	37.1	45.7
Without a city ≥ 10,000 population	29.0	36.7	31.7	23.6	39.5

≥ Greater than or equal to.

Figure 26. Dental visit within the past year among persons 18-64 years of age by region and urbanization level: United States, 1997-98

Region and urbanization level	Percent	SE
All regions	64.8	0.3
Metropolitan counties:		
Large central	65.6	0.5
Large fringe	71.4	0.6
Small	63.7	0.6
Nonmetropolitan counties	58.7	0.7
With a city ≥ 10,000 population	60.5	1.1
Without a city ≥ 10,000 population	56.8	1.1
Northeast:		
Metropolitan counties:		
Large central	68.6	1.1
Large fringe	72.5	1.1
Small	69.4	1.2
Nonmetropolitan counties	64.3	1.8
Midwest:		
Metropolitan counties:		
Large central	67.6	1.1
Large fringe	73.2	1.2
Small	68.7	1.0
Nonmetropolitan counties	64.2	1.3
South:		
Metropolitan counties:		
Large central	64.2	1.0
Large fringe	68.2	1.2
Small	60.1	1.0
Nonmetropolitan counties	52.8	1.1
West:		
Metropolitan counties:		
Large central	63.1	0.9
Large fringe	71.3	1.4
Small	61.2	1.3
Nonmetropolitan counties	59.9	1.4

SE Standard error.

≥ Greater than or equal to.

Data Tables on Urban and Rural Health

Figure 27. Hospital discharge rates and average length of stay among persons 18-64 years of age by sex and urbanization level: United States, 1998

<i>Urbanization level</i>	Total		Men		Women	
	<i>Rate</i>	<i>SE</i>	<i>Rate</i>	<i>SE</i>	<i>Rate</i>	<i>SE</i>
Discharges per 1,000 population						
Total	72.9	2.8	68.5	2.7	77.5	3.0
Metropolitan counties:						
Large central	67.5	4.6	66.3	4.8	68.8	4.6
Large fringe	65.0	5.3	61.5	5.2	68.5	5.5
Small	70.8	7.7	64.1	6.8	77.4	8.7
Nonmetropolitan counties	92.6	9.4	85.4	8.9	100.3	10.3
Average length of stay in days						
Total	4.7	0.1	5.1	0.1	4.3	0.1
Metropolitan counties:						
Large central	5.3	0.1	5.9	0.2	4.8	0.2
Large fringe	4.5	0.3	4.8	0.3	4.3	0.3
Small	4.6	0.1	5.2	0.2	4.3	0.1
Nonmetropolitan counties	4.2	0.1	4.4	0.2	4.0	0.1

SE Standard error.

NOTE: Estimates are age adjusted.

Data Tables on Urban and Rural Health

Figure 28. Substance abuse treatment admission rates by primary substance, region and urbanization level: United States, 1998

Region and urbanization level	Alcohol	Opiates	Cocaine	Marijuana	Stimulants
Admissions per 100,000 population					
All regions	258.4	89.6	87.9	77.8	25.9
Metropolitan counties:					
Large central	190.5	148.7	117.2	67.5	26.4
Large fringe	241.7	101.0	70.1	67.4	17.6
Small	307.9	67.6	97.5	90.8	27.0
Nonmetropolitan counties	310.5	16.7	45.0	86.3	33.1
With a city ≥ 10,000 population	387.1	23.9	59.5	106.9	45.7
Without a city ≥ 10,000 population	244.7	10.6	32.2	67.8	21.8
Northeast:					
Metropolitan counties:					
Large central	342.1	276.2	167.8	92.4	1.5
Large fringe	369.4	196.1	106.9	82.6	1.6
Small	466.7	204.2	123.1	104.3	1.6
Nonmetropolitan counties	505.4	61.7	86.2	136.8	3.1
With a city ≥ 10,000 population	613.1	66.0	106.4	154.3	2.9
Without a city ≥ 10,000 population	382.4	57.4	62.9	115.6	3.3
Midwest:					
Metropolitan counties:					
Large central	246.2	75.3	166.1	98.0	7.9
Large fringe	231.2	38.6	67.2	79.6	7.1
Small	459.7	27.1	122.3	143.2	25.2
Nonmetropolitan counties	401.7	9.0	33.1	114.0	31.5
With a city ≥ 10,000 population	491.4	13.2	47.3	138.9	37.9
Without a city ≥ 10,000 population	323.4	5.3	20.4	91.4	25.7
South:					
Metropolitan counties:					
Large central	77.3	51.5	100.0	51.4	2.9
Large fringe	143.6	40.9	54.1	51.0	2.1
Small	194.3	25.4	94.6	64.6	8.6
Nonmetropolitan counties	160.8	8.4	49.8	48.2	11.9
With a city ≥ 10,000 population	201.1	12.2	68.9	60.0	19.2
Without a city ≥ 10,000 population	134.1	5.8	36.9	39.9	6.9
West:					
Metropolitan counties:					
Large central	141.2	183.9	66.9	45.7	73.9
Large fringe	198.3	125.1	38.4	53.3	83.7
Small	292.0	106.9	49.0	88.2	109.4
Nonmetropolitan counties	486.9	31.3	26.9	122.7	126.0
With a city ≥ 10,000 population	493.3	42.2	32.3	131.0	139.4
Without a city ≥ 10,000 population	481.3	14.4	18.3	109.3	104.3

≥ Greater than or equal to.

NOTES: Rates are age adjusted. Indiana, Maine, and West Virginia did not report 1998 data and are excluded from all rate calculations. In addition, Colorado and Arizona did not report facility location and are excluded from calculations by urbanization level.

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United States, selected years 1950–99**

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

Sex, race, Hispanic origin, and year	Total resident population	Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
All persons												
Number in thousands												
1950	150,697	3,147	13,017	24,319	22,098	23,759	21,450	17,343	13,370	8,340	3,278	577
1960	179,323	4,112	16,209	35,465	24,020	22,818	24,081	20,485	15,572	10,997	4,633	929
1970	203,212	3,485	13,669	40,746	35,441	24,907	23,088	23,220	18,590	12,435	6,119	1,511
1980	226,546	3,534	12,815	34,942	42,487	37,082	25,634	22,800	21,703	15,580	7,729	2,240
1990	248,710	3,946	14,812	35,095	37,013	43,161	37,435	25,057	21,113	18,045	10,012	3,021
1998	270,299	3,776	15,190	39,163	37,213	38,774	44,520	34,585	22,676	18,395	11,952	4,054
1999	272,691	3,820	15,122	39,495	37,774	37,936	44,813	35,802	23,389	18,218	12,147	4,175
Male												
1950	74,833	1,602	6,634	12,375	10,918	11,597	10,588	8,655	6,697	4,024	1,507	237
1960	88,331	2,090	8,240	18,029	11,906	11,179	11,755	10,093	7,537	5,116	2,025	362
1970	98,912	1,778	6,968	20,759	17,551	12,217	11,231	11,199	8,793	5,437	2,436	542
1980	110,053	1,806	6,556	17,855	21,418	18,382	12,570	11,009	10,152	6,757	2,867	682
1990	121,239	2,018	7,581	17,971	18,915	21,564	18,510	12,232	9,955	7,907	3,745	841
1998	132,046	1,929	7,767	20,050	19,042	19,254	22,101	16,900	10,806	8,250	4,761	1,187
1999	133,277	1,952	7,731	20,220	19,334	18,826	22,254	17,499	11,150	8,199	4,871	1,240
Female												
1950	75,864	1,545	6,383	11,944	11,181	12,162	10,863	8,688	6,672	4,316	1,771	340
1960	90,992	2,022	7,969	17,437	12,114	11,639	12,326	10,393	8,036	5,881	2,609	567
1970	104,300	1,707	6,701	19,986	17,890	12,690	11,857	12,021	9,797	6,998	3,683	969
1980	116,493	1,727	6,259	17,087	21,068	18,700	13,065	11,791	11,551	8,825	4,862	1,559
1990	127,471	1,928	7,231	17,124	18,098	21,596	18,925	12,824	11,158	10,139	6,267	2,180
1998	138,252	1,847	7,423	19,113	18,172	19,521	22,419	17,685	11,870	10,146	7,191	2,866
1999	139,414	1,868	7,392	19,276	18,439	19,110	22,558	18,303	12,239	10,020	7,276	2,935
White male												
1950	67,129	1,400	5,845	10,860	9,689	10,430	9,529	7,836	6,180	3,736	1,406	218
1960	78,367	1,784	7,065	15,659	10,483	9,940	10,564	9,114	6,850	4,702	1,875	331
1970	86,721	1,501	5,873	17,667	15,232	10,775	9,979	10,090	7,958	4,916	2,243	487
1980	94,924	1,485	5,397	14,764	18,110	15,928	11,005	9,771	9,149	6,095	2,600	621
1990	102,143	1,604	6,071	14,467	15,389	18,071	15,819	10,624	8,813	7,127	3,397	760
1998	109,489	1,533	6,179	15,837	15,216	15,675	18,463	14,483	9,413	7,309	4,316	1,066
1999	110,336	1,549	6,156	15,940	15,441	15,273	18,540	14,954	9,710	7,244	4,414	1,114
White female												
1950	67,813	1,341	5,599	10,431	9,821	10,851	9,719	7,868	6,168	4,031	1,669	314
1960	80,465	1,714	6,795	15,068	10,596	10,204	11,000	9,364	7,327	5,428	2,441	527
1970	91,028	1,434	5,615	16,912	15,420	11,004	10,349	10,756	8,853	6,366	3,429	890
1980	99,788	1,410	5,121	14,048	17,643	15,887	11,227	10,282	10,324	7,950	4,457	1,440
1990	106,561	1,524	5,762	13,706	14,599	17,757	15,834	10,946	9,698	9,048	5,687	2,001
1998	113,511	1,461	5,879	15,051	14,369	15,540	18,341	14,822	10,113	8,853	6,480	2,600
1999	114,275	1,478	5,860	15,154	14,574	15,158	18,406	15,295	10,424	8,715	6,551	2,659
Black male												
1950	7,300	---	1,944	1,442	1,162	1,105	1,003	772	459	299	2113	---
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	12,612	270	970	2,618	2,813	1,974	1,238	1,026	855	568	228	53
1990	14,420	322	1,164	2,700	2,669	2,592	1,962	1,175	878	614	277	66
1998	16,340	284	1,149	3,130	2,838	2,533	2,606	1,696	987	699	329	90
1999	16,557	289	1,130	3,167	2,882	2,505	2,654	1,784	1,015	708	333	92
Black female												
1950	7,745	--	1,941	1,446	1,300	1,260	1,112	796	443	322	2125	---
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	14,071	267	953	2,583	2,942	2,272	1,490	1,260	1,061	777	360	106
1990	16,063	316	1,137	2,641	2,700	2,905	2,279	1,416	1,135	884	495	156
1998	18,090	276	1,118	3,033	2,820	2,818	2,954	2,045	1,291	966	552	216
1999	18,305	280	1,097	3,066	2,859	2,781	2,999	2,145	1,330	971	556	221

See notes at end of table.

**Table 1 (page 2 of 2). Resident population, according to age, sex, race, and Hispanic origin:
United States, selected years 1950–99**

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

Sex, race, Hispanic origin, and year	Total resident population	Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
American Indian or Alaska Native male												
Number in thousands												
1980	702	17	60	153	164	114	75	53	37	22	9	2
1990	1,024	24	88	206	192	183	140	86	55	32	13	3
1998	1,168	21	80	237	210	191	175	119	67	40	20	6
1999	1,187	21	81	238	216	191	178	124	70	41	21	6
American Indian or Alaska Native female												
1980	718	16	57	149	158	118	79	57	41	26	12	4
1990	1,041	24	85	200	178	186	148	92	61	41	21	6
1998	1,192	20	78	230	207	183	179	127	76	49	28	13
1999	1,211	21	79	230	213	183	181	132	79	50	29	14
Asian or Pacific Islander male												
1980	1,814	35	129	321	334	367	252	159	110	72	29	6
1990	3,652	68	258	598	665	718	588	347	208	133	57	12
1998	5,049	92	358	845	777	855	857	602	339	201	97	26
1999	5,196	92	364	875	796	856	882	637	356	207	102	28
Asian or Pacific Islander female												
1980	1,915	34	127	307	325	423	269	193	126	70	33	9
1990	3,805	65	247	578	621	749	664	371	264	166	65	17
1998	5,459	89	347	798	775	980	944	690	390	277	130	37
1999	5,624	89	356	825	794	987	973	731	406	284	139	41
Hispanic male												
1980	7,280	187	661	1,530	1,646	1,255	761	570	364	201	86	19
1990	11,388	279	980	2,128	2,376	2,310	1,471	818	551	312	131	32
1998	15,233	357	1,376	2,926	2,751	2,682	2,320	1,339	741	470	211	59
1999	15,761	368	1,402	3,055	2,840	2,694	2,423	1,424	778	486	228	64
Hispanic female												
1980	7,329	181	634	1,482	1,547	1,249	805	615	411	257	116	30
1990	10,966	268	939	2,039	2,028	2,073	1,448	868	632	403	209	59
1998	15,017	343	1,317	2,805	2,547	2,494	2,228	1,405	856	595	310	118
1999	15,576	354	1,344	2,928	2,630	2,536	2,325	1,491	901	616	326	126
White, non-Hispanic male												
1980	88,035	1,308	4,773	13,318	16,555	14,739	10,285	9,229	8,802	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
1998	95,601	1,206	4,922	13,183	12,699	13,230	16,358	13,265	8,733	6,876	4,118	1,010
1999	95,962	1,213	4,874	13,168	12,843	12,814	16,341	13,660	8,998	6,796	4,202	1,054
White, non-Hispanic female												
1980	92,872	1,240	4,522	12,647	16,185	14,711	10,468	9,700	9,935	7,708	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
1998	99,839	1,147	4,675	12,505	12,048	13,276	16,322	13,544	9,332	8,307	6,193	2,489
1999	100,087	1,154	4,631	12,494	12,176	12,853	16,298	13,941	9,601	8,149	6,249	2,541

--- Data not available.

¹Population for age group under 5 years.

²Population for age group 75 years and over.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Population figures are census counts as of April 1 for 1950, 1960, 1970, 1980, and 1990 and estimates as of July 1 for other years. See Appendix I, Department of Commerce. Populations for age groups may not sum to the total due to rounding. Although population figures are shown rounded to the nearest 1,000, calculations of birth rates and death rates shown in this volume are based on unrounded population figures for decennial years and starting with data year 1992. See Appendix II, Rate. Data for additional years are available (see Appendix III).

SOURCES: U.S. Bureau of the Census: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington. U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current Population Reports. Series P-25, No. 1095. Washington. U.S. Government Printing Office, Feb. 1993; U.S. resident population—estimates by age, sex, race, and Hispanic origin (consistent with the 1990 Census, as enumerated): 1992. Census files RESP0792 in PPL-21, series 1294. 1993; July 1, 1993. RES0793. 1994; July 1, 1994. RESD0794. 1995; July 1, 1995. RESD0795. 1996; July 1, 1996. NESTV96 in PPL-57. 1997; July 1, 1997. NESTV97 in PPL-91R. 1998; July 1, 1998. NESTV98. 1999; July 1, 1999. NESTV99. 2000.

Table 2 (page 1 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–99

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

Selected characteristics, race, and Hispanic origin	1973	1980	1985	1990	1994	1995	1996	1997	1998	1999
All persons										
All races	11.1	13.0	14.0	13.5	14.5	13.8	13.7	13.3	12.7	11.8
White	8.4	10.2	11.4	10.7	11.7	11.2	11.2	11.0	10.5	9.8
Black	31.4	32.5	31.3	31.9	30.6	29.3	28.4	26.5	26.1	23.6
Asian or Pacific Islander	—	—	—	12.2	14.6	14.6	14.5	14.0	12.5	10.7
Hispanic origin	21.9	25.7	29.0	28.1	30.7	30.3	29.4	27.1	25.6	22.8
Mexican	—	—	28.8	28.1	32.3	31.2	31.0	27.9	27.1	24.1
Puerto Rican	—	—	43.3	40.6	36.0	38.1	35.7	34.2	30.9	25.8
White, non-Hispanic	—	—	—	8.8	9.4	8.5	8.6	8.6	8.2	7.7
Related children under 18 years of age in families										
All races	14.2	17.9	20.1	19.9	21.2	20.2	19.8	19.2	18.3	16.3
White	9.7	13.4	15.6	15.1	16.3	15.5	15.5	15.4	14.4	12.9
Black	40.6	42.1	43.1	44.2	43.3	41.5	39.5	36.8	36.4	32.7
Asian or Pacific Islander	—	—	—	17.0	17.9	18.6	19.1	19.9	17.5	11.5
Hispanic origin	27.8	33.0	39.6	37.7	41.1	39.3	39.9	36.4	33.6	29.9
Mexican	—	—	37.4	35.5	41.8	39.3	40.7	35.8	34.6	31.2
Puerto Rican	—	—	58.6	56.7	50.5	53.2	49.4	49.1	43.2	37.6
White, non-Hispanic	—	—	—	11.6	11.8	10.6	10.4	10.7	10.0	8.8
Related children under 18 years of age in families with female householder and no spouse present										
All races	—	50.8	53.6	53.4	52.9	50.3	49.3	49.0	46.1	41.9
White	—	41.6	45.2	45.9	45.7	42.5	43.1	44.3	40.0	35.5
Black	—	64.8	66.9	64.7	63.2	61.6	58.2	55.3	54.7	51.7
Asian or Pacific Islander	—	—	—	32.2	36.8	42.4	48.8	58.3	49.8	32.8
Hispanic origin	—	65.0	72.4	68.4	68.3	65.7	67.4	62.8	59.6	52.4
Mexican	—	—	64.4	62.4	69.5	65.9	68.1	62.2	61.5	51.4
Puerto Rican	—	—	85.4	82.7	73.6	79.6	76.6	71.0	61.6	50.9
White, non-Hispanic	—	—	—	39.6	38.0	33.5	34.9	37.2	32.8	29.0
All persons										
Number below poverty in thousands										
All races	22,973	29,272	33,064	33,585	38,059	36,425	36,529	35,574	34,476	32,258
White	15,142	19,699	22,860	22,326	25,379	24,423	24,650	24,396	23,454	21,922
Black	7,388	8,579	8,926	9,837	10,196	9,872	9,694	9,116	9,091	8,360
Asian or Pacific Islander	—	—	—	858	974	1,411	1,454	1,468	1,360	1,163
Hispanic origin	2,366	3,491	5,236	6,006	8,416	8,574	8,697	8,308	8,070	7,439
Mexican	—	—	3,220	3,764	5,781	5,608	5,815	5,509	5,566	5,214
Puerto Rican	—	—	1,011	966	981	1,183	1,116	1,059	929	760
White, non-Hispanic	—	—	—	16,622	18,110	16,267	16,462	16,491	15,799	14,875
Related children under 18 years of age in families										
All races	9,453	11,114	12,483	12,715	14,610	13,999	13,764	13,422	12,845	11,510
White	5,462	6,817	7,838	7,696	8,826	8,474	8,488	8,441	7,935	7,123
Black	3,822	3,906	4,057	4,412	4,787	4,644	4,411	4,116	4,073	3,644
Asian or Pacific Islander	—	—	—	356	308	532	553	608	542	348
Hispanic origin	1,364	1,718	2,512	2,750	3,956	3,938	4,090	3,865	3,670	3,382
Mexican	—	—	1,589	1,733	2,805	2,655	2,853	2,666	2,654	2,512
Puerto Rican	—	—	535	490	485	610	545	519	433	365
White, non-Hispanic	—	—	—	5,106	5,404	4,745	4,656	4,759	4,458	3,921

See footnotes at end of table.

Table 2 (page 2 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–99

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

<i>Selected characteristics, race, and Hispanic origin</i>	1973	1980	1985	1990	1994	1995	1996	1997	1998	1999
Related children under 18 years of age in families with female householder and no spouse present										
Number below poverty in thousands										
All races										
All races	---	5,866	6,716	7,363	8,427	8,364	7,990	7,928	7,627	6,602
White	---	2,813	3,372	3,597	4,099	4,051	4,029	4,186	3,875	3,266
Black	---	2,944	3,181	3,543	3,935	3,954	3,619	3,402	3,366	2,997
Asian or Pacific Islander	---	---	---	80	59	145	167	200	231	134
Hispanic origin	---	809	1,247	1,314	1,804	1,872	1,779	1,758	1,739	1,471
Mexican	---	---	553	615	1,054	1,056	948	991	1,092	897
Puerto Rican	---	---	449	382	394	459	444	392	298	461
White, non-Hispanic	---	---	---	2,411	2,563	2,299	2,419	2,551	2,294	1,931

--- Data not available.

NOTES: The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. See Appendix II, Poverty status. The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native. The 1997–99 average poverty rate for this group was 25.9 percent, representing 659,000 persons. Data for additional years are available (see Appendix III).

SOURCE: U.S. Bureau of the Census. Dalaker J, Proctor BD. Poverty in the United States: 1999. Current population reports, series P-60, no 210. Washington: U.S. Government Printing Office. 2000; unpublished data.

Table 3 (page 1 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Age of mother								
				15–19 years				Live births per 1,000 women				
				Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
All races												
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	14.8	65.6	1.3	56.8	36.0	89.1	109.8	112.2	82.5	34.3	6.6	0.3
1996	14.7	65.3	1.2	54.4	33.8	86.0	110.4	113.1	83.9	35.3	6.8	0.3
1997	14.5	65.0	1.1	52.3	32.1	83.6	110.4	113.8	85.3	36.1	7.1	0.4
1998	14.6	65.6	1.0	51.1	30.4	82.0	111.2	115.9	87.4	37.4	7.3	0.4
1999	14.5	65.9	0.9	49.6	28.7	80.3	111.0	117.8	89.6	38.3	7.4	0.4
Race of child: ⁴ White												
1950	23.0	102.3	0.4	70.0	31.3	120.5	190.4	165.1	102.6	51.4	14.5	1.0
1960	22.7	113.2	0.4	79.4	35.5	154.6	252.8	194.9	109.6	54.0	14.7	0.8
1970	17.4	84.1	0.5	57.4	29.2	101.5	163.4	145.9	71.9	30.0	7.5	0.4
1980	14.9	64.7	0.6	44.7	25.2	72.1	109.5	112.4	60.4	18.5	3.4	0.2
Race of mother: ⁵ White												
1980	15.1	65.6	0.6	45.4	25.5	73.2	111.1	113.8	61.2	18.8	3.5	0.2
1985	15.0	64.1	0.6	43.3	24.4	70.4	104.1	112.3	69.9	23.3	3.7	0.2
1990	15.8	68.3	0.7	50.8	29.5	78.0	109.8	120.7	81.7	31.5	5.2	0.2
1995	14.2	64.4	0.8	50.1	30.0	81.2	106.3	114.8	84.6	34.5	6.4	0.3
1996	14.1	64.3	0.8	48.1	28.4	78.4	107.2	116.1	86.3	35.6	6.7	0.3
1997	13.9	63.9	0.7	46.3	27.1	75.9	106.7	116.6	87.8	36.4	6.9	0.4
1998	14.0	64.6	0.6	45.4	25.9	74.6	107.2	119.1	90.5	37.8	7.2	0.4
1999	13.9	65.1	0.6	44.6	24.8	73.5	107.0	121.1	93.2	38.8	7.3	0.4
Race of child: ⁴ Black												
1960	31.9	153.5	4.3	156.1	---	---	295.4	218.6	137.1	73.9	21.9	1.1
1970	25.3	115.4	5.2	140.7	101.4	204.9	202.7	136.3	79.6	41.9	12.5	1.0
1980	22.1	88.1	4.3	100.0	73.6	138.8	146.3	109.1	62.9	24.5	5.8	0.3
Race of mother: ⁵ Black												
1980	21.3	84.9	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	18.2	72.3	4.2	96.1	69.7	137.1	137.1	98.6	64.0	28.7	6.0	0.3
1996	17.8	70.7	3.6	91.4	64.7	132.5	136.8	98.2	63.3	29.1	6.1	0.3
1997	17.7	70.7	3.3	88.2	60.8	130.1	139.0	99.5	64.3	29.7	6.5	0.3
1998	17.7	71.0	2.9	85.4	56.8	126.9	141.9	101.8	64.7	30.5	6.7	0.3
1999	17.4	70.1	2.6	81.0	52.0	122.8	141.7	101.9	64.5	30.8	6.5	0.3
American Indian or Alaska Native mothers ⁵												
1980	20.7	82.7	1.9	82.2	51.5	129.5	143.7	106.6	61.8	28.1	8.2	*
1985	19.8	78.6	1.7	79.2	47.7	124.1	139.1	109.6	62.6	27.4	6.0	*
1990	18.9	76.2	1.6	81.1	48.5	129.3	148.7	110.3	61.5	27.5	5.9	*
1995	16.6	69.1	1.8	78.0	47.8	130.7	132.5	98.4	62.2	27.7	6.1	*
1996	16.6	68.7	1.7	73.9	46.4	122.3	133.9	98.5	63.2	28.5	6.3	*
1997	16.6	69.1	1.7	71.8	45.3	117.6	134.9	100.8	64.2	29.3	6.4	0.4
1998	17.1	70.7	1.6	72.1	44.4	118.4	139.3	102.2	66.3	30.2	6.4	*
1999	16.8	69.7	1.6	67.8	41.4	110.6	137.1	102.4	64.3	30.7	7.1	0.3

See footnotes at end of table.

Table 3 (page 2 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Age of mother								
				15–19 years				Live births per 1,000 women				
				Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–54 years ³
Asian or Pacific Islander mothers⁵												
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	17.3	66.4	0.7	26.1	15.4	43.4	72.4	113.4	106.9	52.4	12.1	0.8
1996	17.0	65.9	0.6	24.6	14.9	40.4	70.7	111.2	109.2	52.2	12.2	0.8
1997	16.9	66.3	0.5	23.7	14.3	39.3	70.5	113.2	110.3	54.1	11.9	0.9
1998	16.4	64.0	0.4	23.1	13.8	38.3	68.8	110.4	105.1	52.8	12.0	0.9
1999	16.7	65.6	0.3	22.3	12.3	38.0	70.0	116.4	109.3	54.6	11.6	0.9
Hispanic mothers^{5,6,7}												
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	25.2	105.0	2.7	106.7	72.9	157.9	188.5	153.8	95.9	44.9	10.8	0.6
1996	24.8	104.9	2.6	101.8	69.0	151.1	189.5	161.0	98.1	45.1	10.8	0.6
1997	24.2	102.8	2.3	97.4	66.3	144.3	184.2	161.7	97.9	45.0	10.8	0.6
1998	24.3	101.1	2.1	93.6	62.3	140.1	178.4	160.2	98.9	44.9	10.8	0.6
1999	24.4	102.0	2.0	93.4	61.3	139.4	178.7	163.1	102.2	46.3	10.7	0.6
White, non-Hispanic mothers^{5,6,7}												
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	12.6	57.6	0.4	39.3	22.0	66.1	90.0	106.5	82.0	32.9	5.9	0.3
1996	12.4	57.3	0.4	37.6	20.6	63.7	90.1	107.0	83.5	34.0	6.2	0.3
1997	12.2	57.0	0.4	36.0	19.4	61.9	89.8	107.2	85.2	34.9	6.4	0.3
1998	12.3	57.7	0.3	35.2	18.4	60.6	90.7	109.7	88.0	36.4	6.7	0.4
1999	12.2	57.8	0.3	34.0	17.1	58.9	89.9	111.0	90.3	37.3	6.8	0.4
Black, non-Hispanic mothers^{5,6,7}												
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	18.8	74.5	4.3	99.3	72.1	141.9	141.7	102.0	65.9	29.4	6.1	0.3
1996	18.3	72.5	3.8	94.2	66.6	136.6	140.9	100.8	64.9	29.7	6.2	0.3
1997	18.1	72.4	3.4	90.8	62.6	134.0	143.0	101.9	65.8	30.3	6.6	0.3
1998	18.2	73.0	3.0	88.2	58.8	130.9	146.4	104.6	66.6	31.2	6.8	0.3
1999	17.9	72.2	2.7	83.7	53.7	126.8	146.3	104.9	66.3	31.5	6.7	0.4

--- Data not available.

* Based on fewer than 20 births.

¹Live births per 1,000 population.

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

³Prior to 1997 data are for live births to mothers 45–49 years of age per 1,000 women 45–49 years of age. Starting in 1997 data are for live births to mothers 45–54 years of age per 1,000 women 45–49 years of age (see Appendix I, National Vital Statistics System).

⁴Live births are tabulated by race of child.

⁵Live births are tabulated by race and/or Hispanic origin of mother.

⁶Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

⁷Rates 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. Beginning in 1970, births to persons who were not residents of the 50 States and the District of Columbia are excluded. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Ventura SJ. Births of Hispanic parentage, 1980 and 1985. Monthly vital statistics report; vol 32, no 6 and vol 36, no 11, suppl. Public Health Service. Hyattsville, Maryland. 1983 and 1988; Internet release of *Vital statistics of the United States, 1997, vol 1, natality*, tables 1–1 and 1–7 at www.cdc.gov/nchs/datawh/statab/unpubd/natality/nataly97.htm. *Vital statistics of the United States, 1999, vol 1, natality*. In preparation.

Table 4. Women 15–44 years of age who have not had at least 1 live birth, by age: United States, selected years 1960–2000

[Data are based on the National Vital Statistics System]

Year ¹	15–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years
Percent of women						
1960.....	91.4	47.5	20.0	14.2	12.0	15.1
1965.....	92.7	51.4	19.7	11.7	11.4	11.0
1970.....	93.0	57.0	24.4	11.8	9.4	10.6
1975.....	92.6	62.5	31.1	15.2	9.6	8.8
1980.....	93.4	66.2	38.9	19.7	12.5	9.0
1985.....	93.7	67.7	41.5	24.6	15.4	11.7
1986.....	93.8	68.0	42.0	25.1	16.1	12.2
1987.....	93.8	68.2	42.5	25.5	16.9	12.6
1988.....	93.8	68.4	43.0	25.7	17.7	13.0
1989.....	93.7	68.4	43.3	25.9	18.2	13.5
1990.....	93.3	68.3	43.5	25.9	18.5	13.9
1991.....	93.0	67.9	43.6	26.0	18.7	14.5
1992.....	92.7	67.3	43.7	26.0	18.8	15.2
1993.....	92.6	66.7	43.8	26.1	18.8	15.8
1994.....	92.6	66.1	43.9	26.2	18.7	16.2
1995.....	92.5	65.5	44.0	26.2	18.6	16.5
1996.....	92.5	65.0	43.8	26.2	18.5	16.6
1997.....	92.8	64.9	43.5	26.2	18.4	16.6
1998.....	93.1	65.1	43.0	26.1	18.3	16.5
1999.....	93.4	65.5	42.5	26.1	18.1	16.4
2000.....	93.7	66.0	42.1	25.9	17.9	16.2

¹As of January 1.

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

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Internet release of *Vital statistics of the United States, 1997, vol 1, natality*, table 1–32 at www.cdc.gov/nchs/datawh/statab/unpubd/natality/natab97.htm. *Vital statistics of the United States, 1999, vol 1, natality*. In preparation.

Table 5. Live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Race and Hispanic origin of mother	1970	1975	1980	1985	1990	1995	1997	1998	1999
Total number of live births									
All races	3,731,386	3,144,198	3,612,258	3,760,561	4,158,212	3,899,589	3,880,894	3,941,553	3,959,417
White	3,109,956	2,576,818	2,936,351	3,037,913	3,290,273	3,098,885	3,072,640	3,118,727	3,132,501
Black	561,992	496,829	568,080	581,824	684,336	603,139	599,913	609,902	605,970
American Indian or Alaska Native	22,264	22,690	29,389	34,037	39,051	37,278	38,572	40,272	40,170
Asian or Pacific Islander	—	—	74,355	104,606	141,635	160,287	169,769	172,652	180,776
Chinese	7,044	7,778	11,671	16,405	22,737	27,380	28,434	28,058	28,853
Japanese	7,744	6,725	7,482	8,035	8,674	8,901	8,890	8,893	8,722
Filipino	8,066	10,359	13,968	20,058	25,770	30,551	31,501	31,170	30,677
Hawaiian and part Hawaiian	—	—	4,669	4,938	6,099	5,787	5,687	6,025	6,093
Other Asian or Pacific Islander	—	—	36,565	55,170	78,355	87,668	95,257	98,506	106,431
Hispanic origin ^{1,2}	—	—	307,163	372,814	595,073	679,768	709,767	734,661	764,339
Mexican	—	—	215,439	242,976	385,640	469,615	499,024	516,011	540,674
Puerto Rican	—	—	33,671	35,147	58,807	54,824	55,450	57,349	57,138
Cuban	—	—	7,163	10,024	11,311	12,473	12,887	13,226	13,088
Central and South American	—	—	21,268	40,985	83,008	94,996	97,405	98,226	103,307
Other and unknown Hispanic	—	—	29,622	43,682	56,307	47,860	45,001	49,849	50,132
White, non-Hispanic ¹	—	—	1,245,221	1,394,729	2,626,500	2,382,638	2,333,363	2,361,462	2,346,450
Black, non-Hispanic ¹	—	—	299,646	336,029	661,701	587,781	581,431	593,127	588,981

— Data not available.

¹Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

²Includes mothers of all races.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

**Table 6. Prenatal care for live births, according to detailed race and Hispanic origin of mother:
United States, selected years 1970–99**

[Data are based on the National Vital Statistics System]

Prenatal care, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Prenatal care began during 1st trimester												
All races	68.0	72.4	76.3	76.2	75.8	78.9	80.2	81.3	81.9	82.5	82.8	83.2
White.	72.3	75.8	79.2	79.3	79.2	81.8	82.8	83.6	84.0	84.7	84.8	85.1
Black.	44.2	55.5	62.4	61.5	60.6	66.0	68.3	70.4	71.4	72.3	73.3	74.1
American Indian or Alaska Native.	38.2	45.4	55.8	57.5	57.9	63.4	65.2	66.7	67.7	68.1	68.8	69.5
Asian or Pacific Islander	—	—	73.7	74.1	75.1	77.6	79.7	79.9	81.2	82.1	83.1	83.7
Chinese	71.8	76.7	82.6	82.0	81.3	84.6	86.2	85.7	86.8	87.4	88.5	88.5
Japanese	78.1	82.7	86.1	84.7	87.0	87.2	89.2	89.7	89.3	89.3	90.2	90.7
Filipino	60.6	70.6	77.3	76.5	77.1	79.3	81.3	80.9	82.5	83.3	84.2	84.2
Hawaiian and part Hawaiian	—	—	68.8	67.7	65.8	70.6	77.0	75.9	78.5	78.0	78.8	79.6
Other Asian or Pacific Islander	—	—	67.4	69.9	71.9	74.4	76.2	77.0	78.4	79.7	80.9	81.8
Hispanic origin ^{2,3}	—	—	60.2	61.2	60.2	66.6	68.9	70.8	72.2	73.7	74.3	74.4
Mexican	—	—	59.6	60.0	57.8	64.8	67.3	69.1	70.7	72.1	72.8	73.1
Puerto Rican	—	—	55.1	58.3	63.5	70.0	71.7	74.0	75.0	76.5	76.9	77.7
Cuban	—	—	82.7	82.5	84.8	88.9	90.1	89.2	89.2	90.4	91.8	91.4
Central and South American	—	—	58.8	60.6	61.5	68.7	71.2	73.2	75.0	76.9	78.0	77.6
Other and unknown Hispanic	—	—	66.4	65.8	66.4	70.0	72.1	74.3	74.6	76.0	74.8	74.8
White, non-Hispanic ²	—	—	81.2	81.4	83.3	85.6	86.5	87.1	87.4	87.9	87.9	88.4
Black, non-Hispanic ²	—	—	60.7	60.1	60.7	66.1	68.3	70.4	71.5	72.3	73.3	74.1
Prenatal care began during 3d trimester or no prenatal care												
All races	7.9	6.0	5.1	5.7	6.1	4.8	4.4	4.2	4.0	3.9	3.9	3.8
White.	6.3	5.0	4.3	4.8	4.9	3.9	3.6	3.5	3.3	3.2	3.3	3.2
Black.	16.6	10.5	8.9	10.2	11.3	9.0	8.2	7.6	7.3	7.3	7.0	6.6
American Indian or Alaska Native.	28.9	22.4	15.2	12.9	12.9	10.3	9.8	9.5	8.6	8.6	8.5	8.2
Asian or Pacific Islander	—	—	6.5	6.5	5.8	4.6	4.1	4.3	3.9	3.8	3.6	3.5
Chinese	6.5	4.4	3.7	4.4	3.4	2.9	2.7	3.0	2.5	2.4	2.2	2.0
Japanese	4.1	2.7	2.1	3.1	2.9	2.8	1.9	2.3	2.2	2.7	2.1	2.1
Filipino	7.2	4.1	4.0	4.8	4.5	4.0	3.6	4.1	3.3	3.3	3.1	2.8
Hawaiian and part Hawaiian	—	—	6.7	7.4	8.7	6.7	4.7	5.1	5.0	5.4	4.7	4.0
Other Asian or Pacific Islander	—	—	9.3	8.2	7.1	5.4	4.8	5.0	4.6	4.4	4.2	4.1
Hispanic origin ^{2,3}	—	—	12.0	12.4	12.0	8.8	7.6	7.4	6.7	6.2	6.3	6.3
Mexican	—	—	11.8	12.9	13.2	9.7	8.3	8.1	7.2	6.7	6.8	6.7
Puerto Rican	—	—	16.2	15.5	10.6	7.1	6.5	5.5	5.7	5.4	5.1	5.0
Cuban	—	—	3.9	3.7	2.8	1.8	1.6	2.1	1.6	1.5	1.2	1.4
Central and South American	—	—	13.1	12.5	10.9	7.3	6.5	6.1	5.5	5.0	4.9	5.2
Other and unknown Hispanic	—	—	9.2	9.4	8.5	7.0	6.2	6.0	5.9	5.3	6.0	6.3
White, non-Hispanic ²	—	—	3.5	4.0	3.4	2.7	2.5	2.5	2.4	2.4	2.4	2.3
Black, non-Hispanic ²	—	—	9.7	10.9	11.2	9.0	8.2	7.6	7.3	7.3	7.0	6.6

— Data not available.

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

²Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

³Includes mothers of all races.

NOTES: Data for 1970 and 1975 exclude births that occurred in States not reporting prenatal care (see Appendix I). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 7 (page 1 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	All races			White, non-Hispanic			Black, non-Hispanic		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births with early prenatal care (beginning in the 1st trimester)									
United States ¹	77.6	81.1	82.9	84.7	87.0	88.1	63.9	70.0	73.2
New England ¹	87.1	88.1	89.2	89.8	90.6	91.6	72.4	76.2	80.0
Maine	86.7	89.5	89.0	86.9	89.9	89.5	83.8	80.1	82.7
New Hampshire ¹	87.3	89.2	90.0	87.5	89.7	90.5	71.2	77.1	75.8
Vermont	84.3	86.9	87.8	84.4	87.2	87.9	67.9	69.6	78.1
Massachusetts.....	87.0	87.4	89.3	90.4	90.5	92.1	72.0	75.2	79.4
Rhode Island.....	88.8	89.5	90.1	91.8	92.1	92.6	75.4	78.8	81.2
Connecticut.....	87.3	88.2	88.8	91.6	92.0	92.4	72.3	77.0	80.6
Middle Atlantic.....	77.5	80.2	82.1	86.5	87.5	88.4	58.4	65.4	69.0
New York.....	74.2	77.5	80.9	86.0	86.5	88.1	57.6	65.6	70.6
New Jersey.....	81.5	82.3	81.4	89.5	89.9	89.5	63.0	66.0	64.2
Pennsylvania.....	80.0	83.1	84.6	85.4	87.3	88.0	55.9	64.5	70.1
East North Central.....	80.3	82.6	83.6	85.2	87.1	87.7	64.5	68.2	70.5
Ohio	82.5	84.7	85.7	85.7	87.4	88.1	66.9	70.3	74.0
Indiana	78.2	80.6	80.2	80.8	82.9	82.8	60.4	65.4	66.2
Illinois	78.3	80.9	82.6	86.4	88.5	89.7	63.7	67.2	69.9
Michigan	80.8	83.4	84.1	85.7	87.6	88.4	65.9	69.6	70.5
Wisconsin.....	81.9	83.6	84.3	86.4	87.7	88.0	59.9	64.8	68.5
West North Central.....	82.2	84.7	85.6	85.3	87.4	88.4	64.2	70.5	73.3
Minnesota	81.8	83.4	84.4	85.6	86.7	87.8	52.9	61.0	65.6
Iowa	86.2	87.2	87.5	87.2	88.4	88.9	70.8	72.7	74.4
Missouri.....	80.4	84.9	86.4	84.0	87.6	88.9	63.6	71.3	74.8
North Dakota.....	82.6	83.8	85.6	84.8	85.5	87.8	82.4	80.5	75.0
South Dakota.....	79.2	81.8	82.7	82.7	85.6	86.6	76.8	69.5	73.4
Nebraska.....	82.4	84.0	84.1	85.2	86.7	87.1	66.5	71.1	72.3
Kansas	83.1	85.3	85.7	86.3	88.6	89.2	70.3	74.7	76.3
South Atlantic.....	78.1	82.8	84.6	85.0	88.5	89.8	64.1	71.5	75.2
Delaware.....	80.1	83.9	83.2	86.8	88.9	88.0	62.9	72.5	73.9
Maryland	84.8	87.5	87.8	91.0	92.6	92.7	72.7	77.6	79.5
District of Columbia	55.7	60.2	70.1	88.2	87.2	90.4	51.0	55.3	65.0
Virginia	81.8	83.7	85.2	87.7	89.0	90.2	68.1	71.5	74.1
West Virginia.....	76.4	81.3	83.6	77.3	81.9	84.2	54.5	65.9	68.7
North Carolina	78.9	83.0	84.5	86.0	89.2	90.5	63.9	70.5	74.8
South Carolina.....	71.1	78.0	80.9	80.9	85.8	87.6	56.3	65.4	70.3
Georgia	76.4	83.8	86.5	83.7	89.5	91.4	64.9	75.3	79.6
Florida	77.6	82.4	83.8	83.7	87.5	88.8	63.7	71.0	73.0
East South Central.....	78.2	81.7	83.6	83.5	86.7	88.3	64.9	68.8	71.9
Kentucky	79.9	84.0	86.3	81.5	85.4	87.4	65.7	71.5	77.3
Tennessee.....	79.6	82.6	84.0	83.8	86.5	88.0	67.1	70.6	73.0
Alabama	77.5	81.6	82.6	84.7	88.2	89.3	64.1	69.2	70.6
Mississippi.....	74.5	77.2	80.7	84.9	87.0	89.4	63.7	66.4	70.8
West South Central.....	71.6	77.4	79.4	80.7	84.9	86.2	62.3	70.1	73.3
Arkansas	72.2	75.5	77.5	77.1	80.4	81.8	56.8	61.5	66.5
Louisiana	76.2	80.3	82.1	85.5	88.2	89.4	64.0	69.7	72.1
Oklahoma	73.6	77.6	79.2	77.6	81.1	82.6	57.8	65.4	70.0
Texas	70.2	77.0	79.0	80.8	85.8	87.0	62.6	72.7	75.7
Mountain	74.4	77.3	78.1	81.7	84.1	84.9	62.2	69.2	72.0
Montana	78.8	81.9	82.9	81.4	84.2	85.3	74.5	80.7	79.5
Idaho	76.3	79.2	79.3	79.4	82.0	82.0	72.2	78.4	70.8
Wyoming	79.8	82.4	82.3	82.1	84.5	83.9	68.2	67.6	74.0
Colorado	79.0	80.8	82.2	84.2	86.0	88.1	66.8	72.9	76.2
New Mexico	61.3	68.7	68.2	71.8	78.3	76.0	55.6	60.3	62.3
Arizona	70.0	72.5	75.5	80.0	82.2	85.3	64.1	69.3	73.1
Utah	84.7	84.5	82.1	86.7	87.2	85.4	72.8	68.8	65.2
Nevada	71.0	76.1	75.3	77.4	82.6	83.0	53.8	66.0	67.7
Pacific	75.7	79.5	82.5	84.3	85.5	87.2	72.0	76.9	79.6
Washington	79.8	82.8	83.1	83.4	85.8	86.0	68.4	76.0	76.6
Oregon	78.3	79.3	80.7	80.7	82.0	83.5	66.8	73.5	78.4
California	74.9	78.9	82.6	85.2	86.0	88.4	72.2	76.8	79.7
Alaska	82.9	83.0	80.4	86.0	85.5	82.9	83.4	84.3	82.7
Hawaii	74.2	84.1	84.8	79.2	89.0	90.8	70.3	87.8	90.7

See footnotes at end of table.

Table 7 (page 2 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	Hispanic ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births with early prenatal care (beginning in the 1st trimester)									
United States ⁴	64.0	70.7	74.1	61.8	66.5	68.8	76.5	80.3	83.0
New England ⁴	76.5	77.0	79.1	73.4	75.8	78.4	79.0	81.6	84.2
Maine	79.9	77.1	82.0	72.5	78.1	71.0	76.8	81.1	82.2
New Hampshire ⁴	--	78.8	79.2	85.1	*75.4	84.5	85.8	85.5	84.5
Vermont	77.1	83.3	79.1	*67.6	*78.6	*82.8	76.2	75.0	77.5
Massachusetts	76.4	76.1	78.7	74.7	73.6	78.1	77.4	80.5	83.9
Rhode Island	81.6	82.9	83.4	72.8	79.0	82.7	76.1	79.3	81.9
Connecticut	75.0	76.6	78.5	71.0	73.7	78.5	85.0	85.9	86.3
Middle Atlantic.....	59.9	66.4	71.5	68.9	72.4	76.0	72.0	75.7	78.6
New York.....	56.3	64.5	71.7	67.6	70.2	75.3	67.4	72.5	76.0
New Jersey.....	68.7	70.7	70.7	77.5	77.2	71.9	84.1	83.1	83.6
Pennsylvania.....	64.0	69.1	72.6	63.8	70.8	79.7	71.3	76.3	79.1
East North Central.....	67.2	70.6	72.6	66.5	71.3	73.5	75.6	79.1	82.9
Ohio	74.0	75.5	77.3	74.5	77.8	80.2	83.9	86.8	86.5
Indiana	67.8	67.6	65.2	67.0	68.2	70.7	80.7	81.4	81.7
Illinois	66.0	70.3	73.0	65.8	73.0	72.8	79.3	82.1	85.9
Michigan	70.6	72.2	72.8	68.5	74.4	74.7	80.3	83.7	85.9
Wisconsin	66.8	69.4	71.6	62.9	66.4	70.9	51.0	56.5	63.6
West North Central.....	65.3	67.0	68.5	61.3	65.5	67.2	66.6	70.8	75.0
Minnesota.....	58.7	60.5	62.4	53.2	59.0	61.6	51.7	57.3	64.2
Iowa	71.3	71.1	71.7	67.7	69.0	73.0	80.0	82.2	82.7
Missouri.....	75.9	77.6	76.8	68.9	76.0	77.1	82.3	83.4	85.3
North Dakota	72.8	76.8	76.7	64.0	69.7	69.9	74.0	74.1	81.9
South Dakota	72.9	72.8	71.1	61.5	62.7	65.0	75.7	74.1	77.3
Nebraska.....	62.5	66.3	68.3	63.2	68.5	67.1	72.4	79.4	82.9
Kansas	62.8	64.3	67.0	72.3	77.7	77.0	76.0	80.6	83.3
South Atlantic.....	72.5	76.7	78.3	69.5	74.3	73.6	78.6	83.0	86.4
Delaware.....	64.1	68.1	70.3	*71.6	82.8	73.1	83.2	85.7	85.5
Maryland	76.5	82.0	81.5	81.5	83.6	81.8	85.7	89.2	89.8
District of Columbia	46.8	55.9	65.6	*	*	*	40.7	50.7	75.1
Virginia	67.4	70.2	73.3	79.0	80.6	79.4	78.4	80.9	85.1
West Virginia	67.1	75.7	74.9	*64.5	*65.8	*82.9	76.6	79.9	81.6
North Carolina	68.1	67.8	68.8	71.7	73.3	73.6	79.1	80.9	82.4
South Carolina	61.3	65.9	64.3	63.7	70.8	77.8	75.4	76.7	77.7
Georgia	67.1	73.3	78.1	68.1	83.8	83.6	77.1	83.5	88.8
Florida	74.7	79.6	81.6	57.5	70.2	67.0	80.2	84.6	87.8
East South Central.....	72.0	69.3	65.9	71.5	74.7	77.7	77.1	81.5	84.4
Kentucky	71.9	76.2	72.5	78.8	79.3	81.1	76.9	82.2	86.3
Tennessee	70.0	67.6	64.0	62.8	70.8	76.8	77.9	82.0	84.6
Alabama	73.1	65.1	61.8	76.7	78.5	78.6	80.4	82.5	84.3
Mississippi	77.4	76.4	75.4	72.6	74.2	76.3	69.9	77.7	80.9
West South Central.....	60.2	68.7	72.0	63.2	68.8	70.7	78.5	83.8	86.3
Arkansas	61.6	58.3	61.9	62.9	69.9	69.8	72.7	74.2	74.6
Louisiana	77.5	81.4	85.0	76.9	80.1	77.9	77.0	81.2	84.4
Oklahoma	63.8	67.7	68.2	62.5	67.4	69.5	74.5	78.9	81.8
Texas	60.0	68.7	72.0	63.0	71.8	74.8	79.3	84.8	87.3
Mountain	58.8	63.4	65.4	53.1	58.5	62.1	74.2	76.4	78.7
Montana	67.6	74.1	77.5	60.9	65.6	66.2	76.8	73.1	84.1
Idaho	52.0	60.1	62.8	56.0	59.8	61.6	77.2	81.3	80.0
Wyoming	62.0	69.2	72.9	65.6	65.2	68.0	75.0	83.5	83.6
Colorado	63.8	66.2	67.9	60.9	67.9	72.2	73.3	76.7	81.5
New Mexico	57.3	65.2	65.6	46.7	53.8	56.7	64.7	72.3	75.7
Arizona	56.9	60.9	64.9	53.1	57.8	62.9	79.0	79.1	83.3
Utah	70.5	66.2	63.9	57.6	58.9	57.8	72.3	71.0	68.1
Nevada	56.5	63.1	62.8	59.2	67.7	68.3	74.3	78.1	78.9
Pacific	65.2	73.0	77.9	69.1	71.3	72.9	77.9	81.8	84.1
Washington	59.4	68.8	70.9	64.3	70.9	72.1	74.1	78.8	80.7
Oregon	60.6	63.6	67.5	63.2	64.5	67.6	77.5	77.3	81.2
California	65.4	73.3	78.4	67.8	68.5	72.5	79.3	82.0	84.9
Alaska	80.8	80.3	79.5	75.0	76.6	74.9	79.2	80.6	74.6
Hawaii	72.3	81.8	83.1	72.4	83.8	83.2	72.5	82.2	82.8

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

-- Data not available.

¹Percents for white and black are substituted for non-Hispanic white and non-Hispanic black for those States and years in which Hispanic origin was not reported on the birth certificate: New Hampshire 1991–92.

²Persons of Hispanic origin may be of any race.

³Includes persons of Hispanic origin.

⁴Percents for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in 3-year period.

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

Table 8. Teenage childbearing, according to detailed race and Hispanic origin of mother: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Maternal age, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Age of mother under 18 years												
All races	6.3	7.6	5.8	4.7	4.7	5.1	5.3	5.3	5.1	4.9	4.6	4.4
White.	4.8	6.0	4.5	3.7	3.6	4.0	4.2	4.3	4.2	4.1	3.9	3.7
Black.	14.8	16.3	12.5	10.6	10.1	10.6	10.8	10.8	10.3	9.7	8.9	8.2
American Indian or Alaska Native	7.5	11.2	9.4	7.6	7.2	8.4	8.7	8.7	8.7	8.6	8.4	7.9
Asian or Pacific Islander	---	---	1.5	1.6	2.1	2.1	2.2	2.2	2.1	2.0	2.0	1.8
Chinese	1.1	0.4	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.2
Japanese	2.0	1.7	1.0	0.9	0.8	0.9	0.9	0.8	0.9	0.8	0.8	0.7
Filipino	3.7	2.4	1.6	1.6	2.0	2.0	2.2	2.2	2.1	2.1	2.1	1.8
Hawaiian and part Hawaiian	---	---	6.6	5.7	6.5	7.1	8.0	7.6	6.8	6.7	7.8	6.2
Other Asian or Pacific Islander	---	---	1.2	1.8	2.4	2.5	2.5	2.5	2.5	2.3	2.3	2.0
Hispanic origin ^{1,2}	---	---	7.4	6.4	6.6	7.2	7.6	7.6	7.3	7.2	6.9	6.7
Mexican	---	---	7.7	6.9	6.9	7.5	7.9	8.0	7.7	7.6	7.2	7.0
Puerto Rican	---	---	10.0	8.5	9.1	10.2	10.8	10.8	10.2	9.5	9.2	8.5
Cuban	---	---	3.8	2.2	2.7	2.5	3.0	2.8	2.8	2.7	2.9	2.9
Central and South American	---	---	2.4	2.4	3.2	3.8	4.0	4.1	4.0	3.9	3.6	3.5
Other and unknown Hispanic	---	---	6.5	7.0	8.0	9.4	9.4	9.0	8.8	8.9	8.8	8.1
White, non-Hispanic ¹	---	---	4.0	3.2	3.0	3.2	3.4	3.4	3.3	3.2	3.0	2.8
Black, non-Hispanic ¹	---	---	12.7	10.7	10.2	10.6	10.9	10.8	10.4	9.8	9.0	8.3
Age of mother 18–19 years												
All races	11.3	11.3	9.8	8.0	8.1	7.8	7.9	7.9	7.9	7.8	7.9	7.9
White.	10.4	10.3	9.0	7.1	7.3	7.0	7.1	7.2	7.2	7.1	7.2	7.2
Black.	16.6	16.9	14.5	12.9	13.0	12.1	12.3	12.4	12.5	12.5	12.6	12.4
American Indian or Alaska Native	12.8	15.2	14.6	12.4	12.3	11.9	12.3	12.7	12.3	12.2	12.5	12.3
Asian or Pacific Islander	---	---	3.9	3.4	3.7	3.6	3.5	3.5	3.2	3.2	3.3	3.3
Chinese	3.9	1.7	1.0	0.6	0.8	0.7	0.7	0.6	0.6	0.6	0.6	0.7
Japanese	4.1	3.3	2.3	1.9	2.0	1.8	1.9	1.7	1.6	1.5	1.6	1.4
Filipino	7.1	5.0	4.0	3.7	4.1	3.8	3.8	4.1	4.0	3.8	4.1	4.0
Hawaiian and part Hawaiian	---	---	13.3	12.3	11.9	11.3	11.6	11.5	11.6	11.9	11.0	11.9
Other Asian or Pacific Islander	---	---	3.8	3.5	3.9	4.0	3.9	3.8	3.4	3.3	3.5	3.5
Hispanic origin ^{1,2}	---	---	11.6	10.1	10.2	10.1	10.2	10.3	10.1	9.8	10.0	10.0
Mexican	---	---	12.0	10.6	10.7	10.7	10.7	10.8	10.5	10.2	10.3	10.4
Puerto Rican	---	---	13.3	12.4	12.6	12.1	12.4	12.7	13.0	12.7	12.7	12.6
Cuban	---	---	9.2	4.9	5.0	4.3	4.3	4.9	4.9	4.7	4.0	4.8
Central and South American	---	---	6.0	5.8	5.9	6.1	6.4	6.5	6.5	6.5	6.6	6.5
Other and unknown Hispanic	---	---	10.8	10.5	11.1	11.6	11.4	11.1	11.1	10.9	11.4	11.4
White, non-Hispanic ¹	---	---	8.5	6.6	6.6	6.2	6.3	6.4	6.4	6.3	6.4	6.4
Black, non-Hispanic ¹	---	---	14.7	12.9	13.0	12.2	12.4	12.4	12.6	12.6	12.7	12.5

--- Data not available.

¹Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

²Includes mothers of all races.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 9. Nonmarital childbearing according to detailed race and Hispanic origin of mother, and maternal age and birth rates for unmarried women by race and Hispanic origin of mother: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Race, Hispanic origin of mother, and maternal age	1970	1975	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Percent of live births to unmarried mothers												
All races	10.7	14.3	18.4	22.0	28.0	31.0	32.6	32.2	32.4	32.4	32.8	33.0
White	5.5	7.1	11.2	14.7	20.4	23.6	25.4	25.3	25.7	25.8	26.3	26.8
Black	37.5	49.5	56.1	61.2	66.5	68.7	70.4	69.9	69.8	69.2	69.1	68.9
American Indian or Alaska Native	22.4	32.7	39.2	46.8	53.6	55.8	57.0	57.2	58.0	58.7	59.3	58.9
Asian or Pacific Islander	---	---	7.3	9.5	13.2	15.7	16.2	16.3	16.7	15.6	15.6	15.4
Chinese	3.0	1.6	2.7	3.0	5.0	6.7	7.2	7.9	9.2	6.5	6.4	6.9
Japanese	4.6	4.6	5.2	7.9	9.6	10.0	11.2	10.8	11.4	10.1	9.7	9.9
Filipino	9.1	6.9	8.6	11.4	15.9	17.7	18.5	19.5	19.4	19.5	19.7	21.1
Hawaiian and part Hawaiian	---	---	32.9	37.3	45.0	47.8	48.6	49.0	49.9	49.1	51.1	50.4
Other Asian or Pacific Islander	---	---	5.4	8.5	12.6	16.1	16.4	16.2	16.5	15.6	15.2	14.5
Hispanic origin ^{1,2}	---	---	23.6	29.5	36.7	40.0	43.1	40.8	40.7	40.9	41.6	42.2
Mexican	---	---	20.3	25.7	33.3	37.0	40.8	38.1	37.9	38.9	39.6	40.1
Puerto Rican	---	---	46.3	51.1	55.9	59.4	60.2	60.0	60.7	59.4	59.5	59.6
Cuban	---	---	10.0	16.1	18.2	21.0	22.9	23.8	24.7	24.4	24.8	26.4
Central and South American	---	---	27.1	34.9	41.2	45.2	45.9	44.1	44.1	41.8	42.0	43.7
Other and unknown Hispanic	---	---	22.4	31.1	37.2	38.7	43.5	44.0	43.5	43.6	45.3	45.8
White, non-Hispanic ¹	---	---	9.6	12.4	16.9	19.5	20.8	21.2	21.5	21.5	21.9	22.1
Black, non-Hispanic ¹	---	---	57.3	62.1	66.7	68.9	70.7	70.0	70.0	69.4	69.3	69.1
Number of live births, in thousands												
Live births to unmarried mothers	399	448	666	828	1,165	1,240	1,290	1,254	1,260	1,257	1,294	1,309
Maternal age												
Percent distribution of live births to unmarried mothers												
Under 20 years	50.1	52.1	40.8	33.8	30.9	29.7	30.5	30.9	30.4	30.7	30.1	29.3
20–24 years	31.8	29.9	35.6	36.3	34.7	35.4	34.8	34.5	34.2	34.9	35.6	36.4
25 years and over	18.1	18.0	23.5	29.9	34.4	34.9	34.6	34.7	35.3	34.4	34.3	34.3
Live births per 1,000 unmarried women 15–44 years of age ³												
All races and origins	26.4	24.5	29.4	32.8	43.8	45.3	46.9	45.1	44.8	44.0	44.3	44.4
White ⁴	13.9	12.4	18.1	22.5	32.9	35.9	38.3	37.5	37.6	37.0	37.5	38.1
Black ⁴	95.5	84.2	81.1	77.0	90.5	84.0	82.1	75.9	74.4	73.4	73.3	71.5
Hispanic origin ^{1,2}	---	---	---	---	89.6	95.2	101.2	95.0	93.2	91.4	90.1	93.4
White, non-Hispanic	---	---	---	---	---	---	28.5	28.2	28.3	27.0	27.4	27.9

--- Data not available.

¹Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

²Includes mothers of all races.

³Rates computed by relating births to unmarried mothers, regardless of age of mother, to unmarried women 15–44 years of age. Population data for American Indian or Alaska Native and Asian or Pacific Islander women not available for rate calculations.

⁴For 1970 and 1975, birth rates are by race of child.

NOTES: National estimates for 1970 and 1975 for unmarried mothers based on births occurring in States reporting marital status of mother (see Appendix I, National Vital Statistics System). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. In 1995 procedures implemented in California to more accurately identify the marital status of Hispanic mothers account for some of the decline in measures of nonmarital childbearing for women of all races, white women, and Hispanic women between 1994 and 1995. Other reporting changes implemented in California, Nevada, New York City, and Connecticut in 1997 and 1998 have affected trends for all groups. See Appendix I, National Vital Statistics System, Birth certificate items. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1993–96. Monthly vital statistics report. Hyattsville, Maryland; Ventura SJ. Births to unmarried mothers: United States, 1980–92. Vital Health Stat 21(53). 1995.

**Table 10. Maternal education for live births, according to detailed race and Hispanic origin of mother:
United States, selected years 1970–99**

[Data are based on the National Vital Statistics System]

Education, race, and Hispanic origin of mother	1970	1975	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Less than 12 years of education	Percent of live births ¹											
All races	30.8	28.6	23.7	20.6	23.8	23.3	22.9	22.6	22.4	22.1	21.9	21.7
White.	27.1	25.1	20.8	17.8	22.4	22.0	21.7	21.6	21.6	21.3	21.2	21.3
Black.	51.2	45.3	36.4	32.6	30.2	29.8	29.3	28.7	28.2	27.6	26.9	26.0
American Indian or Alaska Native.	60.5	52.7	44.2	39.0	36.4	34.8	34.0	33.0	33.0	32.8	32.7	32.2
Asian or Pacific Islander	---	---	21.0	19.4	20.0	18.1	17.4	16.1	15.0	14.0	12.9	12.4
Chinese	23.0	16.5	15.2	15.5	15.8	14.3	13.7	12.9	12.8	12.3	11.4	12.0
Japanese	11.8	9.1	5.0	4.8	3.5	2.6	2.8	2.6	2.7	2.3	2.4	2.0
Filipino	26.4	22.3	16.4	13.9	10.3	8.8	8.9	8.0	7.4	7.3	6.9	6.3
Hawaiian and part Hawaiian	---	---	20.7	18.7	19.3	17.3	18.5	17.6	16.9	16.8	18.5	16.8
Other Asian or Pacific Islander	---	---	27.6	24.3	26.8	24.6	23.3	21.2	19.4	17.8	15.9	14.8
Hispanic origin ^{2,3}	---	---	51.1	44.5	53.9	53.4	52.7	52.1	51.4	50.3	49.3	49.1
Mexican	---	---	62.8	59.0	61.4	60.4	59.5	58.6	57.7	56.3	55.2	55.2
Puerto Rican	---	---	55.3	46.6	42.7	40.3	39.6	38.6	38.1	37.1	35.9	34.4
Cuban	---	---	24.1	21.1	17.8	14.6	15.0	14.4	14.5	13.7	13.0	12.3
Central and South American	---	---	41.2	37.0	44.2	43.0	42.0	41.7	40.8	39.6	38.5	37.9
Other and unknown Hispanic	---	---	40.1	36.5	33.3	33.9	33.9	33.8	33.0	32.8	33.6	32.5
White, non-Hispanic ²	---	---	18.3	15.8	15.2	14.0	13.5	13.3	13.0	12.9	12.8	12.6
Black, non-Hispanic ²	---	---	37.4	33.5	30.0	29.6	29.1	28.6	28.0	27.5	26.7	25.9
16 years or more of education	Percent of live births ¹											
All races	8.6	11.4	14.0	16.7	17.5	19.5	20.4	21.4	22.1	22.8	23.4	24.1
White.	9.6	12.7	15.5	18.6	19.3	21.4	22.2	23.1	23.9	24.6	25.1	25.7
Black.	2.8	4.3	6.2	7.0	7.2	8.2	8.7	9.5	10.0	10.5	11.0	11.4
American Indian or Alaska Native.	2.7	2.2	3.5	3.7	4.4	5.5	5.7	6.2	6.3	6.8	6.8	7.2
Asian or Pacific Islander	---	---	30.8	30.3	31.0	33.0	33.9	35.0	36.2	38.0	39.7	40.9
Chinese	34.0	37.8	41.5	35.2	40.3	45.7	46.6	49.0	49.1	51.1	53.8	54.3
Japanese	20.7	30.6	36.8	38.1	44.1	46.3	45.2	46.2	46.8	48.3	49.1	49.5
Filipino	28.1	36.6	37.1	35.2	34.5	36.1	36.6	36.7	38.0	38.6	39.2	39.6
Hawaiian and part Hawaiian	---	---	7.9	6.5	6.8	8.5	8.9	9.7	11.3	11.0	11.0	12.7
Other Asian or Pacific Islander	---	---	29.2	30.2	27.3	28.1	29.4	30.5	32.2	34.4	36.7	38.5
Hispanic origin ^{2,3}	---	---	4.2	6.0	5.1	5.5	5.8	6.1	6.4	6.7	7.0	7.4
Mexican	---	---	2.2	3.0	3.3	3.5	3.8	4.0	4.2	4.5	4.7	5.0
Puerto Rican	---	---	3.0	4.6	6.5	7.5	8.1	8.7	8.9	9.2	9.5	10.3
Cuban	---	---	11.6	15.0	20.4	24.3	24.8	26.5	27.0	27.8	28.6	29.9
Central and South American	---	---	6.1	8.1	8.6	9.4	9.8	10.3	11.2	11.9	12.5	13.2
Other and unknown Hispanic	---	---	5.5	7.2	8.5	9.2	9.8	10.5	11.1	11.7	11.5	12.0
White, non-Hispanic ²	---	---	16.4	19.3	22.6	25.3	26.5	27.7	28.8	29.7	30.4	31.4
Black, non-Hispanic ²	---	---	5.7	6.7	7.3	8.2	8.7	9.5	10.0	10.6	11.0	11.4

--- Data not available.

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

²Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. Data shown only for States with an Hispanic-origin item and education of mother item on their birth certificates. The number of States reporting both items increased from 20 in 1980, to 21 and the District of Columbia (DC) in 1983–87, 26 and DC in 1988, 45 and DC in 1989, 47 and DC in 1990–91, 49 and DC in 1992, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

³Includes mothers of all races.

NOTES: Excludes births that occurred in States not reporting education (see Appendix I). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Maternal education groups shown in this table generally represent the group at highest risk for unfavorable birth outcomes (less than 12 years of education) and the group at lowest risk (16 years or more of education). Data for additional years are available (see Appendix III).

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

Table 11. Mothers who smoked cigarettes during pregnancy, according to mother's detailed race, Hispanic origin, age, and education: Selected States, 1989–99

[Data are based on the National Vital Statistics System]

Characteristic of mother	1989	1990	1993	1994	1995	1996	1997	1998	1999	
Race of mother ¹		Percent of mothers who smoked ²								
All races	19.5	18.4	15.8	14.6	13.9	13.6	13.2	12.9	12.6	
White	20.4	19.4	16.8	15.6	15.0	14.7	14.3	14.0	13.6	
Black	17.1	15.9	12.7	11.4	10.6	10.2	9.7	9.5	9.3	
American Indian or Alaska Native	23.0	22.4	21.6	21.0	20.9	21.3	20.8	20.2	20.2	
Asian or Pacific Islander ³	5.7	5.5	4.3	3.6	3.4	3.3	3.2	3.1	2.9	
Chinese	2.7	2.0	1.1	0.9	0.8	0.7	1.0	0.8	0.5	
Japanese	8.2	8.0	6.7	5.4	5.2	4.8	4.7	4.8	4.5	
Filipino	5.1	5.3	4.3	3.7	3.4	3.5	3.4	3.3	3.3	
Hawaiian and part Hawaiian	19.3	21.0	17.2	16.0	15.9	15.3	15.8	16.8	14.7	
Other Asian or Pacific Islander	4.2	3.8	3.2	2.9	2.7	2.7	2.5	2.4	2.3	
Hispanic origin and race of mother ⁴		Percent of mothers who smoked ²								
Hispanic origin	8.0	6.7	5.0	4.6	4.3	4.3	4.1	4.0	3.7	
Mexican	6.3	5.3	3.7	3.4	3.1	3.1	2.9	2.8	2.6	
Puerto Rican	14.5	13.6	11.2	10.9	10.4	11.0	11.0	10.7	10.5	
Cuban	6.9	6.4	5.0	4.8	4.1	4.7	4.2	3.7	3.3	
Central and South American	3.6	3.0	2.3	1.8	1.8	1.8	1.8	1.5	1.4	
Other and unknown Hispanic	12.1	10.8	9.3	8.1	8.2	9.1	8.5	8.0	7.7	
White, non-Hispanic	21.7	21.0	18.6	17.7	17.1	16.9	16.5	16.2	15.9	
Black, non-Hispanic	17.2	15.9	12.7	11.5	10.6	10.3	9.8	9.6	9.4	
Age of mother ¹		Percent of mothers who smoked ²								
Under 15 years	7.7	7.5	7.0	6.7	7.3	7.7	8.1	7.7	7.8	
15–19 years	22.2	20.8	17.5	16.7	16.8	17.2	17.6	17.8	18.1	
15–17 years	19.0	17.6	14.8	14.4	14.6	15.4	15.5	15.5	15.5	
18–19 years	23.9	22.5	19.1	18.1	18.1	18.3	18.8	19.2	19.5	
20–24 years	23.5	22.1	19.2	17.8	17.1	16.8	16.6	16.5	16.7	
25–29 years	19.0	18.0	14.8	13.5	12.8	12.3	11.8	11.4	11.0	
30–34 years	15.7	15.3	13.4	12.3	11.4	10.9	10.0	9.3	8.6	
35–39 years	13.6	13.3	12.8	12.2	12.0	11.7	11.1	10.6	9.9	
40–54 years ⁵	13.2	12.3	11.0	10.3	10.1	10.1	10.1	10.0	9.5	
Education of mother ⁶		Percent of mothers 20 years of age and over who smoked ²								
0–8 years	18.9	17.5	13.9	12.1	11.0	10.3	9.9	9.5	8.9	
9–11 years	42.2	40.5	36.1	33.6	32.0	31.1	30.2	29.3	29.0	
12 years	22.8	21.9	19.9	18.7	18.3	18.0	17.5	17.1	16.9	
13–15 years	13.7	12.8	11.4	10.8	10.6	10.4	9.9	9.6	9.4	
16 years or more	5.0	4.5	3.1	2.8	2.7	2.6	2.4	2.2	2.1	

¹Includes data for 43 States and the District of Columbia (DC) in 1989, 45 States and DC in 1990, 46 States and DC in 1991–93, 46 States, DC, and New York City (NYC) in 1994–98, and 48 States, DC, and NYC in 1999. Excludes data for California and South Dakota (1989–99), Oklahoma (1989–90), Louisiana and Nebraska (1989), NYC (1989–93), and Indiana and NY (1989–98), which did not require the reporting of mother's tobacco use during pregnancy on the birth certificate (see Appendix I).

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

³Maternal tobacco use during pregnancy was not reported on the birth certificates of California, which in 1999 accounted for 32 percent of the births to Asian or Pacific Islander mothers.

⁴Includes data for 42 States and DC in 1989, 44 States and DC in 1990, 45 States and DC in 1991–92, 46 States and DC in 1993, 46 States, DC, and NYC in 1994–98, and 48 States, DC, and NYC in 1999. Excludes data for California, and South Dakota (1989–99), New Hampshire (1989–92), Oklahoma (1989–90), Louisiana and Nebraska (1989), NYC (1989–93), and Indiana and NY (1989–98), which did not require the reporting of either Hispanic origin of mother or tobacco use during pregnancy on the birth certificate (see Appendix I).

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

⁶Includes data for 42 States and DC in 1989, 44 States and DC in 1990, 45 States and DC in 1991, 46 States and DC in 1992–93, 46 States, DC, and NYC in 1994–98 and 48 States, DC, and NYC in 1999. Excludes data for California and South Dakota (1989–99), Washington (1989–91), Oklahoma (1989–90), Louisiana and Nebraska (1989), NYC (1989–93), and Indiana and NY (1989–98), which did not require the reporting of either mother's education or tobacco use during pregnancy on the birth certificate (see Appendix I).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1989–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 12. Low-birthweight live births, according to mother's detailed race, Hispanic origin, and smoking status: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Birthweight, race, Hispanic origin of mother, and smoking status of mother	1970	1975	1980	1985	1990	1993	1994	1995	1996	1997	1998	1999
Low birthweight (less than 2,500 grams)	Percent of live births ¹											
All races	7.93	7.38	6.84	6.75	6.97	7.22	7.28	7.32	7.39	7.51	7.57	7.62
White	6.85	6.27	5.72	5.65	5.70	5.98	6.11	6.22	6.34	6.46	6.52	6.57
Black	13.90	13.19	12.69	12.65	13.25	13.34	13.24	13.13	13.01	13.01	13.05	13.11
American Indian or Alaska Native	7.97	6.41	6.44	5.86	6.11	6.42	6.45	6.61	6.49	6.75	6.81	7.15
Asian or Pacific Islander	---	---	6.68	6.16	6.45	6.55	6.81	6.90	7.07	7.23	7.42	7.45
Chinese	6.67	5.29	5.21	4.98	4.69	4.91	4.76	5.29	5.03	5.06	5.34	5.19
Japanese	9.03	7.47	6.60	6.21	6.16	6.53	6.91	7.26	7.27	6.82	7.50	7.95
Filipino	10.02	8.08	7.40	6.95	7.30	6.99	7.77	7.83	7.92	8.33	8.23	8.30
Hawaiian and part Hawaiian	---	---	7.23	6.49	7.24	6.76	7.20	6.84	6.77	7.20	7.15	7.69
Other Asian or Pacific Islander	---	---	6.83	6.19	6.65	6.89	7.06	7.05	7.42	7.54	7.76	7.76
Hispanic origin ^{2,3}	---	---	6.12	6.16	6.06	6.24	6.25	6.29	6.28	6.42	6.44	6.38
Mexican	---	---	5.62	5.77	5.55	5.77	5.80	5.81	5.86	5.97	5.97	5.94
Puerto Rican	---	---	8.95	8.69	8.99	9.23	9.13	9.41	9.24	9.39	9.68	9.30
Cuban	---	---	5.62	6.02	5.67	6.18	6.27	6.50	6.46	6.78	6.50	6.80
Central and South American	---	---	5.76	5.68	5.84	5.94	6.02	6.20	6.03	6.26	6.47	6.38
Other and unknown Hispanic	---	---	6.96	6.83	6.87	7.51	7.54	7.55	7.68	7.93	7.59	7.63
White, non-Hispanic ²	---	---	5.67	5.60	5.61	5.92	6.06	6.20	6.36	6.47	6.55	6.64
Black, non-Hispanic ²	---	---	12.71	12.61	13.32	13.43	13.34	13.21	13.12	13.11	13.17	13.23
Cigarette smoker ⁴	---	---	---	---	11.25	11.84	12.28	12.18	12.13	12.06	12.01	12.06
Nonsmoker ⁴	---	---	---	---	6.14	6.56	6.71	6.79	6.91	7.07	7.18	7.21
Very low birthweight (less than 1,500 grams)	Percent of live births ¹											
All races	1.17	1.16	1.15	1.21	1.27	1.33	1.33	1.35	1.37	1.42	1.45	1.45
White	0.95	0.92	0.90	0.94	0.95	1.01	1.02	1.06	1.09	1.13	1.15	1.15
Black	2.40	2.40	2.48	2.71	2.92	2.96	2.96	2.97	2.99	3.04	3.08	3.14
American Indian or Alaska Native	0.98	0.95	0.92	1.01	1.01	1.05	1.10	1.10	1.21	1.19	1.24	1.26
Asian or Pacific Islander	---	---	0.92	0.85	0.87	0.86	0.93	0.91	0.99	1.05	1.10	1.08
Chinese	0.80	0.52	0.66	0.57	0.51	0.63	0.58	0.67	0.64	0.74	0.75	0.68
Japanese	1.48	0.89	0.94	0.84	0.73	0.74	0.92	0.87	0.81	0.78	0.84	0.86
Filipino	1.08	0.93	0.99	0.86	1.05	0.95	1.19	1.13	1.20	1.29	1.35	1.41
Hawaiian and part Hawaiian	---	---	1.05	1.03	0.97	1.14	1.20	0.94	0.97	1.41	1.53	1.41
Other Asian or Pacific Islander	---	---	0.96	0.91	0.92	0.89	0.93	0.91	1.04	1.07	1.12	1.09
Hispanic origin ^{2,3}	---	---	0.98	1.01	1.03	1.06	1.08	1.11	1.12	1.13	1.15	1.14
Mexican	---	---	0.92	0.97	0.92	0.97	0.99	1.01	1.01	1.02	1.02	1.04
Puerto Rican	---	---	1.29	1.30	1.62	1.66	1.63	1.79	1.70	1.85	1.86	1.86
Cuban	---	---	1.02	1.18	1.20	1.23	1.31	1.19	1.35	1.36	1.33	1.49
Central and South American	---	---	0.99	1.01	1.05	1.02	1.06	1.13	1.14	1.17	1.23	1.15
Other and unknown Hispanic	---	---	1.01	0.96	1.09	1.23	1.29	1.28	1.48	1.35	1.38	1.32
White, non-Hispanic ²	---	---	0.86	0.90	0.93	1.00	1.01	1.04	1.08	1.12	1.15	1.15
Black, non-Hispanic ²	---	---	2.46	2.66	2.93	2.99	2.99	2.98	3.02	3.05	3.11	3.18
Cigarette smoker ⁴	---	---	---	---	1.73	1.77	1.81	1.85	1.85	1.83	1.87	1.91
Nonsmoker ⁴	---	---	---	---	1.18	1.28	1.30	1.31	1.35	1.40	1.44	1.43

--- Data not available.

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

²Trend data for Hispanics and non-Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration.

These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

³Includes mothers of all races.

⁴Percent based on live births with known smoking status of mother and known birthweight. Includes data for 43 States and the District of Columbia (DC) in 1989, 45 States and DC in 1990, 46 States and DC in 1991–93, 46 States, DC, and New York City (NYC) in 1994–98, and 48 States, DC, and NYC in 1999. Excludes data for California and South Dakota (1989–99), Indiana and New York (1989–98), New York City (1989–93), Oklahoma (1989–90), and Louisiana and Nebraska (1989), which did not require the reporting of mother's tobacco use during pregnancy on the birth certificate (see Appendix I).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Ventura SJ, Martin JA, Curtin SC, Menacker F, Hamilton BE. Births: Final Data for 1999. National vital statistics reports; vol 49, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2001. (in press); Births: Final data for each data year 1997–98. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 13. Low-birthweight live births among mothers 20 years of age and over, by mother's detailed race, Hispanic origin, and education: United States, 1989–99

[Data are based on the National Vital Statistics System]

Education, race, and Hispanic origin of mother	1989	1990	1993	1994	1995	1996	1997	1998	1999
Less than 12 years of education	Percent of live births weighing less than 2,500 grams ¹								
All races	9.0	8.6	8.6	8.5	8.4	8.3	8.4	8.4	8.3
White	7.3	7.0	7.1	7.1	7.1	7.1	7.2	7.2	7.2
Black	17.0	16.5	16.4	16.2	16.0	15.5	15.4	15.0	15.0
American Indian or Alaska Native	7.3	7.4	7.6	7.0	8.0	7.7	7.7	8.0	8.1
Asian or Pacific Islander	6.6	6.4	6.4	6.6	6.7	7.1	6.8	7.4	7.1
Chinese	5.4	5.2	4.6	4.6	5.3	5.0	5.1	5.9	5.2
Japanese	4.0	10.6	9.4	7.4	11.0	8.3	2.6	5.0	11.0
Filipino	6.9	7.2	6.2	8.2	7.5	8.0	7.8	7.9	8.4
Hawaiian and part Hawaiian	11.0	10.7	9.1	8.0	9.8	10.1	7.4	8.5	7.2
Other Asian or Pacific Islander	6.8	6.4	6.6	6.8	6.7	7.5	7.1	7.8	7.5
Hispanic origin ^{2,3}	6.0	5.7	5.8	5.8	5.8	5.8	5.9	5.9	5.9
Mexican	5.3	5.2	5.4	5.4	5.4	5.4	5.6	5.6	5.5
Puerto Rican	11.3	10.3	10.3	10.7	10.5	10.4	10.6	10.7	10.5
Cuban	9.4	7.9	6.5	8.2	9.2	8.0	9.5	7.4	6.7
Central and South American	5.8	5.8	5.8	6.0	6.2	6.0	5.8	6.2	6.0
Other and unknown Hispanic	8.2	8.0	8.1	7.6	7.7	8.0	8.3	7.7	8.0
White, non-Hispanic ²	8.4	8.3	8.7	8.8	8.9	9.1	9.1	9.1	9.2
Black, non-Hispanic ²	17.6	16.7	16.7	16.6	16.2	15.8	15.6	15.3	15.2
12 years of education									
All races	7.1	7.1	7.4	7.5	7.6	7.7	7.7	7.9	8.0
White	5.7	5.8	6.1	6.3	6.4	6.6	6.6	6.7	6.8
Black	13.4	13.1	13.4	13.3	13.3	13.2	13.1	13.1	13.3
American Indian or Alaska Native	5.6	6.1	6.1	6.3	6.5	6.0	6.4	6.9	6.9
Asian or Pacific Islander	6.4	6.5	6.6	6.7	7.0	7.0	7.2	7.2	7.4
Chinese	5.1	4.9	4.9	5.3	5.7	4.9	5.2	4.7	5.8
Japanese	7.4	6.2	7.2	7.6	7.4	7.2	7.9	8.0	8.9
Filipino	6.8	7.6	6.5	7.5	7.7	7.8	8.2	8.0	8.0
Hawaiian and part Hawaiian	7.0	6.7	7.1	6.9	6.6	6.5	7.2	6.7	8.7
Other Asian or Pacific Islander	6.5	6.7	7.0	6.8	7.1	7.4	7.3	7.6	7.3
Hispanic origin ^{2,3}	5.9	6.0	6.2	6.2	6.1	6.2	6.2	6.4	6.2
Mexican	5.2	5.5	5.7	5.8	5.6	5.8	5.7	6.0	5.8
Puerto Rican	8.8	8.3	8.5	8.1	8.7	8.8	8.7	9.4	8.6
Cuban	5.3	5.2	6.6	6.6	6.7	6.0	6.9	6.0	6.5
Central and South American	5.7	5.8	6.1	5.8	5.9	5.9	6.3	6.2	6.2
Other and unknown Hispanic	6.1	6.6	7.4	7.3	7.1	7.5	7.4	7.3	7.1
White, non-Hispanic ²	5.7	5.7	6.1	6.3	6.5	6.7	6.7	6.8	7.0
Black, non-Hispanic ²	13.6	13.2	13.5	13.4	13.4	13.3	13.2	13.3	13.4
13 years or more of education									
All races	5.5	5.4	5.8	5.9	6.0	6.2	6.4	6.5	6.6
White	4.6	4.6	5.0	5.1	5.3	5.5	5.7	5.8	5.8
Black	11.2	11.1	11.3	11.5	11.4	11.4	11.4	11.5	11.6
American Indian or Alaska Native	5.6	4.7	5.8	5.9	5.7	6.0	6.2	5.9	6.1
Asian or Pacific Islander	6.1	6.0	6.3	6.6	6.6	6.8	7.0	7.2	7.2
Chinese	4.5	4.4	4.9	4.6	5.1	5.0	4.9	5.3	4.9
Japanese	6.6	6.0	6.3	6.8	7.1	7.2	6.6	7.4	7.6
Filipino	7.2	7.0	6.9	7.5	7.6	7.8	8.1	8.0	8.0
Hawaiian and part Hawaiian	6.3	4.7	5.2	5.9	5.0	5.4	6.6	6.6	6.3
Other Asian or Pacific Islander	6.1	6.2	6.5	6.9	6.7	7.0	7.3	7.5	7.6
Hispanic origin ^{2,3}	5.5	5.5	5.7	5.8	5.9	6.0	6.2	6.3	6.2
Mexican	5.1	5.2	5.5	5.5	5.6	5.6	5.8	5.8	5.6
Puerto Rican	7.4	7.4	7.4	7.3	7.9	7.8	8.2	8.2	8.2
Cuban	4.9	5.0	5.4	5.7	5.6	6.4	6.0	6.3	6.9
Central and South American	5.2	5.6	5.4	5.5	5.8	5.7	6.1	6.5	6.3
Other and unknown Hispanic	5.4	5.2	5.6	6.5	6.1	6.6	6.7	6.8	6.4
White, non-Hispanic ²	4.6	4.5	4.9	5.1	5.2	5.4	5.6	5.7	5.8
Black, non-Hispanic ²	11.2	11.1	11.4	11.5	11.5	11.4	11.5	11.6	11.7

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

²Data shown only for States with an Hispanic-origin item and education of mother on their birth certificates. The number of States reporting both items increased from 45, the District of Columbia (DC), and New York City (NYC) in 1989, to 47, DC, and NYC in 1990–91, 49 and DC in 1992, and 50 and DC in 1993 and later years (see Appendix I, National Vital Statistics System).

³Includes mothers of all races.

NOTES: Includes data for 48 States, the District of Columbia (DC), and New York City (NYC) in 1989–91 and all 50 States and DC starting in 1992. Excludes data for births to residents of upstate New York and Washington (1989–91), which did not require the reporting of education of mother on the birth certificate (see Appendix I). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Data for additional years are available (see Appendix III).

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

Table 14 (page 1 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	All races			White, non-Hispanic			Black, non-Hispanic		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births weighing less than 2,500 grams									
United States ¹	7.14	7.33	7.57	5.79	6.20	6.56	13.48	13.22	13.17
New England ¹	6.08	6.41	6.96	5.27	5.64	6.25	12.25	11.97	11.92
Maine	5.28	5.89	5.93	5.34	5.91	6.00	*	*	*12.07
New Hampshire ¹	5.04	5.15	5.91	4.95	4.99	5.75	*10.74	*8.53	*7.81
Vermont	5.65	5.85	6.15	5.49	5.77	6.08	*	*	*
Massachusetts.....	6.00	6.37	6.99	5.21	5.63	6.35	11.49	11.51	11.31
Rhode Island.....	6.23	6.71	7.43	5.61	5.96	6.65	10.76	11.69	11.23
Connecticut.....	6.88	7.07	7.56	5.35	5.71	6.31	13.60	12.73	12.94
Middle Atlantic.....	7.52	7.57	7.83	5.61	5.95	6.42	13.94	13.23	13.03
New York.....	7.73	7.63	7.83	5.56	5.79	6.34	13.58	12.63	12.26
New Jersey.....	7.38	7.60	8.01	5.50	5.94	6.44	13.93	13.64	14.02
Pennsylvania.....	7.27	7.44	7.69	5.75	6.13	6.49	14.76	14.25	13.93
East North Central.....	7.38	7.52	7.72	5.82	6.24	6.54	14.45	14.03	13.80
Ohio	7.45	7.54	7.78	6.16	6.46	6.75	14.03	13.60	13.47
Indiana	6.78	7.32	7.84	6.04	6.64	7.20	12.55	13.07	13.33
Illinois	7.86	7.92	7.96	5.73	6.17	6.47	14.98	14.62	14.12
Michigan	7.64	7.72	7.84	5.75	6.23	6.34	14.83	13.96	13.89
Wisconsin	6.07	6.22	6.53	5.09	5.34	5.71	13.80	13.61	13.43
West North Central.....	6.19	6.49	6.75	5.45	5.90	6.24	13.02	13.04	12.94
Minnesota	5.33	5.78	5.92	4.63	5.34	5.62	12.07	12.28	11.08
Iowa	5.71	6.06	6.31	5.44	5.77	6.05	12.16	13.02	11.99
Missouri	7.44	7.57	7.75	6.15	6.47	6.70	13.59	13.47	13.77
North Dakota	5.07	5.48	6.31	4.96	5.29	6.36	*10.20	*10.91	*9.35
South Dakota	5.36	5.75	5.75	5.18	5.62	5.75	*11.33	*9.09	*10.81
Nebraska	5.69	6.25	6.75	5.22	5.86	6.42	11.85	11.92	12.33
Kansas	6.41	6.61	7.01	5.84	6.12	6.58	12.17	12.72	12.80
South Atlantic.....	8.12	8.32	8.53	6.06	6.52	6.87	13.13	13.11	13.13
Delaware	7.77	8.09	8.57	5.65	6.54	6.53	14.07	12.97	14.32
Maryland	8.28	8.53	8.82	5.69	6.24	6.50	13.63	13.40	13.41
District of Columbia	14.77	13.94	13.21	5.01	5.78	6.05	17.32	16.45	16.05
Virginia	7.30	7.62	7.80	5.64	6.09	6.39	12.45	12.55	12.44
West Virginia	7.09	7.78	8.12	6.87	7.57	7.97	12.61	13.75	12.88
North Carolina	8.48	8.69	8.84	6.47	6.83	7.22	13.24	13.77	13.77
South Carolina	9.17	9.22	9.52	6.48	6.84	7.09	13.48	13.37	14.11
Georgia	8.62	8.63	8.68	6.13	6.47	6.69	12.98	12.87	12.84
Florida	7.46	7.76	8.09	5.94	6.44	6.93	12.26	12.36	12.31
East South Central.....	8.51	8.82	9.07	6.65	7.17	7.52	13.37	13.43	13.61
Kentucky	7.05	7.71	8.06	6.53	7.24	7.58	12.24	12.65	13.15
Tennessee	8.68	8.78	9.01	6.90	7.24	7.65	14.40	14.26	14.06
Alabama	8.61	9.11	9.28	6.42	7.08	7.37	12.81	13.30	13.34
Mississippi	9.90	9.85	10.18	6.69	7.02	7.35	13.33	13.07	13.63
West South Central.....	7.44	7.57	7.81	6.05	6.43	6.81	13.29	13.13	13.30
Arkansas	8.19	8.29	8.62	6.68	6.95	7.45	13.26	13.17	13.21
Louisiana	9.36	9.73	10.09	6.22	6.64	7.00	13.69	14.12	14.57
Oklahoma	6.66	7.12	7.28	6.05	6.60	6.91	12.23	12.59	12.22
Texas	7.06	7.11	7.35	5.89	6.24	6.61	13.14	12.48	12.58
Mountain	6.89	7.16	7.36	6.46	6.85	7.11	14.38	13.89	13.45
Montana	5.86	6.16	6.71	5.81	5.94	6.56	*	*	*
Idaho	5.53	5.72	6.15	5.45	5.56	6.01	*	*	*9.68
Wyoming	7.20	8.21	8.75	7.04	7.92	8.77	*11.67	*13.22	*16.76
Colorado	8.36	8.59	8.60	7.69	8.10	8.18	15.83	15.52	14.12
New Mexico	7.21	7.46	7.68	6.84	7.43	7.83	12.86	10.80	13.30
Arizona	6.51	6.75	6.86	6.13	6.63	6.60	12.98	12.96	12.83
Utah	5.86	6.28	6.72	5.72	6.09	6.55	11.61	12.87	14.76
Nevada	7.25	7.49	7.59	6.57	7.05	7.42	14.92	14.03	13.32
Pacific	5.81	6.01	6.09	5.08	5.40	5.50	12.57	12.04	11.69
Washington	5.20	5.45	5.72	4.85	5.09	5.33	11.55	10.61	10.10
Oregon	5.11	5.37	5.41	4.85	5.15	5.21	11.70	10.71	10.51
California	5.92	6.11	6.17	5.19	5.55	5.61	12.71	12.19	11.87
Alaska	4.84	5.45	5.90	4.39	5.01	5.36	9.39	11.94	11.24
Hawaii	6.94	7.17	7.44	5.36	5.24	5.48	11.36	10.73	10.34

See footnotes at end of table.

Table 14 (page 2 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	Hispanic ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births weighing less than 2,500 grams									
United States ⁴	6.16	6.27	6.41	6.26	6.51	6.90	6.56	6.93	7.37
New England ⁴	7.83	8.06	8.33	6.66	7.68	8.59	6.70	7.06	7.39
Maine	*	*7.78	*	*	*	*	*6.28	*6.78	*4.79
New Hampshire ⁴	---	*5.88	6.80	*	*	*	*7.76	*7.07	*7.27
Vermont	*	*	*	*	*	*	*	*	*
Massachusetts.....	7.57	7.71	8.11	*5.05	*5.31	*7.74	6.22	6.70	7.26
Rhode Island.....	6.30	7.39	7.57	*8.72	*9.23	11.76	8.25	6.75	9.19
Connecticut.....	8.74	8.85	9.05	*8.78	*10.10	*9.63	7.49	8.28	7.59
Middle Atlantic.....	7.98	7.67	7.71	8.20	8.66	8.34	6.72	7.00	7.52
New York.....	8.09	7.62	7.66	8.00	7.51	7.56	6.65	6.86	7.43
New Jersey.....	7.30	7.30	7.33	9.68	10.22	9.87	6.62	7.22	7.71
Pennsylvania.....	8.96	9.15	9.23	*7.00	9.33	9.03	7.18	7.23	7.54
East North Central.....	6.15	6.08	6.46	6.52	6.36	6.87	6.69	7.24	7.75
Ohio	7.58	7.20	7.57	*7.06	9.66	7.23	6.48	6.75	7.44
Indiana	6.56	6.40	6.77	*7.91	*7.20	*10.65	6.48	6.01	7.06
Illinois	5.97	5.90	6.29	7.35	8.45	8.08	7.01	8.02	8.02
Michigan.....	6.13	6.24	6.67	6.61	6.24	6.75	6.31	6.79	7.94
Wisconsin.....	6.38	6.43	6.42	5.91	4.79	6.08	6.34	6.37	7.21
West North Central.....	6.02	6.24	6.07	6.20	6.27	6.33	6.49	6.97	7.32
Minnesota	5.65	6.24	6.15	6.62	6.60	6.57	6.48	6.80	7.23
Iowa	6.71	6.13	6.10	*6.94	*6.52	8.53	7.47	7.97	7.64
Missouri.....	5.62	6.68	6.07	*6.85	*6.00	8.58	6.93	7.49	6.83
North Dakota.....	*5.70	*6.50	*4.98	5.26	6.23	6.03	*	*8.70	*
South Dakota.....	*	*8.05	*5.29	6.19	6.13	5.47	*	*6.34	*6.86
Nebraska.....	6.66	6.63	6.19	5.48	*4.63	6.89	6.52	7.13	8.03
Kansas.....	5.94	5.78	6.01	6.97	7.76	6.42	5.73	5.74	7.87
South Atlantic.....	6.16	6.29	6.35	7.88	8.84	9.24	6.67	7.16	7.53
Delaware.....	7.29	7.18	7.52	*	*	*	*7.83	8.53	7.89
Maryland.....	5.93	6.15	6.65	*5.60	*6.76	9.48	6.42	6.99	7.19
District of Columbia	7.23	7.01	6.06	*	*	*	7.54	7.22	*8.67
Virginia	5.38	6.31	6.23	*8.59	*7.22	*7.58	5.82	6.84	7.08
West Virginia.....	*8.73	*6.23	*	*	*	*	*7.34	*5.87	*7.16
North Carolina.....	6.06	6.10	6.24	8.80	9.79	10.35	7.41	7.46	7.26
South Carolina.....	5.27	6.60	5.71	*	*8.81	*8.88	6.82	7.60	7.66
Georgia.....	6.01	5.79	5.51	*	*5.27	8.43	6.78	6.57	7.54
Florida.....	6.26	6.36	6.55	5.44	8.01	7.52	7.14	7.66	8.29
East South Central.....	5.04	6.32	6.47	7.51	7.57	7.73	6.73	6.88	7.92
Kentucky.....	*4.69	7.08	6.76	*	*	*9.51	5.58	4.94	7.37
Tennessee.....	4.41	6.57	6.49	*6.04	*7.69	*9.37	7.64	7.22	8.13
Alabama.....	5.84	5.56	6.57	*	*6.89	*7.03	6.21	7.66	8.24
Mississippi.....	*5.97	*5.89	5.41	8.99	*7.93	*6.44	6.96	7.09	7.70
West South Central.....	6.32	6.47	6.62	5.77	5.91	6.33	6.75	7.16	7.80
Arkansas.....	5.10	5.78	6.28	*7.10	7.75	*5.60	*6.57	7.77	8.55
Louisiana.....	5.48	7.20	6.37	*6.15	6.23	8.00	6.01	6.97	8.39
Oklahoma.....	5.64	6.58	5.86	5.52	5.80	6.19	6.73	6.76	6.52
Texas	6.35	6.47	6.65	6.91	5.83	6.68	6.85	7.20	7.82
Mountain	7.17	7.16	7.18	6.32	6.38	6.97	7.34	8.21	8.70
Montana	*7.67	8.19	6.69	5.71	6.20	7.37	*	*8.71	*7.38
Idaho	6.00	6.43	6.71	6.47	7.62	7.18	*6.63	*6.44	*6.47
Wyoming	8.45	10.12	7.09	6.78	8.58	7.39	*	*	*16.31
Colorado	8.74	8.53	8.54	8.97	8.72	8.85	8.85	9.41	10.05
New Mexico.....	7.61	7.68	7.66	6.21	6.05	6.55	5.72	9.05	8.83
Arizona	6.45	6.44	6.64	6.25	6.18	6.83	6.98	7.50	7.67
Utah	7.16	7.66	7.08	6.23	5.93	7.54	6.43	6.85	7.95
Nevada	6.00	6.19	6.23	6.36	7.78	6.87	7.16	8.76	9.11
Pacific	5.31	5.49	5.58	5.61	6.08	6.28	6.40	6.67	6.99
Washington	4.95	5.21	5.46	5.26	5.99	7.13	5.73	5.91	6.61
Oregon	5.34	5.86	5.47	5.49	5.61	6.13	6.44	5.54	6.07
California	5.30	5.48	5.57	6.32	6.58	6.06	6.23	6.55	6.86
Alaska	5.43	5.68	6.69	4.88	5.37	5.89	5.95	6.03	6.88
Hawaii	6.79	6.79	7.71	*7.19	*8.38	*7.65	7.39	7.71	7.96

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

--- Data not available.

¹ Percents for white and black are substituted for non-Hispanic white and non-Hispanic black for New Hampshire 1991–92.

² Persons of Hispanic origin may be of any race.

³ Includes persons of Hispanic origin.

⁴ Percents for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in any 3-year period.

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

Table 15 (page 1 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	All races			White, non-Hispanic			Black, non-Hispanic		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births weighing less than 1,500 grams									
United States ¹	1.30	1.35	1.44	0.96	1.04	1.14	2.98	3.00	3.11
New England ¹	1.12	1.17	1.37	0.89	0.94	1.13	2.94	3.09	3.13
Maine	0.86	1.12	1.01	0.86	1.13	1.02	*	*	*
New Hampshire ¹	0.85	0.83	1.14	0.82	0.79	1.05	*	*	*
Vermont	0.84	0.88	1.12	0.77	0.82	1.09	*	*	*
Massachusetts.....	1.11	1.15	1.33	0.91	0.94	1.13	2.60	2.95	2.90
Rhode Island.....	1.12	1.07	1.55	0.90	0.88	1.33	2.91	2.33	2.69
Connecticut.....	1.35	1.41	1.59	0.93	0.97	1.18	3.39	3.44	3.53
Middle Atlantic.....	1.44	1.46	1.55	0.95	1.02	1.14	3.24	3.15	3.23
New York.....	1.47	1.47	1.53	0.92	0.95	1.07	3.16	3.04	3.02
New Jersey.....	1.44	1.54	1.67	0.97	1.09	1.19	3.21	3.40	3.67
Pennsylvania.....	1.38	1.38	1.51	0.97	1.06	1.19	3.43	3.17	3.28
East North Central.....	1.38	1.42	1.49	1.01	1.09	1.16	3.10	3.09	3.17
Ohio	1.36	1.40	1.47	1.04	1.11	1.20	3.00	3.05	3.01
Indiana	1.23	1.31	1.39	1.03	1.12	1.21	2.77	2.85	2.90
Illinois	1.50	1.52	1.60	1.02	1.10	1.18	3.13	3.13	3.26
Michigan	1.48	1.50	1.56	1.02	1.11	1.13	3.31	3.19	3.36
Wisconsin	1.08	1.17	1.22	0.86	0.94	1.03	2.92	2.95	2.87
West North Central.....	1.09	1.17	1.24	0.90	1.01	1.11	2.83	2.79	3.00
Minnesota	0.96	1.08	1.07	0.77	0.98	1.02	2.57	2.64	2.63
Iowa	0.95	1.11	1.20	0.87	1.03	1.12	2.89	3.01	2.98
Missouri.....	1.32	1.29	1.43	0.98	1.02	1.12	2.89	2.75	3.17
North Dakota.....	0.87	0.97	1.15	0.82	0.88	1.15	*	*	*
South Dakota.....	0.87	1.00	1.08	0.82	0.89	1.01	*	*	*
Nebraska.....	0.96	1.11	1.26	0.88	1.07	1.21	2.29	2.18	2.99
Kansas	1.17	1.24	1.28	1.01	1.09	1.18	2.97	3.23	2.82
South Atlantic.....	1.61	1.65	1.74	1.04	1.11	1.22	2.99	3.09	3.18
Delaware.....	1.59	1.62	1.82	0.99	1.23	1.17	3.47	2.91	3.66
Maryland	1.79	1.80	1.92	1.05	1.07	1.10	3.36	3.37	3.55
District of Columbia	3.46	3.48	3.29	*0.79	*0.80	*1.08	4.22	4.32	4.13
Virginia	1.44	1.50	1.59	0.97	1.04	1.18	2.88	3.03	2.97
West Virginia.....	1.13	1.26	1.42	1.08	1.22	1.37	2.43	2.27	2.81
North Carolina.....	1.69	1.79	1.89	1.10	1.24	1.36	3.10	3.29	3.51
South Carolina.....	1.73	1.81	1.96	1.10	1.16	1.24	2.74	2.94	3.31
Georgia	1.71	1.71	1.75	1.03	1.07	1.15	2.91	2.95	2.99
Florida	1.43	1.47	1.58	1.01	1.07	1.22	2.71	2.84	2.84
East South Central.....	1.56	1.65	1.76	1.08	1.17	1.30	2.80	2.97	3.12
Kentucky	1.21	1.32	1.52	1.07	1.19	1.38	2.62	2.67	3.04
Tennessee.....	1.59	1.63	1.64	1.10	1.19	1.21	3.13	3.22	3.19
Alabama	1.65	1.84	1.95	1.11	1.21	1.32	2.70	3.10	3.29
Mississippi	1.83	1.81	2.03	1.03	1.03	1.31	2.67	2.70	2.91
West South Central.....	1.29	1.34	1.43	0.94	1.05	1.15	2.80	2.80	3.05
Arkansas	1.39	1.56	1.59	1.05	1.25	1.29	2.53	2.67	2.80
Louisiana.....	1.77	1.91	2.07	0.97	1.08	1.17	2.87	3.11	3.39
Oklahoma	1.12	1.16	1.26	0.95	1.01	1.19	2.59	2.68	2.55
Texas	1.20	1.23	1.31	0.91	1.01	1.11	2.82	2.63	2.92
Mountain	1.01	1.09	1.13	0.93	1.01	1.07	2.69	2.73	2.68
Montana	0.79	0.99	1.06	0.78	0.93	0.97	*	*	*
Idaho	0.82	0.85	0.97	0.81	0.80	0.92	*	*	*
Wyoming	0.96	1.06	1.13	0.88	1.03	1.12	*	*	*
Colorado	1.15	1.24	1.30	1.02	1.13	1.21	2.81	3.01	2.79
New Mexico.....	0.97	1.09	1.07	0.97	1.09	1.21	*2.75	*1.99	*1.93
Arizona	1.08	1.09	1.12	0.99	1.03	1.06	2.61	2.74	2.68
Utah	0.85	0.97	1.04	0.83	0.91	1.00	*	*3.36	*2.77
Nevada	1.06	1.13	1.18	0.92	1.05	1.04	2.63	2.55	2.66
Pacific	1.00	1.04	1.11	0.84	0.89	0.95	2.75	2.59	2.73
Washington	0.83	0.89	1.00	0.77	0.83	0.90	2.56	2.13	2.32
Oregon	0.87	0.88	0.90	0.81	0.83	0.86	2.15	*1.69	*1.68
California	1.03	1.08	1.14	0.87	0.91	0.98	2.78	2.64	2.79
Alaska	0.89	0.97	1.15	0.79	0.86	1.06	*2.36	*3.00	*2.55
Hawaii	1.01	1.02	1.23	0.81	0.88	1.03	3.08	*2.90	*2.62

See footnotes at end of table.

Table 15 (page 2 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1991–93, 1994–96, and 1997–99

[Data are based on the National Vital Statistics System]

Geographic division and State	Hispanic ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99	1991–93	1994–96	1997–99
Percent of live births weighing less than 1,500 grams									
United States ⁴	1.04	1.10	1.14	1.02	1.14	1.23	0.87	0.94	1.08
New England ⁴	1.44	1.53	1.76	*1.50	*	*2.15	1.00	0.99	1.05
Maine	*	*	*	*	*	*	*	*	*
New Hampshire ⁴	--	*	*	*	*	*	*	*	*
Vermont	*	*	*	*	*	*	*	*	*
Massachusetts.....	1.45	1.42	1.70	*	*	*	0.90	0.86	0.94
Rhode Island.....	1.18	1.35	1.51	*	*	*	*	*	*1.85
Connecticut.....	1.50	1.78	1.96	*	*	*	*1.37	*1.34	*1.02
Middle Atlantic.....	1.44	1.41	1.46	1.35	*1.29	*1.38	0.86	0.94	1.04
New York.....	1.42	1.41	1.42	*1.26	*1.19	*1.29	0.89	0.94	1.03
New Jersey.....	1.35	1.37	1.47	*	*	*	0.77	0.94	1.07
Pennsylvania.....	1.80	1.58	1.78	*	*	*	0.91	0.94	1.04
East North Central.....	1.11	1.18	1.26	1.11	1.20	1.36	0.94	1.00	1.16
Ohio	1.41	1.53	1.49	*	*	*	*0.74	0.91	0.89
Indiana	1.39	1.26	1.30	*	*	*	*	*	*1.14
Illinois	1.09	1.10	1.25	*	*	*	*	1.03	1.11
Michigan.....	0.96	1.23	1.14	*1.01	*1.22	*1.64	*0.95	0.86	1.09
Wisconsin.....	1.01	1.61	1.27	*1.15	*0.80	*1.02	*0.84	1.01	1.18
West North Central.....	1.01	1.12	1.10	1.14	1.40	1.24	0.84	0.89	1.00
Minnesota.....	*0.88	1.22	1.16	*1.25	*1.49	*1.09	0.83	0.91	0.99
Iowa	*1.25	*1.23	1.18	*	*	*	*	*1.15	*1.32
Missouri.....	*1.33	1.27	1.05	*	*	*	*0.89	*0.77	*0.98
North Dakota.....	*	*	*	*	*1.37	*1.07	*	*	*
South Dakota.....	*	*	*	1.16	1.56	1.34	*	*	*
Nebraska.....	*0.81	1.15	0.94	*	*	*	*	*	*
Kansas.....	0.94	0.93	1.14	*	*	*	*	*0.83	*0.83
South Atlantic.....	1.14	1.11	1.16	1.44	1.99	1.83	0.95	0.98	1.12
Delaware.....	*	*1.30	*1.51	*	*	*	*	*	*
Maryland.....	1.08	1.10	1.23	*	*	*	1.06	0.89	1.27
District of Columbia.....	*0.79	*1.08	*1.36	*	*	*	*	*	*
Virginia	1.02	1.12	1.28	*	*	*	0.78	0.93	1.11
West Virginia.....	*	*	*	*	*	*	*	*	*
North Carolina.....	0.96	0.92	1.10	1.78	2.54	2.38	*0.81	1.01	1.17
South Carolina.....	*1.14	*1.47	*0.94	*	*	*	*	*	*0.98
Georgia.....	0.98	0.99	0.94	*	*	*	1.06	0.97	1.04
Florida.....	1.19	1.13	1.19	*	*1.26	*0.93	1.09	0.99	1.05
East South Central.....	*0.90	1.03	1.03	*	*1.58	*1.81	*0.85	1.00	1.09
Kentucky.....	*	*	*1.20	*	*	*	*	*	*
Tennessee.....	*1.13	*0.71	0.98	*	*	*	*1.11	*0.95	*1.23
Alabama.....	*	*1.50	*0.95	*	*	*	*	*1.57	*1.63
Mississippi.....	*	*	*	*	*	*	*	*	*
West South Central.....	1.00	1.07	1.09	0.96	0.90	1.00	0.91	0.89	1.00
Arkansas.....	*	*1.13	1.01	*	*	*	*	*	*
Louisiana.....	*0.93	*1.12	1.21	*	*	*	*0.76	*0.95	*0.97
Oklahoma.....	1.00	0.91	0.96	0.84	0.91	0.88	*	*	*
Texas	1.01	1.07	1.10	*1.28	*0.91	*1.73	0.94	0.87	1.02
Mountain	1.04	1.10	1.10	0.95	0.95	1.13	0.98	1.06	1.12
Montana	*	*	*	*0.76	*0.84	1.63	*	*	*
Idaho	*0.78	0.94	1.16	*	*	*	*	*	*
Wyoming	*	*1.31	*	*	*	*	*	*	*
Colorado	1.19	1.20	1.30	*1.20	*	*1.11	*1.22	1.14	1.00
New Mexico.....	0.98	1.11	1.01	0.69	0.88	0.89	*	*	*
Arizona	1.07	1.09	1.06	1.03	0.88	1.11	*1.17	*0.81	1.03
Utah	0.98	1.24	1.12	*1.31	*1.47	*1.54	*	*1.13	*1.08
Nevada	0.76	0.88	1.02	*	*	*	*0.80	*1.00	1.45
Pacific	0.91	0.99	1.02	0.90	1.08	1.14	0.84	0.92	1.08
Washington.....	0.77	0.78	0.93	*0.69	1.07	1.30	0.56	0.67	1.05
Oregon	1.07	0.98	0.96	*1.11	*1.04	*1.14	*0.71	*0.96	0.98
California.....	0.91	1.00	1.03	1.04	1.14	1.12	0.83	0.93	1.04
Alaska	*	*	*1.56	0.84	0.99	1.06	*	*	*
Hawaii	1.11	0.97	0.97	*	*	*	0.99	1.00	1.26

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

--- Data not available.

¹ Percents for white and black are substituted for non-Hispanic white and non-Hispanic black for New Hampshire 1991–92.

² Persons of Hispanic origin may be of any race.

³ Includes persons of Hispanic origin.

⁴ Percents for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in any 3-year period.

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

Table 16. Legal abortion ratios, according to selected patient characteristics: United States, selected years 1973–98

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

Characteristic	1973	1975	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998 ¹
Abortions per 100 live births ²												
Total	19.6	27.2	35.9	35.4	34.5	33.5	33.4	32.1	31.1	31.4	30.6	26.2
Age												
Under 15 years	123.7	119.3	139.7	137.6	84.4	79.0	74.4	70.4	66.7	72.3	72.9	74.5
15–19 years	53.9	54.2	71.4	68.8	51.5	44.0	44.0	41.5	39.9	41.5	40.7	38.8
20–24 years	29.4	28.9	39.5	38.6	37.7	37.6	38.4	36.4	34.9	35.5	34.5	32.7
25–29 years	20.7	19.2	23.7	21.7	22.0	22.2	22.7	22.2	22.1	22.7	22.4	21.5
30–34 years	28.0	25.0	23.7	19.9	19.1	18.3	18.0	17.2	16.5	16.5	16.1	15.7
35–39 years	45.1	42.2	41.0	33.6	27.3	25.6	24.8	23.4	22.4	22.0	20.9	19.7
40 years and over	68.4	66.8	80.7	62.3	50.1	45.4	43.0	41.2	38.7	37.6	35.2	33.3
Race												
White ³	32.6	27.7	33.2	27.7	25.8	23.6	23.1	21.7	20.4	20.2	19.4	18.8
Black ⁴	42.0	47.6	54.3	47.2	52.1	51.8	55.2	53.8	53.4	55.5	54.3	52.6
Hispanic origin ⁵												
Hispanic	---	---	---	---	---	30.7	28.9	27.8	26.5	28.1	26.8	28.9
Non-Hispanic	---	---	---	---	---	32.6	30.9	29.0	28.0	28.3	27.2	26.3
Marital status												
Married	7.6	9.6	10.5	8.0	8.9	8.4	8.4	7.9	7.6	7.8	7.4	7.0
Unmarried	139.8	161.0	147.6	117.4	87.9	79.0	78.9	68.9	65.0	65.5	65.9	62.1
Previous live births ⁶												
0	43.7	38.4	45.7	45.1	35.8	32.7	32.5	30.9	28.6	28.7	26.9	25.3
1	23.5	22.0	20.2	21.6	23.0	22.9	22.8	22.3	22.1	22.3	22.1	21.2
2	36.8	36.8	29.5	29.9	31.7	31.9	31.8	30.9	30.9	31.1	30.9	29.8
3	46.9	47.7	29.8	18.2	30.2	30.8	31.2	30.8	31.0	31.5	31.3	30.2
4 or more ⁷	44.7	43.5	24.3	21.5	27.1	25.5	23.5	23.3	24.1	24.9	24.6	24.1

--- Data not available.

¹Preliminary data. In 1998 California, Alaska, New Hampshire, and Oklahoma did not report abortion data.

²For calculation of ratios according to each characteristic, abortions with the characteristic unknown have been distributed in proportion to abortions with the characteristic known.

³For 1989 and later years, white race includes women of Hispanic ethnicity.

⁴Before 1989 black race includes races other than white.

⁵Includes data for 20–22 States, the District of Columbia (DC), and New York City (NYC) in 1991–95, 22 States and NYC in 1996, 26 States, DC, and NYC in 1997, and 23 States, DC, and NYC in 1998. States with large Hispanic populations that are not included are California, Florida, and Illinois.

⁶For 1973–75 data indicate number of living children.

⁷For 1975 data refer to four previous live births, not four or more. For five or more previous live births, the ratio is 47.3.

NOTES: For each year from 1973–1997 the Centers for Disease Control and Prevention has compiled total abortion data from 50 States, DC, and NYC. Beginning in 1998, abortion data are available from only 46 States, DC, and NYC. The number of areas reporting adequate data (less than or equal to 15 percent missing) for each characteristic varies from year to year. For 1998, the number of areas reporting each characteristic was as follows: age, 45 States, DC, and NYC; race, 37 States, DC, and NYC; marital status, 37 States and NYC; previous live births, 39 States and NYC. Some data for previous years have been revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention: Abortion Surveillance, 1973, 1975, 1979–80. Public Health Service, DHHS, Atlanta, Ga., May 1975, April 1977, May 1983; CDC Surveillance Summaries. Abortion Surveillance, United States, 1982–83, Vol. 36, No. 1SS, Public Health Service, DHHS, Atlanta, Ga., Feb. 1987; 1984 and 1985, Vol. 38, No. SS-2, Sept. 1989; 1986 and 1987, Vol. 39, No. SS-2, June 1990; 1988, Vol. 40, No. SS-2, July 1991; 1989, Vol. 41, No. SS-5, Sept. 1992; 1990, Vol. 42, No. SS-6, Dec. 1993; 1991, Vol. 44, No. SS-2, May 1995; 1992, Vol. 45, No. SS-3, May 1996; 1993 and 1994, Vol. 46, No. SS-4, Aug. 1997; 1995, Vol. 47, No. SS-2, July 1998; 1996, Vol. 48, No. SS-4, July 1999; 1997, Vol. 49, No. SS-11, Dec. 2000; 1998, in press, 2001.

Table 17. Legal abortions, according to selected characteristics: United States, selected years 1973–98

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

Characteristic	1973	1975	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998 ¹
Number of legal abortions reported in thousands												
Centers for Disease Control and Prevention	616	855	1,298	1,329	1,429	1,359	1,330	1,267	1,211	1,222	1,186	878
Alan Guttmacher Institute ²	745	1,034	1,554	1,589	1,609	1,529	1,500	1,431	1,364	1,366	---	---
Percent distribution ³												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Period of gestation ⁴												
Under 9 weeks	36.1	44.6	51.7	50.3	51.6	52.1	52.3	53.7	54.0	54.6	55.4	55.7
Under 7 weeks	---	---	---	---	---	14.3	14.7	15.7	15.7	16.4	17.6	19.4
7 weeks	---	---	---	---	---	15.6	16.2	16.5	17.1	17.4	18.1	17.7
8 weeks	---	---	---	---	---	22.2	21.6	21.6	21.2	20.9	19.6	18.7
9–10 weeks	29.4	28.4	26.2	26.6	25.3	24.2	24.4	23.5	23.1	22.6	22.0	21.5
11–12 weeks	17.9	14.9	12.2	12.5	11.7	12.1	11.6	10.9	10.9	11.0	10.7	10.8
13–15 weeks	6.9	5.0	5.1	5.9	6.4	6.0	6.3	6.3	6.3	6.0	6.2	6.4
16–20 weeks	8.0	6.1	3.9	3.9	4.0	4.2	4.1	4.3	4.3	4.3	4.3	4.2
21 weeks and over	1.7	1.0	0.9	0.8	1.0	1.4	1.3	1.3	1.4	1.5	1.4	1.4
Type of procedure												
Curettage	88.4	90.9	95.5	97.5	98.8	98.9	99.0	99.1	98.9	98.8	98.3	98.3
Intrauterine instillation	10.4	6.2	3.1	1.7	0.8	0.7	0.6	0.5	0.5	0.4	0.4	0.3
Other ⁵	1.2	2.8	1.4	0.8	0.4	0.4	0.4	0.4	0.6	0.8	1.3	1.4
Location of facility												
In State of residence	74.8	89.2	92.6	92.4	91.8	92.1	91.4	91.5	91.5	91.8	91.9	91.5
Out of State of residence	25.2	10.8	7.4	7.6	8.2	7.9	8.6	8.5	8.5	8.2	8.1	8.5
Previous induced abortions												
0	---	81.9	67.6	60.1	57.1	55.1	54.9	54.8	55.1	54.7	53.4	53.8
1	---	14.9	23.5	25.7	26.9	27.4	27.3	27.2	26.9	26.9	27.5	27.0
2	---	2.5	6.6	9.8	10.1	11.0	11.0	11.1	10.9	11.2	11.5	11.4
3 or more	---	0.7	2.3	4.4	5.9	6.5	6.7	7.0	7.1	7.2	7.6	7.8

--- Data not available.

¹Preliminary data. In 1998 California, Alaska, New Hampshire, and Oklahoma did not report abortion data. For comparison, in 1997 the 48 corresponding reporting areas reported 900 thousand legal abortions.²No survey was conducted in 1983, 1986, 1989, 1990, 1993, or 1994; data for these years are estimated.³Excludes cases for which selected characteristic is unknown.⁴Percentages for under 7, 7, and 8 weeks may not add to percentage under 9 weeks because some States do not report abortions for detailed gestational age subgroups under 9 weeks.⁵Includes hysterotomy, hysterectomy, and medical (nonsurgical) procedures.

NOTES: For a discussion of the differences in reported legal abortions between the Centers for Disease Control and Prevention and the Alan Guttmacher Institute, see Appendix I. For each year from 1973–1997 the Centers for Disease Control and Prevention has compiled total abortion data from 50 States, the District of Columbia (DC), and New York City (NYC). Beginning in 1998 abortion data are available from only 46 States, DC, and NYC. The number of States reporting each characteristic varies from year to year. For 1998, the number of areas included in the percentages for each characteristic was as follows: gestational age, 42 States, DC, and NYC; detailed gestational age under 9 weeks, 40 States, DC, and NYC; type of procedure, 41 States, DC, and NYC; residence, 44 States, DC, and NYC; previous induced abortions, 37 States and NYC. Some data for earlier years have been revised and differ from previous editions of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention: Abortion Surveillance, 1973, 1975, 1979–80. Public Health Service, DHHS, Atlanta, Ga., May 1975, April 1977, May 1983; CDC Surveillance Summaries. Abortion Surveillance, United States, 1982–83, Vol. 36, No. 1SS, Public Health Service, DHHS, Atlanta, Ga., Feb. 1987; 1984 and 1985, Vol. 38, No. SS-2, Sept. 1989; 1986 and 1987, Vol. 39, No. SS-2, June 1990; 1988, Vol. 40, No. SS-2, July 1991; 1989, Vol. 41, No. SS-5, Sept. 1992; 1990, Vol. 42, No. SS-6, Dec. 1993; 1991, Vol. 44, No. SS-2, May 1995; 1992, Vol. 45, No. SS-3, May 1996; 1993 and 1994, Vol. 46, No. SS-4, Aug. 1997; 1995, Vol. 47, No. SS-2, July 1998; 1996, Vol. 48, No. SS-4, July 1999; Vol. 49, No. SS-11, Dec. 2000; 1998, in press, 2001; Henshaw, S. K.: Abortion incidence and services in the United States, 1995–1996. Fam. Plann. Perspect. 30(6), Nov.–Dec. 1998.

Table 18 (page 1 of 2). Methods of contraception for women 15–44 years of age, according to race, Hispanic origin, and age: United States, 1982, 1988, and 1995

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

Race, Hispanic origin, year, and method of contraception	Age in years				
	15–44	15–19	20–24	25–34	35–44
Number of women in thousands					
All women:					
1982	54,099	9,521	10,629	19,644	14,305
1988	57,900	9,179	9,413	21,726	17,582
1995	60,201	8,961	9,041	20,758	21,440
White, non-Hispanic:					
1982	41,279	7,010	8,081	14,945	11,243
1988	42,575	6,531	6,630	15,929	13,486
1995	42,522	5,962	6,062	14,565	15,933
Black, non-Hispanic:					
1982	6,825	1,383	1,456	2,392	1,593
1988	7,408	1,362	1,322	2,760	1,965
1995	8,210	1,392	1,328	2,801	2,689
Hispanic:					
1982	4,393	886	811	1,677	1,018
1988	5,557	999	1,003	2,104	1,451
1995	6,702	1,150	1,163	2,450	1,940
All methods		Percent of women using contraception			
All women:					
1982	55.7	24.2	55.8	66.7	61.6
1988	60.3	32.1	59.0	66.3	68.3
1995	64.2	29.8	63.5	71.1	72.3
White, non-Hispanic:					
1982	57.3	23.6	58.7	67.8	63.5
1988	62.9	34.0	62.6	67.7	71.5
1995	66.1	30.5	65.3	72.9	73.6
Black, non-Hispanic:					
1982	51.6	29.8	52.2	63.5	52.0
1988	56.8	35.7	61.8	63.5	58.7
1995	62.1	34.8	67.9	66.8	68.5
Hispanic:					
1982	50.6	*	*36.8	67.2	59.0
1988	50.4	*18.3	40.8	67.4	54.3
1995	59.0	26.1	50.6	69.2	70.8
Female sterilization		Percent of contracepting women			
1982	23.2	0.0	*4.5	22.1	43.5
1988	27.5	*	*4.6	25.0	47.6
1995	27.8	*	4.0	23.8	45.0
Male sterilization					
1982	10.9	*	*3.6	10.1	19.9
1988	11.7	*	*	10.2	20.8
1995	10.9	—	*	7.8	19.4
Implant ¹					
1982
1988
1995	1.3	*	3.7	1.3	...
Injectable ¹					
1982
1988
1995	3.0	9.7	6.1	2.8	*0.8
Birth control pill					
1982	28.0	63.9	55.1	25.7	*3.7
1988	30.7	58.8	68.2	32.6	4.3
1995	26.9	43.8	52.1	33.3	8.7
Intrauterine device					
1982	7.1	*	*4.2	9.7	6.9
1988	2.0	0.0	*	2.1	3.1
1995	0.8	—	*	*0.8	*1.1

See footnotes at end of table.

Table 18 (page 2 of 2). Methods of contraception for women 15–44 years of age, according to race, Hispanic origin, and age: United States, 1982, 1988, and 1995

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

Race, Hispanic origin, year, and method of contraception	Age in years					
	15–44	15–19	20–24	25–34	35–44	
Diaphragm						
1982	8.1	*6.0	10.2	10.3	4.0	
1988	5.7	*	*3.7	7.3	6.0	
1995	1.9	*	*	1.7	2.8	
Condom						
1982	12.0	20.8	10.7	11.4	11.3	
1988	14.6	32.8	14.5	13.7	11.2	
1995	20.4	36.7	26.4	21.1	14.7	
Non-Hispanic						
Method of contraception and year	White		Black	Hispanic		
	Percent of contracepting women					
Female sterilization						
1982	23.0	21.9	30.0			
1988	25.6	37.8	31.7			
1995	24.6	40.1	36.6			
Male sterilization						
1982	*	13.0	*1.5			
1988	14.3	*0.9	*			
1995	13.6	*1.7	4.0			
Implant ¹						
1982			
1988	1.0	*2.3	*2.0			
Injectable ¹						
1982			
1988	2.4	5.3	4.7			
1995						
Birth control pill						
1982	30.2	26.8	37.8			
1988	29.5	38.1	33.4			
1995	28.5	23.8	23.0			
Intrauterine device						
1982	19.2	5.8	9.3			
1988	1.5	3.2	*5.0			
1995	0.7	*	*1.5			
Diaphragm						
1982	*	9.2	*3.2			
1988	6.6	*2.0	*			
1995	2.3	*	*			
Condom						
1982	*6.9	13.1	6.3			
1988	15.2	10.1	13.6			
1995	19.7	20.2	20.5			

0.0 Quantity more than zero but less than 0.05.

— Quantity zero.

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

... Data not applicable.

¹Data collected in 1995 survey only.

NOTES: Method of contraception used in the month of interview. If multiple methods were reported, only the most effective method is shown. Methods are listed in the table in order of effectiveness.

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

Table 19. Breastfeeding by mothers 15–44 years of age by year of baby's birth, according to selected characteristics of mother: United States, average annual 1972–74 to 1993–94

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

Selected characteristics of mother	1972–74	1975–77	1978–80	1981–83	1984–86	1987–89	1990–92	1993–94
Percent of babies breastfed								
Total	30.1	36.7	47.5	58.1	54.5	52.3	54.2	58.1
Race and Hispanic origin ¹								
White, non-Hispanic	32.5	38.9	53.2	64.3	59.7	58.3	59.1	61.2
Black, non-Hispanic	12.5	16.8	19.6	26.0	22.9	21.0	22.9	27.5
Hispanic	33.1	42.9	46.3	52.8	58.9	51.3	58.8	67.4
Education ²								
No high school diploma or GED ³	14.0	19.4	27.6	31.4	36.8	30.0	38.6	43.0
High school diploma or GED ³	25.0	33.6	40.2	54.3	46.7	46.6	46.0	51.2
Some college, no bachelor's degree	35.2	43.5	63.2	66.7	66.1	57.8	60.7	65.9
Bachelor's degree or higher	65.5	66.9	71.3	83.2	75.3	79.2	80.8	80.6
Geographic region								
Northeast	29.9	34.7	49.3	68.2	55.3	49.9	54.0	56.7
Midwest	22.3	30.9	34.4	46.0	50.9	50.4	51.6	49.7
South	30.6	33.1	49.5	57.9	45.3	42.5	43.6	49.7
West	47.1	54.5	66.6	69.9	70.9	69.1	70.5	79.3
Age at baby's birth								
Under 20 years	17.0	22.1	31.4	31.0	30.6	26.2	35.2	45.3
20–24 years	28.7	33.5	44.7	50.8	50.2	46.7	44.7	50.9
25–29 years	38.7	45.9	53.6	62.2	59.8	57.1	56.5	55.9
30–44 years	43.1	47.5	55.2	73.1	65.9	65.3	67.5	71.1
Percent of breastfed babies who were breastfed 3 months or more ⁴								
Total	62.3	66.2	64.7	68.3	63.2	61.5	61.0	56.2
Race and Hispanic origin ¹								
White, non-Hispanic	62.1	66.7	67.6	68.1	62.5	62.3	62.6	56.8
Black, non-Hispanic	47.8	60.7	58.5	61.1	56.8	46.9	56.7	45.4
Hispanic	64.7	62.7	46.3	65.6	66.4	64.3	58.2	55.5
Education ²								
No high school diploma or GED ³	54.4	54.7	53.7	50.5	59.8	57.3	55.5	44.5
High school diploma or GED ³	53.7	62.5	59.4	59.6	58.0	58.3	58.2	49.7
Some college, no bachelor's degree	69.5	77.2	63.8	73.3	63.4	60.7	53.8	60.2
Bachelor's degree or higher	69.2	65.3	79.8	80.9	72.2	68.1	73.8	68.1
Geographic region								
Northeast	64.6	68.2	71.2	75.0	64.8	59.7	72.7	58.7
Midwest	44.4	54.3	53.1	64.4	60.4	58.6	63.1	56.7
South	72.6	74.1	67.6	65.0	60.3	55.2	50.8	50.9
West	69.0	70.6	66.8	69.6	66.9	69.9	60.4	59.0
Age at baby's birth								
Under 20 years	50.0	61.0	48.2	49.1	62.5	56.3	31.9	22.6
20–24 years	57.7	59.4	60.0	63.7	51.9	51.6	54.0	50.6
25–29 years	68.3	71.5	65.1	70.8	65.6	58.3	59.7	63.7
30–44 years	79.4	72.8	81.5	72.8	73.2	73.5	71.8	62.3

¹Persons of Hispanic origin may be of any race.

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

³General equivalency diploma.

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

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

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

Table 20. Infant, neonatal, and postneonatal mortality rates, according to detailed race and Hispanic origin of mother: United States, selected years 1983–98

[Data are based on National Linked Birth/Infant Death Data Sets]

Race and Hispanic origin of mother	1983 ¹	1990 ¹	1995 ²	1997 ²	1998 ²	1983–85 ¹	1986–88 ¹	1989–91 ¹	1996–98 ²
Infant ³ deaths per 1,000 live births									
All mothers	10.9	8.9	7.6	7.2	7.2	10.6	9.8	9.0	7.2
White	9.3	7.3	6.3	6.0	6.0	9.0	8.2	7.4	6.0
Black	19.2	16.9	14.6	13.7	13.8	18.7	17.9	17.1	13.9
American Indian or Alaska Native	15.2	13.1	9.0	8.7	9.3	13.9	13.2	12.6	9.3
Asian or Pacific Islander	8.3	6.6	5.3	5.0	5.5	8.3	7.3	6.6	5.2
Chinese	9.5	4.3	3.8	3.1	4.0	7.4	5.8	5.1	3.4
Japanese	*5.6	*5.5	*5.3	*5.3	*3.5	6.0	6.9	5.3	4.3
Filipino	8.4	6.0	5.6	5.8	6.2	8.2	6.9	6.4	5.9
Hawaiian and part Hawaiian	11.2	*8.0	*6.6	9.0	10.0	11.3	11.1	9.0	8.2
Other Asian or Pacific Islander	8.1	7.4	5.5	5.0	5.7	8.6	7.6	7.0	5.5
Hispanic origin ^{4,5}	9.5	7.5	6.3	6.0	5.8	9.2	8.3	7.5	5.9
Mexican	9.1	7.2	6.0	5.8	5.6	8.8	7.9	7.2	5.8
Puerto Rican	12.9	9.9	8.9	7.9	7.8	12.3	11.1	10.4	8.1
Cuban	7.5	7.2	5.3	5.5	*3.6	8.0	7.3	6.2	4.7
Central and South American	8.5	6.8	5.5	5.5	5.3	8.2	7.5	6.6	5.2
Other and unknown Hispanic	10.6	8.0	7.4	6.2	6.5	9.8	9.0	8.2	6.8
White, non-Hispanic ⁵	9.2	7.2	6.3	6.0	6.0	8.8	8.1	7.3	6.0
Black, non-Hispanic ⁵	19.1	16.9	14.7	13.7	13.9	18.5	17.9	17.2	13.9
Neonatal ³ deaths per 1,000 live births									
All mothers	7.1	5.7	4.9	4.8	4.8	6.9	6.3	5.7	4.8
White	6.1	4.6	4.1	4.0	4.0	5.9	5.2	4.7	4.0
Black	12.5	11.1	9.6	9.2	9.4	12.2	11.7	11.1	9.3
American Indian or Alaska Native	7.5	6.1	3.9	4.5	5.0	6.7	5.9	5.9	4.7
Asian or Pacific Islander	5.2	3.9	3.4	3.2	3.9	5.2	4.5	3.9	3.5
Chinese	5.5	2.3	2.3	2.1	2.7	4.3	3.3	2.7	2.3
Japanese	*3.7	*3.5	*3.3	*3.0	*2.5	3.4	4.4	3.0	2.6
Filipino	5.6	3.5	3.4	3.6	4.6	5.3	4.5	4.0	4.1
Hawaiian and part Hawaiian	*7.0	*4.3	*4.0	*6.3	*7.3	7.4	7.1	4.8	5.6
Other Asian or Pacific Islander	5.0	4.4	3.7	3.3	3.9	5.5	4.7	4.2	3.6
Hispanic origin ^{4,5}	6.2	4.8	4.1	4.0	3.9	6.0	5.3	4.8	3.9
Mexican	5.9	4.5	3.9	3.8	3.7	5.7	5.0	4.5	3.8
Puerto Rican	8.7	6.9	6.1	5.4	5.2	8.3	7.2	7.0	5.4
Cuban	*5.0	5.3	*3.6	4.0	*2.7	5.9	5.3	4.6	3.5
Central and South American	5.8	4.4	3.7	3.9	3.6	5.7	4.9	4.4	3.6
Other and unknown Hispanic	6.4	5.0	4.8	3.7	4.5	6.1	5.8	5.2	4.5
White, non-Hispanic ⁵	5.9	4.5	4.0	3.9	3.9	5.7	5.1	4.6	3.9
Black, non-Hispanic ⁵	12.0	11.0	9.6	9.2	9.4	11.8	11.4	11.1	9.3
Postneonatal ³ deaths per 1,000 live births									
All mothers	3.8	3.2	2.6	2.4	2.4	3.7	3.5	3.3	2.5
White	3.2	2.7	2.2	2.1	2.0	3.1	3.0	2.7	2.1
Black	6.7	5.9	5.0	4.5	4.4	6.4	6.2	6.0	4.6
American Indian or Alaska Native	7.7	7.0	5.1	4.2	4.3	7.2	7.3	6.7	4.6
Asian or Pacific Islander	3.1	2.7	1.9	1.8	1.7	3.1	2.8	2.6	1.8
Chinese	4.0	*2.0	*1.5	*1.0	*1.3	3.1	2.5	2.4	1.2
Japanese	*	*	*	*	2.2	*	2.6	2.5	*1.7
Filipino	*2.8	2.5	2.2	2.3	1.6	2.9	2.4	2.3	1.9
Hawaiian and part Hawaiian	*4.2	*3.8	*	*	*	3.9	4.0	4.1	*2.6
Other Asian or Pacific Islander	3.0	3.0	1.9	1.7	1.8	3.1	2.9	2.8	1.8
Hispanic origin ^{4,5}	3.3	2.7	2.1	2.0	1.9	3.2	3.0	2.7	2.0
Mexican	3.2	2.7	2.1	2.0	1.9	3.2	2.9	2.7	2.0
Puerto Rican	4.2	3.0	2.8	2.5	2.6	4.0	3.9	3.4	2.7
Cuban	*2.5	*1.9	*1.7	*	*	2.2	2.0	1.6	*1.3
Central and South American	2.6	2.4	1.9	1.5	1.7	2.5	2.6	2.2	1.6
Other and unknown Hispanic	4.2	3.0	2.6	2.5	2.0	3.7	3.2	3.0	2.3
White, non-Hispanic ⁵	3.2	2.7	2.2	2.1	2.0	3.1	3.0	2.7	2.1
Black, non-Hispanic ⁵	7.0	5.9	5.0	4.5	4.5	6.7	6.5	6.1	4.6

* Rates preceded by an asterisk are based on fewer than 50 events. Rates not shown are based on fewer than 20 events.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data (see Appendix I, National Vital Statistics System).

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

⁴Persons of Hispanic origin may be of any race.

⁵Data shown only for States with an Hispanic-origin item on their birth certificates. The number of States reporting the item increased from 23 and the District of Columbia (DC) in 1983–87, to 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and 50 and DC starting in 1995 (see Appendix I).

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

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

Table 21. Infant mortality rates for mothers 20 years of age and over, according to mother's education, detailed race, and Hispanic origin: United States, selected years 1983–98

[Data are based on National Linked Birth/Infant Death Data Sets]

Education, race, and Hispanic origin of mother	1983 ¹	1990 ¹	1995 ²	1997 ²	1998 ²	1983–85 ¹	1986–88 ¹	1989–91 ¹	1996–98 ²
Less than 12 years of education									
All mothers	15.0	10.8	8.9	8.3	8.2	14.6	13.8	11.1	8.3
White	12.5	9.0	7.6	7.3	7.0	12.4	11.4	9.2	7.1
Black	23.4	19.5	17.0	14.4	14.9	21.8	21.1	20.3	15.3
American Indian or Alaska Native	14.5	14.3	12.7	10.1	9.5	15.2	16.8	13.8	10.3
Asian or Pacific Islander ³	9.7	6.6	5.7	5.3	5.9	9.5	8.2	6.9	5.9
Hispanic origin ^{4,5}	10.9	7.3	6.0	5.8	5.5	10.6	9.9	7.5	5.6
Mexican.....	8.7	7.0	5.8	5.6	5.3	9.5	8.3	7.1	5.4
Puerto Rican	15.3	10.1	10.6	8.8	7.7	14.1	12.8	11.7	8.6
Cuban	*14.5	*	*	*	*	*10.5	*9.4	*8.2	*7.1
Central and South American	9.8	7.0	5.1	6.4	5.6	8.6	9.2	6.8	5.6
Other and unknown Hispanic	9.2	9.9	7.3	*5.6	7.7	10.1	10.6	10.0	7.1
White, non-Hispanic ⁵	12.8	10.9	9.9	9.5	9.2	12.6	11.8	11.0	9.4
Black, non-Hispanic ⁵	24.7	19.7	17.3	14.7	15.1	22.6	21.6	20.6	15.6
12 years of education									
All mothers	10.2	8.8	7.8	7.5	7.6	10.0	9.6	8.9	7.5
White	8.7	7.1	6.4	6.2	6.1	8.5	8.0	7.2	6.2
Black	17.8	16.0	14.7	13.7	14.3	17.7	17.1	16.4	13.9
American Indian or Alaska Native	15.5	13.4	7.9	8.3	9.3	13.4	11.6	12.3	8.9
Asian or Pacific Islander ³	10.0	7.5	5.5	5.6	6.0	9.3	7.9	7.5	5.8
Hispanic origin ^{4,5}	8.4	7.0	5.9	5.6	5.5	9.1	8.3	6.8	5.7
Mexican.....	6.9	6.8	5.7	5.4	5.2	7.8	8.2	6.5	5.4
Puerto Rican	9.5	8.5	6.5	8.5	7.3	10.8	10.1	8.6	7.8
Cuban	*6.9	*8.0	*	*5.3	*	8.6	6.6	7.6	5.5
Central and South American	8.7	6.5	6.1	5.1	5.6	8.7	7.4	6.3	5.3
Other and unknown Hispanic	8.8	7.4	6.5	5.8	5.7	8.8	7.7	7.0	6.4
White, non-Hispanic ⁵	8.7	7.1	6.5	6.3	6.3	8.3	7.9	7.3	6.3
Black, non-Hispanic ⁵	17.8	16.1	14.8	13.7	14.5	17.9	17.4	16.5	14.0
13 years or more of education									
All mothers	8.1	6.4	5.4	5.2	5.3	7.8	7.2	6.4	5.3
White	7.2	5.4	4.7	4.5	4.6	6.9	6.2	5.5	4.5
Black	15.3	13.7	11.9	11.4	11.0	15.3	14.9	13.7	11.3
American Indian or Alaska Native	12.5	6.8	5.9	6.9	6.8	10.4	8.4	8.1	6.9
Asian or Pacific Islander ³	6.6	5.1	4.4	3.9	4.6	6.7	5.9	5.1	4.2
Hispanic origin ^{4,5}	9.0	5.7	5.0	4.9	4.6	7.4	7.0	5.8	4.9
Mexican.....	*8.3	5.5	5.2	5.0	4.9	7.6	6.4	5.7	5.0
Puerto Rican	10.9	7.3	6.3	6.0	5.8	8.1	6.9	7.8	6.2
Cuban	*	*5.3	*5.3	*4.0	*3.1	5.5	5.9	4.2	3.6
Central and South American	*7.1	5.6	3.7	4.2	4.1	7.2	7.6	5.4	4.1
Other and unknown Hispanic	11.6	5.4	5.2	4.8	3.7	7.9	7.5	5.6	4.8
White, non-Hispanic ⁵	7.0	5.4	4.6	4.4	4.6	6.8	6.1	5.4	4.5
Black, non-Hispanic ⁵	14.8	13.7	12.0	11.4	11.1	14.7	14.9	13.8	11.4

* Rates preceded by an asterisk are based on fewer than 50 events. Rates not shown are based on fewer than 20 events.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data (see Appendix I, National Vital Statistics System).

³The States not reporting maternal education on the birth certificate accounted for 49–51 percent of the Asian or Pacific Islander births in the United States in 1983–87, 59 percent in 1988, and 12 percent in 1989–91. Starting in 1992 maternal education was reported by all 50 States and the District of Columbia (DC).

⁴Persons of Hispanic origin may be of any race.

⁵Data shown only for States with an Hispanic-origin item and education of mother on their birth certificates. The number of States reporting both items increased from 21 and DC in 1983–87, to 26 and DC in 1988, 45 and DC in 1989, 47 and DC in 1990–91, and 50 and DC in 1995–97 (see Appendix I, National Vital Statistics System). The Hispanic-reporting States that did not report maternal education on the birth certificate during 1983–88 together accounted for 28–85 percent of the births in each Hispanic subgroup (except Cuban, 11–16 percent, and Puerto Rican, 6–7 percent in 1983–87); and in 1989–91 accounted for 27–39 percent of Central and South American and Puerto Rican births and 2–9 percent of births in other Hispanic subgroups.

NOTES: Data for all mothers and by race based on data for 47 States and the District of Columbia (DC) in 1983–87, 46 States and DC in 1988, 48 States and DC in 1989–91, and 50 and DC starting in 1995. Excludes data for California and Texas (1983–88), Washington (1983–91), and New York (1988–91), which did not require the reporting of maternal education on the birth certificate (see Appendix I). The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. National linked files do not exist for 1992–94. Data for additional years are available (see Appendix III).

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

Table 22. Infant mortality rates according to birthweight: United States, selected years 1983–98

[Data are based on National Linked Birth/Infant Death Data Sets]

<i>Birthweight</i>	1983 ¹	1985 ¹	1988 ¹	1989 ¹	1990 ¹	1991 ¹	1995 ²	1996 ²	1997 ²	1998 ²
Infant deaths per 1,000 live births ³										
All birthweights	10.9	10.4	9.6	9.5	8.9	8.6	7.6	7.3	7.2	7.2
Less than 2,500 grams	95.9	93.9	84.2	83.1	78.1	74.3	65.3	63.6	62.4	62.3
Less than 1,500 grams	400.6	387.7	348.7	343.1	317.6	305.4	270.7	261.5	255.0	252.4
Less than 500 grams	890.3	895.9	878.4	905.6	898.2	889.9	904.9	890.1	885.2	869.6
500–999 grams	584.2	559.2	502.0	480.4	440.1	422.6	351.0	336.9	324.4	319.4
1,000–1,499 grams	162.3	145.4	121.3	118.5	97.9	91.3	69.6	64.7	61.8	60.6
1,500–1,999 grams	58.4	54.0	48.9	46.0	43.8	40.4	33.5	30.6	30.6	29.0
2,000–2,499 grams	22.5	20.9	18.7	17.9	17.8	17.0	13.7	13.6	12.5	12.7
2,500 grams or more	4.7	4.3	4.0	4.0	3.7	3.6	3.0	2.8	2.7	2.7
2,500–2,999 grams	8.8	7.9	7.6	7.4	6.7	6.7	5.5	5.1	5.0	4.9
3,000–3,499 grams	4.4	4.3	3.9	3.8	3.7	3.5	2.9	2.7	2.6	2.6
3,500–3,999 grams	3.2	3.0	2.8	2.8	2.6	2.5	2.0	1.9	1.9	1.8
4,000 grams or more	3.3	3.2	2.9	2.6	2.4	2.4	2.0	1.8	1.8	1.7
4,000–4,499 grams	2.9	2.9	2.4	2.3	2.2	2.2	1.8	1.7	1.7	1.7
4,500–4,999 grams	3.9	3.8	3.4	3.1	2.5	3.0	2.2	2.1	2.0	2.0
5,000 grams or more ⁴	14.4	14.7	20.7	9.6	9.8	8.2	8.5	6.2	4.2	4.3

¹Rates based on unweighted birth cohort data.²Rates based on a period file using weighted data; not stated birthweight imputed when period of gestation is known and proportionately distributed when period of gestation is unknown (see Appendix I, National Vital Statistics System).³For calculation of birthweight-specific infant mortality rates, unknown birthweight has been distributed in proportion to known birthweight separately for live births (denominator) and infant deaths (numerator).⁴In 1989 a birthweight-gestational age consistency check instituted for the natality file resulted in a decrease in the number of deaths to infants coded with birthweights of 5,000 grams or more and a discontinuity in the mortality trend for infants weighing 5,000 grams or more at birth. Starting with 1989 the rates are believed to be more accurate.

NOTES: National linked files do not exist for 1992–94. Data for additional years are available (see Appendix III).

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

Table 23. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, according to race: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

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

--- Data not available.

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

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

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

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

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

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

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

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator).

Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for minority population groups are available from the national linked files of live births and infant deaths and are presented in tables 20–21 and 24–25. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001. In press.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 24 (page 1 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91 and 1996–98

[Data are based on the National Linked Birth/Infant Death Data Sets]

Geographic division and State	All races		White, non-Hispanic		Black, non-Hispanic	
	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²
Infant ³ deaths per 1,000 live births						
United States	9.0	7.2	7.3	6.0	17.2	13.9
New England ⁴	7.3	5.7	6.2	4.7	15.1	12.3
Maine	6.6	5.3	6.2	5.2	*	*
New Hampshire ⁴	7.1	4.5	7.2	4.2	*	*
Vermont	6.6	6.7	6.3	6.4	*	*
Massachusetts	7.0	5.1	5.9	4.4	14.2	10.7
Rhode Island	8.7	6.5	7.5	4.8	*13.6	*9.9
Connecticut	7.9	6.8	5.9	4.9	17.0	15.0
Middle Atlantic	9.2	6.9	6.6	5.0	18.5	13.7
New York	9.5	6.6	6.3	4.5	18.4	12.6
New Jersey	8.4	6.5	6.1	4.3	17.8	14.1
Pennsylvania	9.2	7.5	7.2	6.0	19.1	15.8
East North Central	9.8	8.0	7.7	6.4	19.1	16.0
Ohio	9.0	7.8	7.7	6.6	16.2	14.5
Indiana	9.4	8.1	8.4	7.2	17.3	15.2
Illinois	10.7	8.5	7.6	6.3	20.5	17.1
Michigan	10.5	8.2	7.7	6.2	20.7	15.8
Wisconsin	8.4	7.0	7.4	5.7	17.0	16.6
West North Central	8.5	7.0	7.4	6.2	17.5	14.9
Minnesota	7.3	5.9	6.4	5.4	18.5	12.3
Iowa	8.2	6.5	7.8	6.2	15.8	16.3
Missouri	9.7	7.6	8.0	6.2	18.0	15.5
North Dakota	8.0	6.8	7.3	6.4	*	*
South Dakota	9.5	7.4	7.5	6.1	*	*
Nebraska	8.1	7.8	7.2	7.2	18.3	17.0
Kansas	8.5	7.6	7.8	7.1	15.4	14.5
South Atlantic	10.4	8.3	7.6	6.3	17.2	14.0
Delaware	11.2	8.4	8.2	6.7	20.1	15.2
Maryland	9.1	8.6	6.3	5.7	15.0	14.4
District of Columbia	20.3	13.8	*8.2	*	23.9	17.2
Virginia	9.9	7.7	7.4	5.9	18.0	13.5
West Virginia	9.1	8.3	8.8	8.0	*15.7	*15.1
North Carolina	10.7	9.2	8.0	7.0	16.9	15.8
South Carolina	11.8	9.2	8.4	6.0	17.2	14.8
Georgia	11.9	8.7	8.4	6.3	17.9	13.7
Florida	9.4	7.3	7.2	6.1	16.2	12.4
East South Central	10.4	9.0	8.1	7.0	16.5	14.6
Kentucky	8.7	7.3	8.1	6.8	14.4	12.4
Tennessee	10.2	8.4	7.8	6.6	18.2	15.2
Alabama	11.4	10.0	8.6	7.7	16.8	14.7
Mississippi	11.5	10.5	7.9	7.0	15.2	14.6
West South Central ⁴	8.4	7.1	7.2	6.5	14.2	12.0
Arkansas	9.8	9.0	8.1	7.8	15.2	13.6
Louisiana ⁴	10.2	9.2	7.5	6.6	14.3	13.1
Oklahoma ⁴	8.0	8.1	7.3	7.6	12.7	14.2
Texas	7.9	6.3	6.9	6.0	14.1	10.7
Mountain	8.4	6.8	7.9	6.3	16.9	13.3
Montana	9.0	7.1	8.0	6.5	*	*
Idaho	8.9	7.0	8.9	6.6	*	*
Wyoming	8.4	6.6	8.0	6.0	*	*
Colorado	8.7	6.8	8.0	6.2	16.7	13.9
New Mexico	8.4	6.6	8.1	6.4	*17.2	*
Arizona	8.8	7.4	8.2	6.9	17.3	14.0
Utah	7.0	5.9	6.8	5.6	*	*
Nevada	8.6	6.6	7.8	6.7	16.9	12.9
Pacific	7.7	5.9	7.0	5.3	15.4	12.1
Washington	8.0	5.7	7.4	5.3	15.1	11.4
Oregon	8.0	5.5	7.4	5.3	21.3	*10.3
California	7.6	5.9	6.9	5.3	15.4	12.2
Alaska	9.2	6.9	7.2	5.4	*	*
Hawaii	7.0	6.5	5.5	5.5	*13.6	*

See footnotes at end of table.

Table 24 (page 2 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91 and 1996–98

[Data are based on the National Linked Birth/Infant Death Data Sets]

Geographic division and State	Hispanic ⁵		American Indian or Alaska Native ⁶		Asian or Pacific Islander ⁶	
	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²
Infant ³ deaths per 1,000 live births						
United States	7.5	5.9	12.6	9.3	6.6	5.2
New England ⁷	8.1	7.7	*	*	5.8	3.5
Maine	*	*	*	*	*	*
New Hampshire ⁷	---	*	*	*	*	*
Vermont	*	*	*	*	*	*
Massachusetts	8.3	6.4	*	*	5.7	*3.2
Rhode Island	*7.2	9.5	*	*	*	*
Connecticut	7.9	9.0	*	*	*	*
Middle Atlantic	9.1	6.4	*11.6	*	6.4	4.4
New York	9.4	6.0	*15.2	*	6.4	4.1
New Jersey	7.5	6.7	*	*	5.6	4.7
Pennsylvania	10.9	8.7	*	*	7.8	5.2
East North Central	8.7	7.2	11.6	9.3	6.1	5.9
Ohio	8.0	7.8	*	*	*4.8	*6.1
Indiana	*7.2	7.5	*	*	*	*8.2
Illinois	9.2	6.9	*	*	6.0	5.9
Michigan	7.9	6.8	*10.7	*10.6	*6.1	*4.9
Wisconsin	*7.3	10.3	*11.9	*9.6	*6.7	*5.9
West North Central	9.3	6.4	17.1	13.1	7.4	6.3
Minnesota	*8.4	*6.2	17.3	15.3	*5.1	6.7
Iowa	*11.9	*5.2	*	*	*	*
Missouri	*9.1	*5.7	*	*	*9.1	*
North Dakota	*	*	*13.8	*11.0	*	*
South Dakota	*	*	19.9	14.4	*	*
Nebraska	*8.8	8.6	*18.2	*	*	*
Kansas	8.7	6.3	*	*	*	*
South Atlantic	7.4	5.3	12.7	11.1	6.8	5.3
Delaware	*	*	*	*	*	*
Maryland	7.2	5.8	*	*	7.5	6.3
District of Columbia	*8.8	*	*	*	*	*
Virginia	7.6	5.9	*	*	6.0	5.3
West Virginia	*	*	*	*	*	*
North Carolina	*7.5	6.0	12.2	13.4	*6.3	*5.2
South Carolina	*	*8.3	*	*	*	*
Georgia	9.0	5.6	*	*	*8.2	*4.4
Florida	7.1	4.9	*	*	*6.2	4.9
East South Central	*5.9	6.9	*	*	*7.7	*6.2
Kentucky	*	*	*	*	*	*
Tennessee	*	*6.8	*	*	*	*
Alabama	*	*8.4	*	*	*	*
Mississippi	*	*	*	*	*	*
West South Central ⁷	7.0	5.6	8.4	7.8	6.7	4.9
Arkansas	*	*8.4	*	*	*	*
Louisiana ⁷	---	*	*	*	*	*6.9
Oklahoma ⁷	---	5.8	7.8	8.0	*	*
Texas	7.0	5.6	*	*	6.8	4.9
Mountain	7.9	7.0	11.6	8.8	8.1	6.0
Montana	*	*	16.7	*10.2	*	*
Idaho	*7.2	7.3	*	*	*	*
Wyoming	*	*	*	*	*	*
Colorado	8.5	7.3	*16.5	*	*7.8	*5.7
New Mexico	7.8	6.6	9.8	7.2	*	*
Arizona	8.0	7.4	11.4	9.0	*8.5	*5.3
Utah	*7.0	6.5	*10.0	*	*10.7	*7.6
Nevada	7.0	5.1	*	*	*	*5.3
Pacific	7.1	5.5	14.6	8.8	6.5	5.4
Washington	7.6	5.0	19.6	*9.1	6.2	5.4
Oregon	8.5	6.1	*15.7	*	*8.4	*5.1
California	7.0	5.4	11.0	8.5	6.4	5.1
Alaska	*	*	15.7	9.8	*	*
Hawaii	10.7	*6.9	*	*	7.1	6.8

* Rates preceded by an asterisk are based on fewer than 50 events. Rates not shown are based on fewer than 20 events.

--- Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data (see Appendix I).

³Under 1 year of age.

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

⁵Persons of Hispanic origin may be of any race.

⁶Includes persons of Hispanic origin.

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

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

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

Table 25 (page 1 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91 and 1996–98

[Data are based on the National Linked Birth/Infant Death Data Sets]

Geographic division and State	All races		White, non-Hispanic		Black, non-Hispanic	
	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²
Neonatal ³ deaths per 1,000 live births						
United States	5.7	4.8	4.6	3.9	11.1	9.3
New England ⁴	5.1	4.2	4.2	3.5	11.0	8.8
Maine	4.5	3.7	4.2	3.7	*	*
New Hampshire ⁴	4.3	3.4	4.4	3.2	*	*
Vermont	4.1	4.8	3.9	4.6	*	*
Massachusetts	4.9	3.9	4.1	3.3	10.4	7.5
Rhode Island	6.4	4.9	5.3	3.7	*9.8	*
Connecticut	5.7	5.1	4.2	3.7	12.5	11.0
Middle Atlantic	6.3	4.8	4.6	3.5	12.3	9.3
New York	6.5	4.6	4.3	3.1	12.6	8.6
New Jersey	5.8	4.6	4.5	3.1	11.4	9.5
Pennsylvania	6.2	5.3	4.9	4.2	12.5	10.9
East North Central	6.3	5.3	4.9	4.3	12.1	10.3
Ohio	5.5	5.2	4.8	4.4	9.8	9.4
Indiana	6.0	5.3	5.2	4.7	11.5	10.0
Illinois	7.0	5.6	5.1	4.3	12.7	10.8
Michigan	6.9	5.4	4.9	4.1	14.0	10.5
Wisconsin	5.1	4.7	4.6	3.8	9.1	10.9
West North Central	5.0	4.5	4.5	4.0	10.2	9.8
Minnesota	4.3	3.8	3.9	3.5	10.7	8.3
Iowa	4.8	4.5	4.5	4.2	*10.5	*10.8
Missouri	6.0	4.9	5.0	3.9	10.6	10.1
North Dakota	5.0	4.2	4.7	4.3	*	*
South Dakota	5.1	3.8	4.5	3.4	*	*
Nebraska	4.5	5.3	4.2	4.9	*9.8	*11.8
Kansas	4.9	4.9	4.6	4.6	8.3	9.7
South Atlantic	6.9	5.7	4.9	4.1	11.7	9.9
Delaware	7.5	5.8	5.8	4.1	12.4	11.9
Maryland	5.9	6.1	3.9	3.8	10.2	10.7
District of Columbia	14.1	9.1	*5.2	*	16.7	11.5
Virginia	6.8	5.4	4.8	4.0	13.0	9.9
West Virginia	5.8	5.3	5.6	5.2	*9.7	*9.5
North Carolina	7.3	6.3	5.3	4.7	11.9	11.1
South Carolina	7.7	6.5	5.4	4.0	11.3	10.9
Georgia	7.9	6.0	5.5	4.1	12.0	9.7
Florida	6.2	4.7	4.7	3.9	10.5	8.2
East South Central	6.6	5.7	5.0	4.3	10.6	9.7
Kentucky	5.0	4.7	4.6	4.3	8.9	8.1
Tennessee	6.5	5.3	4.9	4.1	11.8	9.8
Alabama	7.5	6.5	5.7	4.8	11.1	10.1
Mississippi	7.1	6.6	4.9	4.2	9.5	9.5
West South Central ⁴	5.0	4.4	4.2	4.0	8.4	7.5
Arkansas	5.4	5.5	4.5	4.7	8.5	8.3
Louisiana ⁴	6.3	5.9	4.8	4.2	8.5	8.4
Oklahoma ⁴	4.4	5.0	4.1	4.7	6.3	9.2
Texas	4.7	3.9	4.1	3.6	8.5	6.4
Mountain	4.8	4.3	4.4	3.9	10.1	8.8
Montana	4.6	4.1	4.2	3.7	*	*
Idaho	5.3	4.4	5.2	4.1	*	*
Wyoming	3.9	3.8	3.8	3.3	*	*
Colorado	5.0	4.5	4.7	4.0	10.9	9.6
New Mexico	5.0	3.9	4.8	4.0	*	*
Arizona	5.3	4.8	4.9	4.5	11.0	9.6
Utah	3.7	3.7	3.6	3.5	*	*
Nevada	4.3	3.7	3.8	3.4	*8.3	*7.3
Pacific	4.6	3.8	4.0	3.3	9.2	7.5
Washington	4.3	3.6	3.8	3.3	9.7	7.5
Oregon	4.4	3.3	4.0	3.0	*11.6	*
California	4.6	3.8	4.1	3.4	9.2	7.7
Alaska	4.1	3.3	3.7	2.9	*	*
Hawaii	4.3	4.3	3.5	*3.7	*	*

See footnotes at end of table.

Table 25 (page 2 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91 and 1996–98

[Data are based on the National Linked Birth/Infant Death Data Sets]

Geographic division and State	Hispanic ⁵		American Indian or Alaska Native ⁶		Asian or Pacific Islander ⁶	
	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²	1989–91 ¹	1996–98 ²
Neonatal ³ deaths per 1,000 live births						
United States	4.8	3.9	5.9	4.7	3.9	3.5
New England ⁷	5.5	5.7	*	*	4.4	*2.7
Maine	*	*	*	*	*	*
New Hampshire ⁷	---	*	*	*	*	*
Vermont	*	*	*	*	*	*
Massachusetts	5.8	5.1	*	*	*3.9	*2.5
Rhode Island	*4.9	*6.6	*	*	*	*
Connecticut	5.3	6.4	*	*	*	*
Middle Atlantic	6.2	4.5	*	*	4.1	3.0
New York	6.4	4.2	*	*	4.1	2.9
New Jersey	5.1	4.7	*	*	*3.4	3.2
Pennsylvania	7.3	6.4	*	*	*5.2	*3.5
East North Central	5.9	4.8	*6.2	*5.3	3.6	4.1
Ohio	*5.4	5.9	*	*	*	*4.5
Indiana	*4.7	*4.8	*	*	*	*
Illinois	6.4	4.4	*	*	3.9	4.2
Michigan	5.2	4.8	*	*	*	*3.4
Wisconsin	*3.9	8.0	*	*	*	*4.3
West North Central	5.3	4.5	6.1	5.8	4.6	4.1
Minnesota	*	*4.3	*4.9	*7.1	*3.2	*4.0
Iowa	*	*	*	*	*	*
Missouri	*	*4.3	*	*	*	*
North Dakota	*	*	*	*	*	*
South Dakota	*	*	*8.2	*6.1	*	*
Nebraska	*	*6.3	*	*	*	*
Kansas	*5.4	*4.4	*	*	*	*
South Atlantic	5.2	3.5	7.4	7.1	4.6	3.5
Delaware	*	*	*	*	*	*
Maryland	*4.7	*4.4	*	*	*4.5	*5.0
District of Columbia	*	*	*	*	*	*
Virginia	*4.8	4.6	*	*	*4.1	*3.8
West Virginia	*	*	*	*	*	*
North Carolina	*5.5	4.0	*7.7	*9.7	*	*
South Carolina	*	*	*	*	*	*
Georgia	*5.7	3.7	*	*	*5.3	*
Florida	5.1	3.1	*	*	*4.4	*3.2
East South Central	*	4.6	*	*	*	*4.1
Kentucky	*	*	*	*	*	*
Tennessee	*	*4.7	*	*	*	*
Alabama	*	*	*	*	*	*
Mississippi	*	*	*	*	*	*
West South Central ⁷	4.2	3.5	4.3	4.3	4.1	3.1
Arkansas	*	*5.6	*	*	*	*
Louisiana ⁷	---	*	*	*	*	*
Oklahoma ⁷	---	*3.3	*3.7	4.4	*	*
Texas	4.2	3.5	*	*	4.0	3.1
Mountain	4.7	4.6	5.8	4.2	4.6	3.9
Montana	*	*	*7.6	*	*	*
Idaho	*	*4.8	*	*	*	*
Wyoming	*	*	*	*	*	*
Colorado	4.4	5.0	*	*	*	*
New Mexico	4.9	3.9	4.9	*3.4	*	*
Arizona	5.0	5.0	5.4	4.1	*	*
Utah	*3.6	4.1	*	*	*	*
Nevada	*4.1	3.0	*	*	*	*
Pacific	4.5	3.6	6.5	4.3	3.7	3.5
Washington	4.9	3.2	*8.5	*5.0	*2.7	3.3
Oregon	6.5	4.4	*	*	*5.3	*3.8
California	4.4	3.6	6.3	*4.5	3.6	3.4
Alaska	*	*	*5.7	*3.9	*	*
Hawaii	*6.6	*4.5	*	*	4.2	4.5

* Rates preceded by an asterisk are based on fewer than 50 events. Rates not shown are based on fewer than 20 events.

--- Data not available.

¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data (see Appendix I).

³Infants under 28 days of age.

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

⁵Persons of Hispanic origin may be of any race.

⁶Includes persons of Hispanic origin.

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

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

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

Table 26. Infant mortality rates and international rankings: Selected countries, selected years, 1960–97

[Data are based on reporting by countries]

Country ²	1960	1970	1980	1990	1995	1996	1997 ³	International rankings ¹	
								1960	1997
Infant ⁴ deaths per 1,000 live births									
Australia	20.2	17.9	10.7	8.2	5.7	5.8	5.3	4	12
Austria	37.5	25.9	14.3	7.8	5.4	5.1	4.7	23	8
Belgium	31.2	21.1	12.1	7.9	6.1	5.7	6.1	19	22
Bulgaria	45.1	27.3	20.2	14.8	14.8	—	17.5	29	37
Canada	27.3	18.8	10.4	6.8	6.1	5.6	5.3	14	12
Chile	125.1	78.8	33.0	16.0	11.1	11.7	10.5	35	32
Costa Rica	74.3	61.5	20.2	15.3	13.2	11.8	14.2	32	35
Cuba	37.3	38.7	19.6	10.7	9.4	7.9	7.2	22	27
Czech Republic	—	—	—	10.8	7.7	6.0	5.9	—	19
Czechoslovakia	23.5	22.1	18.4	11.3	—	—	—	10	—
Denmark	21.5	14.2	8.4	7.5	5.1	5.6	5.3	7	12
England and Wales	21.8	18.2	12.0	7.9	6.1	6.1	5.9	8	19
Finland	21.0	13.2	7.6	5.6	3.9	4.0	3.9	5	4
France	27.4	18.2	10.0	7.3	4.9	4.8	4.8	15	9
Germany ⁵	35.0	22.5	12.4	7.1	5.3	5.0	4.9	21	10
Greece	40.1	29.6	17.9	9.7	8.1	7.2	6.4	24	24
Hong Kong	41.5	19.2	11.2	6.2	4.6	4.1	3.9	25	4
Hungary	47.6	35.9	23.2	14.8	10.7	10.9	9.9	30	29
Ireland	29.3	19.5	11.1	8.2	6.4	5.6	6.2	16	23
Israel	31.0	22.0	15.6	9.9	6.8	6.3	6.0	18	21
Italy	43.9	29.6	14.6	8.6	6.1	6.0	5.5	28	16
Japan	30.4	13.1	7.5	4.6	4.3	3.8	3.7	17	2
Kuwait	—	39.4	27.7	—	10.9	11.5	11.5	—	34
Netherlands	17.9	12.7	8.6	7.1	5.5	5.7	5.0	2	11
New Zealand	22.6	16.7	12.9	8.3	6.7	7.1	6.5	9	26
Northern Ireland	27.2	22.9	13.4	7.5	7.1	5.8	5.6	13	18
Norway	18.9	12.7	8.1	6.9	4.0	4.0	4.1	3	6
Poland	56.1	33.2	21.3	19.4	13.6	12.2	10.2	31	31
Portugal	77.5	58.0	24.3	11.0	7.5	6.9	6.4	34	24
Puerto Rico	43.3	27.9	18.5	13.4	12.7	10.5	11.3	26	33
Romania	75.7	49.4	29.3	26.9	21.2	22.3	22.0	33	38
Russia ⁶	—	—	—	17.6	18.2	17.5	17.3	—	36
Scotland	26.4	19.6	12.1	7.7	6.2	6.2	5.3	12	12
Singapore	34.8	21.4	11.7	6.7	4.0	3.8	3.8	20	3
Slovakia	—	—	—	12.0	11.0	9.9	9.9	—	29
Spain	43.7	26.5	12.3	7.6	5.5	5.5	5.5	27	16
Sweden	16.6	11.0	6.9	6.0	3.7	4.1	3.6	1	1
Switzerland	21.1	15.1	9.1	6.8	5.0	4.7	4.5	6	7
United States	26.0	20.0	12.6	9.2	7.6	7.3	7.2	11	27

— Data not available.

¹Rankings are from lowest to highest infant mortality rates. Some of the variation in infant mortality rates is due to differences among countries in distinguishing between fetal and infant deaths.²Refers to countries, territories, cities, or geographic areas with at least 1 million population and with "complete" counts of live births and infant deaths as indicated in the United Nations Demographic Yearbook.³Rates for Kuwait, Slovakia, and Spain are for 1996.⁴Under 1 year of age.⁵Rates presented for the years prior to the reunification of Germany were calculated by combining information from the Federal Republic of Germany and the German Democratic Republic.⁶Excludes infants born alive after less than 28 weeks' gestation, of less than 1,000 grams in weight and 35 centimeters in length, who die within 7 days of birth.SOURCES: United Nations, 2000. Demographic Yearbook—Historical Supplement 1948–1997, CD-ROM, Special Issue; United Nations: Demographic Yearbook 1998. New York; World Health Organization: World Health Statistics Annual. Vols. 1997–1999. Geneva; United States and Puerto Rico: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States*, vol. II, mortality part A (selected years). Public Health Service. Washington; Sweden: Statistics Sweden.

Table 27. Life expectancy at birth and at 65 years of age, according to sex: Selected countries, 1991 and 1996

[Data are based on reporting by countries]

Country	At birth		At 65 years	
	1991	1996	1991	1996
Male				
			Life expectancy in years	
Japan	76.1	77.0	16.3	16.9
Sweden	75.1	76.7	15.6	16.3
Switzerland	74.3	76.1	15.7	16.5
Canada	74.6	75.7	15.6	16.3
Italy	73.7	75.5	15.2	16.3
Norway	74.1	75.5	15.0	15.6
Greece	74.8	75.3	16.0	16.4
Australia	74.4	75.2	15.4	15.8
France	73.6	74.8	16.3	16.7
Netherlands	74.1	74.8	14.6	14.9
Spain	73.5	74.5	15.6	16.2
United Kingdom ¹	73.3	74.5	14.3	15.0
New Zealand	72.9	74.3	14.8	15.5
Costa Rica	74.2	74.2	---	---
Austria	72.5	74.1	14.7	15.4
Germany	72.2	73.7	14.3	15.0
Belgium	72.8	73.5	14.0	15.3
Denmark	72.7	73.3	14.4	14.5
Finland	71.4	73.2	14.1	14.8
United States	72.0	73.1	15.3	15.7
Ireland	72.3	73.1	13.6	13.9
Portugal	70.3	71.2	14.1	14.3
Czech Republic	68.3	70.5	12.1	13.2
Puerto Rico	69.6	69.6	---	---
Slovakia	66.9	68.9	12.3	12.9
Poland	66.2	68.2	12.3	13.0
Bulgaria	68.4	67.5	12.9	12.6
Hungary	65.1	66.1	12.2	12.2
Romania	66.9	65.1	13.1	12.5
Russian Federation	63.4	59.8	12.1	11.3
Female				
			Life expectancy in years	
Japan	82.1	83.6	20.2	21.5
France	82.0	82.9	21.0	21.5
Switzerland	81.5	82.3	20.1	20.6
Spain	80.7	82.0	19.3	20.2
Italy	80.5	81.9	19.2	20.3
Sweden	80.8	81.8	19.5	20.0
Canada	80.9	81.4	19.7	20.2
Norway	80.3	81.3	19.1	19.7
Australia	80.4	81.1	19.1	19.6
Finland	79.5	80.8	18.2	19.0
Greece	79.9	80.7	18.3	18.9
Netherlands	80.4	80.6	19.3	19.3
Austria	79.2	80.4	18.2	19.0
Belgium	79.5	80.2	18.3	19.7
Germany	78.9	80.2	18.0	18.9
United Kingdom ¹	78.9	79.7	18.2	18.6
New Zealand	78.7	79.6	18.5	19.0
United States	78.9	79.1	19.1	19.0
Costa Rica	78.6	79.1	---	---
Ireland	77.9	78.8	17.0	17.5
Portugal	77.6	78.6	17.3	17.7
Denmark	78.3	78.5	18.2	18.0
Puerto Rico	78.5	78.3	---	---
Czech Republic	75.9	77.6	15.7	16.7
Slovakia	75.4	77.1	15.9	16.7
Poland	75.4	76.7	16.1	16.6
Hungary	74.0	74.9	15.6	15.8
Bulgaria	74.7	74.7	15.2	15.2
Romania	73.5	72.9	15.2	14.9
Russian Federation	74.3	72.5	16.0	15.3

--- Data not available.

¹United Kingdom includes England and Wales, Northern Ireland, and Scotland.

NOTE: Rankings are from highest to lowest life expectancy based on the latest available data for countries or geographic areas with at least 1 million population.

SOURCES: Organization for Economic Cooperation and Development (OECD) Health Data 2000: A Comparative Analysis of 29 Countries. WHO Regional Office for Europe, Health for All Database, www.who.dk/country/country.htm; Programa Centroamericano de Población, Universidad de Costa Rica, populi.eest.ucr.ac.cr/observa/series/serie3.htm; Commonwealth of Puerto Rico, Department of Health, Auxiliary Secretariat for Planning, Evaluation, Statistics and Information Systems. Unpublished data; Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A* (selected years). Public Health Service. Washington, DC. www.cdc.gov/nchs/about/major/dvs/mortdata.htm.

**Table 28. Life expectancy at birth, at 65 years of age, and at 75 years of age, according to race and sex:
United States, selected years 1900–99**

[Data are based on the National Vital Statistics System]

Specified age and year	All races			White			Black		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
1900 ^{1,2}	47.3	46.3	48.3	47.6	46.6	48.7	333.0	322.5	333.5
1950 ²	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1960 ²	69.7	66.6	73.1	70.6	67.4	74.1	63.2	60.7	65.9
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
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1991	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8
1992	75.8	72.3	79.1	76.5	73.2	79.8	69.6	65.0	73.9
1993	75.5	72.2	78.8	76.3	73.1	79.5	69.2	64.6	73.7
1994	75.7	72.4	79.0	76.5	73.3	79.6	69.5	64.9	73.9
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1996	76.1	73.1	79.1	76.8	73.9	79.7	70.2	66.1	74.2
1997	76.5	73.6	79.4	77.1	74.3	79.9	71.1	67.2	74.7
1998	76.7	73.8	79.5	77.3	74.5	80.0	71.3	67.6	74.8
1999 preliminary	76.7	73.9	79.4	77.3	74.6	79.9	71.4	67.8	74.7
At 65 years									
1900–1902 ^{1,2}	11.9	11.5	12.2	---	11.5	12.2	---	10.4	11.4
1950 ²	13.9	12.8	15.0	---	12.8	15.1	13.9	12.9	14.9
1960 ²	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
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1991	17.4	15.3	19.1	17.5	15.4	19.2	15.5	13.4	17.2
1992	17.5	15.4	19.2	17.6	15.5	19.3	15.7	13.5	17.4
1993	17.3	15.3	18.9	17.4	15.4	19.0	15.5	13.4	17.1
1994	17.4	15.5	19.0	17.5	15.6	19.1	15.7	13.6	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
1996	17.5	15.7	19.0	17.6	15.8	19.1	15.8	13.9	17.2
1997	17.7	15.9	19.2	17.8	16.0	19.3	16.1	14.2	17.6
1998	17.8	16.0	19.2	17.8	16.1	19.3	16.1	14.3	17.4
1999 preliminary	17.7	16.0	19.1	17.8	16.1	19.2	16.0	14.3	17.3
At 75 years									
1980	10.4	8.8	11.5	10.4	8.8	11.5	9.7	8.3	10.7
1985	10.6	9.0	11.7	10.6	9.0	11.7	10.1	8.7	11.1
1990	10.9	9.4	12.0	11.0	9.4	12.0	10.2	8.6	11.2
1991	11.1	9.5	12.1	11.1	9.5	12.1	10.2	8.7	11.2
1992	11.2	9.6	12.2	11.2	9.6	12.2	10.4	8.9	11.4
1993	10.9	9.5	11.9	11.0	9.5	12.0	10.2	8.7	11.1
1994	11.0	9.6	12.0	11.1	9.6	12.0	10.3	8.9	11.2
1995	11.0	9.7	11.9	11.1	9.7	12.0	10.2	8.8	11.1
1996	11.1	9.8	12.0	11.1	9.8	12.0	10.3	9.0	11.2
1997	11.2	9.9	12.1	11.2	9.9	12.1	10.7	9.3	11.5
1998	11.3	10.0	12.2	11.3	10.0	12.2	10.5	9.2	11.3
1999 preliminary	11.2	9.9	12.1	11.2	10.0	12.1	10.4	9.2	11.1

--- Data not available.

¹Death registration area only. The death registration area increased from 10 States and the District of Columbia in 1900 to the coterminous United States in 1933.

²Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

³Figure is for the all other population.

NOTES: Beginning in 1997 life table methodology was revised to construct complete life tables by single years of age that extend to age 100. (Anderson RN. Method for Constructing Complete Annual U.S. Life Tables. National Center for Health Statistics. Vital Health Stat 2(129). 1999.) Previously abridged life tables were constructed for five-year age groups ending with the age group 85 years and over. Data for additional years are available (see Appendix III).

SOURCES: U.S. Bureau of the Census: Glover JW. U.S. Life Tables 1890, 1901, 1910, and 1901–1910. Washington. U.S. Government Printing Office, 1921; Centers for Disease Control and Prevention, National Center for Health Statistics: Grove RD and Hetzel AM. Vital Statistics Rates in the United States, 1940–1960. DHEW Pub. No. (PHS) 1677. Public Health Service. Washington: U.S. Government Printing Office, 1968; life expectancy trend data available at www.cdc.gov/nchs/about/major/dvs/mortdata.htm; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports; Hyattsville, Maryland: National Center for Health Statistics. 2001. In press; data for 1960 and earlier years for the black population were computed by the Office of Research and Methodology from data compiled by the Division of Vital Statistics.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 29 (page 1 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 1996–98

[Data are based on the National Vital Statistics System]

Geographic division and State	All persons			White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic	White, non-Hispanic
	1979–81	1989–91	1996–98	1996–98	1996–98	1996–98	1996–98	1996–98	1996–98
Deaths per 100,000 resident population ¹									
United States	1,022.8	942.2	890.2	867.2	1,160.5	707.1	535.1	616.4	869.4
New England	979.9	882.4	835.9	831.8	1,007.9	*	465.1	493.2	827.9
Maine	1,002.9	918.7	899.4	901.6	*	*	*	*	885.4
New Hampshire	982.3	891.7	863.6	866.8	*	*	381.3	281.5	848.5
Vermont	990.2	908.6	870.6	872.0	*	*	*	*	874.3
Massachusetts	982.6	884.8	828.3	825.7	992.7	*	528.9	491.8	825.9
Rhode Island	990.8	889.6	828.1	821.1	1,187.8	*	479.2	382.8	814.6
Connecticut	961.5	857.5	817.7	804.0	1,021.3	*	323.3	553.4	800.4
Middle Atlantic	1,059.1	967.8	880.6	863.0	1,051.8	*	450.1	586.2	861.0
New York	1,051.8	973.7	859.6	849.7	953.8	*	487.4	612.2	838.0
New Jersey	1,047.5	956.0	865.6	841.9	1,129.7	*	340.1	469.0	856.7
Pennsylvania	1,076.4	963.4	916.6	890.8	1,227.2	*	476.4	760.3	889.3
East North Central	1,048.0	957.9	910.0	880.3	1,204.0	*	438.0	490.8	879.6
Ohio	1,070.6	967.4	935.1	913.5	1,168.8	*	387.0	665.0	905.7
Indiana	1,048.3	962.0	936.8	917.4	1,243.7	*	402.6	398.6	922.1
Illinois	1,063.7	973.8	905.0	860.8	1,265.7	*	417.9	462.0	865.8
Michigan	1,050.2	966.0	904.3	868.6	1,152.3	*	512.8	577.9	862.8
Wisconsin	956.4	879.1	845.3	831.5	1,188.8	*	577.8	321.3	834.8
West North Central	951.6	876.6	858.3	840.7	1,223.1	*	596.1	594.7	837.2
Minnesota	892.9	825.2	792.9	783.9	1,082.9	1,265.9	618.3	768.1	778.2
Iowa	919.9	848.2	821.7	817.9	1,158.2	*	735.7	533.8	818.7
Missouri	1,033.7	952.4	950.5	922.5	1,254.8	*	635.6	658.6	923.2
North Dakota	922.4	818.4	798.4	782.3	*	1,552.5	*	*	760.1
South Dakota	941.9	846.4	824.9	787.6	*	1,712.2	*	*	788.7
Nebraska	930.6	867.9	841.7	828.4	1,282.6	1,334.9	464.2	482.8	826.0
Kansas	940.1	867.2	857.5	844.0	1,178.7	*	507.5	549.6	834.7
South Atlantic	1,033.1	951.3	909.6	858.5	1,188.1	*	417.2	615.5	867.7
Delaware	1,069.7	1,001.9	939.4	901.6	1,198.1	*	296.3	634.1	901.8
Maryland	1,063.3	985.2	922.3	853.6	1,191.4	*	430.9	#	867.0
District of Columbia	1,243.1	1,255.3	1,133.7	717.5	1,380.2	*	447.4	#	763.7
Virginia	1,054.0	963.1	921.3	878.5	1,180.4	*	438.4	370.3	882.6
West Virginia	1,100.3	1,031.5	1,015.4	1,013.6	1,185.4	*	*	340.9	1,015.7
North Carolina	1,050.4	986.0	954.1	896.2	1,217.0	978.3	454.5	218.8	899.0
South Carolina	1,104.6	1,030.0	1,000.1	925.5	1,242.9	*	514.0	302.4	927.9
Georgia	1,094.3	1,037.4	995.7	941.9	1,201.3	*	525.4	319.9	945.5
Florida	960.8	870.9	833.1	804.9	1,109.8	*	337.6	676.7	817.4
East South Central	1,079.3	1,031.6	1,016.2	974.5	1,247.7	*	494.2	482.8	975.3
Kentucky	1,088.9	1,024.5	993.9	983.8	1,191.1	*	487.7	825.2	983.1
Tennessee	1,045.5	1,011.8	1,012.2	971.2	1,313.5	*	562.0	506.6	972.2
Alabama	1,091.2	1,037.9	1,016.0	965.4	1,218.1	*	339.6	376.9	967.1
Mississippi	1,108.7	1,071.4	1,059.0	983.7	1,247.9	*	541.9	254.6	985.2
West South Central	1,036.8	974.9	943.0	918.8	1,194.6	*	422.6	698.0	892.1
Arkansas	1,017.0	996.3	1,005.5	974.6	1,263.4	*	631.7	320.1	977.3
Louisiana	1,132.6	1,074.6	1,031.8	955.6	1,254.9	*	482.9	446.9	965.8
Oklahoma	1,025.6	961.4	981.2	989.0	1,167.3	*	671.0	---	---
Texas	1,014.9	947.6	903.7	887.4	1,149.3	*	393.3	713.9	917.4
Mountain	961.8	878.2	844.5	840.2	955.2	965.3	540.6	735.1	841.9
Montana	1,013.6	890.2	856.9	841.5	*	1,324.8	*	590.8	838.9
Idaho	936.7	856.6	821.5	821.7	*	870.8	692.7	491.6	826.4
Wyoming	1,016.1	897.4	877.5	872.2	*	1,308.8	*	741.4	873.7
Colorado	941.1	856.1	815.3	816.0	959.9	548.0	460.9	710.2	820.2
New Mexico	967.1	891.9	849.9	845.5	685.8	975.6	618.0	826.9	835.7
Arizona	951.5	873.5	848.1	837.0	1,016.9	1,055.5	486.4	774.9	833.7
Utah	924.9	823.2	787.8	789.7	1,023.2	585.5	668.4	589.7	793.8
Nevada	1,077.4	1,017.4	965.5	977.2	997.4	613.0	587.7	413.9	1,003.8

See footnotes at end of table.

Table 29 (page 2 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 1996–98

[Data are based on the National Vital Statistics System]

Geographic division and State	All persons			White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic	White, non-Hispanic
	1979–81	1989–91	1996–98	1996–98	1996–98	1996–98	1996–98	1996–98	1996–98
Deaths per 100,000 resident population ¹									
Pacific	966.5	900.1	816.2	826.5	1,080.3	*	585.0	566.2	853.0
Washington	947.7	869.4	822.8	824.6	1,012.5	863.4	562.9	457.6	828.2
Oregon	953.9	893.0	866.8	867.3	1,091.6	*	597.2	437.5	871.9
California	975.5	911.0	813.5	824.0	1,093.2	*	547.2	570.3	860.3
Alaska	1,087.4	944.6	853.0	829.3	685.6	1,187.8	529.5	486.2	837.6
Hawaii	801.2	752.2	698.1	671.0	365.8	*	716.3	598.5	679.1

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

Estimates of Hispanic death rates in Maryland (137.5 deaths per 1,000 population) and the District of Columbia (DC) (139.6) are substantially lower than for other States and are likely to be underestimates of actual death rates, possibly due to misreporting of Hispanic origin on some death certificates and/or inaccurate Hispanic population estimates for Maryland and DC.

--- Data not available.

¹Average annual death rate. Denominators are population estimates for the middle year of each 3-year period, multiplied by 3.

NOTES: Rates are age adjusted to the 2000 U.S. standard million population. See Appendix II, Age adjustment. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. Vital Health Stat 2(128). 1999).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Rates computed by the Division of Health and Utilization Analysis from mortality data compiled by the Division of Vital Statistics and from State population estimates prepared by the U.S. Bureau of the Census: 1980 from April 1, 1980 MARS Census File; 1990 from April 1, 1990 MARS Census File; 1997 from vintage 1997 postcensal series.

Table 30 (page 1 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
All persons	Deaths per 100,000 standard population										
All causes.....	1,446.0	1,339.2	1,222.6	1,039.1	988.1	938.7	918.5	902.4	887.3	875.8	881.9
Natural causes.....	1,349.0	1,258.5	1,135.5	967.1	926.5	878.2	860.8	845.5	831.1	820.1	826.9
Diseases of heart.....	586.8	559.0	492.7	412.1	375.0	321.8	296.3	288.3	280.4	272.4	267.7
Ischemic heart disease.....	---	---	305.7	260.5	218.4	193.2	187.0	179.7	172.8	195.6	
Cerebrovascular diseases.....	180.7	177.9	147.7	96.4	76.6	65.5	63.9	63.2	61.8	59.6	61.8
Malignant neoplasms.....	193.9	193.9	198.6	207.9	211.3	216.0	211.7	208.7	205.7	202.4	202.6
Trachea, bronchus, and lung.....	15.0	24.1	37.1	49.9	54.6	59.3	58.9	58.4	58.1	57.6	56.0
Colon, rectum, and anus.....	---	30.3	28.9	27.4	26.3	24.5	22.7	21.9	21.6	21.2	21.1
Prostate ²	28.6	28.7	28.8	32.8	33.4	38.4	37.1	35.6	33.8	32.0	30.9
Breast ³	31.9	31.7	32.1	31.9	33.0	33.3	30.8	29.8	28.6	27.9	27.0
Chronic lower respiratory diseases.....	---	---	28.3	34.5	37.2	40.5	41.0	41.5	42.0	45.8	
Influenza and pneumonia.....	48.1	53.7	41.7	31.4	34.5	36.8	33.8	33.2	33.6	34.6	23.5
Chronic liver disease and cirrhosis.....	11.3	13.3	17.8	15.1	12.3	11.1	10.0	9.8	9.6	9.5	9.7
Diabetes mellitus.....	23.1	22.5	24.3	18.1	17.4	20.7	23.4	24.0	24.0	24.2	25.2
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	10.2	16.3	11.7	6.1	4.9	5.4	
External causes.....	97.0	80.7	87.2	72.0	61.7	60.5	57.8	56.9	56.1	55.7	55.0
Unintentional injuries.....	78.4	63.1	62.2	47.7	39.9	37.5	36.0	36.2	36.0	36.3	35.7
Motor vehicle-related injuries.....	24.6	23.1	27.6	22.3	18.6	18.5	16.5	16.5	16.3	16.1	15.5
Suicide.....	13.2	12.5	13.1	12.2	12.5	12.5	12.0	11.7	11.4	11.3	10.6
Assault (homicide).....	5.1	5.0	8.8	10.4	7.9	9.4	8.4	7.6	7.2	6.5	6.1
Male											
All causes.....	1,674.2	1,609.0	1,542.1	1,348.1	1,278.1	1,202.8	1,150.3	1,117.5	1,090.5	1,064.6	1,061.8
Natural causes.....	---	---	---	1,238.3	1,184.1	1,110.5	1,063.0	1,032.6	1,007.0	982.2	980.7
Diseases of heart.....	697.0	687.6	634.0	538.9	488.0	412.4	372.7	360.7	349.6	336.6	327.9
Ischemic heart disease.....	---	---	411.5	349.8	288.9	251.7	242.5	233.0	222.4	248.9	
Cerebrovascular diseases.....	186.4	186.1	157.4	102.4	80.2	68.7	66.3	65.3	63.9	60.1	62.4
Malignant neoplasms.....	208.1	225.1	247.6	271.2	274.4	280.4	268.8	263.2	258.0	252.4	251.6
Trachea, bronchus, and lung.....	24.6	43.6	67.5	85.2	88.6	91.1	84.7	82.9	81.6	79.9	77.0
Colon, rectum, and anus.....	---	31.8	32.3	32.8	31.8	30.4	27.5	26.5	26.0	25.4	25.2
Prostate.....	28.6	28.7	28.8	32.8	33.4	38.4	37.1	35.6	33.8	32.0	30.9
Chronic lower respiratory diseases.....	---	---	49.9	56.2	55.5	55.0	54.2	54.6	54.0	58.1	
Influenza and pneumonia.....	55.0	65.8	54.0	42.1	46.8	47.8	42.9	41.7	42.0	42.3	28.0
Chronic liver disease and cirrhosis.....	15.0	18.5	24.8	21.3	17.4	15.9	14.3	13.9	13.6	13.4	13.7
Diabetes mellitus.....	18.8	19.9	23.0	18.1	17.7	21.7	25.2	26.1	26.2	26.7	27.7
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	18.5	27.7	19.2	9.7	7.7	8.3	
External causes.....	---	---	---	109.8	94.0	92.3	87.3	84.9	83.5	82.4	81.1
Unintentional injuries.....	102.2	86.3	90.1	70.5	58.7	54.3	51.5	50.9	50.7	50.9	50.3
Motor vehicle-related injuries.....	38.5	35.4	41.5	33.6	27.2	26.5	23.1	22.8	22.4	21.8	
Suicide.....	21.2	20.0	19.8	19.9	21.1	21.5	20.6	20.0	19.4	19.2	18.1
Assault (homicide).....	7.9	7.5	14.3	16.6	12.2	14.8	13.1	11.9	11.2	10.0	9.3
Female											
All causes.....	1,236.0	1,105.3	971.4	817.9	784.5	750.9	748.2	742.8	736.3	732.7	743.7
Natural causes.....	---	---	---	779.8	751.4	718.9	717.1	711.3	705.0	701.2	712.3
Diseases of heart.....	484.7	447.0	381.6	320.8	294.5	257.0	239.7	234.1	228.1	223.1	220.8
Ischemic heart disease.....	---	---	229.9	197.5	168.8	150.8	146.5	140.5	135.8	154.8	
Cerebrovascular diseases.....	175.8	170.7	140.0	91.9	73.5	62.7	61.5	60.9	59.7	58.3	60.5
Malignant neoplasms.....	182.3	168.7	163.2	166.7	171.2	175.7	175.4	173.4	171.6	169.2	169.9
Trachea, bronchus, and lung.....	5.8	7.5	13.1	24.4	30.6	37.1	40.7	40.9	41.4	41.5	40.8
Colon, rectum, and anus.....	---	29.1	26.5	23.8	22.7	20.6	19.3	18.7	18.4	18.2	18.1
Breast.....	31.9	31.7	32.1	31.9	33.0	33.3	30.8	29.8	28.6	27.9	27.0
Chronic lower respiratory diseases.....	---	---	14.9	21.7	26.6	32.2	33.4	33.9	34.8	38.2	
Influenza and pneumonia.....	41.9	43.8	32.7	25.1	27.6	30.5	28.4	28.2	28.6	29.9	20.8
Chronic liver disease and cirrhosis.....	7.8	8.7	11.9	9.9	7.9	7.1	6.2	6.1	6.2	6.0	6.1
Diabetes mellitus.....	27.0	24.7	25.1	18.0	17.0	19.9	22.0	22.4	22.3	22.3	23.3
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	2.2	5.3	4.3	2.7	2.3	2.6	
External causes.....	---	---	---	38.2	33.1	31.9	31.1	31.5	31.3	31.5	31.3
Unintentional injuries.....	54.5	40.7	36.8	27.2	23.4	22.6	22.4	23.0	23.0	23.3	22.6
Motor vehicle-related injuries.....	11.5	11.7	14.9	11.8	10.7	11.0	10.4	10.6	10.6	10.3	9.8
Suicide.....	5.6	5.6	7.4	5.7	5.2	4.8	4.4	4.3	4.4	4.3	4.0
Assault (homicide).....	2.4	2.6	3.7	4.4	3.8	4.0	3.8	3.5	3.2	3.1	2.9

See footnotes at end of table.

Table 30 (page 2 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
White											
Deaths per 100,000 standard population											
All causes.....	1,410.8	1,311.3	1,193.3	1,012.7	963.6	909.8	890.0	877.6	864.9	854.7	860.7
Natural causes.....	---	---	---	945.0	904.8	853.3	835.6	823.5	811.4	801.0	807.6
Diseases of heart.....	584.8	559.0	492.2	409.4	371.4	317.0	291.2	284.2	276.4	268.1	263.3
Ischemic heart disease.....	---	---	---	309.9	263.9	220.2	194.1	188.4	180.8	173.8	194.5
Cerebrovascular diseases.....	175.5	172.7	143.5	93.4	73.9	62.9	61.5	61.0	59.8	57.6	59.8
Malignant neoplasms.....	194.6	193.1	196.7	204.2	207.3	211.6	207.8	205.3	202.2	199.3	199.8
Trachea, bronchus, and lung.....	15.2	24.0	36.7	49.2	53.9	58.6	58.6	58.3	58.0	57.5	56.0
Colon, rectum, and anus.....	---	30.9	29.2	27.4	26.1	24.1	22.2	21.5	21.1	20.8	20.6
Prostate ²	28.4	27.7	27.4	30.5	30.8	35.5	34.2	32.8	31.1	29.4	28.3
Breast ³	32.4	32.0	32.5	32.1	33.1	33.2	30.4	29.4	28.0	27.3	26.4
Chronic lower respiratory diseases.....	---	---	29.3	35.6	38.3	41.8	42.4	43.0	43.6	47.5	47.5
Influenza and pneumonia.....	44.8	50.4	39.8	30.9	34.3	36.4	33.3	32.8	33.3	34.4	23.4
Chronic liver disease and cirrhosis.....	11.5	13.2	16.6	13.9	11.4	10.5	9.7	9.6	9.6	9.4	9.7
Diabetes mellitus.....	22.9	21.7	22.9	16.7	15.9	18.8	21.1	21.6	21.5	21.9	22.8
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	8.3	11.6	7.6	3.5	2.7	2.9	2.9
External causes.....	---	---	67.7	58.8	56.5	54.4	54.1	53.5	53.7	53.2	53.2
Unintentional injuries.....	77.4	61.2	59.8	46.5	39.0	36.7	35.4	35.7	35.5	36.0	35.5
Motor vehicle-related injuries.....	24.4	22.9	27.1	22.6	18.8	18.5	16.5	16.5	16.2	16.1	15.6
Suicide.....	13.9	13.1	13.8	13.0	13.4	13.4	12.8	12.5	12.3	12.2	11.5
Assault (homicide).....	2.6	2.7	4.7	6.7	5.3	5.5	5.1	4.6	4.3	4.0	3.8
Black											
All causes.....	1,722.1	1,577.5	1,518.1	1,314.8	1,261.2	1,250.3	1,224.5	1,188.7	1,151.5	1,135.7	1,147.1
Natural causes.....	---	---	---	1,206.0	1,174.6	1,159.0	1,141.4	1,109.7	1,075.5	1,063.1	1,076.2
Diseases of heart.....	586.7	548.3	512.0	455.3	430.6	391.5	367.2	354.0	345.0	340.6	336.5
Ischemic heart disease.....	---	---	---	274.2	239.7	215.1	199.1	192.0	186.8	180.3	226.3
Cerebrovascular diseases.....	233.6	235.2	197.1	129.3	105.4	91.7	87.9	85.2	81.6	80.3	82.4
Malignant neoplasms.....	176.4	199.1	225.3	256.4	266.5	279.5	269.6	264.9	262.1	255.1	254.3
Trachea, bronchus, and lung.....	11.1	23.7	41.3	59.7	65.8	72.4	69.3	68.3	67.9	66.7	65.2
Colon, rectum, and anus.....	---	22.8	26.1	28.3	30.0	30.6	29.5	28.5	28.8	28.2	28.5
Prostate ²	30.9	41.2	48.5	61.1	65.8	77.0	75.7	75.6	71.1	68.7	66.5
Breast ³	25.3	27.9	28.9	31.7	34.6	38.1	38.3	37.3	37.7	35.7	35.6
Chronic lower respiratory diseases.....	---	---	19.2	24.6	28.1	30.3	30.8	30.3	30.8	30.8	33.7
Influenza and pneumonia.....	76.7	81.1	57.2	34.4	35.8	39.4	36.8	36.7	36.0	37.0	25.6
Chronic liver disease and cirrhosis.....	9.0	13.6	28.1	25.0	19.3	16.5	12.1	11.3	10.7	9.9	10.2
Diabetes mellitus.....	23.5	30.9	38.8	32.7	33.0	40.5	47.1	47.9	48.5	48.4	50.1
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	26.7	54.9	44.2	26.6	22.1	24.1	24.1
External causes.....	---	---	108.8	86.5	91.2	83.1	79.0	76.0	72.7	71.0	71.0
Unintentional injuries.....	79.9	75.1	81.2	59.6	49.3	45.8	43.5	42.4	42.0	41.8	40.7
Motor vehicle-related injuries.....	26.0	24.2	31.1	20.2	17.8	18.8	16.9	17.0	17.3	17.2	16.2
Suicide.....	4.5	5.0	6.2	6.5	6.6	7.1	6.9	6.6	6.3	5.8	5.7
Assault (homicide).....	28.3	26.0	44.0	39.0	28.1	36.3	30.2	27.6	25.2	22.6	20.6
American Indian or Alaska Native											
All causes.....	---	---	---	867.0	731.7	716.3	716.5	702.6	711.6	705.2	716.0
Natural causes.....	---	---	---	735.2	636.8	628.3	632.5	617.6	622.6	620.6	628.6
Diseases of heart.....	---	---	---	240.6	219.0	200.6	183.6	179.6	182.1	174.4	171.4
Ischemic heart disease.....	---	---	---	156.2	140.1	121.3	111.5	111.8	112.7	102.2	123.9
Cerebrovascular diseases.....	---	---	---	58.2	46.7	40.7	42.3	41.8	39.2	37.7	39.7
Malignant neoplasms.....	---	---	---	113.7	113.5	121.8	128.6	133.1	131.8	129.3	126.4
Trachea, bronchus, and lung.....	---	---	---	20.7	25.8	30.9	35.3	36.0	36.3	38.2	34.9
Colon, rectum, and anus.....	---	---	---	9.5	10.5	12.0	13.3	14.1	14.5	13.3	12.0
Prostate ²	---	---	---	20.7	19.6	17.8	18.5	20.9	19.3	15.9	12.5
Breast ³	---	---	---	10.8	12.1	13.7	14.6	17.8	13.1	14.2	15.4
Chronic lower respiratory diseases.....	---	---	---	14.2	17.6	25.4	24.8	24.3	27.2	28.1	30.3
Influenza and pneumonia.....	---	---	---	44.4	33.6	36.1	30.4	27.8	26.9	28.3	22.0
Chronic liver disease and cirrhosis.....	---	---	---	45.3	27.9	24.1	28.9	25.3	24.2	25.9	28.2
Diabetes mellitus.....	---	---	---	29.6	29.0	34.1	42.9	41.6	48.4	45.9	50.3
Human immunodeficiency virus (HIV) disease.....	---	---	---	---	1.8	7.1	4.3	2.5	2.3	3.1	3.1
External causes.....	---	---	131.9	94.9	88.0	84.0	85.0	89.0	84.6	87.4	87.4
Unintentional injuries.....	---	---	100.5	69.6	63.2	59.2	61.7	63.9	60.7	60.9	60.9
Motor vehicle-related injuries.....	---	---	54.5	34.8	32.5	31.4	33.3	32.8	31.9	31.8	31.8
Suicide.....	---	---	11.9	10.9	11.7	11.5	12.3	12.4	12.6	11.8	11.8
Assault (homicide).....	---	---	15.5	11.7	10.4	10.7	9.2	10.4	9.1	10.5	10.5

See footnotes at end of table.

Table 30 (page 3 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Asian or Pacific Islander											
All causes	---	---	---	589.9	586.5	582.0	616.0	539.7	533.9	516.8	517.7
Natural causes	---	---	---	547.2	548.9	545.0	580.9	507.8	500.8	487.8	489.2
Diseases of heart	---	---	---	202.1	196.7	181.7	193.3	163.0	158.3	154.4	154.1
Ischemic heart disease	---	---	---	148.4	130.1	117.2	123.0	103.8	100.1	100.2	115.7
Cerebrovascular diseases	---	---	---	66.3	58.8	57.0	62.0	54.8	54.6	50.6	52.4
Malignant neoplasms	---	---	---	126.1	132.3	134.2	143.0	128.8	127.2	124.2	125.3
Trachea, bronchus, and lung	---	---	---	28.4	27.2	30.2	32.4	29.3	28.9	29.3	28.5
Colon, rectum, and anus	---	---	---	16.4	16.6	14.4	15.3	13.7	13.5	13.7	12.2
Prostate ²	---	---	---	10.2	15.8	16.8	21.1	15.1	14.5	12.4	13.4
Breast ³	---	---	---	11.9	13.2	13.7	14.6	12.4	12.6	13.1	13.1
Chronic lower respiratory diseases	---	---	---	12.9	17.6	19.4	21.6	18.5	19.6	17.2	19.2
Influenza and pneumonia	---	---	---	24.0	26.1	31.4	33.7	28.0	27.9	29.8	15.6
Chronic liver disease and cirrhosis	---	---	---	6.1	5.9	5.2	4.1	3.9	3.4	3.5	3.8
Diabetes mellitus	---	---	---	12.6	12.1	14.6	18.3	16.8	18.3	16.9	18.4
Human immunodeficiency virus (HIV) disease	---	---	---	---	---	2.2	3.3	2.4	0.9	0.8	0.8
External causes	---	---	---	42.7	37.5	37.0	35.1	31.9	33.1	29.0	28.5
Unintentional injuries	---	---	---	27.9	25.6	24.7	22.3	20.6	21.5	18.4	17.7
Motor vehicle-related injuries	---	---	---	13.9	12.9	14.0	12.1	10.4	10.8	9.5	8.8
Suicide	---	---	---	7.8	7.1	6.7	7.2	6.5	7.0	6.6	6.4
Assault (homicide)	---	---	---	5.9	4.1	5.0	5.0	4.3	4.1	3.5	3.2
Hispanic ⁴											
All causes	---	---	---	698.8	692.0	670.1	632.8	612.3	596.4	601.2	
Natural causes	---	---	---	641.2	632.0	614.8	581.2	563.8	549.1	554.2	
Diseases of heart	---	---	---	239.8	217.1	198.5	186.9	183.3	175.8	176.2	
Ischemic heart disease	---	---	---	162.5	147.1	134.0	126.7	124.2	118.5	138.4	
Cerebrovascular diseases	---	---	---	52.0	45.3	43.6	41.3	40.0	39.2	40.0	
Malignant neoplasms	---	---	---	125.9	136.8	132.3	128.1	125.5	123.7	122.1	
Trachea, bronchus, and lung	---	---	---	22.9	26.5	24.6	23.8	23.9	22.7	22.5	
Colon, rectum, and anus	---	---	---	13.0	14.7	13.4	12.7	12.8	12.8	12.8	
Prostate ²	---	---	---	18.8	23.3	25.7	22.7	20.8	20.9	19.0	
Breast ³	---	---	---	16.3	19.5	18.1	18.4	17.8	16.8	15.4	
Chronic lower respiratory diseases	---	---	---	17.4	19.3	21.2	20.2	19.6	18.6	19.9	
Influenza and pneumonia	---	---	---	30.2	29.7	24.5	24.2	24.6	24.1	15.6	
Chronic liver disease and cirrhosis	---	---	---	20.3	18.3	17.0	16.7	15.9	15.4	15.4	
Diabetes mellitus	---	---	---	23.0	28.2	33.9	32.9	32.5	32.1	33.6	
Human immunodeficiency virus (HIV) disease	---	---	---	---	16.3	25.6	17.5	8.9	6.7	7.2	
External causes	---	---	---	57.6	60.0	55.3	51.5	48.4	47.3	47.0	
Unintentional injuries	---	---	---	35.4	35.3	33.4	32.5	31.1	31.1	31.1	
Motor vehicle-related injuries	---	---	---	17.1	19.5	16.9	16.5	15.5	15.1	15.0	
Suicide	---	---	---	6.3	7.8	7.4	7.0	6.4	6.3	6.1	
Assault (homicide)	---	---	---	14.6	16.2	13.3	11.1	9.9	8.8	8.4	

See footnotes at end of table.

Table 30 (page 4 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 ¹	
White, non-Hispanic ⁴			Deaths per 100,000 standard population									
All causes	---	---	---	---	942.1	914.5	890.8	882.1	871.7	862.7	869.4	
Natural causes	---	---	---	---	886.4	859.6	838.1	829.3	818.9	809.6	816.8	
Diseases of heart	---	---	---	---	366.7	319.7	293.0	287.0	279.7	271.7	266.8	
Ischemic heart disease	---	---	---	---	265.5	222.6	195.3	190.2	182.8	175.9	196.6	
Cerebrovascular diseases	---	---	---	---	72.4	63.7	61.6	61.4	60.3	58.1	60.5	
Malignant neoplasms	---	---	---	---	202.1	215.4	210.8	208.7	205.7	203.0	203.8	
Trachea, bronchus, and lung	---	---	---	---	53.2	60.3	60.2	60.0	59.9	59.6	58.0	
Colon, rectum, and anus	---	---	---	---	25.7	24.6	22.5	21.9	21.4	21.1	21.0	
Prostate ²	---	---	---	---	29.9	36.1	34.5	33.2	31.5	29.7	28.8	
Breast ³	---	---	---	---	33.0	33.9	30.9	29.9	28.5	27.9	26.9	
Chronic lower respiratory diseases	---	---	---	---	36.3	39.2	42.5	43.3	44.1	44.8	48.9	
Influenza and pneumonia	---	---	---	---	35.2	36.5	33.3	32.9	33.5	34.7	23.7	
Chronic liver disease and cirrhosis	---	---	---	---	10.9	9.9	9.0	8.9	8.9	8.8	9.0	
Diabetes mellitus	---	---	---	---	14.8	18.3	20.2	20.9	20.6	21.1	21.9	
Human immunodeficiency virus (HIV) disease	---	---	---	---	7.4	9.8	6.3	2.8	2.1	2.3		
External causes	---	---	---	---	55.6	54.9	52.7	52.8	52.9	53.2	52.6	
Unintentional injuries	---	---	---	---	36.3	36.1	34.7	35.2	35.4	35.8	35.2	
Motor vehicle-related injuries	---	---	---	---	17.4	18.2	16.2	16.2	16.1	16.0	15.4	
Suicide	---	---	---	---	13.8	13.8	13.1	12.9	12.8	12.8	12.0	
Assault (homicide)	---	---	---	---	4.4	4.0	3.6	3.4	3.3	3.1	2.9	

¹Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuities between 1998 and 1999 due to ICD-10 coding and classification changes are measured by comparability ratios. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (from Appendix II, table VI), except for the following three causes: for Ischemic heart diseases, the 1998 age-adjusted comparability-modified rate for all persons is 197.9; for Cerebrovascular diseases, 63.1; and for Unintentional injuries, 36.1. See Appendix II, Comparability ratio and tables V (footnote 2) and VI.

-- Data not available.

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

²Rate for male population only.

³Rate for female population only.

⁴Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics: Grove, RD, Hetzel, AM. *Vital statistics rates in the United States, 1940–1960*. Washington: U.S. Government Printing Office. 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1960–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 31 (page 1 of 5). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–98

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	Crude			Age adjusted ¹				
	1980	1990	1998	1980	1990	1996	1997	1998
All persons	Years lost before age 75 per 100,000 population under 75 years of age							
All causes	10,267.6	8,997.0	7,733.3	10,448.4	9,085.5	8,322.1	7,957.1	7,787.0
Diseases of heart	2,065.3	1,517.6	1,343.2	2,238.7	1,617.7	1,446.1	1,406.0	1,365.3
Ischemic heart disease	1,454.3	942.1	757.5	1,583.4	1,010.7	852.4	810.4	771.5
Cerebrovascular diseases	332.9	246.2	230.0	358.1	259.9	247.4	243.4	236.0
Malignant neoplasms	1,932.4	1,863.4	1,715.9	2,108.8	2,003.8	1,820.9	1,785.0	1,746.9
Trachea, bronchus, and lung	496.8	516.7	457.8	548.5	561.4	491.5	477.0	467.6
Colorectal	175.8	153.4	142.9	190.0	164.7	147.8	147.4	145.7
Prostate ²	78.8	89.5	67.6	84.9	96.8	82.1	75.7	72.7
Breast ³	408.5	416.5	357.5	463.2	451.6	382.9	371.1	356.4
Chronic obstructive pulmonary diseases	164.5	182.5	187.5	169.2	187.5	191.9	190.2	189.2
Pneumonia and influenza	156.4	139.9	122.8	160.2	141.5	127.0	125.1	123.4
Chronic liver disease and cirrhosis	254.1	178.4	159.2	300.3	196.9	171.1	166.6	162.3
Diabetes mellitus	124.6	147.0	174.1	134.4	155.9	180.5	176.5	176.8
Human immunodeficiency virus infection	---	391.2	177.2	---	383.8	427.0	221.8	175.4
Unintentional injuries	1,688.7	1,221.2	1,051.6	1,558.5	1,174.7	1,071.2	1,054.5	1,047.1
Motor vehicle-related injuries	1,017.6	752.4	596.4	912.9	716.4	621.6	604.9	593.6
Suicide	401.6	404.8	365.4	392.0	393.1	377.5	368.7	363.3
Assault (homicide)	453.3	446.5	301.0	425.5	417.4	349.3	326.1	298.2
White male								
All causes	12,454.3	10,629.4	8,972.8	12,651.6	10,757.9	9,670.1	9,198.8	9,012.2
Diseases of heart	2,907.1	2,058.7	1,782.0	3,213.3	2,216.8	1,932.7	1,874.2	1,804.5
Ischemic heart disease	2,241.0	1,416.9	1,121.0	2,492.2	1,535.6	1,262.5	1,196.9	1,137.0
Cerebrovascular diseases	309.0	222.9	216.5	334.0	234.8	229.3	224.1	218.6
Malignant neoplasms	2,087.1	1,970.9	1,803.9	2,257.1	2,103.1	1,905.8	1,853.9	1,827.2
Trachea, bronchus, and lung	709.2	669.7	560.3	781.7	724.7	608.6	583.8	569.6
Colorectal	194.2	174.7	160.9	212.3	187.6	167.0	164.9	163.2
Prostate	72.6	85.0	61.9	74.8	86.6	71.7	65.4	62.7
Chronic obstructive pulmonary diseases	219.3	208.9	199.9	229.1	215.8	203.8	206.1	202.4
Pneumonia and influenza	156.0	143.3	124.4	162.0	146.5	129.9	130.9	125.1
Chronic liver disease and cirrhosis	306.4	233.5	229.7	359.3	256.8	241.3	236.5	231.6
Diabetes mellitus	114.7	141.0	173.9	125.1	149.9	180.0	170.2	175.6
Human immunodeficiency virus infection	---	589.3	164.8	---	576.8	479.0	214.8	162.1
Unintentional injuries	2,553.8	1,766.9	1,484.5	2,310.9	1,684.8	1,497.4	1,473.3	1,475.9
Motor vehicle-related injuries	1,579.9	1,085.4	816.9	1,388.6	1,023.1	848.9	817.8	812.9
Suicide	663.0	694.0	630.3	634.2	668.6	648.0	628.3	624.7
Assault (homicide)	446.3	376.4	255.9	417.6	353.2	290.2	278.3	253.9
Black male								
All causes	21,081.4	20,744.8	15,998.7	23,922.1	22,588.4	20,262.3	18,550.4	17,783.6
Diseases of heart	3,383.9	2,769.2	2,564.4	4,911.5	3,926.3	3,477.2	3,418.2	3,341.4
Ischemic heart disease	1,805.9	1,249.8	1,088.3	2,729.4	1,873.8	1,587.5	1,566.8	1,484.6
Cerebrovascular diseases	714.1	546.4	495.1	1,023.9	774.8	690.8	680.1	642.1
Malignant neoplasms	2,495.1	2,444.5	2,137.0	3,611.4	3,568.3	3,044.8	2,969.1	2,881.3
Trachea, bronchus, and lung	853.7	842.5	660.9	1,299.8	1,291.5	1,023.2	965.6	935.5
Colorectal	176.1	188.6	193.7	256.3	279.1	268.2	272.7	263.4
Prostate	136.9	143.7	124.0	200.3	223.5	202.5	194.8	187.3
Chronic obstructive pulmonary diseases	223.3	241.4	237.5	298.4	320.3	300.9	285.5	292.7
Pneumonia and influenza	467.1	399.2	273.4	539.4	464.4	367.4	326.6	321.4
Chronic liver disease and cirrhosis	610.1	390.5	234.9	907.6	539.0	347.2	312.8	300.1
Diabetes mellitus	199.8	263.0	330.0	285.7	371.7	420.1	443.9	432.9
Human immunodeficiency virus infection	---	1,622.4	1,027.0	---	1,715.7	2,460.2	1,400.5	1,115.7
Unintentional injuries	2,934.4	2,308.7	1,935.4	2,851.5	2,197.3	1,931.5	1,886.1	1,888.7
Motor vehicle-related injuries	1,289.2	1,163.1	980.2	1,224.1	1,079.8	931.4	928.0	927.1
Suicide	415.7	482.3	406.4	408.4	455.1	438.5	415.2	388.1
Assault (homicide)	2,830.6	3,165.4	1,935.6	2,762.9	2,772.7	2,153.1	1,973.5	1,753.5

See footnotes at end of table.

Table 31 (page 2 of 5). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–98

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	Crude			Age adjusted ¹				
	1980	1990	1998	1980	1990	1996	1997	1998
American Indian or Alaska Native male ⁴								
All causes	16,368.1	11,879.5	11,173.0	17,437.2	12,517.5	12,128.5	12,560.9	12,331.2
Diseases of heart	1,667.6	1,287.0	1,376.2	2,704.9	1,953.6	1,853.1	1,915.3	1,899.5
Ischemic heart disease	1,024.5	712.6	698.4	1,815.8	1,185.1	1,162.0	1,206.2	1,028.5
Cerebrovascular diseases	190.2	160.3	167.4	301.4	228.2	271.7	231.6	234.4
Malignant neoplasms	661.4	725.2	917.7	1,078.5	1,110.1	1,213.7	1,475.2	1,290.7
Trachea, bronchus, and lung	146.5	196.3	263.4	270.8	332.9	419.4	425.8	410.5
Colorectal	44.9	53.1	90.2	79.8	81.9	122.6	164.6	132.8
Prostate	34.2	22.5	30.4	66.7	42.0	72.4	46.6	50.8
Chronic obstructive pulmonary diseases	78.2	100.3	150.1	125.1	153.0	117.6	226.7	209.5
Pneumonia and influenza	343.1	230.2	213.3	398.7	248.7	299.9	271.5	240.3
Chronic liver disease and cirrhosis	943.9	445.9	582.7	1,447.5	616.8	637.0	676.1	729.5
Diabetes mellitus	183.1	191.6	372.8	299.7	306.3	425.9	434.9	529.8
Human immunodeficiency virus infection	---	130.2	131.1	---	130.8	274.1	149.6	138.0
Unintentional injuries	5,731.6	3,600.0	2,891.3	5,213.1	3,324.1	2,966.3	2,997.8	2,771.7
Motor vehicle-related injuries	3,329.6	2,095.9	1,697.5	2,911.0	1,896.2	1,774.5	1,663.1	1,577.5
Suicide	984.6	968.2	947.8	835.6	847.4	794.2	838.6	850.8
Assault (homicide)	1,014.8	744.6	616.9	927.8	672.1	607.4	665.4	568.3
Asian or Pacific Islander male ⁵								
All causes	6,131.1	5,414.5	4,653.1	6,729.3	5,991.3	5,456.8	5,303.3	5,075.7
Diseases of heart	1,027.0	740.6	775.2	1,469.8	1,042.0	1,033.2	1,010.8	965.5
Ischemic heart disease	697.6	413.4	434.0	1,044.3	614.2	597.2	588.4	563.9
Cerebrovascular diseases	201.0	176.2	204.7	283.4	246.1	263.9	268.6	256.5
Malignant neoplasms	969.1	965.7	1,011.2	1,352.8	1,318.6	1,210.4	1,233.4	1,233.7
Trachea, bronchus, and lung	230.0	180.4	194.2	353.9	282.0	258.7	274.2	262.8
Colorectal	84.1	85.6	102.1	126.9	122.7	105.3	119.2	124.8
Prostate	10.3	18.6	14.5	17.0	32.4	28.2	21.6	21.3
Chronic obstructive pulmonary diseases	67.1	61.6	66.9	90.5	93.5	100.6	88.9	84.3
Pneumonia and influenza	94.1	72.2	74.9	102.1	87.8	86.3	90.4	86.9
Chronic liver disease and cirrhosis	94.7	84.8	57.1	130.4	112.2	71.9	70.8	67.5
Diabetes mellitus	63.6	60.2	82.2	91.2	89.0	116.3	103.5	107.3
Human immunodeficiency virus infection	---	145.8	48.5	---	146.2	149.2	59.3	47.6
Unintentional injuries	1,196.8	986.7	667.4	1,051.6	886.6	722.7	706.4	637.1
Motor vehicle-related injuries	732.6	657.3	407.5	636.6	579.9	432.6	393.5	388.3
Suicide	320.0	336.5	324.2	292.9	296.6	302.7	308.8	308.8
Assault (homicide)	317.1	346.3	225.7	291.6	304.8	290.7	261.1	210.2
Hispanic male ⁶								
All causes	---	10,217.2	7,612.8	---	10,938.0	9,332.9	8,496.6	8,433.8
Diseases of heart	---	897.3	812.8	---	1,544.4	1,330.3	1,276.3	1,262.7
Ischemic heart disease	---	483.5	421.0	---	920.9	764.6	725.5	718.4
Cerebrovascular diseases	---	168.7	195.4	---	267.4	272.0	269.8	279.6
Malignant neoplasms	---	810.1	819.8	---	1,314.1	1,208.4	1,209.2	1,230.0
Trachea, bronchus, and lung	---	153.1	134.5	---	296.3	247.1	232.1	233.5
Colorectal	---	64.1	74.0	---	118.8	109.5	117.8	123.7
Prostate	---	22.0	27.4	---	47.7	56.7	45.8	54.2
Chronic obstructive pulmonary diseases	---	54.6	62.3	---	89.2	85.1	87.2	90.9
Pneumonia and influenza	---	139.4	105.4	---	169.8	132.1	131.1	131.7
Chronic liver disease and cirrhosis	---	340.2	287.3	---	533.2	446.1	412.6	416.3
Diabetes mellitus	---	107.2	138.7	---	191.1	244.4	241.4	235.1
Human immunodeficiency virus infection	---	964.3	313.8	---	1,040.5	949.7	474.8	349.8
Unintentional injuries	---	2,120.1	1,640.3	---	1,853.3	1,557.9	1,480.9	1,536.8
Motor vehicle-related injuries	---	1,305.0	893.6	---	1,104.9	854.5	806.1	809.7
Suicide	---	450.2	361.4	---	419.5	392.1	363.9	346.6
Assault (homicide)	---	1,444.8	785.8	---	1,200.9	831.6	733.8	676.8

See footnotes at end of table.

Table 31 (page 3 of 5). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–98

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	Crude			Age adjusted ¹				
	1980	1990	1998	1980	1990	1996	1997	1998
White, non-Hispanic male ⁶	Years lost before age 75 per 100,000 population under 75 years of age							
All causes	---	10,530.0	9,039.5	---	10,519.7	9,454.0	9,092.9	8,887.6
Diseases of heart	---	2,175.5	1,910.4	---	2,241.3	1,956.5	1,911.1	1,836.6
Ischemic heart disease	---	1,515.2	1,217.1	---	1,565.5	1,287.2	1,229.8	1,165.9
Cerebrovascular diseases	---	228.8	216.5	---	230.9	219.9	217.1	208.6
Malignant neoplasms	---	2,102.1	1,937.1	---	2,151.7	1,943.1	1,894.2	1,863.9
Trachea, bronchus, and lung	---	728.5	621.2	---	750.3	630.9	609.0	593.5
Colorectal	---	187.9	172.7	---	192.5	170.3	167.7	165.5
Prostate	---	92.8	66.6	---	89.2	72.3	66.5	62.9
Chronic obstructive pulmonary diseases	---	227.2	219.2	---	223.1	209.4	213.9	208.8
Pneumonia and influenza	---	141.3	125.0	---	140.9	125.6	128.1	121.6
Chronic liver disease and cirrhosis	---	219.1	215.4	---	232.5	216.4	214.3	208.1
Diabetes mellitus	---	144.7	176.9	---	147.9	173.3	163.2	169.9
Human immunodeficiency virus infection	---	531.4	136.7	---	515.9	410.3	175.5	132.7
Unintentional injuries	---	1,689.9	1,432.7	---	1,634.8	1,456.0	1,450.8	1,440.8
Motor vehicle-related injuries	---	1,041.9	791.4	---	1,000.0	829.9	809.1	800.8
Suicide	---	719.4	662.8	---	695.2	673.7	659.1	657.6
Assault (homicide)	---	232.8	166.0	---	223.1	182.1	185.5	167.1
White female								
All causes	6,655.6	5,740.0	5,320.2	6,643.5	5,652.3	5,333.6	5,249.3	5,179.3
Diseases of heart	1,142.1	864.1	769.5	1,098.7	821.8	756.7	741.2	722.5
Ischemic heart disease	758.1	521.1	420.3	718.9	489.5	430.4	405.2	389.3
Cerebrovascular diseases	275.0	200.1	185.6	273.7	194.3	184.9	180.1	175.4
Malignant neoplasms	1,774.6	1,760.8	1,634.2	1,850.2	1,783.6	1,638.9	1,611.9	1,563.3
Trachea, bronchus, and lung	295.3	382.7	380.3	308.5	383.3	367.7	361.2	357.3
Colorectal	165.1	133.2	120.9	164.7	131.2	115.9	116.7	114.3
Breast	418.8	420.7	349.3	460.2	441.7	365.0	353.5	337.8
Chronic obstructive pulmonary diseases	117.4	164.6	182.6	112.5	154.2	170.9	169.3	168.2
Pneumonia and influenza	103.6	92.3	92.8	102.6	89.6	87.8	87.6	89.3
Chronic liver disease and cirrhosis	145.2	95.5	90.9	162.2	98.3	90.1	89.8	88.0
Diabetes mellitus	108.0	121.8	134.7	106.8	118.3	130.6	130.2	127.4
Human immunodeficiency virus infection	---	43.4	30.6	---	41.5	74.8	39.5	30.2
Unintentional injuries	793.0	610.1	576.7	755.3	607.1	595.0	588.2	586.8
Motor vehicle-related injuries	525.0	426.7	368.4	488.6	422.8	396.9	390.1	377.3
Suicide	193.0	166.1	154.4	197.5	165.0	154.1	156.6	154.4
Assault (homicide)	131.9	116.8	93.3	126.7	114.1	103.6	93.8	95.0
Black female								
All causes	11,795.1	10,966.0	9,429.8	12,767.6	11,454.5	10,809.0	10,259.4	10,068.3
Diseases of heart	2,020.0	1,665.2	1,563.4	2,573.8	2,059.2	1,911.7	1,795.9	1,804.2
Ischemic heart disease	987.7	711.9	618.9	1,302.1	921.1	824.2	769.7	739.5
Cerebrovascular diseases	600.9	458.3	421.4	770.7	562.8	496.3	493.3	480.0
Malignant neoplasms	1,855.8	1,893.9	1,844.9	2,419.2	2,377.9	2,154.0	2,147.4	2,127.9
Trachea, bronchus, and lung	260.3	328.7	331.8	356.9	435.1	389.5	399.8	399.0
Colorectal	162.6	164.4	160.7	213.2	212.7	191.6	183.6	190.2
Breast	382.8	465.4	468.8	524.2	592.9	566.9	554.9	534.7
Chronic obstructive pulmonary diseases	109.0	149.0	184.6	128.1	178.1	208.6	194.8	206.0
Pneumonia and influenza	252.3	214.2	178.4	256.9	220.7	192.1	192.0	188.4
Chronic liver disease and cirrhosis	323.8	193.2	102.8	427.6	233.6	140.8	132.0	115.7
Diabetes mellitus	248.3	279.1	315.3	320.0	351.7	388.6	374.7	369.5
Human immunodeficiency virus infection	---	427.1	454.5	---	408.7	793.5	514.9	450.7
Unintentional injuries	898.9	767.7	694.3	843.9	717.3	725.0	713.2	676.9
Motor vehicle-related injuries	362.9	381.2	364.4	333.4	355.0	368.3	376.6	350.8
Suicide	88.3	90.0	69.1	89.4	87.3	71.9	71.7	67.0
Assault (homicide)	605.3	618.9	394.3	552.3	545.2	434.6	392.2	370.2

See footnotes at end of table.

Table 31 (page 4 of 5). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–98

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	Crude			Age adjusted ¹				
	1980	1990	1998	1980	1990	1996	1997	1998
American Indian or Alaska Native female⁴								
All causes	9,077.4	6,086.8	6,606.3	9,534.6	6,575.7	7,284.4	7,037.9	7,221.6
Diseases of heart	714.8	647.0	653.0	1,006.3	878.1	871.2	884.0	818.3
Ischemic heart disease	323.4	299.7	286.0	539.8	463.6	456.9	446.5	400.7
Cerebrovascular diseases	158.3	167.1	163.4	240.8	219.1	231.5	248.9	217.9
Malignant neoplasms	775.0	860.2	954.8	1,131.4	1,175.2	1,294.4	1,203.8	1,216.2
Trachea, bronchus, and lung	60.6	138.1	166.5	102.0	212.0	209.8	206.7	233.0
Colorectal	45.8	56.2	80.6	77.5	82.2	101.9	105.8	102.8
Breast	125.9	150.1	167.1	205.5	213.4	251.2	183.2	211.2
Chronic obstructive pulmonary diseases	*	80.1	92.0	*	109.0	126.2	140.4	128.6
Pneumonia and influenza	216.4	152.9	206.5	222.4	166.7	153.9	143.9	215.9
Chronic liver disease and cirrhosis	681.0	381.8	425.5	950.1	459.8	494.7	476.4	497.0
Diabetes mellitus	190.5	186.6	238.3	308.6	278.3	383.7	371.5	327.8
Human immunodeficiency virus infection	---	*	*	---	*	*	*	*
Unintentional injuries	2,170.7	1,185.9	1,341.1	1,941.9	1,074.1	1,286.7	1,246.4	1,276.8
Motor vehicle-related injuries	1,486.8	778.5	940.8	1,313.2	709.3	868.9	793.2	877.4
Suicide	211.6	153.9	236.0	199.3	138.3	228.9	159.6	219.7
Assault (homicide)	342.9	221.4	216.0	337.2	196.8	196.3	218.7	205.8
Asian or Pacific Islander female⁵								
All causes	3,893.8	3,264.7	2,918.4	4,126.1	3,533.9	3,173.4	3,216.4	3,063.6
Diseases of heart	378.1	318.1	307.4	487.9	409.0	375.1	378.6	356.2
Ischemic heart disease	167.1	148.3	137.1	246.9	204.0	172.6	179.7	168.3
Cerebrovascular diseases	192.2	175.3	145.7	252.0	224.5	189.4	198.7	167.2
Malignant neoplasms	870.0	847.0	903.6	1,094.2	1,040.1	1,022.6	1,001.0	999.6
Trachea, bronchus, and lung	97.3	106.3	124.0	135.7	140.8	125.6	143.0	144.6
Colorectal	79.7	69.7	76.4	105.2	90.5	91.2	85.3	86.5
Breast	175.7	173.1	196.2	222.2	216.5	193.7	202.0	214.4
Chronic obstructive pulmonary diseases	22.1	47.4	38.9	24.9	56.6	59.5	49.5	42.4
Pneumonia and influenza	49.6	59.6	55.0	56.5	62.8	50.6	52.2	57.9
Chronic liver disease and cirrhosis	34.0	30.3	21.9	46.1	37.1	22.0	23.5	24.6
Diabetes mellitus	53.1	44.5	56.4	75.3	60.6	73.5	74.4	68.2
Human immunodeficiency virus infection	---	*	*	---	*	18.8	*	*
Unintentional injuries	486.4	419.6	315.5	453.5	402.9	335.6	388.2	309.6
Motor vehicle-related injuries	338.1	325.0	227.0	314.7	310.3	236.5	273.8	221.4
Suicide	159.2	114.7	107.1	146.8	106.9	113.3	111.6	102.5
Assault (homicide)	131.0	117.9	83.9	118.5	107.8	87.6	89.3	80.2
Hispanic female⁶								
All causes	---	4,753.5	3,957.0	---	4,959.5	4,509.9	4,409.6	4,240.7
Diseases of heart	---	442.2	396.6	---	663.0	541.2	553.2	551.5
Ischemic heart disease	---	219.8	188.0	---	365.1	297.4	297.6	287.5
Cerebrovascular diseases	---	151.9	137.4	---	211.9	181.9	181.1	181.4
Malignant neoplasms	---	828.7	790.7	---	1,171.4	1,083.3	1,076.6	1,051.6
Trachea, bronchus, and lung	---	63.3	65.0	---	104.0	97.6	106.1	96.6
Colorectal	---	54.4	50.8	---	84.5	76.7	75.3	72.9
Breast	---	201.4	181.0	---	299.3	259.9	259.7	247.9
Chronic obstructive pulmonary diseases	---	50.6	46.7	---	70.8	67.2	66.8	62.3
Pneumonia and influenza	---	93.0	68.5	---	93.3	81.2	85.8	73.5
Chronic liver disease and cirrhosis	---	93.1	71.9	---	134.0	112.2	113.0	97.9
Diabetes mellitus	---	103.4	126.7	---	165.0	197.7	201.7	188.7
Human immunodeficiency virus infection	---	152.9	86.8	---	148.3	235.1	121.8	94.7
Unintentional injuries	---	556.5	496.0	---	497.0	490.7	480.9	461.8
Motor vehicle-related injuries	---	382.4	330.9	---	344.4	330.0	323.0	306.3
Suicide	---	89.8	70.0	---	83.8	81.5	63.2	68.9
Assault (homicide)	---	227.5	135.2	---	196.0	147.9	132.5	121.9

See footnotes at end of table.

Table 31 (page 5 of 5). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–98

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and cause of death	Crude			Age adjusted ¹				
	1980	1990	1998	1980	1990	1996	1997	1998
White, non-Hispanic female ⁶	Years lost before age 75 per 100,000 population under 75 years of age							
All causes	---	5,788.3	5,449.9	---	5,626.5	5,315.9	5,250.1	5,203.4
Diseases of heart	---	902.4	816.7	---	824.9	764.8	752.7	732.8
Ischemic heart disease	---	549.4	450.6	---	493.0	435.8	411.9	395.7
Cerebrovascular diseases	---	205.5	190.4	---	192.2	182.9	178.0	172.4
Malignant neoplasms	---	1,861.9	1,742.8	---	1,824.6	1,671.3	1,642.8	1,595.7
Trachea, bronchus, and lung	---	418.4	424.3	---	402.8	387.3	380.5	378.1
Colorectal	---	142.6	130.1	---	135.0	118.0	119.4	117.2
Breast	---	444.4	371.0	---	451.5	370.8	358.7	343.6
Chronic obstructive pulmonary diseases	---	176.9	201.3	---	158.7	177.0	175.8	175.6
Pneumonia and influenza	---	90.2	95.2	---	86.0	86.1	85.3	89.2
Chronic liver disease and cirrhosis	---	95.6	92.6	---	95.6	87.4	86.5	86.3
Diabetes mellitus	---	123.2	133.8	---	115.4	124.1	123.1	121.2
Human immunodeficiency virus infection	---	29.1	21.0	---	27.9	52.1	28.0	20.7
Unintentional injuries	---	607.4	580.7	---	612.3	596.1	598.0	599.1
Motor vehicle-related injuries	---	425.1	369.1	---	427.2	397.6	396.4	384.7
Suicide	---	172.6	165.5	---	170.9	160.5	167.3	164.4
Assault (homicide)	---	101.9	84.9	---	100.6	93.3	85.5	88.2

--- Data not available.

* Based on fewer than 20 deaths.

¹Rates are age adjusted to the 2000 U.S. standard million population. See Appendix II, Age adjustment.

²Male only.

³Female only.

⁴Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁵Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁶Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: For data years shown, the code numbers for cause of death are based on the *International Classification of Diseases, Ninth Revision*, described in Appendix II, table V. Categories for coding human immunodeficiency virus infection were introduced in the United States in 1987. Years of potential life lost (YPLL) before age 75 provides a measure of the impact of mortality on the population under 75 years of age. These data are presented as YPLL-75 because the average life expectancy in the United States is over 75 years. YPLL-65 was calculated in *Health, United States, 1995* and earlier editions. See Appendix II, YPLL, for method of calculation. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). YPLL rates may also be similarly affected. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington. U.S. Government Printing Office; for 1994–98, unpublished data; data computed by the Division of Health and Utilization Analysis from numerator data compiled by the Division of Vital Statistics and denominator data from unrounded national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

Table 32 (page 1 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and rank order	Cause of death	1980	Preliminary 1999 [†]	
		Deaths	Cause of death	Deaths
All persons				
...	All causes	1,989,841	All causes	2,391,630
1.	Diseases of heart	761,085	Diseases of heart	724,915
2.	Malignant neoplasms	416,509	Malignant neoplasms	549,787
3.	Cerebrovascular diseases	170,225	Cerebrovascular diseases	167,340
4.	Unintentional injuries	105,718	Chronic lower respiratory diseases	124,153
5.	Chronic obstructive pulmonary diseases	56,050	Unintentional injuries	97,298
6.	Pneumonia and influenza	54,619	Diabetes mellitus	68,379
7.	Diabetes mellitus	34,851	Influenza and pneumonia	63,686
8.	Chronic liver disease and cirrhosis	30,583	Alzheimer's disease	44,507
9.	Atherosclerosis	29,449	Nephritis, nephrotic syndrome and nephrosis	35,524
10.	Suicide	26,869	Septicemia	30,670
Male				
...	All causes	1,075,078	All causes	1,175,552
1.	Diseases of heart	405,661	Diseases of heart	351,432
2.	Malignant neoplasms	225,948	Malignant neoplasms	285,802
3.	Unintentional injuries	74,180	Cerebrovascular diseases	64,476
4.	Cerebrovascular diseases	69,973	Unintentional injuries	63,126
5.	Chronic obstructive pulmonary diseases	38,625	Chronic lower respiratory diseases	62,396
6.	Pneumonia and influenza	27,574	Diabetes mellitus	31,134
7.	Suicide	20,505	Influenza and pneumonia	27,690
8.	Chronic liver disease and cirrhosis	19,768	Suicide	23,368
9.	Homicide	18,779	Chronic liver disease and cirrhosis	17,093
10.	Diabetes mellitus	14,325	Nephritis, nephrotic syndrome and nephrosis	17,018
Female				
...	All causes	914,763	All causes	1,216,078
1.	Diseases of heart	355,424	Diseases of heart	373,483
2.	Malignant neoplasms	190,561	Malignant neoplasms	263,985
3.	Cerebrovascular diseases	100,252	Cerebrovascular diseases	102,864
4.	Unintentional injuries	31,538	Chronic lower respiratory diseases	61,757
5.	Pneumonia and influenza	27,045	Diabetes mellitus	37,245
6.	Diabetes mellitus	20,526	Influenza and pneumonia	35,996
7.	Atherosclerosis	17,848	Unintentional injuries	34,173
8.	Chronic obstructive pulmonary diseases	17,425	Alzheimer's disease	31,120
9.	Chronic liver disease and cirrhosis	10,815	Nephritis, nephrotic syndrome and nephrosis	18,507
10.	Certain conditions originating in the perinatal period	9,815	Septicemia	17,283
White				
...	All causes	1,738,607	All causes	2,061,535
1.	Diseases of heart	683,347	Diseases of heart	634,905
2.	Malignant neoplasms	368,162	Malignant neoplasms	477,215
3.	Cerebrovascular diseases	148,734	Cerebrovascular diseases	144,807
4.	Unintentional injuries	90,122	Chronic lower respiratory diseases	114,717
5.	Chronic obstructive pulmonary diseases	52,375	Unintentional injuries	81,766
6.	Pneumonia and influenza	48,369	Influenza and pneumonia	56,666
7.	Diabetes mellitus	28,868	Diabetes mellitus	54,579
8.	Atherosclerosis	27,069	Alzheimer's disease	41,848
9.	Chronic liver disease and cirrhosis	25,240	Nephritis, nephrotic syndrome and nephrosis	28,040
10.	Suicide	24,829	Suicide	26,146
Black				
...	All causes	233,135	All causes	285,089
1.	Diseases of heart	72,956	Diseases of heart	78,504
2.	Malignant neoplasms	45,037	Malignant neoplasms	61,921
3.	Cerebrovascular diseases	20,135	Cerebrovascular diseases	18,877
4.	Unintentional injuries	13,480	Unintentional injuries	12,643
5.	Homicide	10,172	Diabetes mellitus	11,926
6.	Certain conditions originating in the perinatal period	6,961	Chronic lower respiratory diseases	7,909
7.	Pneumonia and influenza	5,648	Human immunodeficiency virus (HIV) disease	7,869
8.	Diabetes mellitus	5,544	Assault (homicide)	7,631
9.	Chronic liver disease and cirrhosis	4,790	Nephritis, nephrotic syndrome and nephrosis	6,713
10.	Nephritis, nephrotic syndrome, and nephrosis	3,416	Influenza and pneumonia	5,862

See footnotes at end of table.

Table 32 (page 2 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and rank order	1980		Preliminary 1999†	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native				
...	All causes	6,923	All causes	11,312
1.	Diseases of heart	1,494	Diseases of heart	2,404
2.	Unintentional injuries	1,290	Malignant neoplasms	1,836
3.	Malignant neoplasms	770	Unintentional injuries	1,324
4.	Chronic liver disease and cirrhosis	410	Diabetes mellitus	726
5.	Cerebrovascular diseases	322	Cerebrovascular diseases	545
6.	Pneumonia and influenza	257	Chronic liver disease and cirrhosis	513
7.	Homicide	217	Chronic lower respiratory diseases	406
8.	Diabetes mellitus	210	Influenza and pneumonia	315
9.	Certain conditions originating in the perinatal period	199	Suicide	290
10.	Suicide	181	Assault (homicide)	252
Asian or Pacific Islander				
...	All causes	11,071	All causes	33,694
1.	Diseases of heart	3,265	Diseases of heart	9,102
2.	Malignant neoplasms	2,522	Malignant neoplasms	8,814
3.	Cerebrovascular diseases	1,028	Cerebrovascular diseases	3,111
4.	Unintentional injuries	810	Unintentional injuries	1,566
5.	Pneumonia and influenza	342	Diabetes mellitus	1,148
6.	Suicide	249	Chronic lower respiratory diseases	1,121
7.	Certain conditions originating in the perinatal period	246	Influenza and pneumonia	843
8.	Diabetes mellitus	227	Suicide	659
9.	Homicide	211	Nephritis, nephrotic syndrome and nephrosis	577
10.	Chronic obstructive pulmonary diseases	207	Septicemia	397
Hispanic				
...	---	---	All causes	103,768
1.	---	---	Diseases of heart	25,870
2.	---	---	Malignant neoplasms	20,237
3.	---	---	Unintentional injuries	8,642
4.	---	---	Cerebrovascular diseases	5,907
5.	---	---	Diabetes mellitus	5,184
6.	---	---	Chronic liver disease and cirrhosis	2,973
7.	---	---	Assault (homicide)	2,863
8.	---	---	Chronic lower respiratory diseases	2,858
9.	---	---	Influenza and pneumonia	2,245
10.	---	---	Certain conditions originating in the perinatal period	2,152
White male				
...	All causes	933,878	All causes	1,005,391
1.	Diseases of heart	364,679	Diseases of heart	307,442
2.	Malignant neoplasms	198,188	Malignant neoplasms	247,378
3.	Unintentional injuries	62,963	Chronic lower respiratory diseases	56,982
4.	Cerebrovascular diseases	60,095	Cerebrovascular diseases	54,859
5.	Chronic obstructive pulmonary diseases	35,977	Unintentional injuries	52,550
6.	Pneumonia and influenza	23,810	Diabetes mellitus	25,529
7.	Suicide	18,901	Influenza and pneumonia	24,256
8.	Chronic liver disease and cirrhosis	16,407	Suicide	21,021
9.	Diabetes mellitus	12,125	Chronic liver disease and cirrhosis	14,772
10.	Atherosclerosis	10,543	Nephritis, nephrotic syndrome and nephrosis	13,633
Black male				
...	All causes	130,138	All causes	145,726
1.	Diseases of heart	37,877	Diseases of heart	37,528
2.	Malignant neoplasms	25,861	Malignant neoplasms	32,839
3.	Unintentional injuries	9,701	Unintentional injuries	8,709
4.	Cerebrovascular diseases	9,194	Cerebrovascular diseases	7,891
5.	Homicide	8,274	Assault (homicide)	6,204
6.	Certain conditions originating in the perinatal period	3,869	Human immunodeficiency virus (HIV) disease	5,476
7.	Pneumonia and influenza	3,386	Diabetes mellitus	4,759
8.	Chronic liver disease and cirrhosis	3,020	Chronic lower respiratory diseases	4,502
9.	Chronic obstructive pulmonary diseases	2,429	Nephritis, nephrotic syndrome and nephrosis	3,010
10.	Diabetes mellitus	2,010	Certain conditions originating in the perinatal period	2,909

See footnotes at end of table.

Table 32 (page 3 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and rank order	1980		Preliminary 1999†	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native male				
...	All causes	4,193	All causes	6,091
1.	Unintentional injuries	946	Diseases of heart	1,302
2.	Diseases of heart	917	Malignant neoplasms	949
3.	Malignant neoplasms	408	Unintentional injuries	888
4.	Chronic liver disease and cirrhosis	239	Diabetes mellitus	323
5.	Cerebrovascular diseases	163	Chronic liver disease and cirrhosis	299
6.	Homicide	162	Cerebrovascular diseases	236
7.	Pneumonia and influenza	148	Suicide	232
8.	Suicide	147	Chronic lower respiratory diseases	197
9.	Certain conditions originating in the perinatal period	107	Assault (homicide)	178
10.	Diabetes mellitus	86	Influenza and pneumonia	147
Asian or Pacific Islander male				
...	All causes	6,809	All causes	18,345
1.	Diseases of heart	2,174	Diseases of heart	5,160
2.	Malignant neoplasms	1,485	Malignant neoplasms	4,636
3.	Unintentional injuries	556	Cerebrovascular diseases	1,490
4.	Cerebrovascular diseases	521	Unintentional injuries	978
5.	Pneumonia and influenza	227	Chronic lower respiratory diseases	715
6.	Suicide	159	Diabetes mellitus	523
7.	Chronic obstructive pulmonary diseases	158	Suicide	468
8.	Homicide	151	Influenza and pneumonia	463
9.	Certain conditions originating in the perinatal period	128	Nephritis, nephrotic syndrome and nephrosis	296
10.	Diabetes mellitus	103	Assault (homicide)	229
Hispanic male				
...	---	---	All causes	58,005
1.	---	---	Diseases of heart	13,554
2.	---	---	Malignant neoplasms	10,670
3.	---	---	Unintentional injuries	6,572
4.	---	---	Cerebrovascular diseases	2,808
5.	---	---	Assault (homicide)	2,399
6.	---	---	Diabetes mellitus	2,336
7.	---	---	Chronic liver disease and cirrhosis	2,144
8.	---	---	Chronic lower respiratory diseases	1,547
9.	---	---	Human immunodeficiency virus (HIV) disease	1,507
10.	---	---	Suicide	1,429
White female				
...	All causes	804,729	All causes	1,056,144
1.	Diseases of heart	318,668	Diseases of heart	327,463
2.	Malignant neoplasms	169,974	Malignant neoplasms	229,837
3.	Cerebrovascular diseases	88,639	Cerebrovascular diseases	89,948
4.	Unintentional injuries	27,159	Chronic lower respiratory diseases	57,735
5.	Pneumonia and influenza	24,559	Influenza and pneumonia	32,410
6.	Diabetes mellitus	16,743	Alzheimer's disease	29,268
7.	Atherosclerosis	16,526	Unintentional injuries	29,215
8.	Chronic obstructive pulmonary diseases	16,398	Diabetes mellitus	29,050
9.	Chronic liver disease and cirrhosis	8,833	Nephritis, nephrotic syndrome and nephrosis	14,408
10.	Certain conditions originating in the perinatal period	6,512	Septicemia	13,796
Black female				
...	All causes	102,997	All causes	139,363
1.	Diseases of heart	35,079	Diseases of heart	40,976
2.	Malignant neoplasms	19,176	Malignant neoplasms	29,083
3.	Cerebrovascular diseases	10,941	Cerebrovascular diseases	10,986
4.	Unintentional injuries	3,779	Diabetes mellitus	7,167
5.	Diabetes mellitus	3,534	Unintentional injuries	3,933
6.	Certain conditions originating in the perinatal period	3,092	Nephritis, nephrotic syndrome and nephrosis	3,703
7.	Pneumonia and influenza	2,262	Chronic lower respiratory diseases	3,407
8.	Homicide	1,898	Septicemia	3,204
9.	Chronic liver disease and cirrhosis	1,770	Influenza and pneumonia	3,038
10.	Nephritis, nephrotic syndrome, and nephrosis	1,722	Human immunodeficiency virus (HIV) disease	2,393

See footnotes at end of table.

Table 32 (page 4 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and rank order	1980		Preliminary 1999 [†]	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native female				
...	All causes	2,730	All causes	5,222
1.	Diseases of heart	577	Diseases of heart	1,102
2.	Malignant neoplasms	362	Malignant neoplasms	887
3.	Unintentional injuries	344	Unintentional injuries	436
4.	Chronic liver disease and cirrhosis	171	Diabetes mellitus	403
5.	Cerebrovascular diseases	159	Cerebrovascular diseases	309
6.	Diabetes mellitus	124	Chronic liver disease and cirrhosis	214
7.	Pneumonia and influenza	109	Chronic lower respiratory diseases	209
8.	Certain conditions originating in the perinatal period	92	Influenza and pneumonia	168
9.	Nephritis, nephrotic syndrome, and nephrosis	56	Nephritis, nephrotic syndrome and nephrosis	115
10.	Homicide	55	Septicemia	88
Asian or Pacific Islander female				
...	All causes	4,262	All causes	15,349
1.	Diseases of heart	1,091	Malignant neoplasms	4,178
2.	Malignant neoplasms	1,037	Diseases of heart	3,942
3.	Cerebrovascular diseases	507	Cerebrovascular diseases	1,621
4.	Unintentional injuries	254	Diabetes mellitus	625
5.	Diabetes mellitus	124	Unintentional injuries	588
6.	Certain conditions originating in the perinatal period	118	Chronic lower respiratory diseases	406
7.	Pneumonia and influenza	115	Influenza and pneumonia	380
8.	Congenital anomalies	104	Nephritis, nephrotic syndrome and nephrosis	281
9.	Suicide	90	Essential (primary) hypertension and hypertensive renal disease	196
10.	Homicide	60	Septicemia	195
Hispanic female				
...	---	---	All causes	45,763
1.	---	---	Diseases of heart	12,315
2.	---	---	Malignant neoplasms	9,566
3.	---	---	Cerebrovascular diseases	3,099
4.	---	---	Diabetes mellitus	2,848
5.	---	---	Unintentional injuries	2,070
6.	---	---	Chronic lower respiratory diseases	1,311
7.	---	---	Influenza and pneumonia	1,153
8.	---	---	Certain conditions originating in the perinatal period	963
9.	---	---	Chronic liver disease and cirrhosis	829
10.	---	---	Nephritis, nephrotic syndrome and nephrosis	770

[†]The rank order of leading causes of death changed somewhat between 1998 and 1999, reflecting in part changes in the coding rules for selecting underlying cause of death between ICD-9 and ICD-10. For example, for all persons, Influenza and pneumonia dropped from 6th to 7th, Alzheimer's disease rose from 12th to 8th, and Septicemia rose from 11th to 10th.

... Category not applicable.

--- Data not available.

NOTES: Cause of death code numbers in 1980 are based on the *International Classification of Diseases, 9th Revision* (ICD-9). Starting in 1999 cause of death code numbers are based on ICD-10. See Appendix II, table V.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, 1980. Washington: Public Health Service, 1985; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics, 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 33 (page 1 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Age and rank order	1980		Preliminary 1999†	
	Cause of death	Deaths	Cause of death	Deaths
Under 1 year				
...	All causes	45,526	All causes	27,953
1.....	Congenital anomalies	9,220	Congenital malformations, deformations and chromosomal abnormalities	5,471
2.....	Sudden infant death syndrome	5,510	Disorders related to short gestation and low birthweight, not elsewhere classified	4,397
3.....	Respiratory distress syndrome	4,989	Sudden infant death syndrome	2,583
4.....	Disorders relating to short gestation and unspecified low birthweight	3,648	Newborn affected by maternal complications of pregnancy	1,402
5.....	Newborn affected by maternal complications of pregnancy	1,572	Respiratory distress of newborn	1,111
6.....	Intrauterine hypoxia and birth asphyxia	1,497	Newborn affected by complications of placenta, cord and membranes	1,025
7.....	Unintentional injuries	1,166	Unintentional injuries	833
8.....	Birth trauma	1,058	Bacterial sepsis of newborn	689
9.....	Pneumonia and influenza	1,012	Diseases of circulatory system	667
10.....	Newborn affected by complications of placenta, cord, and membranes	985	Atelectasis	649
1–4 years				
...	All causes	8,187	All causes	5,249
1.....	Unintentional injuries	3,313	Unintentional injuries	1,885
2.....	Congenital anomalies	1,026	Congenital malformations, deformations and chromosomal abnormalities	547
3.....	Malignant neoplasms	573	Malignant neoplasms	418
4.....	Diseases of heart	338	Assault (homicide)	371
5.....	Homicide	319	Diseases of heart	178
6.....	Pneumonia and influenza	267	Influenza and pneumonia	126
7.....	Meningitis	223	Certain conditions originating in the perinatal period	94
8.....	Meningococcal infection	110	Septicemia	88
9.....	Certain conditions originating in the perinatal period	84	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	63
10.....	Septicemia	71	Chronic lower respiratory diseases	54
5–14 years				
...	All causes	10,689	All causes	7,595
1.....	Unintentional injuries	5,224	Unintentional injuries	3,088
2.....	Malignant neoplasms	1,497	Malignant neoplasms	1,012
3.....	Congenital anomalies	561	Assault (homicide)	429
4.....	Homicide	415	Congenital malformations, deformations and chromosomal abnormalities	428
5.....	Diseases of heart	330	Diseases of heart	274
6.....	Pneumonia and influenza	194	Suicide	244
7.....	Suicide	142	Chronic lower respiratory diseases	139
8.....	Benign neoplasms	104	In situ neoplasms, benign neoplasms, and neoplasms of uncertain or unknown behavior	101
9.....	Cerebrovascular diseases	95	Influenza and pneumonia	93
10.....	Chronic obstructive pulmonary diseases	85	Septicemia	77
15–24 years				
...	All causes	49,027	All causes	30,660
1.....	Unintentional injuries	26,206	Unintentional injuries	13,602
2.....	Homicide	6,537	Assault (homicide)	4,989
3.....	Suicide	5,239	Suicide	3,885
4.....	Malignant neoplasms	2,683	Malignant neoplasms	1,724
5.....	Diseases of heart	1,223	Diseases of heart	1,048
6.....	Congenital anomalies	600	Congenital malformations, deformations and chromosomal abnormalities	430
7.....	Cerebrovascular diseases	418	Chronic lower respiratory diseases	208
8.....	Pneumonia and influenza	348	Human immunodeficiency virus (HIV) disease	197
9.....	Chronic obstructive pulmonary diseases	141	Cerebrovascular diseases	182
10.....	Anemias	133	Influenza and pneumonia	176

See footnotes at end of table.

Table 33 (page 2 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 1999

[Data are based on the National Vital Statistics System]

Age and rank order	Cause of death	1980	Preliminary 1999 [†]	Deaths
		Deaths	Cause of death	
25–44 years				
...	All causes	108,658	All causes	130,340
1.	Unintentional injuries	26,722	Unintentional injuries	26,836
2.	Malignant neoplasms	17,551	Malignant neoplasms	20,734
3.	Diseases of heart	14,513	Diseases of heart	16,542
4.	Homicide	10,983	Suicide	11,496
5.	Suicide	9,855	Human immunodeficiency virus (HIV) disease	8,905
6.	Chronic liver disease and cirrhosis	4,782	Assault (homicide)	7,417
7.	Cerebrovascular diseases	3,154	Chronic liver disease and cirrhosis	3,696
8.	Diabetes mellitus	1,472	Cerebrovascular diseases	3,147
9.	Pneumonia and influenza	1,467	Diabetes mellitus	2,512
10.	Congenital anomalies	817	Influenza and pneumonia	1,389
45–64 years				
...	All causes	425,338	All causes	391,994
1.	Diseases of heart	148,322	Malignant neoplasms	135,748
2.	Malignant neoplasms	135,675	Diseases of heart	99,035
3.	Cerebrovascular diseases	19,909	Unintentional injuries	18,799
4.	Unintentional injuries	18,140	Cerebrovascular diseases	15,210
5.	Chronic liver disease and cirrhosis	16,089	Chronic lower respiratory diseases	14,395
6.	Chronic obstructive pulmonary diseases	11,514	Diabetes mellitus	13,826
7.	Diabetes mellitus	7,977	Chronic liver disease and cirrhosis	11,989
8.	Suicide	7,079	Suicide	7,924
9.	Pneumonia and influenza	5,804	Human immunodeficiency virus (HIV) disease	4,992
10.	Homicide	4,019	Septicemia	4,400
65 years and over				
...	All causes	1,341,848	All causes	1,797,451
1.	Diseases of heart	595,406	Diseases of heart	607,255
2.	Malignant neoplasms	258,389	Malignant neoplasms	390,070
3.	Cerebrovascular diseases	146,417	Cerebrovascular diseases	148,580
4.	Pneumonia and influenza	45,512	Chronic lower respiratory diseases	108,106
5.	Chronic obstructive pulmonary diseases	43,587	Influenza and pneumonia	57,270
6.	Atherosclerosis	28,081	Diabetes mellitus	51,846
7.	Diabetes mellitus	25,216	Alzheimer's disease	43,990
8.	Unintentional injuries	24,844	Unintentional injuries	32,147
9.	Nephritis, nephrotic syndrome, and nephrosis	12,968	Nephritis, nephrotic syndrome and nephrosis	29,937
10.	Chronic liver disease and cirrhosis	9,519	Septicemia	24,621

[†]The rank order of leading causes of death changed somewhat between 1998 and 1999, reflecting in part changes in the coding rules for selecting underlying cause of death between ICD-9 and ICD-10. For example, for persons 65 years and over, Alzheimer's disease rose from 9th to 7th.

... Category not applicable.

NOTES: Cause of death code numbers in 1980 are based on the *International Classification of Diseases, 9th Revision* (ICD-9). Starting in 1999 cause of death code numbers are based on ICD-10. See Appendix II, table V.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, 1980. Washington: Public Health Service, 1985; Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics, 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

**Table 34 (page 1 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level:
United States, average annual 1984–86, 1989–91, and 1996–98**

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black		
	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98
Both sexes		Deaths per 100,000 resident population ²							
All regions:									
Metropolitan counties									
Large central	1,018.0	981.2	886.6	978.1	932.0	844.6	1,277.9	1,293.2	1,176.6
Large fringe	949.9	892.3	834.5	943.2	883.1	827.7	1,168.9	1,142.9	1,059.7
Small	970.4	926.3	887.6	948.8	900.8	866.4	1,255.6	1,251.1	1,163.5
Nonmetropolitan counties									
With a city of 10,000 or more ..	979.5	946.9	923.1	961.5	926.5	906.2	1,262.9	1,262.5	1,187.0
Without a city of 10,000 or more.	987.5	960.8	936.1	966.7	936.8	917.9	1,232.7	1,249.3	1,149.4
Northeast:									
Metropolitan counties									
Large central	1,056.2	1,020.6	899.9	1,014.1	967.8	868.3	1,256.0	1,260.1	1,061.5
Large fringe	967.3	897.1	829.1	961.7	889.9	827.8	1,146.7	1,093.5	957.5
Small	973.3	907.5	862.2	965.0	896.7	854.0	1,221.2	1,186.8	1,070.9
Nonmetropolitan counties									
With a city of 10,000 or more ..	1,003.6	932.3	899.0	1,003.7	932.4	900.6	1,192.9	1,064.3	968.1
Without a city of 10,000 or more.	996.1	939.7	894.9	995.8	939.3	895.8	1,250.2	1,135.9	1,034.9
Midwest:									
Metropolitan counties									
Large central	1,055.6	1,018.7	945.9	997.6	943.3	873.6	1,296.5	1,311.9	1,219.1
Large fringe	970.0	908.4	857.8	960.9	896.7	846.1	1,243.5	1,210.0	1,179.4
Small	960.7	912.3	877.7	947.6	895.4	860.8	1,230.6	1,227.7	1,179.7
Nonmetropolitan counties									
With a city of 10,000 or more ..	935.9	902.7	877.5	932.7	898.3	874.3	1,208.7	1,196.0	1,076.4
Without a city of 10,000 or more.	922.0	894.1	868.7	917.8	888.0	863.2	1,193.5	1,247.9	1,044.5
South:									
Metropolitan counties									
Large central	1,019.6	996.9	923.5	945.0	907.3	831.9	1,318.0	1,343.3	1,311.0
Large fringe	944.5	899.9	857.4	927.8	879.3	840.1	1,163.9	1,154.1	1,081.6
Small	986.8	951.7	915.2	945.5	905.3	876.4	1,268.2	1,267.4	1,183.4
Nonmetropolitan counties									
With a city of 10,000 or more ..	1,028.6	1,009.6	997.8	989.0	966.7	962.6	1,274.7	1,277.3	1,213.5
Without a city of 10,000 or more.	1,039.8	1,020.8	1,002.7	1,009.1	984.9	979.4	1,235.1	1,252.4	1,156.9
West:									
Metropolitan counties									
Large central	950.9	911.5	811.7	952.3	912.0	817.7	1,201.4	1,222.8	1,071.8
Large fringe	888.0	848.4	778.9	895.3	854.1	784.6	1,107.5	1,128.5	1,064.9
Small	921.6	891.1	847.7	928.3	897.8	859.2	1,183.3	1,171.4	971.4
Nonmetropolitan counties									
With a city of 10,000 or more ..	929.1	899.0	861.2	929.7	897.6	863.6	1,117.8	1,177.7	802.0
Without a city of 10,000 or more.	936.6	901.0	860.1	927.4	892.8	854.3	933.5	1,078.6	644.5

See footnotes at end of table.

**Table 34 (page 2 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level:
United States, average annual 1984–86, 1989–91, and 1996–98**

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black			
	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98	
Male	Deaths per 100,000 resident population ²									
All regions:										
Metropolitan counties										
Large central	1,315.2	1,261.4	1,094.0	1,265.3	1,196.8	1,041.7	1,676.7	1,715.6	1,481.5	
Large fringe	1,213.8	1,125.2	1,004.9	1,207.1	1,114.4	997.4	1,487.4	1,455.6	1,287.9	
Small	1,258.8	1,185.1	1,091.9	1,235.2	1,152.9	1,065.2	1,616.1	1,635.3	1,472.8	
Nonmetropolitan counties										
With a city of 10,000 or more . .	1,274.4	1,219.7	1,136.4	1,255.7	1,195.6	1,114.7	1,624.1	1,644.9	1,510.7	
Without a city of 10,000 or more.	1,285.1	1,241.7	1,154.1	1,261.6	1,211.9	1,130.7	1,598.2	1,640.8	1,459.0	
Northeast:										
Metropolitan counties										
Large central	1,375.0	1,326.8	1,117.8	1,319.6	1,255.1	1,079.7	1,668.8	1,698.6	1,343.8	
Large fringe	1,237.3	1,134.3	1,004.8	1,230.9	1,125.7	1,004.2	1,478.8	1,404.9	1,165.3	
Small	1,269.5	1,169.1	1,066.1	1,259.6	1,154.8	1,056.7	1,584.8	1,575.6	1,323.3	
Nonmetropolitan counties										
With a city of 10,000 or more . .	1,297.3	1,202.5	1,108.1	1,299.0	1,203.3	1,110.7	1,409.3	1,331.9	1,169.5	
Without a city of 10,000 or more.	1,284.0	1,200.6	1,084.4	1,284.6	1,201.0	1,087.0	1,516.9	1,392.4	1,123.9	
Midwest:										
Metropolitan counties										
Large central	1,379.4	1,322.4	1,183.4	1,309.7	1,225.0	1,096.9	1,690.4	1,730.8	1,536.7	
Large fringe	1,250.1	1,151.4	1,038.9	1,240.7	1,137.9	1,025.9	1,561.8	1,523.4	1,416.6	
Small	1,257.3	1,173.8	1,089.2	1,242.8	1,152.8	1,069.0	1,574.0	1,583.7	1,465.2	
Nonmetropolitan counties										
With a city of 10,000 or more . .	1,224.9	1,171.0	1,089.1	1,222.0	1,166.6	1,085.9	1,508.6	1,485.7	1,319.5	
Without a city of 10,000 or more.	1,201.6	1,156.2	1,073.2	1,197.2	1,149.5	1,066.7	1,381.0	1,444.1	1,252.3	
South:										
Metropolitan counties										
Large central	1,320.0	1,296.5	1,150.2	1,222.5	1,177.2	1,034.8	1,733.9	1,796.0	1,679.9	
Large fringe	1,210.1	1,141.0	1,035.2	1,190.9	1,114.6	1,013.8	1,488.5	1,485.2	1,331.6	
Small	1,280.9	1,222.1	1,131.4	1,232.3	1,160.9	1,079.7	1,640.0	1,668.5	1,517.9	
Nonmetropolitan counties										
With a city of 10,000 or more . .	1,353.0	1,318.6	1,246.3	1,311.2	1,265.8	1,198.7	1,653.8	1,684.2	1,565.6	
Without a city of 10,000 or more.	1,364.1	1,332.3	1,249.2	1,330.6	1,286.9	1,218.2	1,610.2	1,656.6	1,478.4	
West:										
Metropolitan counties										
Large central	1,210.2	1,144.7	983.9	1,214.8	1,146.7	988.7	1,549.6	1,560.6	1,286.2	
Large fringe	1,118.6	1,050.1	919.0	1,130.9	1,060.0	926.0	1,327.8	1,314.7	1,191.0	
Small	1,172.8	1,111.4	1,014.4	1,187.4	1,123.7	1,028.8	1,438.9	1,424.7	1,126.0	
Nonmetropolitan counties										
With a city of 10,000 or more . .	1,172.6	1,109.7	1,017.8	1,176.1	1,110.6	1,019.6	1,361.7	1,387.8	911.8	
Without a city of 10,000 or more.	1,172.4	1,118.1	1,019.5	1,162.0	1,108.5	1,010.4	1,087.2	1,199.9	689.9	

See footnotes at end of table.

**Table 34 (page 3 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level:
United States, average annual 1984–86, 1989–91, and 1996–98**

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black			
	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98	1984–86	1989–91	1996–98	
Female	Deaths per 100,000 resident population ²									
All regions:										
Metropolitan counties										
Large central	812.9	781.9	733.1	782.5	744.9	699.0	1,000.0	1,001.1	959.0	
Large fringe	769.3	731.7	708.6	763.7	724.6	703.0	935.8	918.0	889.3	
Small	769.8	744.4	735.8	751.2	724.6	718.9	999.0	983.3	945.4	
Nonmetropolitan counties										
With a city of 10,000 or more ..	769.0	752.9	761.4	752.9	736.0	747.8	1,003.2	996.6	961.4	
Without a city of 10,000 or more.	762.0	749.8	762.2	743.9	730.3	747.2	960.1	967.1	925.6	
Northeast:										
Metropolitan counties										
Large central	842.2	808.5	744.3	810.5	769.4	717.4	983.7	972.0	868.7	
Large fringe	788.1	737.7	703.0	783.9	732.4	701.5	915.6	876.5	806.8	
Small	778.4	734.5	718.7	772.0	726.8	712.2	961.7	917.5	881.1	
Nonmetropolitan counties										
With a city of 10,000 or more ..	802.8	748.3	744.2	802.1	748.2	745.5	1,016.6	856.5	795.3	
Without a city of 10,000 or more.	787.3	751.7	748.4	786.9	751.2	748.7	1,044.1	917.1	934.4	
Midwest:										
Metropolitan counties										
Large central	840.8	814.9	779.1	797.4	760.6	721.9	1,015.2	1,018.8	989.3	
Large fringe	783.6	747.6	729.9	775.7	738.0	720.1	1,008.6	983.3	995.5	
Small	764.5	737.8	729.5	753.5	724.4	715.9	982.4	976.5	965.5	
Nonmetropolitan counties										
With a city of 10,000 or more ..	737.1	718.3	723.7	734.1	714.4	720.9	973.9	975.1	887.7	
Without a city of 10,000 or more.	712.0	699.0	706.2	708.4	693.7	702.0	1,030.4	1,097.8	864.8	
South:										
Metropolitan counties										
Large central	807.5	781.4	755.8	749.9	713.1	681.3	1,028.0	1,031.6	1,056.0	
Large fringe	753.7	726.6	721.7	739.7	710.5	707.3	923.8	917.7	899.5	
Small	778.3	758.7	753.8	742.5	722.5	722.9	1,007.8	992.6	956.0	
Nonmetropolitan counties										
With a city of 10,000 or more ..	798.2	793.4	814.0	761.4	757.5	785.6	1,007.8	1,001.0	975.9	
Without a city of 10,000 or more.	796.1	789.5	809.7	768.0	759.9	789.9	958.1	964.6	928.0	
West:										
Metropolitan counties										
Large central	764.7	735.5	676.5	765.9	735.3	682.3	944.4	966.3	899.7	
Large fringe	725.5	703.4	670.4	730.6	707.5	675.2	920.7	957.1	943.2	
Small	730.5	720.2	709.0	735.2	725.3	719.1	954.0	948.8	824.2	
Nonmetropolitan counties										
With a city of 10,000 or more ..	734.7	728.7	725.7	735.8	727.9	729.6	889.6	995.7	686.3	
Without a city of 10,000 or more.	738.1	719.0	717.5	731.6	713.6	714.6	*	*	577.9	

* Data for groups with population under 5,000 in the middle year of a 3-year period are considered unreliable and are not shown.

¹Urbanization levels are for county of residence of decedent. See Appendix II, Urbanization for definition of urbanization levels.

²Average annual death rate.

NOTES: Rates are age adjusted to the 2000 U.S. standard population. See Appendix II, Age adjustment. Denominators for rates are population estimates for the middle year of each 3-year period multiplied by 3.

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

Table 35. Age-adjusted death rates for persons 25–64 years of age for selected causes of death, according to sex and educational attainment: Selected States, 1994–98

[Data are based on the National Vital Statistics System]

Cause of death and year	Both sexes			Male			Female		
	Years of educational attainment ¹			Years of educational attainment ¹			Years of educational attainment ¹		
	Less than 12	12	13 or more	Less than 12	12	13 or more	Less than 12	12	13 or more
All causes									
1994	594.6	506.4	254.8	793.6	707.1	323.5	397.3	342.9	182.1
1995	604.7	512.5	251.9	801.1	713.2	316.8	408.6	348.1	183.5
1996	579.6	492.5	241.8	763.9	669.6	300.7	396.6	344.2	180.3
1997	554.1	473.4	232.7	719.7	634.4	283.4	387.2	337.5	180.2
1998	561.6	465.8	223.9	727.6	627.1	271.9	395.6	330.9	174.3
Chronic and noncommunicable diseases									
1994	440.5	380.7	193.7	561.9	504.4	228.4	325.0	286.8	155.5
1995	445.1	384.0	192.1	563.4	507.3	224.4	332.1	290.0	156.3
1996	432.7	375.3	189.0	550.6	486.9	222.1	321.2	287.7	153.4
1997	419.0	368.8	187.4	527.0	474.1	219.0	316.0	284.6	153.8
1998	425.2	362.9	180.9	534.4	470.2	211.3	321.3	277.9	148.6
Injuries and adverse effects									
1994	96.6	74.1	32.3	150.2	120.0	46.1	39.8	32.4	18.2
1995	97.4	75.1	32.0	150.4	121.2	45.7	40.7	32.9	18.2
1996	93.2	73.8	32.5	140.8	117.1	46.1	41.5	33.4	18.8
1997	93.5	74.4	32.3	139.6	117.3	46.0	41.9	34.3	18.8
1998	94.9	74.7	31.7	140.5	117.6	44.9	44.7	34.6	18.7
Communicable diseases									
1994	57.5	51.6	28.9	81.5	82.8	49.1	32.5	23.7	8.4
1995	62.1	53.4	27.9	87.3	84.7	46.7	35.8	25.2	8.9
1996	53.7	43.3	20.2	72.5	65.6	32.6	33.8	23.0	8.0
1997	41.6	30.1	12.9	53.1	42.9	18.4	29.3	18.7	7.6
1998	41.5	28.2	11.4	52.8	39.4	15.7	29.6	18.4	7.0
HIV diseases:									
1994	36.2	36.5	21.4	54.7	63.0	39.7	16.8	12.3	2.9
1995	39.7	38.0	20.6	59.0	64.4	37.8	19.0	13.7	3.5
1996	31.9	27.7	13.1	45.4	45.4	23.8	17.2	11.2	2.4
1997	19.4	14.3	5.8	26.3	23.0	10.1	11.8	6.2	1.6
1998	17.3	11.7	4.3	23.4	18.3	7.5	10.6	5.6	1.1
Other communicable diseases:									
1994	21.2	15.1	7.5	26.8	19.7	9.4	15.7	11.4	5.5
1995	22.4	15.5	7.2	28.2	20.3	8.8	16.8	11.5	5.5
1996	21.8	15.7	7.2	27.2	20.2	8.8	16.7	11.9	5.6
1997	22.2	15.9	7.1	26.8	19.9	8.2	17.6	12.5	6.0
1998	24.2	16.5	7.1	29.4	21.1	8.2	19.0	12.8	5.9

¹Educational attainment for the numerator is based on the death certificate item "highest grade completed." Educational attainment for the denominator is based on answers to the Current Population Survey question "What is the highest level of school completed or highest degree received?" (Kominski R, Adams A. Educational Attainment in the United States: March 1993 and 1992, U.S. Bureau of the Census, Current Population Reports, P20-476, Washington, DC. 1994.)

NOTES: Rates are age adjusted to the 2000 U.S. standard million population. See Appendix II, Age adjustment. Code numbers for cause of death are based on the *International Classification of Diseases, 9th Revision*. See Appendix II, table V. Based on data from 45 States and the District of Columbia (DC) in 1994–96 and 46 States and DC in 1997–98. See Appendix I. Death records with education not stated are not included in the calculation of age-adjusted death rates shown in this table. Percent not stated averages 3–9 percent of the deaths comprising the age-adjusted death rates for causes of death in this table. Misreporting of education on the death certificate tends to overstate the death rate for high school graduates (12 years of education) because there is a tendency for some people who did not graduate from high school to be reported as high school graduates on the death certificate; by extension, the death rate for the group with less than 12 years of education tends to be understated. Data for the elderly population are not shown because percent with education not stated is somewhat higher for this group and because of possible bias due to misreporting of education on the death certificate. (Sorlie PD, Johnson NJ: Validity of education information on the death certificate, *Epidemiology* 7(4):437–439, 1996.)

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

**Table 36 (page 1 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age:
United States, selected years 1950–99**

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1996	1997	1998	Preliminary 1999
All persons	Deaths per 100,000 resident population									
All ages, age adjusted	1,446.0	1,339.2	1,222.6	1,039.1	988.1	938.7	902.4	887.3	875.8	881.9
All ages, crude	963.8	954.7	945.3	878.3	876.9	863.8	872.5	864.7	864.7	877.0
Under 1 year	3,299.2	2,696.4	2,142.4	1,288.3	1,088.1	971.9	755.7	738.7	751.3	731.8
1–4 years	139.4	109.1	84.5	63.9	51.8	46.8	38.3	35.8	34.6	34.7
5–14 years	60.1	46.6	41.3	30.6	26.5	24.0	21.7	20.8	19.9	19.2
15–24 years	128.1	106.3	127.7	115.4	94.9	99.2	89.6	86.2	82.3	81.2
25–34 years	178.7	146.4	157.4	135.5	124.4	139.2	126.7	115.0	109.6	108.3
35–44 years	358.7	299.4	314.5	227.9	207.7	223.2	221.3	203.2	199.6	199.2
45–54 years	853.9	756.0	730.0	584.0	519.3	473.4	445.9	430.8	423.5	427.3
55–64 years	1,901.0	1,735.1	1,658.8	1,346.3	1,294.2	1,196.9	1,094.1	1,063.6	1,030.7	1,021.9
65–74 years	4,104.3	3,822.1	3,582.7	2,994.9	2,862.8	2,648.6	2,538.4	2,509.8	2,495.1	2,484.5
75–84 years	9,331.1	8,745.2	8,004.4	6,692.6	6,398.7	6,007.2	5,803.1	5,728.2	5,703.2	5,751.8
85 years and over	20,196.9	19,857.5	16,344.9	15,980.3	15,712.4	15,327.4	15,327.2	15,345.2	15,111.7	15,477.1
Male										
All ages, age adjusted	1,674.2	1,609.0	1,542.1	1,348.1	1,278.1	1,202.8	1,117.5	1,090.5	1,064.6	1,061.9
All ages, crude	1,106.1	1,104.5	1,090.3	976.9	948.6	918.4	896.4	880.8	876.4	882.0
Under 1 year	3,728.0	3,059.3	2,410.0	1,428.5	1,219.9	1,082.8	828.0	812.8	818.2	802.0
1–4 years	151.7	119.5	93.2	72.6	58.5	52.4	42.2	39.7	37.6	38.5
5–14 years	70.9	55.7	50.5	36.7	31.8	28.5	25.4	24.0	23.4	22.2
15–24 years	167.9	152.1	188.5	172.3	138.9	147.4	130.6	124.0	119.3	116.0
25–34 years	216.5	187.9	215.3	196.1	179.6	204.3	178.6	160.1	151.7	150.2
35–44 years	428.8	372.8	402.6	299.2	278.9	310.4	298.1	265.7	258.5	256.7
45–54 years	1,067.1	992.2	958.5	767.3	671.6	610.3	573.8	550.5	542.8	546.8
55–64 years	2,395.3	2,309.5	2,282.7	1,815.1	1,711.4	1,553.4	1,388.7	1,336.6	1,296.9	1,280.2
65–74 years	4,931.4	4,914.4	4,873.8	4,105.2	3,856.3	3,491.5	3,233.4	3,191.2	3,143.7	3,109.4
75–84 years	10,426.0	10,178.4	10,010.2	8,816.7	8,501.6	7,888.6	7,249.8	7,116.1	7,019.2	7,000.1
85 years and over	21,636.0	21,186.3	17,821.5	18,801.1	18,614.1	18,056.6	17,547.7	17,461.9	16,763.3	16,931.0
Female										
All ages, age adjusted	1,236.0	1,105.3	971.4	817.9	784.5	750.9	742.8	736.3	732.7	743.7
All ages, crude	823.5	809.2	807.8	785.3	809.1	812.0	849.7	849.2	853.5	872.3
Under 1 year	2,854.6	2,321.3	1,863.7	1,141.7	950.6	855.7	680.0	661.1	681.3	658.4
1–4 years	126.7	98.4	75.4	54.7	44.8	41.0	34.3	31.8	31.4	30.8
5–14 years	48.9	37.3	31.8	24.2	21.0	19.3	17.8	17.4	16.2	16.1
15–24 years	89.1	61.3	68.1	57.5	49.6	49.0	46.2	46.3	43.5	44.7
25–34 years	142.7	106.6	101.6	75.9	69.4	74.2	74.7	69.9	68.1	66.9
35–44 years	290.3	229.4	231.1	159.3	138.7	137.9	145.4	141.4	141.5	142.5
45–54 years	641.5	526.7	517.2	412.9	375.2	342.7	323.3	316.1	309.6	313.2
55–64 years	1,404.8	1,196.4	1,098.9	934.3	925.6	878.8	826.7	815.2	788.4	786.5
65–74 years	3,333.2	2,871.8	2,579.7	2,144.7	2,096.9	1,991.2	1,979.0	1,959.0	1,967.7	1,973.2
75–84 years	8,399.6	7,633.1	6,677.6	5,440.1	5,162.1	4,883.1	4,868.3	4,820.5	4,831.9	4,916.0
85 years and over	19,194.7	19,008.4	15,518.0	14,746.9	14,553.9	14,274.3	14,444.7	14,492.3	14,427.4	14,862.7
White male										
All ages, age adjusted	1,642.5	1,586.0	1,513.7	1,317.6	1,249.8	1,165.9	1,086.1	1,062.5	1,038.5	1,035.8
All ages, crude	1,089.5	1,098.5	1,086.7	983.3	963.6	930.9	918.1	906.3	904.4	911.2
Under 1 year	3,400.5	2,694.1	2,113.2	1,230.3	1,056.5	896.1	683.3	678.1	673.8	658.5
1–4 years	135.5	104.9	83.6	66.1	52.8	45.9	37.1	35.1	32.5	33.9
5–14 years	67.2	52.7	48.0	35.0	30.1	26.4	23.2	22.1	21.2	20.3
15–24 years	152.4	143.7	170.8	167.0	134.2	131.3	113.9	109.0	107.6	105.0
25–34 years	185.3	163.2	176.6	171.3	158.8	176.1	154.8	140.3	133.9	134.6
35–44 years	380.9	332.6	343.5	257.4	243.1	268.2	259.6	235.3	232.7	231.5
45–54 years	984.5	932.2	882.9	698.9	611.7	548.7	515.5	495.8	489.6	494.3
55–64 years	2,304.4	2,225.2	2,202.6	1,728.5	1,625.8	1,467.2	1,305.2	1,252.4	1,215.5	1,200.3
65–74 years	4,864.9	4,848.4	4,810.1	4,035.7	3,770.7	3,397.7	3,158.3	3,122.7	3,082.3	3,043.3
75–84 years	10,526.3	10,299.6	10,098.8	8,829.8	8,486.1	7,844.9	7,205.5	7,086.0	6,988.5	6,965.3
85 years and over	22,116.3	21,750.0	18,551.7	19,097.3	18,980.1	18,268.3	17,870.5	17,767.1	17,048.3	17,201.6

See footnotes at end of table.

**Table 36 (page 2 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age:
United States, selected years 1950–99**

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1996	1997	1998	Preliminary 1999
Deaths per 100,000 resident population										
Black male										
All ages, age adjusted	1,909.1	1,811.1	1,873.9	1,697.8	1,634.5	1,644.5	1,513.9	1,446.7	1,410.6	1,412.7
All ages, crude	1,257.7	1,181.7	1,186.6	1,034.1	989.3	1,008.0	939.9	893.9	877.7	880.1
Under 1 year	5,306.8	4,298.9	2,586.7	2,219.9	2,112.4	1,748.2	1,671.6	1,717.8	1,694.7	
1–4 years ²	1,412.6	208.5	150.5	110.5	90.1	85.8	71.4	67.2	69.2	65.9
5–14 years	95.1	75.1	67.1	47.4	42.3	41.2	38.1	34.8	35.6	34.6
15–24 years	289.7	212.0	320.6	209.1	173.6	252.2	233.0	215.8	194.6	185.7
25–34 years	503.5	402.5	559.5	407.3	351.9	430.8	361.0	308.6	282.0	268.4
35–44 years	878.1	762.0	956.6	689.8	630.2	699.6	629.2	523.7	483.1	473.7
45–54 years	1,905.0	1,624.8	1,777.5	1,479.9	1,292.9	1,261.0	1,190.6	1,114.1	1,082.6	1,082.4
55–64 years	3,773.2	3,316.4	3,256.9	2,873.0	2,779.8	2,618.4	2,395.1	2,320.0	2,269.3	2,244.1
65–74 years	5,310.3	5,798.7	5,803.2	5,131.1	5,172.4	4,946.1	4,431.5	4,298.3	4,186.0	4,182.1
75–84 years ³	10,101.9	8,605.1	9,454.9	9,231.6	9,262.3	9,129.5	8,614.9	8,296.8	8,311.4	8,354.1
85 years and over	—	14,844.8	12,222.3	16,098.8	15,774.2	16,954.9	16,006.3	16,083.5	15,540.9	16,051.1
American Indian or Alaska Native male ⁴										
All ages, age adjusted	—	—	—	1,111.5	926.1	916.2	838.5	880.3	856.7	841.9
All ages, crude	—	—	—	597.1	492.5	476.4	489.8	519.2	513.2	513.3
Under 1 year	—	—	—	1,598.1	1,080.0	1,056.6	874.4	903.0	1,028.1	839.5
1–4 years	—	—	—	82.7	105.3	77.4	72.9	51.6	64.7	59.4
5–14 years	—	—	—	43.7	39.2	33.4	37.8	28.7	29.5	23.1
15–24 years	—	—	—	311.1	214.4	219.8	174.7	180.3	166.4	183.5
25–34 years	—	—	—	360.6	275.0	256.1	260.0	245.4	235.1	218.5
35–44 years	—	—	—	556.8	363.5	365.4	370.0	389.3	373.6	362.7
45–54 years	—	—	—	871.3	687.9	619.9	580.2	673.4	664.2	682.3
55–64 years	—	—	—	1,547.5	1,319.1	1,211.3	1,348.0	1,409.6	1,376.9	1,321.8
65–74 years	—	—	—	2,968.4	2,692.3	2,461.7	2,640.7	2,847.2	2,682.8	2,819.2
75–84 years	—	—	—	5,607.0	5,572.7	5,389.2	4,633.8	4,796.3	4,471.3	4,648.3
85 years and over	—	—	—	12,635.2	8,900.0	11,243.9	7,686.7	7,888.1	8,486.2	6,946.2
Asian or Pacific Islander male ⁵										
All ages, age adjusted	—	—	—	786.5	755.4	716.4	678.0	671.1	642.3	640.9
All ages, crude	—	—	—	375.3	344.6	334.3	350.7	351.7	349.8	353.0
Under 1 year	—	—	—	816.5	750.0	605.3	457.6	426.3	397.0	406.6
1–4 years	—	—	—	50.9	43.4	45.0	24.6	25.5	17.6	26.6
5–14 years	—	—	—	23.4	22.5	20.7	17.1	17.3	17.6	12.8
15–24 years	—	—	—	80.8	76.0	76.0	73.2	67.2	59.9	58.7
25–34 years	—	—	—	83.5	77.3	79.6	75.6	71.8	74.4	68.5
35–44 years	—	—	—	128.3	114.4	130.8	125.0	115.7	108.2	112.8
45–54 years	—	—	—	342.3	284.8	287.1	277.0	274.8	276.2	252.4
55–64 years	—	—	—	881.1	869.4	789.1	726.3	750.8	709.3	703.8
65–74 years	—	—	—	2,236.1	2,102.0	2,041.4	1,948.4	1,892.6	1,838.7	1,809.4
75–84 years	—	—	—	5,389.5	5,551.2	5,008.6	4,844.3	4,749.1	4,534.8	4,580.6
85 years and over	—	—	—	13,753.6	12,750.0	12,446.3	11,637.4	11,796.3	11,178.6	11,336.3
Hispanic male ⁶										
All ages, age adjusted	—	—	—	—	889.2	886.4	795.9	760.2	743.7	736.2
All ages, crude	—	—	—	—	374.6	411.6	381.3	360.5	366.4	368.0
Under 1 year	—	—	—	—	1,044.6	921.8	686.2	654.3	678.5	655.3
1–4 years	—	—	—	—	53.8	53.8	37.3	34.1	33.1	34.4
5–14 years	—	—	—	—	23.0	26.0	23.5	18.7	20.2	19.4
15–24 years	—	—	—	—	147.5	159.3	140.3	129.1	128.8	125.0
25–34 years	—	—	—	—	202.1	234.0	175.0	154.5	148.4	151.6
35–44 years	—	—	—	—	290.1	341.8	279.7	235.7	226.6	226.1
45–54 years	—	—	—	—	495.7	533.9	493.7	456.1	449.3	456.4
55–64 years	—	—	—	—	1,129.4	1,123.7	1,032.0	957.8	966.3	963.0
65–74 years	—	—	—	—	2,484.9	2,368.2	2,245.4	2,251.7	2,284.9	2,219.6
75–84 years	—	—	—	—	5,696.1	5,369.1	4,966.4	4,750.3	4,564.6	4,526.0
85 years and over	—	—	—	—	12,156.2	12,272.1	10,617.7	10,487.1	9,946.7	9,842.3

See footnotes at end of table.

**Table 36 (page 3 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age:
United States, selected years 1950–99**

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1996	1997	1998	Preliminary 1999
White, non-Hispanic male ⁶										
All ages, age adjusted	---	---	---	---	1,215.6	1,170.9	1,089.9	1,070.8	1,047.0	1,045.2
All ages, crude	---	---	---	---	956.3	985.9	982.1	977.3	974.7	984.7
Under 1 year	---	---	---	---	1,002.0	865.4	654.6	662.4	651.5	636.8
1–4 years	---	---	---	---	48.8	43.8	36.2	34.8	31.8	33.0
5–14 years	---	---	---	---	28.9	25.7	22.5	22.4	21.0	20.1
15–24 years	---	---	---	---	125.0	123.4	105.6	102.7	101.2	98.7
25–34 years	---	---	---	---	151.2	165.3	147.2	134.8	128.1	128.4
35–44 years	---	---	---	---	231.8	257.1	252.3	231.4	229.7	228.2
45–54 years	---	---	---	---	587.7	544.5	509.0	494.0	487.2	491.7
55–64 years	---	---	---	---	1,550.7	1,479.7	1,308.7	1,264.7	1,224.0	1,208.1
65–74 years	---	---	---	---	3,648.1	3,434.5	3,181.1	3,154.6	3,112.5	3,077.8
75–84 years	---	---	---	---	8,361.0	7,920.4	7,274.5	7,154.7	7,072.8	7,057.5
85 years and over	---	---	---	---	18,635.3	18,505.4	18,110.1	18,066.9	17,363.4	17,538.7
White female										
All ages, age adjusted	1,198.0	1,074.4	944.0	796.1	764.3	728.8	723.3	718.3	715.1	725.8
All ages, crude	803.3	800.9	812.6	806.1	840.1	846.9	896.2	897.8	903.7	924.2
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	799.3	690.0	558.0	546.0	563.6	532.3
1–4 years	112.2	85.2	66.1	49.3	40.0	36.1	28.5	28.0	27.5	27.4
5–14 years	45.1	34.7	29.9	22.9	19.5	17.9	16.4	15.6	15.0	14.9
15–24 years	71.5	54.9	61.6	55.5	48.1	45.9	42.7	43.8	41.2	42.2
25–34 years	112.8	85.0	84.1	65.4	59.4	61.5	62.7	60.0	58.5	58.4
35–44 years	235.8	191.1	193.3	138.2	121.9	117.4	121.6	120.9	122.0	123.3
45–54 years	546.4	458.8	462.9	372.7	341.7	309.3	290.5	285.0	278.3	281.8
55–64 years	1,293.8	1,078.9	1,014.9	876.2	869.1	822.7	779.5	766.3	740.6	739.2
65–74 years	3,242.8	2,779.3	2,470.7	2,066.6	2,027.1	1,923.5	1,919.8	1,900.5	1,912.9	1,916.4
75–84 years	8,481.5	7,696.6	6,698.7	5,401.7	5,111.6	4,839.1	4,826.5	4,786.3	4,792.7	4,870.4
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,745.4	14,400.6	14,642.9	14,681.4	14,620.4	15,055.7
Black female										
All ages, age adjusted	1,545.5	1,369.7	1,228.7	1,033.3	994.4	975.1	956.3	940.7	938.2	955.0
All ages, crude	1,002.0	905.0	829.2	733.3	734.2	747.9	753.5	742.8	746.4	761.4
Under 1 year	---	4,162.2	3,368.8	2,123.7	1,821.4	1,735.5	1,444.0	1,383.9	1,390.1	1,406.2
1–4 years ²	1,139.3	173.3	129.4	84.4	71.1	67.6	63.7	51.0	53.9	51.4
5–14 years	72.8	53.8	43.8	30.5	28.6	27.5	25.9	27.2	23.1	22.6
15–24 years	213.1	107.5	111.9	70.5	59.6	68.7	66.8	62.0	58.0	60.0
25–34 years	393.3	273.2	231.0	150.0	137.6	159.5	153.8	134.6	130.0	122.0
35–44 years	758.1	568.5	533.0	323.9	276.5	298.6	316.4	287.1	284.9	282.7
45–54 years	1,576.4	1,177.0	1,043.9	768.2	667.6	639.4	610.1	590.4	582.0	580.9
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,532.5	1,452.6	1,311.7	1,307.3	1,272.2	1,255.4
65–74 years	4,000.2	4,064.2	3,860.9	3,057.4	2,967.8	2,865.7	2,787.0	2,739.7	2,724.6	2,732.8
75–84 years ³	8,347.0	6,730.0	6,691.5	6,212.1	6,078.0	5,688.3	5,775.9	5,669.3	5,813.8	6,002.5
85 years and over	---	13,052.6	10,706.6	12,367.2	12,703.0	13,309.5	13,398.5	13,701.7	13,580.5	14,260.6
American Indian or Alaska Native female ⁴										
All ages, age adjusted	---	---	---	662.4	577.2	561.8	590.5	574.0	582.2	608.5
All ages, crude	---	---	---	380.1	342.5	330.4	396.0	392.6	407.0	431.2
Under 1 year	---	---	---	1,352.6	910.5	688.7	718.2	646.1	825.0	777.3
1–4 years	---	---	---	87.5	54.8	37.8	67.1	66.8	53.5	43.1
5–14 years	---	---	---	33.5	23.0	25.5	23.7	22.2	19.6	21.7
15–24 years	---	---	---	90.3	72.8	69.0	62.5	57.5	64.1	67.5
25–34 years	---	---	---	178.5	121.5	102.3	108.9	116.3	118.3	124.7
35–44 years	---	---	---	286.0	185.6	156.4	196.3	195.6	195.1	211.5
45–54 years	---	---	---	491.4	415.5	380.9	435.4	387.4	388.3	365.0
55–64 years	---	---	---	837.1	851.9	805.9	862.2	866.9	863.6	960.4
65–74 years	---	---	---	1,765.5	1,630.3	1,679.4	1,878.8	1,920.5	1,932.4	2,040.0
75–84 years	---	---	---	3,612.9	3,200.0	3,073.2	3,657.1	3,531.6	3,440.5	3,673.0
85 years and over	---	---	---	8,567.4	7,740.0	8,201.1	6,193.5	5,773.6	6,366.9	6,395.1

See footnotes at end of table.

**Table 36 (page 4 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age:
United States, selected years 1950–99**

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1996	1997	1998	Preliminary 1999
Deaths per 100,000 resident population										
Asian or Pacific Islander female ⁵										
All ages, age adjusted	---	---	---	425.9	456.7	469.3	433.2	429.7	420.4	424.2
All ages, crude	---	---	---	222.5	224.9	234.3	257.9	264.3	262.5	272.9
Under 1 year.	---	---	---	755.8	622.0	518.2	347.4	343.7	380.2	373.4
1–4 years	---	---	---	35.4	36.8	32.0	25.6	24.7	19.9	19.7
5–14 years	---	---	---	21.5	19.1	13.0	11.4	13.8	12.4	11.5
15–24 years	---	---	---	32.3	30.7	28.8	30.6	33.4	28.8	29.2
25–34 years	---	---	---	45.4	36.5	37.5	35.4	32.4	33.7	32.2
35–44 years	---	---	---	89.7	77.8	69.9	68.7	74.1	61.6	60.4
45–54 years	---	---	---	214.1	184.9	182.7	173.8	166.6	160.5	173.6
55–64 years	---	---	---	440.8	468.0	483.4	417.7	423.4	412.9	431.6
65–74 years	---	---	---	1,027.7	1,130.8	1,089.2	1,090.8	1,117.3	1,083.1	1,106.1
75–84 years	---	---	---	2,833.6	2,873.9	3,127.9	3,118.8	3,052.1	2,917.4	2,981.6
85 years and over	---	---	---	7,923.3	9,808.3	10,254.0	8,599.1	8,414.1	8,618.4	8,396.6
Hispanic female ⁶										
All ages, age adjusted	---	---	---	546.1	537.1	500.5	493.0	478.2	490.2	490.2
All ages, crude	---	---	---	251.9	285.4	289.8	288.0	283.6	293.8	293.8
Under 1 year.	---	---	---	791.4	746.6	540.2	572.3	568.7	567.0	567.0
1–4 years	---	---	---	42.3	42.1	29.6	28.4	27.6	27.6	29.8
5–14 years	---	---	---	16.0	17.3	16.9	15.6	14.1	14.1	14.4
15–24 years	---	---	---	36.2	40.6	39.2	38.3	34.0	36.5	36.5
25–34 years	---	---	---	56.3	62.9	61.1	54.6	51.0	51.8	51.8
35–44 years	---	---	---	100.0	109.3	108.2	101.1	96.7	99.9	99.9
45–54 years	---	---	---	251.3	253.3	231.8	228.3	225.8	226.8	226.8
55–64 years	---	---	---	619.7	607.5	580.9	580.3	543.6	536.0	536.0
65–74 years	---	---	---	1,449.5	1,453.8	1,400.0	1,381.9	1,384.3	1,367.1	1,367.1
75–84 years	---	---	---	3,551.8	3,351.3	3,279.4	3,220.5	3,140.1	3,247.5	3,247.5
85 years and over	---	---	---	10,228.6	10,098.7	8,783.9	8,708.6	8,336.0	8,839.5	8,839.5
White, non-Hispanic female ⁶										
All ages, age adjusted	---	---	---	754.3	734.6	729.5	725.3	723.8	734.9	734.9
All ages, crude	---	---	---	861.7	903.6	965.0	971.2	982.5	1,007.5	1,007.5
Under 1 year.	---	---	---	763.0	655.3	541.1	519.6	544.6	505.4	505.4
1–4 years	---	---	---	36.5	34.0	27.8	27.3	27.0	26.2	26.2
5–14 years	---	---	---	19.0	17.6	15.9	15.3	14.9	14.8	14.8
15–24 years	---	---	---	47.9	46.0	42.4	44.1	41.9	42.6	42.6
25–34 years	---	---	---	59.0	60.6	61.7	60.0	58.7	58.6	58.6
35–44 years	---	---	---	122.8	116.8	121.1	121.7	123.7	124.8	124.8
45–54 years	---	---	---	335.7	312.1	292.0	287.3	280.5	284.5	284.5
55–64 years	---	---	---	853.3	834.5	787.6	775.7	751.3	751.0	751.0
65–74 years	---	---	---	1,998.1	1,940.2	1,937.1	1,920.3	1,935.8	1,943.2	1,943.2
75–84 years	---	---	---	5,059.1	4,887.3	4,868.1	4,831.1	4,847.8	4,926.7	4,926.7
85 years and over	---	---	---	14,560.4	14,533.1	14,826.1	14,864.0	14,839.2	15,286.4	15,286.4

--- Data not available.

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

²In 1950 rate is for the age group under 5 years.

³In 1950 rate is for the age group 75 years and over.

⁴Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁵Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁶Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 37 (page 1 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
All persons											
All ages, age adjusted	586.8	559.0	492.7	412.1	375.0	321.8	296.3	288.3	280.4	272.4	267.7
All ages, crude	355.5	369.0	362.0	336.0	324.1	289.5	280.7	276.4	271.6	268.2	265.8
Under 1 year	3.5	6.6	13.1	22.8	25.0	20.1	17.1	16.6	16.4	16.1	13.7
1–4 years	1.3	1.3	1.7	2.6	2.2	1.9	1.6	1.4	1.4	1.4	1.2
5–14 years	2.1	1.3	0.8	0.9	1.0	0.9	0.8	0.9	0.8	0.8	0.7
15–24 years	6.8	4.0	3.0	2.9	2.8	2.5	2.9	2.7	3.0	2.8	2.8
25–34 years	19.4	15.6	11.4	8.3	8.3	7.6	8.5	8.3	8.3	8.3	8.0
35–44 years	86.4	74.6	66.7	44.6	38.1	31.4	32.0	30.5	30.1	30.5	30.2
45–54 years	308.6	271.8	238.4	180.2	153.8	120.5	111.0	108.2	104.9	101.4	97.5
55–64 years	808.1	737.9	652.3	494.1	443.0	367.3	322.9	315.2	302.4	286.9	274.2
65–74 years	1,839.8	1,740.5	1,558.2	1,218.6	1,089.8	894.3	799.9	776.2	753.7	735.5	709.4
75–84 years	4,310.1	4,089.4	3,683.8	2,993.1	2,693.1	2,295.7	2,064.7	2,010.2	1,943.6	1,897.3	1,861.9
85 years and over	9,150.6	9,317.8	7,891.3	7,777.1	7,384.1	6,739.9	6,484.1	6,314.5	6,198.9	6,009.6	6,032.5
Male											
All ages, age adjusted	697.0	687.6	634.0	538.9	488.0	412.4	372.7	360.7	349.6	336.6	327.9
All ages, crude	423.4	439.5	422.5	368.6	344.1	297.6	282.7	277.4	272.2	268.0	263.7
Under 1 year	4.0	7.8	15.1	25.5	27.8	21.9	17.5	17.4	18.0	16.2	13.9
1–4 years	1.4	1.4	1.9	2.8	2.2	1.9	1.7	1.4	1.5	1.5	1.3
5–14 years	2.0	1.4	0.9	1.0	0.9	0.9	0.8	0.9	0.9	1.0	0.8
15–24 years	6.8	4.2	3.7	3.7	3.5	3.1	3.6	3.3	3.6	3.5	3.4
25–34 years	22.9	20.1	15.2	11.4	11.6	10.3	11.4	11.0	10.8	10.8	10.4
35–44 years	118.4	112.7	103.2	68.7	58.6	48.1	47.2	44.2	43.7	44.0	43.1
45–54 years	440.5	420.4	376.4	282.6	237.8	183.0	168.6	161.8	157.7	152.2	145.3
55–64 years	1,104.5	1,066.9	987.2	746.8	659.1	537.3	465.4	453.8	434.6	411.1	391.3
65–74 years	2,292.3	2,291.3	2,170.3	1,728.0	1,535.8	1,250.0	1,102.3	1,065.0	1,031.1	997.3	961.5
75–84 years	4,825.0	4,742.4	4,534.8	3,834.3	3,496.9	2,968.2	2,615.0	2,529.4	2,443.6	2,377.2	2,309.0
85 years and over	9,659.8	9,788.9	8,426.2	8,752.7	8,251.8	7,418.4	7,039.6	6,834.0	6,658.5	6,330.6	6,313.1
Female											
All ages, age adjusted	484.7	447.0	381.6	320.8	294.5	257.0	239.7	234.1	228.1	223.1	220.8
All ages, crude	288.4	300.6	304.5	305.1	305.2	281.8	278.8	275.5	271.1	268.3	267.9
Under 1 year	2.9	5.4	10.9	20.0	22.0	18.3	16.7	15.7	14.7	16.1	13.5
1–4 years	1.2	1.1	1.6	2.5	2.2	1.9	1.5	1.4	1.2	1.3	1.0
5–14 years	2.2	1.2	0.8	0.9	1.0	0.8	0.7	0.8	0.7	0.7	0.6
15–24 years	6.7	3.7	2.3	2.1	2.1	1.8	2.2	2.0	2.4	2.1	2.2
25–34 years	16.2	11.3	7.7	5.3	5.0	5.0	5.6	5.6	5.8	5.8	5.6
35–44 years	55.1	38.2	32.2	21.4	18.3	15.1	17.1	16.8	16.5	17.3	17.4
45–54 years	177.2	127.5	109.9	84.5	74.4	61.0	56.0	56.9	54.3	52.8	51.8
55–64 years	510.0	429.4	351.6	272.1	252.1	215.7	193.9	189.3	182.1	173.9	167.4
65–74 years	1,419.3	1,261.3	1,082.7	828.6	746.1	616.8	557.8	543.8	529.4	522.6	503.1
75–84 years	3,872.0	3,582.7	3,120.8	2,497.0	2,220.4	1,893.8	1,715.2	1,674.7	1,616.6	1,579.5	1,562.6
85 years and over	8,796.1	9,016.8	7,591.8	7,350.5	7,037.6	6,478.1	6,267.8	6,108.0	6,013.7	5,876.6	5,913.9
White male											
All ages, age adjusted	700.2	694.5	640.2	539.6	487.3	409.2	368.4	358.2	346.9	333.2	324.5
All ages, crude	433.0	454.6	438.3	384.0	360.3	312.7	297.9	293.3	287.7	283.1	278.6
45–54 years	423.6	413.2	365.7	269.8	225.5	170.6	155.7	149.8	145.4	140.2	134.4
55–64 years	1,081.7	1,056.0	979.3	730.6	640.1	516.7	443.0	431.8	411.2	388.1	367.4
65–74 years	2,308.3	2,297.9	2,177.2	1,729.7	1,522.7	1,230.5	1,080.5	1,049.5	1,015.1	981.3	942.2
75–84 years	4,907.3	4,839.9	4,617.6	3,883.2	3,527.0	2,983.4	2,616.1	2,536.0	2,453.7	2,381.5	2,314.0
85 years and over	9,950.5	10,135.8	8,818.0	8,958.0	8,481.7	7,558.7	7,165.5	7,014.5	6,829.7	6,478.8	6,461.7
Black male											
All ages, age adjusted	639.4	615.2	607.3	561.4	533.9	485.4	449.2	426.3	414.0	407.8	398.6
All ages, crude	346.2	330.6	330.3	301.0	288.6	256.8	244.2	234.8	230.8	230.5	226.7
45–54 years	622.5	514.0	512.8	433.4	385.2	328.9	317.1	297.7	293.7	282.7	267.3
55–64 years	1,433.1	1,236.8	1,135.4	987.2	935.3	824.0	757.8	740.9	727.8	699.9	689.7
65–74 years	2,139.1	2,281.4	2,237.8	1,847.2	1,839.2	1,632.9	1,482.9	1,381.3	1,335.4	1,312.7	1,292.2
75–84 years ²	4,106.1	3,533.6	3,783.4	3,578.8	3,436.6	3,107.1	2,881.4	2,762.0	2,641.6	2,649.3	2,560.1
85 years and over	---	6,037.9	5,367.6	6,819.5	6,393.5	6,479.6	5,985.7	5,675.4	5,538.7	5,446.7	5,436.1

See footnotes at end of table.

Table 37 (page 2 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native male ³											
All ages, age adjusted	---	---	---	320.5	280.5	264.1	230.5	228.0	234.4	219.5	211.6
All ages, crude	---	---	---	130.6	117.9	108.0	110.4	110.7	116.8	113.2	109.7
45–54 years	---	---	---	238.1	209.1	173.8	151.4	157.5	171.8	151.8	131.8
55–64 years	---	---	---	496.3	438.3	411.0	403.2	404.9	427.2	402.5	346.3
65–74 years	---	---	---	1,009.4	984.6	839.1	918.5	778.0	828.1	793.6	866.1
75–84 years	---	---	---	2,062.2	2,118.2	1,788.8	1,534.9	1,546.5	1,513.8	1,274.0	1,428.4
85 years and over	---	---	---	4,413.7	2,766.7	3,860.3	2,308.7	2,660.1	2,764.2	2,800.9	2,181.3
Asian or Pacific Islander male ⁴											
All ages, age adjusted	---	---	---	286.9	258.9	220.7	247.2	208.8	204.5	197.9	196.9
All ages, crude	---	---	---	119.8	103.5	88.7	96.9	97.3	97.4	98.3	99.3
45–54 years	---	---	---	112.0	81.1	70.4	73.4	75.4	72.1	72.9	63.7
55–64 years	---	---	---	306.7	291.2	226.1	214.3	220.7	218.3	210.8	204.2
65–74 years	---	---	---	852.4	753.5	623.5	605.8	581.2	585.1	522.7	524.1
75–84 years	---	---	---	2,010.9	2,025.6	1,642.2	1,680.5	1,534.8	1,432.1	1,493.0	1,460.2
85 years and over	---	---	---	5,923.0	4,937.5	4,617.8	6,372.3	4,338.0	4,392.5	4,110.7	4,229.6
Hispanic male ⁵											
All ages, age adjusted	---	---	---	296.6	270.0	246.8	232.8	223.9	213.8	212.7	
All ages, crude	---	---	---	92.1	91.0	87.5	85.8	83.9	84.9	86.0	
45–54 years	---	---	---	128.1	116.4	103.0	98.7	96.2	96.0	94.6	
55–64 years	---	---	---	398.8	363.0	306.0	310.0	276.9	274.0	269.0	
65–74 years	---	---	---	971.1	829.9	750.0	725.7	737.2	706.6	690.8	
75–84 years	---	---	---	2,150.0	1,971.3	1,734.5	1,688.6	1,628.7	1,522.0	1,527.2	
85 years and over	---	---	---	4,912.5	4,711.9	4,699.7	4,078.6	3,844.6	3,641.9	3,658.0	
White, non-Hispanic male ⁵											
All ages, age adjusted	---	---	---	480.4	413.6	370.6	362.0	351.9	338.3	329.4	
All ages, crude	---	---	---	362.8	336.5	322.0	318.9	315.0	309.8	305.4	
45–54 years	---	---	---	219.9	172.8	157.5	152.1	148.5	142.8	136.9	
55–64 years	---	---	---	610.6	521.3	448.0	435.1	418.1	393.5	371.7	
65–74 years	---	---	---	1,471.3	1,243.4	1,088.3	1,056.4	1,025.1	991.7	951.9	
75–84 years	---	---	---	3,512.8	3,007.7	2,635.6	2,559.8	2,477.3	2,411.2	2,342.5	
85 years and over	---	---	---	8,538.4	7,663.4	7,166.3	7,109.2	6,954.2	6,604.4	6,588.7	
White female											
All ages, age adjusted	478.0	441.7	376.7	315.9	289.1	250.9	233.6	228.6	222.9	217.6	215.4
All ages, crude	289.4	306.5	313.8	319.2	321.8	298.4	297.4	294.2	289.8	286.8	286.6
45–54 years	141.9	103.4	91.4	71.2	62.5	50.2	45.9	46.9	44.9	43.4	42.7
55–64 years	460.2	383.0	317.7	248.1	227.1	192.4	173.1	167.8	162.5	153.9	149.4
65–74 years	1,400.9	1,229.8	1,044.0	796.7	713.3	583.6	526.3	515.1	500.7	493.8	474.1
75–84 years	3,925.2	3,629.7	3,143.5	2,493.6	2,207.5	1,874.3	1,689.8	1,652.9	1,595.9	1,556.3	1,534.8
85 years and over	9,084.7	9,280.8	7,839.9	7,501.6	7,170.0	6,563.4	6,352.6	6,211.4	6,108.0	5,971.4	6,006.6
Black female											
All ages, age adjusted	536.9	488.9	435.6	378.6	357.7	327.5	309.3	302.4	294.7	291.9	290.4
All ages, crude	287.6	268.5	261.0	249.7	250.3	237.0	231.1	229.0	224.2	224.6	223.9
45–54 years	525.3	360.7	290.9	202.4	176.2	155.3	143.1	144.7	134.8	132.9	128.1
55–64 years	1,210.2	952.3	710.5	530.1	510.7	442.0	384.9	388.4	364.8	361.5	335.6
65–74 years	1,659.4	1,680.5	1,553.2	1,210.3	1,149.9	1,017.5	933.7	890.0	871.6	858.8	833.4
75–84 years ²	3,499.3	2,926.9	2,964.1	2,707.2	2,533.4	2,250.9	2,163.1	2,097.7	2,030.5	2,044.8	2,070.7
85 years and over	5,650.0	5,003.8	5,796.5	5,686.5	5,766.1	5,614.8	5,493.6	5,542.5	5,373.1	5,525.5	

See footnotes at end of table.

Table 37 (page 3 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native female ³											
All ages, age adjusted	---	---	---	175.4	170.0	153.1	145.8	141.6	141.1	137.8	138.3
All ages, crude	---	---	---	80.3	84.3	77.5	87.0	86.7	88.6	89.0	91.0
45–54 years	---	---	---	65.2	59.2	62.0	69.2	61.1	59.7	49.4	51.4
55–64 years	---	---	---	193.5	230.8	197.0	210.2	192.5	172.8	183.3	183.4
65–74 years	---	---	---	577.2	472.7	492.8	503.3	512.8	473.8	440.3	464.3
75–84 years	---	---	---	1,364.3	1,258.8	1,050.3	1,045.6	1,030.0	1,115.2	1,019.8	1,067.5
85 years and over	---	---	---	2,893.3	3,180.0	2,868.7	2,209.8	2,108.8	2,019.5	2,348.9	2,069.4
Asian or Pacific Islander female ⁴											
All ages, age adjusted	---	---	---	132.3	149.4	149.2	153.2	127.8	123.3	120.9	121.6
All ages, crude	---	---	---	57.0	60.3	62.0	68.2	66.8	66.9	67.3	70.1
45–54 years	---	---	---	28.6	23.8	17.5	21.6	17.2	18.8	18.4	18.9
55–64 years	---	---	---	92.9	103.0	99.0	93.0	82.3	80.5	70.5	76.6
65–74 years	---	---	---	313.3	341.0	323.9	294.9	282.0	272.8	282.9	269.7
75–84 years	---	---	---	1,053.2	1,056.5	1,130.9	1,063.0	1,009.8	944.0	880.9	945.4
85 years and over	---	---	---	3,211.0	4,208.3	4,161.2	4,717.9	3,394.7	3,326.2	3,385.5	3,276.3
Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	195.9	177.2	162.5	151.4	151.1	145.8	146.6
All ages, crude	---	---	---	---	75.0	79.4	78.9	77.0	78.3	77.7	79.1
45–54 years	---	---	---	---	46.6	43.5	32.0	31.3	31.5	31.0	30.8
55–64 years	---	---	---	---	184.7	153.2	137.3	125.1	129.5	122.4	118.1
65–74 years	---	---	---	---	534.1	460.4	402.4	387.6	391.9	399.8	357.7
75–84 years	---	---	---	---	1,457.3	1,259.7	1,150.1	1,152.8	1,102.4	1,071.1	1,092.1
85 years and over	---	---	---	---	4,528.6	4,440.3	4,243.9	3,673.8	3,748.7	3,499.1	3,695.4
White, non-Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	287.2	252.6	234.9	230.7	225.1	220.1	218.0
All ages, crude	---	---	---	---	334.2	320.0	321.4	318.9	315.6	313.6	314.2
45–54 years	---	---	---	---	61.3	50.2	46.6	47.5	45.7	44.2	43.4
55–64 years	---	---	---	---	219.6	193.6	173.6	169.0	163.9	155.3	150.8
65–74 years	---	---	---	---	700.5	584.7	529.1	518.0	504.0	496.2	479.1
75–84 years	---	---	---	---	2,201.7	1,890.2	1,697.8	1,663.5	1,609.4	1,571.1	1,548.6
85 years and over	---	---	---	---	7,164.2	6,615.2	6,384.5	6,285.4	6,176.4	6,054.4	6,089.0

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (0.99). See Appendix II, Comparability ratio and tables V (footnote 2) and VI.

--- Data not available.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat 2(128)*. 1999). Some rates for the black population in 1950 and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/dataw/statstab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 38 (page 1 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
All persons											
Deaths per 100,000 resident population											
All ages, age adjusted	180.7	177.9	147.7	96.4	76.6	65.5	63.9	63.2	61.8	59.6	61.8
All ages, crude	104.0	108.0	101.9	75.1	64.3	57.9	60.1	60.3	59.7	58.6	61.4
Under 1 year	5.1	4.1	5.0	4.4	3.7	3.8	5.8	6.2	7.0	7.8	2.7
1–4 years	0.9	0.8	1.0	0.5	0.3	0.3	0.4	0.3	0.4	0.4	0.3
5–14 years	0.5	0.7	0.7	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	1.6	1.8	1.6	1.0	0.8	0.6	0.5	0.5	0.5	0.5	0.5
25–34 years	4.2	4.7	4.5	2.6	2.2	2.2	1.8	1.8	1.7	1.7	1.5
35–44 years	18.7	14.7	15.6	8.5	7.2	6.5	6.5	6.3	6.3	6.0	5.7
45–54 years	70.4	49.2	41.6	25.2	21.3	18.7	17.6	17.9	16.9	16.5	15.5
55–64 years	194.2	147.3	115.8	65.2	54.8	48.0	46.1	45.3	44.4	42.6	41.2
65–74 years	554.7	469.2	384.1	219.5	172.8	144.4	137.2	135.5	134.8	130.0	132.2
75–84 years	1,499.6	1,491.3	1,254.2	788.6	601.5	499.3	481.4	477.0	462.0	455.4	472.8
85 years and over	2,990.1	3,680.5	3,014.3	2,288.9	1,865.1	1,633.9	1,636.5	1,612.7	1,584.6	1,500.0	1,606.3
Male											
All ages, age adjusted	186.4	186.1	157.4	102.4	80.2	68.7	66.3	65.3	63.9	60.1	62.4
All ages, crude	102.5	104.5	94.5	63.6	52.5	46.8	48.0	48.1	47.8	46.3	48.4
Under 1 year	6.4	5.0	5.8	5.0	4.6	4.4	6.3	6.5	7.6	9.0	3.4
1–4 years	1.1	0.9	1.2	0.4	0.4	0.3	0.4	0.3	0.5	0.3	0.3
5–14 years	0.5	0.7	0.8	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	1.8	1.1	0.7	0.7	0.5	0.5	0.6	0.6	0.5
25–34 years	4.2	4.5	4.4	2.6	2.2	2.1	1.9	1.7	1.7	1.7	1.6
35–44 years	17.5	14.6	15.7	8.7	7.4	6.8	7.1	6.7	6.5	6.2	5.9
45–54 years	67.9	52.2	44.4	27.3	23.2	20.5	19.8	20.0	19.2	18.5	17.1
55–64 years	205.2	163.8	138.7	74.7	63.5	54.4	53.4	52.5	51.4	49.5	47.6
65–74 years	589.6	530.7	449.5	259.2	201.4	166.8	155.9	154.7	153.1	145.7	149.1
75–84 years	1,543.6	1,555.9	1,361.6	868.3	661.2	552.7	517.1	508.7	488.7	474.7	494.4
85 years and over	3,048.6	3,643.1	2,895.2	2,199.2	1,730.1	1,533.2	1,537.7	1,512.7	1,500.7	1,347.2	1,455.0
Female											
All ages, age adjusted	175.8	170.7	140.0	91.9	73.5	62.7	61.5	60.9	59.7	58.3	60.5
All ages, crude	105.6	111.4	109.0	86.1	75.5	68.6	71.7	71.9	71.2	70.4	73.8
Under 1 year	3.7	3.2	4.0	3.8	2.7	3.1	5.2	5.9	6.3	6.6	2.1
1–4 years	0.7	0.7	0.7	0.5	0.3	0.3	0.3	0.3	0.3	0.4	0.3
5–14 years	0.4	0.6	0.6	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2
15–24 years	1.5	1.6	1.4	0.8	0.8	0.6	0.4	0.4	0.5	0.4	0.5
25–34 years	4.3	4.9	4.7	2.6	2.1	2.2	1.7	1.8	1.7	1.8	1.5
35–44 years	19.9	14.8	15.6	8.4	6.9	6.1	6.0	5.9	6.2	5.7	5.6
45–54 years	72.9	46.3	39.0	23.3	19.4	17.0	15.5	15.9	14.8	14.6	14.0
55–64 years	183.1	131.8	95.3	56.9	47.2	42.2	39.4	38.8	37.9	36.3	35.5
65–74 years	522.1	415.7	333.3	189.0	150.7	126.9	122.2	120.1	120.1	117.2	118.5
75–84 years	1,462.2	1,441.1	1,183.1	741.6	566.3	467.4	458.7	456.5	444.4	442.6	458.3
85 years and over	2,949.4	3,704.4	3,081.0	2,328.2	1,918.9	1,672.7	1,675.0	1,652.4	1,618.4	1,563.3	1,670.2
White male											
All ages, age adjusted	182.1	181.6	153.7	99.0	77.4	65.7	63.2	62.7	61.5	57.6	60.1
All ages, crude	100.5	102.7	93.5	63.3	52.7	47.0	48.6	49.1	48.8	47.3	49.7
45–54 years	53.7	40.9	35.6	21.7	18.1	15.4	14.8	15.2	14.6	14.2	13.1
55–64 years	182.2	139.0	119.9	64.2	54.6	45.8	44.7	43.4	42.3	40.8	39.6
65–74 years	569.7	501.0	420.0	240.4	186.4	153.2	143.5	142.0	141.8	134.9	138.1
75–84 years	1,556.3	1,564.8	1,361.6	854.8	650.0	540.7	503.1	500.1	480.3	464.9	485.0
85 years and over	3,127.1	3,734.8	3,018.1	2,236.9	1,765.6	1,549.8	1,550.0	1,537.7	1,530.6	1,365.9	1,475.0
Black male											
All ages, age adjusted	228.8	238.5	206.4	142.1	112.7	102.5	96.7	93.2	88.5	86.3	87.4
All ages, crude	122.0	122.9	108.8	73.1	59.2	53.1	51.0	50.1	48.3	47.5	47.7
45–54 years	211.9	166.1	136.1	82.1	71.1	68.4	64.1	62.1	59.8	55.7	51.0
55–64 years	522.8	439.9	343.4	189.8	160.7	141.8	134.1	137.5	135.5	129.2	123.3
65–74 years	783.6	899.2	780.1	472.8	379.7	327.2	291.5	292.2	274.3	255.8	263.8
75–84 years ²	1,504.9	1,475.2	1,445.7	1,067.6	814.4	723.7	700.2	653.0	600.5	621.3	635.3
85 years and over	---	2,700.0	1,963.1	1,873.2	1,429.0	1,430.5	1,393.9	1,329.5	1,281.6	1,243.1	1,342.6

See footnotes at end of table.

Table 38 (page 2 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native male ³											
Deaths per 100,000 resident population											
All ages, age adjusted	---	---	---	66.9	48.6	44.3	44.6	40.3	40.8	34.0	40.7
All ages, crude	---	---	---	23.2	18.5	16.0	20.1	18.7	18.5	16.6	19.9
45–54 years	---	---	---	*	*	*	28.4	19.9	*	17.6	17.0
55–64 years	---	---	---	72.0	*	39.8	45.7	42.9	49.4	53.5	37.4
65–74 years	---	---	---	170.5	200.0	120.3	153.1	139.1	112.5	109.8	144.8
75–84 years	---	---	---	535.1	372.7	325.9	290.1	319.4	324.0	257.8	353.6
85 years and over	---	---	---	1,384.7	733.3	949.8	748.8	550.4	707.9	450.2	510.5
Asian or Pacific Islander male ⁴											
All ages, age adjusted	---	---	---	71.4	65.2	59.1	73.7	59.5	61.9	57.3	58.0
All ages, crude	---	---	---	28.7	24.0	23.4	28.6	27.0	28.8	28.1	28.7
45–54 years	---	---	---	17.0	13.9	15.6	17.3	19.5	18.3	16.9	18.4
55–64 years	---	---	---	59.9	48.8	51.8	62.1	55.6	58.0	56.0	52.0
65–74 years	---	---	---	197.9	155.6	167.9	162.3	161.4	160.9	160.9	142.3
75–84 years	---	---	---	619.5	583.7	485.7	571.8	430.0	524.0	456.5	472.4
85 years and over	---	---	---	1,399.0	1,387.5	1,196.6	1,808.5	1,348.7	1,219.4	1,149.6	1,248.4
Hispanic male ⁵											
All ages, age adjusted	---	---	---	57.5	46.5	48.5	45.8	43.7	43.1	44.6	
All ages, crude	---	---	---	17.2	15.6	17.1	16.8	16.7	17.4	17.8	
45–54 years	---	---	---	23.6	20.0	20.5	23.1	20.4	22.3	20.1	
55–64 years	---	---	---	64.0	49.4	46.1	50.7	52.7	53.0	45.5	
65–74 years	---	---	---	163.3	126.4	132.2	114.8	134.9	124.0	131.7	
75–84 years	---	---	---	394.7	356.6	349.9	348.6	304.2	296.0	332.5	
85 years and over	---	---	---	1,181.2	866.3	996.3	866.3	787.8	795.7	829.5	
White, non-Hispanic male ⁵											
All ages, age adjusted	---	---	---	75.0	66.5	63.2	63.0	61.9	57.9	60.5	
All ages, crude	---	---	---	52.2	50.7	52.3	53.0	53.1	51.3	54.1	
45–54 years	---	---	---	16.0	14.9	14.1	14.2	13.9	13.2	12.2	
55–64 years	---	---	---	50.5	45.2	43.9	42.0	41.1	39.4	38.6	
65–74 years	---	---	---	178.5	154.8	143.1	142.0	141.1	134.7	137.4	
75–84 years	---	---	---	636.8	548.8	507.4	505.1	486.0	471.1	490.6	
85 years and over	---	---	---	1,734.9	1,583.6	1,552.4	1,560.6	1,562.9	1,391.9	1,506.0	
White female											
All ages, age adjusted	169.7	165.0	135.5	89.2	70.9	60.5	59.5	59.1	57.9	56.6	58.8
All ages, crude	103.3	110.1	109.8	88.8	78.4	71.8	76.0	76.3	75.7	75.0	78.7
45–54 years	55.0	33.8	30.5	18.7	15.5	13.5	12.7	12.8	11.6	11.3	10.9
55–64 years	156.9	103.0	78.1	48.7	40.0	35.8	33.6	33.3	31.8	31.3	29.7
65–74 years	498.1	383.3	303.2	172.8	137.9	116.3	112.6	110.2	111.4	108.6	109.9
75–84 years	1,471.3	1,444.7	1,176.8	730.3	552.9	457.6	449.5	446.7	437.5	434.2	450.5
85 years and over	3,017.9	3,795.7	3,167.6	2,367.8	1,944.9	1,691.4	1,690.0	1,679.3	1,645.8	1,589.6	1,692.3
Black female											
All ages, age adjusted	238.4	232.5	189.3	119.8	99.4	84.0	81.0	79.0	76.1	75.3	78.1
All ages, crude	128.3	127.7	112.2	77.9	68.6	60.7	60.4	59.7	58.0	57.9	60.0
45–54 years	248.9	166.2	119.4	61.9	50.8	44.1	36.4	38.6	38.6	39.9	36.1
55–64 years	567.7	452.0	272.4	138.7	113.6	97.0	85.5	82.9	84.0	76.5	78.4
65–74 years	754.4	830.5	673.5	362.2	285.6	236.8	221.2	216.4	204.8	197.3	200.4
75–84 years ²	1,496.7	1,413.1	1,338.3	918.6	753.8	596.0	583.2	586.5	540.0	560.0	581.4
85 years and over	2,578.9	2,210.5	1,896.3	1,657.1	1,496.5	1,568.8	1,443.6	1,433.1	1,398.4	1,559.7	

See footnotes at end of table.

Table 38 (page 3 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native female ³											
All ages, age adjusted	---	---	---	51.6	44.8	38.4	40.3	42.2	38.5	39.9	38.3
All ages, crude	---	---	---	22.1	21.8	19.3	23.8	25.5	24.3	25.4	25.5
45–54 years	---	---	---	*	*	*	*	24.6	*	18.8	*
55–64 years	---	---	---	*	40.4	40.7	43.5	29.7	49.4	47.5	47.1
65–74 years	---	---	---	128.3	121.2	100.5	112.3	127.7	109.0	126.4	90.4
75–84 years	---	---	---	404.2	317.6	282.0	321.7	354.9	319.7	324.6	310.3
85 years and over	---	---	---	1,123.6	1,000.0	776.2	697.3	700.0	570.0	618.1	675.4
Asian or Pacific Islander female ⁴											
All ages, age adjusted	---	---	---	61.0	54.8	54.9	53.4	51.1	49.1	45.6	48.2
All ages, crude	---	---	---	26.5	23.3	24.3	24.9	27.5	27.8	26.4	28.8
45–54 years	---	---	---	20.3	15.1	19.7	16.2	16.2	14.2	11.4	15.7
55–64 years	---	---	---	44.5	49.0	42.5	39.1	36.3	40.7	31.0	41.6
65–74 years	---	---	---	136.1	130.8	124.0	103.3	111.2	109.3	113.4	107.4
75–84 years	---	---	---	449.6	387.0	396.6	405.2	409.2	409.8	388.8	366.2
85 years and over	---	---	---	1,545.2	1,383.3	1,395.0	1,432.5	1,243.3	1,097.8	1,006.4	1,171.0
Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	47.6	43.9	40.1	37.8	36.9	36.0	36.3
All ages, crude	---	---	---	---	18.3	20.2	20.1	19.6	19.6	19.6	19.9
45–54 years	---	---	---	---	15.8	15.2	15.1	15.3	12.7	14.2	12.0
55–64 years	---	---	---	---	35.8	38.8	35.7	35.2	32.4	30.1	29.2
65–74 years	---	---	---	---	108.6	102.9	98.2	90.3	96.8	93.0	92.6
75–84 years	---	---	---	---	340.0	309.5	287.4	284.3	286.3	279.1	280.0
85 years and over	---	---	---	---	1,192.9	1,060.4	932.4	837.8	774.5	756.1	803.9
White, non-Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	69.9	61.1	59.7	59.6	58.5	57.2	59.6
All ages, crude	---	---	---	---	81.0	77.4	82.2	82.9	82.6	82.1	86.7
45–54 years	---	---	---	---	14.3	13.2	12.4	12.4	11.3	10.9	10.6
55–64 years	---	---	---	---	37.8	35.7	33.0	32.7	31.5	31.1	29.4
65–74 years	---	---	---	---	133.5	117.1	112.4	110.7	111.5	108.9	110.4
75–84 years	---	---	---	---	551.7	463.1	452.9	450.4	442.0	439.5	457.1
85 years and over	---	---	---	---	1,926.1	1,720.4	1,704.8	1,707.4	1,675.3	1,621.5	1,728.5

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. Comparability-modified rates should be used to estimate mortality change between 1998 and 1999. For Cerebrovascular diseases, the 1998 age-adjusted comparability-modified death rate for all persons is 63.1. See Appendix II, Comparability ratio and tables V (footnote 2) and VI.

--- Data not available.

* Based on fewer than 20 deaths.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat 2(128)*. 1999). Some rates for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 39 (page 1 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
All persons											
All ages, age adjusted	193.9	193.9	198.6	207.9	211.3	216.0	211.7	208.7	205.7	202.4	202.6
All ages, crude	139.8	149.2	162.8	183.9	194.0	203.2	204.9	203.4	201.6	200.3	201.6
Under 1 year	8.7	7.2	4.7	3.2	3.1	2.3	1.8	2.3	2.4	2.1	1.8
1–4 years	11.7	10.9	7.5	4.5	3.8	3.5	3.1	2.7	2.9	2.4	2.8
5–14 years	6.7	6.8	6.0	4.3	3.5	3.1	2.7	2.7	2.7	2.6	2.6
15–24 years	8.6	8.3	8.3	6.3	5.4	4.9	4.6	4.5	4.5	4.6	4.6
25–34 years	20.0	19.5	16.5	13.7	13.2	12.6	11.9	12.0	11.6	11.3	10.5
35–44 years	62.7	59.7	59.5	48.6	45.9	43.3	40.3	39.3	38.9	38.2	37.3
45–54 years	175.1	177.0	182.5	180.0	170.1	158.9	142.2	137.9	135.1	132.3	130.4
55–64 years	390.7	396.8	423.0	436.1	454.6	449.6	416.0	406.5	395.7	383.8	380.8
65–74 years	698.8	713.9	754.2	817.9	845.5	872.3	868.2	861.6	847.3	841.3	836.2
75–84 years	1,153.3	1,127.4	1,169.2	1,232.3	1,271.8	1,348.5	1,364.8	1,351.5	1,335.2	1,326.3	1,339.8
85 years and over	1,451.0	1,450.0	1,320.7	1,594.6	1,615.4	1,752.9	1,823.8	1,798.3	1,805.0	1,749.4	1,796.2
Male											
All ages, age adjusted	208.1	225.1	247.6	271.2	274.4	280.4	268.8	263.2	258.0	252.4	251.6
All ages, crude	142.9	162.5	182.1	205.3	213.4	221.3	219.5	217.2	214.6	213.6	214.4
Under 1 year	9.7	7.7	4.4	3.7	3.0	2.4	1.8	2.2	2.3	2.2	1.9
1–4 years	12.5	12.4	8.3	5.2	4.3	3.7	3.6	3.1	3.1	2.4	2.9
5–14 years	7.4	7.6	6.7	4.9	3.9	3.5	3.0	3.0	2.8	2.9	2.7
15–24 years	9.7	10.2	10.4	7.8	6.4	5.7	5.5	5.1	5.2	5.4	5.3
25–34 years	17.7	18.8	16.3	13.4	13.2	12.6	11.7	11.5	11.5	10.9	10.4
35–44 years	45.6	48.9	53.0	44.0	42.4	38.5	36.5	35.6	34.5	34.4	33.6
45–54 years	156.2	170.8	183.5	188.7	175.2	162.5	143.7	140.7	138.0	136.5	135.1
55–64 years	413.1	459.9	511.8	520.8	536.9	532.9	480.5	469.1	453.4	441.1	438.0
65–74 years	791.5	890.5	1,006.8	1,093.2	1,105.2	1,122.2	1,089.9	1,080.9	1,058.4	1,045.5	1,031.2
75–84 years	1,332.6	1,389.4	1,588.3	1,790.5	1,839.7	1,914.4	1,842.3	1,802.7	1,770.2	1,745.6	1,745.8
85 years and over	1,668.3	1,741.2	1,720.8	2,369.5	2,451.8	2,739.9	2,837.3	2,733.1	2,712.5	2,562.6	2,618.1
Female											
All ages, age adjusted	182.3	168.7	163.2	166.7	171.2	175.7	175.4	173.4	171.6	169.2	169.9
All ages, crude	136.8	136.4	144.4	163.6	175.7	186.0	191.0	190.2	189.2	187.7	189.4
Under 1 year	7.6	6.8	5.0	2.7	3.2	2.2	1.8	2.4	2.5	1.9	1.7
1–4 years	10.8	9.3	6.7	3.7	3.4	3.2	2.6	2.3	2.6	2.4	2.6
5–14 years	6.0	6.0	5.2	3.6	3.1	2.8	2.4	2.4	2.5	2.3	2.4
15–24 years	7.6	6.5	6.2	4.8	4.3	4.1	3.6	3.8	3.7	3.7	3.8
25–34 years	22.2	20.1	16.7	14.0	13.2	12.6	12.2	12.6	11.7	11.7	10.7
35–44 years	79.3	70.0	65.6	53.1	49.2	48.1	44.0	42.9	43.1	42.1	41.1
45–54 years	194.0	183.0	181.5	171.8	165.3	155.5	140.7	135.2	132.3	128.2	125.9
55–64 years	368.2	337.7	343.2	361.7	381.8	375.2	357.5	349.6	343.2	331.6	328.7
65–74 years	612.3	560.2	557.9	607.1	645.3	677.4	690.7	685.2	676.8	675.2	676.7
75–84 years	1,000.7	924.1	891.9	903.1	937.8	1,010.3	1,061.5	1,060.0	1,050.6	1,048.6	1,067.9
85 years and over	1,299.7	1,263.9	1,096.7	1,255.7	1,281.4	1,372.1	1,429.1	1,426.8	1,439.2	1,412.5	1,448.9
White male											
All ages, age adjusted	210.0	224.7	244.8	265.1	267.1	272.2	261.8	256.8	251.9	246.9	246.4
All ages, crude	147.2	166.1	185.1	208.7	218.1	227.7	228.1	225.8	223.3	223.0	224.2
25–34 years	17.7	18.8	16.2	13.6	13.1	12.3	11.3	11.3	11.2	10.7	10.2
35–44 years	44.5	46.3	50.1	41.1	39.8	35.8	34.2	33.5	32.3	32.6	32.0
45–54 years	150.8	164.1	172.0	175.4	162.0	149.9	134.3	131.8	129.0	126.5	126.0
55–64 years	409.4	450.9	498.1	497.4	512.0	508.2	460.0	448.9	432.4	422.4	419.9
65–74 years	798.7	887.3	997.0	1,070.7	1,076.5	1,090.7	1,064.6	1,057.3	1,038.7	1,030.1	1,017.2
75–84 years	1,367.6	1,413.7	1,592.7	1,779.7	1,817.1	1,883.2	1,810.9	1,771.0	1,746.1	1,722.4	1,722.9
85 years and over	1,732.7	1,791.4	1,772.2	2,375.6	2,449.1	2,715.1	2,805.2	2,723.9	2,695.5	2,554.3	2,611.5
Black male											
All ages, age adjusted	178.9	227.6	291.9	353.4	373.9	397.9	372.8	365.3	354.7	343.1	340.5
All ages, crude	106.6	136.7	171.6	205.5	214.9	221.9	209.1	207.3	203.0	199.0	198.3
25–34 years	18.0	18.4	18.8	14.1	14.9	15.7	15.2	14.0	14.5	12.9	11.8
35–44 years	55.7	72.9	81.3	73.8	69.9	64.3	57.5	55.0	54.3	50.0	47.8
45–54 years	211.7	244.7	311.2	333.0	315.9	302.6	250.7	242.7	235.3	241.0	232.0
55–64 years	490.8	579.7	689.2	812.5	851.3	859.2	755.3	741.2	723.3	697.4	689.4
65–74 years	636.5	938.5	1,168.9	1,417.2	1,532.8	1,613.9	1,509.6	1,473.2	1,412.4	1,344.7	1,315.8
75–84 years ²	853.5	1,053.3	1,624.8	2,029.6	2,229.6	2,478.3	2,426.8	2,421.8	2,298.4	2,284.5	2,302.4
85 years and over	---	1,155.2	1,387.0	2,393.9	2,629.0	3,238.3	3,338.2	3,209.7	3,306.2	3,050.5	3,098.7

See footnotes at end of table.

Table 39 (page 2 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native male ³											
Deaths per 100,000 resident population											
All ages, age adjusted	---	---	---	140.5	142.1	145.8	153.7	154.5	163.3	155.0	150.9
All ages, crude	---	---	---	58.1	62.8	61.4	74.2	75.9	84.7	80.6	80.0
25–34 years	---	---	---	*	*	*	*	*	*	*	*
35–44 years	---	---	---	28.8	22.8	16.0	18.4	25.0	26.8	19.6	
45–54 years	---	---	---	86.9	89.4	86.9	88.0	76.0	109.3	90.6	91.4
55–64 years	---	---	---	213.4	276.6	246.2	300.3	325.5	336.2	286.7	294.5
65–74 years	---	---	---	613.0	584.6	530.6	670.4	680.1	761.6	711.3	716.5
75–84 years	---	---	---	936.4	963.6	1,038.4	1,111.9	1,036.6	1,041.1	1,070.7	980.6
85 years and over	---	---	---	1,471.2	1,133.3	1,654.4	1,081.5	1,284.2	1,011.3	1,067.0	1,067.5
Asian or Pacific Islander male ⁴											
All ages, age adjusted	---	---	---	165.2	173.4	172.5	182.7	163.2	158.9	155.5	154.2
All ages, crude	---	---	---	81.9	82.6	82.7	87.1	87.1	87.0	89.0	89.2
25–34 years	---	---	---	6.3	10.0	9.2	8.8	7.8	9.4	9.4	10.2
35–44 years	---	---	---	29.4	25.7	27.7	27.4	27.4	26.1	26.0	26.6
45–54 years	---	---	---	108.2	98.0	92.6	86.6	85.7	89.0	91.5	84.4
55–64 years	---	---	---	298.5	315.0	274.6	255.4	247.5	261.6	246.5	243.8
65–74 years	---	---	---	581.2	631.3	687.2	640.6	663.6	596.2	630.8	608.8
75–84 years	---	---	---	1,147.6	1,251.2	1,229.9	1,278.9	1,199.8	1,160.3	1,095.3	1,084.4
85 years and over	---	---	---	1,798.7	1,800.0	1,837.0	2,712.8	1,668.4	1,674.0	1,556.0	1,657.4
Hispanic male ⁵											
All ages, age adjusted	---	---	---	161.3	174.7	172.5	161.0	157.7	157.3	151.4	
All ages, crude	---	---	---	56.1	65.5	68.9	65.8	65.4	68.7	67.7	
25–34 years	---	---	---	9.7	8.0	9.2	8.0	8.8	8.5	8.2	
35–44 years	---	---	---	22.9	22.5	25.4	22.0	22.5	21.8	20.8	
45–54 years	---	---	---	83.5	96.6	85.8	81.6	87.3	87.7	86.9	
55–64 years	---	---	---	259.0	294.0	276.8	262.2	256.0	258.7	264.7	
65–74 years	---	---	---	598.2	655.5	667.1	647.9	627.2	666.2	626.7	
75–84 years	---	---	---	1,210.5	1,233.4	1,272.1	1,178.3	1,123.5	1,087.5	1,054.4	
85 years and over	---	---	---	1,743.8	2,019.4	1,858.7	1,637.8	1,658.8	1,551.0	1,419.8	
White, non-Hispanic male ⁵											
All ages, age adjusted	---	---	---	259.0	276.7	264.9	260.8	256.2	251.2	251.3	
All ages, crude	---	---	---	217.4	246.2	247.1	246.2	244.7	243.9	246.3	
25–34 years	---	---	---	13.5	12.8	11.4	11.8	11.5	10.9	10.5	
35–44 years	---	---	---	39.1	36.8	34.7	34.4	33.1	33.7	33.2	
45–54 years	---	---	---	159.9	153.9	137.0	134.9	131.9	129.1	128.8	
55–64 years	---	---	---	496.4	520.6	469.9	458.6	443.3	432.2	429.7	
65–74 years	---	---	---	1,044.2	1,109.0	1,081.1	1,073.6	1,057.8	1,047.5	1,037.7	
75–84 years	---	---	---	1,765.5	1,906.6	1,825.6	1,791.6	1,765.7	1,745.8	1,749.6	
85 years and over	---	---	---	2,327.3	2,744.4	2,814.6	2,764.3	2,738.3	2,599.8	2,669.5	
White female											
All ages, age adjusted	182.0	167.7	162.5	165.2	169.9	174.0	173.7	172.1	170.0	167.7	168.6
All ages, crude	139.9	139.8	149.4	170.3	184.4	196.1	202.4	201.8	200.4	199.1	201.1
25–34 years	20.9	18.8	16.3	13.5	12.7	11.9	11.5	12.1	11.2	11.2	10.5
35–44 years	74.5	66.6	62.4	50.9	47.3	46.2	42.0	40.5	40.6	39.3	38.7
45–54 years	185.8	175.7	177.3	166.4	161.6	150.9	136.1	131.0	128.4	123.3	121.9
55–64 years	362.5	329.0	338.6	355.5	376.3	368.5	352.6	347.3	339.6	326.5	324.3
65–74 years	616.5	562.1	554.7	605.2	644.9	675.1	689.6	684.6	674.6	675.7	677.4
75–84 years	1,026.6	939.3	903.5	905.4	938.2	1,011.8	1,060.2	1,059.9	1,049.7	1,051.1	1,067.4
85 years and over	1,348.3	1,304.9	1,126.6	1,266.8	1,285.4	1,372.3	1,428.2	1,430.1	1,435.8	1,415.1	1,452.8

See footnotes at end of table.

Table 39 (page 3 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
Black female											
All ages, age adjusted	174.1	174.3	173.4	189.5	195.5	205.9	206.0	202.3	204.4	200.0	200.0
All ages, crude	111.8	113.8	117.3	136.5	145.2	156.1	159.1	157.9	160.5	158.5	158.9
25–34 years	34.3	31.0	20.9	18.3	17.2	18.7	16.8	16.4	16.2	15.6	13.4
35–44 years	119.8	102.4	94.6	73.5	69.0	67.4	62.2	62.8	62.9	64.1	60.5
45–54 years	277.0	254.8	228.6	230.2	212.4	209.9	192.7	182.8	180.6	180.9	172.0
55–64 years	484.6	442.7	404.8	450.4	474.9	482.4	443.6	422.2	426.4	419.9	408.3
65–74 years	477.3	541.6	615.8	662.4	704.2	773.2	799.6	790.6	789.7	770.2	767.0
75–84 years ²	605.3	696.3	763.3	923.9	986.3	1,059.9	1,154.1	1,150.9	1,166.5	1,138.3	1,193.4
85 years and over	—	728.9	791.5	1,159.9	1,284.2	1,431.3	1,490.3	1,507.2	1,602.3	1,513.5	1,559.3
American Indian or Alaska Native female ³											
All ages, age adjusted	—	—	—	94.0	93.0	106.9	110.9	119.3	108.6	111.3	109.1
All ages, crude	—	—	—	50.4	52.5	62.1	69.9	77.1	71.8	74.9	73.3
25–34 years	—	—	—	*	*	*	11.1	*	11.0	*	*
35–44 years	—	—	—	36.9	23.4	31.0	33.5	38.5	36.8	33.4	27.7
45–54 years	—	—	—	96.9	90.1	104.5	85.2	111.2	88.3	94.9	78.6
55–64 years	—	—	—	198.4	192.3	213.3	223.2	249.2	245.5	255.8	256.0
65–74 years	—	—	—	350.8	378.8	438.9	427.7	487.3	467.5	481.1	488.4
75–84 years	—	—	—	446.4	505.9	554.3	723.9	721.4	613.4	599.9	671.9
85 years and over	—	—	—	786.5	700.0	843.7	736.6	638.0	561.9	649.0	495.8
Asian or Pacific Islander female ⁴											
All ages, age adjusted	—	—	—	93.0	99.6	103.0	114.5	103.4	103.7	100.9	104.1
All ages, crude	—	—	—	54.1	57.5	60.5	71.5	69.7	71.1	71.0	74.3
25–34 years	—	—	—	9.5	9.9	7.3	10.6	9.6	7.0	9.3	7.3
35–44 years	—	—	—	38.7	33.1	29.8	28.6	29.9	31.5	27.7	28.0
45–54 years	—	—	—	99.8	91.3	93.9	98.0	88.7	81.1	83.3	83.1
55–64 years	—	—	—	174.7	195.5	196.2	211.4	179.6	176.7	186.8	195.7
65–74 years	—	—	—	301.9	330.8	346.2	351.2	347.8	376.4	362.7	380.0
75–84 years	—	—	—	522.1	589.1	641.4	722.6	703.6	662.1	639.9	670.6
85 years and over	—	—	—	800.0	908.3	971.7	1,307.7	917.8	1,014.0	908.8	919.5
Hispanic female ⁵											
All ages, age adjusted	—	—	—	—	101.5	111.9	106.1	106.1	103.8	100.5	101.4
All ages, crude	—	—	—	—	49.8	60.7	60.5	62.1	61.4	60.4	61.4
25–34 years	—	—	—	—	9.7	9.7	9.2	10.3	10.3	9.6	9.6
35–44 years	—	—	—	—	30.9	34.8	31.2	30.0	30.5	29.8	30.1
45–54 years	—	—	—	—	90.1	100.5	89.7	85.3	84.7	86.7	85.9
55–64 years	—	—	—	—	199.2	205.4	197.6	202.4	201.6	189.9	180.5
65–74 years	—	—	—	—	356.4	404.8	382.3	405.3	388.2	390.4	381.4
75–84 years	—	—	—	—	600.0	663.0	659.6	637.8	622.4	588.5	626.8
85 years and over	—	—	—	—	907.1	1,022.7	938.2	913.9	888.6	835.2	869.9

See footnotes at end of table.

Table 39 (page 4 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]					
White, non-Hispanic female ⁵						Deaths per 100,000 resident population										
All ages, age adjusted	---	---	---	---	167.1	177.5	176.6	175.3	173.1	171.1	172.1					
All ages, crude	---	---	---	---	187.1	210.6	218.4	218.3	217.3	216.9	219.7					
25–34 years	---	---	---	---	12.2	11.9	11.7	12.2	11.2	11.3	10.4					
35–44 years	---	---	---	---	47.2	47.0	42.7	41.2	41.4	40.1	39.4					
45–54 years	---	---	---	---	158.8	154.9	139.3	133.9	131.2	125.7	124.5					
55–64 years	---	---	---	---	372.7	379.5	362.7	356.6	348.5	335.7	334.6					
65–74 years	---	---	---	---	638.4	688.5	703.1	697.9	688.7	691.2	694.7					
75–84 years	---	---	---	---	917.8	1,027.2	1,070.5	1,075.3	1,063.9	1,068.3	1,084.2					
85 years and over	---	---	---	---	1,241.5	1,385.7	1,438.4	1,448.8	1,452.5	1,435.7	1,474.5					

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (1.01). See Appendix II, Comparability ratio and tables V and VI.

--- Data not available.

* Based on fewer than 20 deaths.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for black male in 1950, all persons in 1970, and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 40 (page 1 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
All persons											
Deaths per 100,000 resident population											
All ages, age adjusted	15.0	24.1	37.1	49.9	54.6	59.3	58.9	58.4	58.1	57.6	56.0
All ages, crude	12.2	20.3	32.1	45.8	51.5	56.8	57.5	57.3	57.3	57.2	55.8
Under 25 years	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25–34 years	0.8	1.0	0.9	0.6	0.6	0.7	0.7	0.7	0.6	0.6	0.5
35–44 years	4.5	6.8	11.0	9.2	7.8	6.8	6.0	6.2	6.2	6.1	6.1
45–54 years	20.4	29.6	43.4	54.1	50.9	46.8	38.0	36.8	34.6	33.3	31.9
55–64 years	48.7	75.3	109.1	138.2	153.8	160.6	142.9	138.7	134.3	131.4	125.5
65–74 years	59.7	108.1	164.5	233.3	261.2	288.4	297.1	296.1	295.7	296.7	284.6
75–84 years	55.8	91.5	163.2	240.5	282.0	333.3	361.4	364.4	368.5	367.7	364.4
85 years and over	42.3	65.6	101.7	176.0	195.2	242.5	284.0	280.9	297.6	289.9	295.6
Male											
All ages, age adjusted	24.6	43.6	67.5	85.2	88.6	91.1	84.7	82.9	81.6	79.9	77.0
All ages, crude	19.9	35.4	53.4	68.6	72.5	75.1	71.6	70.6	69.7	69.3	67.1
Under 25 years	0.0	0.0	0.1	0.1	*	0.0	0.1	*	*	0.0	*
25–34 years	1.1	1.4	1.3	0.8	0.7	0.9	0.8	0.7	0.6	0.6	0.5
35–44 years	7.1	10.5	16.1	11.9	10.0	8.5	7.1	7.3	7.1	7.0	6.6
45–54 years	35.0	50.6	67.5	76.0	67.5	59.7	47.0	45.8	42.7	40.8	39.2
55–64 years	83.8	139.3	189.7	213.6	223.5	222.9	187.4	181.4	173.7	168.4	161.6
65–74 years	98.7	204.3	320.8	403.9	416.2	430.4	417.0	409.3	404.0	401.7	381.7
75–84 years	82.6	167.1	330.8	488.8	537.6	572.9	552.1	547.2	543.0	534.7	521.4
85 years and over	62.5	107.7	194.0	368.1	433.2	513.2	543.8	520.7	543.8	512.4	509.3
Female											
All ages, age adjusted	5.8	7.5	13.1	24.4	30.6	37.1	40.7	40.9	41.4	41.5	40.8
All ages, crude	4.5	6.4	11.9	24.3	31.7	39.4	44.1	44.6	45.4	45.7	45.0
Under 25 years	0.1	0.0	0.0	*	*	*	*	*	*	*	*
25–34 years	0.5	5.4	0.5	0.5	0.6	0.5	0.6	0.6	0.5	0.6	0.4
35–44 years	1.9	3.2	6.1	6.5	5.6	5.2	5.0	5.1	5.4	5.3	5.5
45–54 years	5.8	9.2	21.0	33.7	35.2	34.5	29.4	28.2	26.9	26.0	25.0
55–64 years	13.6	15.4	36.8	72.0	92.1	105.0	102.6	99.9	98.5	97.6	92.6
65–74 years	23.3	24.4	43.1	102.7	141.8	177.6	201.1	204.9	208.2	211.3	205.3
75–84 years	32.9	32.8	52.4	94.1	131.7	190.1	240.3	246.4	254.3	257.2	259.3
85 years and over	28.2	38.8	50.0	91.9	100.2	138.1	182.8	185.6	198.4	197.8	205.3
White male											
All ages, age adjusted	25.1	43.6	67.1	83.8	86.8	89.0	82.9	81.4	80.2	78.6	75.8
All ages, crude	20.8	36.4	54.6	70.2	74.5	77.8	74.9	73.9	73.1	72.7	70.6
45–54 years	35.1	49.2	63.3	70.9	62.7	55.2	43.7	42.7	39.6	37.5	35.9
55–64 years	85.4	139.2	186.8	205.6	214.2	213.7	180.4	174.4	167.4	162.5	156.6
65–74 years	101.5	207.5	325.0	401.0	409.5	422.1	411.3	404.9	400.4	399.2	379.0
75–84 years	85.5	170.4	336.7	493.5	540.3	572.2	548.8	543.7	540.1	531.7	518.0
85 years and over	67.4	109.4	199.6	374.1	440.0	516.3	542.4	524.5	549.1	516.6	515.0
Black male											
All ages, age adjusted	17.8	42.6	75.4	107.6	117.2	125.4	114.8	111.5	108.3	105.2	101.9
All ages, crude	12.1	28.1	47.7	66.6	71.2	73.7	67.0	65.8	64.1	63.0	61.2
45–54 years	34.4	68.4	115.4	133.8	122.5	114.9	87.6	85.3	79.4	78.8	76.2
55–64 years	68.3	146.8	234.3	321.1	351.5	358.6	295.3	287.0	270.1	263.2	248.5
65–74 years	53.8	168.3	300.5	472.3	539.6	585.4	547.9	520.8	507.9	487.5	465.6
75–84 years ²	36.2	107.3	271.6	472.9	556.4	645.4	660.8	660.1	647.5	644.6	
85 years and over	---	82.8	137.0	311.3	382.3	499.5	573.2	544.7	553.8	533.1	534.1
American Indian or Alaska Native male ³											
All ages, age adjusted	---	---	---	31.7	41.2	47.5	49.5	50.5	52.0	54.1	45.5
All ages, crude	---	---	---	14.2	18.4	20.0	23.9	25.6	26.5	27.8	24.0
45–54 years	---	---	---	*	*	26.6	26.5	24.4	32.1	30.2	20.2
55–64 years	---	---	---	72.0	85.1	97.8	106.1	139.7	124.9	109.9	113.5
65–74 years	---	---	---	202.8	223.1	194.3	256.0	267.9	268.4	294.5	267.4
75–84 years	---	---	---	*	263.6	356.2	338.4	308.2	339.9	376.7	259.3
85 years and over	---	---	---	*	*	*	*	*	*	*	*

See footnotes at end of table.

Table 40 (page 2 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
Asian or Pacific Islander male ⁴											
All ages, age adjusted	43.3	42.7	44.2	45.3	43.0	41.5	42.3				40.4
All ages, crude	22.1	20.4	20.7	21.5	22.4	22.4	23.5				22.9
45–54 years	33.3	21.7	18.8	19.6	15.4	17.4	17.3				16.0
55–64 years	94.4	98.1	74.4	67.1	69.8	72.8	66.6				59.5
65–74 years	174.3	180.8	215.8	191.9	206.9	194.5	215.3				210.5
75–84 years	301.3	295.3	307.5	324.9	341.1	300.4	318.4				320.1
85 years and over	350.0	421.3	572.2	343.0	367.1	332.9	269.1				
Hispanic male ⁵											
All ages, age adjusted	39.2	44.1	40.2	37.1	37.0	35.6					35.2
All ages, crude	12.9	16.2	15.6	14.8	14.6	15.0					15.1
45–54 years	16.7	21.5	17.7	18.3	17.3	15.7					14.6
55–64 years	68.6	80.7	68.7	66.3	58.9	58.9					67.2
65–74 years	169.9	195.5	183.5	175.7	176.1	173.4					164.3
75–84 years	292.1	313.4	303.5	277.9	274.0	271.4					265.8
85 years and over	393.8	420.7	352.5	278.9	332.9	264.1					264.4
White, non-Hispanic male ⁵											
All ages, age adjusted	84.2	91.1	84.7	83.4	82.6	81.0					78.2
All ages, crude	74.5	84.7	81.8	81.4	81.2	80.8					78.5
45–54 years	62.6	57.8	45.4	44.4	41.4	39.3					37.8
55–64 years	209.8	221.0	186.8	180.7	175.0	169.6					162.9
65–74 years	398.4	431.4	420.3	414.9	412.1	411.6					391.4
75–84 years	518.2	580.4	554.9	552.1	549.5	542.6					528.8
85 years and over	413.8	520.9	543.4	533.1	557.7	528.7					526.9
White female											
All ages, age adjusted	5.9	6.8	13.1	24.5	31.0	37.6	41.4	41.8	42.2	42.3	41.5
All ages, crude	4.7	5.9	12.3	25.6	33.9	42.4	48.0	48.6	49.3	49.7	48.9
45–54 years	5.7	9.0	20.9	33.0	35.4	34.6	29.5	28.4	26.8	25.8	24.7
55–64 years	13.7	15.1	37.2	71.9	92.4	105.7	104.7	102.9	100.9	99.7	94.9
65–74 years	23.7	24.8	42.9	104.6	145.5	181.3	205.0	210.0	213.2	216.6	211.1
75–84 years	34.0	32.7	52.6	95.2	134.8	194.6	246.1	251.5	259.7	263.1	263.6
85 years and over	29.3	39.1	50.6	92.4	99.3	138.3	184.0	188.2	200.5	200.3	207.4
Black female											
All ages, age adjusted	4.5	6.8	13.7	24.8	29.7	36.8	39.1	39.3	40.7	40.9	40.5
All ages, crude	2.8	4.3	9.4	18.3	22.5	28.1	30.2	30.5	31.9	32.2	31.8
45–54 years	7.5	11.3	23.9	43.4	39.1	41.3	34.9	33.0	33.6	33.4	32.5
55–64 years	12.9	17.9	33.5	79.9	103.5	117.9	106.5	99.3	101.8	102.6	93.9
65–74 years	14.0	18.1	46.1	88.0	117.2	164.3	195.3	196.1	200.5	202.5	190.9
75–84 years ²	*	31.3	49.1	79.4	101.2	148.1	188.6	209.3	220.1	222.4	245.7
85 years and over	—	34.2	44.8	85.8	114.3	134.9	163.7	162.1	184.2	176.6	190.8
American Indian or Alaska Native female ³											
All ages, age adjusted	—	—	—	11.7	14.2	19.3	24.7	24.6	24.1	26.1	26.9
All ages, crude	—	—	—	6.0	8.2	11.2	15.0	15.2	15.2	16.9	17.5
45–54 years	—	—	—	*	*	22.9	*	*	*	18.0	*
55–64 years	—	—	—	*	38.5	53.7	47.8	62.3	65.8	62.0	80.2
65–74 years	—	—	—	*	93.9	78.5	131.8	102.1	130.0	157.0	148.7
75–84 years	—	—	—	*	*	111.8	185.0	192.9	141.3	130.6	163.7
85 years and over	—	—	—	*	*	*	*	*	*	*	*

See footnotes at end of table.

Table 40 (page 3 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Asian or Pacific Islander female ⁴											
Deaths per 100,000 resident population											
All ages, age adjusted	---	---	---	15.4	14.4	18.9	22.9	18.9	19.4	19.5	19.6
All ages, crude	---	---	---	8.4	7.9	10.5	13.4	12.0	12.9	13.2	13.5
45–54 years	---	---	---	13.5	12.5	11.3	12.1	11.1	9.8	9.9	12.2
55–64 years	---	---	---	24.6	26.0	38.3	39.1	29.8	32.3	35.9	32.0
65–74 years	---	---	---	62.4	60.7	71.6	86.1	76.1	79.7	82.0	85.6
75–84 years	---	---	---	117.7	97.8	137.9	162.9	149.5	147.3	138.6	132.4
85 years and over	---	---	---	*	*	172.9	281.9	179.0	170.5	176.3	199.7
Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	10.9	14.1	13.6	14.1	14.5	13.2	13.1
All ages, crude	---	---	---	---	4.9	7.2	7.3	7.8	8.1	7.5	7.5
45–54 years	---	---	---	---	6.8	8.7	7.1	6.1	7.1	7.3	6.7
55–64 years	---	---	---	---	17.4	25.1	24.8	25.9	27.7	23.9	22.3
65–74 years	---	---	---	---	49.1	66.8	56.8	65.8	67.2	59.5	60.4
75–84 years	---	---	---	---	73.6	94.3	103.6	98.8	101.3	95.0	90.4
85 years and over	---	---	---	---	110.7	118.2	117.0	124.8	116.0	105.5	124.2
White, non-Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	31.7	39.0	42.9	43.3	43.8	44.1	43.4
All ages, crude	---	---	---	---	35.6	46.2	52.6	53.5	54.4	55.2	54.6
45–54 years	---	---	---	---	36.6	36.6	31.3	30.1	28.4	27.4	26.4
55–64 years	---	---	---	---	93.4	111.3	110.5	108.4	106.3	105.6	100.8
65–74 years	---	---	---	---	149.4	186.4	212.0	217.5	221.3	226.1	220.7
75–84 years	---	---	---	---	138.1	199.1	250.5	257.2	265.6	270.0	271.0
85 years and over	---	---	---	---	100.9	139.0	185.1	190.6	203.3	203.9	210.6

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (0.98). See Appendix II, Comparability ratio and tables V and VI.

0.0 Quantity more than zero but less than 0.05.

* Based on fewer than 20 deaths.

--- Data not available.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. Vital Health Stat 2(128). 1999). Some rates for the black population in 1950, the white population in 1960, and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/databh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 41 (page 1 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
All persons											
Deaths per 100,000 resident population											
All ages, age adjusted	31.9	31.7	32.1	31.9	33.0	33.3	30.8	29.8	28.6	27.9	27.0
All ages, crude	24.7	26.1	28.4	30.6	32.8	34.0	32.6	31.8	30.7	30.2	29.5
Under 25 years	*	*	*	*	0.0	*	*	0.0	*	*	*
25–34 years	3.8	3.8	3.9	3.3	3.0	2.9	2.7	2.7	2.6	2.6	2.3
35–44 years	20.8	20.2	20.4	17.9	17.5	17.8	15.0	14.2	14.0	13.4	12.1
45–54 years	46.9	51.4	52.6	48.1	47.1	45.4	41.4	38.8	37.8	35.8	33.5
55–64 years	69.9	70.8	77.6	80.5	84.2	78.6	69.8	67.4	64.4	62.2	59.9
65–74 years	95.0	90.0	93.8	101.1	107.8	111.7	103.3	99.1	94.1	93.3	89.9
75–84 years	139.8	129.9	127.4	126.4	136.2	146.3	142.0	139.8	132.2	131.4	131.3
85 years and over	195.5	191.9	157.1	169.3	178.5	196.8	203.7	204.9	198.5	194.7	202.6
White											
All ages, age adjusted	32.4	32.0	32.5	32.1	33.1	33.2	30.4	29.4	28.0	27.3	26.4
All ages, crude	25.7	27.2	29.9	32.3	34.7	35.9	34.1	33.3	31.9	31.5	30.7
35–44 years	20.8	19.7	20.2	17.3	16.8	17.1	14.1	12.9	12.9	12.2	10.8
45–54 years	47.1	51.2	53.0	48.1	46.8	44.3	39.2	36.9	36.1	33.8	31.4
55–64 years	70.9	71.8	79.3	81.3	84.7	78.5	68.7	67.2	62.8	60.7	58.1
65–74 years	96.3	91.6	95.9	103.7	109.9	113.3	103.9	99.8	93.6	94.1	89.9
75–84 years	143.6	132.8	129.6	128.4	138.8	148.2	143.0	140.6	132.3	132.2	131.7
85 years and over	204.2	199.7	161.9	171.7	180.9	198.0	205.9	207.1	199.9	196.4	204.9
Black											
All ages, age adjusted	25.3	27.9	28.9	31.7	34.6	38.1	38.3	37.3	37.7	35.7	35.6
All ages, crude	16.4	18.7	19.7	22.9	25.9	29.0	30.2	29.9	30.4	29.2	29.3
35–44 years	21.0	24.8	24.4	24.1	26.1	25.8	23.1	24.6	23.1	23.0	22.0
45–54 years	46.5	54.4	52.0	52.7	55.5	60.5	62.6	59.1	56.4	55.7	54.0
55–64 years	64.3	63.2	64.7	79.9	90.4	93.1	88.8	82.9	88.1	82.1	81.7
65–74 years	67.0	72.3	77.3	84.3	100.7	112.2	117.3	109.9	117.7	104.9	105.6
75–84 years ²	81.0	87.5	101.8	114.1	117.6	140.5	151.6	152.9	154.0	146.5	152.1
85 years and over	---	92.1	112.1	149.9	159.4	201.5	198.6	206.9	211.2	206.6	206.1
American Indian or Alaska Native ³											
All ages, age adjusted	---	---	---	10.8	12.1	13.7	14.6	17.8	13.1	14.2	15.4
All ages, crude	---	---	---	6.1	6.9	8.6	9.8	12.1	9.0	10.1	10.7
35–44 years	---	---	---	*	*	*	*	*	*	*	*
45–54 years	---	---	---	*	*	23.9	24.0	28.0	19.6	21.2	19.6
55–64 years	---	---	---	*	*	*	39.1	43.9	32.9	38.2	35.7
65–74 years	---	---	---	*	*	*	45.4	66.0	48.2	42.8	70.3
75–84 years	---	---	---	*	*	*	*	*	*	*	*
85 years and over	---	---	---	*	*	*	*	*	*	*	*
Asian or Pacific Islander ⁴											
All ages, age adjusted	---	---	---	11.9	13.2	13.7	14.6	12.4	12.6	13.1	13.1
All ages, crude	---	---	---	8.2	8.6	9.3	11.1	9.6	9.9	10.6	10.4
35–44 years	---	---	---	10.4	7.2	8.4	8.3	8.8	8.2	7.8	6.6
45–54 years	---	---	---	23.4	21.9	26.4	30.2	22.0	23.2	22.9	20.9
55–64 years	---	---	---	35.7	39.5	33.8	39.4	23.0	33.1	40.0	39.1
65–74 years	---	---	---	*	32.5	38.5	37.4	40.2	34.1	35.0	38.7
75–84 years	---	---	---	*	50.0	48.0	44.9	51.0	40.6	42.3	45.3
85 years and over	---	---	---	*	*	*	*	*	68.8	54.3	71.5
Hispanic ⁵											
All ages, age adjusted	---	---	---	16.3	19.5	18.1	18.4	17.8	16.8	15.4	
All ages, crude	---	---	---	8.8	11.5	10.9	11.4	11.2	10.7	9.9	
35–44 years	---	---	---	10.4	11.7	9.7	11.0	9.9	9.8	8.5	
45–54 years	---	---	---	26.4	32.8	27.7	27.4	26.7	25.3	24.1	
55–64 years	---	---	---	43.5	45.8	43.8	39.7	45.4	43.1	35.3	
65–74 years	---	---	---	40.9	64.8	55.7	56.5	52.9	54.7	46.3	
75–84 years	---	---	---	64.5	67.2	75.5	85.6	71.6	63.6	63.4	
85 years and over	---	---	---	85.7	102.8	105.4	104.5	101.9	85.9	97.9	

See footnotes at end of table.

Table 41 (page 2 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]				
White, non-Hispanic ⁵					Deaths per 100,000 resident population										
All ages, age adjusted	---	---	---	---	33.0	33.9	30.9	29.9	28.5	27.9	26.9				
All ages, crude	---	---	---	---	35.6	38.5	36.8	35.9	34.4	34.2	33.5				
35–44 years	---	---	---	---	16.9	17.5	14.4	12.9	13.1	12.4	11.0				
45–54 years	---	---	---	---	46.8	45.2	39.9	37.5	36.7	34.4	31.8				
55–64 years	---	---	---	---	85.1	80.6	70.2	69.0	63.8	61.7	59.6				
65–74 years	---	---	---	---	108.6	115.7	106.2	102.0	95.7	96.3	92.6				
75–84 years	---	---	---	---	139.4	151.4	145.2	142.6	134.4	135.0	134.5				
85 years and over	---	---	---	---	175.6	201.5	208.3	211.7	203.3	200.6	209.2				

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (1.01). See Appendix II, Comparability ratio and tables V and VI.

* Based on fewer than 20 deaths.

0.0 Quantity more than zero but less than 0.05.

--- Data not available.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for all persons in 1950 and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 42 (page 1 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998	Preliminary 1999†
Deaths per 100,000 resident population											
All persons											
All ages, age adjusted	28.3	34.5	37.2	37.9	41.0	40.6	40.5	41.0	41.5	42.0	45.8
All ages, crude	24.7	31.4	34.9	36.0	39.2	39.0	39.2	40.0	40.7	41.7	45.5
Under 1 year	1.6	1.4	1.4	1.1	1.4	1.4	1.1	1.0	1.3	1.0	0.9
1–4 years	0.4	0.3	0.4	0.4	0.3	0.3	0.2	0.3	0.3	0.3	0.4
5–14 years	0.2	0.3	0.3	0.3	0.4	0.3	0.4	0.4	0.3	0.4	0.4
15–24 years	0.3	0.5	0.5	0.5	0.6	0.6	0.7	0.7	0.5	0.6	0.6
25–34 years	0.5	0.6	0.7	0.7	0.7	0.9	0.9	0.9	0.9	0.8	0.9
35–44 years	1.6	1.6	1.6	1.8	1.8	1.8	2.0	2.0	2.0	2.0	2.0
45–54 years	9.8	10.2	9.1	8.3	8.7	9.0	8.9	8.7	8.4	8.2	8.7
55–64 years	42.7	47.9	48.9	48.3	51.0	49.2	47.3	47.0	46.3	44.8	48.3
65–74 years	129.1	149.2	152.5	155.5	167.8	163.8	160.6	161.6	165.3	169.1	179.2
75–84 years	224.4	289.5	321.1	326.5	357.3	351.9	351.8	358.3	359.6	365.8	400.4
85 years and over	274.0	365.4	433.3	460.9	493.9	509.7	527.8	540.9	561.9	569.3	642.6
Male											
All ages, age adjusted	49.9	56.2	55.5	54.2	57.3	55.7	55.0	54.2	54.6	54.0	58.1
All ages, crude	35.1	40.3	40.8	40.5	43.2	42.3	42.0	42.0	42.7	43.2	46.8
Under 1 year	1.9	2.0	1.6	1.7	1.5	1.7	1.4	1.3	1.6	1.2	*
1–4 years	0.5	*	0.5	0.4	0.4	0.3	0.2	0.4	0.3	0.4	0.4
5–14 years	0.2	0.3	0.4	0.3	0.4	0.4	0.5	0.5	0.4	0.4	0.5
15–24 years	0.4	0.4	0.5	0.6	0.7	0.8	0.7	0.7	0.7	0.8	0.6
25–34 years	0.6	0.6	0.7	0.7	0.6	0.9	0.9	0.8	1.0	0.9	0.8
35–44 years	1.7	1.6	1.7	1.8	1.8	1.8	1.7	1.9	1.9	1.9	1.8
45–54 years	12.1	11.3	9.4	8.7	9.5	9.3	9.0	8.9	8.8	8.2	8.8
55–64 years	59.9	60.8	58.6	56.3	58.1	55.9	52.9	52.2	50.5	49.6	53.4
65–74 years	210.0	218.9	204.0	199.7	208.4	202.0	196.9	192.6	201.3	201.2	213.1
75–84 years	437.4	505.2	500.0	478.6	512.1	490.4	482.5	478.8	469.6	471.5	507.2
85 years and over	583.4	758.1	815.1	830.9	883.1	874.9	896.2	878.6	902.8	869.8	958.8
Female											
All ages, age adjusted	14.9	21.7	26.6	28.5	31.5	31.9	32.2	33.4	33.9	34.8	38.2
All ages, crude	15.0	23.0	29.2	31.8	35.4	35.9	36.4	38.0	38.8	40.2	44.3
Under 1 year	1.3	*	1.2	*	1.2	1.1	*	*	*	*	*
1–4 years	*	*	*	0.4	*	*	*	*	*	*	0.3
5–14 years	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.4	0.3	0.3	0.2
15–24 years	0.3	0.5	0.5	0.5	0.4	0.5	0.6	0.6	0.4	0.5	0.5
25–34 years	0.5	0.6	0.7	0.6	0.8	0.9	0.9	0.9	0.8	0.8	0.9
35–44 years	1.5	1.5	1.5	1.7	1.8	1.7	2.2	2.1	2.1	2.0	2.1
45–54 years	7.7	9.2	8.8	7.9	8.0	8.7	8.8	8.4	8.1	8.2	8.5
55–64 years	27.6	36.6	40.3	41.0	44.6	43.1	42.2	42.4	42.6	40.5	43.6
65–74 years	67.1	95.5	112.3	120.7	135.6	133.4	131.5	136.7	136.1	143.0	151.4
75–84 years	98.7	162.7	214.2	233.4	261.5	265.2	268.8	280.4	287.6	295.8	328.9
85 years and over	138.7	208.6	286.0	317.6	344.6	368.8	384.3	406.7	424.5	444.7	509.0
White male											
All ages, age adjusted	51.6	57.9	56.6	55.5	58.6	56.9	56.1	55.5	55.9	55.4	59.6
All ages, crude	37.9	43.7	44.3	44.4	47.3	46.4	46.1	46.1	47.0	47.7	51.6
35–44 years	1.2	1.3	1.3	1.5	1.3	1.4	1.4	1.5	1.5	1.5	1.5
45–54 years	11.4	10.5	8.6	8.3	9.0	8.7	8.3	8.5	8.3	7.6	8.2
55–64 years	60.0	60.6	58.7	56.6	58.5	56.7	53.2	52.3	51.0	50.0	54.0
65–74 years	218.4	225.2	208.1	204.6	213.3	206.9	201.6	198.4	207.5	208.5	220.5
75–84 years	459.8	525.5	513.5	494.1	525.2	504.2	496.3	491.1	481.4	485.5	519.8
85 years and over	611.2	798.1	847.0	862.5	917.6	907.7	924.0	917.5	940.1	904.8	997.4
Black male											
All ages, age adjusted	34.0	42.3	47.6	45.4	48.9	46.9	47.0	46.1	45.8	45.2	50.2
All ages, crude	19.3	23.4	25.2	23.8	25.7	24.9	24.9	24.7	24.6	24.7	27.2
35–44 years	5.8	5.3	5.3	4.7	5.4	4.9	4.3	5.2	4.8	5.0	4.8
45–54 years	19.7	19.5	18.8	15.1	16.9	16.6	17.3	15.4	14.9	15.1	16.1
55–64 years	66.6	69.6	67.4	64.8	65.9	61.0	62.0	63.2	56.6	56.6	62.1
65–74 years	142.0	178.2	184.5	175.1	184.9	181.7	175.1	161.6	170.7	164.2	177.7
75–84 years	229.8	321.8	390.9	354.5	407.1	374.1	366.5	380.7	374.9	372.1	423.5
85 years and over	271.6	374.2	498.0	559.8	560.6	561.7	613.6	579.5	586.5	570.9	651.5

See footnotes at end of table.

Table 42 (page 2 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998	Preliminary 1999†
American Indian or Alaska Native male ¹											
All ages, age adjusted	23.0	27.1	38.3	28.4	32.7	32.5	30.9	27.7	38.7	37.8	34.7
All ages, crude	8.4	10.5	13.8	11.3	13.4	13.4	13.4	11.9	17.9	17.7	16.6
35–44 years	*	*	*	*	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	*	*	*	*	*
55–64 years	*	46.8	*	39.8	42.4	33.3	39.2	*	54.0	47.5	40.2
65–74 years	*	135.7	102.9	138.9	130.4	129.3	115.9	127.8	139.8	166.8	166.8
75–84 years	*	272.7	363.8	276.8	313.9	301.8	253.8	229.7	339.9	317.3	297.0
85 years and over	*	*	*	*	*	*	*	421.9	488.8	500.2	340.3
Asian or Pacific Islander male ²											
All ages, age adjusted	21.5	26.1	29.8	25.3	31.2	30.1	33.3	28.2	29.2	25.5	29.2
All ages, crude	8.7	10.1	11.3	10.3	11.9	11.5	12.3	12.7	12.9	11.9	13.8
35–44 years	*	*	*	*	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	*	*	*	*	*
55–64 years	*	24.4	22.1	19.6	19.8	15.7	16.4	19.2	16.6	17.1	15.2
65–74 years	70.6	72.7	91.4	94.6	94.1	85.5	91.7	89.9	86.2	74.7	86.6
75–84 years	155.7	246.5	258.6	206.1	278.2	264.2	263.6	294.8	276.3	216.4	278.2
85 years and over	472.4	462.5	615.2	483.8	645.7	660.6	847.8	421.7	568.2	553.5	577.6
Hispanic male ³											
All ages, age adjusted	---	26.3	28.6	25.2	29.2	28.8	29.9	26.8	27.2	26.2	27.3
All ages, crude	---	7.2	8.4	8.1	9.0	9.0	9.4	8.7	9.0	9.3	9.8
35–44 years	---	*	*	2.1	1.3	1.3	1.1	1.1	1.5	1.3	1.5
45–54 years	---	5.9	4.1	4.5	3.1	4.6	3.9	4.0	3.5	3.7	3.7
55–64 years	---	21.5	17.2	16.5	21.1	18.2	18.8	18.8	17.6	17.7	17.3
65–74 years	---	67.5	81.0	76.7	77.1	80.3	78.8	68.4	77.2	73.4	76.8
75–84 years	---	261.8	252.4	223.9	244.4	253.5	273.8	240.3	220.2	231.7	229.4
85 years and over	---	462.5	613.9	483.5	666.5	616.2	634.5	579.5	634.3	541.7	610.7
White, non-Hispanic male ³											
All ages, age adjusted	---	58.2	57.9	56.3	59.1	57.7	56.9	56.6	57.2	56.8	61.3
All ages, crude	---	45.3	48.5	48.2	51.5	50.7	50.4	50.9	52.2	52.9	57.6
35–44 years	---	1.3	1.4	1.4	1.3	1.4	1.4	1.5	1.5	1.5	1.5
45–54 years	---	10.7	9.0	8.3	9.2	8.9	8.5	8.7	8.6	7.9	8.6
55–64 years	---	61.6	61.3	58.5	60.1	58.8	55.2	54.1	53.3	52.3	56.5
65–74 years	---	229.9	213.4	208.4	217.6	211.5	206.5	204.0	214.2	215.9	228.9
75–84 years	---	528.7	523.7	498.2	529.8	510.3	501.9	499.5	491.0	495.8	532.6
85 years and over	---	782.4	860.6	873.1	909.1	908.6	924.5	928.0	951.1	920.4	1,014.1
White female											
All ages, age adjusted	15.5	22.6	27.8	29.8	33.0	33.4	33.6	34.9	35.5	36.5	40.2
All ages, crude	16.4	25.5	32.8	35.8	40.0	40.6	41.2	43.0	44.1	45.7	50.5
35–44 years	1.3	1.3	1.2	1.3	1.4	1.3	1.7	1.7	1.7	1.6	1.8
45–54 years	7.6	9.1	8.3	7.5	7.6	8.3	8.4	8.0	7.8	7.7	8.2
55–64 years	28.7	37.8	41.9	43.2	47.0	45.2	44.3	44.6	44.8	42.7	46.1
65–74 years	71.0	101.1	118.8	127.7	143.8	141.8	139.8	145.3	145.3	153.0	162.2
75–84 years	104.0	171.0	226.3	246.9	276.1	280.1	282.8	296.4	304.2	312.9	347.3
85 years and over	144.2	217.6	298.4	330.7	361.2	384.9	402.0	423.6	445.0	466.6	535.3
Black female											
All ages, age adjusted	9.1	13.3	16.6	18.0	19.4	20.1	20.5	21.8	21.1	22.3	23.9
All ages, crude	6.8	10.0	12.6	13.7	14.9	15.4	15.8	17.0	16.5	17.5	18.6
35–44 years	3.4	2.8	3.8	4.3	5.3	5.1	5.4	5.0	5.0	5.3	4.6
45–54 years	9.3	11.2	14.0	13.3	12.6	13.5	12.9	13.2	12.2	14.2	12.8
55–64 years	20.8	30.6	33.4	32.1	35.2	35.8	34.7	34.8	35.8	33.8	34.8
65–74 years	32.7	48.3	64.7	73.5	78.3	79.2	78.3	84.3	81.4	84.8	88.3
75–84 years	41.1	76.6	96.0	105.6	120.2	122.1	136.6	137.6	136.9	148.9	173.9
85 years and over	63.2	94.0	133.0	169.0	163.5	195.0	191.4	236.5	220.9	231.1	261.8

See footnotes at end of table.

Table 42 (page 3 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native female ¹											
Deaths per 100,000 resident population											
All ages, age adjusted	7.7	11.1	16.8	16.7	22.6	20.1	20.8	22.2	19.3	21.7	27.3
All ages, crude	3.8	5.9	8.7	9.3	12.9	11.5	12.5	13.4	12.2	13.6	17.3
35–44 years	*	*	*	*	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	*	*	*	*	*
55–64 years	*	*	*	*	38.1	34.0	40.6	32.6	35.7	31.6	44.6
65–74 years	*	*	56.4	62.3	114.6	73.8	77.8	78.7	88.1	118.2	110.5
75–84 years	*	*	116.7	128.9	172.2	189.7	168.9	192.9	137.5	165.8	259.2
85 years and over	*	*	*	*	*	*	*	265.8	171.0	162.3	194.0
Asian or Pacific Islander female ²											
All ages, age adjusted	5.8	10.9	11.0	9.8	10.9	11.8	13.2	11.3	12.6	11.0	11.9
All ages, crude	2.6	5.1	5.2	4.9	5.4	5.8	6.5	6.5	7.2	6.4	7.2
35–44 years	*	*	*	*	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	3.6	*	*	*	*
55–64 years	*	13.5	15.2	9.2	7.8	9.4	10.0	11.1	9.2	6.7	8.1
65–74 years	*	35.0	26.5	29.6	31.0	29.4	29.8	32.7	32.2	28.5	41.2
75–84 years	*	76.1	80.6	79.7	102.4	105.5	120.1	81.1	117.7	92.4	95.7
85 years and over	*	208.3	232.5	190.7	191.8	238.0	272.6	240.9	242.3	252.3	244.1
Hispanic female ³											
All ages, age adjusted	---	11.4	13.4	12.9	14.9	14.7	15.8	16.1	14.9	13.7	15.3
All ages, crude	---	4.8	6.3	6.3	7.3	7.3	7.9	8.3	7.8	7.4	8.4
35–44 years	---	*	*	1.3	1.2	1.3	1.5	1.3	1.1	1.9	1.8
45–54 years	---	*	4.9	4.2	3.6	4.1	4.6	4.1	4.4	3.2	4.2
55–64 years	---	13.8	14.4	10.8	12.2	12.1	12.5	13.0	11.7	11.6	11.5
65–74 years	---	35.0	36.6	34.5	44.8	41.2	41.4	40.9	38.6	38.3	44.8
75–84 years	---	99.1	101.1	109.2	123.0	114.5	116.7	134.1	119.3	116.6	126.2
85 years and over	---	175.0	269.0	250.2	290.5	308.4	367.2	342.8	322.6	261.1	298.5
White, non-Hispanic female ³											
All ages, age adjusted	---	23.7	28.5	30.3	33.5	34.1	34.4	35.8	36.5	37.7	41.6
All ages, crude	---	27.7	35.7	38.7	43.3	44.4	45.0	47.2	48.6	50.7	56.3
35–44 years	---	1.2	1.2	1.3	1.4	1.3	1.7	1.7	1.8	1.5	1.8
45–54 years	---	9.6	8.5	7.5	7.7	8.5	8.6	8.2	8.1	8.0	8.6
55–64 years	---	39.8	43.7	44.8	49.0	47.3	46.6	46.8	47.3	45.1	48.9
65–74 years	---	107.6	122.8	130.8	147.0	146.2	144.0	150.4	151.2	160.0	169.8
75–84 years	---	179.4	231.9	250.1	280.1	285.6	288.4	302.5	310.9	320.9	356.7
85 years and over	---	221.4	302.1	330.9	358.7	383.6	401.2	426.8	447.9	473.7	544.1

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (1.05). See Appendix II, Comparability ratio and tables V (footnote 2) and VI.

* Based on fewer than 20 deaths.

--- Data not available.

¹Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

²Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

³Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). 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. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1980–93. Public Health Service. Washington. U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/dataw/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 43 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1987	1990	1992	1993	1994	1995	1996	1997	1998	Preliminary 1999†
All persons	Deaths per 100,000 resident population									
All ages, age adjusted.....	5.6	10.2	13.2	14.5	16.2	16.3	11.7	6.1	4.9	5.4
All ages, crude.....	5.6	10.1	13.2	14.5	16.2	16.4	11.7	6.2	5.0	5.4
Under 1 year.....	2.3	2.7	2.5	2.2	2.5	1.5	1.1	*	*	*
1–4 years.....	0.7	0.8	1.0	1.3	1.3	1.3	0.9	0.4	0.2	0.2
5–14 years.....	0.1	0.2	0.3	0.4	0.5	0.5	0.5	0.3	0.1	0.2
15–24 years.....	1.3	1.5	1.6	1.7	1.8	1.7	1.1	0.8	0.5	0.5
25–34 years.....	11.7	19.7	24.6	27.0	29.3	29.1	19.9	10.1	7.5	7.2
35–44 years.....	14.0	27.4	35.6	39.1	44.1	44.4	31.4	16.1	12.9	13.8
45–54 years.....	8.0	15.2	20.3	22.6	25.6	26.3	19.3	10.4	9.0	10.8
55–64 years.....	3.5	6.2	8.5	8.8	10.4	11.0	8.4	4.9	4.3	4.9
65–74 years.....	1.3	2.0	2.8	2.9	3.1	3.6	2.7	1.8	1.6	2.2
75–84 years.....	0.8	0.7	0.8	0.8	0.9	0.7	0.8	0.6	0.5	0.6
85 years and over.....	*	*	*	*	*	*	*	*	*	*
Male										
All ages, age adjusted.....	10.4	18.5	23.5	25.4	27.8	27.7	19.2	9.7	7.7	8.3
All ages, crude.....	10.2	18.5	23.6	25.5	28.0	28.0	19.5	9.8	7.8	8.4
Under 1 year.....	2.2	2.4	2.3	2.1	2.1	1.7	1.1	*	*	*
1–4 years.....	0.7	0.8	1.1	1.3	1.2	1.2	0.9	0.3	*	*
5–14 years.....	0.2	0.3	0.4	0.4	0.5	0.5	0.5	0.3	0.1	0.2
15–24 years.....	2.2	2.2	2.3	2.3	2.3	2.1	1.3	0.8	0.5	0.5
25–34 years.....	20.7	34.5	42.2	46.0	48.5	47.1	31.4	15.1	10.7	10.2
35–44 years.....	26.3	50.2	63.5	68.5	76.2	75.9	51.8	25.5	20.1	21.0
45–54 years.....	15.5	29.1	38.1	41.7	46.3	46.9	33.6	17.4	15.2	17.6
55–64 years.....	6.8	12.0	15.9	16.5	19.1	19.9	14.9	8.5	7.3	8.4
65–74 years.....	2.4	3.7	5.3	5.4	5.8	6.4	5.1	3.4	2.9	3.9
75–84 years.....	1.2	1.1	1.6	1.4	1.4	1.3	1.5	1.0	0.9	1.0
85 years and over.....	*	*	*	*	*	*	*	*	*	*
Female										
All ages, age adjusted.....	1.1	2.2	3.2	3.9	4.9	5.3	4.3	2.7	2.3	2.6
All ages, crude.....	1.1	2.2	3.2	3.9	4.9	5.3	4.3	2.7	2.3	2.5
Under 1 year.....	2.5	3.0	2.7	2.4	2.9	1.2	*	*	*	*
1–4 years.....	0.7	0.8	1.0	1.3	1.3	1.5	1.0	0.4	*	*
5–14 years.....	*	0.2	0.2	0.4	0.5	0.5	0.4	0.2	0.2	0.2
15–24 years.....	0.3	0.7	0.9	1.1	1.3	1.4	1.0	0.7	0.6	0.6
25–34 years.....	2.8	4.9	6.9	8.0	10.1	11.1	8.5	5.1	4.4	4.2
35–44 years.....	2.1	5.2	8.2	10.2	12.5	13.4	11.3	6.8	5.8	6.7
45–54 years.....	0.8	1.9	3.4	4.4	5.8	6.7	5.7	3.8	3.1	4.2
55–64 years.....	0.5	1.1	1.9	1.9	2.6	2.9	2.5	1.6	1.6	1.6
65–74 years.....	0.5	0.8	0.9	1.0	1.0	1.4	0.8	0.5	0.6	0.8
75–84 years.....	0.5	0.4	0.4	0.4	0.6	0.3	0.3	0.4	0.3	0.3
85 years and over.....	*	*	*	*	*	*	*	*	*	*
All ages, age adjusted										
White male.....	8.7	15.7	19.0	20.0	21.2	20.7	13.2	6.0	4.6	4.9
Black male.....	26.2	46.3	65.5	74.5	87.2	90.4	71.5	41.7	34.0	37.0
American Indian or Alaska Native male.....	*	3.3	4.9	8.3	9.5	11.6	7.1	3.8	4.0	5.0
Asian or Pacific Islander male.....	2.5	4.3	4.6	5.5	7.0	6.3	4.5	1.7	1.4	1.4
Hispanic male ¹	18.8	28.8	35.3	35.9	42.4	42.0	28.2	14.2	10.7	11.3
White, non-Hispanic male ¹	10.7	14.1	16.8	17.5	18.7	18.0	11.3	4.9	3.8	4.0
White female.....	0.6	1.1	1.6	1.9	2.3	2.5	1.9	1.0	0.8	1.0
Black female.....	4.6	10.1	14.8	17.8	22.6	24.7	21.1	13.9	12.2	13.3
American Indian or Alaska Native female.....	*	*	*	*	*	2.7	*	*	*	*
Asian or Pacific Islander female.....	*	*	0.5	0.8	0.7	0.7	0.5	*	*	*
Hispanic female ¹	2.1	3.8	5.8	6.8	8.1	9.0	6.5	3.5	2.8	3.1
White, non-Hispanic female ¹	0.5	0.7	1.0	1.3	1.6	1.8	1.3	0.7	0.5	0.7

See footnotes at end of table.

Table 43 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1987	1990	1992	1993	1994	1995	1996	1997	1998	Preliminary 1999†
Age 25–44 years										
All persons	12.7	23.2	29.9	32.9	36.7	36.9	25.9	13.2	10.4	10.8
White male	19.2	35.0	42.8	45.5	48.4	46.9	29.6	13.2	9.9	10.0
Black male	60.2	102.0	137.4	155.3	178.0	182.0	139.1	76.7	59.4	60.6
American Indian or Alaska Native	*	7.7	13.4	20.9	23.6	31.3	18.4	10.7	8.7	10.8
Asian or Pacific Islander male	4.1	8.1	9.4	10.8	13.8	12.8	8.1	3.6	2.6	2.6
Hispanic male ¹	36.8	59.3	68.9	71.0	78.0	78.9	50.5	24.9	18.9	19.0
White, non-Hispanic male ¹	23.3	31.6	38.1	40.2	43.4	41.5	25.8	11.0	8.2	8.2
White female	1.2	2.3	3.6	4.4	5.5	6.0	4.4	2.4	1.8	2.2
Black female	11.6	23.6	34.4	40.4	49.8	54.5	46.6	29.3	26.1	27.2
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	*	1.2	1.5	1.2	*	*	*	*
Hispanic female ¹	4.9	8.9	12.5	14.2	17.3	18.0	12.8	6.7	5.0	5.7
White, non-Hispanic female ¹	1.0	1.5	2.3	2.9	3.9	4.2	3.1	1.7	1.3	1.6
Age 45–64 years										
All persons	5.8	11.1	15.2	16.8	19.3	20.1	15.0	8.3	7.2	8.4
White male	9.9	18.6	23.4	24.7	26.4	26.3	17.4	8.0	6.8	7.8
Black male	27.3	53.0	86.4	101.2	127.1	136.6	114.1	71.8	63.5	73.8
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander male	*	6.5	7.1	9.2	10.6	9.5	8.2	2.4	2.5	2.2
Hispanic male ¹	25.8	37.9	52.5	52.2	69.2	67.1	48.8	24.7	18.5	21.0
White, non-Hispanic male ¹	12.6	16.9	20.3	21.5	22.6	22.6	14.3	6.4	5.5	6.3
White female	0.5	0.9	1.5	1.8	2.1	2.4	1.9	1.1	0.9	1.2
Black female	2.6	7.5	12.9	16.5	24.1	27.2	24.4	17.6	15.5	18.6
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	*	*	*	*	*	*	*	*
Hispanic female ¹	*	3.1	6.8	8.2	9.9	12.4	9.7	5.3	4.9	4.9
White, non-Hispanic female ¹	0.5	0.7	1.0	1.1	1.4	1.5	1.2	0.7	0.5	0.8

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (1.14). See Appendix II, Comparability ratio and tables V and VI.

* Based on fewer than 20 deaths.

¹Data shown only for States with an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. Categories for the coding and classification of human immunodeficiency virus (HIV) disease were introduced in the United States in 1987. See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for Hispanic and non-Hispanic white for 1987–89, 1991 were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1987–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/dataw/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 44. Maternal mortality for complications of pregnancy, childbirth, and the puerperium, according to race, Hispanic origin, and age: United States, selected years 1950–98

[Data are based on the National Vital Statistics System]

Race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	1995	1996	1997	1998
Number of deaths									
All persons	2,960	1,579	803	334	343	277	294	327	281
White	1,873	936	445	193	177	129	159	179	158
Black	1,041	624	342	127	153	133	121	125	104
American Indian or Alaska Native	---	---	---	3	4	1	6	2	2
Asian or Pacific Islander	---	---	---	11	9	14	8	21	17
Hispanic ²	---	---	---	---	47	43	39	57	42
White, non-Hispanic ²	---	---	---	---	125	84	114	121	116
Deaths per 100,000 live births									
All persons									
All ages, age adjusted	73.7	32.1	21.5	9.4	7.6	6.3	6.4	7.6	6.1
All ages, crude	83.3	37.1	21.5	9.2	8.2	7.1	7.6	8.4	7.1
Under 20 years	70.7	22.7	18.9	7.6	7.5	3.9	*	5.7	*
20–24 years	47.6	20.7	13.0	5.8	6.1	5.7	5.0	6.6	5.0
25–29 years	63.5	29.8	17.0	7.7	6.0	6.0	6.6	7.9	6.7
30–34 years	107.7	50.3	31.6	13.6	9.5	7.3	7.6	8.3	7.5
35 years and over ³	222.0	104.3	81.9	36.3	20.7	15.9	19.0	16.1	14.5
White									
All ages, age adjusted	53.1	22.4	14.4	6.7	5.1	3.6	4.1	5.2	4.2
All ages, crude	61.1	26.0	14.3	6.6	5.4	4.2	5.1	5.8	5.1
Under 20 years	44.9	14.8	13.8	5.8	*	*	*	*	*
20–24 years	35.7	15.3	8.4	4.2	3.9	3.5	*	4.2	3.1
25–29 years	45.0	20.3	11.1	5.4	4.8	4.0	4.0	5.4	4.9
30–34 years	75.9	34.3	18.7	9.3	5.0	4.0	5.0	5.4	4.9
35 years and over ³	174.1	73.9	59.3	25.5	12.6	9.1	14.9	11.5	11.0
Black									
All ages, age adjusted	---	92.0	65.5	24.9	21.7	20.9	19.9	20.1	16.1
All ages, crude	---	103.6	60.9	22.4	22.4	22.1	20.3	20.8	17.1
Under 20 years	---	54.8	32.3	13.1	*	*	*	*	*
20–24 years	---	56.9	41.9	13.9	14.7	15.3	15.1	15.3	12.7
25–29 years	---	92.8	65.2	22.4	14.9	21.0	25.5	24.3	17.2
30–34 years	---	150.6	117.8	44.0	44.2	31.2	28.6	32.9	27.7
35 years and over ³	---	299.5	207.5	100.6	79.7	61.4	49.9	40.4	37.2
Hispanic ^{2,4}									
All ages, age adjusted	---	---	---	---	7.4	5.4	4.8	7.6	5.2
All ages, crude	---	---	---	---	7.9	6.3	5.6	8.0	5.7
White, non-Hispanic ²									
All ages, age adjusted	---	---	---	---	4.4	3.3	3.9	4.4	4.0
All ages, crude	---	---	---	---	4.8	3.5	4.8	5.2	4.9

--- Data not available.

* Based on fewer than 20 deaths.

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

²Excludes data from States lacking an Hispanic-origin item on their death and birth certificates. See Appendix I, National Vital Statistics System.

³Rates computed by relating deaths of women 35 years and over to live births to women 35–49 years.

⁴Age-specific maternal mortality rates are not calculated because rates based on fewer than 20 deaths are unreliable.

NOTES: Rates are age adjusted to the 1970 distribution of live births by mother's age in the United States. See Appendix II, Age adjustment. For data years shown, the code numbers for cause of death are based on the then current *International Classification of Diseases*, described in Appendix II, tables IV and V. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. For 1950 and 1960, rates are based on live births by race of child; for all other years, rates are based on live births by race of mother. See Appendix I, National Vital Statistics System. Rates are not calculated for American Indian or Alaska Native and Asian or Pacific Islander mothers because rates based on fewer than 20 deaths are unreliable. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States*, vol I, natality and vol II, mortality, part A, for data years 1950–93. Public Health Service. Washington, U.S. Government Printing Office; for 1994–98, unpublished data.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 45 (page 1 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
All persons	Deaths per 100,000 resident population										
All ages, age adjusted	24.6	23.1	27.6	22.3	18.6	18.5	16.5	16.5	16.3	16.1	15.5
All ages, crude	23.1	21.3	26.9	23.5	19.3	18.8	16.5	16.5	16.2	16.1	15.6
Under 1 year	8.4	8.1	9.8	7.0	4.9	4.9	4.7	5.7	4.3	4.3	4.8
1–14 years	9.8	8.6	10.5	8.2	7.0	6.0	5.3	5.2	5.1	4.8	4.4
1–4 years	11.5	10.0	11.5	9.2	7.2	6.3	5.2	5.3	5.0	5.0	4.3
5–14 years	8.8	7.9	10.2	7.9	6.9	5.9	5.4	5.2	5.1	4.8	4.5
15–24 years	34.4	38.0	47.2	44.8	35.7	34.1	29.5	29.2	27.9	26.9	26.8
25–34 years	24.6	24.3	30.9	29.1	23.0	23.6	19.8	19.1	18.9	18.4	17.9
35–44 years	20.3	19.3	24.9	20.9	17.2	16.9	15.4	15.6	15.2	15.6	15.1
45–64 years	25.2	23.0	26.5	18.0	15.4	15.7	14.2	14.4	14.7	14.7	14.1
45–54 years	22.2	21.4	25.5	18.6	15.2	15.6	13.9	14.1	14.3	14.4	13.9
55–64 years	29.0	25.1	27.9	17.4	15.6	15.9	14.6	15.0	15.3	15.1	14.4
65 years and over	43.1	34.7	36.2	22.5	21.7	23.1	22.7	23.0	23.6	23.7	22.5
65–74 years	39.1	31.4	32.8	19.2	17.9	18.6	17.6	18.3	18.2	18.5	18.0
75–84 years	52.7	41.8	43.5	28.1	27.4	29.1	28.6	28.3	29.0	28.9	26.7
85 years and over	45.1	37.9	34.2	27.6	26.5	31.2	31.4	30.1	32.7	31.5	30.3
Male											
All ages, age adjusted	38.5	35.4	41.5	33.6	27.2	26.5	23.1	22.8	22.4	22.4	21.8
All ages, crude	35.4	31.8	39.7	35.3	28.0	26.7	22.7	22.4	22.0	22.0	21.4
Under 1 year	9.1	8.6	9.3	7.3	5.0	5.0	4.9	5.7	4.3	4.6	4.9
1–14 years	12.3	10.7	13.0	10.0	8.5	7.0	6.2	5.9	5.7	5.6	5.1
1–4 years	13.0	11.5	12.9	10.2	8.3	6.9	5.6	5.7	5.3	5.4	4.7
5–14 years	11.9	10.4	13.1	9.9	8.6	7.0	6.4	6.0	5.8	5.7	5.3
15–24 years	56.7	61.2	73.2	68.4	52.7	49.5	41.4	40.7	38.1	37.3	36.9
25–34 years	40.8	40.1	49.4	46.3	35.9	35.7	29.1	27.5	27.5	27.0	26.5
35–44 years	32.5	29.9	37.7	31.7	25.2	24.7	21.9	21.8	21.2	21.7	21.3
45–64 years	37.7	33.3	38.9	26.5	22.0	21.9	19.7	19.8	20.0	20.4	19.8
45–54 years	33.6	31.6	37.2	27.6	21.9	22.0	19.6	19.6	19.9	20.3	19.8
55–64 years	43.1	35.6	40.9	25.4	22.1	21.7	19.8	20.1	20.2	20.5	19.8
65 years and over	66.6	52.1	54.4	33.9	30.4	32.1	30.8	31.4	31.9	32.1	31.2
65–74 years	59.1	45.8	47.3	27.3	23.0	24.2	22.3	23.9	23.6	23.5	23.5
75–84 years	85.0	66.0	68.2	44.3	41.3	41.2	39.7	38.7	39.7	39.7	37.5
85 years and over	78.1	62.7	63.1	56.1	55.3	64.5	61.9	59.0	60.4	61.2	57.7
Female											
All ages, age adjusted	11.5	11.7	14.9	11.8	10.7	11.0	10.4	10.6	10.6	10.3	9.8
All ages, crude	10.9	11.0	14.7	12.3	11.0	11.3	10.6	10.7	10.8	10.5	9.9
Under 1 year	7.6	7.5	10.4	6.7	4.7	4.9	4.4	5.8	4.4	4.0	4.7
1–14 years	7.2	6.3	7.9	6.3	5.4	4.9	4.5	4.4	4.4	4.0	3.7
1–4 years	10.0	8.4	10.0	8.1	6.0	5.6	4.8	4.8	4.7	4.6	3.9
5–14 years	5.7	5.4	7.2	5.7	5.1	4.7	4.3	4.2	4.3	3.8	3.7
15–24 years	12.6	15.1	21.6	20.8	18.2	17.9	17.1	17.1	17.1	16.1	16.3
25–34 years	9.3	9.2	13.0	12.2	10.1	11.5	10.4	10.7	10.4	9.9	9.3
35–44 years	8.5	9.1	12.9	10.4	9.4	9.2	9.0	9.4	9.2	9.7	8.9
45–64 years	12.6	13.1	15.3	10.3	9.5	10.1	9.1	9.4	9.6	9.3	8.8
45–54 years	10.9	11.6	14.5	10.2	9.0	9.6	8.5	8.8	8.9	8.8	8.2
55–64 years	14.9	15.2	16.2	10.5	9.9	10.8	9.9	10.3	10.8	10.1	9.6
65 years and over	21.9	20.3	23.1	15.0	15.8	17.2	17.2	17.2	17.8	17.8	16.4
65–74 years	20.6	19.0	21.6	13.0	14.0	14.1	13.8	13.9	13.8	14.5	13.4
75–84 years	25.2	23.0	27.2	18.5	19.2	21.9	21.5	22.0	22.0	21.8	19.5
85 years and over	22.1	22.0	18.0	15.2	15.0	18.3	19.6	18.6	21.5	19.2	18.7
White male											
All ages, age adjusted	37.9	34.8	40.4	33.8	27.2	26.3	22.9	22.7	22.2	22.2	21.8
All ages, crude	35.1	31.5	39.1	35.9	28.3	26.7	22.6	22.4	21.9	21.9	21.6
Under 1 year	9.1	8.8	9.1	7.0	4.6	4.8	4.3	5.2	3.7	4.6	5.0
1–14 years	12.4	10.6	12.5	9.8	8.3	6.6	5.9	5.7	5.4	5.1	4.9
15–24 years	58.3	62.7	75.2	73.8	56.5	52.5	43.2	42.2	39.8	39.4	38.6
25–34 years	39.1	38.6	47.0	46.6	35.8	35.4	28.8	27.0	26.8	26.3	26.5
35–44 years	30.9	28.4	35.2	30.7	24.3	23.7	21.1	21.4	20.7	21.2	21.0
45–64 years	36.2	31.7	36.5	25.2	20.8	20.6	18.9	19.2	19.2	19.6	19.1
65 years and over	67.1	52.1	54.2	32.7	29.9	31.4	30.2	31.1	31.8	31.9	31.3

See footnotes at end of table.

Table 45 (page 2 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
Black male											
All ages, age adjusted	34.8	39.6	51.0	34.2	29.0	29.9	26.4	25.9	25.6	26.2	24.7
All ages, crude	37.2	33.1	44.3	31.1	27.1	28.1	24.6	24.3	24.2	24.5	23.0
Under 1 year	—*	—*	10.6	7.8	—*	—*	8.3	7.6	7.8	—*	—*
1–14 years ²	10.4	11.2	16.3	11.4	9.7	8.9	7.8	7.6	7.6	8.5	6.8
15–24 years	42.5	46.4	58.1	34.9	32.0	36.1	34.3	35.2	32.7	30.3	30.7
25–34 years	54.4	51.0	70.4	44.9	37.7	39.5	32.9	32.5	33.2	34.5	30.7
35–44 years	46.7	43.6	59.5	41.2	34.7	33.5	28.9	26.6	27.0	26.9	26.5
45–64 years	54.6	47.8	61.7	39.5	32.9	33.3	26.9	26.8	28.9	29.0	27.7
65 years and over	52.6	48.2	53.4	42.4	35.2	36.3	36.3	35.6	32.3	36.0	32.2
American Indian or Alaska Native male ³											
All ages, age adjusted	—	—	—	78.9	50.9	48.3	43.8	44.4	43.5	41.1	42.6
All ages, crude	—	—	—	74.6	51.7	47.6	43.8	44.2	42.2	39.9	40.7
1–14 years	—	—	—	15.1	16.2	11.6	8.5	13.5	8.2	10.1	9.4
15–24 years	—	—	—	126.1	77.3	75.2	76.6	69.6	67.6	60.4	70.4
25–34 years	—	—	—	107.0	84.0	78.2	73.1	70.5	64.3	55.9	47.1
35–44 years	—	—	—	82.8	55.8	57.0	50.4	48.8	54.7	51.3	47.2
45–64 years	—	—	—	77.4	52.2	45.9	42.5	39.8	37.8	44.5	46.6
65 years and over	—	—	—	97.0	* 43.0	* 43.5	* 43.5	50.1	36.2	51.1	51.1
Asian or Pacific Islander male ⁴											
All ages, age adjusted	—	—	—	19.0	17.3	17.9	15.7	12.5	13.2	12.1	10.6
All ages, crude	—	—	—	17.1	16.0	15.8	13.1	11.5	11.4	10.8	9.4
1–14 years	—	—	—	8.2	5.2	6.3	4.3	2.9	2.7	3.2	2.3
15–24 years	—	—	—	27.2	28.1	25.7	20.6	22.4	15.7	16.3	17.1
25–34 years	—	—	—	18.8	18.4	17.0	13.2	13.3	15.7	12.5	11.0
35–44 years	—	—	—	13.1	12.0	12.2	10.4	9.9	8.5	9.3	7.7
45–64 years	—	—	—	13.7	13.4	15.1	15.0	9.7	12.1	12.3	9.1
65 years and over	—	—	—	37.3	37.3	33.6	34.4	23.9	31.0	22.9	22.0
Hispanic male ⁵											
All ages, age adjusted	—	—	—	—	25.4	29.5	25.3	24.0	22.1	22.2	22.0
All ages, crude	—	—	—	—	25.6	29.2	23.5	22.3	20.8	20.8	21.2
1–14 years	—	—	—	—	7.7	7.2	5.8	5.6	5.1	5.4	4.9
15–24 years	—	—	—	—	44.9	48.2	42.4	37.5	35.3	36.0	38.0
25–34 years	—	—	—	—	31.2	41.0	31.6	28.0	27.4	27.4	30.8
35–44 years	—	—	—	—	26.3	28.0	23.8	23.9	22.9	21.5	21.9
45–64 years	—	—	—	—	25.9	28.9	23.0	23.8	21.3	21.5	20.0
65 years and over	—	—	—	—	22.9	35.3	35.1	35.2	28.6	31.3	27.3
White, non-Hispanic male ⁵											
All ages, age adjusted	—	—	—	—	24.9	25.7	22.2	22.1	21.9	21.9	21.3
All ages, crude	—	—	—	—	25.9	26.0	22.0	21.9	21.7	21.7	21.2
1–14 years	—	—	—	—	7.8	6.4	5.8	5.5	5.4	5.0	4.8
15–24 years	—	—	—	—	53.3	52.3	42.3	42.0	40.1	39.4	38.0
25–34 years	—	—	—	—	33.2	34.0	27.5	26.1	26.2	25.5	25.0
35–44 years	—	—	—	—	21.6	23.1	20.3	20.5	20.0	20.8	20.5
45–64 years	—	—	—	—	18.0	19.8	18.2	18.4	18.8	19.2	18.8
65 years and over	—	—	—	—	27.6	31.1	29.6	30.5	31.7	31.8	31.2
White female											
All ages, age adjusted	11.4	11.7	14.9	12.2	10.9	11.2	10.6	10.7	10.6	10.4	9.9
All ages, crude	10.9	11.2	14.8	12.8	11.4	11.6	10.8	11.0	10.9	10.7	10.2
Under 1 year	7.8	7.5	10.2	7.1	3.9	4.7	4.5	5.7	4.3	3.3	3.8
1–14 years	7.2	6.2	7.5	6.2	5.4	4.8	4.3	4.3	4.1	3.9	3.6
15–24 years	12.6	15.6	22.7	23.0	20.0	19.5	18.4	18.1	18.4	17.3	17.4
25–34 years	9.0	9.0	12.7	12.2	10.1	11.6	10.4	10.8	10.3	10.0	9.5
35–44 years	8.1	8.9	12.3	10.6	9.4	9.2	9.0	9.3	9.0	9.6	8.8
45–64 years	12.7	13.1	15.1	10.4	9.5	9.9	8.9	9.3	9.4	9.1	8.6
65 years and over	22.2	20.8	23.7	15.3	16.2	17.4	17.7	17.4	17.9	18.1	16.7

See footnotes at end of table.

Table 45 (page 3 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
Black female											
All ages, age adjusted	9.3	10.4	14.1	8.5	8.5	9.6	9.1	9.6	10.2	9.7	9.2
All ages, crude	10.2	9.7	13.4	8.3	8.3	9.4	9.0	9.5	9.9	9.3	9.0
Under 1 year	—	8.1	11.9	*	8.1	7.0	*	7.8	*	9.4	9.5
1–14 years ²	7.2	6.9	10.2	6.3	5.1	5.3	5.1	4.8	5.6	4.8	4.8
15–24 years	11.6	9.9	13.4	8.0	9.1	9.9	10.7	13.3	11.3	10.3	12.1
25–34 years	10.8	9.8	13.3	10.6	9.3	11.1	10.5	10.9	11.2	8.9	8.9
35–44 years	11.1	11.0	16.1	8.3	9.1	9.4	9.8	9.6	10.2	11.1	9.8
45–64 years	11.8	12.7	16.7	9.2	9.0	10.7	9.4	8.9	11.0	10.6	8.9
65 years and over	14.3	13.2	15.7	9.5	11.2	13.5	11.5	13.1	14.2	13.8	13.0
American Indian or Alaska Native female ³											
All ages, age adjusted	—	—	—	32.0	19.8	17.5	19.7	22.6	22.4	23.0	21.6
All ages, crude	—	—	—	32.0	20.6	17.3	20.4	21.8	20.9	22.3	20.7
1–14 years	—	—	—	15.0	9.2	8.1	9.1	9.7	10.0	9.4	*
15–24 years	—	—	—	42.3	29.5	31.4	32.7	27.1	24.5	30.4	28.6
25–34 years	—	—	—	52.5	30.2	18.8	36.7	31.9	27.6	33.4	32.8
35–44 years	—	—	—	38.1	27.0	18.2	19.4	23.0	21.5	21.7	27.7
45–64 years	—	—	—	32.6	19.5	17.6	17.1	27.1	22.5	24.1	18.5
65 years and over	—	—	—	*	*	*	*	*	35.7	27.7	28.0
Asian or Pacific Islander female ⁴											
All ages, age adjusted	—	—	—	9.3	8.8	10.4	9.1	8.3	8.8	7.2	7.3
All ages, crude	—	—	—	8.2	7.9	9.0	8.0	7.4	8.0	6.6	6.6
1–14 years	—	—	—	7.4	5.0	3.6	3.0	2.3	3.2	2.4	1.9
15–24 years	—	—	—	7.4	7.4	11.4	12.4	8.3	11.5	9.4	8.8
25–34 years	—	—	—	7.3	8.4	7.3	5.1	5.6	6.1	6.1	4.8
35–44 years	—	—	—	8.6	7.0	7.5	6.2	7.5	6.9	4.6	4.6
45–64 years	—	—	—	8.5	8.6	11.8	10.8	8.9	8.6	7.5	10.0
65 years and over	—	—	—	18.6	20.5	24.3	19.7	21.3	20.7	16.7	15.1
Hispanic female ⁵											
All ages, age adjusted	—	—	—	—	8.8	9.6	8.9	9.1	8.9	8.3	8.1
All ages, crude	—	—	—	—	7.9	8.9	8.3	8.5	8.3	7.8	7.6
1–14 years	—	—	—	—	4.8	4.8	4.4	4.7	3.9	3.8	3.8
15–24 years	—	—	—	—	10.1	11.6	12.8	11.8	13.1	11.4	11.7
25–34 years	—	—	—	—	7.5	9.4	7.7	9.0	8.3	8.5	8.1
35–44 years	—	—	—	—	8.8	8.0	8.1	7.7	8.1	7.4	6.7
45–64 years	—	—	—	—	9.4	11.4	9.2	9.7	9.0	9.6	8.5
65 years and over	—	—	—	—	14.8	14.9	13.9	13.9	14.1	11.2	12.9

See footnotes at end of table.

Table 45 (page 4 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]				
White, non-Hispanic female ⁵					Deaths per 100,000 resident population										
All ages, age adjusted	---	---	---	---	10.4	11.3	10.6	10.7	10.7	10.6	10.0				
All ages, crude	---	---	---	---	10.9	11.7	10.9	11.0	11.1	11.0	10.4				
1–14 years	---	---	---	---	4.9	4.7	4.2	4.2	4.1	3.8	3.5				
15–24 years	---	---	---	---	20.2	20.4	19.0	18.8	19.2	18.3	18.2				
25–34 years	---	---	---	---	9.8	11.7	10.6	10.8	10.4	10.1	9.5				
35–44 years	---	---	---	---	8.6	9.3	8.9	9.3	9.0	9.8	9.0				
45–64 years	---	---	---	---	8.6	9.7	8.7	9.0	9.4	9.0	8.5				
65 years and over	---	---	---	---	15.3	17.5	17.7	17.4	18.0	18.4	16.8				

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. To estimate change between 1998 and 1999, compare the 1999 rate with the 1998 rate multiplied by the comparability ratio (0.98). See Appendix II, Comparability ratio and tables V and VI.

--- Data not available.

* Based on fewer than 20 deaths.

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

²In 1950 rate is for the age group under 15 years.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat 2(128)*. 1999). Some rates for the black population in 1950 and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 46 (page 1 of 3). Death rates for assault (homicide), according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 ¹
All persons	Deaths per 100,000 resident population										
All ages, age adjusted	5.1	5.0	8.8	10.4	7.9	9.4	8.4	7.6	7.2	6.5	6.1
All ages, crude	5.0	4.6	8.1	10.6	8.2	9.9	8.6	7.8	7.3	6.6	6.2
Under 1 year.....	4.4	4.8	4.3	5.9	5.4	8.4	8.1	8.8	8.3	8.5	8.5
1–14 years.....	0.6	0.6	1.1	1.5	1.6	1.8	1.9	1.7	1.5	1.6	1.5
1–4 years.....	0.6	0.7	1.9	2.5	2.5	2.5	2.9	2.7	2.4	2.6	2.5
5–14 years.....	0.5	0.5	0.9	1.2	1.2	1.5	1.5	1.3	1.2	1.2	1.1
15–24 years.....	5.8	5.6	11.3	15.4	11.7	19.7	20.0	17.9	16.6	14.6	13.2
25–44 years.....	8.9	8.5	14.9	17.5	13.1	14.7	12.1	10.9	10.2	9.5	9.0
25–34 years.....	9.3	9.2	16.2	19.3	14.6	17.4	14.8	13.2	12.5	11.5	11.1
35–44 years.....	8.4	7.8	13.5	14.9	11.1	11.6	9.5	8.8	8.1	7.7	7.1
45–64 years.....	5.0	5.3	8.7	9.0	6.9	6.3	5.4	5.1	4.8	4.3	4.0
45–54 years.....	5.9	6.1	10.0	11.0	8.1	7.5	6.1	5.7	5.4	4.9	4.6
55–64 years.....	3.9	4.1	7.1	7.0	5.7	5.0	4.5	4.0	3.8	3.3	3.1
65 years and over.....	3.0	2.7	4.6	5.5	4.3	4.0	3.2	2.9	3.0	2.6	2.5
65–74 years.....	3.2	2.8	4.9	5.7	4.3	3.8	3.2	2.9	2.9	2.5	2.6
75–84 years.....	2.5	2.3	4.0	5.2	4.3	4.3	3.1	2.9	2.8	2.7	2.5
85 years and over	2.3	2.4	4.2	5.3	4.1	4.6	3.3	2.9	3.8	2.4	2.4
Male											
All ages, age adjusted	7.9	7.5	14.3	16.6	12.2	14.8	13.1	11.9	11.2	10.0	9.3
All ages, crude	7.7	6.8	13.1	17.1	12.8	15.9	13.6	12.3	11.5	10.3	9.6
Under 1 year.....	4.5	4.7	4.5	6.3	5.6	8.8	8.9	8.7	9.4	8.9	9.3
1–14 years.....	0.6	0.6	1.2	1.6	1.8	2.0	2.3	1.9	1.8	1.7	1.6
1–4 years.....	0.5	0.7	1.9	2.7	2.5	2.7	3.1	2.7	2.7	2.9	2.5
5–14 years.....	0.6	0.5	1.0	1.2	1.4	1.7	1.9	1.6	1.5	1.3	1.2
15–24 years.....	8.6	8.4	18.2	24.0	18.2	32.5	33.5	30.0	27.9	24.4	21.7
25–44 years.....	13.8	12.8	24.4	28.9	20.6	23.5	18.6	16.9	15.8	14.5	13.7
25–34 years.....	14.4	13.9	26.8	31.9	22.8	27.7	23.2	20.9	20.0	18.1	17.8
35–44 years.....	13.2	11.7	21.7	24.5	17.6	18.6	14.1	13.1	12.0	11.2	10.3
45–64 years.....	8.1	8.1	14.8	15.2	11.0	10.2	8.5	7.8	7.4	6.6	6.2
45–54 years.....	9.5	9.4	16.8	18.4	12.7	11.9	9.4	8.7	8.3	7.5	7.0
55–64 years.....	6.3	6.4	12.1	11.8	9.1	8.0	7.1	6.4	5.9	5.3	4.8
65 years and over.....	4.8	4.3	7.7	8.8	6.2	5.8	4.3	4.1	4.2	3.5	3.5
65–74 years.....	5.2	4.6	8.5	9.2	6.5	5.8	4.6	4.3	4.2	3.6	3.7
75–84 years.....	3.9	3.7	5.9	8.1	5.7	5.7	3.7	3.7	3.8	3.5	3.3
85 years and over	2.5	3.6	7.4	7.5	5.0	6.7	4.1	3.7	5.9	3.1	3.3
Female											
All ages, age adjusted	2.4	2.6	3.7	4.4	3.8	4.0	3.8	3.5	3.2	3.1	2.9
All ages, crude	2.4	2.4	3.4	4.5	3.9	4.2	3.8	3.5	3.2	3.1	2.9
Under 1 year.....	4.2	4.9	4.1	5.6	5.2	8.0	7.2	8.9	7.3	8.1	7.6
1–14 years.....	0.6	0.5	1.0	1.4	1.4	1.6	1.5	1.6	1.2	1.4	1.3
1–4 years.....	0.7	0.7	1.9	2.2	2.4	2.3	2.6	2.7	2.2	2.4	2.4
5–14 years.....	0.5	0.4	0.7	1.1	1.0	1.2	1.0	1.1	0.9	1.1	0.9
15–24 years.....	3.0	2.8	4.6	6.6	5.1	6.2	6.0	5.1	4.7	4.3	4.4
25–44 years.....	4.2	4.3	5.8	6.4	5.7	6.0	5.7	5.0	4.6	4.6	4.3
25–34 years.....	4.5	4.6	6.0	6.9	6.4	7.1	6.5	5.5	5.1	4.9	4.6
35–44 years.....	3.8	4.0	5.7	5.7	4.9	4.8	4.9	4.5	4.3	4.3	4.0
45–64 years.....	1.9	2.5	3.1	3.4	3.2	2.8	2.6	2.5	2.4	2.1	2.0
45–54 years.....	2.3	2.9	3.7	4.1	3.7	3.2	2.9	3.0	2.7	2.4	2.4
55–64 years.....	1.4	2.0	2.5	2.8	2.7	2.3	2.1	1.9	1.9	1.6	1.5
65 years and over.....	1.4	1.3	2.3	3.3	3.0	2.8	2.4	2.1	2.2	1.9	1.8
65–74 years.....	1.3	1.3	2.2	3.0	2.6	2.2	2.1	1.8	1.9	1.6	1.7
75–84 years.....	1.4	1.3	2.7	3.5	3.4	3.4	2.7	2.4	2.2	2.1	2.0
85 years and over	2.1	1.6	2.5	4.3	3.8	3.8	2.9	2.6	3.0	2.2	2.0
White male											
All ages, age adjusted	3.8	3.9	7.2	10.4	7.7	8.3	7.4	6.6	6.4	5.8	5.5
All ages, crude	3.6	3.6	6.6	10.7	8.1	8.8	7.6	6.8	6.5	5.9	5.6
Under 1 year.....	4.3	3.8	2.9	4.3	3.8	6.4	7.1	6.5	7.8	6.7	7.5
1–14 years.....	0.4	0.5	0.7	1.2	1.3	1.3	1.5	1.4	1.3	1.1	1.1
15–24 years.....	3.2	5.0	7.6	15.1	10.7	15.2	16.2	13.8	12.9	12.0	10.5
25–44 years.....	5.4	5.5	11.6	17.2	12.7	13.0	10.6	9.5	9.1	8.3	7.9
25–34 years.....	4.9	5.7	12.5	18.5	13.7	14.7	12.5	11.0	11.0	9.7	9.5
35–44 years.....	6.1	5.2	10.8	15.2	11.3	11.1	8.8	8.0	7.4	7.1	6.7
45–64 years.....	4.8	4.6	8.3	9.8	7.4	6.9	5.6	5.3	5.2	4.5	4.4
65 years and over	3.8	3.1	5.4	6.7	4.4	4.1	2.9	3.1	3.3	2.8	2.8

See footnotes at end of table.

Table 46 (page 2 of 3). Death rates for assault (homicide), according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 ¹
Deaths per 100,000 resident population											
Black male											
All ages, age adjusted	47.0	42.3	78.2	69.4	48.4	63.1	51.8	47.1	43.1	38.4	34.9
All ages, crude	44.7	35.0	66.0	65.7	48.3	68.5	55.7	50.9	46.5	41.3	37.5
Under 1 year	—	10.3	14.3	18.6	16.7	21.4	19.4	23.1	18.1	21.8	20.6
1–14 years ²	1.8	1.5	4.4	4.1	4.2	5.8	6.1	4.8	4.7	4.9	3.9
15–24 years	53.8	43.2	98.3	82.6	64.8	137.1	130.8	122.1	112.5	95.0	85.0
25–44 years	92.8	80.5	140.2	130.0	86.1	105.4	76.9	70.0	63.6	57.8	54.1
25–34 years	104.3	86.4	154.5	142.9	94.0	123.7	97.2	88.2	81.3	73.5	71.8
35–44 years	80.0	74.4	124.0	109.3	74.0	81.2	55.2	51.1	46.0	42.5	37.5
45–64 years	46.0	44.6	82.3	70.6	46.0	41.4	34.3	30.1	27.0	25.3	21.4
65 years and over	16.5	17.3	33.3	30.9	26.1	25.7	19.9	15.5	14.3	11.6	11.2
American Indian or Alaska Native male ³											
All ages, age adjusted	—	—	—	23.3	19.1	16.7	15.8	14.3	15.4	13.4	15.4
All ages, crude	—	—	—	23.1	18.4	16.6	17.1	14.9	16.0	13.9	15.0
15–24 years	—	—	—	35.4	27.1	25.1	31.2	26.2	26.7	21.4	20.9
25–44 years	—	—	—	39.2	28.2	25.7	27.0	23.1	23.6	21.0	21.4
45–64 years	—	—	—	22.1	21.2	14.8	13.2	11.5	12.8	13.9	17.1
Asian or Pacific Islander male ⁴											
All ages, age adjusted	—	—	—	9.1	5.5	7.3	7.7	6.7	6.2	5.1	4.3
All ages, crude	—	—	—	8.3	5.7	7.9	7.8	7.1	6.3	5.2	4.4
15–24 years	—	—	—	9.3	8.0	14.9	19.1	15.4	13.3	9.4	8.8
25–44 years	—	—	—	11.3	8.6	9.6	7.8	8.2	7.2	6.4	5.3
45–64 years	—	—	—	10.4	5.2	7.0	8.1	7.6	6.4	4.7	4.5
Hispanic male ⁵											
All ages, age adjusted	—	—	—	—	24.9	27.4	22.0	18.1	16.3	14.5	13.8
All ages, crude	—	—	—	—	27.2	31.0	24.7	20.5	18.2	16.4	15.2
Under 1 year	—	—	—	—	*	8.7	5.9	6.4	8.2	8.7	7.1
1–14 years	—	—	—	—	1.5	3.1	3.3	2.5	1.8	1.7	1.9
15–24 years	—	—	—	—	42.1	55.4	62.6	48.2	42.0	40.6	34.9
25–44 years	—	—	—	—	46.7	46.4	30.8	25.8	23.4	20.8	20.6
25–34 years	—	—	—	—	50.6	50.9	36.2	30.5	27.9	26.2	25.9
35–44 years	—	—	—	—	39.8	39.3	23.4	19.9	17.8	14.5	14.6
45–64 years	—	—	—	—	19.6	20.5	14.7	13.5	11.3	8.9	9.3
65 years and over	—	—	—	—	8.9	9.4	5.5	3.9	6.4	4.9	4.6
White, non-Hispanic male ⁵											
All ages, age adjusted	—	—	—	—	6.1	5.6	4.8	4.5	4.6	4.1	3.9
All ages, crude	—	—	—	—	6.2	5.8	4.9	4.6	4.6	4.2	3.9
Under 1 year	—	—	—	—	4.6	5.4	6.7	6.4	7.4	6.1	7.3
1–14 years	—	—	—	—	1.2	0.9	1.1	1.1	1.1	1.0	1.0
15–24 years	—	—	—	—	7.6	7.5	7.1	6.3	6.4	5.8	5.0
25–44 years	—	—	—	—	9.2	8.7	7.3	6.6	6.5	6.0	5.6
25–34 years	—	—	—	—	9.3	9.3	7.9	6.9	7.3	6.1	5.9
35–44 years	—	—	—	—	9.1	8.0	6.7	6.2	5.9	5.9	5.4
45–64 years	—	—	—	—	6.3	5.7	4.6	4.4	4.5	4.1	3.8
65 years and over	—	—	—	—	4.4	3.7	2.6	3.0	3.1	2.6	2.7
White female											
All ages, age adjusted	1.4	1.5	2.3	3.2	2.9	2.7	2.7	2.5	2.3	2.2	2.1
All ages, crude	1.4	1.4	2.1	3.2	2.9	2.8	2.7	2.5	2.3	2.2	2.1
Under 1 year	3.9	3.5	2.9	4.3	4.3	5.1	5.0	6.8	4.6	5.9	5.3
1–14 years	0.4	0.4	0.7	1.1	1.1	1.0	1.1	1.1	0.9	1.0	1.0
15–24 years	1.3	1.5	2.7	4.7	3.6	4.0	4.0	3.3	3.1	2.8	3.0
25–44 years	2.0	2.1	3.3	4.2	4.1	3.8	3.8	3.3	3.1	3.2	3.0
45–64 years	1.5	1.7	2.1	2.6	2.6	2.3	2.2	2.1	1.9	1.7	1.6
65 years and over	1.2	1.2	1.9	2.9	2.6	2.2	2.0	1.8	1.9	1.7	1.6
Black female											
All ages, age adjusted	11.1	11.4	14.7	13.2	10.6	12.5	10.6	9.8	8.9	8.2	7.6
All ages, crude	11.5	10.4	13.2	13.5	11.0	13.4	11.1	10.2	9.3	8.5	7.8
Under 1 year	—	13.8	10.7	12.8	10.7	22.8	19.2	21.1	21.6	22.1	20.9
1–14 years ²	1.8	1.2	3.1	3.3	3.3	4.7	3.6	3.9	3.0	3.4	3.1
15–24 years	16.5	11.9	17.7	18.4	14.2	18.9	16.7	14.7	13.3	12.6	11.5
25–44 years	22.5	22.7	25.3	22.6	17.8	21.0	17.4	15.7	14.3	13.0	11.8
45–64 years	6.8	10.3	13.4	10.8	7.9	6.5	5.9	6.0	6.1	5.0	4.7
65 years and over	3.6	3.0	7.4	8.0	7.8	9.4	6.8	5.2	4.6	4.0	3.4

See footnotes at end of table.

Table 46 (page 3 of 3). Death rates for assault (homicide), according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
American Indian or Alaska Native female ³											
Deaths per 100,000 resident population											
All ages, age adjusted	---	---	---	8.1	4.8	4.6	5.6	4.2	5.4	4.8	5.9
All ages, crude	---	---	---	7.7	4.5	4.8	5.6	4.4	5.3	4.9	6.1
15–24 years	---	---	---	*	*	*	*	*	*	*	*
25–44 years	---	---	---	13.7	*	6.9	9.1	*	7.3	10.2	10.2
45–64 years	---	---	---	*	*	*	*	*	*	*	*
Asian or Pacific Islander female ⁴											
All ages, age adjusted	---	---	---	3.1	2.6	2.8	2.5	2.0	2.1	2.0	2.3
All ages, crude	---	---	---	3.1	2.8	2.8	2.7	2.1	2.2	2.0	2.3
15–24 years	---	---	---	*	*	*	3.7	3.7	2.8	*	2.8
25–44 years	---	---	---	4.6	2.9	3.8	3.8	2.1	2.3	2.3	2.8
45–64 years	---	---	---	*	*	*	2.3	*	2.5	2.2	2.2
Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	4.1	4.3	4.2	3.3	3.0	2.8	2.8
All ages, crude	---	---	---	---	4.3	4.7	4.3	3.5	3.1	2.9	3.0
Under 1 year	---	---	---	---	*	*	*	7.7	*	*	7.6
1–14 years	---	---	---	---	1.5	1.9	1.8	1.5	1.2	1.2	1.3
15–24 years	---	---	---	---	5.7	8.1	6.9	5.1	4.7	4.2	4.9
25–44 years	---	---	---	---	6.8	6.1	5.8	4.8	4.5	4.2	3.7
45–64 years	---	---	---	---	3.2	3.3	3.4	2.7	2.5	2.0	2.5
65 years and over	---	---	---	---	*	*	2.3	*	*	*	*
White, non-Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	2.9	2.5	2.3	2.2	2.1	2.1	2.0
All ages, crude	---	---	---	---	2.9	2.5	2.4	2.3	2.1	2.1	2.0
Under 1 year	---	---	---	---	4.1	4.4	4.4	6.0	3.9	5.8	4.2
1–14 years	---	---	---	---	1.0	0.8	0.9	1.0	0.8	1.0	0.9
15–24 years	---	---	---	---	3.5	3.3	3.4	2.7	2.8	2.5	2.6
25–44 years	---	---	---	---	3.9	3.5	3.3	3.1	2.9	3.0	2.8
45–64 years	---	---	---	---	3.6	2.2	1.9	2.0	1.8	1.6	1.5
65 years and over	---	---	---	---	2.6	2.2	1.9	2.0	1.6	1.6	1.7

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. The comparability ratio of close to 1.00 denotes no net effect of ICD-10 on this cause. See Appendix II, Comparability ratio and tables V and VI.

--- Data not available.

* Based on fewer than 20 deaths.

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

²In 1950 rate is for the age group under 15 years.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Starting with *Health, United States, 2001*, this table presents trends for homicide, replacing homicide and legal intervention shown in previous editions. 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. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. Vital Health Stat 2(128). 1999). Some rates for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubl/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 47 (page 1 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
All persons											
All ages, age adjusted	13.2	12.5	13.1	12.2	12.5	12.5	12.0	11.7	11.4	11.3	10.6
All ages, crude	11.4	10.6	11.6	11.9	12.4	12.4	11.9	11.6	11.4	11.3	10.6
Under 1 year
1–4 years	0.2	0.3	0.3	0.4	0.8	0.8	0.9	0.8	0.8	0.8	0.6
5–14 years	4.5	5.2	8.8	12.3	12.8	13.2	13.3	12.0	11.4	11.1	10.3
15–24 years	11.6	12.2	15.4	15.6	15.0	15.2	15.3	15.0	14.8	14.6	13.9
25–44 years	9.1	10.0	14.1	16.0	15.3	15.2	15.4	14.5	14.3	13.8	13.4
35–44 years	14.3	14.2	16.9	15.4	14.6	15.3	15.2	15.5	15.3	15.4	14.3
45–64 years	23.5	22.0	20.6	15.9	16.3	15.3	14.1	14.4	14.2	14.1	13.4
45–54 years	20.9	20.7	20.0	15.9	15.7	14.8	14.6	14.9	14.7	14.8	14.1
55–64 years	26.8	23.7	21.4	15.9	16.8	16.0	13.3	13.7	13.5	13.1	12.3
65 years and over	30.0	24.5	20.8	17.6	20.4	20.5	18.1	17.3	16.8	16.9	15.8
65–74 years	29.6	23.0	20.8	16.9	18.7	17.9	15.8	15.0	14.4	14.1	13.5
75–84 years	31.1	27.9	21.2	19.1	23.9	24.9	20.7	20.0	19.3	19.7	18.2
85 years and over	28.8	26.0	19.0	19.2	19.4	22.2	21.6	20.2	20.8	21.0	19.2
Male											
All ages, age adjusted	21.2	20.0	19.8	19.9	21.1	21.5	20.6	20.0	19.4	19.2	18.1
All ages, crude	17.8	16.5	16.8	18.6	20.0	20.4	19.8	19.3	18.7	18.6	17.5
Under 1 year
1–4 years	0.3	0.4	0.5	0.6	1.2	1.1	1.3	1.1	1.2	1.2	1.0
5–14 years	6.5	8.2	13.5	20.2	21.0	22.0	22.5	20.0	18.9	18.5	17.1
15–24 years	17.2	17.9	20.9	24.0	23.7	24.4	24.9	24.3	23.8	23.5	22.3
25–34 years	13.4	14.7	19.8	25.0	24.7	24.8	25.6	24.0	23.6	22.9	22.2
35–44 years	21.3	21.0	22.1	22.5	22.3	23.9	24.1	24.6	23.9	24.0	22.4
45–64 years	37.1	34.4	30.0	23.7	25.3	24.3	22.5	23.0	22.5	22.4	21.2
45–54 years	32.0	31.6	27.9	22.9	23.6	23.2	22.8	23.3	22.5	23.1	21.9
55–64 years	43.6	38.1	32.7	24.5	27.1	25.7	22.0	22.7	22.4	21.3	20.1
65 years and over	52.8	44.0	38.4	35.0	40.9	41.6	36.3	35.2	33.9	34.1	32.1
65–74 years	50.5	39.6	36.0	30.4	33.9	32.2	28.7	27.7	26.4	26.2	25.0
75–84 years	58.3	52.5	42.8	42.3	53.1	56.1	44.8	43.4	40.9	42.0	38.3
85 years and over	58.3	57.4	42.4	50.6	56.2	65.9	63.1	59.9	60.3	57.8	55.0
Female											
All ages, age adjusted	5.6	5.6	7.4	5.7	5.2	4.8	4.4	4.3	4.4	4.3	4.0
All ages, crude	5.1	4.9	6.6	5.5	5.2	4.8	4.4	4.4	4.4	4.4	4.1
Under 1 year
1–4 years	0.1	0.1	0.2	0.2	0.4	0.4	0.4	0.4	0.4	0.4	0.3
5–14 years	2.6	2.2	4.2	4.3	4.3	3.9	3.7	3.6	3.5	3.3	3.1
15–24 years	6.2	6.6	10.2	7.7	6.5	6.2	5.8	5.8	6.0	6.0	5.6
25–34 years	4.9	5.5	8.6	7.1	5.9	5.6	5.2	5.0	5.0	4.9	4.7
35–44 years	7.5	7.7	11.9	8.5	7.1	6.8	6.5	6.6	6.8	6.9	6.3
45–64 years	9.9	10.2	12.0	8.9	8.0	7.1	6.1	6.4	6.5	6.4	6.0
45–54 years	9.9	10.2	12.6	9.4	8.3	6.9	6.7	7.0	7.3	7.0	6.6
55–64 years	9.9	10.2	11.4	8.4	7.8	7.3	5.3	5.5	5.4	5.5	5.2
65 years and over	9.4	8.4	8.1	6.1	6.6	6.4	5.5	4.8	4.9	4.7	4.3
65–74 years	10.1	8.4	9.0	6.5	6.9	6.7	5.4	4.8	4.7	4.3	4.2
75–84 years	8.1	8.9	7.0	5.5	6.7	6.3	5.5	5.0	5.2	4.9	4.7
85 years and over	8.2	6.0	5.9	5.5	4.7	5.4	5.5	4.4	4.9	5.8	4.1
White male											
All ages, age adjusted	22.3	21.1	20.8	20.9	22.4	22.8	21.9	21.3	20.6	20.6	19.3
All ages, crude	19.0	17.6	18.0	19.9	21.6	22.0	21.4	20.9	20.2	20.3	19.1
15–24 years	6.6	8.6	13.9	21.4	22.3	23.2	23.5	20.9	19.5	19.3	17.8
25–44 years	17.9	18.5	21.5	24.6	24.8	25.4	26.3	25.7	25.3	25.2	23.8
45–64 years	39.3	36.5	31.9	25.0	27.0	26.0	24.2	24.9	24.2	24.2	22.9
65 years and over	55.8	46.7	41.1	37.2	43.7	44.2	38.7	37.8	36.1	36.6	34.5
65–74 years	53.2	42.0	38.7	32.5	35.8	34.2	30.3	29.6	28.0	27.9	26.7
75–84 years	61.9	55.7	45.5	45.5	57.0	60.2	47.5	46.1	43.4	44.7	40.8
85 years and over	61.9	61.3	45.8	52.8	60.9	70.3	68.2	65.4	65.0	62.7	59.7

See footnotes at end of table.

**Table 47 (page 2 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age:
United States, selected years 1950–99**

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
Black male											
All ages, age adjusted	7.5	8.4	10.0	11.4	11.8	12.8	12.5	11.9	11.4	10.6	10.5
All ages, crude	6.3	6.4	8.0	10.3	11.0	12.0	11.9	11.4	10.9	10.2	10.0
15–24 years	4.9	4.1	10.5	12.3	13.3	15.1	18.0	16.7	16.0	15.0	14.3
25–44 years	9.8	12.6	16.1	19.2	17.8	19.6	18.6	17.8	17.0	15.2	15.3
45–64 years	12.7	13.0	12.4	11.8	12.9	13.1	11.8	11.8	10.5	11.1	10.1
65 years and over	9.0	9.9	8.7	11.4	15.8	14.9	14.3	12.6	13.6	11.6	12.2
65–74 years	10.0	11.3	8.7	11.1	16.7	14.7	13.5	12.7	12.9	11.4	11.5
75–84 years ²	*	*	*	10.5	15.6	14.4	16.6	12.5	14.1	12.5	13.7
85 years and over	---	*	*	*	*	*	*	*	*	*	*
American Indian or Alaska Native male ³											
All ages, age adjusted	---	---	---	19.3	17.9	20.1	18.9	19.2	20.5	20.1	19.1
All ages, crude	---	---	---	20.9	20.3	20.9	19.6	19.9	20.9	21.1	19.6
15–24 years	---	---	---	45.3	42.0	49.1	34.2	32.1	38.4	41.8	36.6
25–44 years	---	---	---	31.2	30.2	27.8	31.8	34.8	32.6	33.3	29.5
45–64 years	---	---	---	*	*	*	15.0	11.5	15.5	11.3	16.0
65 years and over	---	---	---	*	*	*	*	*	*	*	*
Asian or Pacific Islander male ⁴											
All ages, age adjusted	---	---	---	10.7	9.3	9.6	10.4	9.3	10.5	10.2	9.7
All ages, crude	---	---	---	8.8	8.4	8.7	9.4	8.6	9.2	9.1	9.0
15–24 years	---	---	---	10.8	14.2	13.5	16.0	11.9	12.2	10.9	10.3
25–44 years	---	---	---	11.0	9.3	10.6	11.5	11.5	10.6	11.9	12.0
45–64 years	---	---	---	13.0	10.4	9.7	9.1	8.6	12.3	10.2	12.4
65 years and over	---	---	---	18.6	16.7	16.8	20.3	16.0	21.0	21.0	13.9
Hispanic male ⁵											
All ages, age adjusted	---	---	---	---	11.0	13.7	13.1	12.0	11.2	11.0	10.7
All ages, crude	---	---	---	---	9.8	11.4	11.5	10.6	9.8	9.4	9.1
15–24 years	---	---	---	---	13.8	14.7	18.3	15.5	14.4	13.4	11.9
25–44 years	---	---	---	---	14.8	16.2	15.5	14.6	13.9	13.0	13.1
45–64 years	---	---	---	---	12.3	16.1	14.2	13.3	11.6	11.5	11.9
65 years and over	---	---	---	---	14.7	23.4	19.9	17.7	17.7	20.0	17.4
White, non-Hispanic male ⁵											
All ages, age adjusted	---	---	---	---	22.9	23.5	22.4	22.0	21.5	21.5	20.2
All ages, crude	---	---	---	---	22.3	23.1	22.3	22.0	21.5	21.6	20.4
15–24 years	---	---	---	---	22.6	24.4	23.8	21.4	20.2	20.2	18.7
25–44 years	---	---	---	---	25.1	26.4	27.3	27.1	26.8	26.7	25.3
45–64 years	---	---	---	---	27.3	26.8	24.8	25.6	25.1	25.1	23.7
65 years and over	---	---	---	---	46.4	45.4	39.2	38.6	36.8	37.3	35.3
White female											
All ages, age adjusted	6.0	5.9	7.9	6.1	5.7	5.2	4.7	4.7	4.8	4.7	4.4
All ages, crude	5.5	5.3	7.1	5.9	5.6	5.3	4.8	4.8	4.9	4.8	4.5
15–24 years	2.7	2.3	4.2	4.6	4.7	4.2	3.9	3.8	3.7	3.5	3.2
25–44 years	6.6	7.0	11.0	8.1	7.0	6.6	6.3	6.4	6.6	6.6	6.2
45–64 years	10.6	10.9	13.0	9.6	8.7	7.7	6.7	7.0	7.2	7.1	6.7
65 years and over	9.9	8.8	8.5	6.4	6.9	6.8	5.7	5.0	5.1	5.0	4.6
Black female											
All ages, age adjusted	1.8	2.0	2.9	2.4	2.3	2.4	2.1	2.0	2.0	1.8	1.7
All ages, crude	1.5	1.6	2.6	2.2	2.1	2.3	2.0	2.0	1.9	1.8	1.6
15–24 years	1.8	*	3.8	2.3	2.0	2.3	2.2	2.3	2.4	2.2	2.0
25–44 years	2.3	3.0	4.8	4.3	3.2	3.8	3.4	2.9	2.7	2.7	2.5
45–64 years	2.7	3.1	2.9	2.5	2.8	2.9	2.0	2.3	2.4	2.2	1.8
65 years and over	*	*	2.6	*	2.7	1.9	2.2	2.1	1.6	1.2	1.5

See footnotes at end of table.

Table 47 (page 3 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population											
American Indian or Alaska Native female ³											
All ages, age adjusted	---	---	---	4.7	4.1	3.6	4.2	5.7	4.5	5.3	4.7
All ages, crude	---	---	---	4.7	4.4	3.7	4.2	5.6	4.2	5.4	4.8
15–24 years	---	---	---	*	*	*	*	10.2	*	*	*
25–44 years	---	---	---	10.7	*	*	7.1	9.0	6.4	8.0	8.3
45–64 years	---	---	---	*	*	*	*	*	*	*	*
65 years and over	---	---	---	*	*	*	*	*	*	*	*
Asian or Pacific Islander female ⁴											
All ages, age adjusted	---	---	---	5.5	5.0	4.1	4.3	4.0	4.0	3.6	3.6
All ages, crude	---	---	---	4.7	4.3	3.4	3.8	3.7	3.6	3.3	3.4
15–24 years	---	---	---	*	5.8	3.9	5.2	3.0	4.7	2.7	4.4
25–44 years	---	---	---	5.4	4.2	3.8	3.8	4.5	3.7	4.0	4.0
45–64 years	---	---	---	7.9	5.4	5.0	4.9	5.2	4.4	4.3	4.1
65 years and over	---	---	---	*	13.6	8.5	9.0	8.4	8.9	7.2	6.5
Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	1.9	2.3	2.1	2.2	1.8	2.0	1.9
All ages, crude	---	---	---	---	1.6	2.2	1.9	2.1	1.6	1.8	1.7
15–24 years	---	---	---	---	2.1	3.1	2.6	3.3	2.4	2.8	2.0
25–44 years	---	---	---	---	2.1	3.1	2.7	2.8	2.2	2.2	2.5
45–64 years	---	---	---	---	3.2	2.5	2.7	2.6	2.3	2.7	2.5
65 years and over	---	---	---	---	*	*	*	2.5	*	2.5	2.2
White, non-Hispanic female ⁵											
All ages, age adjusted	---	---	---	---	6.1	5.4	4.9	4.9	5.1	5.0	4.7
All ages, crude	---	---	---	---	6.2	5.6	5.1	5.0	5.3	5.2	4.8
15–24 years	---	---	---	---	4.7	4.3	4.0	3.8	3.9	3.6	3.4
25–44 years	---	---	---	---	7.7	7.0	6.7	6.7	7.2	7.2	6.7
45–64 years	---	---	---	---	9.2	8.0	7.0	7.3	7.6	7.4	7.0
65 years and over	---	---	---	---	7.5	7.0	5.8	5.1	5.2	5.2	4.7

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. The comparability ratio of close to 1.00 denotes no net effect of ICD-10 on this cause. See Appendix II, Comparability ratio and tables V and VI.

... Category not applicable.

--- Data not available.

* Based on fewer than 20 deaths.

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

²In 1950 rate is for the age group 75 years and over.

³Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

⁴Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

⁵Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). See Appendix II, tables IV and V. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat 2(128)*. 1999). Some rates for 1950 all persons and for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. Grove RD and Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: Public Health Service, 1968; *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 48 (page 1 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999†
Deaths per 100,000 resident population									
All persons									
All ages, age adjusted	14.3	14.8	13.1	14.6	13.6	12.8	12.1	11.3	10.6
All ages, crude	13.1	14.9	13.3	14.9	13.7	12.8	12.1	11.4	10.6
Under 1 year	*	*	*	*	*	*	*	*	*
1–14 years	1.6	1.4	1.4	1.5	1.6	1.3	1.1	1.1	0.9
1–4 years	1.0	0.7	0.7	0.6	0.6	0.5	0.5	0.5	0.4
5–14 years	1.7	1.6	1.8	1.9	2.0	1.6	1.4	1.4	1.1
15–24 years	15.5	20.6	17.2	25.8	27.2	24.2	22.3	19.9	18.0
25–44 years	20.9	22.5	17.9	19.3	17.2	16.1	15.4	14.4	13.5
25–34 years	22.2	24.3	19.3	21.8	20.1	18.3	17.8	16.3	15.7
35–44 years	19.6	20.0	16.0	16.3	14.4	14.0	13.2	12.8	11.7
45–64 years	17.6	15.2	14.3	13.6	11.8	11.9	11.3	10.7	10.2
45–54 years	18.1	16.4	14.7	13.9	12.1	12.3	11.5	10.9	10.4
55–64 years	17.0	13.9	13.9	13.3	11.4	11.2	11.0	10.4	9.8
65 years and over	13.8	13.5	15.6	16.0	14.2	13.9	13.2	13.1	12.5
65–74 years	14.5	13.8	15.1	14.4	12.9	12.6	11.9	11.3	11.2
75–84 years	13.4	13.4	17.7	19.4	16.4	15.9	14.9	15.5	14.3
85 years and over	10.2	11.6	12.2	14.7	14.6	14.5	14.3	14.3	13.4
Male									
All ages, age adjusted	24.8	25.9	23.1	26.1	24.2	22.7	21.4	20.1	18.8
All ages, crude	22.2	25.7	22.8	26.2	23.9	22.5	21.2	19.8	18.5
Under 1 year	*	*	*	*	*	*	*	*	*
1–14 years	2.3	2.0	2.1	2.2	2.3	1.8	1.7	1.5	1.2
1–4 years	1.2	0.9	0.8	0.7	0.8	0.5	0.5	0.6	0.5
5–14 years	2.7	2.5	2.7	2.9	2.9	2.4	2.1	1.9	1.5
15–24 years	26.4	34.8	29.1	44.7	47.6	42.2	38.9	34.7	31.3
25–44 years	34.1	38.1	29.7	32.6	28.9	27.0	25.8	24.2	22.8
25–34 years	36.5	41.4	32.1	37.0	34.3	31.4	30.5	28.0	27.3
35–44 years	31.6	33.2	26.6	27.4	23.7	22.9	21.5	20.9	19.0
45–64 years	31.0	25.9	24.5	23.4	20.2	20.4	19.4	18.4	17.5
45–54 years	30.7	27.3	24.4	23.2	20.4	20.5	19.3	18.3	17.5
55–64 years	31.3	24.5	24.6	23.7	20.0	20.2	19.7	18.4	17.5
65 years and over	29.7	29.7	34.2	35.3	30.9	30.2	28.5	28.5	27.1
65–74 years	29.5	27.8	30.0	28.2	25.3	24.8	23.1	22.2	21.8
75–84 years	31.0	33.0	42.7	46.9	37.7	36.4	34.1	35.1	32.4
85 years and over	26.2	34.9	38.2	49.3	47.4	46.7	45.8	44.9	41.7
Female									
All ages, age adjusted	4.8	4.7	4.2	4.2	3.9	3.6	3.4	3.3	3.0
All ages, crude	4.4	4.7	4.2	4.3	3.9	3.6	3.4	3.3	3.0
Under 1 year	*	*	*	*	*	*	*	*	*
1–14 years	0.8	0.7	0.7	0.8	0.8	0.7	0.6	0.7	0.5
1–4 years	0.9	0.5	0.5	0.5	0.5	0.4	0.5	0.4	0.4
5–14 years	0.8	0.7	0.8	1.0	0.9	0.8	0.7	0.8	0.6
15–24 years	4.8	6.1	5.0	6.0	6.0	5.1	4.8	4.5	4.0
25–44 years	8.3	7.4	6.2	6.1	5.6	5.2	5.0	4.7	4.4
25–34 years	8.4	7.5	6.6	6.7	5.9	5.2	5.1	4.7	4.3
35–44 years	8.2	7.2	5.8	5.4	5.3	5.1	4.9	4.7	4.4
45–64 years	5.4	5.4	5.0	4.5	4.0	3.9	3.7	3.6	3.3
45–54 years	6.4	6.2	5.6	4.9	4.3	4.4	4.1	3.9	3.6
55–64 years	4.2	4.6	4.5	4.0	3.5	3.1	3.0	3.1	2.9
65 years and over	2.4	2.5	3.2	3.1	2.8	2.6	2.5	2.3	2.2
65–74 years	2.8	3.1	3.6	3.6	3.0	2.8	2.9	2.4	2.5
75–84 years	1.7	1.7	3.0	2.9	2.8	2.6	2.3	2.5	2.2
85 years and over	*	1.3	1.8	1.3	1.8	1.7	1.7	1.6	1.5
White male									
All ages, age adjusted	19.7	22.1	21.0	22.0	20.4	19.3	18.3	17.6	16.5
All ages, crude	17.6	21.8	20.7	21.8	20.1	19.0	18.1	17.4	16.2
1–14 years	1.8	1.9	2.1	1.9	1.9	1.5	1.4	1.3	1.1
15–24 years	16.9	28.4	24.1	29.5	31.4	26.9	24.8	23.1	20.9
25–44 years	24.2	29.5	25.0	25.7	23.6	22.0	21.2	20.3	18.9
25–34 years	24.3	31.1	26.3	27.8	26.1	23.6	23.1	21.2	20.6
35–44 years	24.1	27.1	23.3	23.3	21.2	20.6	19.5	19.5	17.6
45–64 years	27.4	23.3	23.6	22.8	19.7	20.2	19.4	18.5	17.6
65 years and over	29.9	30.1	35.4	36.8	32.3	31.8	30.0	30.3	28.9

See footnotes at end of table.

Table 48 (page 2 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999†
Deaths per 100,000 resident population									
Black male									
All ages, age adjusted	70.8	60.1	40.9	56.3	49.9	46.6	42.4	37.3	34.8
All ages, crude	60.8	57.7	41.3	61.9	54.0	50.6	46.1	40.3	37.3
1–14 years	5.3	3.0	2.7	4.4	4.6	3.6	3.1	2.4	2.1
15–24 years	97.3	77.9	61.3	138.0	140.2	131.6	119.9	101.8	91.7
25–44 years	126.2	114.1	71.8	90.3	71.2	67.0	61.8	55.3	52.6
25–34 years	145.6	128.4	79.8	108.6	94.4	88.6	84.0	75.3	73.9
35–44 years	104.2	92.3	59.2	66.1	46.6	44.7	39.5	35.9	32.5
45–64 years	71.1	55.6	36.9	34.5	29.1	27.0	23.3	22.1	19.9
65 years and over	30.6	29.7	26.3	23.9	21.4	19.1	17.8	14.2	14.7
American Indian or Alaska Native male ¹									
All ages, age adjusted	—	24.0	23.6	19.4	21.3	18.2	19.7	18.5	18.5
All ages, crude	—	27.5	24.4	20.5	22.9	19.1	20.1	19.3	19.1
15–24 years	—	55.3	39.8	49.1	45.5	40.0	39.4	43.3	39.9
25–44 years	—	43.9	40.3	25.4	34.1	26.7	29.3	25.6	25.2
45–64 years	—	*	21.2	*	15.6	13.8	13.9	13.4	14.5
65 years and over	—	*	*	*	*	*	*	*	*
Asian or Pacific Islander male ²									
All ages, age adjusted	—	7.8	7.3	8.8	9.9	8.2	8.7	7.1	6.4
All ages, crude	—	8.2	7.3	9.4	10.4	8.6	8.7	7.0	6.6
15–24 years	—	10.8	12.6	21.0	27.1	19.6	19.7	13.9	12.3
25–44 years	—	12.8	9.8	10.9	11.3	10.0	9.6	8.7	9.2
45–64 years	—	10.4	6.7	8.1	8.6	7.7	8.7	6.1	6.7
65 years and over	—	*	*	*	*	*	7.7	8.0	*
Hispanic male ³									
All ages, age adjusted	—	—	24.2	27.6	25.6	21.0	18.6	17.1	15.7
All ages, crude	—	—	26.0	29.9	27.6	22.6	19.9	18.1	16.2
1–14 years	—	—	1.4	2.6	2.9	1.9	1.4	1.3	1.2
15–24 years	—	—	42.0	55.5	70.7	54.4	47.9	44.9	38.0
25–44 years	—	—	43.2	42.7	33.5	27.5	24.5	22.6	20.8
25–34 years	—	—	47.3	47.3	39.9	32.8	29.3	28.6	25.9
35–44 years	—	—	35.9	35.4	24.9	20.8	18.7	15.6	15.0
45–64 years	—	—	19.2	21.4	17.2	16.2	13.7	10.7	11.3
65 years and over	—	—	12.4	19.1	15.6	11.7	12.3	14.2	12.9
White, non-Hispanic male ³									
All ages, age adjusted	—	—	20.2	20.6	18.7	18.1	17.5	16.9	15.9
All ages, crude	—	—	19.9	20.4	18.6	18.0	17.5	17.0	16.0
1–14 years	—	—	2.0	1.6	1.6	1.4	1.4	1.3	1.0
15–24 years	—	—	22.0	24.1	23.3	20.4	19.4	18.1	16.8
25–44 years	—	—	23.0	23.3	21.6	20.6	20.3	19.6	18.3
25–34 years	—	—	23.7	24.7	22.9	21.2	21.4	19.3	19.1
35–44 years	—	—	22.0	21.6	20.4	20.1	19.4	19.8	17.7
45–64 years	—	—	23.0	22.7	19.7	20.2	19.8	19.0	18.1
65 years and over	—	—	37.3	37.4	32.7	32.6	30.8	31.1	29.7
White female									
All ages, age adjusted	4.0	4.2	3.9	3.8	3.5	3.2	3.2	3.0	2.8
All ages, crude	3.7	4.1	4.0	3.8	3.5	3.2	3.2	3.0	2.8
15–24 years	3.4	5.1	4.4	4.8	4.6	3.8	3.8	3.4	3.1
25–44 years	6.9	6.2	5.6	5.3	5.0	4.6	4.7	4.4	4.0
45–64 years	5.0	5.1	5.0	4.5	4.0	3.9	3.8	3.7	3.4
65 years and over	2.2	2.5	3.2	3.1	2.9	2.6	2.6	2.4	2.3

See footnotes at end of table.

Table 48 (page 3 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–99

[Data are based on the National Vital Statistics System]

Sex, race, Hispanic origin, and age	1970	1980	1985	1990	1995	1996	1997	1998	Preliminary 1999 [†]
Deaths per 100,000 resident population									
Black female									
All ages, age adjusted	11.1	8.7	6.4	7.3	6.3	6.1	5.1	4.8	4.4
All ages, crude	10.0	8.8	6.5	7.8	6.6	6.4	5.4	5.0	4.5
15–24 years	15.2	12.3	8.3	13.3	13.5	12.0	10.6	10.2	9.2
25–44 years	19.4	16.1	11.4	12.4	10.0	9.8	8.0	7.5	6.9
45–64 years	10.2	8.2	5.8	4.8	4.1	4.1	3.4	3.2	3.0
65 years and over	4.3	3.1	3.7	3.1	2.6	3.0	2.2	1.8	1.4
American Indian or Alaska Native female ¹									
All ages, age adjusted	---	5.8	3.9	3.3	4.2	3.6	3.3	4.2	3.2
All ages, crude	---	5.8	4.1	3.4	4.4	3.7	3.0	4.2	3.3
15–24 years	---	*	*	*	*	*	*	*	*
25–44 years	---	10.2	*	*	7.7	5.9	*	6.9	*
45–64 years	---	*	*	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*	*	*
Asian or Pacific Islander female ²									
All ages, age adjusted	---	2.0	1.5	1.9	2.1	1.6	1.7	1.7	1.7
All ages, crude	---	2.1	1.7	2.1	2.2	1.7	1.7	1.8	1.8
15–24 years	---	*	*	*	4.2	3.7	3.2	*	*
25–44 years	---	3.2	2.2	2.7	2.9	2.1	1.9	2.2	2.3
45–64 years	---	*	*	*	*	*	*	2.1	2.2
65 years and over	---	*	*	*	*	*	*	*	*
Hispanic female ³									
All ages, age adjusted	---	---	2.9	3.3	3.3	2.6	2.3	2.2	2.1
All ages, crude	---	---	3.2	3.6	3.4	2.7	2.3	2.2	2.1
15–24 years	---	---	5.1	6.9	6.6	5.0	4.5	4.0	4.2
25–44 years	---	---	5.5	5.1	4.9	4.1	3.3	3.0	2.8
45–64 years	---	---	2.2	2.4	2.4	2.3	2.2	1.6	2.3
65 years and over	---	---	*	*	*	*	*	*	*
White, non-Hispanic female ³									
All ages, age adjusted	---	---	4.0	3.7	3.4	3.2	3.2	3.1	2.8
All ages, crude	---	---	4.1	3.7	3.5	3.2	3.3	3.1	2.9
15–24 years	---	---	4.5	4.3	4.1	3.5	3.6	3.3	2.8
25–44 years	---	---	5.6	5.1	4.8	4.5	4.8	4.5	4.2
45–64 years	---	---	5.1	4.6	4.1	4.0	3.9	3.8	3.5
65 years and over	---	---	3.4	3.2	2.9	2.7	2.7	2.5	2.4

[†]Starting with 1999 data, cause of death is coded according to ICD-10. Discontinuity between 1998 and 1999 due to ICD-10 coding and classification changes is measured by the comparability ratio. The comparability ratio of close to 1.00 denotes no net effect of ICD-10 on this cause. See Appendix II, Comparability ratio and tables V and VI.

* Based on fewer than 20 deaths.

--- Data not available.

¹Interpretation of trends should take into account that population estimates for American Indians increased by 45 percent between 1980 and 1990, partly due to better enumeration techniques in the 1990 decennial census and to the increased tendency for people to identify themselves as American Indian in 1990.

²Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

³Excludes data from States lacking an Hispanic-origin item on their death certificates. See Appendix I, National Vital Statistics System.

NOTES: Age-adjusted rates for all years differ from those shown in previous editions of *Health, United States*. Age-adjusted rates are calculated using the year 2000 standard population starting with *Health, United States, 2001*. See Appendix II, Age adjustment. For data years shown, code numbers for cause of death are based on the then current revision of the *International Classification of Diseases* (ICD). 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. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Bias in death rates results from inconsistent race identification between the death certificate (source of data for numerator of death rates) and data from the Census Bureau (denominator); and from undercounts of some population groups in the census. The net effects of misclassification and under coverage result in death rates estimated to be overstated by 1 percent for the white population and 5 percent for the black population; and death rates estimated to be understated by 21 percent for American Indians, 11 percent for Asians, and 2 percent for Hispanics (Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999). Some rates for Hispanic and non-Hispanic white for 1985 (and 1986–89, 1991 available electronically) were revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital statistics of the United States, vol II, mortality, part A*, for data years 1950–93. Public Health Service. Washington: U.S. Government Printing Office; for 1994–98, data for all persons, white, and black are available on the NCHS Web site at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census. Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001.

This table will be updated with final 1999 data on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 49. Deaths from selected occupational diseases for males, according to age: United States, selected years 1970–98

[Data are based on the National Vital Statistics System]

Age and cause of death	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
25 years and over	Number of deaths ¹												
Malignant neoplasm of peritoneum and pleura (mesothelioma)	602	591	552	571	629	607	618	551	511	546	574	557	563
Coalworkers' pneumoconiosis	1,155	973	977	947	727	692	631	564	491	531	533	483	415
Asbestosis.	25	43	96	130	282	247	270	308	325	342	345	387	439
Silicosis	351	243	202	138	146	150	110	123	113	110	95	93	90
25–64 years													
Malignant neoplasm of peritoneum and pleura (mesothelioma)	308	280	241	210	199	190	193	164	161	163	146	154	156
Coalworkers' pneumoconiosis	294	188	136	89	49	48	32	34	21	40	20	25	19
Asbestosis.	17	22	30	29	50	35	34	32	35	32	33	33	36
Silicosis	90	64	49	30	35	29	25	25	25	15	19	19	14
65 years and over													
Malignant neoplasm of peritoneum and pleura (mesothelioma)	294	311	311	361	430	417	425	387	350	383	428	403	407
Coalworkers' pneumoconiosis	861	785	841	858	678	644	599	530	470	491	513	458	396
Asbestosis.	8	21	66	101	232	212	236	276	290	310	312	354	403
Silicosis	261	179	153	108	111	121	85	98	88	95	76	74	76

¹This table classifies deaths according to underlying cause. Additional deaths for which occupational diseases are classified as nonunderlying causes can be identified from multiple cause of death data from the National Vital Statistics System. The numbers of such deaths are shown below for males 25 years of age and over.

Nonunderlying cause of death	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Malignant neoplasm of peritoneum and pleura (mesothelioma)	135	102	105	96	87	84	103	83	74	81	82
Coalworkers' pneumoconiosis	1,587	1,652	1,248	1,227	1,130	1,052	974	876	874	800	678
Asbestosis	228	382	619	660	653	661	701	796	778	741	738
Silicosis	232	187	152	155	130	145	109	122	111	96	84

NOTES: Selection of occupational diseases based on definitions in Mullan RJ, Murthy LI. Occupational sentinel health events: An updated list for physician recognition and public health surveillance. *Am J Ind Med* 19:775–799, 1991. For data years shown, the code numbers for cause of death are based on the then current *International Classification of Diseases*, which are described in Appendix II, tables IV and V. Data for additional years are available (see Appendix III).

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 50 (page 1 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, 1992–99

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

Characteristic	1992 ¹	1993 ¹	1994	1995	1996	1997	1998	1999 ²
Deaths per 100,000 employed workers ³								
Total work force	5.2	5.2	5.3	4.9	4.8	4.7	4.5	4.4
Industry ⁴								
Private sector	5.5	5.6	5.7	5.1	5.1	5.0	4.8	4.7
Agriculture, forestry, and fishing	24.0	26.6	23.9	22.2	22.4	23.5	23.4	23.6
Mining	27.1	26.0	26.9	25.0	27.0	25.0	23.8	21.5
Construction	14.1	13.8	14.8	14.7	14.0	14.1	14.5	14.0
Manufacturing	3.8	3.9	3.9	3.5	3.5	3.6	3.4	3.6
Transportation and public utilities	13.4	13.0	13.4	12.6	13.4	13.2	11.8	12.6
Wholesale trade	5.3	5.5	5.8	5.1	5.4	4.9	4.5	4.6
Retail trade	3.8	3.9	3.8	3.3	3.2	3.1	2.6	2.3
Finance, insurance, and real estate	1.6	1.5	1.4	1.6	1.5	1.2	1.1	1.2
Services	2.5	2.4	2.6	2.2	2.2	2.0	2.0	1.9
Government ⁵	3.7	3.4	3.4	3.9	3.1	3.2	3.0	2.8
Sex								
Male	---	---	9.0	8.3	8.2	8.1	7.7	7.7
Female	---	---	0.9	0.9	0.9	0.8	0.8	0.7
Age								
16–17 years	---	---	1.7	1.6	1.6	1.5	1.2	1.6
18–19 years	---	---	3.0	3.3	3.2	2.8	3.1	2.7
20–24 years	---	---	4.1	3.8	3.5	3.9	3.3	3.4
25–34 years	---	---	4.8	4.3	4.2	4.1	3.9	3.7
35–44 years	---	---	4.8	4.6	4.5	4.2	4.2	4.1
45–54 years	---	---	5.6	5.2	4.9	4.9	4.6	4.6
55–64 years	---	---	7.7	7.2	7.3	7.1	6.5	6.1
65 years and over	---	---	14.3	14.0	13.7	13.8	14.5	14.4
Race ⁶								
White	---	---	5.1	4.7	4.7	4.6	4.5	4.4
Black	---	---	5.4	5.1	4.6	4.8	4.0	4.1
Hispanic origin								
Hispanic	---	---	5.7	5.5	5.4	5.1	5.2	5.2
Non-Hispanic	---	---	5.3	4.9	4.8	4.7	4.5	4.4
Number of deaths ⁷								
Total work force	6,217	6,331	6,632	6,275	6,202	6,238	6,055	6,023
Industry ⁴								
Private sector	5,497	5,643	5,959	5,495	5,597	5,616	5,457	5,461
Agriculture, forestry, and fishing	808	864	852	800	806	833	840	807
Mining	181	174	180	156	153	158	147	121
Construction	919	932	1,028	1,055	1,047	1,107	1,174	1,190
Manufacturing	765	767	789	709	725	744	698	719
Transportation and public utilities	895	894	949	901	970	1,008	911	1,006
Wholesale trade	253	252	271	256	270	241	229	237
Retail trade	734	795	808	687	681	670	570	507
Finance, insurance, and real estate	122	118	113	125	116	97	92	105
Services	757	774	853	749	776	727	763	732
Not classified	63	73	116	57	53	31	33	37
Government ⁵	720	688	673	780	605	622	598	562

See footnotes at end of table.

Table 50 (page 2 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, 1992–99

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

Characteristic	1992 ¹	1993 ¹	1994	1995	1996	1997	1998	1999 ²
Sex								
Male	5,774	5,842	6,104	5,736	5,688	5,761	5,569	5,582
Female	443	489	528	539	514	477	486	441
Age								
Under 16 years	27	29	25	26	27	21	33	26
16–17 years	41	39	42	42	43	41	32	46
18–19 years	107	102	114	130	125	113	137	122
20–24 years	544	508	545	486	444	503	421	450
25–34 years	1,556	1,521	1,567	1,409	1,362	1,325	1,238	1,171
35–44 years	1,538	1,584	1,619	1,571	1,586	1,524	1,525	1,499
45–54 years	1,167	1,204	1,310	1,256	1,242	1,302	1,279	1,326
55–64 years	767	811	866	827	855	875	836	814
65 years and over	467	522	525	515	504	520	541	559
Unspecified	3	11	19	13	14	14	13	10
Race								
White	5,173	5,175	5,460	5,120	5,111	5,108	5,041	4,990
Black	624	666	707	697	631	677	594	626
American Indian or Alaska Native	38	47	41	27	35	35	29	57
Asian or Pacific Islander	174	196	183	163	172	198	149	191
Other and unspecified	208	237	241	268	253	220	241	159
Hispanic origin								
Hispanic	533	634	624	619	638	658	707	725
Non-Hispanic	5,684	5,697	6,008	5,656	5,564	5,580	5,348	5,298

--- Data not available.

¹1992 and 1993 employment data by demographic characteristics are not available from the Current Population Survey (CPS) for calculation of rates.

²Preliminary data.

³Excludes deaths to workers under the age of 16 years. Employment data in denominators are average annual estimates of employed civilians 16 years of age and over from the Current Population Survey (CPS) plus resident military figures from the Bureau of the Census (1992–98) and Department of Defense (1999).

⁴Classified according to the Standard Industrial Classification Manual, 1987 (see Appendix II, table VII).

⁵Includes fatalities to workers employed by governmental organizations regardless of industry.

⁶Employment data for American Indian or Alaska Native workers and Asian or Pacific Islander workers are not available for the calculation of rates.

⁷Includes fatalities to all workers, regardless of age.

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

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

Table 51. Occupational injuries with lost workdays in the private sector, according to industry: United States, selected years 1980–99

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

Industry	1980	1985	1990	1992	1993	1994	1995	1996	1997	1998	1999
Injuries with lost workdays per 100 full-time equivalents ¹											
Total private sector ²	3.9	3.6	3.9	3.6	3.5	3.5	3.4	3.1	3.1	2.9	2.8
Agriculture, fishing, and forestry ²	5.6	5.6	5.7	5.2	4.8	4.6	4.2	3.8	4.0	3.8	3.3
Mining	6.4	4.7	4.9	4.0	3.8	3.8	3.8	3.2	3.7	2.7	2.5
Construction	6.5	6.8	6.6	5.7	5.4	5.4	4.8	4.4	4.4	4.0	4.1
Manufacturing	5.2	4.4	5.3	4.7	4.6	4.7	4.6	4.3	4.2	4.2	4.0
Transportation, communication, and public utilities.	5.4	4.9	5.4	4.9	5.2	5.3	5.0	5.0	4.7	4.2	4.3
Wholesale trade	3.8	3.5	3.6	3.6	3.6	3.6	3.5	3.3	3.1	3.2	3.2
Retail trade	2.9	3.1	3.4	3.3	3.2	3.2	2.9	2.7	2.8	2.6	2.5
Finance, insurance, and real estate.	0.8	0.9	1.1	1.1	1.0	0.9	0.9	0.8	0.8	0.6	0.7
Services	2.3	2.5	2.7	2.9	2.7	2.7	2.7	2.5	2.4	2.3	2.1
Number of injuries with lost workdays in thousands											
Total private sector ²	2,491.0	2,484.7	2,987.3	2,776.1	2,772.5	2,848.3	2,767.6	2,646.3	2,682.6	2,612.0	2,575.9
Agriculture, fishing, and forestry ²	39.3	45.2	57.2	52.3	51.2	48.5	51.7	49.0	53.8	53.8	47.5
Mining	66.2	43.9	35.6	25.6	24.2	24.0	22.8	19.5	22.6	16.9	14.2
Construction	242.6	272.8	296.3	226.8	226.5	241.7	217.9	216.8	227.4	217.0	240.2
Manufacturing	1,009.5	825.1	975.0	833.7	819.5	859.4	838.1	782.9	785.4	782.6	744.6
Transportation, communication, and public utilities.	263.0	243.5	293.3	266.1	284.1	301.5	289.2	293.0	281.3	261.3	274.3
Wholesale trade	191.1	188.4	211.5	205.3	205.3	214.0	214.7	203.9	200.7	211.1	210.6
Retail trade	330.2	399.9	483.9	476.7	480.4	477.7	459.6	433.9	456.9	434.7	420.7
Finance, insurance, and real estate.	38.1	45.5	63.7	64.4	61.7	58.8	52.2	49.5	47.6	39.6	45.8
Services	311.1	420.6	570.8	625.1	619.6	622.8	621.4	597.8	606.9	594.9	578.0

¹Incidence rate calculated as (N/EH) x 200,000, where N = total number of injuries with lost workdays in a calendar year, EH = total hours worked by all full-time and part-time employees in a calendar year, and 200,000 = base for 100 full-time equivalent employees working 40 hours per week, 50 weeks per year.

²Excludes farms with fewer than 11 employees.

NOTES: Industry is coded based on various editions of the *Standard Industrial Classification Manual* as follows: data for 1980–87 are based on the 1972 edition, 1977 supplement; and data for 1988–99 are based on the 1987 edition (see Appendix II, Industry). Data for additional years are available (see Appendix III).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Workplace injuries and illnesses, 1980–99 editions. 1982–2000.

Table 52. Selected notifiable disease rates, according to disease: United States, selected years 1950–99

[Data are based on reporting by State health departments]

Disease	1950	1960	1970	1980	1990	1995	1996	1997	1998	1999
Cases per 100,000 population										
Diphtheria	3.83	0.51	0.21	0.00	0.00	—	0.01	0.01	0.00	0.00
<i>Haemophilus influenzae</i> , invasive	—	—	—	—	—	0.45	0.45	0.44	0.44	0.48
Hepatitis A	—	—	27.87	12.84	12.64	12.13	11.70	11.22	8.59	6.25
Hepatitis B	—	—	4.08	8.39	8.48	4.19	4.01	3.90	3.80	2.82
Lyme disease	—	—	—	—	—	4.49	6.21	4.79	6.39	5.99
Meningococcal disease	—	—	1.23	1.25	0.99	1.25	1.30	1.24	1.01	0.92
Mumps	—	—	55.55	3.86	2.17	0.35	0.29	0.27	0.25	0.14
Pertussis (whooping cough)	79.82	8.23	2.08	0.76	1.84	1.97	2.94	2.46	2.74	2.67
Poliomyelitis, total	22.02	1.77	0.02	0.00	0.00	0.00	0.01	0.01	0.00	—
Paralytic ¹	—	1.40	0.02	0.00	0.00	0.00	0.01	0.01	0.00	—
Rocky Mountain spotted fever	—	—	0.19	0.52	0.26	0.23	0.32	0.16	0.14	0.21
Rubella (German measles)	—	—	27.75	1.72	0.45	0.05	0.10	0.07	0.13	0.10
Rubeola (measles)	211.01	245.42	23.23	5.96	11.17	0.12	0.20	0.06	0.04	0.04
Salmonellosis, excluding typhoid fever	—	3.85	10.84	14.88	19.54	17.66	17.15	15.66	16.17	14.89
Shigellosis	15.45	6.94	6.79	8.41	10.89	12.32	9.80	8.64	8.74	6.43
Tuberculosis ²	—	30.83	18.28	12.25	10.33	8.70	8.04	7.42	6.79	6.43
Sexually transmitted diseases: ³										
Syphilis ⁴	146.02	68.78	45.26	30.51	54.30	26.39	20.07	17.45	14.19	13.18
Primary and secondary	16.73	9.06	10.89	12.06	20.34	6.30	4.29	3.20	2.60	2.46
Early latent	39.71	10.11	8.08	9.00	22.27	10.15	7.61	6.21	4.71	4.32
Late and late latent ⁵	70.22	45.91	24.94	9.30	10.35	9.25	7.68	7.64	6.57	6.19
Congenital ⁶	8.97	2.48	0.97	0.12	1.60	0.71	0.48	0.40	0.31	0.21
Chlamydia ⁷	—	—	—	—	160.83	190.42	192.87	207.03	234.16	254.08
Gonorrhea ⁸	192.50	145.40	297.22	445.10	277.45	149.44	123.24	122.02	131.61	133.21
Chancroid	3.34	0.94	0.70	0.30	1.69	0.23	0.15	0.09	0.07	0.05
Number of cases										
Diphtheria	5,796	918	435	3	4	—	2	4	1	1
<i>Haemophilus influenzae</i> , invasive	—	—	—	—	—	1,180	1,170	1,162	1,194	1,309
Hepatitis A	—	—	56,797	29,087	31,441	31,582	31,032	30,021	23,229	17,047
Hepatitis B	—	—	8,310	19,015	21,102	10,805	10,637	10,416	10,258	7,694
Lyme disease	—	—	—	—	—	11,700	16,455	12,801	16,801	16,273
Meningococcal disease	—	—	2,505	2,840	2,451	3,243	3,437	3,308	2,725	2,501
Mumps	—	—	104,953	8,576	5,292	906	751	683	666	387
Pertussis (whooping cough)	120,718	14,809	4,249	1,730	4,570	5,137	7,796	6,564	7,405	7,288
Poliomyelitis, total	33,300	3,190	33	9	6	7	5	5	1	—
Paralytic ¹	—	2,525	31	9	6	7	5	5	1	—
Rocky Mountain spotted fever	—	—	380	1,163	651	590	831	409	365	579
Rubella (German measles)	—	—	56,552	3,904	1,125	128	238	181	364	267
Rubeola (measles)	319,124	441,703	47,351	13,506	27,786	309	508	138	100	100
Salmonellosis, excluding typhoid fever	—	6,929	22,096	33,715	48,603	45,970	45,471	41,901	43,694	40,596
Shigellosis	23,367	12,487	13,845	19,041	27,077	32,080	25,978	23,117	23,626	17,521
Tuberculosis ²	—	55,494	37,137	27,749	25,701	22,860	21,337	19,851	18,361	17,531
Sexually transmitted diseases: ³										
Syphilis ⁴	217,558	122,538	91,382	68,832	135,043	69,353	53,218	46,708	38,366	35,628
Primary and secondary	23,939	16,145	21,982	27,204	50,578	16,543	11,388	8,556	7,035	6,657
Early latent	59,256	18,017	16,311	20,297	55,397	26,657	20,187	16,631	12,741	11,677
Late and late latent ⁵	113,569	81,798	50,348	20,979	25,750	24,296	20,364	20,446	17,752	16,738
Congenital ⁶	13,377	4,416	1,953	277	3,865	1,857	1,279	1,075	838	556
Chlamydia ⁷	—	—	—	—	323,663	478,577	490,615	531,744	607,752	659,441
Gonorrhea ⁸	286,746	258,933	600,072	1,004,029	690,042	392,651	326,805	326,564	355,728	360,076
Chancroid	4,977	1,680	1,416	788	4,212	607	386	246	189	143

0.00 Rate greater than zero but less than 0.005.

— Quantity zero.

--- Data not available.

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

²Case reporting for tuberculosis began in 1953. Data prior to 1975 are not comparable with subsequent years data because of changes in reporting criteria effective in 1975.

³Newly reported civilian cases prior to 1991; includes military cases beginning in 1991. Adjustments to the number of cases from state health departments were made for hardcopy forms and for electronic data submissions through August 4, 2000. For 1950, data for Alaska and Hawaii not included.

⁴Includes stage of syphilis not stated.

⁵Includes cases of unknown duration.

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

⁷Chlamydia was non-notifiable in 1994 and earlier years (see Appendix I). Cases for New York based exclusively on those reported by New York City.

⁸Data for 1994 do not include cases from Georgia.

NOTES: The total resident population was used to calculate all rates except sexually transmitted diseases, for which the civilian resident population was used prior to 1991. For sexually transmitted diseases, 1998 population estimates were used to calculate 1999 rates. Population data from those States where diseases were not notifiable or not available were excluded from rate calculation. See Appendix I for information on underreporting of notifiable diseases. Some numbers for 1990–98 have been revised and differ from the previous edition of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention. Summary of notifiable diseases, United States, 1999. Morbidity and mortality weekly report; 48(53). Atlanta, Georgia: Public Health Service. 2000; National Center for HIV, STD, and TB Prevention, Division of STD Prevention. Sexually transmitted disease surveillance, 1999. Atlanta, Georgia: Public Health Service. Centers for Disease Control and Prevention, 2000.

Table 53. Acquired immunodeficiency syndrome (AIDS) cases, according to age at diagnosis, sex, detailed race, and Hispanic origin: United States, selected years 1985–2000

[Data are based on reporting by State health departments]

Age at diagnosis, sex, race, and Hispanic origin	All years ¹	All years ¹									January–June 2000	12 months ending June 30, 2000
			1985	1990	1995	1996	1997	1998	1999			
Percent distribution ²											Number, by year of report	
All races	729,326	8,160	41,486	70,632	66,138	57,880	46,088	44,891	20,550		Cases per 100,000 population ³
Male												
All males, 13 years and over	100.0	601,471	7,508	36,234	56,894	52,369	45,016	35,278	34,254	15,383		29.9
White, non-Hispanic	49.2	295,990	4,752	20,853	26,122	23,096	17,408	13,868	12,775	5,759		15.1
Black, non-Hispanic	34.2	205,630	1,710	10,256	20,891	20,014	18,709	14,639	14,885	6,667		117.0
Hispanic ⁴	15.4	92,440	989	4,752	9,146	8,544	8,219	6,195	6,085	2,674		48.8
American Indian or Alaska Native ⁵	0.3	1,804	8	80	199	172	170	118	132	64		16.7
Asian or Pacific Islander ⁵	0.8	4,792	49	264	491	480	382	323	297	147		8.2
13–19 years	0.4	2,161	28	107	223	204	181	141	126	58		0.9
20–29 years	16.0	95,991	1,503	6,934	8,402	7,060	5,767	4,275	3,973	1,647		19.8
30–39 years	45.4	273,004	3,588	16,694	25,774	23,755	20,075	15,238	14,508	6,447		63.1
40–49 years	27.1	163,297	1,633	8,838	16,223	15,416	13,513	10,912	10,953	4,947		50.3
50–59 years	8.3	49,644	597	2,651	4,709	4,415	4,102	3,514	3,506	1,700		24.3
60 years and over	2.9	17,374	159	1,010	1,563	1,519	1,378	1,198	1,188	584		6.0
Female												
All females, 13 years and over	100.0	119,454	522	4,528	12,992	13,115	12,422	10,442	10,382	5,074		8.9
White, non-Hispanic	22.8	27,205	142	1,222	3,050	2,835	2,458	2,006	1,908	940		2.2
Black, non-Hispanic	60.0	71,656	279	2,544	7,597	8,076	7,793	6,702	6,743	3,278		48.0
Hispanic ⁴	16.2	19,359	98	730	2,227	2,058	2,030	1,607	1,608	763		13.4
American Indian or Alaska Native ⁵	0.3	399	2	9	37	44	37	32	41	41		7.6
Asian or Pacific Islander ⁵	0.6	663	1	19	72	79	63	57	62	40		1.9
13–19 years	1.3	1,533	4	66	157	173	173	143	168	82		1.3
20–29 years	21.4	25,582	177	1,114	2,670	2,666	2,406	1,914	1,884	889		10.0
30–39 years	44.8	53,562	232	2,077	5,944	5,874	5,448	4,442	4,278	2,028		19.0
40–49 years	22.9	27,342	45	780	3,069	3,248	3,228	2,869	2,811	1,477		13.6
50–59 years	6.4	7,661	26	272	818	828	819	788	918	435		6.1
60 years and over	3.2	3,774	38	219	334	326	348	286	323	163		1.3
Children												
All children, under 13 years	100.0	8,401	130	724	746	654	442	368	255	93		0.4
White, non-Hispanic	18.3	1,535	26	158	117	96	62	59	32	18		0.1
Black, non-Hispanic	61.3	5,148	86	389	484	431	288	236	170	55		2.0
Hispanic ⁴	19.3	1,623	18	168	135	123	85	70	48	17		0.4
American Indian or Alaska Native ⁵	0.4	31	—	5	2	3	2	—	2	1		0.4
Asian or Pacific Islander ⁵	0.6	49	—	4	5	1	3	2	2	1		0.1
Under 1 year	39.2	3,296	63	318	269	222	131	96	88	35		2.0
1–12 years	60.8	5,105	67	406	477	432	311	272	167	58		0.3

... Category not applicable.

— Quantity zero.

¹Includes cases prior to 1985 and through June 30, 2000.

²Percents may not sum to 100 percent due to rounding.

³Computed using official postcensus resident population estimates for 1999 from the U.S. Bureau of the Census.

⁴Persons of Hispanic origin may be of any race.

⁵Excludes persons of Hispanic origin.

NOTES: The AIDS case reporting definitions were expanded in 1985, 1987, and 1993. See Appendix II, AIDS. Excludes data for U.S. dependencies and possessions and independent nations in free association with the United States. Data for all years have been updated through June 30, 2000, to include temporally delayed case reports and may differ from previous editions of *Health, United States*. Similar data as of December 31, 2000, are available in the Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-end edition Vol 12 No 2, 2000.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, 2000 special data run.

Table 54 (page 1 of 2). Acquired immunodeficiency syndrome (AIDS) cases, according to race, Hispanic origin, sex, and transmission category for persons 13 years of age and over at diagnosis: United States, selected years 1985–2000

[Data are based on reporting by State health departments]

Race, Hispanic origin, sex, and transmission category	All years ¹	All years ¹	1985	1990	1995	1996	1997	1998	1999	January– June 2000
Race and Hispanic origin	Percent distribution ²	Number, by year of report								
All races	100.0	720,925	8,030	40,762	69,886	65,484	57,438	45,720	44,636	20,457
Men who have sex with men	47.8	344,619	5,353	23,687	30,997	27,687	21,432	16,825	15,444	6,782
Injecting drug use	24.6	177,030	1,389	9,271	18,820	16,763	14,560	10,663	9,746	4,201
Men who have sex with men and injecting drug use	6.4	45,991	660	2,931	4,093	3,521	2,669	2,118	1,832	770
Hemophilia/coagulation disorder	0.7	5,057	71	349	466	347	220	171	152	44
Heterosexual contact ³	10.1	72,659	151	2,249	8,413	9,115	8,355	6,914	7,034	3,009
Sex with injecting drug user	3.7	26,930	107	1,485	2,785	2,753	2,306	1,866	1,734	720
Transfusion ⁴	1.2	8,468	165	770	574	510	370	268	259	142
Undetermined ⁵	9.3	67,101	241	1,505	6,523	7,541	9,832	8,761	10,169	5,509
White, non-Hispanic	100.0	323,195	4,894	22,075	29,172	25,931	19,866	15,874	14,683	6,699
Men who have sex with men	68.1	220,104	3,980	16,496	18,876	16,427	11,860	9,198	8,160	3,637
Injecting drug use	12.0	38,896	246	2,053	4,153	3,699	2,977	2,368	2,144	946
Men who have sex with men and injecting drug use	7.6	24,414	410	1,637	2,086	1,761	1,244	1,007	928	368
Hemophilia/coagulation disorder	1.2	3,855	59	280	327	224	140	103	109	34
Heterosexual contact ³	5.0	16,264	34	647	1,930	1,889	1,669	1,322	1,283	510
Sex with injecting drug user	2.0	6,326	19	349	687	651	509	398	388	168
Transfusion ⁴	1.5	4,975	125	504	273	208	136	104	86	51
Undetermined ⁵	4.5	14,687	40	458	1,527	1,723	1,840	1,772	1,973	1,153
Black, non-Hispanic	100.0	277,286	1,989	12,800	28,488	28,090	26,502	21,341	21,628	9,945
Men who have sex with men	27.6	76,572	784	4,457	7,454	7,035	6,038	4,768	4,595	2,035
Injecting drug use	36.1	100,136	742	5,169	10,665	9,626	8,499	6,208	5,611	2,353
Men who have sex with men and injecting drug use	5.6	15,422	165	941	1,460	1,305	1,063	794	653	284
Hemophilia/coagulation disorder	0.2	668	5	35	83	74	45	35	27	4
Heterosexual contact ³	15.6	43,125	91	1,215	4,810	5,585	5,094	4,321	4,497	1,967
Sex with injecting drug user	5.6	15,466	65	851	1,538	1,587	1,348	1,118	1,031	437
Transfusion ⁴	0.8	2,325	29	161	207	206	164	117	120	73
Undetermined ⁵	14.1	39,038	173	822	3,809	4,259	5,599	5,098	6,125	3,229
Hispanic ⁶	100.0	111,799	1,087	5,482	11,373	10,602	10,249	7,802	7,693	3,437
Men who have sex with men	38.6	43,099	546	2,452	4,176	3,781	3,159	2,577	2,433	979
Injecting drug use	33.1	36,963	394	2,013	3,884	3,337	2,958	1,988	1,911	856
Men who have sex with men and injecting drug use	5.1	5,661	83	328	497	406	328	286	228	108
Hemophilia/coagulation disorder	0.4	421	7	28	48	38	26	25	13	4
Heterosexual contact ³	11.2	12,496	26	376	1,589	1,534	1,487	1,198	1,172	480
Sex with injecting drug user	4.4	4,908	23	280	539	486	428	332	298	105
Transfusion ⁴	0.8	926	6	82	74	82	56	37	42	14
Undetermined ⁵	10.9	12,233	25	203	1,105	1,424	2,235	1,691	1,894	996

See footnotes at end of table.

Table 54 (page 2 of 2). Acquired immunodeficiency syndrome (AIDS) cases, according to race, Hispanic origin, sex, and transmission category for persons 13 years of age and over at diagnosis: United States, selected years 1985–2000

[Data are based on reporting by State health departments]

Race, Hispanic origin, sex, and transmission category	All years ¹	All years ¹	1985	1990	1995	1996	1997	1998	1999	January– June 2000
Sex	Percent distribution ²	Number, by year of report								
Male	100.0	601,471	7,508	36,234	56,894	52,369	45,016	35,278	34,254	15,383
Men who have sex with men	57.3	344,619	5,353	23,687	30,997	27,687	21,432	16,825	15,444	6,782
Injecting drug use	21.2	127,491	1,103	6,938	13,416	11,932	10,245	7,443	6,844	2,902
Men who have sex with men and injecting drug use	7.6	45,991	660	2,931	4,093	3,521	2,669	2,118	1,832	770
Hemophilia/coagulation disorder	0.8	4,791	68	333	438	322	186	149	139	44
Heterosexual contact ³	4.3	25,609	32	712	2,898	3,241	3,140	2,653	2,805	1,132
Sex with injecting drug user	1.4	8,436	25	452	870	830	787	645	625	253
Transfusion ⁴	0.8	4,831	102	440	321	251	204	146	132	73
Undetermined ⁵	8.0	48,139	190	1,193	4,731	5,415	7,140	5,944	7,058	3,680
Female	100.0	119,454	522	4,528	12,992	13,115	12,422	10,442	10,382	5,074
Injecting drug use	41.5	49,539	286	2,333	5,404	4,831	4,315	3,220	2,902	1,299
Hemophilia/coagulation disorder	0.2	266	3	16	28	25	34	22	13	—
Heterosexual contact ³	39.4	47,050	119	1,537	5,515	5,874	5,215	4,261	4,229	1,877
Sex with injecting drug user	15.5	18,494	82	1,033	1,915	1,923	1,519	1,221	1,109	467
Transfusion ⁴	3.0	3,637	63	330	253	259	166	122	127	69
Undetermined ⁵	15.9	18,962	51	312	1,792	2,126	2,692	2,817	3,111	1,829

¹Includes cases prior to 1985 and through June 30, 2000.

²Percents may not sum to 100 percent due to rounding.

³Includes persons who have had heterosexual contact with a person with human immunodeficiency virus (HIV) infection or at risk of HIV infection.

⁴Receipt of blood transfusion, blood components, or tissue.

⁵Includes persons for whom risk information is incomplete (because of death, refusal to be interviewed, or loss to followup), persons still under investigation, men reported to have had heterosexual contact only with prostitutes, and interviewed persons for whom no specific risk is identified.

⁶Persons of Hispanic origin may be of any race.

NOTES: The AIDS case reporting definitions were expanded in 1985, 1987, and 1993. See Appendix II, AIDS. Excludes data for U.S. dependencies and possessions and independent nations in free association with the United States. Data for all years have been updated through June 30, 2000, to include temporally delayed case reports and may differ from previous editions of *Health, United States*. Similar data as of December 31, 2000, are available in the Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-end edition Vol 12 No 2. 2000.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, 2000 special data run.

Table 55 (page 1 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–97

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, San Jose-Monterey, Los Angeles, Connecticut, Iowa, New Mexico, Utah, and Hawaii]

Site, sex, race, and Hispanic origin	1990	1991	1992	1993	1994	1995	1996	1997	1990–1997 EAPC ¹
All sites	Number of new cases per 100,000 population ²								
All persons	395.0	410.8	418.5	405.1	395.0	390.1	388.9	384.5	-0.8
White	400.8	418.0	424.3	407.6	398.1	393.3	391.0	386.2	^-1.0
Black	431.1	447.1	460.7	466.6	452.1	441.3	434.4	426.5	-0.5
American Indian or Alaska Native	152.0	148.1	163.3	159.5	153.6	155.3	144.6	148.6	-0.6
Asian or Pacific Islander	270.8	274.5	288.0	284.0	278.8	279.2	278.8	279.9	0.2
Hispanic	279.2	284.6	290.3	278.6	275.5	272.8	263.2	249.0	^-1.7
White, non-Hispanic	410.7	429.7	436.3	419.1	409.2	405.0	403.4	400.9	-0.9
Male	472.8	507.1	527.2	498.6	472.5	458.2	454.1	443.4	^-1.8
White	476.6	512.2	529.0	493.9	469.1	453.4	449.2	437.0	^-2.1
Black	566.7	612.3	646.4	650.5	606.4	592.3	566.2	554.6	-1.2
American Indian or Alaska Native	189.1	160.9	181.8	198.3	174.5	188.4	155.5	164.0	-1.5
Asian or Pacific Islander	307.1	318.5	342.0	337.2	326.2	322.7	319.9	316.3	-0.1
Hispanic	320.8	336.6	354.2	340.7	330.1	323.3	306.7	288.6	^-1.9
White, non-Hispanic	488.9	526.9	544.0	506.5	481.2	465.1	462.3	451.9	^-2.1
Female	345.7	347.2	344.3	340.0	341.3	342.7	343.5	343.4	-0.1
White	354.5	356.9	353.9	348.5	349.7	352.8	351.4	352.0	-0.2
Black	341.2	338.1	333.5	338.3	343.6	332.2	339.7	333.5	-0.2
American Indian or Alaska Native	125.8	140.7	151.3	131.5	139.4	132.9	138.4	138.2	0.1
Asian or Pacific Islander	242.5	239.8	246.7	243.8	244.4	248.5	250.4	255.7	^0.8
Hispanic	255.7	253.5	249.9	237.4	240.4	239.7	235.2	223.3	^-1.7
White, non-Hispanic	362.5	366.1	363.4	359.1	359.8	364.3	362.9	366.5	0.1
Lung and bronchus									
Male	79.7	78.7	77.9	74.6	71.8	71.4	68.3	65.4	^-2.8
White	79.0	77.2	75.8	73.1	71.2	69.7	66.7	63.7	^-2.9
Black	115.2	122.0	121.3	112.1	103.4	112.9	103.8	100.5	^-2.4
Asian or Pacific Islander	52.9	52.8	57.2	52.5	48.8	50.5	51.5	49.8	-1.2
Hispanic	45.8	41.8	40.7	38.1	36.3	38.6	33.3	32.8	^-4.3
White, non-Hispanic	81.8	80.5	79.3	76.4	74.6	72.6	70.2	67.1	^-2.8
Female	41.0	41.9	42.0	41.8	41.8	41.7	41.9	40.7	-0.1
White	42.2	43.3	43.6	43.5	43.2	43.9	43.7	42.9	0.2
Black	47.3	48.1	45.5	46.5	48.3	42.8	46.6	42.3	-1.3
Asian or Pacific Islander	23.0	21.8	23.7	21.4	23.0	22.5	22.3	22.1	-0.3
Hispanic	20.8	20.8	20.3	21.5	17.7	18.7	18.4	17.5	^-2.7
White, non-Hispanic	44.3	45.7	46.1	45.9	46.0	46.7	46.8	46.0	^0.5
Colon and rectum									
Male	57.2	56.8	54.8	52.8	51.7	49.6	50.4	51.0	^-2.0
White	57.6	56.8	55.0	52.5	51.6	49.0	50.1	50.4	^-2.3
Black	58.9	63.9	60.4	60.7	57.1	57.0	52.8	57.5	-1.6
Asian or Pacific Islander	49.2	47.6	46.0	45.6	46.9	47.5	47.2	48.1	0.0
Hispanic	36.6	40.0	37.2	33.5	34.2	33.3	35.9	36.1	-1.1
White, non-Hispanic	59.2	58.1	56.3	54.0	53.1	50.2	51.2	51.4	^-2.3
Female	39.5	38.6	37.8	37.3	36.2	35.8	35.6	36.0	^-1.5
White	39.1	38.2	37.3	37.0	35.6	35.5	35.1	35.5	^-1.5
Black	49.5	45.0	45.5	44.4	45.9	43.4	42.6	45.5	-1.2
Asian or Pacific Islander	30.3	33.5	32.1	31.4	30.6	30.2	31.8	27.8	-1.3
Hispanic	25.9	25.1	24.1	23.1	24.0	24.3	22.4	21.3	^-2.2
White, non-Hispanic	40.0	39.1	38.4	38.1	36.4	36.5	36.1	36.9	^-1.4
Prostate									
Male	129.7	165.6	187.4	167.8	145.3	136.4	135.7	136.0	-2.5
White	130.6	166.8	186.5	161.4	138.7	130.3	129.7	129.6	-3.4
Black	172.7	219.7	257.2	271.0	241.3	220.7	213.7	207.9	-0.1
American Indian or Alaska Native	55.2	46.5	53.9	49.7	35.5	44.3	43.7	41.2	-3.9
Asian or Pacific Islander	64.2	79.8	94.6	93.1	84.7	80.9	73.9	74.3	-0.8
Hispanic	87.2	101.2	117.8	116.4	109.4	100.7	93.1	91.9	-1.3
White, non-Hispanic	133.3	171.8	191.6	164.5	140.6	132.6	132.6	132.8	-3.4
Breast									
Female	108.6	109.8	109.4	107.1	108.6	110.1	110.9	113.1	0.5
White	113.1	114.6	113.5	111.1	113.2	114.5	114.8	117.0	0.4
Black	97.3	97.4	100.5	99.3	102.0	102.1	101.6	101.3	^0.7
American Indian or Alaska Native	*	28.5	46.1	40.0	33.8	30.0	41.7	28.7	...
Asian or Pacific Islander	72.5	68.5	73.8	71.7	68.3	75.4	78.0	85.6	^2.4
Hispanic	71.6	73.7	71.4	62.9	68.0	69.6	70.4	65.5	-1.0
White, non-Hispanic	116.9	118.7	117.6	116.3	118.0	119.3	119.4	123.2	^0.5

See footnotes at end of table.

Table 55 (page 2 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–97

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, San Jose-Monterey, Los Angeles, Connecticut, Iowa, New Mexico, Utah, and Hawaii]

Site, sex, race, and Hispanic origin	1990	1991	1992	1993	1994	1995	1996	1997	1990–1997 EAPC ¹
Cervix uteri	Number of new cases per 100,000 population ²								
Female	9.9	9.1	9.2	9.0	9.0	8.3	8.8	8.0	^−2.3
White	9.4	8.6	8.8	8.5	8.3	7.7	8.2	7.4	^−2.8
Black	13.5	13.1	11.2	11.7	11.3	11.7	11.0	10.5	^−3.0
Asian or Pacific Islander	10.1	9.2	10.1	10.2	12.2	9.4	11.0	9.3	0.2
Hispanic	17.2	16.5	16.7	16.0	16.1	14.3	14.3	12.0	^−4.3
White, non-Hispanic	8.2	7.2	7.5	7.2	6.9	6.5	6.9	6.4	^−2.8
Corpus uteri									
Female	21.5	21.1	21.2	20.5	21.1	21.5	21.0	21.5	0.1
White	23.0	22.5	22.7	21.8	22.2	22.8	22.1	22.7	−0.2
Black	14.8	14.2	13.6	15.2	15.6	15.3	16.1	15.3	1.5
Asian or Pacific Islander	11.4	12.7	13.3	12.8	14.0	15.9	14.4	15.9	^4.2
Hispanic	14.2	14.7	12.8	12.5	12.9	13.6	12.8	13.7	−0.8
White, non-Hispanic	23.7	23.3	23.6	22.7	23.1	23.7	23.0	23.5	−0.1
Ovary									
Female	15.3	15.1	15.0	15.1	14.4	14.6	14.2	13.9	^−1.3
White	16.2	16.1	16.0	15.9	15.2	15.5	15.3	14.6	^−1.3
Black	11.0	9.6	9.9	11.2	11.7	10.5	8.6	9.8	−1.3
Asian or Pacific Islander	10.6	10.4	10.5	11.9	10.0	10.6	10.2	11.6	0.5
Hispanic	12.3	11.7	12.8	11.8	11.3	11.0	11.6	10.1	^−2.3
White, non-Hispanic	16.5	16.5	16.2	16.2	15.5	16.0	15.6	15.2	^−1.1
Oral cavity and pharynx									
Male	16.3	15.8	15.8	15.5	15.1	14.3	14.7	13.9	^−2.1
White	15.7	15.6	15.5	15.2	14.5	14.1	14.1	13.5	^−2.2
Black	23.0	19.4	21.3	21.5	21.5	19.4	20.4	16.6	−2.7
Asian or Pacific Islander	12.6	11.4	11.5	10.8	11.9	10.4	12.6	12.5	0.5
Hispanic	9.1	9.5	9.4	8.8	9.1	10.1	8.7	7.9	−1.4
White, non-Hispanic	16.5	16.3	16.1	15.9	15.1	14.6	14.7	14.2	^−2.2
Female	6.3	6.3	5.8	6.1	5.7	5.8	5.8	5.7	^−1.3
White	6.3	6.2	5.8	6.1	5.7	5.9	5.8	5.6	^−1.5
Black	5.7	6.3	5.5	6.5	6.5	5.8	6.3	5.9	0.4
Asian or Pacific Islander	4.9	5.5	5.3	4.7	4.4	4.5	4.8	5.4	−0.4
Hispanic	3.0	2.6	3.1	3.8	3.7	2.9	2.9	2.7	−1.2
White, non-Hispanic	6.7	6.6	6.1	6.4	5.9	6.3	6.1	5.9	^−1.5
Stomach									
Male	11.6	11.6	11.4	11.3	11.3	10.7	10.7	10.2	^−1.7
White	10.1	10.0	9.9	9.7	9.8	9.4	9.2	8.6	^−2.0
Black	18.1	19.5	16.6	16.2	18.1	14.3	17.0	16.6	−1.8
Asian or Pacific Islander	20.9	20.1	21.4	22.1	19.2	19.2	19.0	18.9	−1.8
Hispanic	15.3	15.5	14.4	14.9	16.0	13.7	12.1	12.3	^−3.4
White, non-Hispanic	9.5	9.4	9.3	9.0	9.0	8.8	8.7	8.0	^−2.1
Female	5.2	5.4	5.1	5.0	4.8	4.8	4.7	4.6	^−2.1
White	4.4	4.6	4.3	4.1	3.8	4.0	3.8	3.7	^−3.0
Black	7.7	8.8	7.0	6.7	7.7	7.7	7.0	8.0	−0.6
Asian or Pacific Islander	11.6	10.9	11.1	11.6	11.6	9.8	10.5	9.2	^−2.6
Hispanic	8.1	8.1	8.3	7.5	6.5	7.8	6.8	6.4	^−3.4
White, non-Hispanic	4.0	4.2	3.8	3.7	3.4	3.5	3.3	3.3	^−3.4
Pancreas									
Male	10.5	10.2	10.3	10.0	10.3	9.9	9.9	9.7	^−1.0
White	10.3	10.0	10.1	9.7	9.8	9.5	9.6	9.5	^−1.1
Black	15.6	14.2	15.1	14.8	15.1	15.2	14.8	13.8	−0.8
Asian or Pacific Islander	8.4	7.9	8.1	9.3	10.9	8.4	8.5	8.7	0.9
Hispanic	8.4	7.1	8.5	7.7	7.2	8.2	7.6	7.6	−0.8
White, non-Hispanic	10.3	10.3	10.2	9.8	10.0	9.6	9.7	9.6	^1.1
Female	7.9	8.1	7.9	7.7	7.8	7.8	7.6	7.5	^−0.8
White	7.7	7.8	7.6	7.5	7.6	7.5	7.3	7.2	^−0.9
Black	10.6	12.4	13.0	12.6	12.2	12.1	11.3	12.6	0.5
Asian or Pacific Islander	7.6	6.7	5.5	6.0	5.0	6.2	6.3	5.8	−2.4
Hispanic	7.3	8.0	6.2	7.5	6.8	6.2	6.2	6.2	^−3.0
White, non-Hispanic	7.6	7.7	7.7	7.4	7.6	7.6	7.4	7.2	^−0.7

See footnotes at end of table.

Table 55 (page 3 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–97

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, San Jose-Monterey, Los Angeles, Connecticut, Iowa, New Mexico, Utah, and Hawaii]

Site, sex, race, and Hispanic origin	1990	1991	1992	1993	1994	1995	1996	1997	1990–1997 EAPC ¹
Urinary bladder	Number of new cases per 100,000 population ²								
Male	29.5	29.4	29.1	28.9	28.4	27.6	27.4	27.2	^−1.3
White	32.2	32.4	31.7	31.3	31.0	30.2	29.9	29.7	^−1.3
Black	16.4	16.4	14.6	17.6	15.3	15.1	14.3	14.5	−1.9
Asian or Pacific Islander	12.2	10.0	13.4	13.2	12.3	12.8	12.9	12.2	1.0
Hispanic	16.7	14.3	14.7	14.4	14.8	12.9	12.6	12.0	^−3.9
White, non-Hispanic	33.5	34.0	33.3	32.9	32.6	32.0	31.5	31.7	^−1.1
Female	7.5	7.4	7.6	7.5	7.3	7.4	7.0	7.2	^−0.8
White	7.9	7.9	8.2	8.1	7.8	8.0	7.6	7.6	−0.7
Black	6.7	6.6	5.6	6.2	5.5	5.6	5.5	6.2	−1.8
Asian or Pacific Islander	4.2	3.2	3.7	3.1	3.2	3.5	3.0	4.0	−0.6
Hispanic	4.4	3.7	4.3	4.1	3.7	3.4	3.5	2.9	^−4.7
White, non-Hispanic	8.2	8.3	8.6	8.5	8.3	8.5	8.1	8.2	−0.3
Non-Hodgkin's lymphoma									
Male	18.6	19.2	19.0	19.1	20.0	20.5	19.9	18.7	0.5
White	19.5	20.2	20.0	20.0	20.7	21.2	20.6	19.1	0.2
Black	14.6	14.5	15.6	14.3	17.0	17.6	15.0	17.2	2.3
Asian or Pacific Islander	13.4	13.4	12.7	12.7	14.1	13.5	13.6	12.9	0.1
Hispanic	14.2	13.9	16.9	13.9	14.2	16.2	16.8	12.5	0.0
White, non-Hispanic	19.9	20.9	20.2	20.5	21.3	21.5	20.8	19.7	0.2
Female	12.1	11.9	12.0	12.0	12.6	12.3	12.3	12.5	^0.7
White	12.8	12.5	12.7	12.5	13.3	12.7	12.7	12.8	0.2
Black	8.8	8.5	7.8	8.2	7.2	8.3	9.2	9.9	1.7
Asian or Pacific Islander	7.5	7.9	7.4	9.4	10.1	9.7	8.0	9.4	2.8
Hispanic	10.5	9.6	9.7	9.6	10.6	9.2	10.0	10.1	0.0
White, non-Hispanic	12.9	12.7	13.0	12.8	13.4	13.1	13.0	13.2	0.4
Leukemia									
Male	14.0	13.8	14.2	13.3	13.1	13.8	12.8	12.2	^−1.7
White	14.6	14.5	15.0	14.0	13.8	14.6	13.0	12.6	^−1.9
Black	12.8	10.2	11.9	11.5	9.2	10.6	10.5	9.9	−2.7
Asian or Pacific Islander	7.6	9.3	8.1	8.0	8.3	8.7	9.9	7.8	0.9
Hispanic	9.8	10.0	10.0	9.3	8.8	11.4	9.8	8.3	−1.1
White, non-Hispanic	14.8	14.7	15.1	14.1	13.9	14.7	13.0	12.7	^−2.0
Female	8.1	8.7	8.0	8.2	8.0	8.2	7.8	7.5	^−1.2
White	8.4	9.0	8.2	8.4	8.3	8.5	8.1	7.9	−1.0
Black	6.8	8.2	6.8	7.3	6.2	6.5	6.6	5.8	^−3.1
Asian or Pacific Islander	5.5	5.2	6.0	6.6	6.0	5.3	5.9	4.7	−1.1
Hispanic	6.9	6.9	7.0	6.3	6.8	6.7	5.9	6.4	−1.6
White, non-Hispanic	8.3	9.0	8.2	8.3	8.3	8.6	8.1	7.9	−0.8

¹Estimated annual percent change (EAPC) is significantly different from 0 ($p < 0.05$).

* Data for population groups with fewer than 25 annual cases are not shown.

. . . Category not applicable.

¹EAPC has been calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–97.

²Age adjusted by the direct method to the 1970 U.S. population. See Appendix II, Age adjustment. Estimates are based on 11 SEER areas August 1999 submission and differ from published estimates based on 9 SEER areas or other submission dates.

NOTES: Numbers have been revised and differ from previous editions of *Health, United States*. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Estimates for American Indian or Alaska Native are not shown for some sites because of the small number of annual cases.

SOURCE: National Institutes of Health, National Cancer Institute, Cancer Statistics Branch, Bethesda, Maryland 20892.

**Table 56. Five-year relative cancer survival rates for selected cancer sites, according to race and sex:
Selected geographic areas, 1974–79, 1980–82, 1983–85, 1986–88, and 1989–96**

[Data are based on the Surveillance, Epidemiology, and End Results Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, Connecticut, Iowa, New Mexico, Utah, and Hawaii]

Sex and site	White					Black				
	1974–79	1980–82	1983–85	1986–88	1989–96	1974–79	1980–82	1983–85	1986–88	1989–96
Both sexes	Percent of patients									
All sites	50.9	52.1	53.9	56.7	61.5	39.2	39.7	39.8	42.6	48.9
Oral cavity and pharynx	54.9	55.5	55.3	55.3	56.2	36.5	30.8	35.0	34.8	34.6
Esophagus	5.4	7.5	9.4	10.9	13.2	3.3	5.4	6.3	7.3	9.1
Stomach	15.4	16.4	16.2	19.1	19.5	15.9	19.4	18.8	19.0	21.6
Colon	51.8	55.7	58.4	61.5	62.6	47.3	49.1	49.3	52.6	52.2
Rectum	49.8	52.9	55.9	59.2	60.7	40.2	38.0	43.5	51.1	52.3
Pancreas	2.5	2.8	2.9	3.2	4.2	3.2	4.7	5.4	6.0	3.8
Lung and bronchus	13.1	13.5	13.9	13.5	14.4	11.3	12.2	11.4	11.9	11.3
Urinary bladder	75.1	79.0	78.3	80.6	81.9	51.9	58.9	59.3	62.0	63.7
Non-Hodgkin's lymphoma	48.2	51.9	54.4	52.9	52.6	50.5	50.0	44.9	49.9	41.9
Leukemia	36.7	39.6	41.7	43.9	45.4	31.0	33.2	33.4	37.2	34.0
Male										
All sites	43.5	46.7	48.5	51.8	60.1	32.1	34.4	34.6	37.7	48.5
Oral cavity and pharynx	54.3	54.4	54.5	52.2	53.7	31.2	26.3	30.0	29.3	29.0
Esophagus	5.0	6.6	7.8	11.4	13.1	2.3	4.6	5.2	7.1	8.6
Stomach	13.9	15.4	14.5	16.1	17.1	15.4	18.5	18.5	14.8	20.5
Colon	50.9	56.0	59.0	62.4	63.2	45.4	46.7	48.4	52.1	52.8
Rectum	49.0	51.4	55.3	58.8	60.2	36.9	35.9	42.3	46.7	52.4
Pancreas	2.7	2.6	2.6	2.9	3.8	2.4	3.6	4.8	6.5	4.0
Lung and bronchus	11.6	12.2	12.1	12.1	12.9	10.0	11.0	10.2	12.0	10.1
Prostate gland	70.4	74.5	76.3	82.7	94.1	60.8	64.7	63.9	69.3	86.7
Urinary bladder	76.0	80.0	79.6	82.2	84.0	59.1	63.5	64.8	67.5	67.3
Non-Hodgkin's lymphoma	47.1	50.9	53.5	50.2	48.7	45.0	47.0	43.6	46.7	37.4
Leukemia	35.8	39.6	41.3	45.2	46.5	31.0	30.4	32.3	35.9	31.9
Female										
All sites	57.5	57.1	58.8	61.5	63.0	46.8	45.9	45.4	47.8	49.3
Colon	52.6	55.4	57.9	60.7	62.1	48.7	50.9	50.0	53.1	51.8
Rectum	50.9	54.6	56.6	59.6	61.5	43.3	40.7	44.5	55.5	52.2
Pancreas	2.2	3.0	3.2	3.4	4.5	4.1	5.8	5.9	5.6	3.6
Lung and bronchus	16.7	16.3	17.1	15.9	16.6	15.5	15.5	14.2	11.8	13.5
Melanoma of skin	86.0	88.3	89.3	91.2	91.7	69.9	--	70.1	--	78.5
Breast	75.4	77.1	79.3	83.9	86.3	63.1	65.8	63.5	69.4	71.4
Cervix uteri	69.7	68.0	70.3	71.7	71.6	62.9	61.2	60.2	55.3	58.6
Corpus uteri	87.8	82.8	84.6	84.4	85.6	59.3	54.5	53.9	56.7	56.9
Ovary	37.2	38.8	40.2	42.0	50.1	40.1	38.3	41.7	38.5	47.5
Non-Hodgkin's lymphoma	49.3	52.9	55.4	56.1	57.5	57.6	53.6	46.5	54.1	49.4

-- Data not available.

NOTES: Rates are based on followup of patients through 1997. 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. Numbers have been revised and differ from previous editions of *Health, United States*.

SOURCE: National Institutes of Health, National Cancer Institute, Cancer Statistics Branch, Bethesda, Maryland 20892.

Table 57 (page 1 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, 1997 and 1998

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

Characteristic	<i>July–December</i>	
	1997	1998
All ages		Percent with any activity limitation ¹
Total ^{2,3}	13.2	12.6
Age		
Under 18 years	6.3	6.0
Under 5 years	3.3	2.8
5–17 years	7.5	7.3
18–44 years	6.9	6.3
18–24 years	5.2	4.7
25–44 years	7.4	6.8
45–54 years	14.2	14.5
55–64 years	22.2	21.1
65 years and over	39.0	37.0
65–74 years	30.1	28.8
75 years and over	50.6	47.2
Sex ³		
Male.	13.1	12.6
Female.	13.2	12.4
Race ^{3,4}		
White	13.0	12.3
Black	16.6	17.0
American Indian or Alaska Native	20.7	21.6
Asian or Pacific Islander	6.5	5.9
Race and Hispanic origin ³		
White, non-Hispanic	13.2	12.5
Black, non-Hispanic	16.7	17.0
Hispanic ⁴	12.7	11.5
Mexican ⁴	12.7	11.4
Poverty status ^{3,5}		
Poor	26.4	25.4
Near poor	19.0	19.6
Nonpoor	10.4	9.7
Race and Hispanic origin and poverty status ^{3,5}		
White, non-Hispanic:		
Poor	28.8	28.1
Near poor	21.0	21.8
Nonpoor	10.6	9.9
Black, non-Hispanic:		
Poor	30.1	28.5
Near poor	20.1	21.7
Nonpoor	10.4	10.5
Hispanic: ⁴		
Poor	20.8	19.8
Near poor	11.8	12.8
Nonpoor	9.6	7.5
Geographic region ³		
Northeast	13.0	12.2
Midwest	13.2	13.5
South	13.9	12.8
West	12.5	11.4
Location of residence ³		
Within MSA ⁶	12.7	11.9
Outside MSA ⁶	15.3	15.1

See footnotes at end of table.

Table 57 (page 2 of 3). Limitation of activity caused by chronic conditions according to selected characteristics: United States, 1997 and 1998

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

<i>Characteristic</i>	1997	1998	1997	1998
65 years of age and over		Percent with ADL limitation ⁷		Percent with IADL limitation ⁷
All adults 65 years of age and over ^{2,8}	6.7	6.3	13.7	13.5
Age				
65–74 years	3.4	3.3	6.9	7.1
75 years and over	10.4	9.6	21.2	20.5
Sex ⁸				
Male.	5.2	5.1	9.1	9.2
Female.	7.7	7.1	16.9	16.4
Race ^{4,8}				
White	6.3	5.8	13.1	12.7
Black	11.7	10.9	21.3	21.6
American Indian or Alaska Native	*	*	*	*26.4
Asian or Pacific Islander.	*	*7.1	*9.1	11.3
Race and Hispanic origin ⁸				
White, non-Hispanic.	6.1	5.6	13.0	12.4
Black, non-Hispanic.	11.7	11.1	21.2	21.8
Hispanic ⁴	10.8	9.9	16.3	19.3
Mexican ⁴	11.4	12.3	18.8	24.7
Poverty status ^{5,8}				
Poor.	13.0	9.5	26.9	25.3
Near poor.	7.5	7.9	16.3	18.3
Nonpoor.	5.3	4.6	10.1	9.7
Race and Hispanic origin and poverty status ^{5,8}				
White, non-Hispanic:				
Poor	12.7	8.4	27.2	25.3
Near poor	6.7	7.2	15.8	17.6
Nonpoor	5.0	4.5	10.0	9.3
Black, non-Hispanic:				
Poor	12.9	*11.6	27.4	27.4
Near poor	12.0	10.5	21.4	23.1
Nonpoor	*10.6	*	*13.0	*14.4
Hispanic: ⁴				
Poor	15.5	11.9	25.8	25.1
Near poor	11.3	10.9	16.5	19.4
Nonpoor	*	*5.6	*9.7	16.1

See footnotes at end of table.

Table 57 (page 3 of 3). Limitation of activity caused by chronic conditions according to selected characteristics: United States, 1997 and 1998

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

Characteristic	1997	1998	1997	1998
Geographic region ⁸		Percent with ADL limitation ⁷		Percent with IADL limitation ⁷
Northeast	6.1	5.8	12.2	12.0
Midwest	5.8	5.2	13.1	13.4
South	8.2	6.9	15.8	14.0
West	5.9	7.0	12.4	14.3
Location of residence ⁸				
Within MSA ⁶	6.6	6.2	13.5	13.3
Outside MSA ⁶	7.2	6.5	14.4	13.9

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

¹Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Respondents are asked about limitations in activities of daily living, or instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined and respondents are considered limited if one or more of these conditions is chronic. See Appendix II, Limitation of activity, Activities of daily living, Instrumental activities of daily living.

²Includes all other races not shown separately and unknown poverty status.

³Estimates for all persons are age adjusted to the year 2000 standard using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian 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.

⁵Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of the adults in the family. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 20 percent of persons in the sample in 1997 and 25 percent in 1998.

⁶MSA is metropolitan statistical area.

⁷These estimates are for elderly noninstitutionalized persons. To determine activities of daily living (ADL) limitations respondents were asked "Because of a physical, mental, or emotional problem, does ____ need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home?" Instrumental activities of daily living (IADL) were determined by asking respondents "Because of a physical, mental, or emotional problem, does ____ need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?" See Appendix II, Activities of daily living, Instrumental activities of daily living.

⁸Estimates are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

NOTES: 1998 estimates for activity limitation are based on data for July–December 1998 due to an error with the computer-assisted personal interview (CAPI) during January–June 1998. Estimates for 1997 are also based on data for July–December 1997 so that they are comparable to the 1998 estimates. In 1997 the age-adjusted percent of persons with activity limitation based on data for the full year was about 1 percent higher than for the period July–December.

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

Table 58 (page 1 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–99

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

Characteristic	Percent with fair or poor health ¹				
	1991	1995	1997 ²	1998 ²	1999 ²
Total ^{3,4}	10.4	10.6	9.2	9.1	8.9
<i>Age</i>					
Under 18 years	2.6	2.6	2.1	1.8	1.6
Under 6 years	2.7	2.7	1.9	1.5	1.4
6–17 years	2.6	2.5	2.1	1.9	1.8
18–44 years	6.1	6.6	5.3	5.3	5.1
18–24 years	4.8	4.5	3.4	3.2	3.4
25–44 years	6.4	7.2	5.9	5.9	5.6
45–54 years	13.4	13.4	11.7	11.6	11.5
55–64 years	20.7	21.4	18.2	18.0	18.5
65 years and over	29.0	28.3	26.7	26.7	26.1
65–74 years	26.0	25.6	23.1	23.9	22.7
75 years and over	33.6	32.2	31.5	30.4	30.2
<i>Sex³</i>					
Male	10.0	10.1	8.8	8.8	8.6
Female	10.8	11.1	9.7	9.4	9.2
<i>Race^{3,5}</i>					
White	9.6	9.7	8.3	8.2	8.0
Black	16.8	17.2	15.8	15.7	14.6
American Indian or Alaska Native	18.3	18.7	17.3	17.6	15.5
Asian or Pacific Islander	7.8	9.3	7.8	7.1	8.5
<i>Race and Hispanic origin³</i>					
White, non-Hispanic	9.1	9.1	8.0	7.8	7.7
Black, non-Hispanic	16.8	17.3	15.8	15.8	14.7
Hispanic ⁵	15.6	15.1	13.0	13.1	11.9
Mexican ⁵	17.0	16.7	13.1	13.5	12.3
<i>Poverty status^{3,6}</i>					
Poor	22.8	23.7	21.4	22.2	21.7
Near poor	14.7	15.5	14.6	15.6	14.9
Nonpoor	6.8	6.7	6.1	5.7	6.1
<i>Race and Hispanic origin and poverty status^{3,6}</i>					
White, non-Hispanic:					
Poor	21.9	22.8	20.6	21.3	20.5
Near poor	14.0	14.8	14.1	15.3	14.6
Nonpoor	6.4	6.2	5.7	5.3	5.7
Black, non-Hispanic:					
Poor	25.8	27.7	25.6	26.3	27.2
Near poor	17.0	19.3	19.5	19.3	18.4
Nonpoor	10.9	9.9	9.6	9.0	8.8
Hispanic: ⁵					
Poor	23.6	22.7	19.8	21.7	18.9
Near poor	18.0	16.9	14.0	15.3	14.2
Nonpoor	9.3	8.7	8.8	7.9	8.2

See footnotes at end of table.

Table 58 (page 2 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–99

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

Characteristic	Percent with fair or poor health ¹				
	1991	1995	1997 ²	1998 ²	1999 ²
Geographic region³					
Northeast	8.3	9.1	8.0	7.9	7.5
Midwest	9.1	9.7	8.1	8.0	8.0
South	13.1	12.3	10.8	10.9	10.5
West	9.7	10.1	8.8	8.4	8.7
Location of residence³					
Within MSA ⁷	9.9	10.1	8.7	8.5	8.3
Outside MSA ⁷	11.9	12.6	11.1	11.4	11.1

¹See Appendix II, Health status, respondent-assessed.

²Data 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.

³Estimates are age adjusted to the year 2000 standard using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴Includes all other races not shown separately and unknown poverty status.

⁵The 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.

⁶Prior to 1997 poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Missing family income data were imputed for 16–18 percent of persons in 1991 and 1995. See Appendix II, Family income for information on imputation process. Poverty status was unknown for 20 percent of persons in the sample in 1997, 25 percent in 1998, and 28 percent in 1999.

⁷MSA is metropolitan statistical area.

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

Table 59 (page 1 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–99

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	1991	1993	1995	1997	1999
Percent of students who seriously considered suicide ¹					
Total	29.0	24.1	24.1	20.5	19.3
Male					
Total	20.8	18.8	18.3	15.1	13.7
9th grade	17.6	17.7	18.2	16.1	11.9
10th grade	19.5	18.0	16.7	14.5	13.7
11th grade	25.3	20.6	21.7	16.6	13.7
12th grade	20.7	18.3	16.3	13.5	15.6
White, non-Hispanic	21.7	19.1	19.1	14.4	12.5
Black, non-Hispanic.	13.3	15.4	16.7	10.6	11.7
Hispanic.	18.0	17.9	15.7	17.1	13.6
Female					
Total	37.2	29.6	30.4	27.1	24.9
9th grade	40.3	30.9	34.4	28.9	24.4
10th grade	39.7	31.6	32.8	30.0	30.1
11th grade	38.4	28.9	31.1	26.2	23.0
12th grade	30.7	27.3	23.9	23.6	21.2
White, non-Hispanic	38.6	29.7	31.6	26.1	23.2
Black, non-Hispanic.	29.4	24.5	22.2	22.0	18.8
Hispanic.	34.6	34.1	34.1	30.3	26.1
Percent of students who attempted suicide ¹					
Total	7.3	8.6	8.7	7.7	8.3
Male					
Total	3.9	5.0	5.6	4.5	5.7
9th grade	4.5	5.8	6.8	6.3	6.1
10th grade	3.3	5.9	5.4	3.8	6.2
11th grade	4.1	3.4	5.8	4.4	4.8
12th grade	3.8	4.5	4.7	3.7	5.4
White, non-Hispanic	3.3	4.4	5.2	3.2	4.5
Black, non-Hispanic.	3.3	5.4	7.0	5.6	7.1
Hispanic.	3.7	7.4	5.8	7.2	6.6
Female					
Total	10.7	12.5	11.9	11.6	10.9
9th grade	13.8	14.4	14.9	15.1	14.0
10th grade	12.2	13.1	15.1	14.3	14.8
11th grade	8.7	13.6	11.4	11.3	7.5
12th grade	7.8	9.1	6.6	6.2	5.8
White, non-Hispanic	10.4	11.3	10.4	10.3	9.0
Black, non-Hispanic.	9.4	11.2	10.8	9.0	7.5
Hispanic.	11.6	19.7	21.0	14.9	18.9

See footnotes at end of table.

Table 59 (page 2 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–99

[Data are based on a national sample of high school students, grades 9–12]

Sex, grade level, race, and Hispanic origin	1991	1993	1995	1997	1999
Percent of students with an injurious suicide attempt ^{1,2}					
Total	1.7	2.7	2.8	2.6	2.6
Male					
Total	1.0	1.6	2.2	2.0	2.1
9th grade	1.0	2.1	2.3	3.2	2.6
10th grade	0.5	1.3	2.4	1.4	1.8
11th grade	1.5	1.1	2.0	2.6	2.1
12th grade	0.9	1.5	2.2	1.0	1.7
White, non-Hispanic	1.0	1.4	2.1	1.5	1.6
Black, non-Hispanic.	0.4	2.0	2.8	1.8	3.4
Hispanic.	0.5	2.0	2.9	2.1	1.4
Female					
Total	2.5	3.8	3.4	3.3	3.1
9th grade	2.8	3.5	6.3	5.0	3.8
10th grade	2.6	5.1	3.8	3.7	4.0
11th grade	2.1	3.9	2.9	2.8	2.8
12th grade	2.4	2.9	1.3	2.0	1.3
White, non-Hispanic	2.3	3.6	2.9	2.6	2.3
Black, non-Hispanic.	2.9	4.0	3.6	3.0	2.4
Hispanic.	2.7	5.5	6.6	3.8	4.6

¹Response is for the 12 months preceding the survey.

²A suicide attempt that required medical attention.

NOTES: Only youth attending school participated in the survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Youth Risk Behavior Survey (YRBS).

**Table 60. Current cigarette smoking by persons 18 years of age and over according to sex, race, and age:
United States, selected years 1965–99**

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

Sex, race, and age	1965	1974	1979	1983	1985	1990	1992	1994	1995	1997 ¹	1998 ¹	1999 ¹
18 years and over, age adjusted ²												
All persons	41.9	37.0	33.3	31.9	29.9	25.3	26.3	25.3	24.6	24.6	24.0	23.3
Male	51.2	42.8	37.0	34.8	32.2	28.0	28.1	27.6	26.5	27.1	25.9	25.2
Female	33.7	32.2	30.1	29.4	27.9	22.9	24.6	23.1	22.7	22.2	22.1	21.6
White male	50.4	41.7	36.4	34.2	31.3	27.6	27.7	27.1	26.2	26.8	26.0	25.0
Black male	58.8	53.6	43.9	41.7	40.2	32.8	33.3	34.3	29.4	32.4	29.0	28.5
White female	33.9	32.0	30.3	29.6	27.9	23.5	25.3	24.0	23.4	22.8	23.0	22.5
Black female	31.8	35.6	30.5	31.3	30.9	20.8	24.5	21.6	23.5	22.5	21.1	20.7
18 years and over, crude												
All persons	42.4	37.1	33.5	32.1	30.1	25.5	26.5	25.5	24.7	24.7	24.1	23.5
Male	51.9	43.1	37.5	35.1	32.6	28.4	28.6	28.2	27.0	27.6	26.4	25.7
Female	33.9	32.1	29.9	29.5	27.9	22.8	24.6	23.1	22.6	22.1	22.0	21.5
White male	51.1	41.9	36.8	34.5	31.7	28.0	28.2	27.7	26.6	27.2	26.3	25.4
Black male	60.4	54.3	44.1	40.6	39.9	32.5	32.2	33.7	28.5	32.2	29.0	28.7
White female	34.0	31.7	30.1	29.4	27.7	23.4	25.1	23.7	23.1	22.5	22.6	22.1
Black female	33.7	36.4	31.1	32.2	31.0	21.2	24.2	21.7	23.5	22.5	21.1	20.8
All males												
18–24 years	54.1	42.1	35.0	32.9	28.0	26.6	28.0	29.8	27.8	31.7	31.3	29.5
25–34 years	60.7	50.5	43.9	38.8	38.2	31.6	32.8	31.4	29.5	30.3	28.5	29.1
35–44 years	58.2	51.0	41.8	41.0	37.6	34.5	32.9	33.2	31.5	32.1	30.2	30.0
45–64 years	51.9	42.6	39.3	35.9	33.4	29.3	28.6	28.3	27.1	27.6	27.7	25.8
65 years and over	28.5	24.8	20.9	22.0	19.6	14.6	16.1	13.2	14.9	12.8	10.4	10.5
White male												
18–24 years	53.0	40.8	34.3	32.5	28.4	27.4	30.0	31.8	28.4	34.0	34.1	30.5
25–34 years	60.1	49.5	43.6	38.6	37.3	31.6	33.5	32.5	29.9	30.4	29.2	30.8
35–44 years	57.3	50.1	41.3	40.8	36.6	33.5	30.9	32.0	31.2	32.1	29.6	29.5
45–64 years	51.3	41.2	38.3	35.0	32.1	28.7	28.1	26.9	26.3	26.5	27.0	24.5
65 years and over	27.7	24.3	20.5	20.6	18.9	13.7	14.9	11.9	14.1	11.5	10.0	9.9
Black male												
18–24 years	62.8	54.9	40.2	34.2	27.2	21.3	*16.2	*18.7	*14.6	23.5	19.7	23.8
25–34 years	68.4	58.5	47.5	39.9	45.6	33.8	29.5	29.8	25.1	31.6	25.2	22.5
35–44 years	67.3	61.5	48.6	45.5	45.0	42.0	47.5	44.5	36.3	33.9	36.1	35.0
45–64 years	57.9	57.8	50.0	44.8	46.1	36.7	35.4	41.2	33.9	39.4	37.3	36.2
65 years and over	36.4	29.7	26.2	38.9	27.7	21.5	28.3	25.6	28.5	26.0	16.3	16.8
All females												
18–24 years	38.1	34.1	33.8	35.5	30.4	22.5	24.9	25.2	21.8	25.7	24.5	26.3
25–34 years	43.7	38.8	33.7	32.6	32.0	28.2	30.1	28.8	26.4	24.8	24.6	23.5
35–44 years	43.7	39.8	37.0	33.8	31.5	24.8	27.3	26.8	27.1	27.2	26.4	26.5
45–64 years	32.0	33.4	30.7	31.0	29.9	24.8	26.1	22.8	24.0	21.5	22.5	21.0
65 years and over	9.6	12.0	13.2	13.1	13.5	11.5	12.4	11.1	11.5	11.5	11.2	10.7
White female												
18–24 years	38.4	34.0	34.5	36.5	31.8	25.4	28.5	28.5	24.9	29.4	28.1	29.5
25–34 years	43.4	38.6	34.1	32.2	32.0	28.5	31.5	30.2	27.3	26.1	26.9	25.5
35–44 years	43.9	39.3	37.2	34.8	31.0	25.0	27.6	27.1	27.0	27.5	26.6	27.0
45–64 years	32.7	33.0	30.6	30.6	29.7	25.4	25.8	23.2	24.3	20.9	22.5	21.3
65 years and over	9.8	12.3	13.8	13.2	13.3	11.5	12.6	11.1	11.7	11.7	11.2	10.4
Black female												
18–24 years	37.1	35.6	31.8	32.0	23.7	10.0	10.3	11.8	*8.8	11.5	*8.1	14.8
25–34 years	47.8	42.2	35.2	38.0	36.2	29.1	26.9	24.8	26.7	22.5	21.5	18.4
35–44 years	42.8	46.4	37.7	32.7	40.2	25.5	32.4	28.2	31.9	30.1	30.0	29.0
45–64 years	25.7	38.9	34.2	36.3	33.4	22.6	30.9	23.5	27.5	28.4	25.4	22.6
65 years and over	7.1	*8.9	*8.5	*13.1	14.5	11.1	*11.1	13.6	13.3	10.7	11.5	13.6

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

¹See Appendix I, National Health Interview Survey, for discussion of 1997 redesign.

²Estimates are age adjusted to the year 2000 standard using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, 65 years and over. See Appendix II, Age adjustment.

NOTES: The definition of current smoker was revised in 1992 and 1993. See Appendix II, Current smoker. Data for additional years are available (see Appendix III). Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 (1993–95). Starting in 1997 data are from the sample adult questionnaire.

Table 61. Age-adjusted prevalence of current cigarette smoking by persons 25 years of age and over, according to sex, race, and education: United States, selected years 1974–99

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

Sex, race, and education	1974	1979	1983	1985	1990	1992	1994	1995	1997 ¹	1998 ¹	1999 ¹					
25 years and over, age adjusted ²							Percent of persons									
All persons ³	36.9	33.1	31.6	30.0	25.4	26.3	24.9	24.5	24.0	23.4	22.7					
No high school diploma or GED	43.7	40.7	40.7	40.8	36.7	36.6	37.5	35.6	33.5	34.4	32.2					
High school diploma or GED	36.2	33.6	33.5	32.0	29.1	30.5	29.1	29.1	29.9	28.9	28.0					
Some college, no bachelor's degree	35.9	33.2	30.3	29.5	23.4	24.4	24.5	22.6	23.7	23.5	23.3					
Bachelor's degree or higher	27.2	22.6	20.5	18.5	13.9	15.2	11.9	13.6	11.4	10.9	11.1					
All males ³	42.9	37.3	35.1	32.8	28.2	28.1	27.3	26.4	26.4	25.1	24.6					
No high school diploma or GED	52.3	47.6	47.1	45.7	42.0	41.4	43.8	39.7	39.1	37.5	36.2					
High school diploma or GED	42.4	38.9	37.4	35.5	33.1	33.1	31.7	32.7	32.2	32.0	30.4					
Some college, no bachelor's degree	41.8	36.5	33.3	32.9	25.9	25.9	26.8	23.7	25.5	25.4	24.8					
Bachelor's degree or higher	28.3	22.7	21.7	19.6	14.5	15.8	13.4	13.8	12.5	11.1	11.8					
White males ³	41.9	36.7	34.4	31.7	27.6	27.3	26.4	25.9	25.8	24.8	24.2					
No high school diploma or GED	51.5	47.6	47.7	45.0	41.8	41.5	42.6	38.7	38.5	37.4	36.3					
High school diploma or GED	42.0	38.5	37.0	34.8	32.9	32.8	31.6	32.9	31.8	32.2	30.5					
Some college, no bachelor's degree	41.6	36.4	32.9	32.2	25.4	25.5	26.4	23.3	25.6	25.2	24.7					
Bachelor's degree or higher	27.8	22.5	21.0	19.1	14.4	14.9	12.8	13.4	12.0	10.9	11.8					
Black males ³	53.4	44.4	42.8	42.1	34.5	35.8	36.6	31.6	33.8	30.4	29.3					
No high school diploma or GED	58.1	49.7	46.0	50.5	41.6	45.3	51.7	41.9	44.6	42.9	44.0					
High school diploma or GED	*50.7	48.6	47.7	41.8	37.4	38.4	37.8	36.6	39.0	32.9	32.7					
Some college, no bachelor's degree	*45.3	39.2	44.9	41.8	28.1	28.1	*29.2	26.4	27.0	28.5	24.0					
Bachelor's degree or higher	*41.4	*36.8	*31.7	*32.0	*20.8	28.5	*26.8	*17.3	14.5	*15.3	11.0					
All females ³	32.0	29.5	28.5	27.5	22.9	24.6	22.8	22.9	21.7	21.7	20.9					
No high school diploma or GED	36.6	34.8	35.2	36.5	31.8	32.2	31.5	31.7	28.2	31.3	28.2					
High school diploma or GED	32.2	29.8	30.7	29.5	26.1	28.4	27.2	26.4	27.9	26.2	25.9					
Some college, no bachelor's degree	30.1	30.0	27.3	26.3	21.0	23.1	22.4	21.6	22.0	21.9	21.9					
Bachelor's degree or higher	25.9	22.5	18.9	17.1	13.3	14.4	10.2	13.3	10.3	10.7	10.4					
White females ³	31.7	29.7	28.6	27.3	23.3	24.9	23.3	23.1	21.9	22.3	21.5					
No high school diploma or GED	36.8	35.8	35.6	36.7	33.4	33.0	33.0	32.4	29.7	33.0	30.0					
High school diploma or GED	31.9	29.9	30.8	29.4	26.5	29.2	28.3	26.8	28.3	27.0	27.2					
Some college, no bachelor's degree	30.4	30.7	27.8	26.7	21.2	23.4	22.1	22.2	22.1	22.2	22.4					
Bachelor's degree or higher	25.5	21.9	18.7	16.5	13.4	14.1	10.7	13.5	10.5	11.5	10.5					
Black females ³	35.6	30.3	31.2	32.0	22.4	26.6	23.0	25.7	24.1	23.0	21.6					
No high school diploma or GED	36.1	31.6	36.5	39.4	26.3	32.7	29.9	32.3	27.1	32.8	30.2					
High school diploma or GED	40.9	32.6	34.6	32.1	24.1	25.8	22.6	27.8	29.1	24.3	22.6					
Some college, no bachelor's degree	32.3	*28.9	*27.1	23.9	22.7	27.2	28.3	20.8	24.3	21.8	22.6					
Bachelor's degree or higher	*36.3	*43.3	*36.8	26.6	17.0	25.5	*11.1	17.3	12.5	9.1	13.4					

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

¹See Appendix I, National Health Interview Survey, for discussion of 1997 redesign.

²Estimates are age adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, 65 years and over. See Appendix II, Age adjustment. For age groups where percent smoking was 0 or 100, the age-adjustment procedure was modified to substitute the percent smoking from the next lower education group.

³Includes unknown education. Education categories shown are for 1997 and subsequent years. GED stands for general equivalency diploma. In 1974–95 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13–15 years, 16 years or more. See Appendix II, Education.

NOTES: The definition of current smoker was revised in 1992 and 1993. See Appendix II, Current smoker. Data for additional years are available (see Appendix III). Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 (1993–95). Starting in 1997 data are from the sample adult questionnaire.

Table 62 (page 1 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1993–95, and 1997–99

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

Characteristic	Male			Female		
	1990–92	1993–95	1997–99 ¹	1990–92	1993–95	1997–99 ¹
18 years of age and over, age adjusted²						
All persons ³	27.9	27.1	26.1	23.7	22.8	21.9
White	27.4	26.7	25.9	24.3	23.6	22.8
Black	33.9	32.5	30.0	23.1	21.9	21.4
American Indian or Alaska Native	34.2	39.0	38.8	36.7	32.7	31.7
Asian or Pacific Islander	24.8	24.2	19.9	6.3	7.3	10.2
White, non-Hispanic	27.7	27.2	26.4	25.2	24.7	24.0
Black, non-Hispanic	33.9	32.5	30.0	23.2	22.1	21.4
Hispanic ³	25.7	22.8	23.8	15.8	13.8	13.1
Mexican.....	26.2	23.9	23.1	14.8	12.2	11.5
18 years of age and over, crude						
All persons ³	28.4	27.6	26.6	23.6	22.7	21.8
White	27.8	27.1	26.3	24.1	23.3	22.4
Black	33.2	31.6	30.0	23.3	22.0	21.5
American Indian or Alaska Native	35.5	40.7	38.6	37.3	35.4	33.5
Asian or Pacific Islander	24.9	25.8	21.3	6.3	7.5	10.4
White, non-Hispanic	28.0	27.4	26.5	24.8	24.2	23.4
Black, non-Hispanic	33.3	31.6	30.0	23.3	22.2	21.5
Hispanic ³	26.5	24.6	25.0	16.6	14.4	13.3
Mexican.....	27.1	25.4	24.4	15.0	12.6	11.5
18–24 years:						
White, non-Hispanic	28.9	31.4	34.1	28.7	29.1	31.8
Black, non-Hispanic	17.7	17.4	22.2	10.8	9.4	11.5
Hispanic ³	19.3	23.8	26.1	12.8	13.2	12.2
25–34 years:						
White, non-Hispanic	32.7	31.5	30.8	30.9	30.7	28.2
Black, non-Hispanic	34.6	28.0	26.5	29.2	25.8	20.8
Hispanic ³	29.9	27.4	25.6	19.2	15.1	12.7
35–44 years:						
White, non-Hispanic	32.3	32.0	30.9	27.3	27.9	28.2
Black, non-Hispanic	44.1	39.9	34.8	31.3	30.8	29.7
Hispanic ³	32.1	25.3	26.4	19.9	19.5	16.3
45–64 years:						
White, non-Hispanic	28.4	27.3	26.1	26.1	24.5	22.2
Black, non-Hispanic	38.0	39.1	37.8	26.1	24.5	25.4
Hispanic ³	26.6	23.8	25.3	17.1	12.9	13.9
65 years and over:						
White, non-Hispanic	14.2	12.9	10.3	12.3	11.3	11.3
Black, non-Hispanic	25.2	27.5	19.5	10.7	12.6	12.0
Hispanic ³	16.1	*12.1	14.2	6.6	*7.1	8.2

See footnotes at end of table.

Table 62 (page 2 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1993–95, and 1997–99

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

Characteristic	Male			Female		
	1990–92	1993–95	1997–99 ¹	1990–92	1993–95	1997–99 ¹
Education ⁴ , race, and Hispanic origin						Percent of persons
25 years of age and over, age adjusted ⁵						
No high school diploma or GED:						
White, non-Hispanic	46.1	46.6	43.7	40.4	40.8	40.7
Black, non-Hispanic	45.4	47.3	44.2	31.3	31.7	30.1
Hispanic ³	30.2	24.6	26.4	15.8	13.9	12.8
High school diploma or GED:						
White, non-Hispanic	32.9	32.0	32.2	28.4	28.6	28.7
Black, non-Hispanic	38.2	37.3	34.4	25.4	25.0	25.3
Hispanic ³	29.6	24.9	25.7	18.4	16.4	14.4
Some college or more:						
White, non-Hispanic	19.3	18.6	18.2	18.1	17.4	17.2
Black, non-Hispanic	25.6	24.3	21.9	22.8	20.1	18.9
Hispanic ³	20.4	17.8	16.9	14.3	10.0	13.3

¹See Appendix I, National Health Interview Survey, for discussion of 1997 redesign.

²Estimates are age adjusted to the year 2000 standard using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, 65 years and over. See Appendix II, Age adjustment. For age groups where percent smoking is 0 or 100, the age adjustment procedure was modified to substitute the percent smoking from the previous 3-year period.

³The 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.

⁴Education categories shown are for 1997 and subsequent years. GED stands for general equivalency diploma. In 1990–92 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.

⁵Estimates are age adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, 65 years and over. See Appendix II, Age adjustment.

NOTES: The definition of current smoker was revised in 1992 and 1993. See Appendix II, Current smoker. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990–91), cancer control and cancer epidemiology (1992), and year 2000 (1993–95). Starting in 1997 data are from the sample adult questionnaire.

Table 63 (page 1 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, selected years 1979–99

[Data are based on household interviews of a sample of the population 12 years of age and over]

Substance, age, sex, race, and Hispanic origin	1979	1985	1990	1992	1993	1994	1995	1996	1997	1998	1999 ¹
Alcohol											
12 years and over	63	60	53	49	51	54	52	51	51	52	52
12–17 years	50	41	33	21	24	22	21	19	21	19	19
12–13 years	—	—	—	—	—	9	8	5	7	5	—
14–15 years	—	—	—	—	—	22	21	19	21	21	—
16–17 years	—	—	—	—	—	36	34	31	33	32	—
18–25 years	75	70	63	59	59	63	61	60	58	60	60
26–34 years	72	71	64	62	64	65	63	62	60	61	62
35 years and over	60	58	50	47	50	54	53	52	53	53	53
12–17 years:											
Male	52	44	34	22	24	22	22	19	21	19	—
Female	47	38	31	19	23	21	20	18	20	19	—
White, non-Hispanic	53	46	37	22	26	24	23	20	22	21	—
Black, non-Hispanic	—	30	21	18	18	18	15	15	16	13	—
Hispanic ²	—	27	24	20	22	18	19	20	19	19	—
18–25 years:											
Male	—	—	—	—	—	71	68	67	66	68	—
Female	—	—	—	—	—	55	55	54	51	52	—
White, non-Hispanic	—	—	—	—	—	68	67	65	64	65	—
Black, non-Hispanic	—	—	—	—	—	52	48	50	47	50	—
Hispanic ²	—	—	—	—	—	54	49	50	49	51	—
Binge alcohol ³											
12 years and over	—	20	14	15	15	17	16	15	15	16	15
12–17 years	—	22	15	10	11	8	8	7	8	8	8
12–13 years	—	—	—	—	—	2	2	1	1	1	—
14–15 years	—	—	—	—	—	8	8	6	8	8	—
16–17 years	—	—	—	—	—	16	15	15	16	15	—
18–25 years	—	34	30	30	29	34	30	32	28	32	31
26–34 years	—	28	21	23	22	24	24	23	23	22	22
35 years and over	—	13	8	9	10	12	12	11	12	12	11
12–17 years:											
Male	—	29	19	13	15	9	9	9	10	9	—
Female	—	14	12	7	7	7	6	6	7	7	—
White, non-Hispanic	—	26	18	11	13	10	9	8	9	9	—
Black, non-Hispanic	—	6	*	6	3	3	3	4	4	3	—
Hispanic ²	—	15	11	9	12	5	7	8	7	6	—
18–25 years:											
Male	—	—	—	—	—	47	41	44	39	43	—
Female	—	—	—	—	—	21	19	21	17	21	—
White, non-Hispanic	—	—	—	—	—	40	34	37	33	38	—
Black, non-Hispanic	—	—	—	—	—	17	16	19	13	16	—
Hispanic ²	—	—	—	—	—	26	23	25	22	25	—

See footnotes at end of table.

Table 63 (page 2 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, selected years 1979–99

[Data are based on household interviews of a sample of the population 12 years of age and over]

Substance, age, sex, race, and Hispanic origin	1979	1985	1990	1992	1993	1994	1995	1996	1997	1998	1999 ¹					
Marijuana						Percent of population										
12 years and over	13	10	5	5	5	5	5	5	5	5	5					
12–17 years	14	10	4	3	4	6	8	7	9	8	7					
12–13 years	—	—	—	—	—	2	2	1	3	2	—					
14–15 years	—	—	—	—	—	5	10	7	9	9	—					
16–17 years	—	—	—	—	—	12	13	13	16	15	—					
18–25 years	36	22	13	11	11	12	12	13	13	14	16					
26–34 years	20	19	10	9	8	7	7	6	6	6	6					
35 years and over	3	3	2	2	2	2	2	2	3	3	3					
12–17 years:																
Male	16	11	5	4	4	7	9	8	10	9	—					
Female	12	9	4	3	4	5	7	7	8	8	—					
White, non-Hispanic	16	12	5	4	4	6	8	7	10	9	—					
Black, non-Hispanic	10	6	2	2	3	6	8	7	9	8	—					
Hispanic ²	8	6	3	3	4	6	8	7	8	8	—					
18–25 years:																
Male	—	—	—	—	—	16	15	17	17	17	—					
Female	—	—	—	—	—	9	9	9	8	10	—					
White, non-Hispanic	—	—	—	—	—	13	13	14	13	15	—					
Black, non-Hispanic	—	—	—	—	—	12	12	14	14	15	—					
Hispanic ²	—	—	—	—	—	8	7	8	8	9	—					
Cocaine																
12 years and over	2.6	3.0	0.9	0.7	0.7	0.7	0.7	0.8	0.7	0.8	0.8					
12–17 years	1.5	1.5	0.6	0.3	0.4	0.3	0.8	0.6	1.0	0.8	0.7					
18–25 years	9.9	8.1	2.3	2.0	1.6	1.2	1.3	2.0	1.2	2.0	1.9					
26–34 years	3.0	6.3	1.9	1.5	1.0	1.3	1.2	1.5	0.9	1.2	1.0					
35 years and over	0.2	0.5	0.2	0.2	0.4	0.4	0.4	0.4	0.5	0.5	0.6					
12–17 years:																
Male	2.2	1.9	0.8	0.3	0.5	0.3	0.8	0.4	0.9	0.6	—					
Female	0.8	1.1	0.5	0.3	0.4	0.3	0.7	0.8	1.1	1.0	—					
White, non-Hispanic	1.4	1.5	0.4	0.2	0.4	0.3	0.9	0.5	1.1	0.9	—					
Black, non-Hispanic	*	1.3	0.8	0.3	0.3	0.1	0.1	0.1	0.1	*	—					
Hispanic ²	2.1	2.6	2.0	1.3	1.1	0.8	0.8	1.1	1.0	1.4	—					
18–25 years:																
Male	—	—	—	—	—	1.9	1.7	2.7	1.9	2.6	—					
Female	—	—	—	—	—	0.6	0.9	1.4	0.5	1.3	—					
White, non-Hispanic	—	—	—	—	—	1.2	1.5	2.3	1.2	2.2	—					
Black, non-Hispanic	—	—	—	—	—	0.7	0.7	1.1	0.9	0.6	—					
Hispanic ²	—	—	—	—	—	2.2	1.1	2.1	1.5	2.7	—					

— Data not available.

* Estimates with relative standard error greater than 17.5 percent of the log transformation of the proportion are not shown.

¹In 1999 the survey was redesigned. Estimates for 1999 presented in this table are based on a reduced sample size.

²Persons of Hispanic origin may be of any race.

³Five or more drinks on the same occasion at least once in the past month.

NOTES: In 1994 and 1999 the survey underwent major changes. See Appendix I, Substance Abuse and Mental Health Services Administration. Estimates for 1993 and earlier years are adjusted to be comparable with data from the redesigned survey. Estimates of substance use for youth based on the National Household Survey on Drug Abuse (NHSDA) are generally lower than estimates based on the Monitoring the Future Study (MTF). There are several major differences between NHSDA and MTF including populations covered, sample design, questionnaires, and interview setting. The NHSDA probably produces lower rates because that survey collects data in homes, whereas MTF collects data in school classrooms, away from parents and other family members. Rates are not directly comparable because NHSDA estimates are tabulated by age and MTF estimates are tabulated by grade, representing different ages. See Gfroerer J, Wright D, and Kopstein A. Prevalence of youth substance use: The impact of methodological differences between two national surveys. Drug and Alcohol Dependence 47:19–30. 1997. Data for additional years are available (see Appendix III).

SOURCES: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Household Survey on Drug Abuse, www.drugabusestatistics.samhsa.gov/.

Table 64 (page 1 of 2). Use of selected substances by high school seniors and eighth-graders, according to sex and race: United States, selected years 1980–2000

[Data are based on a survey of high school seniors and eighth-graders in the coterminous United States]

<i>Substance, sex, race, and grade in school</i>	<i>1980</i>	<i>1990</i>	<i>1991</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Cigarettes									
All seniors	30.5	29.4	28.3	33.5	34.0	36.5	35.1	34.6	31.4
Male	26.8	29.1	29.0	34.5	34.9	37.3	36.3	35.4	32.8
Female	33.4	29.2	27.5	32.0	32.4	35.2	33.3	33.5	29.7
White	31.0	32.5	31.8	37.3	38.9	42.5	41.0	39.1	36.6
Black	25.2	12.0	9.4	15.0	13.5	14.9	14.9	14.9	13.6
All eighth-graders	---	---	14.3	19.1	21.0	19.4	19.1	17.5	14.6
Male	---	---	15.5	18.8	20.6	19.1	18.0	16.7	14.3
Female	---	---	13.1	19.0	21.1	19.5	19.8	17.7	14.7
White	---	---	15.0	21.7	23.8	22.0	21.1	19.0	16.4
Black	---	---	5.3	8.2	11.3	10.4	10.8	10.7	8.4
Marijuana									
All seniors	33.7	14.0	13.8	21.2	21.9	23.7	22.8	23.1	21.6
Male	37.8	16.1	16.1	24.6	25.1	26.4	26.5	26.3	24.7
Female	29.1	11.5	11.2	17.2	18.3	20.3	18.8	19.7	18.3
White	34.2	15.6	15.0	21.5	22.5	24.6	24.2	23.4	22.0
Black	26.5	5.2	6.5	17.8	18.8	18.2	18.3	20.4	17.5
All eighth-graders	---	---	3.2	9.1	11.3	10.2	9.7	9.7	9.1
Male	---	---	3.8	9.8	12.1	11.4	10.3	10.5	10.2
Female	---	---	2.6	8.2	10.2	8.9	8.8	8.8	7.8
White	---	---	3.0	9.0	11.0	10.2	8.9	8.5	8.3
Black	---	---	2.1	7.0	9.3	8.7	9.4	10.0	8.5
Cocaine									
All seniors	5.2	1.9	1.4	1.8	2.0	2.3	2.4	2.6	2.1
Male	6.0	2.3	1.7	2.2	2.6	2.8	3.0	3.3	2.7
Female	4.3	1.3	0.9	1.3	1.4	1.6	1.7	1.8	1.6
White	5.4	1.8	1.3	1.7	2.1	2.4	2.7	2.8	2.2
Black	2.0	0.5	0.8	0.4	0.4	0.7	0.4	0.5	1.0
All eighth-graders	---	---	0.5	1.2	1.3	1.1	1.4	1.3	1.2
Male	---	---	0.7	1.1	1.2	1.2	1.5	1.4	1.3
Female	---	---	0.4	1.2	1.4	1.0	1.2	1.2	1.1
White	---	---	0.4	1.0	1.4	1.0	1.0	1.1	1.1
Black	---	---	0.4	0.4	0.4	0.3	0.6	0.3	0.5
Inhalants									
All seniors	1.4	2.7	2.4	3.2	2.5	2.5	2.3	2.0	2.2
Male	1.8	3.5	3.3	3.9	3.1	3.3	2.9	2.5	2.9
Female	1.0	2.0	1.6	2.5	2.0	1.8	1.7	1.5	1.7
White	1.4	3.0	2.4	3.7	2.9	3.1	2.6	2.1	2.1
Black	1.0	1.5	1.5	1.1	0.9	0.9	1.0	0.4	2.1
All eighth-graders	---	---	4.4	6.1	5.8	5.6	4.8	5.0	4.5
Male	---	---	4.1	5.6	4.8	5.1	4.8	4.6	4.1
Female	---	---	4.7	6.6	6.6	5.8	4.7	5.3	4.8
White	---	---	4.5	7.0	6.6	6.4	5.3	5.6	4.5
Black	---	---	2.3	2.3	1.7	2.2	2.2	2.3	2.3

See footnotes at end of table.

Table 64 (page 2 of 2). Use of selected substances by high school seniors and eighth-graders, according to sex and race: United States, selected years 1980–2000

[Data are based on a survey of high school seniors and eighth-graders in the coterminous United States]

Substance, sex, race, and grade in school	1980	1990	1991	1995	1996	1997	1998	1999	2000
MDMA (Ecstasy)									
All seniors	---	---	---	---	2.0	1.6	1.5	2.5	3.6
Male	---	---	---	---	1.5	2.3	2.3	2.6	4.1
Female	---	---	---	---	2.4	0.9	0.8	2.5	3.1
White	---	---	---	---	2.2	2.2	1.8	2.7	3.9
Black	---	---	---	---	0.5	0.3	0.2	0.0	1.9
All eighth-graders	---	---	---	---	1.0	1.0	0.9	0.8	1.4
Male	---	---	---	---	1.1	1.3	1.0	0.9	1.6
Female	---	---	---	---	0.8	0.7	0.7	0.7	1.2
White	---	---	---	---	1.0	1.2	0.9	0.9	1.4
Black	---	---	---	---	0.2	0.1	0.4	0.4	0.8
Alcohol ¹									
All seniors	72.0	57.1	54.0	51.3	50.8	52.7	52.0	51.0	50.0
Male	77.4	61.3	58.4	55.7	54.8	56.2	57.6	55.3	54.0
Female	66.8	52.3	49.0	47.0	46.9	48.9	46.9	46.8	46.1
White	75.8	62.2	57.7	54.8	54.7	57.9	57.6	54.9	55.3
Black	47.7	32.9	34.4	37.4	35.7	33.1	33.6	30.8	29.3
All eighth-graders	---	---	25.1	24.6	26.2	24.5	23.0	24.0	22.4
Male	---	---	26.3	25.0	26.6	25.2	24.0	24.8	22.5
Female	---	---	23.8	24.0	25.8	23.9	21.9	23.3	22.0
White	---	---	26.0	25.4	27.7	25.7	24.0	25.6	23.9
Black	---	---	17.8	17.3	19.0	16.9	15.4	16.8	15.1
Binge drinking ²									
All seniors	41.2	32.2	29.8	29.8	30.2	31.3	31.5	30.8	30.0
Male	52.1	39.1	37.8	36.9	37.0	37.9	39.2	38.1	36.7
Female	30.5	24.4	21.2	23.0	23.5	24.4	24.0	23.6	23.5
White	44.6	36.2	32.9	32.9	34.0	36.1	36.6	34.8	34.4
Black	17.0	11.6	11.8	15.5	15.1	12.0	12.7	11.9	11.0
All eighth-graders	---	---	12.9	14.5	15.6	14.5	13.7	15.2	14.1
Male	---	---	14.3	15.1	16.5	15.3	14.4	16.4	14.4
Female	---	---	11.4	13.9	14.5	13.5	12.7	13.9	13.6
White	---	---	12.6	14.5	15.7	14.6	13.5	15.2	14.6
Black	---	---	9.9	10.0	10.9	8.8	9.1	10.8	9.3

--- Data not available.

0.0 Quantity more than zero but less than 0.05.

¹In 1993 the alcohol question was changed to indicate that a "drink" meant "more than a few sips." 1993 data based on a half sample.

²Five or more alcoholic drinks in a row at least once in the prior 2-week period.

NOTES: Monitoring the Future Study excludes high school dropouts (see Appendix I) and absentees (about 17 percent of high school seniors, about 13 percent of eighth-graders in 1999). High school dropouts and absentees have higher drug usage than those included in the survey. However the presence of a slight underestimate that is constant across time should not bias change estimates (NIDA, Monitoring the Future National Survey Results on Drug Use, 1975–99, Vol 1. 2000). Estimates of substance use for youth based on the National Household Survey on Drug Abuse (NHSDA) are generally lower than estimates based on the Monitoring the Future Study (MTF). There are several major differences between NHSDA and MTF including populations covered, sample design, questionnaires, and interview setting. The NHSDA probably produces lower rates because that survey collects data in homes, whereas MTF collects data in school classrooms, away from parents and other family members. Rates are not directly comparable because NHSDA estimates are tabulated by age and MTF estimates are tabulated by grade, representing different ages. See Gfroerer J, Wright D, and Kopstein A. Prevalence of youth substance use: The impact of methodological differences between two national surveys. *Drug and Alcohol Dependence* 47:19–30. 1997. Data for additional years are available (see Appendix III).

SOURCE: National Institute on Drug Abuse (NIDA). Monitoring the Future Study. Annual surveys.

Table 65 (page 1 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–99

[Data are weighted national estimates based on a sample of emergency departments]

Age, sex, race, and Hispanic origin	1990	1992	1993	1994	1995	1996	1997	1998	1999
All races, both sexes ¹	Number of episodes								
All ages ²	80,355	119,843	123,423	142,878	135,801	152,433	161,087	172,014	168,763
6–17 years	1,877	1,546	1,578	2,068	2,058	2,595	3,642	4,364	3,300
18–25 years	19,614	23,883	22,159	25,392	21,116	22,065	25,220	24,508	25,271
26–34 years	35,639	52,760	52,658	60,500	54,953	58,732	57,143	59,010	54,060
35 years and over	23,054	41,288	46,614	54,238	57,348	68,723	74,602	83,729	85,871
White, non-Hispanic male									
All ages ²	15,512	21,360	21,193	27,216	25,634	28,647	32,780	32,768	35,382
6–17 years	527	264	371	409	493	604	898	1,303	666
18–25 years	3,810	5,297	5,155	5,877	5,458	4,968	6,466	6,069	7,369
26–34 years	6,724	9,175	8,828	11,908	10,426	11,406	11,697	11,303	11,421
35 years and over	4,432	6,585	6,818	8,985	9,228	11,647	13,465	14,074	15,895
Black, non-Hispanic male									
All ages ²	27,745	46,064	46,218	51,622	48,875	51,687	54,257	55,564	49,945
6–17 years	241	246	213	273	304	348	388	236	404
18–25 years	5,104	6,308	5,661	6,698	4,735	3,886	4,725	4,154	4,066
26–34 years	12,160	19,952	18,542	20,978	18,756	18,559	18,052	17,579	13,434
35 years and over	10,202	19,416	21,709	23,533	25,019	28,742	30,850	33,511	31,978
Hispanic male ³									
All ages ²	4,821	8,683	9,195	9,566	7,889	12,577	11,540	14,844	15,115
6–17 years	144	336	206	518	181	431	402	725	899
18–25 years	1,774	2,535	2,184	2,165	1,892	3,725	3,467	3,871	4,030
26–34 years	1,758	3,457	3,893	3,652	2,904	4,342	3,575	4,694	4,582
35 years and over	1,125	2,332	2,885	3,222	2,907	4,056	4,077	5,536	5,540
White, non-Hispanic female									
All ages ²	8,331	10,132	11,263	13,230	13,634	15,594	17,595	19,687	20,886
6–17 years	486	204	323	357	495	542	1,021	1,125	838
18–25 years	2,663	2,817	2,832	3,400	2,966	3,344	3,742	4,368	4,348
26–34 years	3,636	4,571	5,472	5,905	6,041	6,540	6,771	6,621	8,023
35 years and over	1,539	2,531	2,562	3,566	4,126	5,156	6,045	7,504	7,667
Black, non-Hispanic female									
All ages ²	14,833	22,687	22,186	25,066	24,138	25,713	27,298	28,361	27,625
6–17 years	177	100	134	102	153	89	100	80	125
18–25 years	3,820	4,247	3,674	3,908	3,307	2,803	3,407	2,245	2,012
26–34 years	7,418	11,078	10,381	11,551	10,831	11,082	11,004	11,312	9,994
35 years and over	3,369	7,198	7,953	9,472	9,823	11,712	12,752	14,687	15,473
Hispanic female ³									
All ages ²	1,719	3,074	3,466	3,595	3,519	5,044	5,063	6,238	5,225
6–17 years	64	193	166	79	131	250	675	625	146
18–25 years	634	815	697	955	901	1,297	1,287	1,505	1,169
26–34 years	663	1,324	1,529	1,559	1,280	2,116	1,698	2,278	2,091
35 years and over	357	732	1,072	998	1,203	1,378	1,402	1,821	1,811

See notes at end of table.

Table 65 (page 2 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–99

[Data are weighted national estimates based on a sample of emergency departments]

Age, sex, race, and Hispanic origin	1990	1992	1993	1994	1995	1996	1997	1998	1999			
Both sexes				Episodes per 100,000 population ⁴								
6 years and over, age adjusted ⁵	---	49.0	50.7	58.7	56.2	63.1	66.4	70.7	69.2			
6 years and over, crude ⁶	---	52.9	53.9	62.0	58.4	64.8	67.7	71.5	69.4			
6–11 years	---	0.1	*	*	*	0.1	0.1	*	*			
12–17 years	---	7.5	7.5	9.5	9.3	11.5	16.0	18.8	14.0			
18–25 years	---	85.7	80.2	90.9	76.3	80.2	91.8	88.2	89.5			
26–34 years	---	139.3	140.9	166.4	153.9	166.7	164.5	173.1	161.9			
35 years and over	---	35.0	38.7	44.4	46.0	54.0	57.4	63.2	63.7			
Male												
6 years and over, age adjusted ⁵	---	68.3	70.8	82.5	77.5	87.1	91.2	96.4	93.4			
6 years and over, crude ²	---	73.7	74.6	86.5	79.9	88.7	92.2	96.7	93.0			
6–11 years	---	0.1	*	*	0.1	0.1	0.1	*	*			
12–17 years	---	9.0	7.7	12.4	10.5	12.9	15.3	20.7	17.4			
18–25 years	---	115.2	107.8	119.9	98.1	102.0	116.1	115.2	120.5			
26–34 years	---	179.0	178.5	217.7	196.2	212.7	211.3	219.7	195.5			
35 years and over	---	54.3	59.8	68.0	69.2	81.2	85.6	92.2	92.0			
Female												
6 years and over, age adjusted ⁵	---	30.1	31.5	36.1	35.6	40.0	42.6	46.1	46.0			
6 years and over, crude ²	---	32.6	33.8	38.3	37.1	41.3	43.5	46.7	46.4			
6–11 years	---	*	*	*	*	*	*	*	*			
12–17 years	---	5.8	7.0	5.6	7.9	10.0	16.6	16.7	10.2			
18–25 years	---	57.4	54.1	62.7	54.2	57.5	66.4	61.7	57.7			
26–34 years	---	96.7	101.3	113.2	109.0	118.9	117.0	125.0	127.3			
35 years and over	---	17.5	19.5	23.2	24.8	29.2	31.3	36.6	37.9			

--- Data not available.

* Estimates with a relative standard error of 50 percent or higher are not shown.

¹Includes other races and unknown race, Hispanic origin, and/or sex.

²Includes unknown age.

³Persons of Hispanic origin may be of any race.

⁴Rates are based on the average civilian, noninstitutionalized population for each year estimated by SAMHSA based on a procedure using three Census Bureau data files: The Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP tables); 1990 Census Counts by Age, Sex, and Race (ASR file); and County-Level Population Estimates (CPOP file).

⁵Age adjusted to the year 2000 standard population using five age groups. See Appendix II, Age adjustment.

⁶Includes unknown sex and age.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Drug Abuse Warning Network, www.drugabusestatistics.samhsa.gov/.

Table 66 (page 1 of 2). Alcohol consumption by persons 18 years of age and over, according to sex, race, Hispanic origin, and age: United States, 1997–99

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

Alcohol consumption, race, Hispanic origin, and age	Both sexes			Male			Female		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Drinking status ¹	Percent distribution								
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lifetime abstainer	21.1	21.8	22.4	14.0	14.5	14.7	27.7	28.6	29.4
Former drinker	15.5	15.9	14.9	15.6	16.2	15.3	15.4	15.7	14.5
Infrequent	8.9	9.0	8.1	7.5	7.4	6.9	10.1	10.5	9.3
Regular	6.6	6.9	6.7	8.1	8.8	8.4	5.2	5.1	5.2
Current drinker	63.4	62.3	62.7	70.5	69.3	70.0	57.0	55.8	56.1
Infrequent	15.0	14.5	14.3	11.7	11.0	11.0	18.1	17.8	17.3
Regular	48.4	47.7	48.4	58.8	58.4	59.0	38.8	37.9	38.8
Race, Hispanic origin, and age ²	Percent current drinkers among all persons								
All persons:									
18–44 years	69.4	68.7	69.3	74.8	74.4	75.2	64.2	63.1	63.6
18–24 years	62.2	60.6	62.3	66.7	67.7	67.6	57.7	53.5	57.1
25–44 years	71.6	71.1	71.5	77.2	76.5	77.6	66.1	65.9	65.6
45 years and over	56.0	54.5	54.9	64.7	62.7	63.3	48.5	47.4	47.7
45–64 years	63.3	61.7	62.1	70.8	68.4	68.5	56.2	55.4	56.1
65 years and over	43.4	41.8	42.0	52.7	51.2	52.6	36.6	35.0	34.2
White, non-Hispanic:									
18–44 years	75.0	74.4	75.0	78.5	78.1	78.9	71.4	70.8	71.2
18–24 years	69.6	68.1	69.4	72.8	73.7	72.2	66.5	62.5	66.5
25–44 years	76.4	76.2	76.7	80.1	79.4	80.9	72.8	73.1	72.6
45 years and over	58.8	57.2	57.9	66.4	64.1	65.4	52.2	51.3	51.6
45–64 years	66.9	65.1	66.0	72.9	70.1	70.9	61.2	60.4	61.3
65 years and over	45.9	44.3	44.4	54.6	52.8	54.6	39.5	38.0	37.0
Black, non-Hispanic:									
18–44 years	54.9	53.8	55.6	60.9	60.8	62.2	49.8	47.9	50.2
18–24 years	46.4	38.5	45.2	51.4	46.6	49.4	42.1	31.6	41.6
25–44 years	57.7	59.1	59.3	64.3	65.8	66.7	52.4	53.5	53.2
45 years and over	40.6	41.4	37.9	53.7	53.8	47.7	30.8	32.3	30.7
45–64 years	47.4	48.2	45.0	58.7	60.5	53.5	38.3	38.5	38.3
65 years and over	26.3	26.6	22.3	41.7	37.4	33.4	16.4	19.6	15.0
Hispanic: ²									
18–44 years	59.8	58.3	57.3	71.7	71.1	70.4	46.5	44.1	43.9
18–24 years	51.6	53.3	49.9	61.6	64.5	63.9	40.1	40.5	35.4
25–44 years	62.9	60.2	60.2	75.7	73.6	73.0	48.9	45.5	47.2
45 years and over	47.5	46.1	47.8	58.7	61.2	62.7	37.8	32.9	35.2
45–64 years	53.9	52.1	52.0	65.5	65.5	67.3	43.2	39.4	38.0
65 years and over	31.4	30.8	37.3	39.2	48.5	49.3	25.7	18.0	28.8
Level of alcohol consumption in past year for current drinkers ³	Percent distribution of current drinkers								
All drinking levels	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Light	69.8	69.8	69.2	59.6	59.5	58.9	81.4	81.4	80.7
Moderate	22.3	22.8	23.1	31.7	32.4	32.3	11.7	12.0	12.5
Heavier	7.9	7.4	7.8	8.8	8.1	8.7	6.9	6.6	6.7
Number of days in the past year with 5 or more drinks	Percent distribution of current drinkers								
All current drinkers	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No days	65.9	67.1	67.2	54.7	56.2	56.7	78.6	79.3	78.9
At least 1 day	34.1	32.9	32.8	45.3	43.8	43.3	21.4	20.6	21.1
1–11 days	18.5	18.5	17.4	22.0	22.3	20.8	14.6	14.2	13.6
12 or more days	15.6	14.4	15.4	23.4	21.5	22.5	6.8	6.4	7.5

See footnotes at end of table.

Table 66 (page 2 of 2). Alcohol consumption by persons 18 years of age and over, according to sex, race, Hispanic origin, and age: United States, 1997–99

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

Alcohol consumption, race, Hispanic origin, and age	Both sexes			Male			Female		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Race, Hispanic origin, and age ²	Percent of persons with 5 or more drinks on at least one day in the past year among current drinkers								
All persons:									
18–44 years.....	42.4	41.0	41.3	54.6	52.7	52.9	28.7	27.9	28.5
18–24 years.....	51.6	53.2	53.3	61.5	62.1	63.4	40.2	42.3	42.0
25–44 years.....	40.0	37.9	38.1	52.8	50.1	50.1	25.7	24.5	24.8
45 years and over.....	21.3	20.4	20.0	31.0	30.0	28.9	10.3	9.6	10.0
45–64 years.....	25.3	24.5	24.2	36.1	35.6	34.7	12.9	12.0	12.5
65 years and over.....	11.2	9.7	9.0	17.8	15.4	13.9	4.4	3.6	3.5
White, non-Hispanic:									
18–44 years.....	44.6	43.2	43.4	57.5	55.4	55.3	30.8	30.2	30.8
18–24 years.....	55.1	59.1	57.6	65.1	69.1	68.1	44.2	47.4	46.4
25–44 years.....	42.0	39.3	39.7	55.6	51.8	51.9	27.5	26.2	26.7
45 years and over.....	20.4	19.7	19.5	30.6	29.7	28.7	9.4	9.2	9.7
45–64 years.....	24.6	24.2	24.0	36.0	35.6	34.7	12.0	11.7	12.4
65 years and over.....	10.8	9.1	8.6	17.6	14.8	13.6	3.8	3.3	3.2
Black, non-Hispanic:									
18–44 years.....	26.1	28.2	26.9	36.4	38.3	37.9	15.8	17.8	15.9
45 years and over.....	22.9	22.6	22.2	29.0	30.6	28.9	15.2	13.4	14.7
Hispanic: ²									
18–44 years.....	44.9	39.5	41.1	55.4	49.9	52.3	27.2	21.5	23.0
45 years and over.....	30.4	30.4	23.8	39.9	40.5	33.9	17.8	14.3	*8.7

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

¹Drinking status categories are based on self-reported responses to questions about alcohol consumption. See Appendix II, Current drinker. Lifetime abstainers had fewer than 12 drinks in their lifetime. Former drinkers had at least 12 drinks in their lifetime and none in the past year. Former infrequent drinkers are former drinkers who had fewer than 12 drinks in any one year. Former regular drinkers are former drinkers who had at least 12 drinks in any one year. Current drinkers had 12 drinks in their lifetime and at least one drink in the past year. Current infrequent drinkers are current drinkers who had fewer than 12 drinks in the past year. Current regular drinkers are current drinkers who had at least 12 drinks in the past year.

²Persons of Hispanic origin may be of any race.

³Level of alcohol consumption categories are based on self-reported responses to questions about average alcohol consumption and defined as follows: light drinkers: up to 3 drinks per week; moderate drinkers: 4–14 drinks per week for men and 4–7 drinks per week for women; heavier drinkers: more than 14 drinks per week for men and more than 7 drinks per week for women. (Most drinking guidelines consider more than 7 drinks per week to be a heavier level of consumption for women. U.S. Department of Agriculture: Dietary Guidelines for Americans, 2000, 5th edition.)

NOTE: Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

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

Table 67. Hypertension among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, and 1988–94

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

Sex, age, race, and Hispanic origin ¹	1960–62	1971–74	1976–80 ²	1988–94
Percent of population				
20–74 years, age adjusted ³				
Both sexes ⁴	38.1	39.8	40.4	23.9
Male	41.3	43.9	45.2	26.4
Female ⁴	35.0	35.8	35.8	21.4
White male	40.5	43.1	44.6	25.5
White female ⁴	32.8	33.6	33.9	19.7
Black male	49.7	55.0	50.7	36.4
Black female ⁴	53.5	53.1	50.8	35.9
White, non-Hispanic male	—	—	45.0	25.6
White, non-Hispanic female ⁴	—	—	33.7	19.7
Black, non-Hispanic male	—	—	50.7	36.5
Black, non-Hispanic female ⁴	—	—	51.1	36.4
Mexican male	—	—	25.6	25.9
Mexican female ⁴	—	—	22.5	22.3
20–74 years, crude				
Both sexes ⁴	39.0	39.7	39.7	23.1
Male	41.7	43.3	44.0	24.7
Female ⁴	36.6	36.5	35.6	21.5
White male	41.0	42.8	43.8	24.3
White female ⁴	34.9	34.9	34.2	20.4
Black male	50.5	52.1	47.4	31.5
Black female ⁴	52.0	50.2	46.1	30.6
White, non-Hispanic male	—	—	44.3	25.0
White, non-Hispanic female ⁴	—	—	34.4	20.9
Black, non-Hispanic male	—	—	47.5	31.6
Black, non-Hispanic female ⁴	—	—	46.1	31.2
Mexican male	—	—	18.8	18.0
Mexican female ⁴	—	—	16.7	15.8
Male				
20–34 years	22.8	24.8	28.9	8.6
35–44 years	37.7	39.1	40.5	20.9
45–54 years	47.6	55.0	53.6	34.1
55–64 years	60.3	62.5	61.8	42.9
65–74 years	68.8	67.2	67.1	57.3
75 years and over	—	—	—	64.2
Female ⁴				
20–34 years	9.3	11.2	11.1	3.4
35–44 years	24.0	28.2	28.8	12.7
45–54 years	43.4	43.6	47.1	25.1
55–64 years	66.4	62.5	61.1	44.2
65–74 years	81.5	78.3	71.8	60.8
75 years and over	—	—	—	77.3

— Data not available.

¹The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race.

²Data for Mexicans are for 1982–84. See Appendix I.

³Age adjusted to 2000 population using 5 age groups. See Appendix II, Age adjustment.

⁴Excludes pregnant women.

NOTES: A person with hypertension is defined by either having elevated blood pressure (systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg) or taking antihypertensive medication. Percents are based on a single measurement of blood pressure to provide comparable data across the 4 time periods. In 1976–80, 31.3 percent of persons 20–74 years of age had hypertension, based on the average of 3 blood pressure measurements, in contrast to 39.7 percent when a single measurement is used.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Examination Statistics. Unpublished data.

Table 68. Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, and 1988–94

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

Sex, age, race, and Hispanic origin ¹	Percent of population with high serum cholesterol				Mean serum cholesterol level, mg/dL			
	1960–62	1971–74	1976–80 ²	1988–94	1960–62	1971–74	1976–80 ²	1988–94
20–74 years, age adjusted³								
Both sexes	33.3	28.6	27.8	19.7	222	216	215	205
Male	30.6	27.9	26.4	18.8	220	216	213	204
Female	35.6	29.1	28.8	20.5	224	217	216	205
White male	31.3	27.9	26.4	19.1	221	216	213	204
White female	36.2	28.9	29.2	20.7	225	217	216	206
Black male	26.0	26.6	25.8	16.4	213	214	211	201
Black female	31.8	30.5	26.2	19.5	218	219	215	204
White, non-Hispanic male	---	---	26.4	18.7	---	---	213	204
White, non-Hispanic female	---	---	29.6	20.7	---	---	216	206
Black, non-Hispanic male	---	---	25.5	16.4	---	---	211	201
Black, non-Hispanic female	---	---	26.3	19.9	---	---	216	204
Mexican male	---	---	20.3	18.7	---	---	209	206
Mexican female	---	---	20.5	17.7	---	---	209	204
20–74 years, crude								
Both sexes	33.6	28.2	26.8	18.7	222	216	213	203
Male	30.7	26.8	24.9	17.6	220	214	211	202
Female	36.3	29.6	28.5	19.9	225	217	215	204
White male	31.4	26.9	25.0	18.1	221	215	211	203
White female	37.5	29.8	29.2	20.5	227	217	216	205
Black male	26.7	25.1	23.9	14.4	214	212	208	198
Black female	29.9	28.8	23.7	16.8	216	216	212	199
White, non-Hispanic male	---	---	25.1	17.9	---	---	211	203
White, non-Hispanic female	---	---	29.8	20.9	---	---	216	206
Black, non-Hispanic male	---	---	23.7	14.5	---	---	208	198
Black, non-Hispanic female	---	---	23.7	17.2	---	---	212	200
Mexican male	---	---	16.6	15.5	---	---	203	200
Mexican female	---	---	16.5	14.0	---	---	202	197
Male								
20–34 years	15.1	12.4	11.9	8.2	198	194	192	186
35–44 years	33.9	31.8	27.9	19.4	227	221	217	206
45–54 years	39.2	37.5	36.9	26.6	231	229	227	216
55–64 years	41.6	36.2	36.8	28.0	233	229	229	216
65–74 years	38.0	34.7	31.7	21.9	230	226	221	212
75 years and over	---	---	---	20.4	---	---	---	205
Female								
20–34 years	12.4	10.9	9.8	7.3	194	191	189	184
35–44 years	23.1	19.3	20.7	12.3	214	207	207	195
45–54 years	46.9	38.7	40.5	26.7	237	232	232	217
55–64 years	70.1	53.1	52.9	40.9	262	245	249	235
65–74 years	68.5	57.7	51.6	41.3	266	250	246	233
75 years and over	---	---	---	38.2	---	---	---	229

--- Data not available.

¹The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race.

²Data for Mexicans are for 1982–84. See Appendix I.

³Age adjusted to 2000 population using 5 age groups. See Appendix II, Age adjustment.

NOTES: High serum cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L). Risk levels have been defined by the Second report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 1993. (Summarized in JAMA 269(23):3015–23, June 16, 1993.)

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Examination Statistics. Unpublished data.

Table 69. Healthy weight, overweight, and obesity among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, and 1988–94

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race, and Hispanic origin ¹	Healthy weight ²				Overweight ³				Obesity ⁴			
	1960–62	1971–74	1976–80 ⁵	1988–94	1960–62	1971–74	1976–80 ⁵	1988–94	1960–62	1971–74	1976–80 ⁵	1988–94
20–74 years, age adjusted⁶												
Both sexes ^{7,8}	51.2	48.8	49.6	41.7	44.8	47.7	47.4	56.0	13.3	14.6	15.1	23.3
Male	48.3	43.0	45.4	37.9	49.5	54.7	52.9	61.0	10.7	12.2	12.8	20.6
Female ⁷	54.1	54.3	53.7	45.3	40.2	41.1	42.0	51.2	15.7	16.8	17.1	26.0
White male	47.6	42.4	44.8	36.7	50.2	55.4	53.8	62.3	10.5	11.8	12.5	21.0
White female ⁷	56.5	56.6	56.1	47.2	37.5	38.8	39.4	49.4	14.2	15.4	15.5	24.3
Black male	53.2	47.3	46.4	40.3	43.9	50.4	51.4	58.0	14.0	16.8	16.7	21.1
Black female ⁷	36.0	34.9	34.4	28.6	59.2	60.5	63.2	68.5	26.8	29.7	31.3	39.0
White, non-Hispanic male	---	---	45.3	37.4	---	---	53.4	61.6	---	---	12.4	20.7
White, non-Hispanic female ⁷	---	---	56.7	49.2	---	---	38.7	47.2	---	---	15.4	23.3
Black, non-Hispanic male	---	---	46.6	40.0	---	---	51.3	58.2	---	---	16.5	21.3
Black, non-Hispanic female ⁷	---	---	35.0	28.9	---	---	62.6	68.5	---	---	31.0	39.1
Mexican male	---	---	37.1	29.8	---	---	61.6	69.4	---	---	15.7	24.4
Mexican female ⁷	---	---	36.4	29.1	---	---	61.7	69.6	---	---	26.6	36.1
20–74 years, crude												
Both sexes ^{7,8}	50.8	49.3	50.5	42.6	45.2	47.0	46.4	55.0	13.5	14.4	14.7	22.7
Male	48.3	44.1	46.8	39.3	49.4	53.5	51.5	59.6	10.7	12.0	12.3	19.9
Female ⁷	53.2	54.1	53.9	45.9	41.2	41.0	41.6	50.5	16.1	16.7	16.8	25.5
White male	47.6	43.4	46.1	37.8	50.2	54.3	52.5	61.1	10.4	11.7	12.1	20.4
White female ⁷	55.4	56.1	55.9	47.5	38.9	39.1	39.4	49.0	14.7	15.4	15.3	24.0
Black male	53.5	48.5	49.5	41.7	43.9	49.3	48.5	56.7	14.1	16.0	15.0	20.9
Black female ⁷	36.4	36.5	37.2	30.9	58.8	58.2	60.0	65.9	26.6	28.7	29.8	37.0
White, non-Hispanic male	---	---	46.4	38.1	---	---	52.2	60.8	---	---	12.0	20.3
White, non-Hispanic female ⁷	---	---	56.4	49.2	---	---	38.9	47.1	---	---	15.2	23.1
Black, non-Hispanic male	---	---	49.6	41.4	---	---	48.4	57.0	---	---	14.9	21.1
Black, non-Hispanic female ⁷	---	---	37.7	31.1	---	---	59.4	66.2	---	---	29.5	37.2
Mexican male	---	---	41.6	35.2	---	---	57.0	64.0	---	---	14.6	20.7
Mexican female ⁷	---	---	40.1	32.2	---	---	57.4	66.2	---	---	23.8	33.6
Male												
20–34 years	55.3	54.7	57.1	51.1	42.7	42.8	41.2	47.5	9.2	9.7	8.9	14.1
35–44 years	45.2	35.2	41.3	33.4	53.5	63.2	57.2	65.5	12.1	13.5	13.5	21.5
45–54 years	44.8	38.5	38.7	33.6	53.9	59.7	60.2	66.1	12.5	13.7	16.7	23.2
55–64 years	44.9	38.3	38.7	28.6	52.2	58.5	60.2	70.5	9.2	14.1	14.1	27.2
65–74 years	46.2	42.1	42.3	30.1	47.8	54.6	54.2	68.5	10.4	10.9	13.2	24.1
75 years and over	---	---	---	40.9	---	---	---	56.5	---	---	---	13.2
Female⁷												
20–34 years	67.6	65.8	65.0	57.9	21.2	25.8	27.9	37.0	7.2	9.7	11.0	18.5
35–44 years	58.4	56.7	55.6	47.1	37.2	40.5	40.7	49.6	14.7	17.7	17.8	25.5
45–54 years	47.6	49.3	48.7	37.2	49.3	49.0	48.7	60.3	20.3	18.9	19.6	32.4
55–64 years	38.1	41.1	43.5	31.5	59.9	54.5	53.7	66.3	24.4	24.1	22.9	33.7
65–74 years	36.4	40.6	37.8	37.0	60.9	55.9	59.5	60.3	23.2	22.0	21.5	26.9
75 years and over	---	---	---	43.0	---	---	---	52.3	---	---	---	19.2

--- Data not available.

¹The race groups, white and black, include persons of Hispanic and non-Hispanic origin.

²Body mass index (BMI) of 18.5 to less than 25 kilograms/meter² (see Appendix II, Body mass index).

³BMI greater than or equal to 25.

⁴BMI greater than or equal to 30.

⁵Data for Mexicans are for 1982–84. See Appendix I.

⁶Age adjusted to 2000 population using 5 age groups. See Appendix II, Age adjustment.

⁷Excludes pregnant women.

⁸Includes persons of all races and Hispanic origins, not just those shown separately.

NOTES: Percents do not sum to 100 because the percent of persons with BMI less than 18.5 is not shown and the percent of persons with obesity is a subset of the percent with overweight. Height was measured without shoes; two pounds are deducted from data for 1960–62 to allow for weight of clothing.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Examination Statistics. Unpublished data.

Table 70. Overweight children and adolescents 6–19 years of age, according to sex, age, race, and Hispanic origin: United States, selected years 1963–65 through 1988–94

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

Age, sex, race, and Hispanic origin ¹	1963–65 1966–70 ²	1971–74	1976–80 ³	1988–94
Percent of population				
6–11 years of age				
Both sexes	4.2	4.0	6.5	11.4
Boys	4.0	4.3	6.6	11.8
White	4.4	4.1	6.7	11.6
Black	1.6	5.3	6.7	12.3
White, non-Hispanic	---	---	6.1	10.9
Black, non-Hispanic	---	---	6.8	12.3
Mexican	---	---	13.3	17.7
Girls	4.5	3.6	6.4	11.0
White	4.5	3.7	5.7	9.8
Black	4.5	3.3	11.1	16.9
White, non-Hispanic	---	---	5.2	9.8
Black, non-Hispanic	---	---	11.2	17.1
Mexican	---	---	9.8	15.3
12–19 years of age				
Both sexes	4.6	6.1	5.0	10.5
Boys	4.5	5.4	4.5	11.3
White	4.7	5.5	4.6	12.1
Black	3.1	5.0	4.8	10.4
White, non-Hispanic	---	---	3.6	11.6
Black, non-Hispanic	---	---	4.9	10.7
Mexican	---	---	7.7	14.1
Girls ⁴	4.7	6.7	5.4	9.7
White	4.5	6.1	4.7	9.0
Black	6.4	10.1	10.0	16.3
White, non-Hispanic	---	---	5.0	8.9
Black, non-Hispanic	---	---	10.3	16.3
Mexican	---	---	9.1	13.5

--- Data not available.

¹The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race.

²Data for 1963–65 are for children 6–11 years of age; data for 1966–70 are for adolescents 12–17 years of age, not 12–19 years.

³Data for Mexicans are for 1982–84. See Appendix I.

⁴Excludes pregnant women starting with 1971–74. Pregnancy status not available for 1963–65/1966–70.

NOTES: Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the revised CDC Growth Charts: United States. Advance data from vital and health statistics; no. 314. Hyattsville, Maryland: National Center for Health Statistics. 2000. Age is at time of examination at mobile examination center. This table differs from the previous edition of *Health, United States* because overweight is based on a different standard. Crude rates, not age-adjusted rates, are shown.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Examination Statistics. Unpublished data.

Table 71. Persons residing in counties that met national ambient air quality standards throughout the year, by race and Hispanic origin: United States, 1988–98

[Data are based on air quality measurements in counties with monitoring devices]

Type of pollutant, race, and Hispanic origin	1988	1990	1992	1993	1994	1995	1996	1997	1998
All pollutants									
All persons.....	49.7	71.0	78.4	76.5	75.1	67.9	81.3	78.9	76.5
White.....	---	71.8	79.1	76.9	76.4	69.7	81.9	79.9	77.4
Black.....	---	71.5	76.5	75.2	70.4	59.4	80.8	74.9	75.1
American Indian or Alaska Native.....	---	76.8	83.0	82.4	80.0	77.9	83.2	85.5	81.1
Asian or Pacific Islander.....	---	49.6	64.4	62.8	55.6	48.2	64.4	65.6	55.1
Hispanic.....	---	49.3	56.8	57.7	54.8	44.5	56.3	60.8	56.2
Ozone									
All persons.....	53.6	76.3	81.9	79.5	79.9	71.6	83.3	80.7	79.5
White.....	---	76.9	82.7	79.9	80.0	73.0	83.9	81.9	80.2
Black.....	---	77.0	79.8	79.3	75.4	66.1	82.9	75.7	79.5
American Indian or Alaska Native.....	---	83.0	88.4	85.5	84.3	81.2	99.9	88.7	84.6
Asian or Pacific Islander.....	---	58.0	67.0	64.5	58.5	51.4	65.6	66.7	58.3
Hispanic.....	---	57.1	61.2	60.2	58.3	48.5	59.7	64.7	60.4
Carbon monoxide									
All persons.....	87.8	90.8	94.3	95.4	93.9	95.2	94.9	96.4	95.9
White.....	---	91.0	94.4	95.6	94.3	96.4	95.1	96.7	96.2
Black.....	---	93.4	95.5	96.0	92.6	96.1	96.0	96.6	96.3
American Indian or Alaska Native.....	---	88.7	92.9	95.1	93.2	94.2	93.8	96.9	96.5
Asian or Pacific Islander.....	---	73.7	84.7	85.8	84.6	85.9	85.5	86.6	86.2
Hispanic.....	---	72.5	79.8	82.2	81.4	82.6	80.9	84.7	84.3
Particulates (PM-10) ¹									
All persons.....	89.4	92.6	89.6	97.5	94.8	90.2	97.1	96.8	97.3
White.....	---	92.7	90.2	97.6	95.6	91.0	97.1	96.8	97.2
Black.....	---	94.2	87.9	96.8	94.0	87.1	96.8	96.7	97.5
American Indian or Alaska Native.....	---	92.4	89.9	97.4	96.2	90.4	96.8	95.5	96.2
Asian or Pacific Islander.....	---	82.7	79.3	98.5	93.2	80.7	96.9	96.9	96.8
Hispanic.....	---	76.1	71.3	97.4	91.0	75.2	92.7	92.4	92.8
Sulfur dioxide									
All persons.....	99.3	99.4	100.0	99.4	100.0	100.0	99.9	100.0	100.0
White.....	---	99.4	100.0	99.4	100.0	100.0	99.9	100.0	100.0
Black.....	---	99.5	100.0	99.5	100.0	100.0	100.0	100.0	100.0
American Indian or Alaska Native.....	---	99.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Asian or Pacific Islander.....	---	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0
Hispanic.....	---	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nitrogen dioxide									
All persons.....	96.6	96.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White.....	---	96.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Black.....	---	96.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0
American Indian or Alaska Native.....	---	97.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Asian or Pacific Islander.....	---	86.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hispanic.....	---	85.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lead									
All persons.....	99.3	94.1	98.1	97.8	98.3	98.1	98.3	99.0	98.3
White.....	---	94.9	98.5	98.2	98.7	98.3	98.6	99.2	98.5
Black.....	---	91.5	95.3	94.8	95.9	96.2	96.1	97.7	96.4
American Indian or Alaska Native.....	---	96.4	99.4	99.3	99.4	99.3	99.4	99.6	98.8
Asian or Pacific Islander.....	---	85.5	99.0	98.9	99.1	98.9	99.1	99.3	97.7
Hispanic.....	---	83.6	99.4	99.5	99.5	98.9	99.0	99.5	99.4

--- Data not available.

¹Particulate matter smaller than 10 microns.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Standard is met if the concentration of the pollutant does not exceed the criterion value more than once per calendar year. See Appendix II, National ambient air quality standards. 1988–89 data based on 1987 county population estimates; 1990–98 data based on 1990 county population estimates. Data for additional years are available (see Appendix III).

SOURCES: U.S. Environmental Protection Agency, Aerometric Information Retrieval System; data computed by the National Center for Health Statistics, Division of Health Promotion Statistics from data compiled by the U.S. Environmental Protection Agency, Office of Air Quality and Standards.

Table 72 (page 1 of 2). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, 1997–99

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	1998	1999	1997	1998	1999	1997	1998	1999	1997	1998	1999
Percent distribution												
All persons ^{2,3}	16.5	16.0	17.5	46.2	46.8	45.8	23.6	23.8	23.3	13.7	13.5	13.4
Age												
Under 18 years	11.8	11.7	12.4	54.1	54.5	54.4	25.2	25.6	25.0	8.9	8.2	8.2
Under 6 years	5.0	4.9	5.9	44.9	46.7	45.9	37.0	36.5	36.8	13.0	11.8	11.3
6–17 years.....	15.3	15.0	15.5	58.7	58.4	58.5	19.3	20.2	19.4	6.8	6.3	6.7
18–44 years	21.7	21.6	24.2	46.7	47.7	45.8	19.0	18.6	17.8	12.6	12.2	12.3
18–24 years.....	22.0	22.6	24.8	46.8	47.7	46.1	20.0	18.4	17.8	11.2	11.2	11.4
25–44 years.....	21.6	21.3	24.0	46.7	47.6	45.7	18.7	18.6	17.8	13.0	12.5	12.6
45–64 years	16.9	15.9	16.9	42.9	43.6	42.4	24.7	24.3	25.0	15.5	16.2	15.7
45–54 years.....	17.9	17.2	18.4	43.9	44.9	43.2	23.4	22.5	22.8	14.8	15.4	15.7
55–64 years.....	15.3	13.8	14.7	41.3	41.6	41.1	26.7	27.1	28.4	16.7	17.5	15.8
65 years and over	8.9	7.3	7.9	34.7	34.0	34.3	32.5	35.3	34.1	23.8	23.4	23.7
65–74 years.....	9.8	8.4	8.6	36.9	36.5	36.9	31.6	34.3	33.2	21.6	20.8	21.3
75 years and over.....	7.7	6.0	7.2	31.8	30.8	31.1	33.8	36.5	35.1	26.6	26.7	26.6
Sex ³												
Male.....	21.3	20.7	23.1	47.1	47.3	45.5	20.6	21.2	20.6	11.0	10.8	10.8
Female.....	11.8	11.3	12.0	45.4	46.4	46.1	26.5	26.3	25.9	16.3	16.0	15.9
Race ^{3,4}												
White	16.0	15.5	16.9	46.1	46.8	45.7	23.9	24.1	23.8	14.0	13.7	13.6
Black	16.8	16.4	18.4	46.1	46.5	46.1	23.2	23.3	22.1	13.9	13.8	13.5
American Indian or Alaska Native	17.1	20.0	20.7	38.0	39.0	35.6	24.2	25.1	25.6	20.7	15.9	18.1
Asian or Pacific Islander.....	22.8	20.9	22.7	49.1	48.3	47.2	19.7	21.3	19.8	8.3	9.4	10.3
Race and Hispanic origin ³												
White, non-Hispanic	14.7	14.3	15.5	46.6	47.1	45.9	24.4	24.6	24.5	14.3	14.0	14.1
Black, non-Hispanic	16.9	16.5	18.3	46.1	46.5	46.1	23.1	23.2	22.1	13.8	13.8	13.5
Hispanic ⁴	24.9	24.0	26.2	42.3	44.9	44.3	20.3	19.7	19.2	12.5	11.5	10.3
Mexican ⁴	28.9	28.5	30.2	40.8	41.9	43.0	18.5	18.6	18.2	11.8	11.0	8.7
Respondent-assessed health status ³												
Fair or poor.....	7.8	9.7	9.8	23.3	23.4	25.9	29.0	25.3	24.3	39.9	41.6	40.1
Good to excellent.....	17.2	16.6	18.1	48.4	49.0	47.7	23.3	23.7	23.2	11.1	10.8	11.0
Poverty status ^{3,5}												
Poor	20.3	20.9	21.5	37.1	37.8	39.2	22.7	22.8	21.3	19.9	18.5	18.1
Near poor	19.9	20.0	22.2	42.8	41.4	41.5	21.8	22.4	21.6	15.5	16.2	14.7
Nonpoor	14.0	13.4	14.9	48.0	48.6	47.0	25.0	25.3	25.0	13.0	12.7	13.1
Race and Hispanic origin and poverty status ^{3,5}												
White, non-Hispanic:												
Poor	16.3	17.0	17.0	37.7	38.3	38.9	24.0	24.0	23.3	22.1	20.7	20.7
Near poor	17.1	17.1	19.8	43.7	41.6	40.8	22.3	23.2	23.3	17.0	18.0	16.2
Nonpoor.....	13.2	12.8	14.0	47.6	48.1	46.8	25.7	25.7	25.5	13.4	13.4	13.7
Black, non-Hispanic:												
Poor	17.8	18.0	18.2	37.4	37.9	40.2	23.3	25.1	22.8	21.5	19.1	18.8
Near poor	18.9	20.7	19.8	43.0	41.6	43.7	23.4	22.4	20.7	14.7	15.2	15.8
Nonpoor.....	15.6	13.9	16.3	50.5	51.0	47.8	23.3	24.6	24.1	10.6	10.5	11.8
Hispanic: ⁴												
Poor	30.6	30.8	31.2	33.8	36.6	38.2	20.0	17.5	18.7	15.6	15.1	11.8
Near poor	29.1	26.2	30.2	39.0	42.4	42.1	20.9	20.4	17.5	11.0	11.0	10.1
Nonpoor.....	18.7	17.1	21.0	48.6	51.4	46.8	20.3	22.0	21.9	12.3	9.5	10.2

See footnotes at end of table.

Table 72 (page 2 of 2). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, 1997–99

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

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	1998	1999	1997	1998	1999	1997	1998	1999	1997	1998	1999
Health insurance status^{6,7}												
Under 65 years of age:												
Insured	14.3	14.0	---	49.0	49.8	---	23.6	23.3	---	13.1	12.8	---
Private	14.8	14.3	---	50.8	51.8	---	23.0	22.9	---	11.4	11.0	---
Medicaid	9.7	9.9	---	35.0	33.9	---	27.1	26.9	---	28.2	29.2	---
Uninsured	33.7	34.6	---	42.8	42.3	---	15.3	15.3	---	8.2	7.7	---
65 years of age and over:												
Private	7.4	5.7	---	36.0	35.4	---	33.7	36.4	---	22.9	22.5	---
Medicaid	10.2	6.5	---	21.0	23.6	---	28.1	30.6	---	40.7	39.4	---
Medicare only	13.0	11.8	---	35.0	32.7	---	31.0	33.9	---	21.1	21.6	---
Poverty status and health insurance status^{5,6}												
Under 65 years of age:												
Poor:												
Insured	13.7	14.5	---	38.8	40.1	---	24.5	24.5	---	22.9	20.9	---
Uninsured	36.7	36.8	---	38.8	37.8	---	14.9	15.7	---	9.5	9.7	---
Near poor:												
Insured	15.6	15.2	---	45.5	44.1	---	22.3	22.8	---	16.6	17.9	---
Uninsured	34.5	35.8	---	41.8	41.1	---	15.6	15.6	---	8.1	7.5	---
Nonpoor:												
Insured	13.4	13.3	---	50.3	50.9	---	24.2	24.0	---	12.1	11.8	---
Uninsured	29.1	29.4	---	45.4	46.4	---	17.0	16.8	---	8.4	7.3	---
Geographic region³												
Northeast	13.2	12.1	12.8	45.9	47.8	46.4	26.0	25.4	25.6	14.9	14.7	15.2
Midwest	15.9	15.6	16.2	47.7	46.9	46.7	22.8	24.2	23.8	13.6	13.4	13.3
South	17.2	17.0	18.9	46.1	46.7	45.5	23.3	23.1	22.5	13.5	13.2	13.2
West	19.1	18.3	20.9	44.8	46.0	44.8	22.8	22.8	21.9	13.3	12.9	12.4
Location of residence³												
Within MSA ⁸	16.2	15.7	17.4	46.4	46.9	45.9	23.7	23.9	23.4	13.7	13.4	13.2
Outside MSA ⁸	17.3	16.8	17.7	45.4	46.2	45.1	23.3	23.4	22.9	13.9	13.7	14.4

--- 1999 data by health insurance status were not available as of the printing date and will be available on the web.

¹This table presents a summary measure of ambulatory and home health care visits during a 12-month period based on the following questions: "During the past 12 months, how many times have you gone to a hospital emergency room about your own health?"; "During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?"; "During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." For each question respondents were shown a flashcard with response categories of: 0, 1, 2–3, 4–9, 10–12, or 13 or more visits. For this tabulation responses of 2–3 were recoded to 2 and responses of 4–9 were recoded to 6. The summary measure was constructed by adding recoded responses for these questions and categorizing the sum as: none, 1–3, 4–9, or 10 or more health care visits in the past 12 months. See Appendix II, Health care contact, Emergency department visit, Home visit.

²Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

³Estimates are age adjusted to the year 2000 standard using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups white, black, American Indian 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.

⁵Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 20 percent of persons in the sample in 1997, 25 percent in 1998, and 28 percent in 1999.

⁶Estimates for persons under 65 years of age are age adjusted to the year 2000 standard using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

NOTES: Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*. In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Data presented in this table are not comparable with data on physician contacts presented in *Health, United States*, 1999 and earlier editions.

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 73 (page 1 of 2). Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1994–99

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin					Poverty status		Location of residence			
	Non-Hispanic							Inside MSA ¹			
	All	White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic ²	Below poverty	At or above poverty	Central city	Remaining areas	Outside MSA
Percent of children 19–35 months of age											
Combined series (4:3:1:3): ³											
1994.....	69	72	67	82	60	62	61	72	68	70	70
1995.....	74	77	70	70	75	69	67	77	73	76	75
1996.....	77	79	74	80	78	71	69	80	74	78	77
1997.....	76	79	73	72	70	72	71	79	74	78	77
1998.....	79	82	73	78	79	75	74	82	77	81	81
1999.....	78	81	74	75	77	75	73	81	77	79	80
DTP (4 doses or more): ⁴											
1994.....	76	80	72	84	84	70	69	79	75	77	78
1995.....	79	81	74	73	82	75	71	81	77	80	79
1996.....	81	83	79	83	84	77	73	84	80	83	81
1997.....	81	84	78	80	80	77	76	84	80	83	81
1998.....	84	87	77	83	89	81	80	86	82	85	85
1999.....	83	86	79	80	87	80	79	85	82	84	83
Polio (3 doses or more):											
1994.....	83	85	79	90	92	81	78	85	83	84	83
1995.....	88	89	84	87	89	87	84	89	87	88	89
1996.....	91	92	90	89	90	89	88	92	89	92	92
1997.....	91	92	90	91	88	90	90	92	90	91	92
1998.....	91	92	88	85	93	89	90	92	89	91	93
1999.....	90	90	87	88	90	89	87	91	89	90	90
Measles-containing: ⁵											
1994.....	89	90	86	90	95	88	87	90	90	90	87
1995.....	90	91	86	88	95	88	85	91	89	91	90
1996.....	91	92	89	87	94	88	87	92	90	92	91
1997.....	91	92	90	92	89	88	86	92	90	91	90
1998.....	92	93	89	91	92	91	90	93	92	92	93
1999.....	92	92	90	92	93	90	90	92	91	92	90
Hib (3 doses or more): ⁶											
1994.....	86	87	85	90	70	84	81	88	86	87	86
1995.....	92	93	89	92	91	90	88	93	91	92	92
1996.....	92	93	90	90	92	89	88	93	90	93	92
1997.....	93	94	92	87	89	90	90	94	92	94	94
1998.....	93	95	90	90	92	92	91	95	92	94	94
1999.....	94	95	92	91	90	92	91	95	92	95	93
Hepatitis B (3 doses or more):											
1994.....	37	40	29	43	39	33	25	41	36	40	28
1995.....	68	68	65	55	80	69	64	69	68	71	60
1996.....	82	82	82	78	84	80	78	83	81	83	80
1997.....	84	85	83	83	88	81	80	85	82	85	85
1998.....	87	88	84	82	89	86	85	88	85	88	87
1999.....	88	89	87	*	88	87	87	89	87	89	88
Varicella: ⁷											
1997.....	26	28	21	20	36	22	17	29	26	29	17
1998.....	43	42	42	28	53	47	41	44	45	45	34
1999.....	58	56	58	*	64	61	55	58	59	61	47

See footnotes at end of table.

Table 73 (page 2 of 2). Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1994–99

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Vaccination and year	White, non-Hispanic		Black, non-Hispanic		Hispanic ²	
	Below poverty	At or above poverty	Below poverty	At or above poverty	Below poverty	At or above poverty
Percent of children 19–35 months of age						
Combined series (4:3:1:3): ³						
1995	68	79	66	75	65	72
1996	68	81	70	78	68	74
1997	70	76	72	80	71	77
1998	77	83	72	74	73	79
1999	76	82	72	77	73	78

* Beginning in 1999, percents not shown if the unweighted sample size for the numerator was < 30 or relative standard error > 0.5 or confidence interval half width > 10.

¹Metropolitan statistical area.

²Persons of Hispanic origin may be of any race.

³The 4:3:1:3 combined series consists of 4 doses of diphtheria-tetanus-pertussis (DTP) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine, and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

⁴Includes diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), and diphtheria and tetanus toxoids and acellular pertussis vaccine.

⁵Respondents were asked about measles-containing or MMR (measles-mumps-rubella) vaccines.

⁶*Haemophilus influenzae* type b (Hib) vaccine.

⁷Recommended in 1996. Data collection for varicella began in July 1996.

NOTES: Final estimates of data from the National Immunization Survey include an adjustment for children with missing immunization provider data. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Children missing information about poverty status were omitted from analysis by poverty level. In 1999, 13.6 percent of all children, 17.8 percent of Hispanic, 11.5 percent of non-Hispanic white, and 15.4 percent of non-Hispanic black children were missing information about poverty status and were omitted. See Appendix I, National Immunization Survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program. Data from the National Immunization Survey.

Table 74 (page 1 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1994–99

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Geographic division and State	1994	1995	1996	1997	1998	1999
Percent of children 19–35 months of age with 4:3:1:3 series ¹						
United States	69	74	77	76	79	78
New England:						
Maine	75	87	85	84	86	83
New Hampshire	78	86	83	84	82	85
Vermont	82	84	85	84	86	91
Massachusetts	77	80	86	86	87	85
Rhode Island	78	82	85	81	86	87
Connecticut	81	83	87	85	90	86
Middle Atlantic:						
New York	72	77	79	76	85	81
New Jersey	67	72	77	76	82	81
Pennsylvania	71	76	79	80	83	86
East North Central:						
Ohio	70	73	77	73	78	78
Indiana	69	75	70	72	78	74
Illinois	60	79	75	74	78	77
Michigan	55	67	74	75	78	74
Wisconsin	70	74	76	79	78	85
West North Central:						
Minnesota	74	76	83	78	82	85
Iowa	75	82	80	76	82	83
Missouri	59	75	74	77	85	75
North Dakota	73	81	81	82	79	80
South Dakota	67	79	80	76	74	82
Nebraska	62	75	80	75	76	82
Kansas	76	70	73	82	82	79
South Atlantic:						
Delaware	77	72	80	79	79	78
Maryland	75	78	78	80	77	79
District of Columbia	67	67	78	73	71	78
Virginia	76	71	77	72	80	80
West Virginia	62	71	71	80	82	81
North Carolina	75	80	77	80	83	82
South Carolina	78	80	84	79	88	81
Georgia	75	77	80	79	80	82
Florida	72	75	77	77	79	80
East South Central:						
Kentucky	74	79	76	79	82	88
Tennessee	68	73	77	77	82	78
Alabama	70	75	75	85	82	78
Mississippi	79	81	79	80	84	82
West South Central:						
Arkansas	64	73	72	77	73	77
Louisiana	66	76	79	76	78	77
Oklahoma	70	73	73	71	75	73
Texas	65	73	72	74	74	72
Mountain:						
Montana	69	71	77	74	82	83
Idaho	58	64	66	70	76	69
Wyoming	71	71	77	72	80	83
Colorado	66	77	76	72	76	76
New Mexico	66	76	79	75	71	73
Arizona	70	70	70	73	76	72
Utah	62	66	63	69	76	80
Nevada	63	65	70	71	76	73
Pacific:						
Washington	68	77	78	79	81	75
Oregon	64	72	70	72	76	72
California	67	69	76	74	76	75
Alaska	65	72	69	75	81	80
Hawaii	78	78	77	79	79	82

See footnotes at end of table.

Table 74 (page 2 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1994–99

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Geographic division and urban areas	1994	1995	1996	1997	1998	1999
Percent of children 19–35 months of age with 4:3:1:3 series ¹						
New England:						
Boston, Massachusetts	87	87	84	86	89	84
Middle Atlantic:						
New York City, New York	73	78	75	75	81	78
Newark, New Jersey	46	67	62	66	64	67
Philadelphia, Pennsylvania	67	67	75	78	80	81
East North Central:						
Cuyahoga County (Cleveland), Ohio	82	71	80	73	75	74
Franklin County (Columbus), Ohio	71	74	78	74	78	78
Marion County (Indianapolis), Indiana	72	75	72	81	78	79
Chicago, Illinois	55	69	74	68	64	71
Detroit, Michigan	45	57	63	65	70	66
Milwaukee County (Milwaukee), Wisconsin	72	68	70	70	73	74
South Atlantic:						
Baltimore, Maryland	74	75	81	83	81	72
District of Columbia	67	67	78	73	71	78
Fulton/DeKalb Counties (Atlanta), Georgia	72	79	74	75	71	83
Dade County (Miami), Florida	73	77	76	75	75	84
Duval County (Jacksonville), Florida	69	71	76	70	79	78
East South Central:						
Davidson County (Nashville), Tennessee	65	73	77	77	80	73
Shelby County (Memphis), Tennessee	67	68	70	70	71	75
Jefferson County (Birmingham), Alabama	72	85	77	82	85	85
West South Central:						
Orleans Parish (New Orleans), Louisiana	59	75	71	69	79	72
Bexar County (San Antonio), Texas	60	74	74	79	79	70
Dallas County (Dallas), Texas	62	70	71	74	71	72
El Paso County (El Paso), Texas	78	77	62	65	78	73
Houston, Texas	57	70	68	64	61	63
Mountain:						
Maricopa County (Phoenix), Arizona	71	69	71	72	77	71
Pacific:						
King County (Seattle), Washington	70	82	81	77	86	77
Los Angeles County (Los Angeles), California	65	70	79	71	76	76
San Diego County (San Diego), California	68	73	77	78	77	75
Santa Clara County (Santa Clara), California	78	74	79	73	84	82

¹The 4:3:1:3 combined series consists of 4 doses of diphtheria-tetanus-pertussis (DTP) vaccine, 3 doses of poliovirus vaccine, 1 dose of a measles-containing vaccine, and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

NOTES: Urban areas were chosen because they were high risk for under-vaccination. Final estimates of data from the National Immunization Survey include an adjustment for children with missing immunization provider data.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program. National, State, and Urban Area Vaccination Coverage Levels Among Children Aged 19–35 Months—United States, 1994–1999, data are available on the CDC Web site at www.cdc.gov/nip/coverage/data.htm.

Table 75 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age according to selected characteristics: United States, 1997–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Percent of children without a health care visit ¹									
All children ²	12.8	12.8	13.2	5.7	5.7	6.6	16.4	16.3	16.4
Race ³									
White	12.2	12.1	12.4	5.6	5.3	6.2	15.6	15.5	15.3
Black	13.8	14.9	14.7	5.2	7.8	7.7	18.1	18.2	17.9
American Indian or Alaska Native	*15.7	*	*21.5	*	*	*	*19.8	*	*26.7
Asian or Pacific Islander	16.0	16.6	17.1	*	*	*	21.5	22.8	23.9
Race and Hispanic origin									
White, non-Hispanic	10.7	10.7	10.7	4.4	4.3	5.2	13.7	13.7	13.2
Black, non-Hispanic	14.1	14.9	14.6	5.1	8.0	7.8	18.4	18.2	17.7
Hispanic ³	19.5	19.1	20.6	10.5	8.9	10.0	25.2	25.4	27.0
Poverty status ⁴									
Poor	17.6	17.8	19.2	7.3	9.0	12.1	24.4	23.2	23.0
Near poor	16.9	15.2	17.3	7.4	6.6	8.2	21.8	19.7	22.2
Nonpoor	9.7	9.7	9.7	4.1	3.6	4.4	12.4	12.5	12.1
Race and Hispanic origin and poverty status ⁴									
White, non-Hispanic:									
Poor	14.3	13.0	13.4	*5.7	*	*	20.0	18.5	15.8
Near poor	14.3	13.8	14.7	*6.5	*5.4	*6.5	18.2	17.9	19.0
Nonpoor	9.1	9.1	9.1	3.5	3.3	4.3	11.7	11.6	11.1
Black, non-Hispanic:									
Poor	15.4	16.9	16.4	*	*10.1	*9.6	21.7	20.4	19.8
Near poor	19.3	13.8	17.7	*	*	*10.3	24.9	16.9	21.3
Nonpoor	11.5	13.0	10.3	*	*	*	14.4	17.0	12.7
Hispanic: ³									
Poor	23.5	23.3	26.2	11.5	12.1	17.2	31.7	30.7	32.7
Near poor	20.7	19.6	22.7	9.8	8.9	10.5	27.6	27.0	29.5
Nonpoor	13.3	12.5	13.4	*9.4	*4.9	*4.0	15.5	16.9	18.1
Health insurance status ⁵									
Insured	10.2	10.6	---	4.4	4.6	---	13.2	13.6	---
Private	10.4	10.4	---	4.4	4.3	---	13.1	13.2	---
Medicaid	9.3	10.5	---	4.5	5.5	---	13.4	14.4	---
Uninsured	29.0	28.6	---	14.7	14.5	---	35.0	34.7	---
Poverty status and health insurance status ⁴									
Poor:									
Insured	12.5	13.9	---	5.0	*6.6	---	18.0	18.8	---
Uninsured	36.4	32.3	---	19.2	20.0	---	42.9	37.8	---
Near poor:									
Insured	13.7	11.4	---	5.0	*3.8	---	18.3	15.5	---
Uninsured	28.2	27.5	---	*16.9	16.9	---	32.9	32.6	---
Nonpoor:									
Insured	8.7	9.0	---	3.7	3.5	---	11.1	11.6	---
Uninsured	22.6	23.5	---	*	*	---	27.7	29.7	---

See footnotes at end of table.

Table 75 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age according to selected characteristics: United States, 1997–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Geographic region									Percent of children without a health care visit ¹
Northeast	7.1	6.9	6.6	*3.0	*3.2	*4.6	9.3	8.6	7.7
Midwest	11.8	12.7	11.8	5.7	6.2	5.9	14.7	15.8	14.5
South	14.8	13.7	14.7	5.3	5.9	7.0	19.5	17.6	18.4
West	16.0	16.7	17.9	8.8	7.0	8.3	19.8	21.6	22.8
Location of residence									
Within MSA ⁶	12.3	12.3	12.9	5.3	5.6	6.0	16.1	15.7	16.4
Outside MSA ⁶	14.6	14.6	14.1	7.6	6.2	9.0	17.4	18.5	16.2

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

--- 1999 data by health insurance status were not available as of the printing date and will be available on the web.

¹Respondents were asked how many times a doctor or other health care professional was seen in the past 12 months at a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. This table presents the percent of children with no visits in the past 12 months. See Appendix II, Health care contact.

²Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

³The 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.

⁴Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family, using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 17 percent of children in the sample in 1997, 21 percent in 1998, and 24 percent in 1999.

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. See Appendix II, Health insurance coverage.

⁶MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Data presented in this table are not comparable with data on percent of children without a physician contact within the past 12 months presented in *Health, United States, 1996–97, 1998*, and 1999. Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 76 (page 1 of 2). No usual source of health care among children under 18 years of age according to selected characteristics: United States, average annual 1993–94, 1995–96, and 1998–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1993–94	1995–96	1998–99 ¹	1993–94	1995–96	1998–99 ¹	1993–94	1995–96	1998–99 ¹
Percent of children without a usual source of health care ²									
All children ³	7.7	6.4	6.6	5.2	4.4	4.4	9.0	7.4	7.7
Race ⁴									
White	7.0	6.1	5.8	4.7	4.3	4.0	8.3	7.0	6.7
Black	10.3	7.5	8.2	7.6	5.2	5.0	11.9	8.7	9.6
American Indian or Alaska Native	*9.3	*5.2	*11.9	*	*	*	*8.7	*6.6	*11.8
Asian or Pacific Islander	9.7	8.4	9.2	*3.4	*	*	13.5	10.8	11.9
Race and Hispanic origin									
White, non-Hispanic	5.7	4.6	4.3	3.7	3.2	3.0	6.7	5.3	5.0
Black, non-Hispanic	10.2	7.5	8.0	7.7	5.3	4.8	11.6	8.7	9.5
Hispanic ⁴	14.3	13.2	14.0	9.3	8.7	8.4	17.7	16.1	17.4
Poverty status ⁵									
Poor	13.9	10.7	12.6	9.4	7.2	8.1	16.8	12.9	15.2
Near poor	9.8	9.0	10.2	6.7	6.1	7.4	11.6	10.5	11.6
Nonpoor	3.7	3.4	3.4	1.8	2.1	2.0	4.6	4.0	4.0
Race and Hispanic origin and poverty status ⁵									
White, non-Hispanic:									
Poor	10.2	9.2	11.0	6.5	6.7	*7.9	12.7	10.7	12.8
Near poor	8.7	6.7	7.0	6.3	4.6	5.1	10.1	7.8	8.0
Nonpoor	3.4	2.9	2.8	1.6	1.8	1.8	4.2	3.5	3.3
Black, non-Hispanic:									
Poor	13.7	8.4	8.6	10.9	6.6	*5.2	15.5	9.6	10.2
Near poor	9.1	9.9	10.2	*6.0	5.8	*6.6	10.8	12.0	11.9
Nonpoor	4.6	3.9	5.0	*	*2.2	*	5.8	4.6	5.9
Hispanic: ⁴									
Poor	19.6	15.0	18.0	12.7	9.0	10.6	24.8	19.2	23.2
Near poor	15.3	16.2	17.3	9.9	11.8	12.0	18.9	18.9	20.6
Nonpoor	5.0	7.1	6.0	*2.7	4.7	*3.1	6.5	8.5	7.5
Health insurance status ⁶									
Insured	5.0	3.9	3.5	3.3	2.6	2.2	5.9	4.5	4.2
Private	3.8	3.1	2.9	2.0	1.7	1.6	4.6	3.7	3.5
Medicaid	8.5	6.2	5.6	6.0	4.4	3.8	10.8	7.7	7.1
Uninsured	23.5	22.3	28.0	18.0	17.5	20.9	26.0	24.4	31.1
Poverty status and health insurance status ⁵									
Poor:									
Insured	9.1	6.2	6.1	6.0	4.5	*4.5	11.5	7.4	7.2
Uninsured	29.4	27.1	33.0	25.0	22.5	25.6	31.5	28.9	36.3
Near poor:									
Insured	6.0	5.0	4.7	4.0	3.3	*2.5	7.2	6.0	5.8
Uninsured	22.9	22.5	28.3	18.0	17.9	24.5	25.3	24.5	30.0
Nonpoor:									
Insured	2.9	2.6	2.5	1.5	1.5	*1.3	3.6	3.1	3.0
Uninsured	14.5	15.3	20.6	6.4	11.2	*	18.1	17.5	23.6

See footnotes at end of table.

Table 76 (page 2 of 2). No usual source of health care among children under 18 years of age according to selected characteristics: United States, average annual 1993–94, 1995–96, and 1998–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1993–94	1995–96	1998–99 ¹	1993–94	1995–96	1998–99 ¹	1993–94	1995–96	1998–99 ¹
Geographic region	Percent of children without a usual source of health care ²								
Northeast	4.1	3.2	2.5	2.9	2.3	*1.9	4.8	3.7	2.8
Midwest	5.2	4.3	4.4	4.1	3.3	3.5	5.9	4.8	4.8
South	10.9	7.9	8.6	7.3	5.1	5.7	12.7	9.3	10.0
West	8.6	9.3	9.7	5.3	6.4	5.6	10.6	10.8	11.7
Location of residence									
Within MSA ³	7.7	6.5	6.7	5.0	4.5	4.5	9.2	7.5	7.8
Outside MSA ³	7.8	6.1	6.4	6.0	4.0	3.9	8.7	7.1	7.5

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

¹ Percents by health insurance status are for 1998 only. 1999 data were not available as of the printing date and will be available on the web. 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.

² Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See Appendix II, Usual source of care.

³ Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

⁴ 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.

⁵ Prior to 1997 poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Poverty level. Missing family income data were imputed for 14 percent of children in 1993–96. See Appendix II, Family income for information on imputation. Poverty status was unknown for 17 percent of children in the sample in 1997, 21 percent in 1998, and 24 percent in 1999.

⁶ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. In 1993–96 health insurance status was unknown for 8–9 percent of children in the sample. In 1997–98 health insurance status was unknown for 1 percent of children in the sample. See Appendix II, Health insurance coverage.

⁷ MSA is metropolitan statistical area.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample child questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 77 (page 1 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, 1997–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Percent of children with 1 or more emergency department visits ¹									
All children ²	19.9	20.2	17.9	24.3	25.2	23.3	17.7	17.8	15.3
Race ³									
White	19.4	19.8	17.2	22.6	24.6	22.0	17.8	17.4	14.9
Black	24.0	24.1	22.7	33.1	29.9	33.1	19.4	21.3	18.0
American Indian or Alaska Native	*24.1	29.0	31.2	*24.3	*40.6	*27.3	*24.0	*22.8	*34.1
Asian or Pacific Islander	12.6	11.0	11.4	20.8	15.6	*14.2	8.6	*8.2	*10.0
Race and Hispanic origin									
White, non-Hispanic	19.2	20.0	17.5	22.2	24.5	22.2	17.7	17.8	15.3
Black, non-Hispanic	23.6	24.1	22.8	32.7	29.9	33.2	19.2	21.4	18.1
Hispanic ³	21.1	19.0	15.9	25.7	25.4	21.4	18.1	15.0	12.6
Poverty status ⁴									
Poor	25.4	27.1	24.4	29.9	33.9	31.6	22.5	23.0	20.6
Near poor	22.6	22.9	22.2	28.8	27.5	30.4	19.4	20.5	17.8
Nonpoor	17.4	17.6	15.4	21.0	21.0	19.0	15.8	16.0	13.8
Race and Hispanic origin and poverty status ⁴									
White, non-Hispanic:									
Poor	26.3	30.6	26.9	28.0	33.6	35.0	25.1	28.5	23.3
Near poor	23.0	22.4	24.4	26.5	27.9	32.9	21.2	19.7	20.0
Nonpoor	17.4	18.2	15.2	20.6	21.8	18.4	15.9	16.6	13.8
Black, non-Hispanic:									
Poor	29.8	29.8	29.7	40.9	38.3	42.6	22.8	25.5	23.4
Near poor	23.6	25.7	24.3	33.6	29.6	35.7	19.1	23.9	18.6
Nonpoor	17.8	18.8	18.3	23.8	21.3	25.7	15.5	17.7	15.3
Hispanic: ³									
Poor	22.0	20.9	16.4	24.8	29.6	21.0	20.1	15.3	13.0
Near poor	20.8	21.1	15.2	28.9	25.4	21.7	15.6	18.2	11.6
Nonpoor	20.3	15.4	17.2	22.7	20.1	23.0	18.9	12.7	14.3
Health insurance status ⁵									
Insured	19.8	20.2	---	24.4	25.2	---	17.5	17.7	---
Private	17.2	17.6	---	20.6	21.2	---	15.8	16.0	---
Medicaid	28.4	29.6	---	33.2	34.8	---	24.3	25.5	---
Uninsured	20.2	20.1	---	23.0	25.1	---	18.9	18.0	---
Poverty status and health insurance status ⁴									
Poor:									
Insured	26.6	27.9	---	31.4	34.1	---	23.2	23.9	---
Uninsured	20.9	23.7	---	20.9	32.1	---	20.9	19.9	---
Near poor:									
Insured	22.7	24.0	---	29.2	29.4	---	19.2	21.0	---
Uninsured	22.2	19.5	---	27.3	20.9	---	20.1	18.8	---
Nonpoor:									
Insured	17.3	17.5	---	20.8	20.8	---	15.7	16.0	---
Uninsured	18.8	19.0	---	23.7	26.6	---	16.7	16.3	---
Geographic region									
Northeast	18.5	18.5	17.1	20.7	20.5	20.3	17.4	17.6	15.5
Midwest	19.5	20.1	18.4	26.0	25.4	24.1	16.4	17.5	15.8
South	21.8	22.9	19.2	25.6	28.8	25.7	19.9	20.1	16.1
West	18.5	17.6	15.9	23.5	23.4	21.4	15.9	14.7	13.1
Location of residence									
Within MSA ⁶	19.7	19.6	16.7	23.9	24.0	22.0	17.4	17.3	14.0
Outside MSA ⁶	20.8	22.7	22.4	26.2	29.8	29.1	18.6	19.4	19.7

See footnotes at end of table.

Table 77 (page 2 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, 1997–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Percent of children with 2 or more emergency department visits ¹									
All children ²	7.1	6.9	5.5	9.6	9.3	8.7	5.8	5.8	4.0
Race ³									
White	6.6	6.3	4.7	8.4	8.2	7.3	5.7	5.4	3.5
Black	9.6	10.1	9.4	14.9	14.8	16.8	6.9	7.8	6.1
American Indian or Alaska Native	* ^{11.4}	* ^{15.3}	*	*	*	*	*	*	*
Asian or Pacific Islander	*5.7	*5.5	*	*12.9	*	*	*	*	*
Race and Hispanic origin									
White, non-Hispanic	6.2	6.2	4.7	7.8	8.0	7.4	5.5	5.4	3.5
Black, non-Hispanic	9.3	10.0	9.4	14.6	14.7	16.9	6.8	7.8	6.0
Hispanic ³	8.9	7.0	5.2	11.8	9.3	7.9	7.0	5.5	3.6
Poverty status ⁴									
Poor	11.2	11.8	10.5	14.4	15.7	15.5	9.1	9.4	7.7
Near poor	8.6	9.0	7.6	12.7	10.5	12.4	6.4	8.1	5.0
Nonpoor	5.2	4.7	3.9	6.7	6.3	6.1	4.6	4.0	3.0
Race and Hispanic origin and poverty status ⁴									
White, non-Hispanic:									
Poor	11.0	12.5	11.3	12.4	*13.7	18.3	10.1	11.6	*8.1
Near poor	8.4	8.7	7.7	11.8	10.0	12.9	6.6	8.0	*5.0
Nonpoor	5.0	4.7	3.6	6.0	6.4	5.2	4.5	3.9	2.9
Black, non-Hispanic:									
Poor	12.9	14.0	14.7	19.6	21.7	22.9	*8.7	10.2	10.6
Near poor	9.5	10.8	9.9	*14.0	*14.0	*16.9	*7.5	9.3	*
Nonpoor	5.1	5.2	6.4	*8.1	*7.2	*12.6	*4.0	*4.4	*3.9
Hispanic: ³									
Poor	10.6	8.1	5.7	13.9	11.5	*8.1	8.4	*5.9	*
Near poor	8.1	7.3	6.0	12.2	8.3	*9.9	*5.4	6.7	*
Nonpoor	7.4	6.1	5.5	8.2	*6.6	*9.2	7.0	5.9	*3.6
Health insurance status ⁵									
Insured	7.0	6.9	---	9.6	9.3	---	5.7	5.7	---
Private	5.0	5.1	---	6.6	6.7	---	4.4	4.4	---
Medicaid	13.2	13.6	---	16.2	15.8	---	10.6	11.8	---
Uninsured	7.7	7.1	---	9.8	8.9	---	6.8	6.3	---
Poverty status and health insurance status ⁴									
Poor:									
Insured	12.0	12.2	---	15.4	15.5	---	9.6	10.1	---
Uninsured	8.0	9.4	---	*8.7	*14.7	---	*7.7	*7.1	---
Near poor:									
Insured	8.6	9.3	---	12.7	11.7	---	6.4	8.0	---
Uninsured	8.3	7.7	---	*12.2	*	---	6.8	*8.4	---
Nonpoor:									
Insured	5.1	4.7	---	6.4	6.2	---	4.5	4.0	---
Uninsured	7.1	*5.2	---	*11.8	*	---	*5.0	*	---

See footnotes at end of table.

Table 77 (page 3 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, 1997–99

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

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Geographic region	Percent of children with 2 or more emergency department visits ¹								
Northeast	6.2	5.8	4.9	7.6	6.6	6.5	5.4	5.4	4.0
Midwest	6.6	7.1	5.8	10.4	10.3	9.8	4.8	5.5	4.0
South	8.0	8.1	6.1	10.1	11.1	9.8	6.9	6.6	4.3
West	7.1	5.9	4.7	10.0	7.6	7.6	5.6	5.1	3.3
Location of residence									
Within MSA ⁶	7.2	6.6	5.0	9.6	8.9	8.0	5.9	5.4	3.4
Outside MSA ⁶	6.8	8.2	7.4	9.7	11.0	11.3	5.6	6.9	5.8

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

— 1999 data by health insurance status were not available as of the printing date and will be available on the web.

¹See Appendix II, Emergency department visit.

²Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

³The 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.

⁴Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family, using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 17 percent of children in the sample in 1997, 21 percent in 1998, and 24 percent in 1999.

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. See Appendix II, Health insurance coverage.

⁶MSA is metropolitan statistical area.

NOTE: Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 78 (page 1 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94, 1995–96, and 1998–99

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

Characteristic	1993–94	1995–96	1998–99 ¹
Percent of adults without a usual source of health care ²			
All adults 18–64 years of age ^{3,4}	18.5	16.6	17.5
Age			
18–44 years	21.7	19.6	21.2
18–24 years	26.6	22.6	27.1
25–44 years	20.3	18.8	19.3
45–64 years	12.8	11.3	11.1
45–54 years	14.1	12.2	12.2
55–64 years	11.1	9.8	9.5
Sex ⁴			
Male	23.3	21.0	23.5
Female.	13.9	12.5	11.7
Race ^{4,5}			
White	18.2	16.3	16.8
Black	19.2	17.6	18.6
American Indian or Alaska Native	19.1	15.9	22.2
Asian or Pacific Islander	24.0	20.7	22.1
Race and Hispanic origin ⁴			
White, non-Hispanic	17.0	15.0	15.4
Black, non-Hispanic.	18.9	17.4	18.5
Hispanic ⁵	28.8	26.2	28.7
Mexican ⁵	30.5	28.1	33.0
Poverty status ^{4,6}			
Poor	28.2	24.9	27.5
Near poor.	24.6	22.3	25.8
Nonpoor.	14.8	13.5	13.9
Race and Hispanic origin and poverty status ^{4,6}			
White, non-Hispanic:			
Poor	27.1	22.8	24.5
Near poor	22.7	20.3	23.2
Nonpoor	14.4	13.0	13.2
Black, non-Hispanic:			
Poor	23.8	21.1	21.7
Near poor	21.6	21.2	23.4
Nonpoor	14.6	13.6	14.7
Hispanic: ⁵			
Poor	38.0	32.6	38.3
Near poor	35.7	31.6	33.7
Nonpoor	18.3	18.2	19.6
Health insurance status ^{4,7}			
Insured.	13.3	11.4	10.7
Private	13.1	11.3	10.9
Medicaid	14.8	12.0	9.0
Uninsured.	41.5	40.9	45.9
Poverty status and health insurance status ^{4,6}			
Poor:			
Insured	16.8	13.6	13.6
Uninsured	45.7	42.1	48.0
Near poor:			
Insured	15.3	13.1	13.6
Uninsured	42.9	41.5	45.5
Nonpoor:			
Insured	12.3	10.8	10.3
Uninsured	37.0	39.4	42.9

See footnotes at end of table.

Table 78 (page 2 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94, 1995–96, and 1998–99

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

Characteristic	1993–94	1995–96	1998–99 ¹
Geographic region ⁴	Percent of adults without a usual source of health care ²		
Northeast	14.5	13.3	12.7
Midwest	15.8	14.5	15.9
South	21.6	18.4	20.4
West	20.5	19.5	19.2
Location of residence ⁴			
Within MSA ⁸	18.8	16.9	17.7
Outside MSA ⁸	17.4	15.4	17.0

¹ Percents by health insurance status are for 1998 only. 1999 data were not available as of the printing date and will be available on the web. 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.

² Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See Appendix II, Usual source of care.

³ Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

⁴ Estimates are for persons 18–64 years of age and are age adjusted to the year 2000 standard using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. See Appendix II, Age adjustment.

⁵ 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.

⁶ Prior to 1997 poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Missing family income data were imputed for 16 percent of adults in 1993–96. See Appendix II, Family income for information on imputation process. Poverty status was unknown for 22 percent of adults in the sample in 1997, 27 percent in 1998, and 29 percent in 1999.

⁷ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. In 1993–96 health insurance coverage was unknown for 8–9 percent of adults in the sample. In 1997–98 health insurance coverage was unknown for 1 percent of adults in the sample. See Appendix II, Health insurance coverage.

⁸ MSA is metropolitan statistical area.

NOTE: Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample adult questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 79 (page 1 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, 1997–99

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

Characteristic	1 or more emergency department visits			2 or more emergency department visits		
	1997	1998	1999	1997	1998	1999
Percent of adults with emergency department visit ¹						
All adults 18 years of age and over ^{2,3}	19.6	19.7	17.2	6.7	6.7	5.2
Age						
18–44 years	20.7	20.4	17.7	6.8	7.0	5.6
18–24 years	26.3	24.7	21.7	9.1	8.3	7.3
25–44 years	19.0	19.1	16.5	6.2	6.6	5.0
45–64 years	16.2	17.1	14.6	5.6	5.7	4.3
45–54 years	15.7	17.0	14.3	5.5	6.0	4.3
55–64 years	16.9	17.2	15.1	5.7	5.2	4.3
65 years and over	22.0	21.9	19.9	8.1	7.3	5.6
65–74 years	20.3	20.0	17.3	7.1	6.8	4.7
75 years and over	24.3	24.3	23.1	9.3	8.0	6.7
Sex ³						
Male	19.1	19.5	16.1	5.9	6.1	4.3
Female	20.2	19.9	18.2	7.5	7.3	6.0
Race ^{3,4}						
White	19.0	19.1	16.7	6.2	6.1	4.8
Black	25.9	25.3	22.3	11.1	10.7	8.8
American Indian or Alaska Native	24.8	28.6	27.2	13.1	12.4	*10.3
Asian or Pacific Islander	11.6	14.4	10.0	*2.9	5.8	*
Race and Hispanic origin ³						
White, non-Hispanic	19.1	19.3	17.0	6.2	6.1	4.9
Black, non-Hispanic	25.9	25.2	22.3	11.0	10.6	8.8
Hispanic ⁴	19.2	18.6	15.3	7.4	6.6	4.5
Mexican ⁴	17.8	16.3	14.4	6.4	5.7	4.1
Poverty status ^{3,5}						
Poor	29.2	28.1	27.6	13.7	13.4	11.7
Near poor	24.9	24.4	21.7	10.0	10.1	8.0
Nonpoor	17.5	18.0	15.4	5.0	5.2	4.1
Race and Hispanic origin and poverty status ^{3,5}						
White, non-Hispanic:						
Poor	30.8	30.1	29.7	14.1	13.9	12.0
Near poor	25.5	24.7	22.2	9.8	10.3	7.8
Nonpoor	17.2	17.8	15.5	4.8	4.9	4.1
Black, non-Hispanic:						
Poor	35.5	32.7	33.5	17.9	17.9	16.6
Near poor	30.8	29.7	27.9	12.9	13.5	13.0
Nonpoor	20.7	22.4	18.5	7.8	8.0	5.8
Hispanic: ⁴						
Poor	22.9	19.6	17.1	10.2	8.1	6.6
Near poor	19.2	20.4	15.9	8.4	6.9	5.0
Nonpoor	17.9	17.4	14.5	5.5	4.8	3.8
Health insurance status ^{6,7}						
18–64 years of age:						
Insured	18.8	18.9	---	6.1	6.1	---
Private	16.9	17.2	---	4.7	4.8	---
Medicaid	36.9	38.3	---	19.5	20.7	---
Uninsured	20.0	20.3	---	7.5	8.0	---
65 years of age and over:						
Private	21.4	21.3	---	6.7	6.6	---
Medicaid	32.3	33.2	---	18.0	13.9	---
Medicare only	20.9	20.4	---	8.8	7.1	---

See footnotes at end of table.

Table 79 (page 2 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, 1997–99

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

Characteristic	1 or more emergency department visits			2 or more emergency department visits		
	1997	1998	1999	1997	1998	1999
Poverty status and health insurance status^{5,6}						Percent of adults with emergency department visit ¹
18–64 years of age:						
Poor:						
Insured	32.1	29.2	---	15.9	14.8	---
Uninsured	24.4	25.0	---	10.0	11.4	---
Near poor:						
Insured	26.6	26.8	---	10.3	11.2	---
Uninsured	21.3	18.9	---	9.1	7.9	---
Nonpoor:						
Insured	16.6	17.1	---	4.5	4.6	---
Uninsured	18.7	19.8	---	5.5	6.9	---
Geographic region³						
Northeast	19.5	19.6	16.9	6.9	6.2	5.1
Midwest	19.3	18.9	17.2	6.2	6.3	5.1
South	20.9	21.2	17.7	7.3	7.6	5.7
West	17.7	18.1	16.4	6.0	5.9	4.5
Location of residence³						
Within MSA ⁸	19.1	19.0	16.6	6.4	6.4	4.9
Outside MSA ⁸	21.5	22.3	19.5	7.8	7.7	6.4

* Data preceded by an asterisk have a relative standard error of 20–30 percent. Data not shown have a relative standard error of greater than 30 percent.

--- 1999 data by health insurance status were not available as of the printing date and will be available on the web.

¹See Appendix II, Emergency department visit.

²Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

³Estimates are for persons 18 years of age and over and are age adjusted to the year 2000 standard using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups white, black, American Indian 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.

⁵Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family, using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 22 percent of adults in the sample in 1997, 27 percent in 1998, and 29 percent in 1999.

⁶Estimates for persons 18–64 years of age are age adjusted to the year 2000 standard using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

NOTE: Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

**Table 80 (page 1 of 2). Dental visits in the past year according to selected patient characteristics:
United States, 1997–99**

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

Characteristic	2 years of age and over ¹			2–17 years of age			18–64 years of age			65 years of age and over ²		
	1997	1998	1999	1997	1998	1999	1997	1998	1999	1997	1998	1999
Percent of persons with a dental visit in the past year ³												
Total ⁴	64.9	66.2	65.2	72.7	73.5	72.6	64.1	65.5	64.6	54.8	56.4	55.0
Sex												
Male	62.6	63.6	62.5	72.3	72.0	72.3	60.4	61.7	60.4	55.4	57.8	54.7
Female	67.2	68.8	67.8	73.0	75.1	72.8	67.7	69.2	68.5	54.4	55.4	55.2
Race ⁵												
White	66.5	67.8	67.1	74.0	74.9	74.5	65.7	67.1	66.5	56.8	58.2	56.7
Black	56.5	58.0	56.1	68.8	69.8	67.6	57.0	58.2	55.8	35.4	36.9	39.5
American Indian or Alaska Native	51.5	56.1	56.2	66.8	72.6	59.5	49.9	53.7	55.6	*	*41.1	*49.4
Asian or Pacific Islander	61.8	65.6	63.4	69.9	67.9	70.8	60.3	63.5	62.7	53.9	67.4	51.6
Race and Hispanic origin												
White, non-Hispanic	68.2	69.5	68.9	76.4	77.1	77.1	67.5	68.9	68.3	57.2	58.7	57.3
Black, non-Hispanic	56.5	58.0	56.1	68.8	69.8	67.6	56.9	58.1	55.7	35.3	37.3	39.4
Hispanic ⁵	52.9	54.1	52.3	61.0	62.4	59.3	50.8	52.2	50.6	47.8	46.8	44.0
Poverty status ⁶												
Poor	47.2	48.3	46.2	62.0	63.5	57.8	46.4	47.1	46.0	30.3	32.6	31.9
Near poor	48.9	50.5	48.5	61.6	61.1	61.6	46.4	49.0	46.1	39.6	41.8	38.9
Nonpoor	72.3	73.2	72.0	79.7	80.3	79.9	71.1	72.0	70.8	66.3	66.8	64.4
Race and Hispanic origin and poverty status ⁶												
White, non-Hispanic:												
Poor	49.9	51.8	49.8	63.3	64.1	62.9	50.3	51.9	50.6	31.1	34.0	32.2
Near poor	51.0	52.6	50.2	64.8	63.5	63.4	48.2	51.4	47.8	41.2	42.9	39.5
Nonpoor.	73.6	74.4	73.6	80.7	81.5	81.8	72.5	73.3	72.4	67.6	67.7	65.4
Black, non-Hispanic:												
Poor	46.7	47.1	45.0	66.7	67.7	61.2	44.5	46.5	42.1	26.2	22.4	32.8
Near poor	44.9	47.8	47.6	60.1	61.2	66.3	44.7	46.4	45.2	23.6	33.9	30.7
Nonpoor.	65.4	65.3	64.1	75.5	76.1	72.2	66.2	65.5	64.7	48.9	48.5	51.0
Hispanic: ⁵												
Poor	41.9	41.7	41.5	56.8	58.6	49.6	39.0	37.4	39.7	33.0	36.3	32.1
Near poor	46.2	45.3	43.8	54.1	53.1	54.0	42.6	43.7	41.0	49.2	40.3	34.8
Nonpoor.	65.1	67.2	63.8	74.8	75.5	72.0	62.5	65.4	62.0	56.5	59.4	58.9

See footnotes at end of table.

**Table 80 (page 2 of 2). Dental visits in the past year according to selected patient characteristics:
United States, 1997–99**

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

Characteristic	2 years of age and over ¹			2–17 years of age			18–64 years of age			65 years of age and over ²		
	1997	1998	1999	1997	1998	1999	1997	1998	1999	1997	1998	1999
Geographic region	Percent of persons with a dental visit in the past year ³											
Northeast	69.6	70.3	70.9	77.5	80.5	78.5	69.6	69.6	71.5	55.5	56.3	54.3
Midwest	68.3	69.3	68.1	76.4	76.9	76.8	67.4	69.2	67.6	57.6	56.2	54.3
South	60.0	62.2	60.6	68.0	69.1	68.0	59.4	61.2	59.4	49.0	54.0	52.4
West	64.9	65.6	64.7	71.5	70.1	69.9	62.9	64.7	63.3	61.9	61.3	61.9
Location of residence												
Within MSA ⁷	66.5	67.9	67.1	73.6	74.5	73.1	65.7	67.1	66.8	57.6	59.1	58.1
Outside MSA ⁷	59.1	60.3	58.3	69.3	69.6	70.7	58.0	59.4	56.2	46.1	47.6	45.0

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

¹Estimates are age adjusted to the year 2000 standard using six age groups: 2–17 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

²Estimates for the elderly are the percent of persons 65 years of age and over with a dental visit in the past year. Data from the 1997–99 National Health Interview Survey estimate that 29–30 percent of persons 65 years of age and over were edentulous (having lost all their natural teeth). In 1997–99 about 70 percent of elderly dentate persons compared with 17–18 percent of elderly edentate persons had a dental visit in the past year.

³Respondents were asked "About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists." This question was not asked for children under two years of age. This table presents the percent of persons with a visit in the past one year or less.

⁴Includes all other races not shown separately and unknown poverty status.

⁵The 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.

⁶Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family, using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Family income, Poverty level. Poverty status was unknown for 20 percent of persons in the sample in 1997, 25 percent in 1998, and 28 percent in 1999.

⁷MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Some numbers for 1998 were revised and differ from the previous edition of *Health, United States*.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey, sample child and sample adult questionnaires.

Table 81. Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1982–84, and 1988–94

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

Sex, race and Hispanic origin, and poverty status	2–5 years			6–17 years			18–64 years			65–74 years		
	1971–74	1982–84	1988–94	1971–74	1982–84	1988–94	1971–74	1982–84	1988–94	1971–74	1982–84	1988–94
Percent of persons with at least one untreated dental caries												
Total ¹	24.4	---	18.7	55.0	---	23.1	48.4	---	28.2	29.7	---	25.4
Sex												
Male.	26.1	---	19.2	54.8	---	22.6	48.4	---	31.2	30.2	---	29.9
Female.	22.7	---	18.1	55.2	---	23.7	48.5	---	25.3	28.3	---	21.5
Race and Hispanic origin ²												
White, non-Hispanic.	23.7	---	14.4	52.3	---	18.9	45.2	---	23.6	28.1	---	22.7
Black, non-Hispanic.	28.2	---	25.1	70.9	---	33.0	68.1	---	47.9	41.5	---	46.7
Mexican	---	23.1	34.9	---	42.8	37.2	---	45.4	39.9	---	44.3	43.8
Poverty status ³												
Poor	30.7	---	28.8	70.4	---	36.3	63.6	---	47.3	34.3	---	46.7
Near poor	29.8	---	24.3	60.2	---	29.2	56.3	---	42.7	35.6	---	39.3
Nonpoor	17.5	---	9.7	46.3	---	14.5	43.1	---	19.5	26.2	---	19.4
Race, Hispanic origin, and poverty status ^{2,3}												
White, non-Hispanic:												
Poor	31.9	---	25.4	68.1	---	32.5	58.4	---	42.3	33.3	---	39.0
Near poor and nonpoor.	22.1	---	12.4	50.3	---	16.7	44.3	---	21.6	28.0	---	22.7
Black, non-Hispanic:												
Poor	29.0	---	27.5	73.4	---	35.6	73.1	---	59.0	39.8	---	50.1
Near poor and nonpoor.	26.5	---	23.0	67.4	---	31.2	65.8	---	43.4	41.1	---	43.6
Mexican:												
Poor	---	22.6	38.5	---	46.4	45.8	---	56.3	52.4	---	54.4	55.5
Near poor and nonpoor.	---	22.0	30.5	---	39.3	27.6	---	41.0	31.5	---	30.8	35.6

--- Data not available.

¹Includes all other races not shown separately and unknown poverty status.

²In 1971–74, data are for white persons and black persons. Persons of Hispanic origin may be of any race.

³Poverty status is based on family income and family size. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Persons with unknown poverty status are excluded (4 percent in 1971–74, 8 percent in 1982–84, and 6 percent in 1988–94). See Appendix II, Family income, Poverty level.

NOTES: Excludes edentulous persons (persons without teeth) of all ages. The majority of edentulous persons are 65 years of age and over. Estimates of edentulism among the elderly are 46 percent in 1971–74, 37 percent in 1982–84, and 33 percent in 1988–94.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health and Nutrition Examination Survey (NHANES) I, Hispanic Health and Nutrition Examination Survey, and NHANES III.

Table 82 (page 1 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–98

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

Characteristic	1987	1990	1991	1993	1994	1998
Percent of women having a mammogram within the past 2 years ¹						
40 years and over, age adjusted ^{2,3}	29.0	51.7	54.7	59.7	61.0	67.0
40 years and over, crude ²	28.7	51.4	54.6	59.7	60.9	66.9
Age						
40–49 years	31.9	55.1	55.6	59.9	61.3	63.4
50–64 years	31.7	56.0	60.3	65.1	66.5	73.7
65 years and over:	22.8	43.4	48.1	54.2	55.0	63.8
65–74 years	26.6	48.7	55.7	64.2	63.0	69.4
75 years and over	17.3	35.8	37.8	41.0	44.6	57.2
Race ⁴						
40 years and over, crude:						
White	29.6	52.2	55.6	60.0	60.6	67.4
Black	24.0	46.4	48.0	59.1	64.3	66.0
Asian or Pacific Islander	*	46.0	45.9	55.1	55.8	60.2
Race and Hispanic origin						
40 years and over, crude:						
White, non-Hispanic	30.3	52.7	56.0	60.6	61.3	68.0
Black, non-Hispanic	23.8	46.0	47.7	59.2	64.4	66.0
Hispanic ⁴	18.3	45.2	49.2	50.9	51.9	60.2
Age, race, and Hispanic origin						
40–49 years:						
White, non-Hispanic	34.3	57.0	58.1	61.6	62.0	64.4
Black, non-Hispanic	27.8	48.4	48.0	55.6	67.2	65.0
Hispanic ⁴	*15.3	45.1	44.0	52.6	47.5	55.2
50–64 years:						
White, non-Hispanic	33.6	58.1	61.5	66.2	67.5	75.3
Black, non-Hispanic	26.4	48.4	52.4	65.5	63.6	71.2
Hispanic ⁴	23.0	47.5	61.7	59.2	60.1	67.2
65 years and over:						
White, non-Hispanic	24.0	43.8	49.1	54.7	54.9	64.3
Black, non-Hispanic	14.1	39.7	41.6	56.3	61.0	60.6
Hispanic ⁴	*	41.1	40.9	*35.7	48.0	59.0
Age and poverty status ⁵						
40 years and over, crude:						
Below poverty	16.4	30.8	35.2	41.1	44.2	50.5
At or above poverty	31.3	54.1	57.5	61.8	63.4	69.3
40–49 years:						
Below poverty	23.0	32.2	33.0	36.1	43.0	44.9
At or above poverty	33.4	57.0	58.1	62.1	63.4	65.0
50–64 years:						
Below poverty	15.1	29.9	37.3	47.3	46.2	53.5
At or above poverty	34.3	58.5	63.0	66.8	68.8	76.7
65 years and over:						
Below poverty	13.6	30.8	35.2	40.4	43.9	52.3
At or above poverty	25.5	46.2	51.1	56.4	57.7	66.2

See footnotes at end of table.

Table 82 (page 2 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–98

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

Characteristic	1987	1990	1991	1993	1994	1998
Age and education ⁶	Percent of women having a mammogram within the past 2 years ¹					
40 years and over, crude:						
No high school diploma or GED	17.8	36.4	40.0	46.4	48.2	54.5
High school diploma or GED	31.3	52.7	55.8	59.0	61.0	66.7
Some college or more	37.7	62.8	65.2	69.5	69.7	72.8
40–49 years of age:						
No high school diploma or GED	15.1	38.5	40.8	43.6	50.4	47.3
High school diploma or GED	32.6	53.1	52.0	56.6	55.8	59.1
Some college or more	39.2	62.3	63.7	66.1	68.7	68.3
50–64 years of age:						
No high school diploma or GED	21.2	41.0	43.6	51.4	51.6	58.8
High school diploma or GED	33.8	56.5	60.8	62.4	67.8	73.3
Some college or more	40.5	68.0	72.7	78.5	74.7	79.8
65 years of age and over:						
No high school diploma or GED	16.5	33.0	37.7	44.2	45.6	54.7
High school diploma or GED	25.9	47.5	54.0	57.4	59.1	66.8
Some college or more	32.3	56.7	57.9	64.8	64.3	71.3

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

¹Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. In 1987 and 1990 women were asked to report when they had their last mammogram. In 1991 women were asked whether they had a mammogram in the past 2 years. In 1993 and 1994 women were asked whether they had a mammogram within the past year, between 1 and 2 years ago, or over 2 years ago. In 1998 women were asked whether they had a mammogram a year ago or less, more than 1 year but not more than 2 years, or more than 2 years ago.

²Includes all other races not shown separately, unknown poverty status, and unknown education.

³Estimates are age adjusted to the year 2000 standard using four age groups: 40–49 years, 50–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race.

⁵Prior to 1998 poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1998 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 13–16 percent of adults in the sample in 1990–94. See Appendix II, Family income for information on imputation process. Poverty status was unknown for 25 percent of persons in the sample in 1998.

⁶Education categories shown are for 1998. GED stands for general equivalency diploma. In years prior to 1998 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See Appendix II, Education.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Estimates for American Indian or Alaska Native women are not shown due to instability of single year estimates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–91), and year 2000 (1993–94). Starting in 1998 data are from the sample adult prevention file.

Table 83 (page 1 of 2). Ambulatory care visits to physician offices and hospital outpatient and emergency departments by selected patient characteristics: United States, selected years 1995–99

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

Age, sex, and race	All places ¹				Physician offices			
	1995	1997	1998	1999	1995	1997	1998	1999
Number of visits in thousands								
Total	860,858	959,300	1,005,078	944,122	697,082	787,372	829,280	756,734
Under 18 years	194,643	203,843	213,486	183,072	150,351	158,423	168,520	135,627
18–44 years	285,184	311,879	328,475	300,051	219,065	245,127	260,379	227,005
45–64 years	188,319	226,064	237,700	240,688	159,531	192,753	203,296	201,911
45–54 years	104,891	124,377	132,146	130,824	88,266	105,511	112,316	108,597
55–64 years	83,429	101,687	105,555	109,864	71,264	87,243	90,979	93,315
65 years and over	192,712	217,514	225,416	220,311	168,135	191,069	197,085	192,190
65–74 years	102,605	112,593	115,526	106,066	90,544	99,714	102,306	92,642
75 years and over	90,106	104,922	109,890	114,245	77,591	91,355	94,779	99,548
Number of visits per 100 persons								
Total, age adjusted ²	334	365	377	352	271	300	312	283
Total, crude	329	360	373	347	266	295	308	279
Under 18 years	275	285	297	254	213	222	235	188
18–44 years	264	288	303	277	203	226	240	209
45–64 years	364	412	419	410	309	351	358	344
45–54 years	339	372	384	368	286	316	327	305
55–64 years	401	473	473	477	343	406	407	405
65 years and over	612	678	697	679	534	596	609	592
65–74 years	560	623	643	596	494	552	569	521
75 years and over	683	750	764	779	588	653	659	679
Sex and age								
Male, age adjusted ²	290	313	321	309	232	255	261	246
Male, crude	277	301	310	297	220	243	251	235
Under 18 years	274	289	303	255	209	225	239	189
18–44 years	190	196	202	206	139	145	149	150
45–54 years	275	302	302	300	229	251	251	247
55–64 years	351	433	435	427	300	370	379	361
65–74 years	508	583	608	580	445	516	538	510
75 years and over	711	744	739	758	616	653	640	663
Female, age adjusted ²	377	414	431	393	309	344	360	317
Female, crude	378	416	433	396	310	345	362	320
Under 18 years	277	282	291	252	217	219	231	187
18–44 years	336	378	401	345	265	306	328	267
45–54 years	400	438	462	432	339	377	399	361
55–64 years	446	510	506	522	382	439	433	445
65–74 years	603	656	672	610	534	581	595	530
75 years and over	666	753	780	792	571	652	671	689
Race and age ³								
White, age adjusted ²	339	368	376	356	282	310	316	292
White, crude	338	368	376	357	281	310	317	293
Under 18 years	295	301	293	258	238	243	235	197
18–44 years	267	290	305	284	211	234	248	222
45–54 years	334	372	380	368	286	324	328	312
55–64 years	397	469	462	474	345	410	406	410
65–74 years	557	613	639	597	496	547	572	526
75 years and over	689	745	768	781	598	653	669	687
Black, age adjusted ²	309	377	400	355	204	260	281	239
Black, crude	281	342	373	322	178	228	259	211
Under 18 years	193	247	315	237	100	145	217	144
18–44 years	260	296	317	267	158	186	207	155
45–54 years	387	422	426	398	281	294	310	277
55–64 years	414	542	561	543	294	396	411	404
65–74 years	553	711	660	611	429	582	511	485
75 years and over	534	764	725	780	395	607	537	608

See footnotes at end of table.

Table 83 (page 2 of 2). Ambulatory care visits to physician offices and hospital outpatient and emergency departments by selected patient characteristics: United States, selected years 1995–99

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

Age, sex, and race	Hospital outpatient departments				Hospital emergency departments			
	1995	1997	1998	1999	1995	1997	1998	1999
Number of visits in thousands								
Total	67,232	76,993	75,412	84,623	96,545	94,936	100,385	102,765
Under 18 years	17,636	21,078	18,551	21,758	26,656	24,342	26,415	25,688
18–44 years	24,299	26,592	26,032	29,514	41,820	40,160	42,064	43,532
45–64 years	14,811	17,682	17,980	20,891	13,978	15,629	16,425	17,886
45–54 years	8,029	9,597	9,859	11,541	8,595	9,270	9,970	10,686
55–64 years	6,782	8,085	8,120	9,350	5,383	6,359	6,455	7,200
65 years and over	10,487	11,640	12,849	12,461	14,090	14,805	15,482	15,659
65–74 years	6,004	6,677	6,869	6,969	6,057	6,201	6,350	6,455
75 years and over	4,482	4,963	5,979	5,493	8,033	8,604	9,132	9,205
Number of visits per 100 persons								
Total, age adjusted ²	26	29	28	31	37	36	37	38
Total, crude	26	29	28	31	37	36	37	38
Under 18 years	25	30	26	30	38	34	37	36
18–44 years	23	25	24	27	39	37	39	40
45–64 years	29	32	32	36	27	28	29	31
45–54 years	26	29	29	32	28	28	29	30
55–64 years	33	38	36	41	26	30	29	31
65 years and over	33	36	40	38	45	46	48	48
65–74 years	33	37	38	39	33	34	35	36
75 years and over	34	35	42	37	61	61	64	63
Sex and age								
Male, age adjusted ²	21	24	23	26	37	35	37	37
Male, crude	21	24	23	25	36	34	36	37
Under 18 years	25	29	26	29	40	35	39	37
18–44 years	14	16	16	18	37	34	37	38
45–54 years	20	23	23	25	26	27	28	29
55–64 years	26	33	28	37	25	30	28	30
65–74 years	29	33	35	35	34	34	35	35
75 years and over	34	31	42	34	61	60	57	61
Female, age adjusted ²	31	34	33	37	37	37	38	39
Female, crude	31	34	33	37	37	37	38	39
Under 18 years	25	30	26	31	36	33	35	34
18–44 years	31	33	32	36	40	40	41	42
45–54 years	32	34	34	40	29	28	30	31
55–64 years	38	42	44	44	26	30	30	33
65–74 years	36	40	41	43	32	34	35	37
75 years and over	34	38	42	39	61	62	67	64
Race and age ³								
White, age adjusted ²	23	26	25	28	34	33	35	35
White, crude	23	26	25	29	34	33	35	35
Under 18 years	23	26	23	28	35	32	34	34
18–44 years	20	22	21	25	36	34	36	37
45–54 years	23	23	25	29	25	25	27	27
55–64 years	28	33	30	36	24	26	26	29
65–74 years	29	33	33	36	32	32	33	34
75 years and over	31	31	38	34	60	61	61	61
Black, age adjusted ²	48	57	55	54	58	61	63	62
Black, crude	45	54	52	51	58	60	62	60
Under 18 years	39	50	43	42	53	53	55	51
18–44 years	38	44	44	45	64	66	67	68
45–54 years	55	72	63	66	51	55	54	55
55–64 years	73	*83	91	83	47	63	59	57
65–74 years	*77	75	86	69	47	54	64	58
75 years and over	66	*81	85	*79	73	76	103	93

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

¹All places includes visits to physician offices and hospital outpatient and emergency departments.

²Estimates are age adjusted to the year 2000 standard 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.

³Beginning in 1999 the instruction for the race item on the Patient Record form was changed so that more than one race could be recorded. In previous years only one racial category could be checked. The estimates for the racial groups presented in this table are for visits where only one race was recorded. The estimate for visits where multiple races were checked was unreliable and not presented in this table.

NOTES: Some data for 1998 have been revised and differ from previous editions of *Health, United States*.

Rates are based on the civilian noninstitutionalized population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Division Health Care Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Table 84 (page 1 of 2). Injury-related visits to hospital emergency departments by sex, age, intent and mechanism of injury: United States, average annual 1995–96 and 1998–99

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

Sex, age, and intent and mechanism of injury ¹	Visits in thousands		Visits per 10,000 persons	
	1995–96	1998–99	1995–96	1998–99
Both sexes				
All ages ^{2,3}	36,081	37,361	1,360.9	1,378.3
Male				
All ages ^{2,3}	20,030	20,445	1,530.7	1,535.2
Under 18 years ²	6,238	6,054	1,720.2	1,644.3
Unintentional injuries	5,478	5,190	1,510.5	1,409.7
Falls	1,402	1,247	386.5	338.7
Struck by or against objects or persons	1,011	1,398	278.9	379.7
Motor vehicle traffic.	453	388	125.0	105.5
Cut or pierce	493	505	136.0	137.1
Intentional injuries	290	222	80.0	60.3
18–24 years ²	2,980	2,948	2,396.9	2,295.1
Unintentional injuries	2,423	2,319	1,948.7	1,805.3
Falls	299	333	240.8	259.5
Struck by or against objects or persons	387	389	311.0	303.1
Motor vehicle traffic.	347	412	279.4	320.9
Cut or pierce	304	344	244.8	268.2
Intentional injuries	335	291	269.2	226.5
25–44 years ²	7,245	7,112	1,767.4	1,751.7
Unintentional injuries	5,757	5,391	1,404.3	1,327.8
Falls	817	847	199.4	208.6
Struck by or against objects or persons	619	819	151.0	201.6
Motor vehicle traffic.	912	839	222.6	206.6
Cut or pierce	860	786	209.8	193.7
Intentional injuries	701	473	171.0	116.5
45–64 years ²	2,240	2,822	883.4	1,011.9
Unintentional injuries	1,845	2,213	727.6	793.4
Falls	445	569	175.6	204.0
Struck by or against objects or persons	186	197	73.3	70.6
Motor vehicle traffic.	244	322	96.3	115.5
Cut or pierce	203	290	79.9	104.1
Intentional injuries	86	73	33.8	26.2
65 years and over ²	1,327	1,509	1,000.7	1,100.3
Unintentional injuries	1,009	1,151	760.6	839.3
Falls	505	584	380.9	426.0
Struck by or against objects or persons	*39	101	*29.4	73.3
Motor vehicle traffic.	99	113	74.7	82.7
Cut or pierce	*81	85	*61.1	*61.7
Intentional injuries	*	16	*	*

See footnotes at end of table.

Table 84 (page 2 of 2). Injury-related visits to hospital emergency departments by sex, age, intent and mechanism of injury: United States, average annual 1995–96 and 1998–99

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

Sex, age, and intent and mechanism of injury ¹	Visits in thousands		Visits per 10,000 persons	
	1995–96	1998–99	1995–96	1998–99
Female				
All ages ^{2,3}	16,051	16,917	1,186.4	1,217.6
Under 18 years ²	4,372	4,290	1,263.9	1,220.4
Unintentional injuries	3,760	3,598	1,087.0	1,023.4
Falls	1,040	964	300.7	274.2
Struck by or against objects or persons	477	689	137.9	196.1
Motor vehicle traffic	447	394	129.3	112.1
Cut or pierce	253	258	73.0	73.4
Intentional injuries	220	147	63.6	41.7
18–24 years ²	1,900	2,049	1,523.4	1,589.6
Unintentional injuries	1,430	1,464	1,146.7	1,135.8
Falls	268	208	214.5	161.7
Struck by or against objects or persons	134	169	107.4	130.8
Motor vehicle traffic	373	442	298.8	342.7
Cut or pierce	131	122	105.3	94.8
Intentional injuries	239	230	191.7	178.6
25–44 years ²	5,098	5,257	1,205.8	1,246.7
Unintentional injuries	3,877	3,820	916.8	906.1
Falls	817	908	193.3	215.5
Struck by or against objects or persons	380	405	89.8	95.9
Motor vehicle traffic	872	794	206.2	188.4
Cut or pierce	338	472	79.8	111.9
Intentional injuries	422	422	99.8	100.2
45–64 years ²	2,369	2,802	873.7	940.4
Unintentional injuries	1,857	2,109	685.2	707.9
Falls	600	706	221.5	237.0
Struck by or against objects or persons	160	193	58.8	64.8
Motor vehicle traffic	343	317	126.5	106.4
Cut or pierce	127	214	46.9	71.8
Intentional injuries	*64	111	*23.5	37.4
65 years and over ²	2,313	2,518	1,256.1	1,346.8
Unintentional injuries	1,931	2,016	1,049.0	1,078.1
Falls	1,230	1,258	667.9	672.7
Struck by or against objects or persons	82	119	44.8	63.6
Motor vehicle traffic	169	148	91.6	79.3
Cut or pierce	*42	73	*22.7	*39.0
Intentional injuries	*	34	*	*

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

¹Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See Appendix II, First-listed external cause of injury and Appendix II, table VII for listing of E codes.

²An emergency department visit was considered injury related if the checkbox for injury was indicated. In addition, injury visits were identified if the physician's diagnosis or the patient's reason for the visit were injury related. All injury-related visits include visits not shown separately in table including those with undetermined intent (about 1 percent in 1998–99); visits with insufficient or no information to code cause of injury (about 12 percent in 1998–99); and visits resulting from adverse effects of medical treatment (about 4 percent in 1998–99). Unintentional injury-related visits include visits with mechanism of injury not shown in table. See Appendix II, Injury-related visit.

³Rates are age adjusted to year 2000 standard using six age groups: Under 18 years of age, 18–24 years, 25–44 years, 45–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

NOTES: Some data for 1998–99 have been revised and differ from previous editions of *Health, United States*.

Rates are based on the civilian noninstitutionalized population adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the Bureau of the Census. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Hospital Ambulatory Medical Care Survey.

Table 85 (page 1 of 2). Ambulatory care visits to primary care and specialist physicians, according to selected patient characteristics and type of physician: United States, 1980, 1990, and 1999

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care physician ¹											
	All primary care			General and family practice			Internal medicine			Pediatrics		
	1980	1990	1999	1980	1990	1999	1980	1990	1999	1980	1990	1999
Percent of all physician office visits												
Total	56.6	54.9	50.1	33.5	29.9	22.5	12.1	13.8	17.9	10.9	11.2	9.7
Under 18 years.....	76.6	78.3	76.3	26.1	26.5	20.4	2.0	2.9	*	48.5	48.9	52.0
18–44 years.....	43.6	44.3	41.9	34.3	31.9	26.4	8.6	11.8	14.7	0.7	0.7	0.8
45–64 years.....	56.0	50.9	45.7	36.3	32.1	23.7	19.5	18.6	21.8	*	*	*
45–54 years	54.6	49.4	46.2	37.4	32.0	24.8	17.1	17.1	21.1	*	*	*
55–64 years	57.3	52.4	45.2	35.4	32.1	22.4	21.8	20.0	22.6	*	*	*
65 years and over.....	60.3	51.5	46.0	37.5	28.1	18.4	22.7	23.3	27.5	*	*	*
65–74 years	59.5	51.2	45.8	37.4	28.1	19.0	22.1	23.0	26.7	*	*	*
75 years and over	61.3	51.8	46.1	37.6	28.0	17.8	23.5	23.7	28.2	*	*	*
Sex and age												
Male:												
Under 18 years.....	77.1	77.9	75.9	25.6	24.1	19.2	2.0	3.0	*	49.4	50.7	53.4
18–44 years	50.5	51.7	50.9	38.0	35.9	30.4	11.5	15.0	19.5	*	*	*
45–64 years	55.0	50.5	48.4	34.4	31.0	25.0	20.5	19.2	23.2	*	*	*
65 years and over	57.9	51.1	43.7	35.6	27.7	18.7	22.3	23.3	25.0	*	*	*
Female:												
Under 18 years.....	76.0	78.8	76.7	26.6	29.1	21.6	2.0	2.8	*	47.4	46.9	50.5
18–44 years	40.4	41.0	37.0	32.5	30.0	24.2	7.3	10.3	12.1	*	*	*
45–64 years	56.7	51.1	43.9	37.7	32.8	22.8	18.9	18.2	20.8	*	*	*
65 years and over	61.8	51.7	47.5	38.7	28.3	18.2	22.9	23.3	29.2	*	*	*
Race and age												
White:												
Under 18 years.....	76.5	78.2	74.8	26.4	27.1	21.3	2.0	2.3	*	48.2	48.8	49.2
18–44 years	43.8	43.2	41.6	34.5	31.9	26.3	8.6	10.6	14.5	*	*	*
45–64 years	55.4	49.4	44.3	36.0	31.5	23.6	19.2	17.6	20.4	*	*	*
65 years and over	60.0	50.7	45.0	36.6	27.5	18.5	23.3	23.1	26.4	*	*	*
Black:												
Under 18 years.....	77.1	82.1	82.9	23.7	20.2	*11.9	*	*	*	51.2	52.1	68.2
18–44 years	41.4	50.4	44.1	31.7	31.9	25.4	9.0	18.1	*17.8	*	*	*
45–64 years	61.3	58.2	59.2	38.6	31.2	23.7	22.6	26.9	35.5	*	*	*
65 years and over	63.3	57.8	61.3	49.0	28.9	*18.4	14.2	28.7	42.9	*	*	*

See footnotes at end of table.

Table 85 (page 2 of 2). Ambulatory care visits to primary care and specialist physicians, according to selected patient characteristics and type of physician: United States, 1980, 1990, and 1999

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of specialist physician ¹								
	All specialists			Obstetrics and gynecology			All other specialists		
	1980	1990	1999	1980	1990	1999	1980	1990	1999
Percent of all physician office visits									
Total	43.4	45.1	49.9	9.6	9.0	7.9	33.8	36.1	42.0
Under 18 years.	23.4	21.7	23.7	1.3	1.2	*1.1	22.2	20.5	22.6
18–44 years.	56.4	55.7	58.1	21.7	21.5	18.8	34.7	34.1	39.3
45–64 years.	44.0	49.1	54.3	4.2	4.8	5.6	39.8	44.3	48.6
45–54 years	45.4	50.6	53.8	5.6	6.5	7.5	39.8	44.2	46.3
55–64 years	42.7	47.6	54.8	2.9	3.2	3.5	39.8	44.4	51.3
65 years and over.	39.7	48.5	54.0	1.4	1.2	2.0	38.4	47.3	52.0
65–74 years	40.5	48.8	54.2	1.7	1.6	*2.2	38.8	47.2	52.1
75 years and over	38.7	48.2	53.9	1.0	*0.7	*1.9	37.7	47.5	52.0
Sex and age									
Male:									
Under 18 years	22.9	22.1	24.1	22.7	21.9	24.1
18–44 years	49.5	48.3	49.1	49.2	48.2	49.1
45–64 years	45.0	49.5	51.6	44.4	49.4	51.6
65 years and over	42.1	48.9	56.3	41.8	48.8	56.3
Female:									
Under 18 years	24.0	21.2	23.3	2.5	2.3	*2.3	21.5	18.9	21.0
18–44 years	59.6	59.0	63.0	31.7	31.4	29.1	27.9	27.6	33.9
45–64 years	43.3	48.9	56.1	6.7	7.9	9.5	36.6	40.9	46.6
65 years and over	38.2	48.3	52.5	2.1	1.9	3.5	36.1	46.4	49.0
Race and age									
White:									
Under 18 years	23.5	21.8	25.2	1.1	1.0	*1.0	22.4	20.8	24.2
18–44 years	56.2	56.8	58.4	21.0	21.8	18.6	35.2	35.0	39.8
45–64 years	44.6	50.6	55.7	4.1	4.9	5.7	40.4	45.7	50.0
65 years and over	40.0	49.3	55.0	1.4	1.3	2.1	38.6	48.1	52.8
Black:									
Under 18 years	22.9	17.9	*17.1	2.8	*3.4	*	20.1	14.5	*14.9
18–44 years	58.6	49.6	55.9	27.1	18.6	*19.4	31.5	31.0	36.6
45–64 years	38.7	41.8	40.8	4.8	4.0	*	33.9	37.9	38.2
65 years and over	36.7	42.2	38.7	*	*	*	35.4	41.3	37.4

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

... Category not applicable.

¹This table presents data on ambulatory care visits to physician offices and excludes ambulatory care visits to other sites such as hospital outpatient and emergency departments. Type of physician is based on physician's self-designated primary area of practice. Primary care physicians are defined as practitioners in the fields of general and family practice, general internal medicine, and general pediatrics. Primary care physicians in general and family practice exclude specialists such as sports medicine and geriatrics. Primary care internal medicine physicians exclude all internal medicine specialists such as allergists, cardiologists, endocrinologists, etc. Primary care pediatrics exclude all pediatric specialists such as adolescent medicine, neonatologists, pediatric allergists, pediatric cardiologists, etc. Specialist physicians include obstetricians and gynecologists in addition to specialists not included in general and family practice, internal medicine, pediatrics, and all other specialists.

NOTES: In 1980 the survey excluded Alaska and Hawaii. Data for all other years include all 50 States. Excludes visits with type of physician unknown. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Ambulatory Medical Care Survey.

Table 86. Substance abuse clients in specialty treatment units according to substance abused, geographic division, and State: United States, 1996–98

[Data are based on a 1-day census of treatment providers]

Geographic division and State	All clients			Clients with both alcoholism and drug abuse			Alcoholism only clients			Drug abuse only clients		
	1996	1997 ^{1,2}	1998 ¹	1996	1997 ^{1,2}	1998 ¹	1996	1997 ^{1,2}	1998 ¹	1996	1997 ^{1,2}	1998 ¹
Clients per 100,000 population												
United States	423.0	415.3	460.6	183.7	170.7	228.4	117.5	109.0	109.0	121.8	135.7	123.2
New England	517.9	589.9	704.3	253.2	245.2	366.5	124.5	153.1	160.1	140.2	191.6	177.6
Maine	574.6	776.3	807.9	280.9	374.3	406.3	203.2	260.2	288.7	90.5	141.8	112.8
New Hampshire	367.5	255.3	340.5	203.7	104.7	176.0	132.8	103.3	132.8	31.0	47.4	31.7
Vermont	370.3	326.5	513.6	169.9	143.7	282.4	151.0	139.9	168.4	49.4	42.9	62.8
Massachusetts	568.8	647.6	823.8	310.3	272.6	461.6	126.5	175.5	170.9	132.0	199.5	191.3
Rhode Island	635.6	616.1	770.9	207.2	229.5	357.5	173.1	156.1	154.9	255.3	230.6	258.5
Connecticut	445.4	570.3	585.4	181.7	217.6	259.1	68.1	89.4	100.0	195.6	263.3	226.3
Middle Atlantic	547.5	578.2	553.6	221.0	195.4	259.7	101.1	124.1	86.2	225.4	258.6	207.7
New York	773.6	849.1	767.8	298.9	234.7	328.3	127.5	185.7	113.1	347.2	428.7	326.4
New Jersey	364.1	308.4	365.1	145.5	137.0	178.0	61.9	52.7	55.6	156.8	118.7	131.5
Pennsylvania	331.6	356.7	360.5	154.8	176.0	212.1	87.4	80.3	66.5	89.3	100.3	81.8
East North Central	456.0	452.0	472.2	201.1	195.1	224.1	147.1	147.0	140.0	107.8	109.9	108.1
Ohio	453.5	432.2	454.3	240.3	223.2	255.3	134.1	123.9	119.7	79.0	85.0	79.4
Indiana	341.8	375.3	343.9	128.6	154.5	151.1	126.6	132.7	117.4	86.5	88.1	75.4
Illinois	433.9	398.6	463.7	202.6	183.5	229.1	109.5	104.5	112.2	121.8	110.7	122.3
Michigan	598.7	627.4	601.3	228.7	228.4	244.4	213.2	220.9	193.7	156.8	178.1	163.2
Wisconsin	377.6	381.4	433.3	144.0	146.1	190.3	161.4	174.0	172.0	72.2	61.3	71.0
West North Central	262.1	261.4	357.2	130.2	126.7	201.5	85.2	86.7	97.4	46.7	48.0	58.3
Minnesota	182.5	195.1	265.5	94.8	93.0	141.7	58.4	69.3	66.8	29.3	32.8	57.1
Iowa	219.7	223.1	303.1	112.2	107.1	151.9	78.7	79.9	108.4	28.8	36.1	42.8
Missouri	246.7	246.3	388.9	136.6	128.6	250.7	52.2	56.9	73.7	57.8	60.8	64.5
North Dakota	313.9	384.1	560.6	135.0	157.6	264.9	143.8	181.9	227.0	35.1	44.6	68.7
South Dakota	419.1	305.5	455.7	159.4	120.1	207.2	238.7	148.2	215.0	21.0	37.2	33.5
Nebraska	309.6	304.6	400.3	139.5	155.3	222.7	123.3	117.1	123.3	46.8	32.2	54.4
Kansas	398.3	384.8	410.7	185.7	181.4	231.1	127.3	127.5	108.0	85.3	76.0	71.6
South Atlantic	341.5	365.8	382.2	155.4	164.0	192.2	97.0	93.1	93.8	89.1	108.8	96.2
Delaware	552.9	580.4	604.5	293.6	367.1	307.3	110.4	111.8	127.1	148.9	101.5	170.1
Maryland	572.2	559.3	561.5	274.4	237.1	258.5	109.8	113.7	117.2	187.9	208.4	185.8
District of Columbia	974.1	1,806.2	1,449.3	403.5	599.5	881.8	220.7	318.5	198.7	349.9	888.2	368.9
Virginia	286.4	371.5	367.1	138.3	191.4	186.5	78.5	95.2	102.7	69.6	84.9	77.9
West Virginia	287.6	299.2	299.2	65.8	73.7	104.7	182.1	177.9	143.5	39.6	47.6	51.0
North Carolina	324.8	280.4	405.7	155.0	134.9	217.0	108.9	90.3	116.1	60.9	55.3	72.7
South Carolina	427.8	349.0	301.4	145.7	126.7	114.6	188.9	141.6	110.2	93.2	80.7	76.5
Georgia	158.7	262.4	251.2	63.4	118.8	115.3	46.9	64.1	64.8	48.4	79.5	71.1
Florida	336.9	339.6	363.7	165.9	157.9	198.6	80.3	68.4	69.5	90.7	113.3	95.6
East South Central	304.6	301.7	330.3	107.6	110.4	153.3	121.6	84.4	89.5	75.5	106.9	87.6
Kentucky	697.6	368.8	445.2	217.7	124.5	200.9	348.6	141.8	161.8	131.3	102.4	82.4
Tennessee	211.2	290.3	283.8	66.5	134.8	112.7	66.4	65.8	72.1	78.3	89.7	99.0
Alabama	159.3	295.1	245.6	81.4	66.0	117.7	29.6	68.4	47.4	48.4	160.7	80.6
Mississippi	149.1	237.4	392.8	70.3	111.9	222.7	46.9	63.6	86.7	31.9	61.9	83.4
West South Central	264.4	270.2	327.5	128.6	106.3	185.3	50.3	72.3	63.0	85.6	91.5	79.2
Arkansas	212.0	194.8	331.6	109.3	77.9	194.2	43.5	41.9	67.2	59.1	74.9	70.2
Louisiana	343.0	340.8	471.9	180.1	175.5	268.6	58.2	64.8	87.7	104.7	100.6	115.6
Oklahoma	312.8	275.0	314.6	121.6	91.2	125.6	76.4	96.1	95.8	114.8	87.7	93.2
Texas	244.9	263.4	296.7	120.6	97.0	175.8	44.7	74.0	51.2	79.6	92.4	69.7
Mountain	438.1	432.1	589.9	182.4	166.3	281.0	159.3	139.1	176.0	96.4	126.8	132.9
Montana	263.9	305.5	332.9	131.3	150.9	179.0	95.2	90.5	110.9	37.3	64.1	43.0
Idaho	382.9	244.3	288.3	180.8	170.3	185.5	134.0	38.4	59.7	68.1	35.7	43.1
Wyoming	509.3	506.7	425.0	265.2	204.7	202.7	192.8	232.9	166.4	51.3	69.1	56.0
Colorado	608.1	418.2	732.5	275.3	136.3	331.7	224.6	149.4	270.4	108.2	132.5	130.4
New Mexico	522.2	456.4	732.5	217.9	174.7	305.0	217.1	201.7	281.6	87.2	80.1	145.8
Arizona	334.3	340.7	520.4	82.3	119.0	231.4	137.8	94.1	134.3	114.3	127.7	154.7
Utah	467.4	846.9	712.1	234.2	358.8	355.9	137.2	257.5	146.3	96.0	230.6	209.9
Nevada	310.4	380.4	558.3	141.7	122.3	328.7	72.0	102.6	118.2	96.7	155.5	111.5
Pacific	558.8	436.1	515.1	233.3	195.8	252.3	166.6	92.6	117.3	158.8	147.7	145.5
Washington	775.1	671.6	676.4	425.8	371.6	400.0	250.5	205.7	182.4	98.8	94.4	94.0
Oregon	619.8	830.9	659.7	337.4	394.1	351.6	150.1	247.6	139.3	132.3	189.3	168.8
California	522.7	347.4	477.6	191.0	142.4	217.9	153.3	50.1	102.7	178.3	155.0	157.0
Alaska	703.8	1,070.1	598.6	309.8	427.4	296.7	340.9	460.9	257.3	53.1	181.8	44.6
Hawaii	251.5	218.9	304.6	116.4	89.8	172.2	82.1	50.3	65.3	53.0	78.8	67.0

¹Beginning in 1997 the scope of the universe was expanded to include all substance abuse treatment facilities whereas previously only State-sanctioned facilities were included.

²Data for 1997 exclude facilities that served only driving under the influence or driving while intoxicated (DUI/DWI) clients.

NOTES: Rates are based on the resident population 12 years of age and over as of July 1. Client data are as of October 1. Treatment rates at the State level can vary from year to year for a variety of reasons, including failure of large facilities to respond to the survey in some years, and normal variation in the number of people in treatment on a given day.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Uniform Facility Data Set (UFDS), 1996–98.

**Table 87. Additions to mental health organizations according to type of service and organization:
United States, selected years 1986–98**

[Data are based on inventories of mental health organizations]

Service and organization	Additions in thousands					Additions per 100,000 civilian population				
	1986	1990	1992	1994 ¹	1998 ¹	1986	1990	1992	1994 ¹	1998 ¹
24-hour hospital and residential treatment²										
All organizations	1,819	2,035	2,092	2,267	2,314	759.9	833.7	830.1	874.6	860.0
State and county mental hospitals.	333	276	275	238	206	139.1	113.2	109.3	92.0	76.4
Private psychiatric hospitals	235	407	470	485	481	98.0	166.5	186.4	187.1	179.0
Non-Federal general hospital psychiatric services.	849	960	951	1,067	1,145	354.8	393.2	377.4	411.5	425.8
Department of Veterans Affairs psychiatric services ³	180	198	181	173	144	75.1	81.2	71.6	66.9	53.7
Residential treatment centers for emotionally disturbed children	25	42	36	47	49	10.2	17.0	14.4	18.0	18.2
All other organizations ⁴	198	153	179	257	288	82.7	62.6	70.9	99.0	106.9
Less than 24-hour care⁵										
All organizations	2,955	3,298	3,164	3,516	3,967	1,233.4	1,352.4	1,255.2	1,356.8	1,474.6
State and county mental hospitals.	68	48	50	42	42	28.4	19.8	19.7	16.1	15.5
Private psychiatric hospitals	132	163	206	214	226	55.2	66.9	81.8	82.4	84.1
Non-Federal general hospital psychiatric services.	533	659	480	498	615	222.4	270.0	190.2	192.0	228.6
Department of Veterans Affairs psychiatric services ³	133	184	159	132	143	55.3	75.3	63.1	51.1	53.3
Residential treatment centers for emotionally disturbed children	67	100	121	167	153	28.1	40.8	48.0	64.6	56.9
All other organizations ⁴	2,022	2,145	2,149	2,464	2,788	844.0	879.6	852.4	950.7	1,036.2

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and all other organizations. This change affects the comparability of trend data prior to 1994 with data for 1994 and later years.

²These data exclude mental health care provided in non-psychiatric units of hospitals such as general medical units.

³Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. See Appendix I.

⁵Formerly reported as partial care and outpatient treatment, the survey format was changed in 1994 and the reporting of these services were combined due to similarities in the care provided. These data exclude office-based mental health care (psychiatrists, psychologists, licensed clinical social workers, and psychiatric nurses).

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

See Appendix II, Addition.

SOURCE: Manderscheid RW and Henderson MJ. *Mental Health, United States, 2001*. Center for Mental Health Services. DHHS. (forthcoming).

Table 88. Home health care patients, according to age, sex, and diagnosis: United States, selected years 1992–98

[Data are based on a survey of current home health care patients]

<i>Age, sex, and diagnosis</i>	1992	1994	1996	1998
	Number of current patients			
Total home health care patients	1,232,200	1,889,327	2,427,483	1,881,768
	Patients per 10,000 population			
Total.	47.8	71.8	90.6	69.6
Age at interview:				
Under 65 years, crude	12.6	21.0	27.8	25.0
65 years and over, crude	295.4	424.9	526.3	375.7
65 years and over, age adjusted ¹	315.8	449.6	546.6	381.0
65–74 years	151.7	209.1	240.1	202.0
75–84 years	398.3	542.2	753.6	470.3
85 years and over	775.9	1,206.1	1,253.4	885.4
Sex:				
Male, total	32.6	47.8	60.9	47.9
Under 65 years, crude	10.9	17.8	22.1	22.9
65 years and over, crude	219.2	303.1	386.4	255.2
65 years and over, age adjusted ¹	255.8	350.0	438.3	277.6
65–74 years	121.8	169.9	187.0	159.7
75–84 years	322.0	427.5	598.7	321.4
85 years and over	635.2	893.1	1,044.3	653.0
Female, total	62.4	94.7	118.9	90.4
Under 65 years, crude	14.3	24.2	33.6	27.0
65 years and over, crude	347.4	508.9	623.9	460.4
65 years and over, age adjusted ¹	351.5	506.6	615.0	445.8
65–74 years	175.3	240.6	283.2	236.3
75–84 years	445.3	614.5	854.0	568.8
85 years and over	830.7	1,327.6	1,337.0	981.7
	Percent distribution			
Age at interview: ²				
Under 65 years	23.1	25.7	27.0	31.3
65 years and over	76.9	74.3	73.0	68.7
65–74 years	22.6	20.6	18.4	19.7
75–84 years	33.9	31.2	35.3	29.9
85 years and over	20.4	22.4	19.4	19.1
Sex:				
Male	33.2	32.5	32.9	33.6
Female	66.8	67.5	67.1	66.4
Primary admission diagnosis: ³				
Malignant neoplasms	5.7	5.7	4.8	3.8
Diabetes	7.7	8.1	8.5	6.1
Diseases of the nervous system and sense organs	6.3	8.0	5.8	7.6
Diseases of the circulatory system	25.9	27.2	25.6	23.6
Diseases of heart	12.6	14.3	10.9	12.3
Cerebrovascular diseases	5.8	6.1	7.8	5.1
Diseases of the respiratory system	6.6	6.1	7.7	7.9
Decubitus ulcers	1.9	1.1	1.0	1.2
Diseases of the musculoskeletal system and connective tissue	9.4	8.3	8.8	8.3
Osteoarthritis	2.5	2.8	3.2	2.7
Fractures, all sites	3.8	3.7	3.3	4.0
Fracture of neck of femur (hip)	1.4	1.7	1.3	1.1
Other	32.7	31.8	34.6	37.5

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. See Appendix II, Age adjustment.

²Denominator excludes persons with unknown age.

³Denominator excludes persons with unknown diagnosis.

NOTES: Current home health care patients are those who were under the care of their agency on any given day during the survey period. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification*. For a listing of the code numbers, see Appendix II, table IX.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Home and Hospice Care Survey.

Table 89. Hospice patients, according to age, sex, and diagnosis: United States, selected years 1992–98

[Data are based on a survey of current hospice patients]

<i>Age, sex, and diagnosis</i>	1992	1994	1996	1998
	Number of current patients			
Total hospice patients	52,100	60,783	59,363	79,837
	Patients per 10,000 population			
Total	2.0	2.3	2.2	3.0
Age at interview:				
Under 65 years, crude	0.5	0.8	0.5	0.7
65 years and over, crude	13.1	12.9	13.9	18.2
65 years and over, age adjusted ¹	13.7	13.6	14.4	18.4
65–74 years	7.8	7.3	7.8	9.9
75–84 years	19.2	16.9	16.9	22.0
85 years and over	23.4	30.6	34.7	44.7
Sex:				
Male, total	1.9	2.1	2.0	2.6
Under 65 years, crude	0.5	0.9	0.5	0.7
65 years and over, crude	13.9	12.5	14.8	18.5
65 years and over, age adjusted ¹	16.0	14.4	16.1	20.3
65–74 years	6.3	7.0	10.4	10.2
75–84 years	25.8	18.2	18.5	25.2
85 years and over	28.8	34.8	33.9	49.2
Female, total	2.1	2.5	2.4	3.3
Under 65 years, crude	0.4	0.7	0.6	0.8
65 years and over, crude	12.6	13.2	13.2	18.0
65 years and over, age adjusted ¹	12.6	13.2	12.9	17.3
65–74 years	8.9	7.5	5.8	9.6
75–84 years	15.1	16.1	15.9	19.9
85 years and over	21.4	29.0	35.0	42.9
	Percent distribution			
Age at interview: ²				
Under 65 years	19.5	30.1	21.3	21.6
65 years and over	80.5	69.9	78.7	78.4
65–74 years	27.3	22.2	24.5	22.7
75–84 years	38.6	30.1	32.4	32.9
85 years and over	14.6	17.6	21.9	22.7
Sex:				
Male	46.1	44.7	44.9	42.7
Female	53.9	55.3	55.1	57.3
Primary admission diagnosis: ³				
Malignant neoplasms	65.7	57.2	58.3	55.5
Large intestine and rectum	9.0	8.0	4.0	6.4
Trachea, bronchus, and lung	21.1	12.5	15.8	13.0
Breast	3.9	4.8	6.2	4.9
Prostate	6.0	5.9	6.6	6.1
Diseases of heart	10.2	9.3	8.3	9.7
Diseases of the respiratory system	4.3	6.6	7.3	10.6
Other	19.8	27.0	26.1	24.3

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. See Appendix II, Age adjustment.

²Denominator excludes persons with unknown age.

³Denominator excludes persons with unknown diagnosis.

NOTES: Current hospice patients are those who were under the care of their agency on any given day during the survey period. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification*. For a listing of the code numbers, see Appendix II, table IX.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Home and Hospice Care Survey.

Table 90 (page 1 of 2). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, 1997–99

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

Characteristic	Discharges ¹			Days of care ¹			Average length of stay ¹		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
	Number per 1,000 population						Number of days		
Total ^{2,3}	124.3	123.8	119.7	601.2	611.0	555.1	4.8	4.9	4.6
Age									
Under 18 years	90.8	81.9	76.3	319.0	315.6	302.6	3.5	3.9	4.0
Under 6 years	203.5	192.1	183.2	632.6	645.1	664.8	3.1	3.4	3.6
6–17 years	34.0	27.3	24.3	163.1	152.6	*126.5	4.8	5.6	*5.2
18–44 years	96.8	93.1	95.8	358.8	380.5	352.8	3.7	4.1	3.7
45–64 years	124.9	134.0	125.6	631.1	678.6	592.5	5.1	5.1	4.7
45–54 years	99.2	105.5	110.1	527.5	530.8	473.9	5.3	5.0	4.3
55–64 years	164.8	177.9	149.6	792.4	906.1	775.5	4.8	5.1	5.2
65 years and over	274.4	283.4	269.7	1,852.5	1,789.7	1,620.5	6.8	6.3	6.0
65–74 years	249.1	244.3	229.8	1,595.2	1,496.6	1,386.4	6.4	6.1	6.0
75 years and over	307.3	333.0	318.5	2,188.4	2,160.8	1,907.6	7.1	6.5	6.0
Under 65 years of age									
All persons under 65 years of age ^{2,4}	102.2	100.2	97.6	416.4	437.0	398.9	4.1	4.4	4.1
Sex ⁴									
Male	79.1	80.6	77.9	374.9	422.7	374.0	4.7	5.2	4.8
Female	124.7	119.2	116.7	456.6	450.4	422.8	3.7	3.8	3.6
Race ^{4,5}									
White	100.8	98.6	94.9	385.8	417.4	369.5	3.8	4.2	3.9
Black	126.3	117.3	123.1	688.6	608.6	643.7	5.5	5.2	5.2
American Indian or Alaska Native	111.9	186.4	140.7	*494.3	*	*652.0	*4.4	*	*4.6
Asian or Pacific Islander	61.7	75.4	77.2	*268.6	313.5	248.1	*4.4	4.2	3.2
Race and Hispanic origin ⁴									
White, non-Hispanic	99.6	97.8	95.7	382.7	408.7	368.8	3.8	4.2	3.9
Black, non-Hispanic	125.7	116.6	122.9	692.6	609.3	631.4	5.5	5.2	5.1
Hispanic ⁵	109.9	103.5	90.1	416.7	468.5	389.8	3.8	4.5	4.3
Poverty status ^{4,6}									
Poor	196.8	174.7	174.0	971.0	968.0	992.9	4.9	5.5	5.7
Near poor	125.5	125.5	150.3	553.7	649.9	671.4	4.4	5.2	4.5
Nonpoor	85.6	87.4	82.1	312.1	342.0	291.9	3.6	3.9	3.6
Race and Hispanic origin and poverty status ^{4,6}									
White, non-Hispanic:									
Poor	222.2	181.7	182.8	1,053.4	1,004.8	1,048.9	4.7	5.5	5.7
Near poor	132.8	127.6	166.4	539.1	626.7	681.4	4.1	4.9	4.1
Nonpoor	85.7	88.5	81.9	306.8	340.2	289.9	3.6	3.8	3.5
Black, non-Hispanic:									
Poor	195.9	183.4	222.2	*1,260.0	964.9	1,458.8	*6.4	5.3	6.6
Near poor	142.0	161.0	156.4	819.2	969.2	*922.7	5.8	6.0	*5.9
Nonpoor	92.3	79.3	87.8	389.0	407.8	341.3	4.2	5.1	3.9
Hispanic: ⁵									
Poor	163.9	158.6	122.3	625.1	*	555.2	3.8	*	4.5
Near poor	93.9	85.9	97.0	421.4	342.9	*434.9	4.5	4.0	*4.5
Nonpoor	95.4	81.6	79.2	297.9	287.7	295.4	3.1	3.5	3.7
Health insurance status ^{4,7}									
Insured	108.1	105.9	--	442.5	465.6	--	4.1	4.4	--
Private	84.3	83.2	--	302.7	314.5	--	3.6	3.8	--
Medicaid	310.3	338.5	--	1,554.8	1,985.7	--	5.0	5.9	--
Uninsured	75.3	74.6	--	296.3	305.7	--	3.9	4.1	--
Poverty status and health insurance status ^{4,6}									
Poor:									
Insured	243.9	219.1	--	1,272.5	1,296.8	--	5.2	5.9	--
Uninsured	110.0	98.7	--	459.4	446.5	--	4.2	4.5	--
Near poor:									
Insured	149.2	150.8	--	663.8	813.2	--	4.4	5.4	--
Uninsured	73.4	68.7	--	302.1	266.3	--	4.1	3.9	--
Nonpoor:									
Insured	88.1	89.7	--	316.0	347.7	--	3.6	3.9	--
Uninsured	*59.8	59.5	--	*253.5	*239.6	--	*4.2	*4.0	--

See footnotes at end of table.

Table 90 (page 2 of 2). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, 1997–99

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

Characteristic	Discharges ¹			Days of care ¹			Average length of stay ¹		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Geographic region⁴									
Northeast	96.0	94.9	85.6	455.4	502.5	381.6	4.7	5.3	4.5
Midwest	108.7	103.4	99.6	384.4	441.9	359.9	3.5	4.3	3.6
South	111.8	107.3	112.8	466.1	456.7	463.9	4.2	4.3	4.1
West	82.9	88.3	80.0	327.2	330.0	348.3	3.9	3.7	4.4
Location of residence⁴									
Within MSA ⁸	99.3	97.9	94.0	411.8	431.8	383.0	4.1	4.4	4.1
Outside MSA ⁸	113.2	109.2	111.9	435.9	458.7	459.4	3.8	4.2	4.1
65 years of age and over									
All persons 65 years of age and over ^{2,9}	276.9	286.6	272.1	1,878.4	1,813.8	1,635.3	6.8	6.3	6.0
Sex⁹									
Male	291.6	283.5	280.2	2,077.4	1,855.7	1,551.7	7.1	6.5	5.5
Female	265.2	288.1	264.0	1,727.4	1,793.4	1,676.5	6.5	6.2	6.4
Race and Hispanic origin⁹									
White, non-Hispanic	274.8	268.6	271.8	1,808.2	1,752.0	1,586.3	6.6	6.5	5.8
Black, non-Hispanic	290.8	372.7	300.1	2,423.5	2,476.5	2,050.8	8.3	6.6	6.8
Hispanic ⁵	312.7	295.1	289.8	2,512.1	1,907.1	1,882.8	8.0	6.5	6.5
Poverty status^{6,9}									
Poor	357.4	337.4	394.7	2,690.9	2,034.3	2,169.0	7.5	6.0	5.5
Near poor	329.6	330.6	328.5	2,498.3	2,378.0	1,954.8	7.6	7.2	6.0
Nonpoor	256.6	285.4	247.3	1,680.3	1,648.9	1,510.4	6.5	5.8	6.1
Health insurance status^{7,9}									
Medicare and private ¹⁰	266.3	267.3	---	1,719.8	1,663.0	---	6.5	6.2	---
Medicare and Medicaid ¹⁰	516.2	482.7	---	3,697.9	3,081.3	---	7.2	6.4	---
Medicare only	231.1	285.7	---	1,623.9	1,890.9	---	7.0	6.6	---
Geographic region⁹									
Northeast	265.0	252.7	288.0	1,828.5	1,814.6	1,873.4	6.9	7.2	6.5
Midwest	285.2	276.6	244.0	1,971.1	1,619.0	1,475.3	6.9	5.9	6.0
South	298.1	312.3	298.1	2,140.2	2,107.7	1,783.8	7.2	6.7	6.0
West	237.2	285.7	238.5	1,299.2	1,493.6	1,284.6	5.5	5.2	5.4
Location of residence⁹									
Within MSA ⁸	271.3	258.6	265.3	1,875.9	1,736.8	1,653.3	6.9	6.7	6.2
Outside MSA ⁸	295.1	378.8	295.3	1,893.6	2,068.9	1,574.8	6.4	5.5	5.3

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent. Data not shown have a relative standard error of greater than 30 percent. --- 1999 data by health insurance status were not available as of the printing date and will be available on the web.

¹See Appendix II, Discharge, Days of care, Average length of stay.

²Includes all other races not shown separately, unknown poverty status, and unknown health insurance status.

³Estimates for all persons are age adjusted to the year 2000 standard using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years of age and over. See Appendix II, Age adjustment.

⁴Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. See Appendix II, Age adjustment.

⁵The 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.

⁶Poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults the age of the adults in the family, using Bureau of the Census poverty thresholds. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. See Appendix II, Poverty level. Poverty status was missing for 20 percent of persons in the sample in 1997, 25 percent in 1998, and 28 percent in 1999.

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having Medicaid coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

⁹Estimates are for persons 65 years of age and over and are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

¹⁰Includes some persons who do not have Medicare coverage.

NOTES: Calculations of average length of stay were revised and differ from the previous edition of *Health, United States*. Hospital utilization data starting in 1997 are not comparable with data for earlier years due to the 1997 redesign. See Appendix I, National Health Interview Survey. Estimates of hospital utilization presented in this table are for all discharges. In years prior to 1997 estimates of hospital utilization from the National Health Interview Survey (NHIS) in *Health, United States* excluded hospitalizations for newborns and delivery. Estimates of hospital utilization from the NHIS and the National Hospital Discharge Survey (NHDS) may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population, whereas NHDS data are based on hospital discharge records of all persons (NHDS tables presented in *Health, United States* exclude estimates for newborn infants). See Appendix I, National Hospital Discharge Survey. NHDS includes records for persons discharged alive or deceased and institutionalized persons; differences in the two surveys are particularly evident for children and the elderly.

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

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; *Health, United States, 2001*.

Table 91 (page 1 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–99

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1992	1994	1996	1998	1999
Discharges per 1,000 population								
Total ²	173.4	151.4	125.2	122.8	119.8	116.0	117.9	117.8
Age								
Under 18 years.....	75.6	61.4	46.4	46.1	41.8	39.7	40.4	42.2
18–44 years.....	155.3	128.0	102.7	97.3	94.0	88.4	88.8	86.4
45–54 years.....	174.8	146.8	112.4	106.0	102.4	95.0	92.7	94.5
55–64 years.....	215.4	194.8	163.3	165.0	156.1	152.0	155.1	151.4
65 years and over.....	383.7	369.8	334.1	339.7	344.7	349.2	365.3	370.4
65–74 years.....	315.8	297.2	261.6	267.1	264.0	259.7	267.6	270.6
75 years and over.....	489.3	475.6	434.0	436.6	449.2	459.0	477.4	481.6
Sex ²								
Male.....	153.2	137.3	113.0	110.8	107.0	102.8	102.8	103.4
Female.....	195.0	167.3	139.0	136.2	133.3	129.9	133.3	132.2
Geographic region ²								
Northeast.....	162.0	142.6	133.2	136.8	135.5	125.6	127.3	129.0
Midwest.....	192.1	158.1	128.8	117.6	116.3	114.4	116.4	115.6
South.....	179.7	155.5	132.5	129.6	126.4	120.4	126.4	124.7
West.....	150.5	145.7	100.7	103.5	97.2	101.6	97.1	98.5
Days of care per 1,000 population								
Total ²	1,297.0	997.5	818.9	767.0	695.7	611.6	598.6	588.8
Age								
Under 18 years.....	341.4	281.2	226.3	219.0	199.2	174.4	182.4	185.5
18–44 years.....	818.6	619.2	467.7	421.6	391.5	339.8	328.3	316.9
45–54 years.....	1,314.9	967.8	699.7	626.8	570.8	486.3	452.9	451.0
55–64 years.....	1,889.4	1,436.9	1,172.3	1,097.6	957.3	839.6	836.1	795.1
65 years and over.....	4,098.3	3,228.0	2,895.6	2,797.8	2,539.3	2,284.0	2,264.2	2,256.8
65–74 years.....	3,147.0	2,437.3	2,087.8	2,060.3	1,815.7	1,619.0	1,596.1	1,578.1
75 years and over.....	5,578.8	4,381.3	4,009.1	3,782.3	3,476.0	3,100.4	3,030.8	3,012.9
Sex ²								
Male.....	1,239.7	973.3	805.8	765.0	681.3	601.8	576.7	565.4
Female.....	1,365.2	1,033.1	840.5	776.3	713.5	624.6	622.9	613.6
Geographic region ²								
Northeast.....	1,400.6	1,113.0	1,026.7	983.0	905.7	774.3	731.0	733.6
Midwest.....	1,484.8	1,078.6	830.6	728.5	647.9	573.1	552.5	532.6
South.....	1,262.3	957.7	820.4	784.3	728.1	628.9	643.9	622.1
West.....	956.9	824.7	575.5	555.8	484.4	468.0	450.4	461.4
Average length of stay in days								
Total ²	7.5	6.6	6.5	6.2	5.8	5.3	5.1	5.0
Age								
Under 18 years.....	4.5	4.6	4.9	4.8	4.8	4.4	4.5	4.4
18–44 years.....	5.3	4.8	4.6	4.3	4.2	3.8	3.7	3.7
45–54 years.....	7.5	6.6	6.2	5.9	5.6	5.1	4.9	4.8
55–64 years.....	8.8	7.4	7.2	6.7	6.1	5.5	5.4	5.3
65 years and over.....	10.7	8.7	8.7	8.2	7.4	6.5	6.2	6.1
65–74 years.....	10.0	8.2	8.0	7.7	6.9	6.2	6.0	5.8
75 years and over.....	11.4	9.2	9.2	8.7	7.7	6.8	6.3	6.3
Sex ²								
Male.....	8.1	7.1	7.1	6.9	6.4	5.9	5.6	5.5
Female.....	7.0	6.2	6.0	5.7	5.4	4.8	4.7	4.6

See footnotes at end of table.

Table 91 (page 2 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–99

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1992	1994	1996	1998	1999
Geographic region ²								
Northeast	8.6	7.8	7.7	7.2	6.7	6.2	5.7	5.7
Midwest	7.7	6.8	6.5	6.2	5.6	5.0	4.7	4.6
South	7.0	6.2	6.2	6.1	5.8	5.2	5.1	5.0
West	6.4	5.7	5.7	5.4	5.0	4.6	4.6	4.7

¹Comparisons of data from 1980–85 with data from later years should be made with caution as estimates of change may reflect improvements in the design (see Appendix I) rather than true changes in hospital use.

²Estimates are age adjusted to the year 2000 standard 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: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Rates are based on the civilian population as of July 1. Rates for the 1990's were recalculated using population figures adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. This resulted in a small change for age-specific numbers in the table. Age-adjusted numbers were recalculated based on the year 2000 standard (see footnote 2). Estimates of hospital utilization from the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS) may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population, whereas NHDS data are based on hospital discharge records of all persons. NHDS includes records for persons discharged alive or deceased and institutionalized persons, and excludes newborn infants. Differences in hospital utilization estimated by the two surveys are particularly evident for children and the elderly. For children NHIS estimates are higher than NHDS due to inclusion of data for newborns. For the elderly NHDS estimates are higher than NHIS estimates because of inclusion of institutionalized persons and data for persons who died while hospitalized. See Appendix I. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Hospital Discharge Survey.

Table 92. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals for discharges with the diagnosis of human immunodeficiency virus (HIV) and for all discharges: United States, selected years 1986–99

[Data are based on a sample of hospital records]

Type of discharge, sex, and age	1986 ¹	1987 ¹	1988	1990	1992	1994	1995	1996	1997	1998	1999
Discharges in thousands											
HIV discharges.....	44	67	95	146	194	234	249	227	178	189	180
Male, 20–49 years.....	35	51	73	102	141	155	162	141	107	113	101
Female, 20–49 years.....	*	*	13	27	31	49	55	52	46	51	52
All discharges.....	34,256	33,387	31,146	30,788	30,951	30,843	30,722	30,545	30,914	31,827	32,132
Male, 20–49 years.....	4,300	4,075	3,670	3,649	3,529	3,531	3,360	3,248	3,116	3,154	3,149
Female, 20–49 years.....	9,027	8,980	8,169	8,228	7,942	7,705	7,593	7,457	7,322	7,639	7,396
Discharges per 1,000 population											
HIV discharges.....	0.18	0.28	0.39	0.58	0.75	0.89	0.94	0.85	0.66	0.69	0.65
Male, 20–49 years.....	0.67	0.96	1.36	1.79	2.41	2.62	2.72	2.34	1.77	1.88	1.68
Female, 20–49 years.....	*	*	0.23	0.47	0.53	0.81	0.91	0.86	0.76	0.84	0.85
All discharges.....	143.7	138.8	128.3	122.3	120.2	117.3	115.7	114.0	114.3	116.5	116.6
Male, 20–49 years.....	82.2	76.8	68.2	64.2	60.5	59.8	56.5	54.0	51.8	52.6	52.3
Female, 20–49 years.....	166.7	163.6	147.1	142.2	134.0	128.5	125.9	122.8	120.8	125.2	121.0
Days of care in thousands											
HIV discharges.....	714	936	1,277	2,188	2,136	2,317	2,326	2,123	1,448	1,503	1,310
Male, 20–49 years.....	573	724	914	1,645	1,422	1,444	1,408	1,401	855	892	669
Female, 20–49 years.....	*	*	233	341	455	511	559	457	364	365	384
All discharges.....	218,496	214,942	203,678	197,422	190,386	177,179	164,627	159,883	157,458	160,914	160,128
Male, 20–49 years.....	26,488	26,295	22,697	22,539	21,614	20,448	17,984	17,818	15,529	16,085	15,278
Female, 20–49 years.....	40,620	39,356	34,800	34,473	30,886	28,740	26,596	25,368	24,955	25,976	25,415
Days of care per 1,000 population											
HIV discharges.....	2.99	3.89	5.26	8.69	8.30	8.81	8.76	7.92	5.35	5.50	4.75
Male, 20–49 years.....	10.95	13.64	16.97	28.96	24.38	24.46	23.70	23.29	14.22	14.86	11.11
Female, 20–49 years.....	*	*	4.19	5.90	7.68	8.52	9.27	7.52	6.00	5.98	6.28
All discharges.....	916.5	893.6	838.8	784.0	739.2	673.7	620.2	596.5	582.3	589.2	581.1
Male, 20–49 years.....	506.4	495.2	421.5	396.8	370.5	346.3	302.7	296.2	258.3	268.0	253.8
Female, 20–49 years.....	750.2	717.1	626.5	595.7	521.0	479.2	441.0	417.8	411.7	425.8	415.7
Average length of stay in days											
HIV discharges.....	16.4	14.1	13.4	14.9	11.0	9.9	9.3	9.4	8.1	8.0	7.3
Male, 20–49 years.....	16.4	14.1	12.5	16.2	10.1	9.3	8.7	9.9	8.0	8.0	6.6
Female, 20–49 years.....	*	*	18.0	12.6	14.6	10.5	10.2	8.7	7.9	7.1	7.4
All discharges.....	6.4	6.4	6.5	6.4	6.2	5.7	5.4	5.2	5.1	5.1	5.0
Male, 20–49 years.....	6.2	6.5	6.2	6.2	6.1	5.8	5.4	5.5	5.0	5.1	4.9
Female, 20–49 years.....	4.5	4.4	4.3	4.2	3.9	3.7	3.5	3.4	3.4	3.4	3.4

* Statistics based on fewer than 5,000 estimated discharges are not shown.

¹Comparisons of data from 1986 and 1987 with data from later years should be made with caution as estimates of change may reflect improvements in the design (see Appendix I) rather than true changes in hospital use.

NOTES: Some rates for the 1990's have been revised and differ from the previous edition of *Health, United States*. Excludes newborn infants. Rates are based on the civilian population as of July 1. Rates for the 1990's were recalculated using population figures adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Discharges with diagnosis of HIV have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. See Appendix II, Human immunodeficiency virus (HIV) infection. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 93 (page 1 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Days of care			
	1990	1995	1998	1999	1990	1995	1998	1999
Both sexes					Number per 1,000 population			
Total ^{1,2}	125.2	118.0	117.9	117.8	818.9	638.6	598.6	588.8
Male								
All ages ^{1,2}	113.0	104.8	102.8	103.4	805.8	623.9	576.7	565.4
Under 18 years ²	46.3	43.1	40.3	43.0	233.6	199.8	191.1	197.7
Pneumonia	5.3	6.4	5.3	6.3	22.6	23.3	17.5	22.0
Asthma	3.3	3.8	2.9	3.3	9.3	10.1	6.5	7.7
Injuries and poisoning	6.8	5.4	5.2	4.9	30.1	22.1	*20.8	*22.4
Fracture, all sites	2.2	1.8	1.7	1.6	9.3	8.4	5.3	5.3
18–44 years ²	57.9	50.7	46.3	46.0	351.7	273.0	234.8	223.2
Alcohol and drug ³	3.7	4.7	4.1	3.6	33.1	29.7	21.1	17.4
Serious mental illness ⁴	3.4	*4.8	4.9	5.0	47.1	*48.4	41.9	42.9
Diseases of heart	3.0	2.9	2.6	3.0	16.3	12.1	9.4	10.9
Intervertebral disc disorders	2.6	1.7	1.6	1.5	10.7	4.3	3.6	*4.6
Injuries and poisoning	13.1	9.7	7.9	8.2	65.7	47.9	36.1	37.8
Fracture, all sites	4.0	3.2	2.6	2.8	22.7	17.8	13.6	12.3
45–64 years ²	140.3	121.2	118.8	118.5	943.4	682.3	632.1	603.4
Malignant neoplasms	10.6	7.6	6.8	6.4	99.1	53.4	47.3	43.9
Trachea, bronchus, lung	2.7	1.5	1.2	1.0	19.1	10.2	10.0	6.3
Diabetes	2.9	3.4	3.0	3.3	21.2	22.3	17.5	20.0
Alcohol and drug ³	3.5	4.0	3.9	4.0	29.7	*25.7	20.8	20.0
Serious mental illness ⁴	2.5	3.0	3.2	4.0	34.8	*38.0	28.9	40.4
Diseases of heart	31.7	29.7	28.5	28.5	185.0	143.8	128.1	111.3
Ischemic heart disease	22.6	21.3	19.3	19.6	128.2	99.1	79.7	72.3
Acute myocardial infarction	7.4	7.5	6.3	6.7	55.8	42.5	33.1	30.9
Congestive heart failure	3.0	2.9	3.4	3.1	19.7	16.3	*22.8	17.0
Cerebrovascular diseases	4.1	3.8	4.1	3.9	40.7	25.7	22.9	21.7
Pneumonia	3.5	3.0	4.2	4.0	27.4	20.6	26.0	24.5
Injuries and poisoning	11.6	10.2	9.8	9.5	82.6	56.2	57.3	51.0
Fracture, all sites	3.3	3.0	3.0	2.8	24.2	18.4	16.5	14.9
65–74 years ²	287.8	276.2	278.5	283.5	2,251.5	1,769.7	1,603.5	1,639.7
Malignant neoplasms	27.9	24.5	20.2	22.7	277.6	191.9	151.3	152.3
Large intestine and rectum	3.0	2.6	3.0	2.9	34.2	27.9	26.6	25.9
Trachea, bronchus, lung	6.4	5.2	3.7	3.9	55.7	40.0	29.2	29.0
Prostate	5.1	5.0	3.9	4.7	33.1	26.7	14.2	14.6
Diabetes	4.4	5.4	5.5	5.1	39.8	47.1	29.5	28.7
Serious mental illness ⁴	2.5	2.4	2.0	2.9	43.8	*37.2	*24.7	36.6
Diseases of heart	69.4	74.5	76.9	75.6	487.2	419.3	365.4	354.4
Ischemic heart disease	42.0	44.0	44.7	44.0	285.2	246.1	206.9	208.1
Acute myocardial infarction	14.0	15.5	16.1	15.2	122.4	102.3	92.1	92.1
Congestive heart failure	11.4	14.9	14.5	13.7	90.2	87.5	75.1	70.1
Cerebrovascular diseases	13.8	17.1	15.3	14.3	114.8	112.6	79.4	70.3
Pneumonia	11.4	12.7	14.5	14.9	107.8	87.3	91.9	89.1
Hyperplasia of prostate	14.4	7.5	6.0	4.8	65.0	22.5	*19.4	*
Osteoarthritis	5.0	5.9	6.7	7.5	44.9	33.6	30.2	36.5
Injuries and poisoning	17.6	16.1	17.5	17.8	139.0	107.0	110.7	107.1
Fracture, all sites	4.5	4.4	4.5	4.9	45.9	32.3	28.9	30.0
Fracture of neck of femur (hip)	1.5	1.8	2.1	1.6	*18.1	14.7	12.9	*11.7
75 years and over ²	478.5	474.7	485.6	481.8	4,231.6	3,261.7	3,119.9	3,045.7
Malignant neoplasms	41.0	30.2	28.5	28.2	408.3	251.2	231.9	215.9
Large intestine and rectum	5.4	4.9	5.3	4.3	80.7	53.1	47.8	44.6
Trachea, bronchus, lung	5.4	3.5	4.3	4.8	53.4	31.3	*36.5	33.8
Prostate	9.7	4.3	5.2	3.7	65.6	17.6	*	*16.6
Diabetes	4.6	6.9	6.3	6.9	51.2	42.0	41.2	52.5
Serious mental illness ⁴	*2.6	2.5	2.7	2.8	*40.5	*29.6	33.0	26.6
Diseases of heart	106.2	113.9	112.2	113.9	855.7	677.2	624.8	583.5
Ischemic heart disease	49.1	51.8	48.4	50.5	398.1	321.9	279.0	246.4
Acute myocardial infarction	23.1	22.3	21.1	21.3	227.5	169.3	143.2	127.3
Congestive heart failure	31.0	31.3	35.4	34.5	242.3	193.4	205.6	191.5
Cerebrovascular diseases	30.2	32.0	32.8	30.7	298.3	215.3	177.1	169.0
Pneumonia	38.6	40.4	38.1	41.0	393.6	325.1	271.4	281.1
Hyperplasia of prostate	17.9	9.4	7.8	7.5	109.2	32.9	*	*30.2
Osteoarthritis	5.8	6.5	7.2	8.0	60.7	*	35.3	37.7
Injuries and poisoning	31.2	32.7	34.0	32.9	341.3	223.5	217.7	233.5
Fracture, all sites	13.7	16.1	15.2	13.7	145.1	115.0	111.5	108.5
Fracture of neck of femur (hip)	8.5	9.0	10.1	8.0	97.8	68.9	83.1	61.1

See footnotes at end of table.

Table 93 (page 2 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Days of care			
	1990	1995	1998	1999	1990	1995	1998	1999
Female	Number per 1,000 population							
All ages ^{1,2}	139.0	131.7	133.3	132.2	840.5	654.9	622.9	613.6
Under 18 years ²	46.4	41.6	40.6	41.3	218.7	168.8	173.3	172.7
Pneumonia	4.0	4.5	4.3	4.9	17.4	16.9	15.7	17.7
Asthma	2.2	2.6	1.9	2.3	6.8	7.2	4.8	5.6
Injuries and poisoning	4.3	3.9	3.5	3.5	16.7	13.1	16.9	*14.1
Fracture, all sites	1.3	1.1	1.1	0.8	6.4	4.5	*4.9	2.4
18–44 years ²	146.8	131.8	130.9	126.4	582.0	429.8	421.0	409.8
Delivery	69.9	65.1	68.7	66.1	195.0	138.7	170.5	163.4
Alcohol and drug ³	1.6	2.0	1.7	1.9	14.1	12.9	7.9	*8.9
Serious mental illness ⁴	3.7	5.3	5.2	5.1	54.3	50.8	42.8	38.4
Diseases of heart	1.3	2.0	1.6	1.7	7.2	9.7	7.0	7.1
Intervertebral disc disorders	1.5	1.1	1.3	1.1	7.3	3.1	3.5	2.6
Injuries and poisoning	6.7	5.6	5.1	4.7	36.6	24.7	19.3	19.6
Fracture, all sites	1.6	1.3	1.2	1.2	10.7	5.6	4.9	5.6
45–64 years ²	131.0	116.0	115.9	115.4	886.5	634.2	577.3	570.1
Malignant neoplasms	12.7	9.6	7.3	6.9	107.4	60.8	45.7	46.9
Trachea, bronchus, lung	1.7	1.5	0.7	0.9	14.8	8.0	5.4	*6.7
Breast	2.8	2.1	1.9	1.4	12.1	7.6	5.1	3.6
Diabetes	2.9	3.2	2.6	3.0	25.8	19.4	13.9	15.8
Alcohol and drug ³	1.0	1.1	1.2	1.2	8.0	*7.5	6.1	*6.3
Serious mental illness ⁴	4.0	4.4	4.2	4.6	60.5	48.9	41.3	40.6
Diseases of heart	16.6	15.0	15.6	15.9	101.1	70.9	74.1	68.3
Ischemic heart disease	9.9	8.4	8.5	8.9	57.4	37.9	33.4	34.9
Acute myocardial infarction	2.8	2.5	2.2	2.7	21.6	15.1	11.6	12.8
Congestive heart failure	2.1	2.6	2.8	2.7	15.8	14.5	16.8	13.5
Cerebrovascular diseases	3.0	3.2	3.5	3.4	32.1	21.4	22.8	18.7
Pneumonia	3.4	3.3	3.8	3.8	26.5	22.0	23.5	20.5
Injuries and poisoning	9.4	8.4	8.6	8.4	63.3	45.4	42.9	46.2
Fracture, all sites	3.1	2.7	2.3	2.7	25.0	14.0	12.2	13.5
65–74 years ²	241.1	246.9	258.6	260.0	1,959.3	1,616.2	1,590.1	1,527.3
Malignant neoplasms	20.9	20.3	17.7	15.5	189.8	148.6	147.1	106.3
Large intestine and rectum	2.4	2.3	2.6	2.0	34.9	19.9	21.7	18.2
Trachea, bronchus, lung	2.6	2.8	2.3	2.1	26.9	25.3	18.6	*17.5
Breast	3.9	3.2	2.7	2.6	17.6	10.0	6.6	*8.1
Diabetes	5.8	4.7	4.7	5.9	46.8	36.2	26.3	39.2
Serious mental illness ⁴	3.9	5.8	4.0	4.2	62.8	82.9	61.0	49.7
Diseases of heart	45.1	48.3	52.4	54.3	316.9	276.9	265.3	268.3
Ischemic heart disease	24.4	24.3	26.0	25.8	153.8	135.4	115.8	125.1
Acute myocardial infarction	7.5	7.9	8.4	8.2	58.1	58.6	48.2	50.0
Congestive heart failure	9.2	10.3	12.5	11.1	81.8	67.6	84.8	59.5
Cerebrovascular diseases	11.3	10.6	12.6	13.0	96.0	72.0	*	67.7
Pneumonia	8.7	10.6	11.2	12.1	81.8	80.1	87.5	73.1
Osteoarthritis	6.9	8.6	10.3	10.1	68.9	49.0	47.8	48.2
Injuries and poisoning	17.8	18.1	18.4	17.8	166.2	113.8	123.1	108.6
Fracture, all sites	8.4	7.0	7.7	7.8	97.3	43.9	49.3	44.7
Fracture of neck of femur (hip)	3.6	2.9	3.5	3.1	*59.6	21.5	25.7	19.7

See footnotes at end of table.

Table 93 (page 3 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Days of care			
	1990	1995	1998	1999	1990	1995	1998	1999
Female—Con.	Number per 1,000 population							
75 years and over ²	409.6	450.1	472.4	481.4	3,887.1	3,239.9	2,977.7	2,993.1
Malignant neoplasms	22.1	20.5	18.7	20.6	257.3	175.2	136.7	168.2
Large intestine and rectum.....	4.6	3.7	3.8	4.5	69.8	48.5	39.2	46.7
Trachea, bronchus, lung.....	2.1	1.9	2.0	2.2	20.6	16.2	17.0	17.1
Breast	3.9	3.1	2.8	2.5	22.0	9.0	7.9	6.5
Diabetes	4.6	6.2	7.0	5.7	55.3	44.0	40.0	30.8
Serious mental illness ⁴	4.2	5.0	5.0	4.3	78.4	72.7	64.2	58.1
Diseases of heart.....	84.6	96.1	101.3	103.0	672.8	601.3	538.4	541.5
Ischemic heart disease	33.7	37.3	37.8	38.2	253.2	220.9	196.0	194.5
Acute myocardial infarction	13.1	15.2	16.0	17.3	125.9	116.0	107.1	112.9
Congestive heart failure.....	28.0	32.3	32.1	32.2	236.6	224.0	177.6	186.8
Cerebrovascular diseases.....	29.6	30.4	30.1	26.9	302.0	207.5	171.8	150.5
Pneumonia.....	23.9	28.0	31.1	32.2	260.1	227.3	208.3	222.9
Osteoarthritis	5.3	8.8	9.5	9.2	54.1	58.5	44.3	41.5
Injuries and poisoning.....	46.3	48.2	46.4	49.7	489.2	372.8	292.8	308.4
Fracture, all sites.....	31.5	31.5	30.4	32.7	352.7	251.5	197.7	200.2
Fracture of neck of femur (hip)	18.8	19.5	18.3	19.7	236.3	171.4	119.8	126.3

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

¹Estimates are age adjusted to the year 2000 standard 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.

²Includes discharges with first-listed diagnoses not shown in table.

³Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

⁴These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the Department of Veterans Affairs or long-term hospitals.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Excludes newborn infants. Rates are based on the civilian population as of July 1. Data for the 1990's were recalculated using population figures adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. For a listing of the code numbers, see Appendix II, table IX. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 94 (page 1 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Average length of stay			
	1990	1995	1998	1999	1990	1995	1998	1999
	Both sexes		Number in thousands		Number of days			
Total ^{1,2}	30,788	30,722	31,827	32,132	6.5	5.4	5.1	5.0
Male								
All ages ^{1,2}	12,280	12,198	12,469	12,748	7.1	6.0	5.6	5.5
Under 18 years ²	1,572	1,565	1,485	1,592	5.0	4.6	4.7	4.6
Pneumonia	178	234	196	233	4.3	3.6	3.3	3.5
Asthma	111	137	108	121	2.8	2.7	2.2	2.4
Injuries and poisoning	232	196	191	182	4.4	4.1	*4.0	*4.5
Fracture, all sites	76	66	63	60	4.2	4.6	3.1	3.2
18–44 years ²	3,120	2,761	2,535	2,521	6.1	5.4	5.1	4.8
Alcohol and drug ³	201	258	222	197	8.9	6.3	5.2	4.8
Serious mental illness ⁴	184	*262	268	275	13.8	*10.0	8.6	8.6
Diseases of heart	163	157	145	164	5.4	4.2	3.6	3.6
Intervertebral disc disorders	138	94	88	84	4.2	2.5	2.2	*3.0
Injuries and poisoning	704	529	430	449	5.0	4.9	4.6	4.6
Fracture, all sites	217	176	140	155	5.6	5.5	5.3	4.4
45–64 years ²	3,115	3,053	3,286	3,390	6.7	5.6	5.3	5.1
Malignant neoplasms	235	191	187	183	9.4	7.0	7.0	6.8
Trachea, bronchus, lung	60	37	33	28	7.1	6.9	8.3	6.5
Diabetes	65	86	83	96	7.3	6.5	5.8	6.0
Alcohol and drug ³	77	102	107	115	8.5	*6.4	5.4	5.0
Serious mental illness ⁴	56	75	88	115	13.7	*12.7	9.1	10.0
Diseases of heart	704	749	790	815	5.8	4.8	4.5	3.9
Ischemic heart disease	502	537	533	561	5.7	4.6	4.1	3.7
Acute myocardial infarction	165	188	174	191	7.5	5.7	5.2	4.6
Congestive heart failure	66	73	93	90	6.7	5.6	*6.8	5.4
Cerebrovascular diseases	91	96	114	111	10.0	6.8	5.5	5.6
Pneumonia	77	75	115	113	7.9	6.9	6.3	6.2
Injuries and poisoning	257	257	271	271	7.2	5.5	5.8	5.4
Fracture, all sites	74	74	84	81	7.2	6.3	5.5	5.3
65–74 years ²	2,268	2,290	2,284	2,310	7.8	6.4	5.8	5.8
Malignant neoplasms	220	203	166	185	9.9	7.8	7.5	6.7
Large intestine and rectum	24	22	25	24	11.4	10.7	8.8	8.8
Trachea, bronchus, lung	50	44	30	32	8.7	7.6	7.9	7.5
Prostate	40	41	32	38	6.5	5.3	3.7	3.1
Diabetes	34	44	45	41	9.1	8.8	5.4	5.6
Serious mental illness ⁴	20	20	17	23	17.4	*15.7	*12.1	12.8
Diseases of heart	547	618	630	616	7.0	5.6	4.8	4.7
Ischemic heart disease	331	365	366	358	6.8	5.6	4.6	4.7
Acute myocardial infarction	110	129	132	124	8.8	6.6	5.7	6.1
Congestive heart failure	90	123	119	111	7.9	5.9	5.2	5.1
Cerebrovascular diseases	108	141	126	116	8.3	6.6	5.2	4.9
Pneumonia	90	105	119	122	9.5	6.9	6.3	6.0
Hyperplasia of prostate	113	62	49	39	4.5	3.0	*3.2	*
Osteoarthritis	39	49	55	61	9.0	5.7	4.5	4.9
Injuries and poisoning	139	133	143	145	7.9	6.7	6.3	6.0
Fracture, all sites	36	36	37	40	10.2	7.4	6.5	6.2
Fracture of neck of femur (hip)	12	15	18	13	*11.8	8.1	6.0	*7.1
75 years and over ²	2,203	2,528	2,879	2,935	8.8	6.9	6.4	6.3
Malignant neoplasms	189	161	169	172	10.0	8.3	8.1	7.7
Large intestine and rectum	25	26	31	26	15.0	10.8	9.1	10.5
Trachea, bronchus, lung	25	19	25	29	10.0	8.9	*8.5	7.0
Prostate	45	23	31	23	6.8	4.1	*	*4.4
Diabetes	21	37	37	42	11.0	6.1	6.5	7.6
Serious mental illness ⁴	*12	13	16	17	*15.5	*11.9	12.0	9.6
Diseases of heart	489	606	665	694	8.1	5.9	5.6	5.1
Ischemic heart disease	226	276	287	308	8.1	6.2	5.8	4.9
Acute myocardial infarction	106	119	125	130	9.9	7.6	6.8	6.0
Congestive heart failure	143	167	210	210	7.8	6.2	5.8	5.5
Cerebrovascular diseases	139	171	194	187	9.9	6.7	5.4	5.5
Pneumonia	178	215	226	250	10.2	8.0	7.1	6.9
Hyperplasia of prostate	82	50	46	46	6.1	3.5	*	*4.0
Osteoarthritis	27	35	43	49	10.5	*	4.9	4.7
Injuries and poisoning	144	174	201	201	10.9	6.8	6.4	7.1
Fracture, all sites	63	86	90	84	10.6	7.1	7.3	7.9
Fracture of neck of femur (hip)	39	48	60	49	11.5	7.7	8.2	7.6

See footnotes at end of table.

Table 94 (page 2 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Average length of stay			
	1990	1995	1998	1999	1990	1995	1998	1999
Female	Number in thousands				Number of days			
All ages ^{1,2}	18,508	18,525	19,358	19,384	6.0	5.0	4.7	4.6
Under 18 years ²	1,500	1,437	1,427	1,458	4.7	4.1	4.3	4.2
Pneumonia	129	155	152	174	4.4	3.8	3.6	3.6
Asthma	71	90	66	82	3.1	2.8	2.6	2.4
Injuries and poisoning	138	136	122	122	3.9	3.3	4.9	*4.1
Fracture, all sites	42	36	38	29	5.0	4.2	*4.6	2.9
18–44 years ²	8,018	7,235	7,228	6,980	4.0	3.3	3.2	3.2
Delivery	3,815	3,574	3,796	3,650	2.8	2.1	2.5	2.5
Alcohol and drug ³	85	108	95	102	9.1	6.6	4.6	*4.8
Serious mental illness ⁴	200	289	288	283	14.8	9.7	8.2	7.5
Diseases of heart	73	108	91	94	5.4	4.9	4.2	4.2
Intervertebral disc disorders	84	62	70	59	4.7	2.7	2.8	2.4
Injuries and poisoning	366	305	283	261	5.5	4.4	3.8	4.2
Fracture, all sites	85	74	66	65	6.9	4.2	4.1	4.8
45–64 years ²	3,129	3,115	3,410	3,508	6.8	5.5	5.0	4.9
Malignant neoplasms	303	258	215	211	8.5	6.3	6.3	6.8
Trachea, bronchus, lung	41	39	22	27	8.6	5.5	7.4	*7.6
Breast	67	56	55	42	4.3	3.6	2.8	2.7
Diabetes	70	86	77	91	8.9	6.0	5.3	5.3
Alcohol and drug ³	23	30	34	38	8.2	*6.8	5.2	*5.0
Serious mental illness ⁴	95	118	124	140	15.2	11.1	9.8	8.8
Diseases of heart	397	403	458	484	6.1	4.7	4.8	4.3
Ischemic heart disease	237	225	249	272	5.8	4.5	3.9	3.9
Acute myocardial infarction	68	68	65	83	7.6	6.0	5.2	4.7
Congestive heart failure	51	68	82	83	7.4	5.7	6.0	4.9
Cerebrovascular diseases	72	86	104	104	10.7	6.7	6.5	5.5
Pneumonia	80	88	113	117	7.9	6.7	6.1	5.3
Injuries and poisoning	225	225	252	255	6.7	5.4	5.0	5.5
Fracture, all sites	75	72	68	81	7.9	5.2	5.3	5.1
65–74 years ²	2,421	2,542	2,592	2,573	8.1	6.5	6.1	5.9
Malignant neoplasms	210	209	178	154	9.1	7.3	8.3	6.8
Large intestine and rectum	24	23	26	20	14.5	8.8	8.3	8.9
Trachea, bronchus, lung	26	29	23	21	10.2	8.9	8.0	*8.4
Breast	40	33	27	26	4.5	3.1	2.4	*3.1
Diabetes	59	49	47	58	8.0	7.7	5.6	6.7
Serious mental illness ⁴	39	60	40	42	16.3	14.2	15.2	11.7
Diseases of heart	453	497	525	537	7.0	5.7	5.1	4.9
Ischemic heart disease	245	250	261	255	6.3	5.6	4.4	4.8
Acute myocardial infarction	75	82	84	81	7.8	7.4	5.8	6.1
Congestive heart failure	92	106	125	110	8.9	6.5	6.8	5.4
Cerebrovascular diseases	114	109	126	128	8.5	6.8	*	5.2
Pneumonia	87	109	112	120	9.4	7.6	7.8	6.0
Osteoarthritis	69	89	103	100	10.0	5.7	4.7	4.8
Injuries and poisoning	179	187	185	176	9.3	6.3	6.7	6.1
Fracture, all sites	85	72	78	77	11.5	6.2	6.4	5.7
Fracture of neck of femur (hip)	36	29	35	30	*16.7	7.5	7.3	6.4

See footnotes at end of table.

Table 94 (page 3 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–99

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges				Average length of stay			
	1990	1995	1998	1999	1990	1995	1998	1999
Female—Con.	Number in thousands				Number of days			
75 years and over ²	3,440	4,196	4,701	4,865	9.5	7.2	6.3	6.2
Malignant neoplasms	185	191	186	209	11.7	8.5	7.3	8.1
Large intestine and rectum.....	39	34	38	45	15.1	13.3	10.2	10.4
Trachea, bronchus, lung	18	17	20	23	9.9	8.7	8.4	7.7
Breast	33	29	28	26	5.7	2.9	2.8	2.6
Diabetes	39	58	70	57	11.9	7.1	5.7	5.5
Serious mental illness ⁴	35	47	49	43	18.7	14.5	13.0	13.5
Diseases of heart.....	711	896	1,008	1,041	8.0	6.3	5.3	5.3
Ischemic heart disease.....	283	347	376	386	7.5	5.9	5.2	5.1
Acute myocardial infarction.....	110	142	160	175	9.6	7.6	6.7	6.5
Congestive heart failure.....	235	301	319	325	8.5	6.9	5.5	5.8
Cerebrovascular diseases.....	249	283	299	272	10.2	6.8	5.7	5.6
Pneumonia	201	261	309	326	10.9	8.1	6.7	6.9
Osteoarthritis	45	82	94	93	10.2	6.6	4.7	4.5
Injuries and poisoning.....	389	449	462	502	10.6	7.7	6.3	6.2
Fracture, all sites.....	265	294	303	331	11.2	8.0	6.5	6.1
Fracture of neck of femur (hip).....	158	182	182	199	12.5	8.8	6.6	6.4

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

¹Average length of stay estimates are age adjusted to the year 2000 standard 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.

²Includes discharges with first-listed diagnoses not shown in table.

³Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

⁴These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the Department of Veterans Affairs or long-term hospitals.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. For a listing of the code numbers, see Appendix II, table IX. Data for additional years are available (see Appendix III).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 95 (page 1 of 3). Ambulatory and inpatient procedures according to place, sex, age, and type of procedure: United States, selected years 1994–99

[Data are based on a sample of inpatient and ambulatory surgery records]

Sex, age, and procedure category	Ambulatory ¹			Inpatient ²					
	1994	1995	1996	1994	1995	1996	1997	1998	1999
Both sexes	Procedures per 1,000 population								
Total ^{3,4}	107.9	113.6	120.1	157.9	152.7	153.3	152.1	153.8	151.5
Male									
All ages ^{3,4}	102.5	107.9	115.0	139.1	135.1	136.1	133.1	133.9	133.4
Under 18 years ⁴	45.6	43.0	44.7	36.0	37.4	36.3	35.5	36.1	37.6
Myringotomy with insertion of tube.....	9.1	8.5	8.2	0.4	0.3	0.4	*0.2	0.4	*0.2
Tonsillectomy, with or without adenoidectomy.....	3.6	4.1	3.6	0.4	0.4	0.4	*0.2	*0.2	*0.2
Reduction of fracture.....	1.0	1.0	1.2	1.6	1.2	1.5	1.3	1.3	1.3
18–44 years ⁴	58.4	61.3	63.7	62.7	59.5	58.1	54.4	54.4	52.5
Cardiac catheterization.....	0.5	*0.3	0.6	1.1	1.1	1.2	1.0	1.1	1.2
Endoscopy of small or large intestine with or without biopsy.....	5.2	5.2	5.8	2.0	1.8	1.5	1.8	1.6	1.5
Cholecystectomy.....	*0.2	*0.3	0.5	0.5	0.5	0.4	0.5	0.5	0.5
Reduction of fracture.....	1.0	1.0	1.4	2.3	2.5	2.4	2.6	2.0	2.2
Arthroscopy of the knee.....	3.5	4.0	3.4	0.5	0.3	*0.2	*0.1	*0.1	*
Excision or destruction of intervertebral disc.....	*	*	*0.3	1.7	1.5	1.4	1.4	1.4	1.4
Angiography with contrast material.....	0.7	0.4	0.6	1.8	1.8	1.8	1.5	1.5	1.7
45–64 years ⁴	132.7	146.8	155.9	189.0	180.7	185.9	176.4	179.2	177.9
Coronary angioplasty.....	*	*	*	5.6	5.6	6.4	5.6	6.3	7.2
Coronary artery bypass graft ⁵	—	—	—	6.7	7.6	7.2	6.9	6.7	6.2
Cardiac catheterization.....	3.3	3.8	5.4	11.7	11.7	12.7	11.2	11.9	12.6
Endoscopy of small or large intestine with or without biopsy.....	20.2	21.1	21.8	7.2	6.5	6.4	5.6	6.1	5.8
Cholecystectomy.....	*0.5	*0.7	1.1	2.1	1.8	2.1	1.6	1.5	1.7
Prostatectomy.....	*	*	*	2.5	2.2	1.9	2.3	1.7	1.7
Reduction of fracture.....	*0.6	*0.8	0.8	2.3	2.3	2.0	1.9	2.4	1.9
Arthroscopy of the knee.....	3.7	4.5	4.4	*0.3	*	*	*	*	*
Excision or destruction of intervertebral disc.....	*	*	*	2.6	2.2	2.6	2.5	2.5	2.4
Angiography with contrast material.....	4.6	5.1	6.4	16.0	15.8	17.7	15.2	15.2	15.7
65–74 years ⁴	271.6	282.5	316.4	426.4	419.5	417.7	413.1	416.6	417.1
Coronary angioplasty.....	*	*	*	10.0	9.4	11.7	10.8	12.1	12.6
Extraction of lens.....	31.6	33.4	36.9	*	*	*	*	*	*
Insertion of prosthetic lens (pseudophakos).....	25.8	26.0	29.6	*	*	*	*	*	*
Coronary artery bypass graft ⁵	—	—	—	15.4	18.3	19.2	18.5	15.4	15.9
Cardiac catheterization.....	5.7	7.1	10.2	22.3	23.6	23.1	23.7	24.7	24.1
Pacemaker insertion or replacement.....	*	*	*	5.6	4.8	5.7	5.9	6.7	5.0
Carotid endarterectomy.....	*	—	*	3.3	4.2	3.9	3.8	3.2	3.1
Endoscopy of small or large intestine with or without biopsy.....	42.6	42.8	40.2	18.4	16.5	16.6	16.2	16.2	17.1
Cholecystectomy.....	*	*	*	4.5	4.4	4.0	4.2	3.8	3.7
Prostatectomy.....	*	*	*1.5	14.2	12.3	10.3	10.4	9.7	9.1
Reduction of fracture.....	*	*	*	2.8	2.5	2.4	2.2	2.6	2.8
Total hip replacement.....	—	—	—	1.7	2.5	2.3	2.3	2.3	2.5
Angiography with contrast material.....	9.0	9.3	13.5	31.0	30.5	29.7	29.4	30.5	30.3
75 years and over ⁴	339.2	355.1	378.7	584.1	567.2	578.9	595.0	591.7	593.3
Coronary angioplasty.....	*	—	*	6.5	8.2	7.4	7.4	8.5	10.9
Extraction of lens.....	61.7	71.5	71.6	*	*	*	*	*	*
Insertion of prosthetic lens (pseudophakos).....	47.9	53.6	55.1	*	*	*	*	*	*
Coronary artery bypass graft ⁵	—	—	—	10.7	12.5	11.6	11.1	12.3	11.5
Cardiac catheterization.....	*3.8	4.7	7.1	18.1	19.2	19.7	18.0	19.4	21.4
Pacemaker insertion or replacement.....	*	*	*	15.4	15.4	16.4	13.5	15.8	13.9
Carotid endarterectomy.....	*	—	—	3.6	4.6	4.6	5.3	4.3	4.2
Endoscopy of small or large intestine with or without biopsy.....	43.2	43.4	48.9	35.9	36.4	35.2	35.1	37.1	33.6
Cholecystectomy.....	*	*	*	6.2	5.5	5.8	5.1	4.8	4.5
Prostatectomy.....	*2.1	*2.3	*2.2	16.1	15.3	12.3	13.1	12.5	10.8
Reduction of fracture.....	*	*	*	6.4	6.4	6.6	6.6	6.6	6.3
Total hip replacement.....	—	—	—	2.2	2.1	2.2	2.7	3.4	2.5
Angiography with contrast material.....	*3.8	5.5	10.3	24.2	24.0	25.9	24.4	24.0	25.5

See footnotes at end of table.

Table 95 (page 2 of 3). Ambulatory and inpatient procedures according to place, sex, age, and type of procedure: United States, selected years 1994–99

[Data are based on a sample of inpatient and ambulatory surgery records]

Sex, age, and procedure category	Ambulatory ¹			Inpatient ²					
	1994	1995	1996	1994	1995	1996	1997	1998	1999
Female									
All ages ^{3,4}	114.2	120.1	126.1	179.2	172.7	173.0	173.4	175.6	171.5
Under 18 years ⁴	35.3	34.3	34.8	40.3	39.0	38.4	36.9	39.3	38.0
Myringotomy with insertion of tube	6.7	6.3	5.6	0.4	*0.3	*0.3	*	*	*
Tonsillectomy, with or without adenoidectomy	4.8	4.4	4.7	0.5	0.4	0.3	*0.2	0.3	*0.2
Reduction of fracture	*0.5	0.7	0.8	0.8	0.7	0.5	0.6	0.8	0.5
18–44 years ⁴	94.9	96.9	102.2	203.6	195.4	195.0	194.8	195.7	185.8
Cardiac catheterization	*	*0.2	*0.3	0.5	0.5	0.4	0.5	0.5	0.6
Endoscopy of small or large intestine with or without biopsy	6.6	7.4	8.4	2.1	1.9	1.9	1.7	1.6	1.7
Cholecystectomy	1.4	1.9	2.2	2.2	2.4	2.0	2.1	2.1	1.8
Bilateral destruction or occlusion of fallopian tubes	5.6	6.4	5.7	6.6	5.9	6.2	5.9	6.6	5.9
Hysterectomy	*	*0.3	*0.2	5.4	5.9	5.6	5.5	5.9	5.7
Cesarean section ⁶	—	—	—	15.0	13.8	14.6	14.3	15.8	14.7
Repair of current obstetrical laceration	*	*	*	15.7	16.8	18.3	18.8	18.7	19.4
Reduction of fracture	0.4	0.5	0.5	1.1	1.1	1.1	1.1	1.1	1.1
Arthroscopy of the knee	1.8	2.0	2.0	0.2	*0.1	*0.1	*	*	*
Excision or destruction of intervertebral disc	*	*	*	1.2	0.9	1.0	0.9	1.1	1.0
Lumpectomy	2.5	2.0	2.2	*0.1	*0.1	*	*	*	*
Mastectomy	*	*	*	0.3	0.2	0.2	0.2	0.2	0.2
45–64 years ⁴	155.5	165.9	173.2	173.4	162.6	162.2	157.9	163.4	160.9
Coronary angioplasty	*	*	*	2.1	2.0	2.0	1.7	2.2	2.6
Coronary artery bypass graft ⁵	—	—	—	2.0	1.7	2.0	2.0	1.6	1.8
Cardiac catheterization	2.2	2.0	2.4	6.0	5.4	6.0	5.3	5.9	6.1
Endoscopy of small or large intestine with or without biopsy	22.1	24.3	22.9	6.5	6.2	5.6	5.8	5.5	5.9
Cholecystectomy	1.8	2.3	3.3	3.7	3.5	3.4	3.1	2.9	2.9
Hysterectomy	*	*	*	7.2	7.1	7.9	8.1	8.3	7.9
Reduction of fracture	*0.7	*0.7	0.8	2.2	2.2	2.3	1.9	1.8	2.0
Arthroscopy of the knee	2.8	3.4	3.5	*	*	*	*	*	*
Excision or destruction of intervertebral disc	*	*	*	2.0	1.6	1.8	2.0	2.1	2.1
Lumpectomy	4.9	5.0	4.6	0.5	0.4	*0.4	*0.3	*0.3	*0.3
Mastectomy	*	*	*0.4	1.6	1.5	1.3	1.2	1.5	1.1
Angiocardiography with contrast material	3.0	2.7	3.3	8.5	8.1	8.4	7.4	8.4	8.5
65–74 years ⁴	254.6	272.5	291.9	328.3	326.1	334.4	351.8	342.2	340.8
Coronary angioplasty	*	*	*	4.9	4.6	5.7	5.3	6.6	6.3
Extraction of lens	41.8	48.3	47.8	*	*	*	*	*	*
Insertion of prosthetic lens (pseudophakos)	33.5	35.7	35.9	*	*	*	*	*	*
Coronary artery bypass graft ⁵	—	*	—	5.1	6.1	6.7	7.5	6.0	6.5
Cardiac catheterization	3.3	3.6	5.4	12.6	12.4	14.7	14.5	15.1	15.0
Pacemaker insertion or replacement	*	*	*	4.3	3.9	3.7	3.3	4.3	5.6
Carotid endarterectomy	—	—	—	1.7	2.3	2.2	2.8	2.0	2.6
Endoscopy of small or large intestine with or without biopsy	39.0	41.0	45.5	16.1	18.2	14.7	17.3	16.3	18.2
Cholecystectomy	*1.3	*1.6	2.3	5.1	4.6	4.7	5.0	5.4	4.7
Hysterectomy	*	*	*	4.7	4.3	3.7	4.5	4.4	3.6
Reduction of fracture	*	*	*	4.7	4.4	5.0	5.4	4.9	4.4
Total hip replacement	—	—	—	2.6	2.7	2.9	3.3	3.6	3.3
Lumpectomy	4.4	4.7	4.9	*	*	*0.6	*0.5	*	*
Mastectomy	*	*	*	2.8	2.3	2.3	2.3	2.3	2.1
Angiocardiography with contrast material	4.8	5.0	6.9	18.0	17.5	20.3	19.8	18.8	19.9

See footnotes at end of table.

Table 95 (page 3 of 3). Ambulatory and inpatient procedures according to place, sex, age, and type of procedure: United States, selected years 1994–99

[Data are based on a sample of inpatient and ambulatory surgery records]

Sex, age, and procedure category	Ambulatory ¹			Inpatient ²					
	1994	1995	1996	1994	1995	1996	1997	1998	1999
Female—Con.									
75 years and over ⁴	274.3	304.6	319.3	476.8	468.0	468.4	479.0	491.1	503.0
Coronary angioplasty	*	*	*	4.0	4.2	4.3	4.7	5.9	6.0
Extraction of lens	70.6	82.0	82.6	*	*	*	*	*	*
Insertion of prosthetic lens (pseudophakos)	54.5	61.3	61.4	*	*	*	*	*	*
Coronary artery bypass graft ⁵	—	—	—	3.4	4.1	4.6	4.9	4.5	5.8
Cardiac catheterization	*1.5	*1.8	3.5	10.4	11.3	11.6	12.2	12.9	14.0
Pacemaker insertion or replacement	*	*	*1.1	11.5	10.1	11.3	10.2	11.8	10.4
Carotid endarterectomy	—	*	—	2.0	2.0	2.3	2.2	2.2	2.1
Endoscopy of small or large intestine with or without biopsy	34.5	39.3	38.6	36.0	35.0	33.2	34.3	36.9	38.2
Cholecystectomy	*	*	*1.2	4.3	5.5	5.0	5.2	5.1	5.3
Hysterectomy	—	*	*	2.4	2.4	2.7	2.3	2.8	2.3
Reduction of fracture	*	*	*	13.9	14.6	16.9	15.6	13.9	16.0
Total hip replacement	—	*	*	3.2	3.3	3.5	3.2	3.1	3.3
Lumpectomy	2.7	2.5	2.9	*	*0.7	*	*	*	*
Mastectomy	*	*	*	2.4	2.6	1.8	2.2	2.2	2.0
Angiocardiography with contrast material	2.3	*2.1	5.5	14.5	15.6	15.6	16.7	17.2	17.8

* Rates for total or inpatient hospitals based on fewer than 5,000 estimated procedures are unreliable and are not shown; those based on 5,000–9,999 estimated procedures are preceded by an asterisk and may have low reliability. Rates for ambulatory surgery based on fewer than 10,000 estimated procedures are unreliable and are not shown; those based on 10,000–19,999 estimated procedures are preceded by an asterisk.

— Quantity zero.

¹Data are from the National Survey of Ambulatory Surgery (conducted from 1994–96) and exclude ambulatory surgery procedures for patients who became inpatients. See Appendix II, Ambulatory surgery.

²Inpatient data are from the National Hospital Discharge Survey and exclude newborn infants.

³Estimates are age adjusted to the year 2000 standard using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴Includes procedures not listed in table.

⁵Data in the main body of the table are for all-listed coronary artery bypass grafts. Often, more than one coronary bypass procedure is performed during a single operation. The following table gives additional information based on the number of inpatient discharges with one or more coronary artery bypass grafts.

Sex and age	Inpatient discharges per 1,000 population					
	1994	1995	1996	1997	1998	1999
Male:						
45–64 years	4.1	4.5	4.2	4.0	3.9	3.6
65–74 years	9.4	11.2	11.5	11.1	9.2	10.0
75 years and over	7.6	8.9	7.6	6.9	8.1	7.5
Female:						
45–64 years	1.3	1.0	1.2	1.2	1.0	1.1
65–74 years	3.3	3.8	4.1	4.5	3.6	4.4
75 years and over	2.3	3.0	3.3	3.4	3.0	3.7

⁶Cesarean sections accounted for 22.0 percent of deliveries in 1994, 20.8 percent in 1995, 21.8 percent in 1996, 21.5 percent in 1997, 22.5 percent in 1998, and 22.1 percent in 1999.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Data in this table are for up to four procedures for inpatients and for up to six procedures for ambulatory surgery patients. See Appendix II, Procedure. Procedure categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. For a listing of the code numbers, see Appendix II, table X. Rates are based on the civilian population as of July 1. Rates for the 1990's were recalculated using population figures adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey and the National Survey of Ambulatory Surgery.

Table 96. Hospital admissions, average length of stay, and outpatient visits, according to type of ownership and size of hospital, and percent outpatient surgery: United States, selected years 1975–99

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1985	1990	1995	1997	1998	1999
Admissions								
All hospitals	36,157	38,892	36,304	33,774	33,282	33,624	33,766	34,181
Federal	1,913	2,044	2,103	1,759	1,559	1,249	1,133	1,072
Non-Federal ¹	34,243	36,848	34,201	32,015	31,723	32,375	32,633	33,109
Community ²	33,435	36,143	33,449	31,181	30,945	31,577	31,812	32,359
Nonprofit	23,722	25,566	24,179	22,878	22,557	22,905	23,282	23,871
For profit	2,646	3,165	3,242	3,066	3,428	3,953	3,971	3,905
State-local government	7,067	7,413	6,028	5,236	4,961	4,720	4,559	4,583
6–24 beds	174	159	102	95	124	139	139	145
25–49 beds	1,431	1,254	1,009	870	944	933	965	959
50–99 beds	3,675	3,700	2,953	2,474	2,299	2,311	2,265	2,317
100–199 beds	7,017	7,162	6,487	5,833	6,288	6,416	6,656	6,684
200–299 beds	6,174	6,596	6,371	6,333	6,495	6,352	6,230	6,389
300–399 beds	4,739	5,358	5,401	5,091	4,693	5,099	5,021	5,419
400–499 beds	3,689	4,401	3,723	3,644	3,413	3,360	3,390	3,045
500 beds or more	6,537	7,513	7,401	6,840	6,690	6,967	7,146	7,400
Average length of stay								
All hospitals	11.4	9.9	9.1	9.1	7.8	7.3	7.2	7.0
Federal	20.3	16.8	14.8	14.9	13.1	14.3	14.4	14.0
Non-Federal ¹	10.9	9.6	8.8	8.8	7.5	7.0	6.9	6.8
Community ²	7.7	7.6	7.1	7.2	6.5	6.1	6.0	5.9
Nonprofit	7.8	7.7	7.2	7.3	6.4	6.0	5.9	5.8
For profit	6.6	6.5	6.1	6.4	5.8	5.5	5.5	5.5
State-local government	7.6	7.3	7.2	7.7	7.4	7.1	7.0	6.9
6–24 beds	5.6	5.3	5.0	5.4	5.5	4.8	4.6	4.5
25–49 beds	6.0	5.8	5.3	6.1	5.7	5.2	5.2	5.2
50–99 beds	6.8	6.7	6.5	7.2	7.0	6.8	6.9	6.7
100–199 beds	7.1	7.0	6.7	7.1	6.4	6.0	5.9	5.9
200–299 beds	7.5	7.4	6.8	6.9	6.2	5.9	5.8	5.7
300–399 beds	7.8	7.6	7.0	7.0	6.1	5.7	5.7	5.6
400–499 beds	8.1	7.9	7.3	7.3	6.3	6.1	5.9	5.9
500 beds or more	9.1	8.7	8.1	8.1	7.1	6.6	6.5	6.3
Outpatient visits ³								
All hospitals	254,844	262,951	282,140	368,184	483,195	520,600	545,481	573,461
Federal	51,957	50,566	52,342	58,527	59,934	60,757	63,642	70,060
Non-Federal ¹	202,887	212,385	229,798	309,657	423,261	459,843	481,838	503,401
Community ²	190,672	202,310	218,716	301,329	414,345	450,140	474,193	495,346
Nonprofit	131,435	142,156	158,953	221,073	303,851	330,215	352,114	370,784
For profit	7,713	9,696	12,378	20,110	31,940	40,919	42,072	39,896
State-local government	51,525	50,459	47,386	60,146	78,554	79,007	80,008	84,667
6–24 beds	915	1,155	829	1,471	3,644	3,920	4,278	4,650
25–49 beds	5,855	6,227	6,623	10,812	19,465	21,682	22,694	23,870
50–99 beds	16,303	17,976	18,716	27,582	38,597	40,882	42,161	46,156
100–199 beds	35,156	36,453	41,049	58,940	91,312	100,838	107,966	110,336
200–299 beds	32,772	36,073	40,515	60,561	84,080	83,826	85,494	90,878
300–399 beds	29,169	30,495	33,773	43,699	54,277	64,741	67,070	75,849
400–499 beds	22,127	25,501	23,950	33,394	44,284	46,579	49,022	43,867
500 beds or more	48,375	48,430	53,262	64,870	78,685	87,672	95,508	99,741
Outpatient surgery								
Community hospitals ²	---	16.3	34.6	50.5	58.1	60.7	61.6	62.4

--- Data not available.

¹The category of non-Federal hospitals is comprised of psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term hospitals.

²Community hospitals are non-Federal short-term general, and special hospitals whose facilities and services are open to the public. Excludes hospital units in institutions such as prison and college infirmaries, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; and orthopedic.

³Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery.

⁴The American Hospital Association defines surgery as a surgical episode in the operating or procedure room. During a single episode, multiple surgical procedures may be performed. In contrast the National Hospital Discharge Survey codes up to 4 procedures and the National Survey of Ambulatory Surgery codes up to 6 procedures that are performed in a single surgical episode. See Appendix II, Ambulatory surgery and Outpatient surgery.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: American Hospital Association: Hospital Statistics, 1976, 1981, 1986, 1991–2001 Editions. Chicago, 1976, 1981, 1986, 1991–2001. (Copyrights 1976, 1981, 1986, 1991–2001: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

Table 97. Nursing home residents 65 years of age and over, according to age, sex, and race: United States, 1973–74, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

Age, sex, and race	Residents				Residents per 1,000 population			
	1973–74	1985	1995	1999	1973–74	1985	1995	1999
Age								
65 years and over, age adjusted ¹	961,500	1,318,300	1,422,600	1,469,500	58.5	54.0	45.9	43.3
65 years and over, crude					44.7	46.2	42.4	42.9
65–74 years	163,100	212,100	190,200	194,800	12.3	12.5	10.1	10.8
75–84 years	384,900	509,000	511,900	517,600	57.7	57.7	45.9	43.0
85 years and over	413,600	597,300	720,400	757,100	257.3	220.3	198.6	182.5
Male								
65 years and over, age adjusted ¹	265,700	334,400	356,800	377,800	42.5	38.8	32.8	30.6
65 years and over, crude					30.0	29.0	26.1	26.5
65–74 years	65,100	80,600	79,300	84,100	11.3	10.8	9.5	10.3
75–84 years	102,300	141,300	144,300	149,500	39.9	43.0	33.3	30.8
85 years and over	98,300	112,600	133,100	144,200	182.7	145.7	130.8	116.5
Female								
65 years and over, age adjusted ¹	695,800	983,900	1,065,800	1,091,700	67.5	61.5	52.3	49.8
65 years and over, crude					54.9	57.9	53.7	54.6
65–74 years	98,000	131,500	110,900	110,700	13.1	13.8	10.6	11.2
75–84 years	282,600	367,700	367,600	368,100	68.9	66.4	53.9	51.2
85 years and over	315,300	484,700	587,300	612,900	294.9	250.1	224.9	210.5
White²								
65 years and over, age adjusted ¹	920,600	1,227,400	1,271,200	1,279,600	61.2	55.5	45.4	41.9
65 years and over, crude					46.9	47.7	42.3	42.1
65–74 years	150,100	187,800	154,400	157,200	12.5	12.3	9.3	10.0
75–84 years	369,700	473,600	453,800	440,600	60.3	59.1	44.9	40.5
85 years and over	400,800	566,000	663,000	681,700	270.8	228.7	200.7	181.8
Black²								
65 years and over, age adjusted ¹	37,700	82,000	122,900	145,900	28.2	41.5	50.4	55.6
65 years and over, crude					22.0	35.0	45.2	51.1
65–74 years	12,200	22,500	29,700	30,300	11.1	15.4	18.4	18.2
75–84 years	13,400	30,600	47,300	58,700	26.7	45.3	57.2	66.5
85 years and over	12,100	29,000	45,800	56,900	105.7	141.5	167.1	183.1

... Category not applicable.

¹Age adjusted by the direct method to the year 2000 population standard using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

²Beginning in 1999 the instruction for the race item on the Current Resident Questionnaire was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for residents for whom only one race was recorded. Estimates for visits where multiple races were checked are unreliable due to small sample sizes and are not shown.

NOTES: Excludes residents in personal care or domiciliary care homes. Age refers to age at time of interview. Rates are based on the resident population as of July 1. Starting in 1997, population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Data for additional years are available (see Appendix III).

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 98. Nursing home residents 65 years of age and over, according to selected functional status and age, sex, and race: United States, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

Age, sex, and race	Functional status ¹											
	Dependent mobility			Incontinent			Dependent eating			Dependent mobility, eating, and incontinent		
	1985	1995	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999
All persons												
Percent												
65 years and over, age adjusted ²	75.7	79.0	80.3	55.0	63.8	65.7	40.9	44.9	47.3	32.5	36.5	36.9
65 years and over, crude.....	74.8	79.0	80.4	54.5	63.8	65.7	40.5	44.9	47.4	32.1	36.5	37.0
65–74 years.....	61.2	73.0	73.9	42.9	61.9	58.5	33.5	43.8	43.1	25.7	35.8	31.7
75–84 years.....	70.5	76.5	77.8	55.1	62.5	64.2	39.4	45.2	46.6	30.6	35.3	35.4
85 years and over.....	83.3	82.4	83.8	58.1	65.3	68.6	43.9	45.0	49.0	35.6	37.5	39.4
Male												
Percent												
65 years and over, age adjusted ²	71.2	76.6	76.6	54.2	63.8	66.6	36.0	42.1	45.2	28.0	34.3	35.0
65 years and over, crude.....	67.8	75.8	75.9	51.9	63.9	66.0	34.9	42.7	45.1	26.9	34.8	35.0
65–74 years.....	55.8	70.6	70.5	38.8	63.4	59.6	32.8	44.2	45.0	24.1	36.9	34.8
75–84 years.....	65.7	76.6	76.9	54.4	64.6	68.9	32.6	44.1	44.7	25.5	35.5	35.2
85 years and over.....	79.2	78.2	78.1	58.1	63.4	66.8	39.2	40.2	45.7	30.9	32.7	34.9
Female												
Percent												
65 years and over, age adjusted ²	77.3	79.7	81.5	55.4	63.6	65.0	42.4	45.6	47.8	33.9	36.9	37.2
65 years and over, crude.....	77.1	80.1	81.9	55.4	63.8	65.6	42.4	45.6	48.1	33.8	37.0	37.7
65–74 years.....	64.5	74.8	76.4	45.4	60.9	57.7	34.0	43.6	41.6	26.7	35.0	29.3
75–84 years.....	72.3	76.5	78.2	55.3	61.7	62.2	42.0	45.7	47.4	32.6	35.2	35.6
85 years and over.....	84.3	83.3	85.2	58.1	65.7	69.0	45.0	46.0	49.7	36.7	38.6	40.4
White ³												
Percent												
65 years and over, age adjusted ²	75.2	78.5	79.9	54.6	63.2	64.9	40.4	44.2	46.1	32.1	35.7	35.7
65 years and over, crude.....	74.3	78.7	80.2	54.2	63.3	65.1	40.1	44.2	46.2	31.7	35.7	35.8
65–74 years.....	60.2	71.4	72.6	42.2	60.2	57.1	32.6	41.9	40.7	24.9	33.8	28.8
75–84 years.....	69.6	76.4	77.5	54.2	61.8	63.8	38.9	44.9	45.8	30.1	34.7	34.8
85 years and over.....	83.1	81.9	83.6	58.2	65.0	67.8	43.5	44.3	47.7	35.5	36.9	38.1
Black ³												
Percent												
65 years and over, age adjusted ²	83.4	83.2	82.1	61.0	69.3	71.9	49.2	52.2	55.9	38.2	44.0	46.8
65 years and over, crude.....	81.1	82.1	81.5	59.9	69.1	70.6	47.9	51.7	54.9	37.7	43.7	45.7
65–74 years.....	70.9	79.6	78.7	48.6	68.3	64.6	43.1	51.2	53.3	33.8	43.1	42.6
75–84 years.....	82.5	77.8	80.1	70.1	68.9	67.5	47.9	49.5	49.7	40.6	42.3	41.0
85 years and over.....	87.4	88.0	84.5	57.9	69.8	77.0	51.7	54.3	61.0	37.6	45.5	52.1

¹Nursing home residents who are dependent in mobility and eating require the assistance of a person or special equipment. Nursing home residents who are incontinent have difficulty in controlling bowels and/or bladder or have an ostomy or indwelling catheter.

²Age adjusted by the direct method to the 1995 National Nursing Home Survey population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

³Beginning in 1999 the instruction for the race item on the Current Resident Questionnaire was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for residents for whom only one race was recorded. Estimates for visits where multiple races were checked are unreliable due to small sample sizes and are not shown.

NOTES: Age refers to age at time of interview. Excludes residents in personal care or domiciliary care homes. Data for additional years are available (see Appendix III).

SOURCES: Hing E, Seksenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 99. Persons employed in health service sites: United States, selected years 1970–2000

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

Site	1970	1980	1990	1994 ¹	1995 ¹	1996 ¹	1997 ¹	1998 ¹	1999 ¹	2000 ¹
Number of persons in thousands										
All employed civilians.....	76,805	99,303	117,914	123,060	124,900	126,708	129,558	131,463	133,488	135,208
All health service sites	4,246	7,339	9,447	10,587	10,928	11,199	11,525	11,504	11,646	11,597
Offices and clinics of physicians	477	777	1,098	1,404	1,512	1,501	1,559	1,581	1,624	1,671
Offices and clinics of dentists	222	415	580	596	644	614	662	666	694	669
Offices and clinics of chiropractors ²	19	40	90	105	99	99	118	127	142	124
Hospitals.....	2,690	4,036	4,690	5,009	4,961	5,041	5,130	5,116	5,117	5,028
Nursing and personal care facilities	509	1,199	1,543	1,692	1,718	1,765	1,755	1,801	1,786	1,716
Other health service sites	330	872	1,446	1,781	1,995	2,178	2,301	2,213	2,283	2,389
Percent of employed civilians										
All health service sites	5.5	7.4	8.0	8.6	8.7	8.8	8.9	8.8	8.7	8.6
Percent distribution										
All health service sites	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Offices and clinics of physicians	11.2	10.6	11.6	13.3	13.8	13.4	13.5	13.7	13.9	14.4
Offices and clinics of dentists	5.2	5.7	6.1	5.6	5.9	5.5	5.7	5.8	6.0	5.8
Offices and clinics of chiropractors ²	0.4	0.5	1.0	1.0	0.9	0.9	1.0	1.1	1.2	1.1
Hospitals.....	63.4	55.0	49.6	47.3	45.4	45.0	44.5	44.5	43.9	43.4
Nursing and personal care facilities	12.0	16.3	16.3	16.0	15.7	15.8	15.2	15.7	15.3	14.8
Other health service sites	7.8	11.9	15.3	16.8	18.3	19.4	20.0	19.2	19.6	20.6

¹Data for 1994 and later years are not strictly comparable with data from previous years due to a redesign of the Current Population Survey. See Appendix I, Department of Commerce.

²Data for 1980 are from the American Chiropractic Association; data for all other years are from the U.S. Bureau of Labor Statistics.

NOTES: Employment is full- or part-time work. Totals exclude persons in health-related occupations who are working in nonhealth industries, as classified by the U.S. Bureau of the Census, such as pharmacists employed in drugstores, school nurses, and nurses working in private households. Totals include Federal, State, and county health workers. In 1970–82, employed persons were classified according to the industry groups used in the 1970 Census of Population. In 1983–91, persons were classified according to the system used in the 1980 Census of Population. Beginning in 1992 persons were classified according to the system used in the 1990 Census of Population. Data for additional years are available (see Appendix III).

SOURCES: U.S. Bureau of the Census: 1970 Census of Population, occupation by industry. Subject Reports. Final Report PC(2)–7C. Washington. U.S. Government Printing Office, Oct. 1972; U.S. Bureau of Labor Statistics: Labor Force Statistics Derived from the Current Population Survey: A Databook, Vol. I. Washington. U.S. Government Printing Office, Sept. 1982; Employment and Earnings, January issue 1986, 1991–2001. U.S. Government Printing Office, Jan. 1986, 1991–2001; American Chiropractic Association: Unpublished data.

Table 100 (page 1 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 1999

[Data are based on reporting by physicians]

Geographic division and State	Total physicians ¹				Doctors of medicine in patient care ²			
	1975	1985	1995 ³	1999 ⁴	1975	1985	1995	1999
Number per 10,000 civilian population								
United States	15.3	20.7	24.2	25.2	13.5	18.0	21.3	22.1
New England	19.1	26.7	32.5	34.1	16.9	22.9	28.8	30.3
Maine	12.8	18.7	22.3	25.5	10.7	15.6	18.2	20.7
New Hampshire	14.3	18.1	21.5	23.3	13.1	16.7	19.8	21.3
Vermont	18.2	23.8	26.9	30.1	15.5	20.3	24.2	27.0
Massachusetts	20.8	30.2	37.5	38.4	18.3	25.4	33.2	34.2
Rhode Island	17.8	23.3	30.4	33.3	16.1	20.2	26.7	29.3
Connecticut	19.8	27.6	32.8	34.3	17.7	24.3	29.5	30.7
Middle Atlantic	19.5	26.1	32.4	33.9	17.0	22.2	28.0	29.1
New York	22.7	29.0	35.3	36.9	20.2	25.2	31.6	32.9
New Jersey	16.2	23.4	29.3	31.0	14.0	19.8	24.9	26.1
Pennsylvania	16.6	23.6	30.1	31.4	13.9	19.2	24.6	25.3
East North Central	13.9	19.3	23.3	24.5	12.0	16.4	19.8	20.7
Ohio	14.1	19.9	23.8	25.1	12.2	16.8	20.0	21.0
Indiana	10.6	14.7	18.4	19.8	9.6	13.2	16.6	17.7
Illinois	14.5	20.5	24.8	25.9	13.1	18.2	22.1	22.9
Michigan	15.4	20.8	24.8	25.8	12.0	16.0	19.0	19.6
Wisconsin	12.5	17.7	21.5	22.8	11.4	15.9	19.6	20.6
West North Central	13.3	18.3	21.8	22.8	11.4	15.6	18.9	19.6
Minnesota	14.9	20.5	23.4	24.4	13.7	18.5	21.5	22.4
Iowa	11.4	15.6	19.2	19.7	9.4	12.4	15.1	15.4
Missouri	15.0	20.5	23.9	24.7	11.6	16.3	19.7	20.2
North Dakota	9.7	15.8	20.5	21.9	9.2	14.9	18.9	20.3
South Dakota	8.2	13.4	16.7	18.8	7.7	12.3	15.7	17.4
Nebraska	12.1	15.7	19.8	21.3	10.9	14.4	18.3	19.8
Kansas	12.8	17.3	20.8	21.4	11.2	15.1	18.0	18.4
South Atlantic	14.0	19.7	23.4	24.7	12.6	17.6	21.0	22.2
Delaware	14.3	19.7	23.4	24.4	12.7	17.1	19.7	20.8
Maryland	18.6	30.4	34.1	35.2	16.5	24.9	29.9	31.0
District of Columbia	39.6	55.3	63.6	69.1	34.6	45.6	53.6	60.1
Virginia	12.9	19.5	22.5	23.4	11.9	17.8	20.8	21.5
West Virginia	11.0	16.3	21.0	23.2	10.0	14.6	17.9	19.5
North Carolina	11.7	16.9	21.1	22.6	10.6	15.0	19.4	20.7
South Carolina	10.0	14.7	18.9	20.7	9.3	13.6	17.6	19.2
Georgia	11.5	16.2	19.7	20.6	10.6	14.7	18.0	18.8
Florida	15.2	20.2	22.9	24.7	13.4	17.8	20.3	21.7
East South Central	10.5	15.0	19.2	20.7	9.7	14.0	17.8	19.1
Kentucky	10.9	15.1	19.2	20.6	10.1	13.9	18.0	19.1
Tennessee	12.4	17.7	22.5	23.9	11.3	16.2	20.8	22.1
Alabama	9.2	14.2	18.4	19.5	8.6	13.1	17.0	17.9
Mississippi	8.4	11.8	13.9	16.3	8.0	11.1	13.0	14.9
West South Central	11.9	16.4	19.5	20.6	10.5	14.5	17.3	18.2
Arkansas	9.1	13.8	17.3	19.0	8.5	12.8	16.0	17.5
Louisiana	11.4	17.3	21.7	23.5	10.5	16.1	20.3	22.2
Oklahoma	11.6	16.1	18.8	19.6	9.4	12.9	14.7	15.0
Texas	12.5	16.8	19.4	20.4	11.0	14.7	17.3	18.0
Mountain	14.3	17.8	20.2	21.0	12.6	15.7	17.8	18.4
Montana	10.6	14.0	18.4	19.3	10.1	13.2	17.1	17.8
Idaho	9.5	12.1	13.9	15.6	8.9	11.4	13.1	14.4
Wyoming	9.5	12.9	15.3	17.2	8.9	12.0	13.9	15.6
Colorado	17.3	20.7	23.7	24.8	15.0	17.7	20.6	21.6
New Mexico	12.2	17.0	20.2	21.1	10.1	14.7	18.0	18.6
Arizona	16.7	20.2	21.4	21.5	14.1	17.1	18.2	18.1
Utah	14.1	17.2	19.2	19.7	13.0	15.5	17.6	17.7
Nevada	11.9	16.0	16.7	18.3	10.9	14.5	14.6	16.2

See footnotes at end of table.

Table 100 (page 2 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 1999

[Data are based on reporting by physicians]

Geographic division and State	Total physicians ¹				Doctors of medicine in patient care ²			
	1975	1985	1995 ³	1999 ⁴	1975	1985	1995	1999
Number per 10,000 civilian population								
Pacific	17.9	22.5	23.3	23.4	16.3	20.5	21.2	21.2
Washington	15.3	20.2	22.5	23.2	13.6	17.9	20.2	20.7
Oregon	15.6	19.7	21.6	22.6	13.8	17.6	19.5	20.3
California	18.8	23.7	23.7	23.5	17.3	21.5	21.7	21.3
Alaska	8.4	13.0	15.7	17.4	7.8	12.1	14.2	15.3
Hawaii	16.2	21.5	24.8	26.5	14.7	19.8	22.8	24.0

¹Includes active non-Federal doctors of medicine and active doctors of osteopathy.

²Excludes doctors of osteopathy (DO's); States with more than 2,500 active DO's are Pennsylvania, Michigan, Ohio, Florida, New York, and New Jersey. States with fewer than 100 active DO's are Wyoming, Vermont, North Dakota, South Dakota, Nebraska, Montana, Alaska, Louisiana, and District of Columbia. Excludes doctors of medicine in medical teaching, administration, research, and other nonpatient care activities.

³Data for doctors of osteopathy are as of July 1996.

⁴Data for doctors of osteopathy are as of December 1999.

NOTES: Data for doctors of medicine are as of December 31. See Appendix II for physician definitions.

SOURCES: American Medical Association (AMA). Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996-97 edition; 2001-2002 edition. Department of Data Survey and Planning, Division of Survey and Data Resources, AMA. (Copyrights 1976, 1986, 1997, 2001, 2002: Used with the permission of the AMA); American Osteopathic Association: 1975-76 Yearbook and Directory of Osteopathic Physicians, 1985-86 Yearbook and Directory of Osteopathic Physicians; Rockville, Md. American Association of Colleges of Osteopathic Medicine: Annual Statistical Report, 1996 and 2000.

Table 101. Physicians, according to activity and place of medical education: United States and outlying U.S. areas, selected years 1975–99

[Data are based on reporting by physicians]

Activity and place of medical education	1975	1985	1990	1995	1997	1998	1999
Number of physicians							
Doctors of medicine	393,742	552,716	615,421	720,325	756,710	777,859	797,634
Professionally active ¹	340,280	497,140	547,310	625,443	664,556	667,000	668,949
Place of medical education:							
U.S. medical graduates	---	392,007	432,884	481,137	509,942	509,524	510,738
International medical graduates ²	---	105,133	114,426	144,306	154,614	157,476	158,211
Activity ³ :							
Non-Federal	312,089	475,573	526,835	604,364	645,203	648,009	650,899
Patient care	287,837	431,527	487,796	564,074	603,684	606,425	610,656
Office-based practice	213,334	329,041	359,932	427,275	458,209	468,788	473,241
General and family practice	46,347	53,862	57,571	59,932	62,022	64,588	66,246
Cardiovascular diseases	5,046	9,054	10,670	13,739	15,026	15,112	15,586
Dermatology	3,442	5,325	5,996	6,959	7,353	7,641	7,788
Gastroenterology	1,696	4,135	5,200	7,300	7,938	7,948	8,185
Internal medicine	28,188	52,712	57,799	72,612	81,352	83,270	84,633
Pediatrics	12,687	22,392	26,494	33,890	36,846	38,359	40,502
Pulmonary diseases	1,166	3,035	3,659	4,964	4,965	4,927	5,745
General surgery	19,710	24,708	24,498	24,086	27,865	27,509	26,822
Obstetrics and gynecology	15,613	23,525	25,475	29,111	30,063	31,194	31,103
Ophthalmology	8,795	12,212	13,055	14,596	15,118	15,560	15,238
Orthopedic surgery	8,148	13,033	14,187	17,136	18,482	18,479	16,974
Otolaryngology	4,297	5,751	6,360	7,139	7,378	7,498	7,282
Plastic surgery	1,706	3,299	3,835	4,612	5,257	5,303	5,127
Urological surgery	5,025	7,081	7,392	7,991	8,383	8,424	8,229
Anesthesiology	8,970	15,285	17,789	23,770	25,569	26,218	26,635
Diagnostic radiology	1,978	7,735	9,806	12,751	14,142	14,241	14,259
Emergency medicine	---	---	8,402	11,700	12,450	13,253	13,932
Neurology	1,862	4,691	5,587	7,623	8,199	8,458	8,065
Pathology, anatomical/clinical	4,195	6,877	7,269	9,031	10,229	9,970	10,074
Psychiatry	12,173	18,521	20,048	23,334	24,541	24,962	24,393
Radiology	6,970	7,355	6,056	5,994	6,297	6,353	6,523
Other specialty	15,320	28,453	22,784	29,005	28,734	29,521	29,900
Hospital-based practice	74,503	102,486	127,864	136,799	145,318	137,637	137,225
Residents and interns ⁴	53,527	72,159	89,913	93,650	95,808	92,332	92,461
Full-time hospital staff	20,976	30,327	37,951	43,149	49,510	45,305	44,764
Other professional activity ⁵	24,252	44,046	39,039	40,290	41,519	41,584	41,243
Federal ⁶	28,191	21,567	20,475	21,079	19,353	18,991	18,050
Patient care	24,100	17,293	15,632	18,057	16,947	15,311	14,678
Office-based practice	2,095	1,156	1,063	---	---	---	---
Hospital-based practice	22,005	16,137	14,569	18,057	16,945	15,311	14,678
Residents and interns	4,275	3,252	1,725	2,702	4,068	660	375
Full-time hospital staff	17,730	12,885	12,844	15,355	12,877	14,651	14,303
Other professional activity ⁵	4,091	4,274	4,843	3,022	2,406	3,680	3,372
Inactive	21,449	38,646	52,653	72,326	71,106	69,889	75,893
Not classified	26,145	13,950	12,678	20,579	20,049	40,032	50,906
Unknown address	5,868	2,980	2,780	1,977	999	938	886

--- Data not available.

... Category not applicable.

¹Excludes inactive, not classified, and address unknown.

²International medical graduates received their medical education in schools outside the United States and Canada.

³Specialty information based on the physician's self-designated primary area of practice. Categories include generalists and specialists.

⁴Beginning in 1990 clinical fellows are included in this category. In prior years clinical fellows were included in other professional activity.

⁵Includes medical teaching, administration, research, and other. Prior to 1990 this category included clinical fellows, also.

⁶Beginning in 1993 data collection for Federal physicians was revised.

NOTES: Data for doctors of medicine are as of December 31, except for 1990–94 data, which are as of January 1. See Appendix II for discussion of physician specialties. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available (see Appendix III).

SOURCES: American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1981, 1986, 1989, 1990, 1992, 1993, 1994, 1995–96, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002 editions, Department of Data Survey and Planning, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1976, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996, 1997, 1999, 2000, 2001: Used with the permission of the AMA.)

Table 102. Primary care doctors of medicine, according to specialty: United States and outlying U.S. areas, selected years 1949–99

[Data are based on reporting by physicians]

Specialty	1949 ¹	1960 ¹	1970	1980	1990	1995	1996	1997	1998	1999
Number										
Total ²	201,277	260,484	334,028	467,679	615,421	720,325	737,764	756,710	777,859	797,634
Active doctors of medicine ³	191,577	247,257	310,845	414,916	547,310	625,443	643,955	664,556	667,000	669,949
Primary care generalists	113,222	125,359	115,822	146,093	183,294	207,810	216,446	216,598	218,421	221,206
General/family practice	95,980	88,023	57,948	60,049	70,480	75,976	78,910	78,258	79,769	81,487
Internal medicine	12,453	26,209	39,924	58,462	76,295	88,240	92,321	93,797	93,227	92,976
Pediatrics	4,789	11,127	17,950	27,582	36,519	43,594	45,215	44,543	45,425	46,743
Primary care specialists	---	---	2,817	14,949	27,434	35,290	39,315	32,918	34,299	37,424
Internal medicine	---	---	1,948	13,069	22,054	26,928	29,804	24,582	25,365	27,140
Pediatrics	---	---	869	1,880	5,380	8,362	9,511	8,336	8,934	10,284
Percent of active doctors of medicine										
Primary care generalists	59.1	50.7	37.3	35.2	33.5	33.2	33.6	32.6	32.7	33.0
General/family practice	50.1	35.6	18.6	14.5	12.9	12.1	12.3	11.8	12.0	12.2
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.1	14.3	14.1	14.0	13.9
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.0	7.0	6.7	6.8	7.0
Primary care specialists	---	---	0.9	3.6	5.0	5.6	6.1	5.0	5.1	5.6
Internal medicine	---	---	0.6	3.1	4.0	4.3	4.6	3.7	3.8	4.1
Pediatrics	---	---	0.3	0.5	1.0	1.3	1.5	1.3	1.3	1.5

--- Data not available.

¹Estimated by the Bureau of Health Professions, Health Resources Administration. Active doctors of medicine (M.D.'s) include those with address unknown and primary specialty not classified.

²Includes M.D.'s engaged in Federal and non-Federal patient care (office-based or hospital-based) and other professional activities.

³Beginning in 1970, M.D.'s who are inactive, have unknown address, or primary specialty not classified are excluded.

NOTES: See Appendix II for definitions of physician specialties. Data are as of December 31 except for 1990–94 data, which are as of January 1, and 1949 data, which are as of midyear. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available (see Appendix III).

SOURCES: Health Manpower Source Book: Medical Specialists, USDHEW, 1962; American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician characteristics and distribution in the U.S., 1981, 1992, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002 editions, Department of Data Survey and Planning, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1982, 1992, 1996, 1997, 1997, 1999, 2000, 2001: Used with the permission of the AMA.)

Table 103. Active health personnel according to occupation: United States, 1980–98

[Data are compiled by the Bureau of Health Professions]

Occupation	1980	1985 ¹	1990	1995	1997 ²	1998
Number of active health personnel						
Chiropractors	25,600	---	41,500	47,200	---	---
Dentists ³	121,900	133,500	147,500	153,300	156,500	157,900
Nurses, registered	1,272,900	1,538,100	1,789,600	2,115,800	2,202,700	2,238,800
Associate and diploma	908,300	1,024,500	1,107,300	1,235,100	1,267,400	1,280,600
Baccalaureate	297,300	419,900	549,000	673,200	710,000	724,700
Masters and doctorate	67,300	93,700	133,300	207,500	225,300	233,500
Nutritionists/Dieticians	32,000	---	67,000	---	69,000	---
Occupational therapists	25,000	---	34,000	---	45,000	---
Optometrists	22,330	23,900	26,000	28,900	29,500	---
Pharmacists	142,780	159,200	161,900	182,300	185,000	---
Physical therapists	50,000	---	92,000	---	107,000	---
Physicians	427,122	542,653	567,610	672,859	723,507	747,734
Federal	17,642	23,305	20,784	21,153	20,619	20,068
Doctors of medicine ⁴	16,585	21,938	19,166	19,830	19,353	18,991
Doctors of osteopathy	1,057	1,367	1,618	1,323	1,266	1,077
Non-Federal	409,480	519,348	546,826	651,706	702,888	727,666
Doctors of medicine ⁴	393,407	497,473	520,450	617,362	665,252	688,041
Doctors of osteopathy	16,073	21,875	26,376	34,344	37,636	39,625
Podiatrists ⁵	7,000	9,700	10,600	10,300	---	---
Speech therapists	50,000	---	65,000	---	97,000	---
Number per 100,000 population						
Chiropractors	11.2	---	16.5	17.8	---	---
Dentists ³	53.5	56.9	58.8	---	58.9	59.4
Nurses, registered	560.0	641.4	713.7	797.6	822.6	828.4
Associate and diploma	399.9	425.8	441.6	465.5	473.3	473.9
Baccalaureate	130.9	175.6	218.9	253.8	265.1	268.2
Masters and doctorate	29.6	39.9	53.2	78.2	84.1	86.4
Nutritionists/Dieticians	14.0	---	26.7	---	25.9	---
Occupational therapists	10.9	---	13.5	---	16.9	---
Optometrists	9.8	9.9	10.4	10.9	11.1	---
Pharmacists	62.5	66.3	64.4	68.9	69.4	---
Physical therapists	21.8	---	36.6	---	40.1	---
Physicians	189.8	221.3	230.2	255.9	265.9	278.6
Federal	7.8	9.5	8.4	8.0	7.6	7.5
Doctors of medicine ⁴	7.4	8.9	7.7	7.5	7.1	7.1
Doctors of osteopathy	0.5	0.6	0.7	0.5	0.5	0.4
Non-Federal	182.0	211.8	221.8	247.9	258.3	271.1
Doctors of medicine ⁴	174.9	202.9	211.1	234.8	244.5	256.3
Doctors of osteopathy	7.1	8.9	10.7	13.1	13.8	14.8
Podiatrists ⁵	3.0	4.2	4.2	3.9	---	---
Speech therapists	21.8	---	25.9	---	36.4	---

--- Data not available.

¹Osteopath data are for 1986 and podiatric data are for 1984.

²All dentist, nursing, and physician data are for 1997, other occupations are for 1996.

³Excludes dentists in military service, U.S. Public Health Service, and Department of Veterans Affairs.

⁴Excludes physicians with unknown addresses and those who do not practice or practice less than 20 hours per week.

⁵Podiatrists in patient care.

NOTES: Ratios for physicians and dentists are based on civilian population; ratios for all other health occupations are based on resident population. From 1989 to 1994 data for doctors of medicine are as of January 1; in other years these data are as of December 31. See Appendix II for physician definitions.

SOURCES: Division of Health Professions Analysis, Bureau of Health Professions: Supply and Characteristics of Selected Health Personnel. DHHS Pub. No. (HRA) 81-20. Health Resources Administration, Hyattsville, Md., June 1981 and unpublished data; American Medical Association. Physician characteristics and distribution in the U.S., 1981, 1992, 1997/98, and 2000 editions. Chicago, 1982, 1992, 1997, and 1999; American Osteopathic Association. 1980-81 Yearbook and Directory of Osteopathic Physicians. Chicago, 1980. American Association of Colleges of Osteopathic Medicine. Annual statistical report, 1990, 1997, and 1998 editions. Rockville, Md., 1990, 1997, and 1998.

Table 104 (page 1 of 2). Full-time equivalent patient care staff in mental health organizations, according to type of organization and staff discipline: United States, selected years 1984–94

[Data are based on inventories of mental health organizations]

Organization and discipline	1984	1990	1992	1994	1984	1990	1992	1994
All organizations	Number					Percent distribution		
All patient care staff	313,243	416,282	434,620	457,503	100.0	100.0	100.0	100.0
Professional patient care staff	202,474	273,758	306,688	326,952	64.6	65.8	70.6	71.5
Psychiatrists	18,482	18,846	22,821	24,069	5.9	4.5	5.3	5.3
Psychologists	21,052	22,888	25,021	21,798	6.7	5.5	5.8	4.8
Social workers	36,397	53,487	57,201	55,493	11.6	12.8	13.2	12.1
Registered nurses	54,406	77,686	78,625	105,410	17.4	18.7	18.1	23.0
Other professional staff ¹	72,137	100,851	123,020	120,182	23.0	24.2	28.3	26.3
Other mental health workers	110,769	142,524	127,932	130,551	35.4	34.2	29.4	28.5
State and county mental hospitals								
All patient care staff	117,630	114,198	110,874	102,153	100.0	100.0	100.0	100.0
Professional patient care staff	51,290	50,035	56,953	41,359	43.6	43.8	51.4	40.5
Psychiatrists	4,108	3,849	4,457	3,177	3.5	3.4	4.0	3.1
Psychologists	3,239	3,324	3,620	2,697	2.8	2.9	3.3	2.6
Social workers	6,175	7,013	7,378	5,450	5.2	6.1	6.7	5.3
Registered nurses	16,051	20,848	21,119	17,685	13.6	18.3	19.0	17.3
Other professional staff ¹	21,717	15,001	20,379	12,350	18.5	13.1	18.4	12.1
Other mental health workers	66,340	64,163	53,921	60,794	56.4	56.2	48.6	59.5
Private psychiatric hospitals								
All patient care staff	26,359	57,200	56,877	58,262	100.0	100.0	100.0	100.0
Professional patient care staff	19,524	45,669	44,206	45,669	74.1	79.8	77.7	78.4
Psychiatrists	1,447	1,582	2,081	2,183	5.5	2.8	3.7	3.7
Psychologists	1,461	1,977	1,656	2,003	5.5	3.5	2.9	3.4
Social workers	2,179	4,044	4,587	5,473	8.3	7.1	8.1	9.4
Registered nurses	6,818	14,819	15,086	15,939	25.9	25.9	26.5	27.4
Other professional staff ¹	7,619	23,247	20,796	20,071	28.9	40.6	36.6	34.4
Other mental health workers	6,835	11,531	12,671	12,593	25.9	20.2	22.3	21.6
Non-Federal general hospitals' psychiatric services								
All patient care staff	59,848	72,214	72,880	87,304	100.0	100.0	100.0	100.0
Professional patient care staff	46,335	57,019	58,544	76,558	77.4	79.0	80.3	87.7
Psychiatrists	6,679	6,500	6,160	4,336	11.2	9.0	8.5	5.0
Psychologists	3,283	3,951	4,182	2,441	5.5	5.5	5.7	2.8
Social workers	4,898	7,241	7,985	5,355	8.2	10.0	11.0	6.1
Registered nurses	20,454	28,473	28,355	54,647	34.2	39.4	38.9	62.6
Other professional staff ¹	11,021	10,854	11,862	9,779	18.4	15.0	16.3	11.2
Other mental health workers	13,513	15,195	14,336	10,746	22.6	21.0	19.7	12.3
Department of Veterans Affairs psychiatric services								
All patient care staff	22,948	22,080	20,834	21,671	100.0	100.0	100.0	100.0
Professional patient care staff	16,265	14,619	16,274	18,393	70.9	66.2	78.1	84.9
Psychiatrists	2,463	2,103	3,403	6,272	10.7	9.5	16.3	28.9
Psychologists	1,247	1,476	2,479	587	5.4	6.7	11.9	2.7
Social workers	1,545	1,855	2,244	1,773	6.7	8.4	10.8	8.2
Registered nurses	5,699	5,888	5,485	8,475	24.8	26.7	26.3	39.1
Other professional staff ¹	5,311	3,297	2,663	1,286	23.1	14.9	12.8	5.9
Other mental health workers	6,683	7,461	4,560	3,278	29.1	33.8	21.9	15.1
Residential treatment centers for emotionally disturbed children								
All patient care staff	15,297	40,969	42,801	44,146	100.0	100.0	100.0	100.0
Professional patient care staff	10,551	26,032	30,207	31,079	69.0	63.5	70.6	70.4
Psychiatrists	240	498	748	840	1.6	1.2	1.7	1.9
Psychologists	820	1,492	1,641	1,707	5.4	3.6	3.8	3.9
Social workers	2,283	5,636	6,506	6,635	14.9	13.8	15.2	15.0
Registered nurses	485	1,238	1,367	1,468	3.2	3.0	3.2	3.3
Other professional staff ¹	6,723	17,168	19,945	20,429	43.9	41.9	46.6	46.3
Other mental health workers	4,746	14,937	12,594	13,067	31.0	36.5	29.4	29.6

See footnotes at end of table.

Table 104 (page 2 of 2). Full-time equivalent patient care staff in mental health organizations, according to type of organization and staff discipline: United States, selected years 1984–94

[Data are based on inventories of mental health organizations]

Organization and discipline	1984	1990	1992	1994	1984	1990	1992	1994
All other organizations ²			Number		Percent distribution			
All patient care staff	71,161	109,621	130,354	143,967	100.0	100.0	100.0	100.0
Professional patient care staff	58,509	80,384	100,504	113,894	82.2	73.3	77.1	79.1
Psychiatrists	3,545	4,314	5,972	7,261	5.0	3.9	4.6	5.0
Psychologists	11,002	10,668	11,443	12,363	15.5	9.7	8.8	8.6
Social workers	19,317	27,698	28,501	30,807	27.1	25.3	21.9	21.4
Registered nurses	4,899	6,420	7,213	7,196	6.9	5.9	5.5	5.0
Other professional staff ¹	19,746	31,284	47,375	56,267	27.7	28.5	36.3	39.1
Other mental health workers	12,652	29,237	29,850	30,073	17.8	26.7	22.9	20.9

¹Includes occupational therapists, recreation therapists, vocational rehabilitation counselors, and teachers.

²Includes freestanding outpatient clinics, freestanding day-night organizations, multiservice organizations, and other residential organizations.

NOTES: Full-time equivalent figures presented in this table combine staffing data for inpatient, residential, outpatient, and partial care treatment programs. Some mental health organizations provide a mixture of inpatient and outpatient care (for example Private psychiatric hospitals and Department of Veterans Affairs), while others provide predominantly inpatient (State and county mental hospitals) or outpatient (All other organizations) care. Caution should be exercised in comparing levels of FTE staff between different types of mental health organizations due to the different types of care provided. Figures for nonpatient care staff (administrative, clerical, and maintenance staff) are not shown. Data for additional years are available (see Appendix III).

SOURCES: Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Manderscheid RW, Sonnenschein MA. *Mental Health, United States, 1996*. DHHS. 1996; Unpublished data.

Table 105. First-year enrollment and graduates of health professions schools and number of schools, according to profession: United States, selected years 1980–99

[Data are based on reporting by health professions schools]

Profession	1980	1985	1990	1995	1996	1997	1998	1999
First-year enrollment								
Chiropractic ¹	---	1,383	1,485	---	---	---	---	---
Dentistry	6,132	5,047	3,979	4,121	4,237	4,255	4,347	4,268
Medicine (Allopathic)	16,930	16,997	16,756	17,085	17,058	16,935	16,867	16,790
Medicine (Osteopathic)	1,426	1,750	1,844	2,217	2,274	2,535	2,692	2,745
Nursing:								
Licensed practical	56,316	47,034	52,969	57,906	---	---	---	---
Registered, total	105,952	118,224	108,580	127,184	119,205	---	---	---
Baccalaureate	35,414	39,573	29,858	43,451	40,048	---	---	---
Associate degree	53,633	63,776	68,634	76,016	72,930	---	---	---
Diploma	16,905	14,875	10,088	7,717	6,227	---	---	---
Optometry	1,202	1,187	1,258	1,390	1,438	1,362	---	1,369
Pharmacy	8,035	6,986	8,033	9,157	8,740	8,790	8,571	8,346
Podiatry	718	782	599	652	630	616	676	623
Public Health ²	3,348	3,836	4,087	5,332	5,342	5,083	5,376	---
Graduates								
Chiropractic	2,049	---	1,661	---	---	---	---	---
Dentistry	5,256	5,353	4,233	3,908	3,810	3,930	4,041	---
Medicine (Allopathic)	15,113	16,318	15,398	15,888	15,907	15,923	16,314	16,143
Medicine (Osteopathic)	1,059	1,474	1,529	1,843	1,932	2,009	2,096	2,193
Nursing:								
Licensed practical	41,892	36,955	35,417	44,234	---	---	---	---
Registered, total	75,523	82,075	66,088	97,052	94,757	---	---	---
Baccalaureate	24,994	24,975	18,571	31,254	32,413	---	---	---
Associate degree	36,034	45,208	42,318	58,749	56,641	---	---	---
Diploma	14,495	11,892	5,199	7,049	5,703	---	---	---
Occupational therapy	---	---	2,424	3,473	4,270	4,223	4,752	4,805
Optometry	1,073	1,114	1,115	1,219	1,210	---	1,237	---
Pharmacy	7,432	5,735	6,956	7,837	8,003	7,772	7,400	---
Physical therapy	---	---	---	---	---	4,746	6,756	4,752
Podiatry	577	586	671	558	680	645	592	---
Public Health	3,326	3,047	3,549	4,636	5,064	5,100	5,308	---
Schools³								
Chiropractic	14	17	17	---	---	---	---	---
Dentistry	60	60	56	54	54	54	55	---
Medicine (Allopathic)	126	127	126	125	125	125	125	125
Medicine (Osteopathic)	14	15	15	16	17	17	19	19
Nursing:								
Licensed practical	1,299	1,165	1,154	1,210	---	---	---	---
Registered, total	1,385	1,473	1,470	1,516	1,508	---	---	---
Baccalaureate	377	441	489	521	523	---	---	---
Associate degree	697	776	829	876	876	---	---	---
Diploma	311	256	152	119	109	---	---	---
Occupational therapy	50	61	69	98	105	116	121	130
Optometry	16	17	17	17	17	17	17	17
Pharmacy	72	72	74	75	79	81	81	---
Physical therapy	---	---	---	---	---	154	171	171
Podiatry	5	7	7	7	7	7	7	7
Public Health	21	23	25	27	28	28	28	29
Speech therapy	---	---	194	222	223	223	223	223

--- Data not available.

¹Chiropractic first-year enrollment data are partial data from eight reporting schools.

²Number of students entering Schools of Public Health for the first time.

³Some nursing schools offer more than one type of program. Numbers shown for nursing are number of nursing programs.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Data on the number of schools are reported as of the beginning of the academic year while data on first-year enrollment and number of graduates are reported as of the end of the academic year. Data on first-year enrollment for occupational, physical, and speech therapy were not available.

SOURCES: Association of American Medical Colleges: AAMC Data Book, Statistical Information Related to Medical Education. Washington, DC. 2000; Bureau of Health Professions: Health Personnel in the United States, Eighth Report to Congress, 1991. Health Resources and Services Administration. DHHS Pub. No. HRS-P-OD-92-1, Rockville, Maryland. 1992 and unpublished data; National League for Nursing: Nursing data source, 1997 and unpublished data; American Nurses Association: Facts About Nursing, 1951 and 1961; American Dental Association: 1997/98 Survey of predental dental educational institutions, Chicago. 1998; American Association of Colleges of Osteopathic Medicine. Annual statistical report 1999. Rockville, Maryland. 2000; American Chiropractic Association: unpublished data; Association of Schools of Public Health: 1998 Annual Data Report. Washington, DC. 1999; Association of Schools and Colleges of Optometry: unpublished data; American Association of Colleges of Pharmacy: Profile of pharmacy students 1997, and unpublished data; American Association of Colleges of Podiatric Medicine: unpublished data.

Table 106 (page 1 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1970–71, 1980–81, 1990–91, and 1998–99

[Data are based on reporting by health professions associations]

Occupation, detailed race, and Hispanic origin	1970–71 ¹	1980–81	1990–91	1998–99 ²	1970–71 ¹	1980–81	1990–91	1998–99 ²	
Dentistry ³		Number of students				Percent distribution of students			
All races	19,187	22,842	15,951	16,926	100.0	100.0	100.0	100.0	
White, non-Hispanic ⁴	17,531	20,208	11,185	11,246	91.4	88.5	70.1	66.4	
Black, non-Hispanic	872	1,022	940	883	4.5	4.5	5.9	5.2	
Hispanic	185	519	1,254	825	1.0	2.3	7.9	4.9	
American Indian	28	53	53	96	0.1	0.2	0.3	0.6	
Asian	490	1,040	2,519	3,876	2.6	4.6	15.8	22.9	
Medicine (Allopathic)		Number of students				Percent distribution of students			
All races ⁴	40,238	65,189	65,163	66,517	100.0	100.0	100.0	100.0	
White, non-Hispanic	37,944	55,434	47,893	44,018	94.3	85.0	73.5	66.2	
Black, non-Hispanic	1,509	3,708	4,241	5,166	3.8	5.7	6.5	7.8	
Hispanic	196	2,761	3,538	4,427	0.5	4.2	5.4	6.7	
Mexican	---	951	1,109	1,826	---	1.5	1.7	2.7	
Mainland Puerto Rican	---	329	457	472	---	0.5	0.7	0.7	
Other Hispanic ⁵	---	1,481	1,972	2,129	---	2.3	3.0	3.2	
American Indian	18	221	277	606	0.0	0.3	0.4	0.9	
Asian	571	1,924	8,436	12,300	1.4	3.0	12.9	18.5	
Medicine (Osteopathic)		Number of students				Percent distribution of students			
All races	2,304	4,940	6,792	9,882	100.0	100.0	100.0	100.0	
White, non-Hispanic ⁴	2,241	4,688	5,680	7,623	97.3	94.9	83.6	77.1	
Black, non-Hispanic	27	94	217	417	1.2	1.9	3.2	4.2	
Hispanic	19	52	277	368	0.8	1.1	4.1	3.7	
American Indian	6	19	36	74	0.3	0.4	0.5	0.7	
Asian	11	87	582	1,400	0.5	1.8	8.6	14.2	
Nursing, registered ^{3,6}		Number of students				Percent distribution of students			
All races	211,239	230,966	221,170	238,244	---	---	100.0	100.0	
White, non-Hispanic ⁴	---	---	183,102	193,061	---	---	82.8	81.0	
Black, non-Hispanic	---	---	23,094	23,611	---	---	10.4	9.9	
Hispanic	---	---	6,580	9,227	---	---	3.0	3.9	
American Indian	---	---	1,803	1,816	---	---	0.8	0.8	
Asian	---	---	6,591	10,529	---	---	3.0	4.4	
Optometry ^{3,5}		Number of students				Percent distribution of students			
All races	3,094	4,540	4,650	5,313	100.0	100.0	100.0	100.0	
White, non-Hispanic ⁴	2,913	4,148	3,706	3,619	94.1	91.4	79.7	68.1	
Black, non-Hispanic	32	57	134	108	1.0	1.3	2.9	2.0	
Hispanic	30	80	186	269	1.0	1.8	4.0	5.1	
American Indian	2	12	21	30	0.1	0.3	0.5	0.6	
Asian	117	243	603	1,287	3.8	5.4	13.0	24.2	
Pharmacy ⁷		Number of students				Percent distribution of students			
All races	17,909	21,628	22,764	33,090	100.0	100.0	100.0	100.0	
White, non-Hispanic ⁴	16,222	19,153	18,325	22,275	90.6	88.6	80.5	67.3	
Black, non-Hispanic	659	945	1,301	2,757	3.7	4.4	5.7	8.3	
Hispanic	254	459	945	1,157	1.4	2.1	4.2	3.5	
American Indian	29	36	63	160	0.2	0.2	0.3	0.5	
Asian	672	1,035	2,130	6,741	3.8	4.8	9.4	20.4	

See footnotes at end of table.

Table 106 (page 2 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1970–71, 1980–81, 1990–91, and 1998–99

[Data are based on reporting by health professions associations]

<i>Occupation, detailed race, and Hispanic origin</i>	1970–71 ¹	1980–81	1990–91	1998–99 ²	1970–71 ¹	1980–81	1990–91	1998–99 ²
Podiatry	Number of students					Percent distribution of students		
All races	1,268	2,577	2,226	2,379	100.0	100.0	100.0	100.0
White, non-Hispanic ⁴	1,228	2,353	1,671	1,714	96.8	91.3	75.1	72.0
Black, non-Hispanic	27	110	237	172	2.1	4.3	10.6	7.2
Hispanic	5	39	148	94	0.4	1.5	6.6	4.0
American Indian	1	6	7	10	0.1	0.2	0.3	0.4
Asian	7	69	163	389	0.6	2.7	7.3	16.4

- - - Data not available.

¹Data for osteopathic medicine, podiatry, and optometry are for 1971–72. Data for pharmacy and registered nurses are for 1972–73.

²Data for podiatry exclude New York College of Podiatric Medicine. Data for dentistry are for 1997–98 and data for registered nurses are for 1996–97.

³Excludes Puerto Rican schools.

⁴Includes race and ethnicity unspecified.

⁵Includes Puerto Rican Commonwealth students.

⁶In 1990 the National League for Nursing developed a new system for analyzing minority data. In evaluating the former system, much underreporting was noted. Therefore, race-specific data before 1990 would not be comparable and are not shown. Additional changes in the minority data question were introduced for academic years 1992–93 and 1993–94 resulting in a discontinuity in the trend.

⁷Prior to 1992–93 pharmacy total enrollment data are for students in the final 3 years of pharmacy education. Beginning in 1992–93 pharmacy data are for all students.

NOTES: Total enrollment data are collected at the beginning of the academic year. Data for chiropractic students and occupational, physical, and speech therapy students were not available for this table.

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2000; American Association of Colleges of Osteopathic Medicine: 1999 Annual statistical report. Rockville, Maryland. 2000; Bureau of Health Professions: Minorities and women in the health fields, 1990 Edition; American Dental Association: 1997/98 Survey of predoctoral dental educational institutions, Chicago. 1998; Association of Schools and Colleges of Optometry: unpublished data; American Association of Colleges of Pharmacy: Profile of pharmacy students 1997, and unpublished data; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: Nursing data source, 1997; Nursing data book. New York. 1982.

Table 107. First-year and total enrollment of women in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1971–72, 1980–81, 1990–91, and 1998–99

[Data are based on reporting by health professions associations]

Enrollment, occupation, detailed race, and Hispanic origin	Both sexes				Women			
	1971–72 ¹	1980–81	1990–91	1998–99 ²	1971–72 ¹	1980–81	1990–91	1998–99 ²
First-year enrollment	Number of students				Percent of students			
Dentistry	4,705	5,964	3,961	4,347	3.1	19.8	37.9	37.0
Medicine (Allopathic) ³	12,361	17,186	16,876	16,790	13.7	28.9	38.8	44.4
White, non-Hispanic	--	14,262	11,830	10,987	--	27.4	37.7	--
Black, non-Hispanic	881	1,128	1,263	1,354	22.7	45.5	55.3	--
Hispanic	--	818	933	1,102	--	31.5	42.0	--
Mexican	118	258	285	453	8.5	30.6	39.3	--
Mainland Puerto Rican	40	95	120	116	15.0	43.2	43.3	--
Other Hispanic ⁴	--	465	528	533	--	29.7	43.3	--
American Indian	23	67	76	165	34.8	35.8	40.8	--
Asian	217	572	2,527	3,182	19.4	31.5	40.3	--
Medicine (Osteopathic)	670	1,496	1,950	2,745	4.3	22.0	34.2	41.3
Nurses, registered ⁵	93,344	110,201	113,526	119,205	94.5	92.7	89.3	87.5
Optometry ⁵	906	1,174	1,207	1,369	5.3	25.3	50.6	55.5
Pharmacy ^{5,6}	6,532	7,442	8,009	8,346	25.8	48.4	--	64.3
Podiatry	399	695	622	623	--	--	--	29.7
Public Health	--	3,348	4,289	--	--	--	62.1	--
Total enrollment								
Dentistry	16,553	22,842	15,951	16,926	--	17.0	34.4	37.3
Medicine (Allopathic) ³	43,650	65,189	65,163	66,517	10.9	26.5	37.3	43.2
White, non-Hispanic	--	55,434	47,893	44,018	--	25.0	35.4	--
Black, non-Hispanic	2,055	3,708	4,241	5,166	20.4	44.3	55.8	--
Hispanic	--	2,761	3,538	4,427	--	30.1	39.0	--
Mexican	252	951	1,109	1,826	9.5	26.4	38.5	--
Mainland Puerto Rican	76	329	457	472	17.1	35.9	43.1	--
Other Hispanic ⁴	--	1,481	1,972	2,129	--	31.1	38.4	--
American Indian	42	221	277	606	23.8	28.5	42.6	--
Asian	647	1,924	8,436	12,300	17.9	30.4	37.7	--
Medicine (Osteopathic)	2,304	4,940	6,792	9,882	3.4	19.7	32.7	39.1
Nurses, registered ⁵	211,239	230,966	221,170	238,244	95.5	94.3	--	87.9
Optometry ⁵	3,094	4,540	4,650	5,313	--	--	47.3	53.1
Pharmacy ⁵	16,476	26,617	29,797	33,090	24.0	47.4	62.4	64.4
Podiatry	1,268	2,577	2,226	2,379	1.2	11.9	--	32.1
Public Health	--	8,486	11,386	15,048	--	55.2	62.5	65.7

-- Data not available.

¹Total enrollment for registered nurse students is for 1972–73.

²First-year and total enrollments for dentistry are for 1997–98. First-year and total enrollments for registered nurses are for 1996–97.

³Includes race and ethnicity unspecified.

⁴Includes Puerto Rican Commonwealth students.

⁵Excludes Puerto Rican schools.

⁶Pharmacy first-year enrollment is for students in the first year of the final 3 years of pharmacy education.

NOTES: Total enrollment data are collected at the beginning of the academic year while first-year enrollment data are collected during the academic year. Data for chiropractic students and occupational, physical, and speech therapy students were not available for this table.

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2000 and unpublished data; American Association of Colleges of Osteopathic Medicine: 1999 Annual Statistical Report. Rockville, Maryland. 2000; Bureau of Health Professions: Minorities and women in the health fields, 1990 edition; American Dental Association: 1997/98 Survey of predoctoral dental educational institutions, Chicago. 1998; Association of Schools and Colleges of Optometry: unpublished data; American Association of Colleges of Pharmacy: unpublished data; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: Nursing data source. New York. 1997; Nursing data book. New York. 1982; State-Approved Schools of Nursing-RN. New York. 1973; Association of Schools of Public Health: 1998 Annual Data Report. Washington, DC. 1999.

Table 108. Hospitals, beds, and occupancy rates, according to type of ownership and size of hospital: United States, selected years 1975–99

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1985	1990	1995	1997	1998	1999
Hospitals								
All hospitals	7,156	6,965	6,872	6,649	6,291	6,097	6,021	5,890
Federal	382	359	343	337	299	285	275	264
Non-Federal ¹	6,774	6,606	6,529	6,312	5,992	5,812	5,746	5,626
Community ²	5,875	5,830	5,732	5,384	5,194	5,057	5,015	4,956
Nonprofit	3,339	3,322	3,349	3,191	3,092	3,000	3,026	3,012
For profit	775	730	805	749	752	797	771	747
State-local government	1,761	1,778	1,578	1,444	1,350	1,260	1,218	1,197
6–24 beds	299	259	208	226	278	281	293	299
25–49 beds	1,155	1,029	982	935	922	890	900	887
50–99 beds	1,481	1,462	1,399	1,263	1,139	1,111	1,085	1,082
100–199 beds	1,363	1,370	1,407	1,306	1,324	1,289	1,304	1,266
200–299 beds	678	715	739	739	718	679	644	642
300–399 beds	378	412	439	408	354	367	352	365
400–499 beds	230	266	239	222	195	185	183	161
500 beds or more	291	317	319	285	264	255	254	254
Beds								
All hospitals	1,465,828	1,364,516	1,317,630	1,213,327	1,080,601	1,035,390	1,012,582	993,866
Federal	131,946	117,328	112,023	98,255	77,079	61,937	56,698	55,120
Non-Federal ¹	1,333,882	1,247,188	1,205,607	1,115,072	1,003,522	973,453	955,884	938,746
Community ²	941,844	988,387	1,000,678	927,360	872,736	853,287	839,988	829,575
Nonprofit	658,195	692,459	707,451	656,755	609,729	590,636	587,658	586,673
For profit	73,495	87,033	103,921	101,377	105,737	115,074	112,975	106,790
State-local government	210,154	208,895	189,306	169,228	157,270	147,577	139,355	136,112
6–24 beds	5,615	4,932	4,031	4,427	5,085	5,128	5,351	5,442
25–49 beds	41,783	37,478	36,833	35,420	34,352	33,138	33,510	32,816
50–99 beds	106,776	105,278	101,680	90,394	82,024	79,837	78,035	78,121
100–199 beds	192,438	192,892	199,690	183,867	187,381	182,284	186,118	181,115
200–299 beds	164,405	172,390	180,165	179,670	175,240	165,197	156,978	155,831
300–399 beds	127,728	139,434	151,919	138,938	121,136	126,307	120,512	126,259
400–499 beds	101,278	117,724	106,653	98,833	86,459	82,250	81,247	71,580
500 beds or more	201,821	218,259	219,707	195,811	181,059	179,146	178,237	178,411
Occupancy rate								
Percent of beds occupied								
All hospitals	76.7	77.7	69.0	69.5	65.7	65.0	65.4	66.1
Federal	80.7	80.1	76.3	72.9	72.6	79.1	78.9	74.4
Non-Federal ¹	76.3	77.4	68.4	69.2	65.1	64.1	64.6	65.6
Community ²	75.0	75.6	64.8	66.8	62.8	61.8	62.5	63.4
Nonprofit	77.5	78.2	67.2	69.3	64.5	63.6	64.2	64.9
For profit	65.9	65.2	52.1	52.8	51.8	52.0	53.2	54.8
State-local government	70.4	71.1	62.9	65.3	63.7	62.3	62.7	63.4
6–24 beds	48.0	46.8	34.7	32.3	36.9	35.4	33.2	33.0
25–49 beds	56.7	52.8	40.0	41.3	42.6	40.3	41.2	41.5
50–99 beds	64.7	64.2	51.8	53.8	54.1	54.2	54.7	54.5
100–199 beds	71.2	71.4	59.7	61.5	58.8	58.2	58.4	59.3
200–299 beds	77.1	77.4	65.7	67.1	63.1	61.8	62.9	64.1
300–399 beds	79.7	79.7	68.4	70.0	64.8	63.2	64.7	66.1
400–499 beds	81.1	81.2	70.1	73.5	68.1	68.0	67.3	68.3
500 beds or more	80.9	82.1	74.6	77.3	71.4	69.8	70.9	71.7

¹The category of non-Federal hospitals is comprised of psychiatric, tuberculosis and other respiratory disease hospitals, and long-term and short-term hospitals.

²Community hospitals are non-Federal short-term general, and special hospitals whose facilities and services are open to the public. Excludes hospital units in institutions such as prison and college infirmaries, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; and orthopedic.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: American Hospital Association: Hospital Statistics, 1976, 1981, 1986, 1991–2001 Editions. Chicago, 1976, 1981, 1986, 1991–2001. (Copyrights 1976, 1981, 1986, 1991–2001: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

Table 109. Mental health organizations and beds for 24-hour hospital and residential treatment according to type of organization: United States, selected years 1986–98

[Data are based on inventories of mental health organizations]

Type of organization	1986	1990	1992	1994 ¹	1998 ¹
Number of mental health organizations					
All organizations	4,747	5,284	5,498	5,392	5,722
State and county mental hospitals	285	273	273	256	229
Private psychiatric hospitals	314	462	475	430	348
Non-Federal general hospital psychiatric services . . .	1,351	1,674	1,616	1,612	1,707
Department of Veterans Affairs medical centers ²	139	141	162	161	145
Residential treatment centers for emotionally disturbed children	437	501	497	459	461
All other organizations ³	2,221	2,233	2,475	2,474	2,832
Number of beds					
All organizations	267,613	272,253	270,867	290,604	261,903
State and county mental hospitals	119,033	98,789	93,058	81,911	63,525
Private psychiatric hospitals	30,201	44,871	43,684	42,399	33,635
Non-Federal general hospital psychiatric services . . .	45,808	53,479	52,059	52,984	54,266
Department of Veterans Affairs medical centers ²	26,874	21,712	22,466	21,146	13,301
Residential treatment centers for emotionally disturbed children	24,547	29,756	30,089	32,110	33,483
All other organizations ³	21,150	23,646	29,511	60,054	63,693
Beds per 100,000 civilian population					
All organizations	111.7	111.6	107.5	112.1	97.4
State and county mental hospitals	49.7	40.5	36.9	31.6	23.6
Private psychiatric hospitals	12.6	18.4	17.3	16.4	12.5
Non-Federal general hospital psychiatric services . . .	19.1	21.9	20.7	20.4	20.2
Department of Veterans Affairs medical centers ²	11.2	8.9	8.9	8.2	4.9
Residential treatment centers for emotionally disturbed children	10.3	12.2	11.9	12.4	12.4
All other organizations ³	8.8	9.7	11.7	23.2	23.7

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and all other organizations. This change affects the comparability of trend data prior to 1994 with data for 1994 and later years.

²Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

³Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. These data exclude mental health care provided in non-psychiatric units of hospitals such as general medical units.

SOURCE: Manderscheid RW and Henderson MJ. *Mental Health, United States, 2001*. Center for Mental Health Services. DHHS. (forthcoming).

Table 110. Community hospital beds and average annual percent change, according to geographic division and State: United States, selected years 1940–99

[Data are based on reporting by facilities]

Geographic division and State	Beds per 1,000 resident population ¹							Average annual percent change				
	1940 ^{2,3}	1950 ^{2,3}	1960 ^{3,4}	1970 ³	1980 ³	1990 ⁵	1999 ⁵	1940–60 ^{2,3,4}	1960–70 ^{3,4}	1970–80 ³	1980–90 ⁶	1990–99 ⁵
United States	3.2	3.3	3.6	4.3	4.5	3.7	3.0	0.6	1.8	0.5	-1.9	-2.3
New England	4.4	4.2	3.9	4.1	4.1	3.4	2.6	-0.6	0.5	0.0	-1.9	-2.9
Maine	3.0	3.2	3.4	4.7	4.7	3.7	2.9	0.6	3.3	0.0	-2.4	-2.7
New Hampshire	4.2	4.2	4.4	4.0	3.9	3.1	2.5	0.2	-0.9	-0.3	-2.3	-2.4
Vermont	3.3	4.0	4.5	4.5	4.4	3.0	2.8	1.6	0.0	-0.2	-3.8	-0.8
Massachusetts	5.1	4.8	4.2	4.4	4.4	3.6	2.6	-1.0	0.5	0.0	-2.0	-3.6
Rhode Island	3.9	3.8	3.7	4.0	3.8	3.2	2.4	-0.3	0.8	-0.5	-1.7	-3.1
Connecticut	3.7	3.6	3.4	3.4	3.5	2.9	2.4	-0.4	0.0	0.3	-1.9	-2.1
Middle Atlantic	3.9	3.8	4.0	4.4	4.6	4.1	3.6	0.1	1.0	0.4	-1.1	-1.4
New York	4.3	4.1	4.3	4.6	4.5	4.1	3.8	0.0	0.7	-0.2	-0.9	-0.8
New Jersey	3.5	3.2	3.1	3.6	4.2	3.7	3.0	-0.6	1.5	1.6	-1.3	-2.3
Pennsylvania	3.5	3.8	4.1	4.7	4.8	4.4	3.6	0.8	1.4	0.2	-0.9	-2.2
East North Central	3.2	3.2	3.6	4.4	4.7	3.9	3.0	0.6	2.0	0.7	-1.8	-2.9
Ohio	2.7	2.9	3.4	4.2	4.7	4.0	3.0	1.2	2.1	1.1	-1.6	-3.1
Indiana	2.3	2.6	3.1	4.0	4.5	3.9	3.2	1.5	2.6	1.2	-1.4	-2.2
Illinois	3.4	3.6	4.0	4.7	5.1	4.0	3.1	0.8	1.6	0.8	-2.4	-2.8
Michigan	4.0	3.3	3.3	4.3	4.4	3.7	2.7	-1.0	2.7	0.2	-1.7	-3.4
Wisconsin	3.4	3.7	4.3	5.2	4.9	3.8	3.0	1.2	1.9	-0.6	-2.5	-2.6
West North Central	3.1	3.7	4.3	5.7	5.8	4.9	4.1	1.6	2.9	0.2	-1.7	-2.0
Minnesota	3.9	4.4	4.8	6.1	5.7	4.4	3.4	1.0	2.4	-0.7	-2.6	-2.8
Iowa	2.7	3.2	3.9	5.6	5.7	5.1	4.1	1.9	3.7	0.2	-1.1	-2.4
Missouri	2.9	3.3	3.9	5.1	5.7	4.8	3.7	1.5	2.7	1.1	-1.7	-2.9
North Dakota	3.5	4.3	5.2	6.8	7.4	7.0	6.1	2.0	2.7	0.8	-0.6	-1.5
South Dakota	2.8	4.4	4.5	5.6	5.5	6.1	5.9	2.4	2.2	-0.2	1.0	-0.4
Nebraska	3.4	4.2	4.4	6.2	6.0	5.5	5.0	1.3	3.5	-0.3	-0.9	-1.1
Kansas	2.8	3.4	4.2	5.4	5.8	4.8	4.4	2.0	2.5	0.7	-1.9	-1.0
South Atlantic	2.5	2.8	3.3	4.0	4.5	3.7	3.1	1.4	1.9	1.2	-1.9	-1.9
Delaware	4.4	3.9	3.7	3.7	3.6	3.0	2.7	-0.9	0.0	-0.3	-1.8	-1.2
Maryland	3.9	3.6	3.3	3.1	3.6	2.8	2.2	-0.8	-0.6	1.5	-2.5	-2.6
District of Columbia	5.5	5.5	5.9	7.4	7.3	7.6	6.8	0.4	2.3	-0.1	0.4	-1.2
Virginia	2.2	2.5	3.0	3.7	4.1	3.3	2.5	1.6	2.1	1.0	-2.1	-3.0
West Virginia	2.7	3.1	4.1	5.4	5.5	4.7	4.5	2.1	2.8	0.2	-1.6	-0.5
North Carolina	2.2	2.6	3.4	3.8	4.2	3.3	3.1	2.2	1.1	1.0	-2.4	-0.7
South Carolina	1.8	2.4	2.9	3.7	3.9	3.3	3.0	2.4	2.5	0.5	-1.7	-1.1
Georgia	1.7	2.0	2.8	3.8	4.6	4.0	3.2	2.5	3.1	1.9	-1.4	-2.4
Florida	2.8	2.9	3.1	4.4	5.1	3.9	3.3	0.5	3.6	1.5	-2.6	-1.8
East South Central	1.7	2.1	3.0	4.4	5.1	4.7	3.9	2.9	3.9	1.5	-0.8	-2.1
Kentucky	1.8	2.2	3.0	4.0	4.5	4.3	3.8	2.6	2.9	1.2	-0.5	-1.4
Tennessee	1.9	2.3	3.4	4.7	5.5	4.8	3.8	3.0	3.3	1.6	-1.4	-2.6
Alabama	1.5	2.0	2.8	4.3	5.1	4.6	3.7	3.2	4.4	1.7	-1.0	-2.4
Mississippi	1.4	1.7	2.9	4.4	5.3	5.0	4.8	3.7	4.3	1.9	-0.6	-0.5
West South Central	2.1	2.7	3.3	4.3	4.7	3.8	3.1	2.3	2.7	0.9	-2.1	-2.2
Arkansas	1.4	1.6	2.9	4.2	5.0	4.6	3.9	3.7	3.8	1.8	-0.8	-1.8
Louisiana	3.1	3.8	3.9	4.2	4.8	4.6	3.8	1.2	0.7	1.3	-0.4	-2.1
Oklahoma	1.9	2.5	3.2	4.5	4.6	4.0	3.3	2.6	3.5	0.2	-1.4	-2.1
Texas	2.0	2.7	3.3	4.3	4.7	3.5	2.8	2.5	2.7	0.9	-2.9	-2.4
Mountain	3.6	3.8	3.5	4.3	3.8	3.1	2.4	-0.1	2.1	-1.2	-2.0	-2.8
Montana	4.9	5.3	5.1	5.8	5.9	5.8	5.3	0.2	1.3	0.2	-0.2	-1.0
Idaho	2.6	3.4	3.2	4.0	3.7	3.2	2.8	1.0	2.3	-0.8	-1.4	-1.5
Wyoming	3.5	3.9	4.6	5.5	3.6	4.8	3.8	1.4	1.8	-4.1	2.9	-2.6
Colorado	3.9	4.2	3.8	4.6	4.2	3.2	2.3	-0.1	1.9	-0.9	-2.7	-3.6
New Mexico	2.7	2.2	2.9	3.5	3.1	2.8	1.9	0.4	1.9	-1.2	-1.0	-4.2
Arizona	3.4	4.0	3.0	4.1	3.6	2.7	2.2	-0.6	3.2	-1.3	-2.8	-2.2
Utah	3.2	2.9	2.8	3.6	3.1	2.6	2.0	-0.7	2.5	-1.5	-1.7	-2.9
Nevada	5.0	4.4	3.9	4.2	4.2	2.8	2.0	-1.2	0.7	0.0	-4.0	-3.7
Pacific	4.1	3.2	3.1	3.7	3.5	2.7	2.2	-1.4	1.8	-0.6	-2.6	-2.2
Washington	3.4	3.6	3.3	3.5	3.1	2.5	1.9	-0.1	0.6	-1.2	-2.1	-3.0
Oregon	3.5	3.1	3.5	4.0	3.5	2.8	2.0	0.0	1.3	-1.3	-2.2	-3.7
California	4.4	3.3	3.0	3.8	3.6	2.7	2.2	-1.9	2.4	-0.5	-2.8	-2.2
Alaska	2.4	2.3	2.7	2.3	2.0	-0.4	1.6	-1.6	-1.5	-1.5
Hawaii	3.7	3.4	3.1	2.7	2.5	-0.8	-0.9	-1.4	-0.9	-0.9

0.0 Quantity more than zero but less than 0.05.

... Category not applicable.

¹Civilian population for 1997 and earlier years.

²1940 and 1950 data are estimated based on published figures.

³Data exclude facilities for the mentally retarded. See Appendix II, Hospital.

⁴1960 data include hospital units of institutions.

⁵Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See Appendix II.

⁶1990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: American Medical Association (AMA): Hospital service in United States. *JAMA* 116(11):1055–1144, 1941 and 146(2):109–184, 1951 (Copyright 1941, 1951: Used with permission of AMA); American Hospital Association (AHA): Hospitals. *JAH* 35(15):383–430, 1961 (Copyright 1961: Used with permission of AHA); National Center for Health Statistics, Division of Health Care Statistics and AHA annual surveys for 1970, 1980; Hospital Statistics 1991–92, 2001 Editions. Chicago (Copyrights 1971, 1981, 1991, 2001: Used with permission of Health Forum LLC, an affiliate of AHA).

Table 111. Occupancy rates in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1940–99

[Data are based on reporting by facilities]

Geographic division and State	Percent of beds occupied						Average annual percent change				
	1940 ^{1,2}	1960 ^{2,3}	1970 ²	1980 ²	1990 ⁴	1999 ⁴	1940–60 ^{1,2,3}	1960–70 ^{2,3}	1970–80 ²	1980–90 ⁵	1990–99 ⁴
United States	69.9	74.7	77.3	75.2	66.8	63.4	0.3	0.3	-0.3	-1.2	-0.6
New England	72.5	75.2	79.7	80.1	74.0	68.8	0.2	0.6	0.1	-0.8	-0.8
Maine	72.4	73.2	73.0	74.5	71.5	64.8	0.1	-0.0	0.2	-0.4	-1.1
New Hampshire	65.3	66.5	73.4	73.2	66.8	55.3	0.1	1.0	-0.0	-0.9	-2.1
Vermont	68.8	68.5	76.3	73.7	67.3	64.8	-0.0	1.1	-0.3	-0.9	-0.4
Massachusetts	71.8	75.8	80.3	81.7	74.2	70.7	0.3	0.6	0.2	-1.0	-0.5
Rhode Island	77.7	75.7	82.9	85.9	79.4	71.2	-0.1	0.9	0.4	-0.8	-1.2
Connecticut	75.9	78.2	82.6	80.4	77.0	72.1	0.1	0.5	-0.3	-0.4	-0.7
Middle Atlantic	75.5	78.1	82.4	83.2	80.5	72.6	0.2	0.5	0.1	-0.3	-1.1
New York	78.9	79.4	82.9	85.9	86.0	76.9	0.0	0.4	0.4	-0.0	-1.2
New Jersey	72.4	78.4	82.5	82.8	80.2	68.6	0.4	0.5	0.0	-0.3	-1.7
Pennsylvania	71.3	76.0	81.5	79.5	72.9	67.9	0.3	0.7	-0.2	-0.9	-0.8
East North Central	71.0	78.4	79.5	76.9	64.6	60.4	0.5	0.1	-0.3	-1.7	-0.7
Ohio	72.1	81.3	81.8	79.2	64.7	59.0	0.6	0.1	-0.3	-2.0	-1.0
Indiana	68.5	79.6	80.3	77.6	60.6	57.0	0.8	0.1	-0.3	-2.4	-0.7
Illinois	73.1	76.0	79.3	74.9	65.7	60.1	0.2	0.4	-0.6	-1.3	-1.0
Michigan	71.5	80.5	80.6	78.2	65.5	66.0	0.6	0.0	-0.3	-1.8	0.1
Wisconsin	65.2	73.9	73.2	73.6	64.6	58.6	0.6	-0.1	0.1	-1.3	-1.1
West North Central	65.7	71.8	73.6	71.2	61.8	59.8	0.4	0.2	-0.3	-1.4	-0.4
Minnesota	71.0	72.3	73.9	73.7	66.8	67.4	0.1	0.2	-0.0	-1.0	0.1
Iowa	63.6	72.6	71.9	68.7	61.7	57.8	0.7	-0.1	-0.5	-1.1	-0.7
Missouri	68.6	75.8	79.3	75.1	61.8	57.5	0.5	0.5	-0.5	-1.9	-0.8
North Dakota	61.9	71.3	67.1	68.6	64.2	60.1	0.7	-0.6	0.2	-0.7	-0.7
South Dakota	59.1	66.0	66.3	60.6	62.1	66.4	0.6	0.0	-0.9	0.2	0.7
Nebraska	59.0	65.6	69.9	67.4	57.6	60.0	0.5	0.6	-0.4	-1.6	0.5
Kansas	60.4	69.1	71.4	68.8	55.6	52.7	0.7	0.3	-0.4	-2.1	-0.6
South Atlantic	66.7	74.8	77.9	75.5	67.4	64.5	0.6	0.4	-0.3	-1.1	-0.5
Delaware	59.2	70.2	78.8	81.8	76.5	67.5	0.9	1.2	0.4	-0.7	-1.4
Maryland	74.6	73.9	79.3	84.0	78.6	71.2	-0.0	0.7	0.6	-0.7	-1.1
District of Columbia	76.2	80.8	77.7	83.0	75.3	76.1	0.3	-0.4	0.7	-1.0	0.1
Virginia	70.0	78.0	81.1	77.8	67.4	65.5	0.5	0.4	-0.4	-1.4	-0.3
West Virginia	62.1	74.5	79.3	75.6	62.7	60.5	0.9	0.6	-0.5	-1.9	-0.4
North Carolina	64.6	73.9	78.5	77.8	73.2	67.1	0.7	0.6	-0.1	-0.6	-1.0
South Carolina	69.1	76.9	76.4	77.0	70.9	66.4	0.5	-0.1	0.1	-0.8	-0.7
Georgia	62.7	71.7	76.5	70.4	65.8	62.2	0.7	0.7	-0.8	-0.7	-0.6
Florida	57.5	73.9	76.2	71.7	61.8	61.7	1.3	0.3	-0.6	-1.5	0.0
East South Central	62.6	71.8	78.2	74.6	62.6	59.4	0.7	0.9	-0.5	-1.7	-0.6
Kentucky	61.6	73.4	79.6	77.4	62.4	60.4	0.9	0.8	-0.3	-2.1	-0.4
Tennessee	65.5	75.9	78.2	75.9	64.4	57.1	0.7	0.3	-0.3	-1.6	-1.3
Alabama	59.0	70.8	80.0	73.3	62.5	60.5	0.9	1.2	-0.9	-1.6	-0.4
Mississippi	63.8	62.8	73.6	70.5	59.4	60.5	-0.1	1.6	-0.4	-1.7	0.2
West South Central	62.5	68.7	73.2	69.7	57.8	57.7	0.5	0.6	-0.5	-1.9	-0.0
Arkansas	55.6	70.0	74.4	69.6	62.0	59.9	1.2	0.6	-0.7	-1.1	-0.4
Louisiana	75.0	67.9	73.6	69.7	57.4	56.7	-0.5	0.8	-0.5	-1.9	-0.1
Oklahoma	54.5	71.0	72.5	68.1	57.7	56.3	1.3	0.2	-0.6	-1.6	-0.3
Texas	59.6	68.2	73.0	70.1	57.2	57.9	0.7	0.7	-0.4	-2.0	0.1
Mountain	60.9	69.9	71.2	69.6	60.5	60.8	0.7	0.2	-0.2	-1.4	0.1
Montana	62.8	60.3	65.9	66.1	61.2	68.2	-0.2	0.9	0.0	-0.8	1.2
Idaho	65.4	55.9	66.1	65.2	55.7	54.4	-0.8	1.7	-0.1	-1.6	-0.3
Wyoming	47.5	61.1	63.1	57.2	53.8	52.4	1.3	0.3	-1.0	-0.6	-0.3
Colorado	62.1	80.6	74.0	71.6	64.0	57.1	1.3	-0.9	-0.3	-1.1	-1.3
New Mexico	47.8	65.1	69.8	66.2	57.5	59.0	1.6	0.7	-0.5	-1.4	0.3
Arizona	61.2	74.2	73.3	74.2	61.8	61.7	1.0	-0.1	0.1	-1.8	-0.0
Utah	65.8	70.0	73.7	70.0	58.7	57.3	0.3	0.5	-0.5	-1.7	-0.3
Nevada	67.9	70.7	72.7	68.8	60.2	74.0	0.2	0.3	-0.5	-1.3	2.3
Pacific	69.7	71.4	71.0	69.0	63.8	62.8	0.1	-0.1	-0.3	-0.8	-0.2
Washington	67.5	63.4	69.7	71.7	62.7	58.7	-0.3	1.0	0.3	-1.3	-0.7
Oregon	71.2	65.8	69.3	69.3	56.7	58.1	-0.4	0.5	0.0	-2.0	0.3
California	69.9	74.3	71.3	68.5	64.1	63.6	0.3	-0.4	-0.4	-0.7	-0.1
Alaska 53.8	59.1	58.3	49.5	54.1	0.9	-0.1	-1.6	1.0
Hawaii 61.5	75.7	74.7	85.1	72.4	...	2.1	-0.1	1.3	-1.8	-1.8

0.0, -0.0 Quantity is between 0 and 0.05 or 0 and -0.05.

... Category not applicable.

¹1940 data are estimated based on published figures.

²Data exclude facilities for the mentally retarded. See Appendix II, Hospital.

³1960 data include hospital units of institutions.

⁴Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See Appendix II.

⁵1990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

NOTES: Occupancy rates exclude data for newborns from the numerator. Data for additional years are available (see Appendix III).

SOURCES: American Medical Association (AMA): Hospital service in United States. *JAMA* 116(11):1055–1144, 1941. (Copyright 1941: Used with permission of AMA); American Hospital Association (AHA): Hospitals. *JAH* 35(15):383–430, 1961. (Copyright 1961: Used with permission of AHA); National Center for Health Statistics, Division of Health Care Statistics, and AHA annual surveys for 1970 and 1980; Hospital Statistics 1991–92, 2001 Editions. Chicago (Copyrights 1971, 1981, 1991, 2001: Used with permission of Health Forum LLC, an affiliate of AHA).

Table 112 (page 1 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–99

[Data are based on a census of certified nursing facilities]

Geographic division and State	Nursing homes				Beds			
	1995	1997	1998	1999	1995	1997	1998	1999
United States	16,389	17,121	17,259	17,083	1,751,302	1,827,615	1,812,056	1,807,285
New England	1,140	1,183	1,185	1,160	115,488	121,854	122,317	120,245
Maine	132	135	132	125	9,243	9,363	9,227	8,393
New Hampshire	74	81	83	84	7,412	8,107	7,929	7,906
Vermont	23	44	45	45	1,862	3,739	3,792	3,760
Massachusetts	550	563	564	548	54,532	57,774	58,215	57,409
Rhode Island	94	100	102	101	9,612	10,190	10,361	10,391
Connecticut	267	260	259	257	32,827	32,681	32,793	32,386
Middle Atlantic	1,650	1,744	1,819	1,808	244,342	255,366	265,659	266,042
New York	624	621	660	659	107,750	109,538	118,273	118,656
New Jersey	300	331	359	363	43,967	49,402	50,796	51,138
Pennsylvania	726	792	800	786	92,625	96,426	96,590	96,248
East North Central	3,171	3,324	3,332	3,323	367,879	390,907	375,380	376,468
Ohio	943	1,014	1,011	1,007	106,884	121,330	104,766	104,817
Indiana	556	577	572	568	59,538	62,086	61,465	62,235
Illinois	827	866	877	880	103,230	108,406	109,898	111,026
Michigan	432	444	447	443	49,473	51,287	51,572	51,104
Wisconsin	413	423	425	425	48,754	47,798	47,679	47,286
West North Central	2,258	2,350	2,333	2,312	200,109	209,055	200,562	198,106
Minnesota	432	449	448	444	43,865	45,271	45,202	44,611
Iowa	419	469	470	470	39,959	45,359	37,859	37,494
Missouri	546	570	568	559	52,679	55,472	55,466	55,020
North Dakota	87	88	88	89	7,125	7,108	7,087	7,049
South Dakota	114	114	114	114	8,296	8,080	8,034	7,938
Nebraska	231	237	239	237	18,169	18,227	18,354	18,150
Kansas	429	423	406	399	30,016	29,538	28,560	27,844
South Atlantic	2,215	2,348	2,417	2,406	243,069	253,621	261,036	261,183
Delaware	42	43	44	42	4,739	4,890	5,158	5,081
Maryland	218	248	257	248	28,394	30,851	31,510	30,137
District of Columbia	19	21	21	20	3,206	3,097	3,093	3,078
Virginia	271	271	280	272	30,070	29,915	30,757	30,160
West Virginia	129	136	140	136	10,903	11,203	11,368	11,219
North Carolina	391	402	404	408	38,322	39,508	39,959	40,730
South Carolina	166	176	176	176	16,682	17,463	17,732	17,875
Georgia	352	354	360	362	38,097	39,016	39,377	39,774
Florida	627	697	735	742	72,656	77,678	82,082	83,129
East South Central	1,014	1,090	1,095	1,088	99,707	106,104	107,018	107,006
Kentucky	288	315	315	313	23,221	25,282	25,489	25,431
Tennessee	322	348	354	352	37,074	39,009	39,433	39,275
Alabama	221	224	223	225	23,353	24,787	25,017	25,204
Mississippi	183	203	203	198	16,059	17,026	17,079	17,096
West South Central	2,264	2,313	2,303	2,262	224,695	229,469	225,277	225,200
Arkansas	256	261	265	263	29,952	31,088	25,903	25,575
Louisiana	337	339	331	336	37,769	38,043	37,834	39,110
Oklahoma	405	413	411	409	33,918	34,460	34,246	34,611
Texas	1,266	1,300	1,296	1,254	123,056	125,878	127,294	125,904
Mountain	800	843	848	839	70,134	74,058	74,668	75,357
Montana	100	103	105	105	7,210	7,521	7,657	7,672
Idaho	76	86	84	82	5,747	6,515	6,390	6,277
Wyoming	37	38	40	41	3,035	3,120	3,158	3,163
Colorado	219	225	229	225	19,912	20,150	20,397	20,265
New Mexico	83	85	83	82	6,969	7,245	7,329	7,328
Arizona	152	165	163	162	16,162	17,761	17,703	18,005
Utah	91	96	95	93	7,101	7,568	7,596	7,451
Nevada	42	45	49	49	3,998	4,178	4,438	5,196
Pacific	1,877	1,926	1,927	1,885	185,879	187,181	180,139	177,678
Washington	285	285	284	279	28,464	27,656	27,290	26,264
Oregon	161	163	163	157	13,885	14,030	14,073	13,776
California	1,382	1,419	1,421	1,390	140,203	140,837	134,085	132,962
Alaska	15	16	15	15	814	828	811	818
Hawaii	34	43	44	44	2,513	3,830	3,880	3,858

See footnotes at end of table.

Table 112 (page 2 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–99

[Data are based on a census of certified nursing facilities]

Geographic division and State	Occupancy rate ¹				Resident rate ²			
	1995	1997	1998	1999	1995	1997	1998	1999
United States	84.5	82.2	83.5	82.7	404.5	388.3	373.6	358.0
New England	91.6	90.4	90.1	89.8	474.2	468.4	453.2	432.6
Maine	92.9	88.0	86.4	89.7	417.9	386.0	364.3	339.4
New Hampshire	92.8	90.5	92.4	91.6	434.1	441.8	420.9	405.1
Vermont	96.2	94.9	90.0	91.8	207.0	392.6	362.9	356.4
Massachusetts	91.3	89.2	89.5	88.6	477.3	470.9	462.0	440.7
Rhode Island	91.8	92.2	90.3	88.7	476.9	475.4	459.1	436.3
Connecticut	91.2	92.2	91.6	91.5	541.7	510.4	489.9	468.9
Middle Atlantic	93.6	92.4	92.1	91.6	384.0	376.2	374.2	360.6
New York	96.0	94.9	94.4	94.8	371.8	358.1	370.8	362.5
New Jersey	91.9	91.2	90.9	89.7	351.6	364.0	358.9	344.1
Pennsylvania	91.6	90.3	88.9	88.7	419.2	408.0	387.5	367.5
East North Central	80.0	76.6	79.5	78.2	476.1	463.5	439.9	421.5
Ohio	73.9	68.7	79.5	78.9	499.5	506.3	485.0	468.8
Indiana	74.5	72.0	71.2	69.5	548.9	530.1	496.8	479.2
Illinois	81.1	78.5	77.8	76.3	495.3	480.9	458.6	440.5
Michigan	87.5	85.9	85.4	84.3	345.0	332.6	316.0	298.6
Wisconsin	90.2	88.6	87.5	85.5	518.9	481.1	450.9	427.3
West North Central	82.3	80.0	82.1	81.2	489.6	483.6	460.5	442.3
Minnesota	93.8	92.3	91.3	89.8	537.4	528.0	499.2	474.6
Iowa	68.8	67.3	80.2	79.3	458.0	497.9	477.6	461.2
Missouri	75.7	73.5	72.8	71.7	432.8	430.0	415.8	402.2
North Dakota	96.4	95.3	92.9	92.2	522.0	491.0	459.4	440.3
South Dakota	95.5	94.9	92.8	91.6	543.3	512.5	477.5	457.5
Nebraska	89.0	85.8	84.9	83.3	501.4	475.1	461.1	440.8
Kansas	83.8	81.3	81.0	81.4	528.9	492.9	456.0	438.7
South Atlantic	89.4	88.0	87.4	86.4	335.4	321.3	311.4	297.2
Delaware	80.6	79.0	74.7	74.0	448.7	419.8	396.1	370.6
Maryland	87.0	84.4	82.4	82.1	432.7	423.6	405.8	372.4
District of Columbia	80.3	94.8	95.0	93.3	297.6	335.1	324.5	311.4
Virginia	93.5	90.5	90.2	90.0	385.2	348.1	340.7	323.2
West Virginia	93.7	92.3	91.2	89.8	355.2	344.0	332.8	315.7
North Carolina	92.7	93.8	92.5	90.1	401.1	392.9	366.7	350.0
South Carolina	87.3	85.7	87.1	86.5	366.0	349.2	339.6	330.9
Georgia	94.3	91.9	92.2	91.1	496.0	463.3	442.1	424.5
Florida	85.1	83.8	83.4	82.6	228.2	222.3	221.9	214.3
East South Central	91.8	90.3	90.8	91.3	416.6	415.5	408.6	403.0
Kentucky	89.1	88.2	89.1	90.0	391.9	401.7	400.8	398.3
Tennessee	91.5	89.6	89.7	90.4	479.6	469.1	458.9	450.0
Alabama	92.9	91.7	92.5	92.5	370.1	370.9	363.4	358.7
Mississippi	94.9	93.2	93.1	93.7	405.3	403.0	394.5	389.7
West South Central	75.2	71.6	72.2	71.3	486.1	448.6	426.5	410.4
Arkansas	69.5	65.9	78.3	77.3	508.3	484.0	462.3	444.1
Louisiana	86.0	81.3	80.2	78.7	639.3	581.6	551.2	550.5
Oklahoma	77.8	73.7	72.6	71.0	499.1	464.3	441.6	429.8
Texas	72.6	69.6	68.5	67.8	439.9	405.0	385.4	365.7
Mountain	83.8	81.2	80.8	79.4	335.9	313.0	296.2	281.3
Montana	89.0	83.0	81.8	79.8	491.4	437.0	423.7	399.5
Idaho	81.7	73.4	75.7	74.7	321.7	301.5	283.1	261.4
Wyoming	87.7	84.6	83.9	81.9	468.2	440.5	422.9	400.5
Colorado	85.7	83.8	83.8	82.8	420.6	386.2	373.1	352.3
New Mexico	86.8	84.6	84.2	88.3	332.0	309.4	294.1	299.3
Arizona	76.6	77.8	77.5	76.4	233.3	234.5	218.7	208.7
Utah	82.1	78.0	77.4	77.2	323.5	298.3	283.0	267.6
Nevada	91.2	90.3	83.2	70.7	312.0	272.1	244.3	224.5
Pacific	80.4	78.3	81.4	81.2	302.4	275.1	261.3	247.5
Washington	87.7	82.9	82.1	81.3	362.5	306.1	283.8	258.6
Oregon	84.1	80.6	79.1	76.8	244.9	221.3	206.8	187.9
California	78.3	76.8	81.2	81.3	302.9	277.9	265.9	254.9
Alaska	77.9	74.8	76.3	76.4	348.0	297.7	273.4	260.6
Hawaii	96.0	91.6	92.0	92.2	178.5	227.4	217.4	205.6

¹Percent of beds occupied.

²Number of nursing home residents (all ages) per 1,000 resident population 85 years of age and over.

NOTES: Annual numbers of nursing homes, beds, and residents are based on a 15-month OSCAR reporting cycle (see Appendix I). Data for additional years are available (see Appendix III).

SOURCES: Cowles CM, 1995 Nursing Home Statistical Yearbook. 1996 Nursing Home Statistical Yearbook. 1997 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group, 1995; 1997; 1998; and Cowles CM, 1998 Nursing Home Statistical Yearbook. 1999 Nursing Home Statistical Yearbook. Washington, DC: American Association of Homes and Services for the Aging, 1999; 2000. Based on data from the Health Care Financing Administrations Online Survey Certification and Reporting (OSCAR) database.

Table 113. Total health expenditures as a percent of gross domestic product and per capita health expenditures in dollars: Selected countries and years 1960–98

[Data compiled by the Organization for Economic Cooperation and Development]

Country	1960	1970	1980	1985	1990	1995	1996	1997	1998 ¹
Health expenditures as a percent of gross domestic product									
Australia	4.7	5.4	7.0	7.4	7.9	8.2	8.3	8.3	8.5
Austria	4.3	5.3	7.7	6.7	7.2	8.9	8.9	8.2	8.2
Belgium	3.4	4.1	6.4	7.2	7.4	8.2	8.6	8.6	8.8
Canada	5.4	7.0	7.2	8.4	9.2	9.5	9.4	9.3	9.5
Czech Republic	—	—	3.8	4.5	5.0	7.3	7.0	7.1	7.2
Denmark	—	—	9.2	8.8	8.4	8.2	8.3	8.2	8.3
Finland	3.9	5.7	6.4	7.2	7.9	7.5	7.7	7.3	6.9
France	4.2	5.8	7.4	8.3	8.8	9.8	9.7	9.6	9.6
Germany	—	6.3	8.8	9.3	8.7	10.2	10.6	10.5	10.6
Greece	3.1	5.7	6.6	—	7.6	8.3	8.3	8.5	8.3
Hungary	—	—	—	—	—	7.6	7.2	6.9	6.8
Iceland	3.3	5.0	6.2	7.3	8.0	8.2	8.1	7.9	8.3
Ireland	3.8	5.3	8.7	7.9	7.0	7.4	7.2	7.0	6.4
Italy	3.6	5.2	7.0	7.1	8.1	8.0	8.1	8.4	8.4
Japan	3.0	4.6	6.5	6.7	6.1	7.2	7.1	7.4	7.6
Korea	—	1.9	3.4	4.3	4.8	4.6	4.9	5.0	5.0
Luxembourg	—	3.7	6.2	6.1	6.6	6.3	6.4	6.0	5.9
Mexico	—	—	—	—	3.6	4.9	4.6	4.7	—
Netherlands	—	—	8.3	8.1	8.8	8.9	8.8	8.6	8.6
New Zealand	4.3	5.2	6.0	5.3	7.0	7.3	7.3	7.6	8.1
Norway	2.9	4.5	7.0	6.7	7.8	8.0	8.0	8.1	8.9
Poland	—	—	—	—	5.3	6.0	6.4	6.2	6.4
Portugal	—	2.8	5.8	6.3	6.4	7.7	7.7	7.6	7.8
Spain	1.5	3.7	5.6	5.7	6.9	7.0	7.1	7.0	7.1
Sweden	4.7	7.1	9.4	9.0	8.8	8.4	8.7	8.5	8.4
Switzerland	3.1	4.9	6.9	7.7	8.3	9.6	10.1	10.3	10.4
Turkey	—	2.4	3.3	2.2	3.6	3.3	3.8	4.0	—
United Kingdom	3.9	4.5	5.7	5.9	6.0	7.0	7.0	6.7	6.7
United States	5.1	7.0	8.8	10.1	12.0	13.3	13.3	13.2	13.0
Per capita health expenditures ²									
Australia	\$ 96	\$212	\$ 657	\$ 987	\$1,318	\$1,792	\$1,869	\$1,923	\$2,043
Austria	64	159	661	818	1,209	1,875	1,967	1,886	1,968
Belgium	53	130	578	885	1,246	1,793	1,911	1,973	2,081
Canada	109	262	719	1,209	1,702	2,154	2,141	2,185	2,312
Czech Republic	—	—	—	—	575	902	917	930	930
Denmark	—	—	819	1,178	1,442	1,887	2,006	2,032	2,133
Finland	54	163	510	849	1,292	1,421	1,486	1,491	1,502
France	72	206	701	1,082	1,545	2,014	2,019	2,003	2,077
Germany	—	224	824	1,242	1,602	2,178	2,288	2,325	2,424
Greece	21	100	344	—	706	1,059	1,114	1,157	1,167
Hungary	—	—	—	—	—	678	662	672	705
Iceland	50	137	576	946	1,377	1,829	1,915	1,919	2,103
Ireland	35	98	455	592	796	1,314	1,333	1,432	1,436
Italy	50	157	587	833	1,321	1,608	1,691	1,754	1,783
Japan	26	130	522	820	1,083	1,631	1,699	1,809	1,822
Korea	—	12	78	179	370	631	718	766	730
Luxembourg	—	147	602	892	1,485	2,113	2,181	2,147	2,215
Mexico	—	—	—	—	213	337	329	356	—
Netherlands	—	—	714	958	1,403	1,889	1,937	2,004	2,070
New Zealand	90	174	458	587	937	1,244	1,267	1,347	1,424
Norway	46	131	632	915	1,365	1,864	2,042	2,154	2,425
Poland	—	—	—	—	258	420	473	448	496
Portugal	—	43	256	384	614	1,051	1,090	1,151	1,237
Spain	14	82	325	454	811	1,068	1,119	1,154	1,218
Sweden	89	270	850	1,172	1,548	1,622	1,716	1,712	1,746
Switzerland	86	252	801	1,251	1,782	2,477	2,549	2,697	2,794
Turkey	—	23	75	73	171	189	227	255	—
United Kingdom	74	144	444	669	964	1,301	1,410	1,406	1,461
United States	143	348	1,067	1,763	2,737	3,686	3,842	4,011	4,164

— Data not available.

¹Preliminary figures.

²Per capita health expenditures for each country have been adjusted to U.S. dollars using gross domestic product purchasing power parities for each year.

NOTE: Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCES: Schieber GJ, Poullier JP, and Greenwald LG. U.S. health expenditure performance: An international comparison and data update. *Health Care Financing Review* vol 13 no 4. Washington: Health Care Financing Administration. September 1992; Anderson GF and Poullier JP. Health spending, access, and outcomes: Trends in industrialized countries. *Health Affairs* vol 18 no 3. May/June 1999; Office of National Health Statistics, Office of the Actuary. National health expenditures, 1997. *Health Care Financing Review* vol 20 no 1. HCFA pub no 03412. Washington: Health Care Financing Administration. March 1999; Organization for Economic Cooperation and Development Health Data File: Unpublished data.

Table 114. Gross domestic product, national health expenditures, Federal and State and local government expenditures, and average annual percent change: United States, selected years 1960–99

[Data are compiled by the Health Care Financing Administration]

Gross domestic product, national health expenditures, and government health expenditures	1960	1965	1970	1975	1980	1985	1990	1995	1997	1998	1999
Amount in billions											
Gross domestic product (GDP).....	\$ 527	\$ 720	\$1,040	\$1,635	\$2,796	\$4,213	\$ 5,803	\$ 7,400	\$ 8,318	\$ 8,790	\$ 9,299
Percent											
National health expenditures as percent of GDP	5.1	5.7	7.0	7.9	8.8	10.1	12.0	13.3	13.2	13.0	13.0
Source of funds for national health expenditures											
Amount in billions											
National health expenditures	\$ 26.7	\$ 41.0	\$ 73.1	\$129.8	\$245.8	\$426.5	\$ 695.6	\$ 987.0	\$1,093.9	\$1,146.1	\$1,210.7
Private funds	20.1	30.8	45.5	74.9	141.0	252.0	413.2	528.8	588.0	623.2	662.1
Public funds	6.6	10.2	27.6	55.0	104.8	174.5	282.4	458.2	505.8	522.9	548.5
Percent distribution											
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private funds	75.2	75.1	62.3	57.7	57.4	59.1	59.4	53.6	53.8	54.4	54.7
Public funds	24.8	24.9	37.7	42.3	42.6	40.9	40.6	46.4	46.2	45.6	45.3
Per capita health expenditures											
Amount											
National health expenditures	\$ 143	\$ 205	\$ 348	\$ 590	\$1,067	\$1,763	\$ 2,737	\$ 3,686	\$ 4,011	\$ 4,164	\$ 4,358
Private health expenditures.....	108	154	216	340	612	1,042	1,626	1,975	2,156	2,264	2,384
Public health expenditures	35	51	131	250	455	722	1,111	1,711	1,855	1,900	1,975
Federal government expenditures:											
Amount in billions											
Total	\$ 85.8	\$116.1	\$198.6	\$345.4	\$576.6	\$924.6	\$1,228.7	\$1,575.7	\$1,678.8	\$1,705.0	\$1,750.2
Health	2.8	4.7	17.6	36.1	71.3	122.1	192.6	323.9	361.7	369.3	384.7
State and local government expenditures:											
Total	\$ 38.1	\$ 56.8	\$107.5	\$197.2	\$307.8	\$447.0	\$ 660.8	\$ 902.5	\$ 980.3	\$1,030.6	\$1,092.7
Health	3.8	5.5	10.0	18.9	33.5	52.4	89.8	134.3	144.2	153.6	163.9
Health as a percent of total											
Federal government expenditures	3.3	4.0	8.8	10.4	12.4	13.2	15.7	20.6	21.5	21.7	22.0
State and local government expenditures	9.9	9.7	9.3	9.6	10.9	11.7	13.6	14.9	14.7	14.9	15.0
Growth											
Average annual percent change from previous year shown											
Gross domestic product.....	...	6.4	7.6	9.5	11.3	8.5	6.6	5.0	6.0	5.7	5.8
National health expenditures:											
Total	9.0	12.2	12.2	13.6	11.7	10.3	7.2	5.3	4.8	5.6
Per capita	7.5	11.1	11.1	12.6	10.6	9.2	6.1	4.3	3.8	4.7
Private health expenditures:											
Total	9.0	8.1	10.5	13.5	12.3	10.4	5.1	5.5	6.0	6.2
Per capita	7.4	7.0	9.5	12.5	11.2	9.3	4.0	4.5	5.0	5.3
Public health expenditures:											
Total	9.1	22.0	14.8	13.8	10.7	10.1	10.2	5.1	3.4	4.9
Per capita	7.5	20.8	13.7	12.8	9.7	9.0	9.0	4.1	2.4	4.0
Federal government expenditures:											
Total	6.2	11.3	11.7	10.8	9.9	5.9	5.1	3.2	1.6	2.7
Health	10.6	30.3	15.5	14.6	11.4	9.5	11.0	5.7	2.1	4.2
State and local government expenditures:											
Total	8.3	13.6	12.9	9.3	7.7	8.1	6.4	4.2	5.1	6.0
Health	7.9	12.6	13.5	12.2	9.4	11.4	8.4	3.6	6.5	6.7

... Category not applicable.

NOTES: These data include revisions in health expenditures and differ from previous editions of *Health, United States*. They reflect U.S. Bureau of the Census resident population estimates as of July 2000. Federal and State and local government total expenditures reflect October 2000 revisions from the Bureau of Economic Analysis.

SOURCE: National Health Statistics Group, Office of the Actuary. National health expenditures, 1999. *Health Care Financing Review* vol 22 no 4. Health Care Financing Administration. Washington: U.S. Government Printing Office, Summer 2001.

Table 115. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2000

[Data are based on reporting by samples of providers and other retail outlets]

Items and medical care components	1960	1970	1980	1990	1995	1997	1998	1999	2000
Consumer Price Index (CPI)									
All items	29.6	38.8	82.4	130.7	152.4	160.5	163.0	166.6	172.2
All items excluding medical care	30.2	39.2	82.8	128.8	148.6	156.3	158.6	162.0	167.3
All services	24.1	35.0	77.9	139.2	168.7	179.4	184.2	188.8	195.3
Food	30.0	39.2	86.8	132.4	148.4	157.3	160.7	164.1	167.8
Apparel.	45.7	59.2	90.9	124.1	132.0	132.9	133.0	131.3	129.6
Housing	---	36.4	81.1	128.5	148.5	156.8	160.4	163.9	169.6
Energy	22.4	25.5	86.0	102.1	105.2	111.5	102.9	106.6	124.6
Medical care	22.3	34.0	74.9	162.8	220.5	234.6	242.1	250.6	260.8
Components of medical care									
Medical care services.	19.5	32.3	74.8	162.7	224.2	239.1	246.8	255.1	266.0
Professional services	---	37.0	77.9	156.1	201.0	215.4	222.2	229.2	237.7
Physicians' services	21.9	34.5	76.5	160.8	208.8	222.9	229.5	236.0	244.7
Dental services	27.0	39.2	78.9	155.8	206.8	226.6	236.2	247.2	258.5
Eye glasses and eye care ¹	---	---	---	117.3	137.0	141.5	144.1	145.5	149.7
Services by other medical professionals ¹	---	---	---	120.2	143.9	151.8	155.4	158.7	161.9
Hospital and related services.	---	---	69.2	178.0	257.8	278.4	287.5	299.5	317.3
Hospital services ²	---	---	---	---	---	101.7	105.0	109.3	115.9
Inpatient hospital services ²	---	---	---	---	---	101.3	104.0	107.9	113.8
Outpatient hospital services ¹	---	---	---	138.7	204.6	224.9	233.2	246.0	263.8
Hospital rooms	9.3	23.6	68.0	175.4	251.2	---	---	---	---
Other inpatient services ¹	---	---	---	142.7	206.8	---	---	---	---
Nursing homes and adult day care	---	---	---	---	---	102.3	107.1	111.6	117.0
Medical care commodities	46.9	46.5	75.4	163.4	204.5	215.3	221.8	230.7	238.1
Prescription drugs and medical supplies	54.0	47.4	72.5	181.7	235.0	249.3	258.6	273.4	285.4
Nonprescription drugs and medical supplies ¹	---	---	---	120.6	140.5	145.4	147.7	148.5	149.5
Internal and respiratory over-the-counter drugs	---	42.3	74.9	145.9	167.0	173.1	175.4	175.9	176.9
Nonprescription medical equipment and supplies	---	---	79.2	138.0	166.3	171.5	174.9	176.7	178.1
Average annual percent change from previous year shown									
All items	4.3	8.9	4.7	3.1	2.6	1.6	2.2	3.4
All items excluding medical care	4.1	8.8	4.5	2.9	2.6	1.5	2.1	3.3
All services	5.6	10.2	6.0	3.9	3.1	2.7	2.5	3.4
Food	4.0	7.7	4.3	2.3	3.0	2.2	2.1	2.3
Apparel.	4.4	4.6	3.2	1.2	0.3	0.1	-1.3	-1.3
Housing	---	9.9	4.7	2.9	2.8	2.3	2.2	3.5
Energy	2.2	15.4	1.7	0.6	3.0	-7.7	3.6	16.9
Medical care	6.2	9.5	8.1	6.3	3.1	3.2	3.5	4.1
Components of medical care									
Medical care services.	7.3	9.9	8.1	6.6	3.3	3.2	3.4	4.3
Professional services	---	8.9	7.2	5.2	3.5	3.2	3.2	3.2	3.7
Physicians' services	6.6	9.7	7.7	5.4	3.3	3.0	2.8	2.8	3.7
Dental services	5.3	8.2	7.0	5.8	4.7	4.2	4.7	4.7	4.6
Eye glasses and eye care ¹	---	---	---	3.2	1.6	1.8	1.0	1.0	2.9
Services by other medical professionals ¹	---	---	---	3.7	2.7	2.4	2.1	2.1	2.0
Hospital and related services.	---	---	---	9.9	7.7	3.9	3.3	4.2	5.9
Hospital services ²	---	---	---	---	---	---	3.2	4.1	6.0
Inpatient hospital services ²	---	---	---	---	---	---	2.7	3.8	5.5
Outpatient hospital services ¹	---	---	---	8.1	4.8	3.7	5.5	7.2	7.2
Hospital rooms	13.9	12.2	9.9	7.4	---	---	---	---	---
Other inpatient services ¹	---	---	---	7.7	---	---	---	---	---
Nursing homes and adult day care	---	---	---	---	---	4.7	4.2	4.2	4.8
Medical care commodities	0.7	7.2	8.0	4.6	2.6	3.0	4.0	3.2
Prescription drugs and medical supplies	-0.2	7.2	9.6	5.3	3.0	3.7	5.7	4.4
Nonprescription drugs and medical supplies ¹	---	---	---	3.1	1.7	1.6	0.5	0.7
Internal and respiratory over-the-counter drugs	1.6	7.7	6.9	2.7	1.8	1.3	0.3	0.6
Nonprescription medical equipment and supplies	---	---	5.7	3.8	1.6	2.0	1.0	0.8

--- Data not available.

... Category not applicable.

¹Dec. 1986 = 100.

²Dec. 1996 = 100.

NOTES: 1982–84 = 100, except where noted. Data for additional years are available (see Appendix III).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Consumer Price Index. Various releases. 2000 data available from the Bureau of Labor Statistics website at www.bls.gov/cpiphom.htm.

Table 116. Growth in personal health care expenditures and percent distribution of factors affecting growth: United States, 1960–99

[Data are compiled by the Health Care Financing Administration]

Period	Average annual percent increase	Factors affecting growth				
		All factors	Inflation ¹			
			Economy-wide	Medical	Population	Intensity ²
Percent distribution						
1960–99	9.8	100	41	17	10	32
1960–61	6.0	100	18	7	27	48
1961–62	7.3	100	19	9	20	52
1962–63	8.8	100	12	8	16	63
1963–64	9.7	100	16	13	14	57
1964–65	7.8	100	23	11	15	50
1965–66	10.0	100	28	21	10	41
1966–67	12.7	100	24	14	7	55
1967–68	12.3	100	34	11	8	47
1968–69	12.0	100	40	8	8	44
1969–70	12.7	100	40	8	10	42
1970–71	9.5	100	52	11	13	24
1971–72	10.6	100	39	-2	10	54
1972–73	11.0	100	50	-15	7	58
1973–74	13.5	100	63	1	6	30
1974–75	13.5	100	66	10	6	18
1975–76	13.1	100	42	22	6	29
1976–77	12.6	100	50	10	7	33
1977–78	10.9	100	63	7	8	22
1978–79	12.9	100	62	5	7	26
1979–80	14.6	100	60	14	7	19
1980–81	14.9	100	60	18	7	16
1981–82	11.7	100	52	35	9	4
1982–83	9.6	100	40	35	10	15
1983–84	9.2	100	40	39	10	11
1984–85	9.7	100	32	40	10	18
1985–86	8.3	100	26	31	11	31
1986–87	9.1	100	32	20	10	38
1987–88	10.7	100	31	25	9	34
1988–89	10.0	100	37	30	10	23
1989–90	11.1	100	35	25	10	31
1990–91	9.8	100	36	20	11	33
1991–92	8.1	100	30	34	14	22
1992–93	6.2	100	38	37	18	8
1993–94	5.1	100	40	33	19	8
1994–95	5.9	100	37	25	17	22
1995–96	5.2	100	37	20	17	26
1996–97	5.0	100	39	5	19	38
1997–98	4.4	100	28	22	21	30
1998–99	5.4	100	28	23	17	33

¹Total inflation is economy-wide and medical inflation is the medical inflation above economy-wide inflation.

²The residual percent of growth that cannot be attributed to price increases or population growth represents changes in use or kinds of services and supplies.

NOTE: These data include revisions in health expenditures and in population back to 1960 and differ from previous editions of *Health, United States*.

SOURCE: National Health Statistics Group, Office of the Actuary. National health expenditures, 1999. *Health Care Financing Review* vol 22 no 4. Health Care Financing Administration. Washington: U.S. Government Printing Office, Summer 2001.

Table 117 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–99

[Data are compiled by the Health Care Financing Administration]

Type of national health expenditure	1960	1965	1970	1975	1980	1985	1990	1995	1997	1998	1999
Amount in billions											
National health expenditures	\$26.7	\$41.0	\$73.1	\$129.8	\$245.8	\$426.5	\$695.6	\$987.0	\$1,093.9	\$1,146.1	\$1,210.7
Health services and supplies	25.0	37.4	67.3	121.0	233.5	408.8	669.2	954.4	1,056.5	1,107.9	1,170.8
Personal health care	23.4	34.7	63.2	113.0	214.6	372.3	609.4	865.7	958.8	1,002.3	1,057.7
Hospital care	9.2	13.8	27.6	51.9	101.5	166.6	253.9	343.6	367.7	377.1	390.9
Professional services	8.3	12.4	20.7	36.1	67.3	125.2	216.9	316.5	352.4	373.4	396.5
Physician and clinical services	5.4	8.3	14.0	24.8	47.1	89.8	157.5	220.5	240.9	254.2	269.4
Other professional services	0.4	0.5	0.7	1.4	3.6	8.5	18.2	28.5	33.4	35.9	37.9
Dental services	2.0	2.8	4.7	8.0	13.3	21.7	31.5	44.5	50.2	53.1	56.0
Other personal health care	0.6	0.8	1.3	2.0	3.3	5.3	9.7	23.0	27.9	30.2	33.2
Nursing home and home health	0.9	1.6	4.4	9.3	20.1	36.3	65.3	105.1	119.6	121.6	123.1
Home health care ¹	0.1	0.1	0.2	0.6	2.4	5.6	12.6	30.5	34.5	33.5	33.1
Nursing home care ¹	0.8	1.5	4.2	8.7	17.7	30.7	52.7	74.6	85.1	88.0	90.0
Retail outlet sales of medical products . . .	5.0	6.9	10.5	15.6	25.7	44.2	73.3	100.5	119.2	130.2	147.1
Prescription drugs	2.7	3.7	5.5	8.1	12.0	21.8	40.3	60.8	75.1	85.2	99.6
Other medical products	2.3	3.2	5.0	7.6	13.7	22.4	33.1	39.7	44.0	45.0	47.6
Government administration and net cost of private health insurance	1.2	2.0	2.8	5.1	12.2	24.9	39.6	57.2	61.6	67.0	72.0
Government public health activities ²	0.4	0.6	1.4	2.9	6.7	11.6	20.2	31.4	36.0	38.6	41.1
Investment	1.7	3.6	5.7	8.9	12.3	17.7	26.4	32.6	37.4	38.2	39.8
Research ³	0.7	1.5	2.0	3.3	5.5	8.3	12.7	17.1	18.7	20.5	22.2
Construction	1.0	2.1	3.8	5.6	6.8	9.4	13.7	15.5	18.7	17.7	17.6
Average annual percent change from previous year shown											
National health expenditures 9.0	12.2	12.2	13.6	11.7	10.3	7.2	5.3	4.8	5.6	
Health services and supplies 8.4	12.5	12.4	14.1	11.9	10.4	7.4	5.2	4.9	5.7	
Personal health care 8.2	12.7	12.3	13.7	11.7	10.4	7.3	5.2	4.5	5.5	
Hospital care 8.5	14.9	13.4	14.4	10.4	8.8	6.2	3.4	2.6	3.7	
Professional services 8.3	10.7	11.8	13.2	13.2	11.6	7.9	5.5	6.0	6.2	
Physician and clinical services 9.2	10.9	12.2	13.7	13.8	11.9	7.0	4.5	5.5	6.0	
Other professional services 6.3	6.9	13.2	21.1	18.6	16.4	9.5	8.1	7.5	5.6	
Dental services 7.3	10.8	11.2	10.9	10.2	7.8	7.1	6.2	5.8	5.6	
Other personal health care 4.2	10.2	9.4	10.5	10.0	12.9	18.9	10.0	8.6	9.9	
Nursing home and home health 11.5	23.2	15.9	16.7	12.6	12.4	10.0	6.7	1.6	1.3	
Home health care ¹ 9.6	19.7	23.2	30.7	18.9	17.3	19.4	6.4	-3.0	-1.4	
Nursing home care ¹ 11.6	23.4	15.5	15.3	11.7	11.4	7.2	6.8	3.5	2.3	
Retail outlet sales of medical products 7.0	8.6	8.3	10.5	11.4	10.7	6.5	8.9	9.2	13.0	
Prescription drugs 6.8	8.2	7.9	8.4	12.6	13.1	8.6	11.2	13.4	16.9	
Other medical products 7.1	9.1	8.8	12.5	10.4	8.1	3.8	5.3	2.2	5.7	
Government administration and net cost of private health insurance 10.6	6.7	12.8	19.2	15.4	9.7	7.7	3.8	8.7	7.4	
Government public health activities 9.6	16.9	16.7	18.1	11.4	11.8	9.2	7.1	7.1	6.6	
Investment 16.5	9.5	9.1	6.7	7.6	8.3	4.3	7.2	2.2	4.1	
Research ³ 17.1	5.1	11.2	10.4	8.7	8.8	6.2	4.6	9.8	8.2	
Construction 16.1	12.2	8.0	4.2	6.7	7.8	2.4	9.9	-5.3	-0.6	

See footnotes at end of table.

Table 117 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–99

[Data are compiled by the Health Care Financing Administration]

Type of national health expenditure	1960	1965	1970	1975	1980	1985	1990	1995	1997	1998	1999
Percent distribution											
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health services and supplies	93.6	91.1	92.2	93.2	95.0	95.8	96.2	96.7	96.6	96.7	96.7
Personal health care	87.6	84.7	86.5	87.0	87.3	87.3	87.6	87.7	87.7	87.5	87.4
Hospital care	34.4	33.7	37.8	40.0	41.3	39.1	36.5	34.8	33.6	32.9	32.3
Professional services	31.3	30.3	28.3	27.8	27.4	29.4	31.2	32.1	32.2	32.6	32.8
Physician and clinical services	20.1	20.3	19.1	19.1	19.2	21.1	22.6	22.3	22.0	22.2	22.2
Other professional services	1.5	1.3	1.0	1.1	1.5	2.0	2.6	2.9	3.1	3.1	3.1
Dental services	7.4	6.8	6.4	6.1	5.4	5.1	4.5	4.5	4.6	4.6	4.6
Other personal health care	2.4	1.9	1.7	1.5	1.3	1.2	1.4	2.3	2.5	2.6	2.7
Nursing home and home health	3.4	3.8	6.1	7.2	8.2	8.5	9.4	10.6	10.9	10.6	10.2
Home health care ¹	0.2	0.2	0.3	0.5	1.0	1.3	1.8	3.1	3.2	2.9	2.7
Nursing home care ¹	3.2	3.6	5.8	6.7	7.2	7.2	7.6	7.6	7.8	7.7	7.4
Retail outlet sales of medical products . . .	18.6	16.9	14.3	12.0	10.5	10.4	10.5	10.2	10.9	11.4	12.2
Prescription drugs	10.0	9.1	7.5	6.2	4.9	5.1	5.8	6.2	6.9	7.4	8.2
Other medical products	8.5	7.8	6.8	5.8	5.6	5.3	4.8	4.0	4.0	3.9	3.9
Government administration and net cost of private health insurance	4.5	4.9	3.8	3.9	4.9	5.8	5.7	5.8	5.6	5.8	5.9
Government public health activities	1.5	1.5	1.9	2.3	2.7	2.7	2.9	3.2	3.3	3.4	3.4
Investment	6.4	8.9	7.8	6.8	5.0	4.2	3.8	3.3	3.4	3.3	3.3
Research ³	2.6	3.7	2.7	2.6	2.2	1.9	1.8	1.7	1.7	1.8	1.8
Construction	3.8	5.2	5.2	4.3	2.8	2.2	2.0	1.6	1.7	1.5	1.5

. . . Category not applicable.

¹Freestanding facilities only. Additional services of this type are provided in hospital-based facilities and counted as hospital care.

²Includes personal care services delivered by government public health agencies.

³Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded from "research expenditures," but are included in the expenditure class in which the product falls in that they are covered by the payment received for that product.

NOTE: These data include revisions in health expenditures and differ from previous editions of *Health, United States*.

SOURCE: National Health Statistics Group, Office of the Actuary. National health expenditures, 1999. *Health Care Financing Review* vol 22 no 4. Health Care Financing Administration. Washington: U.S. Government Printing Office, Summer 2001.

Table 118 (page 1 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960–99

[Data are compiled by the Health Care Financing Administration]

Type of personal health care expenditures and source of funds	1960	1965	1970	1975	1980	1985	1990	1995	1997	1998	1999
Amount											
Per capita.....	\$ 126	\$ 174	\$ 301	\$ 513	\$ 931	\$ 1,539	\$ 2,398	\$ 3,233	\$ 3,516	\$ 3,641	\$ 3,808
Amount in billions											
All personal health care expenditures ¹	\$ 23.4	\$ 34.7	\$ 63.2	\$ 113.0	\$ 214.6	\$ 372.3	\$ 609.4	\$ 865.7	\$ 958.8	\$ 1,002.3	\$ 1,057.7
Percent distribution											
All sources of funds.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments.....	55.2	52.3	39.7	33.1	27.1	25.7	22.6	17.2	17.3	17.6	17.6
Private health insurance.....	21.4	25.1	22.3	24.4	28.3	29.9	33.4	32.9	32.7	33.2	33.6
Other private funds.....	2.0	2.2	2.8	2.7	4.3	5.1	5.0	5.1	5.3	5.4	5.5
Government.....	21.4	20.4	35.2	39.8	40.3	39.4	39.0	44.7	44.7	43.8	43.3
Federal.....	8.7	8.1	22.8	27.1	29.2	29.4	28.6	34.3	34.6	33.5	32.8
State and local.....	12.6	12.3	12.3	12.7	11.1	10.0	10.5	10.5	10.1	10.3	10.5
Amount in billions											
Hospital care expenditures ²	\$ 9.2	\$ 13.8	\$ 27.6	\$ 51.9	\$ 101.5	\$ 166.6	\$ 253.9	\$ 343.6	\$ 367.7	\$ 377.1	\$ 390.9
Percent distribution											
All sources of funds.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments.....	20.8	19.8	9.1	8.4	5.2	5.3	4.4	3.0	3.0	3.1	3.2
Private health insurance.....	35.8	41.3	32.7	33.1	35.6	35.2	38.3	32.3	31.0	31.7	31.7
Other private funds.....	1.2	1.9	3.3	2.8	4.9	4.9	4.1	4.3	4.9	5.3	5.5
Government ³	42.2	37.0	55.0	55.8	54.3	54.6	53.2	60.4	61.2	59.9	59.5
Medicaid ⁴	9.6	10.0	10.4	9.3	10.9	15.8	15.8	16.1	17.0
Medicare.....	19.4	22.2	26.0	29.3	26.7	31.6	33.7	32.3	31.0
Amount in billions											
Physician services expenditures	\$ 5.4	\$ 8.3	\$ 14.0	\$ 24.8	\$ 47.1	\$ 89.8	\$ 157.5	\$ 220.5	\$ 240.9	\$ 254.2	\$ 269.4
Percent distribution											
All sources of funds.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments.....	61.6	58.5	46.2	36.3	30.2	27.2	19.3	11.9	11.9	11.8	11.4
Private health insurance.....	29.8	33.0	30.1	31.7	35.3	37.4	43.0	48.6	48.2	47.9	47.8
Other private funds.....	1.4	1.5	1.6	2.1	3.9	6.4	7.2	8.0	8.3	8.3	8.5
Government ³	7.2	6.9	22.2	30.0	30.5	28.9	30.6	31.5	31.5	32.0	32.4
Medicaid ⁴	4.6	7.2	5.2	3.9	4.5	6.7	6.7	6.6	6.6
Medicare.....	11.8	13.8	17.4	18.7	19.1	18.9	19.7	20.2	20.3
Amount in billions											
Nursing home expenditures ⁵	\$ 0.8	\$ 1.5	\$ 4.2	\$ 8.7	\$ 17.7	\$ 30.7	\$ 52.7	\$ 74.6	\$ 85.1	\$ 88.0	\$ 90.0
Percent distribution											
All sources of funds.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments.....	77.9	60.0	53.6	42.8	40.0	39.4	37.5	26.6	25.1	26.4	26.6
Private health insurance.....	0.0	0.1	0.2	0.5	1.2	3.4	5.8	7.5	8.2	8.2	8.4
Other private funds.....	6.3	5.7	4.9	4.8	4.5	6.1	7.5	6.4	6.0	4.9	5.0
Government ³	15.7	34.1	41.2	51.9	54.2	51.2	49.2	59.5	60.7	60.5	60.1
Medicaid ⁴	22.3	47.2	50.2	47.2	43.9	47.5	46.8	46.2	47.0
Medicare.....	3.4	2.5	1.7	1.5	3.2	9.7	11.8	12.1	10.7

See footnotes at end of table.

Table 118 (page 2 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960–99

[Data are compiled by the Health Care Financing Administration]

Type of personal health care expenditures and source of funds	1960	1965	1970	1975	1980	1985	1990	1995	1997	1998	1999
Amount in billions											
Prescription drug expenditures	\$ 2.7	\$ 3.7	\$ 5.5	\$ 8.1	\$ 12.0	\$ 21.8	\$ 40.3	\$ 60.8	\$ 75.1	\$ 85.2	\$ 99.6
Percent distribution											
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	96.0	92.6	82.4	75.4	69.4	62.5	59.1	44.8	38.9	36.7	35.1
Private health insurance	1.3	3.5	8.8	12.2	16.7	24.1	24.5	35.3	40.4	41.9	43.1
Other private funds	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Government ³	2.7	3.9	8.8	12.4	13.9	13.5	16.4	19.9	20.7	21.4	21.8
Medicaid ⁴	0.0	0.0	7.6	10.8	11.7	10.7	12.6	15.9	16.4	16.9	17.2
Medicare	0.0	0.0	0.0	0.0	0.0	0.1	0.5	1.3	1.7	2.0	2.0
Amount in billions											
All other personal health care expenditures ⁶	\$ 5.3	\$ 7.4	\$ 11.9	\$ 19.5	\$ 36.3	\$ 63.5	\$ 105.0	\$ 166.3	\$ 190.0	\$ 197.7	\$ 207.8
Percent distribution											
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	84.2	84.2	78.6	73.3	64.3	57.7	50.1	39.3	39.6	40.4	40.6
Private health insurance	1.6	1.9	3.3	7.7	15.5	20.2	24.2	23.9	24.4	24.8	25.0
Other private funds	4.2	3.9	3.6	3.5	4.3	4.7	4.8	4.3	4.3	4.3	4.3
Government ³	10.1	9.9	14.5	15.5	16.0	17.5	21.0	32.5	31.8	30.5	30.0
Medicaid ⁴	0.0	0.0	3.3	4.6	3.9	4.5	6.5	12.5	13.3	14.0	14.7
Medicare	0.0	0.0	1.1	2.2	3.8	5.7	7.1	13.4	12.0	10.0	8.8

... Category not applicable.

¹Includes all expenditures for specified health services and supplies other than expenses for program administration, net cost of private health insurance, and government public health activities.

²Includes expenditures for hospital-based nursing home care and home health agency care.

³Includes other government expenditures for these health care services, for example, Medicaid State Children's Health Insurance Program (SCHIP) expansion and SCHIP, care funded by the Department of Veterans Affairs and State and locally financed subsidies to hospitals.

⁴Excludes Medicaid SCHIP expansion and SCHIP.

⁵Includes expenditures for care in freestanding nursing homes. Expenditures for care in facility-based nursing homes are included with hospital care.

⁶Includes expenditures for dental services, other professional services, home health care, nonprescription drugs and other medical nondurables, vision products and other medical durables, and other personal health care, not shown separately.

NOTE: These data include revisions in health expenditures and differ from previous editions of *Health, United States*.

SOURCE: National Health Statistics Group, Office of the Actuary. National health expenditures, 1999. Health Care Financing Review vol 22 no 4. Health Care Financing Administration. Washington: U.S. Government Printing Office, Summer 2001.

Table 119 (page 1 of 3). Expenditures and sources of payment for health care according to selected characteristics: United States, 1987 and 1996

[Data are based on household interviews for a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	Total expenses ¹						Prescribed medicine expenses ²			
	Population in millions ³		Persons with expense		Mean annual expense per person with expense		Persons with expense		Mean annual out-of-pocket expense per person with expense	
	1987	1996	1987	1996	1987	1996	1987	1996	1987	1996
Percent										
All ages	239.4	268.9	84.5	85.3	\$1,562	\$2,389	57.3	64.9	\$92	\$166
Under 65 years:										
Total	211.1	234.9	83.2	83.8	\$1,216	\$1,855	54.0	61.6	\$68	\$117
Under 6 years	22.1	23.9	88.9	89.0	1,033	1183	61.8	65.9	24	32
6-17 years	41.6	47.6	80.2	82.5	681	918	44.3	50.4	45	46
18-44 years	102.1	109.1	81.5	80.5	1,069	1751	51.3	59.6	53	97
45-64 years	45.2	54.2	87.0	89.5	2,070	3096	65.3	73.6	129	226
Sex										
Male	104.1	117.1	78.8	79.5	1,147	1,809	46.5	54.7	63	93
Female	107.0	117.8	87.5	88.2	1,275	1,896	61.4	68.6	72	136
Race and Hispanic origin										
White, non-Hispanic	158.9	165.0	86.9	87.9	1,220	1,967	57.7	66.0	71	128
Black, non-Hispanic	26.2	31.0	72.2	74.7	1,471	1,793	44.1	51.9	60	94
Hispanic	18.4	28.3	71.0	72.4	970	1,366	41.6	51.0	49	74
Other	7.6	10.5	72.8	78.6	807	1279	41.1	49.8	50	73
Insurance status ⁴										
Any private insurance	164.2	172.3	86.5	88.0	1,166	1902	56.5	65.3	70	111
Public insurance only	22.7	29.8	82.4	83.8	1956	2317	56.5	63.7	47	107
Uninsured all year	24.1	32.8	61.8	62.1	760	941	35.1	40.6	75	182
Sources of payment for health care										
Characteristic	All sources		Out of pocket		Private insurance ⁵		Public coverage ⁶		Other ⁷	
	1987	1996	1987	1996	1987	1996	1987	1996	1987	1996
Percent distribution										
All ages	100.0	24.8	17.7	36.6	44.4	34.1	33.6	4.5	4.3	
Under 65 years:										
Total	100.0	26.2	18.9	46.6	57.3	21.3	18.4	6.0	5.4	
Under 6 years	100.0	18.5	9.4	39.5	61.2	35.8	26.7	6.2	*2.7	
6-17 years	100.0	35.7	27.7	47.3	50.8	11.8	16.6	5.2	*4.9	
18-44 years	100.0	27.4	18.6	46.8	61.4	19.4	14.1	6.4	6.0	
45-64 years	100.0	24.0	18.8	47.8	53.9	22.4	22.0	5.8	5.3	
Sex										
Male	100.0	24.5	16.5	44.6	57.0	23.9	20.7	7.1	5.9	
Female	100.0	27.5	21.1	48.1	57.5	19.2	16.6	5.2	4.9	
Race and Hispanic origin										
White, non-Hispanic	100.0	28.2	20.2	50.1	60.9	15.9	14.0	5.8	4.9	
Black, non-Hispanic	100.0	15.5	11.1	30.0	38.2	47.2	45.1	7.3	5.6	
Hispanic	100.0	22.0	17.3	36.1	46.3	35.8	25.9	6.0	*10.6	
Other	100.0	27.2	20.3	46.7	61.7	21.0	13.6	5.1	*4.5	
Insurance status ⁴										
Any private insurance	100.0	29.0	19.5	60.0	72.5	6.2	4.6	4.8	3.4	
Public insurance only	100.0	8.9	7.9	87.2	85.3	3.9	6.8	
Uninsured all year	100.0	40.6	43.2	28.6	25.1	30.9	31.7	

See footnotes at end of table.

Table 119 (page 2 of 3). Expenditures and sources of payment for health care according to selected characteristics: United States, 1987 and 1996

[Data are based on household interviews for a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	Total expenses ¹						Prescribed medicine expenses ²			
	Population in millions ³		Persons with expense		Mean annual expense per person with expense		Persons with expense		Mean annual out-of-pocket expense per person with expense	
	1987	1996	1987	1996	1987	1996	1987	1996	1987	1996
Percent										
65 years and over	28.3	34.0	93.7	95.5	\$3,858	\$5,622	81.6	87.6	\$212	\$405
Sex										
Male	11.7	14.4	92.0	95.3	3,948	5,742	78.0	87.7	197	377
Female	16.6	19.6	94.9	95.7	3,795	5,533	84.0	87.6	221	425
Race and Hispanic origin										
White, non-Hispanic	24.5	28.7	94.9	96.4	3,798	5,660	82.3	88.7	216	416
Black, non-Hispanic	2.3	2.7	88.5	90.1	4,650	5,845	79.5	83.0	166	386
Hispanic	0.8	1.6	82.5	92.7	3,674	5,687	74.7	81.8	*280	329
Other	0.6	1.0	*	*	*	*	*	*	*	*
Insurance status ⁸										
Medicare only	3.1	7.5	85.9	91.5	3,039	4,644	70.6	80.2	234	495
Medicare and private insurance.	22.3	22.8	95.4	97.6	3,817	5,655	83.4	90.6	220	401
Medicare and other public coverage	2.0	3.6	94.4	94.2	5,928	7,639	88.2	87.8	80	275

See footnotes at end of table.

Table 119 (page 3 of 3). Expenditures and sources of payment for health care according to selected characteristics: United States, 1987 and 1996

[Data are based on household interviews for a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	All sources	Sources of payment for health care							
		Out of pocket		Private insurance ⁵		Public coverage ⁶		Other ⁷	
		1987	1996	1987	1996	1987	1996	1987	1996
Percent distribution									
65 years and over	100.0	22.0	15.3	15.8	18.7	60.8	63.9	1.5	2.1
Sex									
Male	100.0	21.7	14.3	17.6	20.5	58.8	63.2	*1.9	*2.0
Female	100.0	22.2	16.0	14.4	17.4	62.3	64.4	1.1	*2.2
Race and Hispanic origin									
White, non-Hispanic	100.0	23.7	16.3	16.7	20.5	58.0	61.0	1.6	2.3
Black, non-Hispanic	100.0	11.2	9.2	*11.9	8.2	76.3	81.8	0.6	0.8
Hispanic	100.0	*13.5	9.0	*4.7	7.6	80.2	80.9	*1.6	*2.5
Other	100.0	*	*	*	*	*	*	*	*
Insurance status									
Medicare only	100.0	29.8	19.7	68.8	71.7	1.4	8.5
Medicare and private insurance.	100.0	23.4	16.2	18.9	27.1	56.1	56.2	1.6	0.5
Medicare and other public coverage	100.0	*6.2	5.3	92.9	92.4	1.0	*2.3

... Category not applicable.

* Data not shown are based on fewer than 100 sample cases. Data preceded by an asterisk have a relative standard error equal to or greater than 30 percent.

¹Includes expenses 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. Over-the-counter medications, alternative care services, and phone contacts are excluded.

²Includes expenses for all prescribed medications that were purchased or refilled during the survey year.

³Includes persons who were in the civilian noninstitutionalized population for all or part of the year. Expenditures for persons who were only in this population for part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates).

⁴Any 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 hospital/physician coverage. 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 hospital/physician coverage, 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. However, a portion of expenses for the uninsured were paid by sources that were not defined as health insurance coverage such as the Veterans' Administration, community and neighborhood clinics, the Indian Health Service, State and local health departments, State programs other than Medicaid, Workers' Compensation, and other unclassified sources (e.g., automobile, homeowner's, liability insurance).

⁵Private insurance—Includes any type of private insurance payments reported for people with private health insurance coverage during the year.

⁶Public coverage—Includes payments made by Medicare, Medicaid, the Department of Veterans Affairs, other Federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the Federal Government), and various State and local sources (e.g., community and neighborhood clinics, State and local health departments, and State programs other than Medicaid).

⁷Other sources—Includes Worker's Compensation, unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year as defined in the survey.

⁸Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

NOTES: 1987 estimates are based on the National Medical Expenditure Survey (NMES) while 1996 estimates are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for NMES were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11 percent reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey (forthcoming).

SOURCE: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1996 Medical Expenditure Panel Survey.

Table 120 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1965–95

[Data are compiled by the Health Care Financing Administration]

Type of payer	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995
Amount in billions											
Total ¹	\$ 37.7	\$ 67.9	\$122.3	\$235.6	\$411.8	\$672.9	\$736.8	\$806.7	\$863.1	\$906.7	\$957.8
Private.....	29.8	48.9	83.7	158.4	282.2	450.8	483.4	522.4	547.0	569.5	597.4
Private business	5.9	13.6	27.5	61.7	108.6	185.8	200.1	217.9	229.5	239.0	249.4
Employer contribution to private health insurance premiums	4.9	9.7	19.7	45.3	79.1	138.4	148.2	162.4	172.3	177.1	183.8
Private employer contribution to Medicare hospital insurance trust fund ²	0.0	2.1	5.0	10.5	20.3	29.5	32.7	34.3	36.0	40.2	43.1
Workers compensation and temporary disability insurance	0.8	1.4	2.4	5.1	7.7	15.7	16.7	18.5	18.4	18.6	19.3
Industrial implant health services	0.2	0.3	0.5	0.9	1.4	2.2	2.4	2.6	2.8	3.1	3.3
Household	23.2	33.8	53.8	89.5	160.5	245.3	261.8	282.2	293.7	306.7	323.3
Employee contribution to private health insurance premiums and individual policy premiums	4.7	5.6	8.2	14.6	30.7	51.3	56.8	62.6	66.4	66.0	68.5
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ²	0.0	2.4	5.7	12.0	24.1	35.5	39.7	41.7	43.8	50.3	55.9
Premiums paid by individuals to Medicare supplementary medical insurance trust fund.....	0.0	1.0	1.7	2.7	5.2	10.1	10.3	12.1	11.9	14.4	16.3
Out-of-pocket health spending	18.5	24.9	38.1	60.3	100.6	148.4	155.0	165.8	171.6	176.0	182.6
Nonpatient revenues	0.6	1.5	2.4	7.2	13.1	19.8	21.6	22.4	23.8	23.7	24.7
Public.....	7.9	19.0	38.6	77.3	129.6	222.1	253.3	284.2	316.1	337.3	360.4
Federal Government	3.4	10.4	21.2	42.4	68.4	115.1	135.7	159.1	179.5	189.1	203.4
Employer contributions to private health insurance premiums	0.2	0.3	1.2	2.2	4.3	9.2	9.8	10.7	11.5	11.9	11.3
Medicaid ³	0.0	2.9	7.6	14.7	23.1	43.4	57.8	69.2	78.2	83.2	88.7
Other ⁴	3.2	7.2	12.4	25.5	41.0	62.5	68.1	79.2	89.8	94.0	103.4
State and local government	4.5	8.6	17.4	34.8	61.2	107.0	117.6	125.2	136.6	148.1	157.0
Employer contributions to private health insurance premiums	0.3	0.7	2.2	7.6	18.2	33.5	37.5	41.2	45.2	47.7	47.1
Medicaid ³	0.0	2.5	6.1	11.7	18.6	33.2	37.9	39.2	43.9	49.8	55.6
Other ⁵	4.2	5.4	9.1	15.5	24.4	40.2	42.2	44.8	47.5	50.6	54.3
Percent distribution											
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private.....	79.0	72.0	68.4	67.2	68.5	67.0	65.6	64.8	63.4	62.8	62.4
Private business	15.6	20.0	22.5	26.2	26.4	27.6	27.2	27.0	26.6	26.4	26.0
Employer contribution to private health insurance premiums	13.0	14.3	16.1	19.2	19.2	20.6	20.1	20.1	20.0	19.5	19.2
Private employer contribution to Medicare hospital insurance trust fund ²	0.0	3.1	4.1	4.5	4.9	4.4	4.4	4.3	4.2	4.4	4.5
Workers compensation and temporary disability insurance	2.1	2.1	2.0	2.2	1.9	2.3	2.3	2.3	2.1	2.1	2.0
Industrial implant health services	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Household	61.5	49.8	44.0	38.0	39.0	36.5	35.5	35.0	34.0	33.8	33.8
Employee contribution to private health insurance premiums and individual policy premiums	12.5	8.2	6.7	6.2	7.5	7.6	7.7	7.8	7.7	7.3	7.2
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ²	0.0	3.5	4.7	5.1	5.9	5.3	5.4	5.2	5.1	5.5	5.8
Premiums paid by individuals to Medicare supplementary medical insurance trust fund.....	0.0	1.5	1.4	1.1	1.3	1.5	1.4	1.5	1.4	1.6	1.7
Out-of-pocket health spending	49.1	36.7	31.2	25.6	24.4	22.1	21.0	20.6	19.9	19.4	19.1
Nonpatient revenues	1.6	2.2	2.0	3.1	3.2	2.9	2.9	2.8	2.8	2.6	2.6

See footnotes at end of table.

Table 120 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1965–95

[Data are compiled by the Health Care Financing Administration]

Type of payer	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995
Percent distribution											
Public	21.0	28.0	31.6	32.8	31.5	33.0	34.4	35.2	36.6	37.2	37.6
Federal Government	9.0	15.3	17.3	18.0	16.6	17.1	18.4	19.7	20.8	20.9	21.2
Employer contributions to private health insurance premiums	0.5	0.4	1.0	0.9	1.0	1.4	1.3	1.3	1.3	1.3	1.2
Medicaid ³	0.0	4.3	6.2	6.2	5.6	6.4	7.8	8.6	9.1	9.2	9.3
Other ⁴	8.5	10.6	10.1	10.8	10.0	9.3	9.2	9.8	10.4	10.4	10.8
State and local government	11.9	12.7	14.2	14.8	14.9	15.9	16.0	15.5	15.8	16.3	16.4
Employer contributions to private health insurance premiums	0.8	1.0	1.8	3.2	4.4	5.0	5.1	5.1	5.2	5.3	4.9
Medicaid ³	0.0	3.7	5.0	5.0	4.5	4.9	5.1	4.9	5.1	5.5	5.8
Other ⁵	11.1	8.0	7.4	6.6	5.9	6.0	5.7	5.6	5.5	5.6	5.7

¹Excludes research and construction.

²Includes one-half of self-employment contribution to Medicare hospital insurance trust fund.

³Includes Medicaid buy-in premiums for Medicare.

⁴Includes expenditures for Medicare with adjustments for contributions by employers and individuals and premiums paid to the Medicare insurance trust fund and maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, Indian Health Service, Federal workers' compensation, and other miscellaneous general hospital and medical programs, public health activities, Department of Defense, and Department of Veterans Affairs.

⁵Includes other public and general assistance, maternal and child health, vocational rehabilitation, public health activities, hospital subsidies, and employer contributions to Medicare hospital insurance trust fund.

NOTES: This table disaggregates health expenditures according to four classes of payers: businesses, households (individuals), Federal Government, and State and local governments. Where businesses or households pay dedicated funds into government health programs (for example, Medicare) or employers and employees share in the cost of health premiums, these costs are assigned to businesses or households accordingly. This results in a lower share of expenditures being assigned to the Federal Government than for tabulations of expenditures by source of funds. Estimates of national health expenditure by source of funds aim to track government-sponsored health programs over time and do not delineate the role of business employers in paying for health care. Figures may not sum to totals due to rounding. These data include revisions and differ from previous editions of *Health, United States*.

SOURCE: Office of National Health Statistics, Office of the Actuary. Business, households, and government: Health spending 1995. *Health Care Financing Review* vol 18, no 3. Washington: Health Care Financing Administration. Spring 1997.

Table 121. Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, according to selected characteristics: United States, selected years 1991–2000

[Data are based on surveys of employers]

Characteristic	Total compensation				Wages and salaries			
	1991	1994	1998	2000	1991	1994	1998	2000
Amount per employee-hour worked								
State and local government.	\$22.31	\$25.27	\$27.28	\$29.05	\$15.52	\$17.57	\$19.19	\$20.57
Total private industry	15.40	17.08	18.50	19.85	11.14	12.14	13.47	14.49
Industry:								
Goods producing.	18.48	20.85	22.26	23.55	12.70	13.87	15.35	16.25
Service producing.	14.31	15.82	17.31	18.72	10.58	11.56	12.88	13.95
Manufacturing.	18.22	20.72	22.29	23.41	12.40	13.69	15.22	16.01
Nonmanufacturing.	14.67	16.19	17.66	19.12	10.81	11.76	13.09	14.18
Occupation:								
White collar.	18.15	20.26	22.38	24.19	13.40	14.72	16.54	17.91
Blue collar.	15.15	16.92	17.56	18.73	10.37	11.31	12.15	12.99
Service.	7.82	8.38	9.37	9.72	5.96	6.33	7.25	7.57
Region:								
Northeast.	17.56	20.03	20.38	22.67	12.65	14.13	14.70	16.37
Midwest.	15.05	16.26	18.15	19.22	10.70	11.34	12.99	13.91
South.	13.68	15.05	16.45	17.81	10.03	10.85	12.15	13.09
West.	15.97	18.08	19.94	20.88	11.62	13.01	14.75	15.45
Union status:								
Union.	19.76	23.26	23.59	25.88	13.02	14.76	15.38	16.87
Nonunion.	14.54	16.04	17.80	19.07	10.78	11.70	13.21	14.18
Establishment employment size:								
1–99 employees.	13.38	14.58	15.92	17.16	10.00	10.72	12.01	12.95
100 or more.	17.34	19.45	21.20	22.81	12.23	13.48	15.01	16.19
100–499.	14.31	15.88	17.52	19.30	10.32	11.37	12.67	14.05
500 or more.	20.60	23.35	25.56	26.93	14.28	15.79	17.78	18.70
Health insurance as a percent of total compensation								
Characteristic	1991	1994	1998	2000	1991	1994	1998	2000
Amount per employee-hour worked								
State and local government.	\$1.54	\$2.06	\$2.05	\$2.27	6.9	8.2	7.5	7.8
Total private industry	0.92	1.14	1.00	1.09	6.0	6.7	5.4	5.5
Industry:								
Goods producing.	1.28	1.70	1.48	1.62	6.9	8.1	6.6	6.9
Service producing.	0.79	0.95	0.85	0.92	5.5	6.0	4.9	4.9
Manufacturing.	1.37	1.79	1.54	1.69	7.5	8.6	6.9	7.2
Nonmanufacturing.	0.80	0.98	0.88	0.96	5.5	6.0	5.0	5.0
Occupation:								
White collar.	1.02	1.25	1.11	1.21	5.6	6.2	5.0	5.0
Blue collar.	1.06	1.35	1.17	1.28	7.0	8.0	6.7	6.8
Service.	0.36	0.45	0.40	0.42	4.6	5.4	4.3	4.3
Region:								
Northeast.	1.08	1.37	1.15	1.27	6.2	6.9	5.6	5.6
Midwest.	0.95	1.19	1.04	1.12	6.3	7.3	5.7	5.8
South.	0.76	0.95	0.87	0.96	5.5	6.3	5.3	5.4
West.	0.92	1.10	0.97	1.05	5.8	6.1	4.9	5.0
Union status:								
Union.	1.63	2.28	1.97	2.17	8.2	9.8	8.4	8.4
Nonunion.	0.78	0.94	0.86	0.95	5.4	5.9	4.8	5.0
Establishment employment size:								
1–99 employees.	0.68	0.84	0.73	0.82	5.1	5.7	4.6	4.8
100 or more.	1.14	1.42	1.28	1.38	6.6	7.3	6.0	6.0
100–499.	0.90	1.03	1.01	1.09	6.3	6.5	5.8	5.6
500 or more.	1.40	1.84	1.59	1.73	6.8	7.9	6.2	6.4

NOTES: Costs are calculated from March survey data each year. Data for additional years are available (see Appendix III).

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics: Employment Cost Indexes and Levels, 1975–92. Bulletin 2413, Nov. 1992; U.S. Department of Labor: News pub nos 91–292, 94–290, 96–424, 98–285, 99–173, and 00–186. June 19, 1991; June 16, 1994; Oct. 10, 1996; July 9, 1998; June 24, 1999; and June 29, 2000. Washington.

Table 122 (page 1 of 2). Hospital expenses, according to type of ownership and size of hospital: United States, selected years 1975–99

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1985	1990	1995	1997	1998	1999	1980–90	1990–95	1995–99
Total expenses	Amount in billions									Average annual percent change	
All hospitals.....	\$48.7	\$91.9	\$153.3	\$234.9	\$320.3	\$342.3	\$355.5	\$372.9	9.8	6.4	3.9
Federal	4.5	7.9	12.3	15.2	20.2	22.7	22.6	23.7	6.8	5.9	4.1
Non-Federal ¹	44.2	84.0	141.0	219.6	300.0	319.6	332.9	349.2	10.1	6.4	3.9
Community ²	39.0	76.9	130.5	203.7	285.6	305.8	318.8	335.2	10.2	7.0	4.1
Nonprofit.....	27.9	55.8	96.1	150.7	209.6	225.3	238.0	251.5	10.4	6.8	4.7
For profit.....	2.6	5.8	11.5	18.8	26.7	31.2	31.7	31.2	12.5	7.3	4.0
State-local government.....	8.5	15.2	22.9	34.2	49.3	49.3	49.1	52.5	8.4	7.6	1.6
6–24 beds.....	0.1	0.2	0.3	0.5	1.1	1.3	1.4	1.7	9.6	17.1	11.5
25–49 beds.....	1.0	1.7	2.6	4.0	7.2	8.1	8.8	9.2	8.9	12.5	6.3
50–99 beds.....	2.9	5.4	8.6	12.6	17.8	19.5	20.0	21.0	8.8	7.2	4.2
100–199 beds.....	6.7	12.5	21.4	33.3	50.7	54.9	59.4	60.8	10.3	8.8	4.6
200–299 beds.....	6.8	13.4	23.3	38.7	55.8	57.1	57.1	61.1	11.2	7.6	2.3
300–399 beds.....	5.8	11.5	21.8	33.1	43.3	48.4	49.6	55.5	11.2	5.5	6.4
400–499 beds.....	4.8	10.5	15.7	25.3	33.7	35.0	36.4	33.9	9.2	5.9	0.1
500 beds or more.....	11.0	21.6	36.8	56.2	76.1	81.7	86.0	92.0	10.0	6.3	4.9
Employee expenses as percent of total expenses ³	Percent										
Federal	64.5	68.4	68.1	67.1	65.8	63.1	65.5	63.5
Non-Federal ¹	54.8	58.1	56.6	54.8	54.5	53.2	53.0	52.2
Community ²	53.0	56.3	55.2	53.6	53.6	52.4	52.1	51.4
Nonprofit.....	53.5	57.2	55.9	54.3	53.9	52.7	52.4	51.7
For profit.....	43.5	45.7	45.2	43.7	47.9	47.7	48.5	48.1
State-local government.....	54.3	57.3	57.1	55.8	55.2	54.2	53.3	52.1
6–24 beds.....	51.3	54.9	55.0	54.4	54.2	55.6	54.6	51.4
25–49 beds.....	50.2	54.0	54.1	53.0	53.9	53.0	53.1	52.5
50–99 beds.....	50.6	53.7	52.9	51.8	53.7	53.0	53.2	53.1
100–199 beds.....	51.0	54.2	52.6	51.7	52.9	52.2	52.5	52.2
200–299 beds.....	52.8	55.6	54.6	53.0	53.3	52.0	52.4	52.1
300–399 beds.....	53.8	56.9	55.7	54.1	53.4	52.1	51.4	50.7
400–499 beds.....	54.2	57.8	56.2	55.1	54.1	52.7	51.3	50.7
500 beds or more.....	54.3	57.9	56.9	54.5	54.1	52.6	52.1	50.6
Expenses per inpatient day	Amount										
Community ²	\$ 151	\$ 245	\$ 460	\$ 687	\$ 968	\$1,033	\$1,067	\$1,103	10.9	7.1	3.3
Nonprofit.....	150	246	463	692	994	1,074	1,111	1,140	10.9	7.5	3.5
For profit.....	146	257	500	752	947	962	968	999	11.3	4.7	1.3
State-local government.....	157	239	433	634	878	914	949	1007	10.2	6.7	3.5
6–24 beds.....	121	203	380	526	678	731	823	955	10.0	5.2	8.9
25–49 beds.....	111	197	379	489	696	775	817	846	9.5	7.3	5.0
50–99 beds.....	115	191	363	493	647	686	699	717	9.9	5.6	2.6
100–199 beds.....	134	215	402	585	796	853	877	897	10.5	6.4	3.0
200–299 beds.....	146	239	449	665	943	1,011	1,035	1,077	10.8	7.2	3.4
300–399 beds.....	156	248	484	731	1,070	1,129	1,176	1,215	11.4	7.9	3.2
400–499 beds.....	159	215	489	756	1,135	1,195	1,256	1,285	13.4	8.5	3.2
500 beds or more.....	184	239	527	825	1,212	1,304	1,353	1,404	13.2	8.0	3.7

See footnotes at end of table.

Table 122 (page 2 of 2). Hospital expenses, according to type of ownership and size of hospital: United States, selected years 1975–99

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1985	1990	1995	1997	1998	1999	1980–90	1990–95	1995–99	
Expenses per inpatient stay				Amount								
Community ²	\$1,165	\$1,851	\$3,245	\$4,947	\$6,216	\$6,262	\$6,386	\$6,512	10.3	4.7	1.2	
Nonprofit	1,178	1,902	3,307	5,001	6,279	6,393	6,526	6,608	10.2	4.7	1.3	
For profit	968	1,676	3,033	4,727	5,425	5,219	5,262	5,350	10.9	2.8	-0.3	
State-local government	1,197	1,750	3,106	4,838	6,445	6,475	6,612	6,923	10.7	5.9	1.8	
6–24 beds	684	1,072	1,876	2,701	3,578	3,348	3,757	4,098	9.7	5.8	3.5	
25–49 beds	673	1,138	2,007	2,967	3,797	3,989	4,106	4,226	10.1	5.1	2.7	
50–99 beds	785	1,271	2,342	3,461	4,427	4,598	4,734	4,677	10.5	5.0	1.4	
100–199 beds	955	1,512	2,683	4,109	5,103	5,146	5,219	5,290	10.5	4.4	0.9	
200–299 beds	1,096	1,767	3,044	4,618	5,851	5,948	6,012	6,174	10.1	4.8	1.4	
300–399 beds	1,225	1,881	3,394	5,096	6,512	6,429	6,642	6,811	10.5	5.0	1.1	
400–499 beds	1,290	2,090	3,571	5,500	7,164	7,279	7,431	7,595	10.2	5.4	1.5	
500 beds or more	1,677	2,517	4,254	6,667	8,531	8,508	8,670	8,853	10.2	5.1	0.9	

Category not applicable.

¹The category of non-Federal hospitals is comprised of psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term hospitals.

²Community hospitals are non-Federal short-term general, and special hospitals whose facilities and services are open to the public. Excludes hospital units in institutions such as prison and college infirmaries, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; and orthopedic.

³Includes employee payroll and benefit expenses. Does not include contracted labor services.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: American Hospital Association: Hospital Statistics, 1976, 1981, 1986, 1991–2001 Editions. Chicago, 1976, 1981, 1986, 1991–2001 (Copyrights 1976, 1981, 1986, 1991–2001: Used with the permission of the Health Forum LLC, an affiliate of the American Hospital Association); and unpublished data.

Table 123. Nursing home average monthly charges per resident and percent of residents, according to selected facility and resident characteristics: United States, 1977, 1985, 1995, 1997, and 1999

[Data are based on reporting by a sample of nursing homes]

Facility and resident characteristic	Average monthly charge ¹					Percent of residents				
	1977	1985	1995	1997	1999	1977	1985	1995	1997	1999
Facility characteristic										
All facilities.....	\$689	\$1,456	\$3,135	\$3,609	\$ 3,891	100.0	100.0	100.0	100.0	100.0
Ownership:										
Proprietary.....	670	1,379	3,047	3,508	3,698	68.2	68.7	63.6	65.5	64.4
Nonprofit and government.....	732	1,624	3,288	3,792	4,225	31.8	31.3	36.4	34.5	35.6
Certification: ²										
Both Medicare and Medicaid.....	---	---	3,317	3,765	4,060	---	---	78.4	84.9	86.9
Medicare only.....	---	---	4,211	4,221	4,437	---	---	3.0	2.9	2.3
Medicaid only.....	---	---	2,169	2,436	2,508	---	---	15.8	9.7	8.8
Neither.....	---	---	2,323	2,422	*2,360	---	---	2.8	2.4	*2.0
Bed size:										
Less than 50 beds.....	546	1,036	4,978	3,521	3,808	12.9	8.9	4.5	3.9	3.6
50–99 beds.....	643	1,335	2,691	3,178	3,627	30.5	27.6	24.9	24.7	25.5
100–199 beds.....	706	1,478	3,028	3,592	3,867	38.8	43.2	51.1	51.9	50.8
200 beds or more.....	837	1,759	3,560	4,211	4,281	17.9	20.2	19.5	19.5	20.1
Geographic region:										
Northeast.....	918	1,781	3,904	4,589	4,852	22.4	23.6	22.8	23.3	23.5
Midwest.....	640	1,399	2,740	3,203	3,474	34.5	32.5	32.3	31.0	30.6
South.....	585	1,256	2,752	3,225	3,263	27.2	29.4	32.0	32.6	32.6
West.....	653	1,458	3,710	3,791	4,725	15.9	14.5	12.9	13.1	13.2
Resident characteristic										
All residents.....	689	1,456	3,135	3,609	3,891	100.0	100.0	100.0	100.0	100.0
Age:										
Under 65 years.....	585	1,379	3,662	3,760	4,158	13.6	11.6	8.0	8.5	9.7
65–74 years.....	669	1,372	3,409	3,877	4,134	16.2	14.2	12.0	12.8	12.0
75–84 years.....	710	1,468	3,138	3,595	3,960	35.7	34.1	32.5	32.8	31.8
85 years and over.....	719	1,497	2,974	3,521	3,731	34.5	40.0	47.5	45.9	46.5
Sex:										
Male.....	652	1,438	3,345	3,758	4,043	28.8	28.4	26.6	27.8	28.1
Female.....	705	1,463	3,059	3,553	3,833	71.2	71.6	73.4	72.2	71.9

--- Data not available.

* Starting in 1997 data preceded by an asterisk have a relative standard error of 20–30 percent.

¹Includes life-care residents and no-charge residents.

²Starting in 1995 the certification categories were based on Medicare and Medicaid certification.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: Van Nostrand JF, Zappolo A, Hing E, et al. The National Nursing Home Survey, 1977 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(43). 1979; Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 124. Nursing home average monthly charges per resident and percent of residents, according to primary source of payments and selected facility characteristics: United States, 1985, 1995, and 1999

[Data are based on reporting by a sample of nursing homes]

Facility characteristic	All sources		Own income or family support ¹			Medicare			Medicaid		
	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999	
Average monthly charge ²											
All facilities	\$3,891	\$1,450	\$3,081	\$3,947	\$2,141	\$5,546	\$5,764	\$1,504	\$2,769	\$3,505	
Ownership											
Proprietary	3,698	1,444	3,190	3,984	2,058	5,668	5,275	1,363	2,560	3,312	
Nonprofit and government	4,225	1,462	2,967	3,903	*	5,304	6,548	1,851	3,201	3,918	
Certification ³											
Both Medicare and Medicaid	4,060	---	3,365	4,211	---	5,472	5,887	---	2,910	3,626	
Medicare only	4,437	---	3,344	3,873	---	*	*	---	---	---	
Medicaid only	2,508	---	2,352	2,533	---	---	---	---	2,069	2,501	
Neither	2,360	---	2,390	2,685	---	---	---	---	---	---	
Bed size											
Less than 50 beds	3,808	886	3,377	3,358	*	*	*	1,335	2,990	3,533	
50–99 beds	3,627	1,388	2,849	3,698	1,760	4,929	*	1,323	2,335	3,121	
100–199 beds	3,867	1,567	3,138	4,160	2,192	4,918	5,318	1,413	2,659	3,487	
200 beds or more	4,281	1,701	3,316	4,029	2,767	4,523	5,912	1,919	3,520	4,011	
Geographic region											
Northeast	4,852	1,645	4,117	5,300	2,109	4,883	6,368	2,035	3,671	4,397	
Midwest	3,474	1,398	2,650	3,413	2,745	5,439	4,726	1,382	2,478	3,239	
South	3,263	1,359	2,945	3,467	2,033	4,889	4,859	1,200	2,333	2,943	
West	4,725	1,498	3,666	4,868	1,838	8,825	*	1,501	2,848	3,865	
Percent of residents											
All facilities	100.0	41.6	27.8	23.7	1.4	9.9	14.7	50.4	60.2	58.7	
Ownership											
Proprietary	100.0	40.1	24.1	20.2	1.6	10.4	14.2	52.1	63.8	62.9	
Nonprofit and government	100.0	44.9	34.3	30.2	*	9.2	15.5	46.6	54.0	51.1	
Certification ³											
Both Medicare and Medicaid	100.0	---	23.1	21.5	---	11.6	15.5	---	63.9	60.4	
Medicare only	100.0	---	71.2	71.4	---	16.2	*21.0	---	---	---	
Medicaid only	100.0	---	32.1	21.9	---	---	---	---	63.0	69.5	
Neither	100.0	---	91.0	73.6	---	---	---	---	---	---	
Bed size											
Less than 50 beds	100.0	53.1	35.3	40.3	*	13.1	*15.9	33.8	49.9	42.5	
50–99 beds	100.0	49.5	34.5	28.3	*	6.2	12.4	42.9	57.6	56.9	
100–199 beds	100.0	39.6	26.2	21.8	1.5	10.6	15.0	55.2	61.5	61.0	
200 beds or more	100.0	30.1	22.0	20.1	*	12.1	16.3	57.7	62.4	58.1	
Geographic region											
Northeast	100.0	34.8	18.2	18.0	1.7	14.0	16.4	52.9	64.9	62.3	
Midwest	100.0	49.1	36.3	32.9	*	6.7	13.3	45.9	55.8	51.1	
South	100.0	39.4	26.1	19.2	*	10.1	14.9	53.8	62.2	63.5	
West	100.0	40.4	27.9	23.9	*	10.5	13.9	49.2	57.9	57.8	

* Data not shown have a relative standard error greater than 30 percent. After 1995 data preceded by an asterisk have a relative standard error of 20–30 percent.

--- Data not available.

... Category not applicable.

¹Includes private health insurance.

²Includes life-care residents and no-charge residents.

³Starting in 1995 the certification categories were based on Medicare and Medicaid certification.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: Hing E, Seksenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 125. Mental health expenditures, percent distribution, and per capita expenditures, according to type of mental health organization: United States, selected years 1975–94

[Data are based on inventories of mental health organizations]

Type of organization	1975	1979	1983	1986	1988	1990	1992	1994
Amount in millions								
All organizations	\$ 6,564	\$ 8,764	\$ 14,432	\$ 18,458	\$ 23,028	\$ 28,410	\$ 29,765	\$ 33,136
State and county mental hospitals	3,185	3,757	5,491	6,326	6,978	7,774	7,970	7,825
Private psychiatric hospitals	467	743	1,712	2,629	4,588	6,101	5,302	6,468
Non-Federal general hospitals with separate psychiatric services	621	723	2,176	2,878	3,610	4,662	5,193	5,344
Department of Veterans Affairs medical centers ¹	699	848	1,316	1,338	1,290	1,480	1,530	1,386
Residential treatment centers for emotionally disturbed children	279	436	573	978	1,305	1,969	2,167	2,360
Freestanding psychiatric outpatient clinics	422	589	430	518	657	671	821	878
All other organizations ²	116	187	2,734	3,792	4,600	5,753	6,782	8,875
Percent distribution								
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	48.5	42.9	38.0	34.4	30.3	27.4	26.8	23.6
Private psychiatric hospitals	7.1	8.5	11.9	14.2	19.9	21.5	17.8	19.5
Non-Federal general hospitals with separate psychiatric services	9.5	8.2	15.1	15.6	15.7	16.4	17.4	16.1
Department of Veterans Affairs medical centers ¹	10.6	9.7	9.1	7.2	5.6	5.2	5.1	4.2
Residential treatment centers for emotionally disturbed children	4.3	5.0	4.0	5.3	5.7	6.9	7.3	7.1
Freestanding psychiatric outpatient clinics	6.4	6.7	3.0	2.8	2.8	2.4	2.8	2.7
All other organizations ²	1.8	2.1	18.9	20.5	20.0	20.2	22.8	26.8
Amount per capita ³								
All organizations	\$ 31	\$ 40	\$ 62	\$ 77	\$ 95	\$ 117	\$ 117	\$ 128
State and county mental hospitals	15	17	24	26	29	32	31	30
Private psychiatric hospitals	2	3	7	11	19	25	21	25
Non-Federal general hospitals with separate psychiatric services	3	3	9	12	15	19	20	21
Department of Veterans Affairs medical centers ¹	3	4	6	6	5	6	6	5
Residential treatment centers for emotionally disturbed children	1	2	3	4	5	8	9	9
Freestanding psychiatric outpatient clinics	2	3	2	2	3	3	3	3
All other organizations ²	1	1	12	16	19	24	27	35

¹Includes Department of Veterans Affairs neuropsychiatric hospitals, general hospital psychiatric services, and psychiatric outpatient clinics.

²Includes freestanding outpatient clinics, freestanding day-night organizations, multiservice organizations, and other residential organizations. Multiservice mental health organizations were redefined in 1983; see Appendix I, Substance Abuse and Mental Health Services Administration.

³Civilian population.

NOTES: Comparisons of data from 1979 and 1983 with data from other years should be made with caution because changes in reporting procedures may affect the comparability of data. Mental health expenditures include salaries, other operating expenditures, and capital expenditures.

SOURCES: Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Manderscheid RW, Sonnenschein MA. *Mental health, United States, 1996*. U.S. Government Printing Office, 1996; unpublished data from the 1994 inventory of mental health organizations and general hospital mental health services.

Table 126. Funding for health research and development, according to source of funds: United States, selected fiscal years 1970–99

[Data are compiled by the National Institutes of Health from Federal Government sources]

Source of funds	1970	1980	1990	1994 ¹	1995	1996	1997	1998	1999
Amount in millions									
All funding	\$2,847	\$7,967	\$23,095	\$33,399	\$35,816	---	---	---	---
Industry ²	795	2,459	10,719	17,106	18,645	---	---	---	---
Private nonprofit organizations	215	305	960	1,276	1,325	---	---	---	---
State and local governments	170	480	1,625	2,196	2,423	---	---	---	---
Federal government	1,667	4,723	9,791	12,821	13,423	14,033	15,081	16,237	17,244
National Institutes of Health	874	3,182	7,137	10,338	10,682	11,266	11,993	12,867	13,915
National Institute on Aging	---	---	---	405	419	442	470	504	545
National Institute of Allergy and Infectious Diseases	---	---	---	1,060	1,096	1,155	1,230	1,320	1,427
National Cancer Institute	---	---	---	2,017	2,084	2,198	2,340	2,511	2,715
National Institute of Child Health and Human Development	---	---	---	526	543	573	610	654	708
National Institute of Diabetes and Digestive and Kidney Diseases	---	---	---	675	697	736	783	840	908
National Institute on Drug Abuse	---	---	---	420	434	457	487	522	565
National Institute of General Medical Sciences	---	---	---	758	783	826	879	943	1,020
National Heart, Lung, and Blood Institute	---	---	---	1,190	1,229	1,296	1,380	1,481	1,601
National Institute of Mental Health	---	---	---	572	591	624	664	712	770
National Institute of Neurological Disorders and Stroke	---	---	---	613	633	668	711	763	825
Other National Institutes of Health ³	---	---	---	2,102	2,172	2,291	2,439	2,617	2,830
Average annual percent change from previous year shown									
All funding	10.8	11.2	9.7	7.2	---	---	---	---
Industry ²	12.0	15.9	12.4	9.0	---	---	---	---
Private nonprofit organizations	3.6	12.1	7.4	3.8	---	---	---	---
State and local governments	10.9	13.0	7.8	10.3	---	---	---	---
Federal government	11.0	7.6	7.0	4.7	4.5	7.5	7.7	6.2
National Institutes of Health	13.8	8.4	9.7	3.4	5.5	6.5	7.3	8.1
Percent distribution of Federal funding									
All Federal agencies	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Department of Health and Human Services . . .	70.6	78.2	85.2	85.6	85.0	85.2	84.1	83.6	85.0
National Institutes of Health	52.4	67.4	72.9	80.6	79.5	80.3	79.5	79.2	80.7
Centers for Disease Control and Prevention . . .	---	1.8	1.0	1.6	2.4	2.3	2.1	2.2	2.1
Other Public Health Service	16.2	7.9	10.8	2.7	2.5	2.1	2.1	1.9	1.9
Other Department of Health and Human Services	2.0	1.1	0.5	0.6	0.6	0.4	0.3	0.3	0.3
Other departments and agencies	29.4	21.8	14.8	14.4	15.0	14.8	15.9	16.4	15.0
Department of Defense	7.5	4.5	4.4	5.3	4.3	5.3	7.3	7.7	6.2
Department of Energy ⁴	6.3	4.5	2.8	2.5	2.4	2.3	2.1	2.3	2.4
Department of Veterans Affairs	3.5	2.8	2.4	1.9	1.8	2.0	1.7	1.8	1.7
Environmental Protection Agency	1.7	0.3	0.3	0.7	0.8	0.8	1.0	0.8
National Aeronautics and Space Administration	5.2	1.5	1.5	1.5	2.0	1.3	1.2	1.0	1.2
All other departments and agencies	6.9	6.8	3.4	3.0	3.8	3.2	2.8	2.6	2.7

--- Data not available.

... Category not applicable.

¹In fiscal year 1993 the Alcohol, Drug Abuse, and Mental Health Administration was reorganized and renamed the Substance Abuse and Mental Health Services Administration and its three research institutes were transferred into the National Institutes of Health.

²Includes expenditures for drug research. These expenditures are included in the "drugs and sundries" component of the Health Care Financing Administration's National Health Expenditure Series, not under "research."

³Includes the National Institutes on Alcohol Abuse and Alcoholism, of Arthritis and Musculoskeletal and Skin Diseases, on Deafness and Other Communication Disorders, of Dental Research, of Environmental Health Sciences, of Nursing Research, and the National Eye Institute, the National Center for Human Genome Research, the National Library of Medicine, the Fogarty International Center, the Division of Research Resources, and the Office of the Director.

⁴Includes Atomic Energy Commission and Energy Research and Development Administration.

NOTES: Data for 1970 and 1975 fiscal years ending June 30; all other data for fiscal year ending September 30. Data on the National Institutes of Health are presented from 1993 onwards since there was frequent reorganization of the Institutes in prior years.

SOURCE: National Institutes of Health, Office of Reports and Analysis.

Table 127. Federal spending for human immunodeficiency virus (HIV)-related activities, according to agency and type of activity: United States, selected fiscal years 1985–2000

[Data are compiled from Federal Government appropriations]

Agency and type of activity	1985	1990	1995	1996	1997	1998	1999	2000 ¹
Agency								
All Federal spending.....	\$205	\$3,064	\$6,821	\$7,522	\$8,363	\$8,931	\$9,966	\$10,932
Department of Health and Human Services, total.....	197	2,620	4,941	5,598	6,367	6,835	7,694	8,488
Department of Health and Human Services discretionary spending, total ²	109	1,591	2,700	2,898	3,267	3,535	4,094	4,588
National Institutes of Health	66	907	1,334	1,411	1,501	1,604	1,793	2,006
Substance Abuse and Mental Health Services Administration.....	—	50	24	54	64	70	92	114
Centers for Disease Control and Prevention.....	33	443	590	584	617	625	657	730
Food and Drug Administration	9	57	73	73	73	73	70	70
Health Resources and Services Administration	—	113	661	762	1,001	1,155	1,416	1,600
Agency for Health Care Policy and Research	—	8	9	6	4	1	2	3
Office of Public Health and Science ³	—	8	4	4	4	4	12	12
Indian Health Service	—	3	4	3	4	4	4	4
Emergency Fund	—	—	—	—	—	—	50	50
Other Department of Health and Human Services agencies.....	—	3	2	2	—	—	—	—
Health Care Financing Administration	75	780	2,240	2,700	3,100	3,300	3,600	3,900
Social Security Administration ⁴	13	249	—	—	—	—	—	—
Social Security Administration ⁴	—	—	940	976	1,001	1,061	1,149	1,177
Department of Veterans Affairs	8	220	317	331	332	343	401	457
Department of Defense	—	125	112	98	100	105	86	98
Agency for International Development	—	71	120	115	117	121	135	190
Department of Housing and Urban Development	—	—	171	171	196	204	225	232
Office of Personnel Management	—	21	212	226	241	253	266	279
Other departments	—	7	8	7	9	9	10	11
Activity								
Research.....	84	1,142	1,589	1,653	1,730	1,831	1,900	2,124
Department of Health and Human Services discretionary spending ²	83	1,093	1,544	1,619	1,702	1,801	1,869	2,083
Department of Veterans Affairs	1	15	5	6	6	6	7	7
Department of Defense	—	34	40	28	22	24	24	34
Education and prevention	26	486	658	635	685	701	918	1,057
Department of Health and Human Services discretionary spending ²	25	351	492	476	522	534	739	820
Department of Veterans Affairs	1	31	31	31	31	31	30	33
Department of Defense	—	28	12	11	12	13	10	10
Agency for International Development	—	71	120	115	117	121	135	190
Other	—	5	3	2	3	2	4	4
Medical care	81	1,187	3,462	4,087	4,752	5,134	5,775	6,342
Health Care Financing Administration:								
Medicaid (Federal share)	70	670	1,640	1,600	1,800	1,900	2,100	2,200
Medicare	5	110	600	1,100	1,300	1,400	1,500	1,700
Department of Health and Human Services discretionary spending ²	—	144	664	803	1,044	1,200	1,487	1,685
Department of Veterans Affairs	6	174	281	294	295	306	364	417
Department of Defense	—	63	60	59	66	68	52	54
Office of Personnel Management	—	21	212	226	241	253	266	279
Other	—	5	5	5	6	7	6	7
Cash assistance	13	249	1,111	1,147	1,197	1,265	1,374	1,409
Social Security Administration:								
Disability Insurance	10	210	640	696	691	726	789	792
Supplemental Security Income	3	39	300	280	310	335	360	385
Department of Housing and Urban Development	—	—	171	171	196	204	225	232

— Quantity zero.

... Category not applicable.

¹Preliminary figures.

²Department of Health and Human Services discretionary spending is spending that is not entitlement spending. Medicare and Medicaid are examples of entitlement spending.

³The Office of the Assistant Secretary for Health prior to FY 1996.

⁴Prior to 1995 the Social Security Administration was part of the Department of Health and Human Services.

SOURCE: Budget Office, Public Health Service. Unpublished data.

Table 128 (page 1 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Number in millions							
Total ²	157.5	162.7	160.7	165.0	165.9	165.8	170.8
Percent of population							
Total, age adjusted ^{2,3}	77.1	76.2	70.7	71.9	71.6	70.9	72.3
Total, crude ²	76.8	75.9	70.3	71.6	71.4	70.7	72.1
Age							
Under 18 years	72.6	71.8	63.8	65.7	66.4	66.1	68.4
Under 6 years	68.1	67.9	58.3	60.1	61.1	61.3	64.7
6–17 years	74.9	74.0	66.8	68.7	69.1	68.5	70.2
18–44 years	76.5	75.5	69.8	71.2	70.6	69.4	71.1
18–24 years	67.4	64.5	58.3	61.2	60.4	59.3	61.5
25–34 years	77.4	75.9	69.4	70.3	69.5	68.1	70.6
35–44 years	83.9	82.7	77.1	78.0	77.5	76.4	76.9
45–64 years	83.3	82.5	80.3	80.4	79.5	79.0	79.0
45–54 years	83.3	83.4	81.3	81.1	80.4	80.4	80.0
55–64 years	83.3	81.6	78.8	79.3	78.1	76.9	77.3
Sex ³							
Male	77.7	76.5	71.2	72.3	72.0	71.2	72.5
Female	76.5	75.9	70.2	71.6	71.3	70.6	72.1
Race ^{3,4}							
White	80.1	79.3	74.1	74.9	74.6	74.3	75.9
Black	59.2	58.7	53.0	55.6	56.2	56.1	55.9
Asian or Pacific Islander	70.9	71.6	67.9	68.8	68.3	68.2	72.2
Hispanic origin and race ³							
All Hispanic ⁴	57.1	53.2	49.4	48.3	48.4	47.9	49.9
Mexican	54.9	48.5	46.4	44.7	44.4	43.9	45.6
Puerto Rican	51.0	46.8	49.5	49.1	52.5	48.2	52.7
Cuban	72.1	70.0	63.7	63.4	65.7	70.7	71.7
Other Hispanic	62.0	62.4	53.1	53.1	53.4	51.2	52.8
White, non-Hispanic	82.4	82.5	77.7	78.9	78.6	78.0	79.6
Black, non-Hispanic	59.4	58.8	53.4	56.1	56.7	56.3	56.1
Age and percent of poverty level ⁵							
All ages: ³							
Below 100 percent	33.0	27.5	22.3	22.7	20.7	23.6	24.1
100–149 percent	61.8	54.2	46.6	47.7	46.8	42.0	43.3
150–199 percent	77.2	70.6	65.2	66.1	67.1	63.6	61.4
200 percent or more	91.6	91.0	88.8	89.1	89.3	87.6	88.3
Under 18 years:							
Below 100 percent	28.7	22.3	14.9	16.8	16.1	17.5	18.9
100–149 percent	66.2	59.6	47.8	48.5	49.5	42.5	45.8
150–199 percent	80.9	75.9	69.3	68.5	73.0	66.8	66.5
200 percent or more	92.3	92.7	89.7	90.4	90.7	88.9	89.9
Geographic region ³							
Northeast	80.7	82.1	75.3	75.7	75.5	74.3	76.4
Midwest	80.9	81.7	77.7	77.8	78.8	77.3	79.1
South	74.5	71.7	66.0	67.6	66.7	67.5	67.8
West	72.3	71.8	66.0	68.5	67.7	65.8	67.8
Location of residence ³							
Within MSA ⁶	77.8	76.8	71.3	72.8	73.0	71.5	73.2
Outside MSA ⁶	75.5	74.0	68.7	68.3	66.4	68.5	68.9

See footnotes at end of table.

Table 128 (page 2 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	Private insurance obtained through workplace ⁷						
	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Number in millions							
Total ²	141.8	146.3	146.7	151.4	151.4	152.5	156.3
Percent of population							
Total, age adjusted ^{2,3}	69.2	68.4	64.5	66.0	65.3	65.1	66.1
Total, crude ²	69.1	68.3	64.2	65.7	65.1	65.0	66.0
Age							
Under 18 years	66.5	65.8	59.0	60.9	61.1	61.4	62.8
Under 6 years	62.1	62.3	53.9	55.6	56.5	57.3	59.7
6–17 years	68.7	67.7	61.8	63.7	63.4	63.4	64.4
18–44 years	69.6	68.4	63.9	65.6	64.7	64.4	65.5
18–24 years	58.7	55.3	50.7	53.9	52.3	53.8	55.0
25–34 years	71.2	69.5	64.1	65.3	64.4	63.6	65.9
35–44 years	77.4	76.2	71.6	72.9	72.0	71.2	71.1
45–64 years	71.8	71.6	71.8	72.4	71.4	70.8	71.1
45–54 years	74.6	74.4	74.6	74.9	74.0	73.6	73.4
55–64 years	69.0	68.3	67.9	68.6	67.5	66.6	67.6
Sex ³							
Male.	70.1	68.9	65.0	66.5	65.8	65.4	66.2
Female.	68.4	67.9	64.0	65.4	64.9	64.9	66.0
Race ^{3,4}							
White	72.0	71.2	67.4	68.8	67.9	68.0	69.2
Black	53.3	53.6	50.2	51.8	53.0	53.7	53.1
Asian or Pacific Islander.	64.4	60.2	57.8	60.2	59.4	60.5	63.3
Hispanic origin and race ³							
All Hispanic ⁴	52.9	48.6	45.1	44.9	44.6	44.5	46.3
Mexican.	51.7	45.6	44.3	42.7	41.5	41.8	43.2
Puerto Rican	48.3	43.4	46.3	45.9	49.9	45.5	49.9
Cuban.	57.6	56.3	45.7	53.8	54.8	55.9	58.2
Other Hispanic.	57.7	55.7	47.1	47.9	48.4	47.6	48.8
White, non-Hispanic.	74.0	74.0	70.7	72.3	71.5	71.4	72.5
Black, non-Hispanic.	53.4	53.7	50.6	52.3	53.3	53.9	53.3
Age and percent of poverty level ⁵							
All ages: ³							
Below 100 percent	23.8	19.7	16.8	17.7	15.8	19.6	19.5
100–149 percent	51.1	45.0	40.6	41.7	40.4	36.8	38.3
150–199 percent	68.6	61.9	58.3	60.0	60.0	58.1	54.7
200 percent or more	85.0	83.9	82.7	83.4	83.0	82.0	82.2
Under 18 years:							
Below 100 percent	23.2	17.5	12.4	13.4	13.4	15.4	16.3
100–149 percent	58.3	52.5	43.2	43.6	43.7	38.4	41.6
150–199 percent	75.8	70.1	64.0	63.0	67.4	63.1	60.9
200 percent or more	86.9	86.7	84.5	85.5	84.6	83.7	83.6

See footnotes at end of table.

Table 128 (page 3 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	Private insurance obtained through workplace ⁷						
	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Geographic regions ³	Percent of population						
Northeast	74.1	75.1	70.0	70.1	69.2	69.7	71.6
Midwest	72.1	73.4	71.4	71.6	72.6	71.4	72.2
South	66.2	63.8	60.0	62.4	61.0	61.6	62.3
West	64.9	64.2	58.8	61.2	60.1	59.4	60.3
Location of residence ³							
Within MSA ⁶	71.0	69.8	65.5	67.2	67.0	66.0	67.2
Outside MSA ⁶	65.3	63.5	60.8	61.0	59.0	61.7	61.8

¹The questionnaire changed compared with previous years. See Appendix II, Health insurance coverage.

²Includes all other races not shown separately and unknown poverty level.

³Estimates are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. See Appendix II, Age adjustment.

⁴The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race.

Race groups such as American Indian or Alaska Native are not shown when sample sizes are too small to obtain reliable estimates.

⁵Prior to 1997 percent of poverty level is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 percent of poverty level is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 17 percent of the sample under 65 years of age in 1994, 15 in 1995, and 16 in 1996. See Appendix II, Family income for information on the imputation process. Percent of poverty level was unknown for 19 percent of sample persons under 65 in 1997 and 24 percent in 1998.

⁶Metropolitan statistical area.

⁷Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employed, or professional association.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 129 (page 1 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Number in millions							
Total ²	14.0	15.4	24.1	25.3	25.0	22.9	21.1
Percent of population							
Total, age adjusted ^{2,3}	6.7	7.1	10.3	10.8	10.5	9.6	8.8
Total, crude ²	6.8	7.2	10.6	11.0	10.8	9.7	8.9
Age							
Under 18 years	11.9	12.6	20.0	20.6	20.1	18.4	17.1
Under 6 years	15.5	15.7	27.2	28.3	27.4	24.7	22.4
6–17 years	10.1	10.9	16.2	16.6	16.4	15.2	14.5
18–44 years	5.1	5.2	7.3	7.4	7.3	6.6	5.8
18–24 years	6.4	6.8	9.6	9.7	9.2	8.8	8.0
25–34 years	5.3	5.2	7.7	7.7	7.5	6.8	5.7
35–44 years	3.5	4.0	5.4	5.6	6.0	5.2	4.6
45–64 years	3.4	4.3	4.5	5.3	5.2	4.6	4.5
45–54 years	3.2	3.8	3.8	4.9	4.8	4.0	4.1
55–64 years	3.6	4.9	5.5	6.0	5.7	5.6	5.0
Sex ³							
Male	5.2	5.6	8.3	8.9	8.7	8.1	7.5
Female	8.0	8.6	12.2	12.6	12.4	11.0	10.1
Race ^{3,4}							
White	4.6	5.1	7.8	8.4	8.4	7.5	6.7
Black	18.9	17.8	24.5	24.6	22.2	20.5	19.6
Asian or Pacific Islander	9.1	11.3	9.2	10.1	11.3	9.4	6.7
Hispanic origin and race ³							
All Hispanic ⁴	12.2	12.7	17.8	19.1	17.9	16.0	14.1
Mexican	11.1	11.5	16.5	18.0	16.8	15.3	12.6
Puerto Rican	28.6	26.9	33.8	30.5	31.1	28.9	24.5
Cuban	4.8	7.8	8.4	13.7	12.6	8.2	*9.1
Other Hispanic	7.4	10.4	14.6	16.5	14.5	13.9	13.9
White, non-Hispanic	3.7	4.2	6.3	6.8	6.8	6.2	5.7
Black, non-Hispanic	19.1	17.8	24.5	24.3	21.9	20.3	19.4
Age and percent of poverty level ⁵							
All ages: ³							
Below 100 percent	30.5	35.3	42.3	44.1	43.9	38.8	37.9
100–149 percent	7.5	11.0	15.0	17.2	16.1	17.5	16.0
150–199 percent	3.1	5.0	5.5	7.1	7.2	7.4	7.2
200 percent or more	0.6	1.1	1.3	1.5	1.5	1.7	1.8
Under 18 years:							
Below 100 percent	43.1	47.8	63.6	65.6	65.9	59.7	58.7
100–149 percent	9.0	12.3	22.9	26.3	24.8	30.2	25.9
150–199 percent	4.4	6.1	8.6	11.7	10.8	12.2	12.8
200 percent or more	0.8	1.6	2.2	2.7	2.6	2.9	3.2

See footnotes at end of table.

Table 129 (page 2 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Geographic region ³							
Northeast	8.5	6.8	10.8	11.3	11.2	11.2	9.8
Midwest	7.2	7.5	9.4	9.8	8.4	8.2	7.5
South	5.0	6.4	10.0	10.3	10.7	8.6	8.6
West	6.9	8.2	11.4	11.9	12.1	11.4	9.7
Location of residence ³							
Within MSA ⁶	7.1	7.0	10.4	10.6	10.0	9.5	8.5
Outside MSA ⁶	5.9	7.8	10.0	11.6	12.5	9.9	9.8

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

¹The questionnaire changed compared with previous years. See Appendix II, Health insurance coverage.

²Includes all other races not shown separately and unknown poverty level.

³Estimates are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. See Appendix II, Age adjustment.

⁴The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race.

Race groups such as American Indian or Alaska Native are not shown when sample sizes are too small to obtain reliable estimates.

⁵Prior to 1997 percent of poverty level is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 percent of poverty level is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 17 percent of the sample under 65 years of age in 1994, 15 in 1995, and 16 in 1996. See Appendix II, Family income for information on the imputation process. Percent of poverty level was unknown for 19 percent of sample persons under 65 in 1997 and 24 percent in 1998.

⁶Metropolitan statistical area.

NOTES: Medicaid includes other public assistance through 1996. In 1997 and 1998 includes state-sponsored health plans. In 1998 the age-adjusted percent of the population under 65 years of age covered by Medicaid was 8.1 percent, and 0.7 percent were covered by state-sponsored health plans.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 130 (page 1 of 2). No health care coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Number in millions							
Total ²	29.8	33.4	40.4	37.4	38.9	41.0	39.2
Percent of population							
Total, age adjusted ^{2,3}	14.3	15.3	17.4	16.0	16.6	17.4	16.5
Total, crude ²	14.5	15.6	17.7	16.2	16.7	17.5	16.6
Age							
Under 18 years	13.9	14.7	15.3	13.6	13.4	14.0	12.7
Under 6 years	14.9	15.1	13.7	11.9	11.9	12.5	11.5
6–17 years	13.4	14.5	16.2	14.5	14.1	14.7	13.3
18–44 years	17.1	18.4	21.9	20.5	21.2	22.4	21.4
18–24 years	25.0	27.1	31.1	28.2	29.6	30.1	29.0
25–34 years	16.2	18.3	22.1	21.3	22.5	23.8	22.2
35–44 years	11.2	12.3	16.0	15.2	15.2	16.7	16.4
45–64 years	9.6	10.5	12.0	11.0	12.1	12.4	12.2
45–54 years	10.5	11.0	12.6	11.7	12.5	12.8	12.6
55–64 years	8.7	10.0	11.2	10.0	11.6	11.8	11.4
Sex ³							
Male	15.0	16.4	18.6	17.3	17.8	18.5	17.5
Female	13.6	14.3	16.3	14.8	15.4	16.2	15.5
Race ^{3,4}							
White	13.4	14.2	16.7	15.4	15.9	16.3	15.2
Black	20.0	21.4	20.2	18.6	19.8	20.2	20.7
Asian or Pacific Islander	18.0	18.5	20.3	18.3	19.1	19.3	18.1
Hispanic origin and race ³							
All Hispanic ⁴	29.1	32.4	32.3	31.7	32.7	34.3	34.0
Mexican	33.2	38.8	36.7	36.5	38.0	39.2	40.0
Puerto Rican	18.1	23.3	16.3	18.5	15.1	19.4	19.4
Cuban	21.6	20.9	27.5	22.1	18.9	20.5	18.4
Other Hispanic	27.5	25.2	31.0	29.9	30.8	32.9	31.1
White, non-Hispanic	11.8	11.9	14.5	13.0	13.3	13.7	12.5
Black, non-Hispanic	19.7	21.3	19.8	18.5	19.7	20.1	20.7
Age and percent of poverty level ⁵							
All ages: ³							
Below 100 percent	34.7	35.8	34.0	32.4	34.4	34.4	34.6
100–149 percent	27.0	31.3	35.0	32.1	34.0	36.1	36.5
150–199 percent	17.4	21.8	25.8	23.6	23.5	25.9	26.7
200 percent or more	5.8	6.8	8.7	8.1	7.8	8.8	8.0
Under 18 years:							
Below 100 percent	28.9	31.6	23.3	20.6	21.3	22.4	21.5
100–149 percent	22.8	26.1	27.7	25.5	25.2	26.1	28.0
150–199 percent	12.7	15.8	19.0	17.7	16.1	19.7	17.3
200 percent or more	4.2	4.4	6.8	6.0	5.3	6.1	5.0

See footnotes at end of table.

Table 130 (page 2 of 2). No health care coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–98

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

Characteristic	1984	1989	1994 ¹	1995	1996	1997 ¹	1998
Geographic region ³							
Northeast	10.1	10.7	13.7	13.1	13.6	13.4	12.3
Midwest	11.1	10.5	12.3	12.2	12.3	13.1	11.9
South	17.4	19.4	21.2	19.4	20.1	20.7	20.0
West	17.8	18.4	20.6	17.8	18.7	20.4	19.9
Location of residence ³							
Within MSA ⁴	13.3	14.9	17.0	15.3	15.8	16.7	15.8
Outside MSA ⁴	16.4	16.9	19.2	18.8	19.7	19.9	19.2

¹The questionnaire changed compared with previous years. See Appendix II, Health insurance coverage.

²Includes all other races not shown separately and unknown poverty level.

³Estimates are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. See Appendix II, Age adjustment.

⁴The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race.

Race groups such as American Indian or Alaska Native are not shown when sample sizes are too small to obtain reliable estimates.

⁵Prior to 1997 percent of poverty level is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 percent of poverty level is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 17 percent of the sample under 65 years of age in 1994, 15 in 1995, and 16 in 1996. See Appendix II, Family income for information on the imputation process. Percent of poverty level was unknown for 19 percent of sample persons under 65 in 1997 and 24 percent in 1998.

⁶Metropolitan statistical area.

NOTES: Persons not covered by private insurance, Medicaid, public assistance (through 1996), state-sponsored or other government-sponsored health plans (1997 and 1998), Medicare, or military plans are included. See Appendix II, Health insurance coverage.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 131 (page 1 of 2). Health care coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–98

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

Characteristic	Private insurance ¹						Private insurance obtained through workplace ^{1,2}					
	1989	1994 ³	1995	1996	1997 ³	1998	1989	1994 ³	1995	1996	1997 ³	1998
Number in millions												
Total ⁴	22.4	24.0	23.5	22.9	22.3	21.5	11.2	12.5	12.5	12.1	12.0	11.8
Percent of population												
Total, age adjusted ^{4,5}	76.1	77.2	74.8	71.9	69.5	66.7	37.3	39.6	39.0	37.6	37.0	36.5
Total, crude ⁴	76.5	77.3	74.8	72.0	69.5	66.7	38.4	40.4	39.6	38.1	37.5	36.7
Age												
65–74 years	78.2	78.4	75.3	72.4	69.9	66.6	43.7	45.6	43.3	41.5	42.0	39.7
75 years and over	73.9	75.8	74.2	71.3	69.1	66.8	30.2	33.0	34.3	33.3	31.6	33.0
75–84 years	75.9	77.9	76.0	73.3	70.2	68.1	32.0	35.0	36.1	35.5	33.2	35.1
85 years and over	65.5	67.9	67.8	63.9	64.7	61.8	22.8	25.1	27.5	25.3	25.6	25.3
Sex ⁵												
Male.	77.4	78.9	76.6	73.8	72.1	68.5	42.1	43.9	43.3	42.0	42.0	40.7
Female.	75.4	76.1	73.6	70.7	67.7	65.5	34.0	36.6	36.0	34.5	33.5	33.6
Race ^{5,6}												
White	79.8	80.9	78.4	75.2	72.7	70.3	38.7	41.2	40.5	38.8	37.9	37.9
Black	42.3	43.6	40.8	42.9	42.5	40.3	23.7	25.3	24.9	28.6	30.8	27.3
Hispanic origin and race ^{5,6}												
All Hispanic ⁶	42.3	50.0	39.9	37.7	30.6	29.1	22.2	20.5	18.4	18.0	17.7	17.8
Mexican.	33.5	42.5	31.9	34.4	31.8	26.5	20.2	20.8	15.9	17.3	17.7	17.2
White, non-Hispanic.	81.0	82.3	80.5	77.0	74.9	72.3	39.3	42.2	41.7	39.9	39.0	38.8
Black, non-Hispanic.	42.4	44.2	40.6	43.5	42.6	40.5	23.7	25.7	24.7	29.2	30.7	27.6
Percent of poverty level ^{5,7}												
Below 100 percent.	46.1	41.6	38.3	34.3	31.9	32.8	11.6	10.7	11.5	10.6	7.2	10.0
100–149 percent	67.7	69.1	68.6	59.0	54.5	48.7	22.2	25.1	25.3	22.2	17.4	19.1
150–199 percent	81.1	81.4	77.8	75.6	69.8	65.6	39.0	37.3	39.5	37.2	33.3	30.9
200 percent or more	85.5	88.5	86.2	84.1	81.8	78.6	49.4	52.4	50.5	48.9	48.5	49.1
Geographic region ⁵												
Northeast	76.1	78.0	76.3	72.8	72.7	72.0	42.2	43.9	44.6	41.6	42.3	43.0
Midwest	81.9	84.4	82.4	80.5	78.5	78.3	40.0	42.2	44.8	41.7	40.7	40.7
South	73.0	70.7	71.1	67.3	66.0	62.0	32.0	35.5	33.9	33.6	32.9	33.1
West	74.7	77.9	69.1	68.7	59.9	54.9	37.1	38.0	33.7	35.0	33.6	30.3
Location of residence ⁵												
Within MSA ⁸	76.6	77.7	75.0	72.1	68.4	65.5	39.9	41.2	41.1	39.6	38.6	38.2
Outside MSA ⁸	74.8	75.7	74.0	71.2	73.2	70.6	30.2	35.1	32.2	31.1	31.8	31.1

See footnotes at end of table.

Table 131 (page 2 of 2). Health care coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–98

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

Characteristic	Medicaid ^{1,9}						Medicare only ¹⁰					
	1989	1994 ³	1995	1996	1997 ³	1998	1989	1994 ³	1995	1996	1997 ³	1998
Number in millions												
Total ⁴	2.0	2.5	2.9	2.7	2.5	2.6	4.5	4.1	4.6	5.7	6.7	7.5
Percent of population												
Total, age adjusted ^{4,5}	7.2	8.1	9.3	8.6	7.9	8.1	15.7	13.4	14.8	18.1	20.8	23.3
Total, crude ⁴	7.0	7.9	9.2	8.5	7.9	8.1	15.4	13.2	14.8	18.1	20.8	23.2
Age												
65–74 years	6.3	6.8	8.3	7.5	7.5	7.8	13.8	12.3	14.4	18.0	20.3	22.7
75 years and over	8.2	9.6	10.4	9.9	8.4	8.4	17.8	14.5	15.2	18.2	21.5	24.0
75–84 years	7.9	8.4	9.5	9.0	7.9	7.8	16.2	13.3	14.1	16.8	20.5	22.9
85 years and over	9.7	14.2	13.7	13.0	10.2	10.5	24.9	19.0	19.3	23.4	25.2	27.9
Sex ⁵												
Male.	5.2	4.9	5.7	5.6	5.1	6.2	14.9	13.0	14.3	16.9	19.6	21.9
Female.	8.6	10.4	11.8	10.7	9.9	9.5	16.2	13.6	15.1	18.8	21.7	24.3
Race ^{5,6}												
White	5.6	6.3	7.1	6.9	6.5	6.4	13.9	11.9	13.5	16.9	19.3	21.8
Black	21.2	23.0	27.4	22.4	19.7	18.0	34.9	29.2	29.4	30.6	34.8	38.1
Hispanic origin and race ⁵												
All Hispanic ⁶	26.4	27.9	32.5	29.7	29.0	27.2	22.7	18.5	23.8	28.8	35.1	38.4
White, non-Hispanic	4.9	5.3	5.8	5.7	5.4	5.4	13.6	11.5	12.9	16.4	18.4	20.9
Black, non-Hispanic	21.1	22.3	27.5	22.5	19.5	18.0	34.9	29.4	29.5	29.7	34.8	37.9
Percent of poverty level ^{5,7}												
Below 100 percent	28.2	37.0	39.9	38.7	40.0	36.7	26.4	22.6	21.8	25.4	27.0	28.4
100–149 percent	9.0	10.6	13.0	12.7	13.9	14.1	20.7	18.5	17.7	26.5	28.3	33.2
150–199 percent	4.7	3.8	5.4	5.1	5.1	6.1	13.6	12.9	15.9	18.9	22.7	26.1
200 percent or more	2.4	2.0	1.9	2.0	2.7	3.5	11.0	8.1	10.1	12.4	14.6	16.7
Geographic region ⁵												
Northeast	5.4	7.5	8.9	7.7	6.5	7.5	17.4	14.4	15.3	20.2	19.8	19.3
Midwest	3.7	3.8	5.7	5.0	5.0	4.9	13.8	10.9	11.1	13.3	15.4	16.3
South	9.7	10.9	11.4	10.3	10.0	9.6	16.6	16.2	15.9	19.4	21.6	26.0
West	9.4	9.7	11.1	11.0	9.9	10.2	14.4	10.5	17.3	18.8	28.3	31.4
Location of residence ⁵												
Within MSA ⁸	6.5	7.5	8.6	7.9	7.5	8.0	15.9	13.2	15.0	18.8	22.3	24.4
Outside MSA ⁸	8.8	9.7	11.6	10.9	9.4	8.4	15.5	14.0	14.2	15.7	15.9	19.7

¹Almost all persons 65 years of age and over are covered by Medicare also. In 1998, 91 percent of older persons with private insurance also had Medicare.

²Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employed, or professional association.

³The questionnaire changed compared with previous years. See Appendix II, Health insurance coverage.

⁴Includes all other races not shown separately and unknown poverty level.

⁵Estimates are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

⁶The race groups white and black include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race.

Race groups such as American Indian or Alaska Native are not shown when sample sizes are too small to obtain reliable estimates.

⁷Prior to 1997 percent of poverty level is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 percent of poverty level is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 25 percent of the sample 65 years of age and over in 1994, 22 percent in 1995, and 24 percent in 1996. See Appendix II, Family income for information on the imputation process. Percent of poverty level was unknown for 29 percent of sample persons 65 or older in 1997 and 34 percent in 1998.

⁸Metropolitan statistical area.

⁹Includes public assistance through 1996. In 1997 and 1998 includes state-sponsored health plans. In 1998 the age-adjusted percent of the population 65 years of age and over covered by Medicaid was 7.8 percent, and 0.4 percent were covered by state-sponsored health plans.

¹⁰Persons covered by Medicare but not covered by private health insurance, Medicaid, public assistance (through 1996), state-sponsored or other government-sponsored health plans (1997 and 1998), or military plans. See Appendix II, Health insurance coverage.

NOTES: Percents do not add to 100 because persons with both private health insurance and Medicaid appear in more than one column, and because the percent of persons without health insurance (0.9 percent in 1998) is not shown. Data for additional years are available (see Appendix III).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 132. Private health insurance by health maintenance organization (HMO) and other types of coverage according to selected characteristics: United States, selected years 1989–98

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

Characteristic	Private health insurance											
	Health maintenance organization ¹						Other					
	1989	1994	1995	1996	1997 ²	1998	1989	1994	1995	1996	1997 ²	1998
Number of persons in millions												
Total ³	45.1	61.2	68.3	76.2	76.5	76.3	140.2	123.4	120.1	112.5	111.5	116.0
Percent of population												
Total, age adjusted ^{3,4}	18.4	23.5	26.0	28.8	29.1	28.3	58.0	47.9	46.2	42.9	41.2	43.3
Total, crude ³	18.5	23.6	26.1	28.9	28.7	28.4	57.6	47.5	45.9	42.6	41.8	43.1
Age												
Under 18 years	20.1	24.0	27.4	30.2	29.9	30.1	51.7	39.8	38.3	36.2	36.2	38.3
Under 6 years	20.1	22.7	26.8	28.9	29.8	29.2	47.8	35.5	33.2	32.2	31.5	35.5
6–17 years	20.2	24.6	27.6	30.9	30.0	30.5	53.8	42.2	41.0	38.2	38.5	39.7
18–44 years	20.3	25.6	28.7	31.6	31.4	30.6	55.2	44.1	42.5	39.0	38.1	40.5
18–24 years	16.6	20.0	22.0	24.6	24.9	25.0	47.8	38.2	39.1	35.8	34.4	36.5
25–34 years	21.2	26.8	29.3	32.0	32.4	31.8	54.7	42.5	41.0	37.5	35.7	38.8
35–44 years	21.7	27.8	32.0	35.3	34.1	32.7	61.0	49.3	46.0	42.2	42.3	44.2
45–64 years	17.6	25.5	27.7	31.5	31.3	31.0	65.0	54.8	52.6	48.0	47.7	47.9
45–54 years	19.6	27.8	29.5	34.3	33.6	32.5	63.9	53.4	51.5	46.2	46.9	47.5
55–64 years	15.3	22.1	24.9	27.2	27.9	28.7	66.4	56.7	54.3	50.9	49.0	48.6
65 years or more	10.4	13.1	12.2	12.3	12.5	12.4	67.0	64.3	62.6	59.6	57.0	54.3
65–74 years	11.4	14.8	13.9	14.0	14.4	14.0	67.7	63.6	61.3	58.4	55.5	52.6
75 years or more	8.9	10.6	9.8	10.0	10.0	10.5	65.9	65.2	64.4	61.4	59.0	56.3
Sex ⁴												
Male	18.5	23.4	26.1	28.7	29.0	28.3	58.2	48.7	46.7	43.5	41.8	43.7
Female	18.3	23.7	25.9	28.8	29.1	28.3	57.7	47.3	45.8	42.4	40.7	43.0
Race ^{4,5}												
White	18.1	23.6	26.2	29.1	29.3	28.3	61.4	51.3	49.2	45.5	44.7	46.9
Black	19.7	22.3	24.0	26.5	27.9	27.6	37.2	29.5	29.6	28.1	25.8	26.4
Asian or Pacific Islander	24.1	30.6	31.8	33.6	35.2	34.7	45.0	35.1	33.9	29.9	30.5	33.6
Hispanic origin and race ⁴												
All Hispanic ⁵	18.8	23.1	23.2	25.9	25.4	25.5	33.3	26.2	23.9	21.1	20.4	21.7
Mexican	16.6	23.9	21.6	24.5	23.6	23.8	30.3	21.9	21.4	18.6	18.7	19.4
Puerto Rican	16.6	22.5	22.2	23.8	23.9	26.4	28.3	26.6	25.6	26.9	20.9	23.0
Cuban	25.5	25.0	31.2	34.9	37.7	33.7	42.1	37.5	29.5	28.8	28.7	32.8
Other Hispanic	22.0	21.1	25.4	28.2	27.4	26.7	39.9	32.7	27.1	22.7	21.9	23.7
White, non-Hispanic	18.2	23.8	26.7	29.8	30.0	28.8	64.3	54.4	52.3	48.7	47.7	49.9
Black, non-Hispanic	19.7	22.4	24.2	26.5	27.9	27.6	37.3	29.8	29.8	28.5	26.1	26.5
Percent of poverty level ^{4,6}												
Below 100 percent	5.4	6.5	6.8	6.5	8.8	8.9	24.5	18.2	17.8	15.9	14.8	16.2
100–149 percent	13.4	14.4	16.5	17.2	17.3	17.1	42.7	34.9	33.8	31.1	26.0	27.0
150–199 percent	17.3	21.7	23.6	26.4	26.2	24.8	54.7	45.3	43.9	41.8	38.4	37.2
200 percent or more	22.5	30.5	33.1	37.3	37.1	35.1	68.0	58.2	55.6	51.3	50.0	52.0
Geographic region ⁴												
Northeast	20.1	26.3	30.1	31.6	37.7	36.7	61.4	49.3	45.6	43.6	36.2	39.2
Midwest	20.2	20.8	23.5	27.6	25.6	23.8	61.6	57.7	54.9	51.4	51.5	55.2
South	11.7	18.3	20.8	23.2	23.6	24.0	60.3	48.3	47.1	43.5	43.2	43.1
West	25.7	32.0	33.4	36.2	34.9	33.3	46.6	35.5	35.2	31.7	29.8	32.9
Location of residence ⁴												
Within MSA ⁷	21.3	27.1	29.2	32.3	32.1	31.3	55.6	44.9	43.9	40.6	38.6	40.9
Outside MSA ⁷	8.1	11.0	13.4	15.6	17.0	16.9	66.0	58.5	55.5	51.4	51.5	52.3

¹Persons reporting private health insurance coverage are considered to have health maintenance organization (HMO) coverage if they responded HMO or Individual Practice Association (IPA) when asked their plan type.

²The questionnaire changed compared with previous years. See Appendix II, Health insurance coverage.

³Includes all other races not shown separately and unknown poverty level.

⁴Estimates are age adjusted to the year 2000 standard using five age groups: Under 18 years, 18–44 years, 45–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁵The race groups white, black, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin; persons of Hispanic origin may be of any race. Race groups such as American Indian or Alaska Native are not shown when sample sizes are too small to obtain reliable estimates.

⁶Prior to 1997 percent of poverty level is based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 percent of poverty level is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of adults in the family. See Appendix II, Poverty level. Missing family income data were imputed for 17 percent of the sample in 1994, 16 percent in 1995, and 17 percent in 1996. See Appendix II, Family income for information on the imputation process. Percent of poverty level was unknown for 20 percent of sample persons in 1997 and 25 percent in 1998.

⁷Metropolitan statistical area.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

This table will be updated on the web. Go to www.cdc.gov/nchs; click on Top 10 Links; Health, United States, 2001.

Table 133. Health maintenance organizations (HMO's) and enrollment, according to model type, geographic region, and Federal program: United States, selected years 1976–2000

[Data are based on a census of health maintenance organizations]

Plans and enrollment	1976	1980	1985 ¹	1990	1995 ²	1996 ²	1997 ²	1998 ²	1999 ²	2000 ²
Plans										
All plans	174	235	478	572	562	630	652	651	643	568
Model type: ³										
Individual practice association ⁴	41	97	244	360	332	367	284	317	309	278
Group ⁵	122	138	234	212	108	122	98	116	123	101
Mixed	---	---	---	---	122	141	258	212	208	188
Geographic region:										
Northeast	29	55	81	115	100	111	110	107	110	98
Midwest	52	72	157	160	157	182	184	185	179	161
South	23	45	141	176	196	218	236	237	239	203
West	70	63	99	121	109	119	121	122	115	106
Enrollment										
Total	6.0	9.1	21.0	33.0	50.9	59.1	66.8	76.6	81.3	80.9
Model type: ³										
Individual practice association ⁴	0.4	1.7	6.4	13.7	20.1	26.0	26.7	32.6	32.8	33.4
Group ⁵	5.6	7.4	14.6	19.3	13.3	14.1	11.0	13.8	15.9	15.2
Mixed	---	---	---	---	17.6	19.0	29.0	30.1	32.6	32.3
Federal program: ⁶										
Medicaid ⁷	---	0.3	0.6	1.2	3.5	4.7	5.6	7.8	10.4	10.8
Medicare	---	0.4	1.1	1.8	2.9	3.7	4.8	5.7	6.5	6.6
Percent of HMO enrollees										
Model type: ³										
Individual practice association ⁴	6.6	18.7	30.4	41.6	39.4	44.1	39.9	42.6	40.3	41.3
Group ⁵	93.4	81.3	69.6	58.4	26.0	23.7	16.5	18.0	19.6	18.9
Mixed	---	---	---	---	34.5	32.2	43.4	39.2	40.1	39.9
Federal program: ⁶										
Medicaid ⁷	---	2.9	2.7	3.5	6.9	8.0	8.2	10.2	12.7	13.3
Medicare	---	4.3	5.1	5.4	5.7	6.3	7.2	7.4	8.0	8.1
Percent of population enrolled in HMO's										
Total	2.8	4.0	8.9	13.4	19.4	22.3	25.2	28.6	30.1	30.0
Geographic region:										
Northeast	2.0	3.1	7.9	14.6	24.4	25.9	32.4	37.8	36.7	36.5
Midwest	1.5	2.8	9.7	12.6	16.4	18.8	19.5	22.7	23.3	23.2
South	0.4	0.8	3.8	7.1	12.4	15.2	17.9	21.0	23.9	22.6
West	9.7	12.2	17.3	23.2	28.6	33.2	36.4	39.1	41.4	41.7

--- Data not available.

¹Increases partly due to changes in reporting methods. See Appendix I, InterStudy.

²Open-ended enrollment in HMO plans, amounting to 8.8 million on Jan. 1, 2000, is included from 1994 onwards. See Appendix II, Health maintenance organization.

³In 1976, 11 HMO's with 35,000 enrollment did not report model type. In 1997, 11 HMO's with 153,000 enrollment did not report model type. In 1998, 6 HMO's with 109,000 enrollment did not report model type. In 1999, 3 HMO's with 18,000 enrollment did not report model type. In 2000, one HMO did not report model type.

⁴An HMO operating under an individual practice association model contracts with an association of physicians from various settings (a mixture of solo and group practices) to provide health services.

⁵Group includes staff, group, and network model types.

⁶Federal program enrollment in HMO's refers to enrollment by Medicaid or Medicare beneficiaries, where the Medicaid or Medicare program contracts directly with the HMO to pay the appropriate annual premium.

⁷Data for 1990 and later include enrollment in managed care health insuring organizations.

NOTES: Data as of June 30 in 1976–80, December 31 in 1985, and January 1 in 1990–2000. Medicaid enrollment in 1990 is as of June 30. HMO's in Guam are included starting in 1994; HMO's in Puerto Rico, starting in 1998. In 2000 HMO enrollment in Guam was 97,000 and in Puerto Rico, 1,265,000. Data for additional years are available (see Appendix III).

SOURCES: Office of Health Maintenance Organizations: Summary of the National HMO census of prepaid plans—June 1976 and National HMO Census 1980. Public Health Service. Washington. U.S. Government Printing Office. DHHS Pub. No. (PHS) 80-50159; InterStudy: National HMO Census: Annual Report on the Growth of HMO's in the U.S., 1984–1985 Editions; The InterStudy Edge, 1990, vol. 2; Competitive Edge, vols. 1–10, 1991–2000; 1986 December Update of Medicare Enrollment in HMO's. 1988 January Update of Medicare Enrollment in HMO's. Excelsior, Minnesota (Copyrights 1983–2000: Used with the permission of InterStudy); U.S. Bureau of the Census. Current Population Reports. Series P-25, Nos. 998 and 1058. Washington: U.S. Government Printing Office, Dec. 1986 and Mar. 1990. U.S. Dept. of Commerce. Press release CB 91–100. Mar. 11, 1991; Health Care Financing Administration: Unpublished data.

Table 134 (page 1 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

Size of establishment and type of benefit	All			Professional, technical, and related			Clerical and sales			Blue-collar and service		
	1990	1994	1996	1990	1994	1996	1990	1994	1996	1990	1994	1996
Small private establishments ¹	Percent of all employees											
Participation in medical care benefit:												
Full-time employees	69	66	64	82	80	76	75	70	69	60	57	56
Part-time employees	6	7	6	6	11	14	7	9	9	6	5	3
Type of medical care benefit among participating full-time employees												
Fee arrangement												
Traditional fee-for-service	100	100	100	100	100	100	100	100	100	100	100	100
Preferred provider organization (PPO)	74	55	36	69	53	31	77	55	34	73	57	41
Health maintenance organization (HMO)	13	24	35	16	27	41	13	24	36	11	23	32
Other	14	19	27	15	20	27	10	19	28	15	20	25
Individual coverage:												
Employee contributions not required	58	47	48	56	49	49	53	44	46	62	48	48
Employee contributions required	42	53	52	44	51	51	47	56	54	38	52	51
Family coverage:												
Employee contributions not required	32	19	24	28	17	21	29	15	20	37	23	29
Employee contributions required	68	81	75	72	83	78	71	85	80	63	77	70
Average monthly contribution												
Individual coverage:												
Average monthly employee contribution:												
Total	\$ 25	\$ 41	\$ 43	\$ 24	\$ 47	\$ 41	\$ 24	\$ 41	\$ 42	\$ 27	\$ 38	\$ 44
Non-HMO	25	39	43	24	46	40	24	38	43	28	36	45
HMO	25	49	41	24	48	42	27	50	42	25	47	41
Family coverage:												
Average monthly employee contribution:												
Total	109	160	182	112	181	190	106	160	181	111	149	177
Non-HMO	104	151	181	110	173	192	102	155	181	101	137	175
HMO	135	190	182	118	204	183	134	178	183	145	191	182

See footnotes at end of table.

Table 134 (page 2 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

Size of establishment and type of benefit	All			Professional, technical, and related			Clerical and sales			Blue-collar and service		
	1991	1995	1997	1991	1995	1997	1991	1995	1997	1991	1995	1997
Medium and large private establishments ²	Percent of all employees											
Participation in medical care benefit:												
Full-time employees	83	77	76	85	80	79	81	76	78	84	75	74
Part-time employees	28	19	21	42	31	29	26	20	20	26	15	19
Type of medical care benefit among participating full-time employees	Percent of participating full-time employees											
Fee arrangement	100	100	100	100	100	100	100	100	100	100	100	100
Traditional fee-for-service	67	37	27	62	29	20	59	30	22	73	45	33
Preferred provider organization (PPO)	16	34	40	19	36	40	21	36	42	12	33	39
Health maintenance organization (HMO)	17	27	33	18	33	40	19	32	36	14	21	28
Other	0	1	1	1	0	0	2	0	0	1	0	0
Individual coverage:												
Employee contributions not required	49	33	31	45	21	20	43	24	24	55	44	40
Employee contributions required	51	67	69	55	79	80	57	76	76	45	56	60
Family coverage:												
Employee contributions not required	31	22	20	25	11	10	27	15	14	37	33	29
Employee contributions required	69	78	80	75	89	90	73	85	86	63	67	71
Individual coverage:	Average monthly contribution											
Average monthly employee contribution:												
Total	\$ 27	\$ 34	\$ 39	\$ 26	\$ 35	\$ 37	\$ 28	\$ 36	\$ 39	\$ 26	\$ 32	\$ 40
Non-HMO	26	33	42	26	33	40	27	34	41	25	32	43
HMO	29	36	34	29	38	33	32	39	36	28	32	34
Family coverage:												
Average monthly employee contribution:												
Total	97	118	130	96	120	125	108	127	135	91	112	131
Non-HMO	92	112	132	93	116	128	104	120	134	84	106	134
HMO	118	133	126	110	128	120	121	141	138	122	130	124

¹Less than 100 employees in all private nonfarm industries.

²100 or more employees in all private nonfarm industries.

NOTE: In 1992–93, 88 percent of full-time employees in private establishments were offered health care plans by their employers (96 percent in medium and large private establishments and 80 percent in small private establishments).

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97-246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.

Table 135 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–99

[Data are compiled by the Health Care Financing Administration]

Type of service	1970	1980	1985	1990	1995	1996	1997	1998	1999 ¹	
Enrollees		Number in millions								
Total ²	20.4	28.4	31.1	34.3	37.6	38.1	38.5	38.9	39.2	
Hospital insurance	20.1	28.0	30.6	33.7	37.2	37.7	38.1	38.5	38.8	
Supplementary medical insurance	19.5	27.3	29.9	32.6	35.6	36.1	36.4	36.8	37.0	
Expenditures		Amount in millions								
Total.	\$7,493	\$36,822	\$72,294	\$110,984	\$184,203	\$200,337	\$213,576	\$213,401	\$212,959	
Total hospital insurance (HI)	5,281	25,577	48,414	66,997	117,604	129,929	139,452	135,771	130,632	
HI payments to managed care organizations ^{3,4}	---	7	768	2,654	6,701	11,777	16,338	20,055	21,973	
HI payments for fee-for-service utilization	5,281	25,570	47,646	64,343	110,904	118,152	123,115	115,718	108,659	
Inpatient hospital	4,827	24,109	44,172	56,922	82,283	86,063	88,694	86,757	85,697	
Skilled nursing facility	246	395	548	2,488	9,135	10,900	12,808	13,112	10,755	
Home health agency ⁴	51	540	1,913	3,661	16,201	17,720	17,671	11,685	7,591	
Hospice	---	---	43	325	1,857	1,997	2,082	2,184	2,575	
Administrative expenses ⁵	157	525	970	947	1,428	1,472	1,860	1,980	2,041	
Total supplementary medical insurance (SMI)	2,212	11,245	23,880	43,987	66,599	70,408	74,124	77,630	82,327	
SMI payments to managed care organizations ^{3,4}	26	203	720	2,827	6,610	9,558	10,962	14,273	16,604	
SMI payments for fee-for-service utilization ⁶	2,186	11,042	23,160	41,160	59,989	60,849	63,163	63,357	65,723	
Physician/supplies ⁷	1,790	8,187	17,312	29,609	---	---	---	---	---	
Outpatient hospital ⁸	114	1,897	4,319	8,482	---	---	---	---	---	
Independent laboratory ⁹	11	114	558	1,476	---	---	---	---	---	
Physician fee schedule	---	---	---	---	31,660	31,631	31,898	32,447	33,340	
Durable medical equipment	---	---	---	---	3,689	3,825	4,236	4,040	4,293	
Laboratory ¹⁰	---	---	---	---	4,255	3,881	3,832	3,574	3,676	
Other ¹¹	---	---	---	---	9,861	10,808	12,160	12,320	12,236	
Hospital ¹²	---	---	---	---	8,666	8,638	9,413	8,762	8,771	
Home health agency ⁴	34	234	38	74	229	242	241	681	1,759	
Administrative expenses ⁵	237	610	933	1,519	1,629	1,824	1,384	1,534	1,649	
Percent distribution of expenditures										
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
HI payments to managed care organizations ³	---	0.0	1.6	4.0	5.7	9.1	11.7	14.8	16.8	
HI payments for fee-for-service utilization	100.0	100.0	98.4	96.0	94.3	90.9	88.3	85.2	83.2	
Inpatient hospital	91.4	94.3	91.2	85.0	70.0	66.2	63.6	63.9	65.6	
Skilled nursing facility	4.7	1.5	1.1	3.7	7.8	8.4	9.2	9.7	8.2	
Home health agency ⁴	1.0	2.1	4.0	5.5	13.8	13.6	12.7	8.6	5.8	
Hospice	---	---	0.1	0.5	1.6	1.5	1.5	1.6	2.0	
Administrative expenses ⁵	3.0	2.1	2.0	1.4	1.2	1.1	1.3	1.5	1.6	

See footnotes at end of table.

Table 135 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–99

[Data are compiled by the Health Care Financing Administration]

Type of service	1970	1980	1985	1990	1995	1996	1997	1998	1999 ¹
Percent distribution of expenditures									
Total supplementary medical insurance (SMI) .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SMI payments to managed care organizations ³	1.2	1.8	3.0	6.4	9.9	13.6	14.8	18.4	20.2
SMI payments for fee-for-service utilization ⁶	98.8	98.2	97.0	93.6	90.1	86.4	85.2	81.6	79.8
Physician/supplies ⁷	80.9	72.8	72.5	67.3	---	---	---	---	---
Outpatient hospital ⁸	5.2	16.9	18.1	19.3	---	---	---	---	---
Independent laboratory ⁹	0.5	1.0	2.3	3.4	---	---	---	---	---
Physician fee schedule	---	---	---	---	47.5	44.9	43.0	41.8	40.5
Durable medical equipment	---	---	---	---	5.5	5.4	5.7	5.2	5.2
Laboratory ¹⁰	---	---	---	---	6.4	5.5	5.2	4.6	4.5
Other ¹¹	---	---	---	---	14.8	15.4	16.4	15.9	14.9
Hospital ¹²	---	---	---	---	13.0	12.3	12.7	11.3	10.7
Home health agency ⁴	1.5	2.1	0.2	0.2	0.3	0.3	0.3	0.9	2.1
Administrative expenses ⁵	10.7	5.4	3.9	3.5	2.4	2.6	1.9	2.0	2.0

--- Data not available.

... Category not applicable.

¹Preliminary figures; home health agency expenditures for 1999 reflect annual home health HI to SMI transfer amounts.

²Average number enrolled in the hospital insurance and/or supplementary medical insurance programs for the period.

³Medicare-approved managed care organizations.

⁴Reflects annual home health HI to SMI transfer amounts for 1998 and later.

⁵Includes research, costs of experiments and demonstration projects, and peer review activity.

⁶Type of service reporting categories for fee-for-service reimbursement differ before and after 1991.

⁷Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than Independent laboratory, which is shown separately through 1990. Beginning in 1991, those physician services subject to the Physician fee schedule are so broken out. Payments for laboratory services paid under the Laboratory fee schedule and performed in a physician office are included under "Laboratory" beginning in 1991. Payments for durable medical equipment are broken out and so labeled beginning in 1991. The remaining services from the "Physician" category are included in "Other."

⁸Includes payments for hospital outpatient department services, for skilled nursing facility outpatient services, for Part B services received as an inpatient in a hospital or skilled nursing facility setting, and for other types of outpatient facilities. Beginning 1991, payments for hospital outpatient department services, except for laboratory services, are listed under "Hospital." Hospital outpatient laboratory services are included in the "Laboratory" line.

⁹Beginning in 1991 those independent laboratory services that were paid under the Laboratory fee schedule (most of independent lab) are included in the "Laboratory" line; the remaining services are included in "Physician fee schedule" and "Other" lines.

¹⁰Payments for laboratory services paid under the Laboratory fee schedule performed in a physician office, independent lab, or in a hospital outpatient department.

¹¹Includes payments for free-standing ambulatory surgical center facility services; ambulance services; supplies; free-standing end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.

¹²Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the "Laboratory" line. The physician reimbursement is included on the "Physician fee schedule" line.

NOTES: Table includes service disbursements as of January 2001 for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Totals do not necessarily equal the sums of rounded components. Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCE: Health Care Financing Administration. Medicare and Medicaid Cost Estimates Group, Office of the Actuary and Office of Information Services.

Table 136. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, according to sex and age: United States and other areas, 1994–98

[Data are compiled by the Health Care Financing Administration]

<i>Sex and age</i>	1994	1995	1996	1997	1998
Fee-for-service enrollees in thousands					
Total	34,076	34,062	33,704	33,009	32,349
Sex					
Male	14,533	14,563	14,440	14,149	13,902
Female.	19,543	19,499	19,264	18,860	18,477
Age					
Under 65 years	4,031	4,239	4,413	4,498	4,617
65–74 years	16,713	16,373	15,810	15,099	14,433
75–84 years	9,845	9,911	9,915	9,847	9,722
85 years and over	3,486	3,540	3,566	3,565	3,577
Fee-for-service program payments in millions					
Total	\$146,549	\$158,980	\$167,063	\$175,423	\$168,164
Sex					
Male	63,907	68,758	71,011	75,357	72,883
Female.	82,642	90,222	95,052	100,066	95,281
Age					
Under 65 years	18,835	21,029	24,160	25,798	23,746
65–74 years	55,147	58,093	58,737	59,687	57,342
75–84 years	50,719	55,256	58,058	61,708	59,745
85 years and over	21,847	24,602	26,108	28,231	27,331
Percent distribution of fee-for-service program payments					
Total	100.0	100.0	100.0	100.0	100.0
Sex					
Male	43.6	43.2	42.5	43.0	43.3
Female.	56.4	56.8	56.9	57.0	56.7
Age					
Under 65 years	12.9	13.2	14.5	14.7	14.1
65–74 years	37.6	36.5	35.2	34.0	34.1
75–84 years	34.6	34.8	34.8	35.2	35.5
85 years and over	14.9	15.5	15.6	16.1	16.3
Average fee-for-service payment per enrollee					
Total	\$ 4,301	\$ 4,667	\$ 4,957	\$ 5,314	\$ 5,198
Sex					
Male	4,397	4,721	4,918	5,326	5,243
Female.	4,229	4,627	4,934	5,306	5,165
Age					
Under 65 years	4,673	4,960	5,475	5,735	5,143
65–74 years	3,300	3,548	3,715	3,953	3,973
75–84 years	5,152	5,576	5,856	6,267	6,145
85 years and over	6,267	6,950	7,321	7,919	7,641

NOTE: Table includes data for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence.

SOURCE: Health Care Financing Administration, Office of Strategic Planning. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for years 1996 to 2000.

Table 137 (page 1 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, selected years 1992–97

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

Characteristic	All		White, non-Hispanic			Black, non-Hispanic			Hispanic		
	1996	1997	1992	1996	1997	1992	1996	1997	1992	1996	1997
Number of beneficiaries in millions											
All Medicare beneficiaries.....	39.4	39.7	30.9	32.5	32.7	3.3	3.5	3.4	1.9	2.4	2.5
Percent distribution of beneficiaries											
All Medicare beneficiaries.....	100.0	100.0	84.2	82.4	82.7	8.9	8.9	8.7	5.2	6.2	6.4
Medical care use											
All Medicare beneficiaries:	Percent of beneficiaries with at least one service										
Long-term care facility stay	9.2	9.6	8.0	9.6	10.1	6.2	7.9	8.8	4.2	4.5	3.7
Community-only residents:											
Inpatient hospital	18.5	19.2	18.1	18.5	19.1	18.4	20.0	21.5	16.6	17.6	17.7
Outpatient hospital	64.6	67.8	57.8	65.1	68.4	61.1	65.7	69.4	53.1	60.2	62.3
Physician/supplier ¹	93.6	94.4	93.0	94.3	95.4	89.1	88.7	90.4	87.9	90.7	89.8
Dental	40.4	41.7	43.1	43.9	45.1	23.5	18.8	23.9	29.1	27.6	29.0
Prescription medicine	86.7	87.9	85.5	86.8	88.6	83.1	85.0	84.5	84.6	86.8	86.0
Expenditures ²											
All Medicare beneficiaries:	Expenditures per beneficiary										
Total	\$ 9,032	\$ 9,185	\$ 6,718	\$ 8,893	\$ 9,234	\$ 6,912	\$ 10,670	\$ 12,039	\$ 5,642	\$ 7,798	\$ 7,226
Long-term care facility	2,263	2,236	1,679	2,373	2,376	1,258	2,005	2,281	*	*	*
Community-only residents:											
Total personal health care	\$ 6,635	\$ 6,878	\$ 4,988	\$ 6,492	\$ 6,699	\$ 5,530	\$ 8,058	\$ 8,770	\$ 4,938	\$ 6,328	\$ 6,351
Inpatient hospital	2,410	2,472	2,058	2,358	2,359	2,493	2,895	3,569	1,999	2,243	2,310
Outpatient hospital	706	755	478	624	674	668	1,282	1,299	511	874	963
Physician/supplier ¹	1,981	2,003	1,525	1,969	1,762	1,398	2,124	2,291	1,587	1,957	2,330
Dental	203	208	153	224	229	70	84	103	97	128	124
Prescription medicine	669	730	481	680	741	417	602	717	389	653	661
Long-term care facility residents only:											
Long-term care facility	29,771	29,684	23,177	29,498	29,904	21,272	28,258	31,408	*	*	*
Sex											
Both sexes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	43.9	43.7	42.7	43.7	43.4	42.0	43.5	42.9	46.7	48.2	49.0
Female	56.1	56.3	57.3	56.3	56.6	58.0	56.6	57.1	53.3	51.8	51.0
Percent distribution of beneficiaries											
All Medicare beneficiaries.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disabled	12.1	12.4	8.6	10.0	10.3	19.1	24.2	24.7	16.5	22.1	22.2
Under 45 years.....	4.2	4.1	2.9	3.5	3.2	7.6	9.3	10.8	6.9	5.8	5.3
45–64 years	7.9	8.3	5.8	6.5	7.0	11.5	14.9	13.8	9.6	16.3	16.9
Aged	87.9	87.7	91.4	90.0	89.7	81.0	75.8	75.5	83.5	77.7	77.7
65–74 years	46.7	47.2	52.0	46.9	47.2	48.0	42.5	43.3	49.4	47.7	48.6
75–84 years	30.6	30.0	29.5	31.9	31.4	24.0	24.4	23.7	27.1	23.1	22.2
85 years and over	10.7	10.5	9.9	11.2	11.1	9.0	8.9	8.4	6.9	6.9	6.9
Eligibility criteria and age											
All Medicare beneficiaries.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Alone	28.8	28.3	27.5	28.9	28.7	27.7	31.3	28.9	20.2	24.0	24.6
With spouse.....	49.9	50.7	53.3	52.2	52.9	33.3	32.6	32.7	50.4	46.4	47.8
With children	8.3	8.6	7.7	6.8	7.0	16.8	15.3	16.7	16.6	16.5	14.9
With others	7.0	7.2	6.2	5.8	5.9	18.1	15.4	16.7	10.8	10.7	10.9
Long-term care facility.....	6.0	5.3	5.3	6.3	5.5	4.0	5.4	5.1	2.0	2.5	1.9
See footnotes at end of table.											

Table 137 (page 2 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, selected years 1992–97

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

Characteristic	All		White, non-Hispanic			Black, non-Hispanic			Hispanic		
	1996	1997	1992	1996	1997	1992	1996	1997	1992	1996	1997
Age and limitation of activity ³	Percent distribution of beneficiaries										
Under 65 years (disabled)	100.0	---	100.0	100.0	---	100.0	100.0	---	100.0	100.0	---
None.	26.9		21.8	22.9		26.2	30.5		21.2	25.0	
IADL only.	39.7	---	38.9	39.7	---	35.8	38.5	---	46.1	43.4	---
1 or 2 ADL.	19.6	---	21.5	21.9	---	21.2	21.3	---	20.9	16.7	---
3–5 ADL	13.8	---	17.9	15.6	---	16.8	9.6	---	11.9	14.9	---
65–74 years	100.0	---	100.0	100.0	---	100.0	100.0	---	100.0	100.0	---
None.	71.8	---	68.7	71.7	---	55.1	60.7	---	59.2	69.8	---
IADL only.	15.4	---	17.0	15.5	---	22.9	16.5	---	20.9	20.1	---
1 or 2 ADL.	8.1	---	9.6	8.3	---	14.4	14.9	---	15.7	7.4	---
3–5 ADL	4.7	---	4.6	4.5	---	7.6	7.9	---	4.2	2.7	---
75–84 years	100.0	---	100.0	100.0	---	100.0	100.0	---	100.0	100.0	---
None.	52.3	---	47.5	54.2	---	42.0	47.3	---	44.3	47.4	---
IADL only.	21.4	---	23.6	20.4	---	26.7	18.6	---	27.8	24.3	---
1 or 2 ADL.	14.9	---	16.8	14.9	---	15.3	19.0	---	14.9	14.2	---
3–5 ADL	11.4	---	12.2	10.6	---	15.9	15.2	---	13.0	14.1	---
85 years and over	100.0	---	100.0	100.0	---	100.0	100.0	---	100.0	100.0	---
None.	22.1	---	20.2	23.3	---	19.6	24.7	---	19.7	21.4	---
IADL only.	20.9	---	20.2	21.3	---	22.1	17.9	---	24.7	23.8	---
1 or 2 ADL.	20.2	---	23.5	21.3	---	24.3	20.3	---	23.7	24.3	---
3–5 ADL	36.9	---	36.1	34.1	---	34.0	37.2	---	31.8	30.5	---

* Relative standard error greater than 30 percent.

--- Data not available at time of publication.

¹Physician/supplier services include medical and osteopathic doctor and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment and nondurable medical supplies.

²Total health expenditures by Medicare beneficiaries, including expenses paid by Medicare and all other sources of payment.

³See Appendix II for definitions of Limitation of activity, Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL). Includes data for both community and long-term care facility residents.

SOURCES: Health Care Financing Administration. Health and Health Care of the Medicare Population: Data from the 1992 Medicare Current Beneficiary Survey; 1996 and 1997 data from the Medicare Current Beneficiary Survey at www.hcfa.gov/surveys/mcbs.

Table 138. Medicaid recipients and medical vendor payments, according to basis of eligibility, and race and ethnicity: United States, selected fiscal years 1972–98

[Data are compiled by the Health Care Financing Administration]

Basis of eligibility and race and ethnicity	1972	1975	1980	1985	1990	1995	1996	1997	1998 ¹
Recipients									
All recipients.....	17.6	22.0	21.6	21.8	25.3	36.3	36.1	34.9	40.6
Number in millions									
Percent of recipients									
Basis of eligibility: ²									
Aged (65 years and over).....	18.8	16.4	15.9	14.0	12.7	11.4	11.9	11.3	9.8
Blind and disabled.....	9.8	11.2	13.5	13.8	14.7	16.1	17.2	17.6	16.3
Adults in families with dependent children ³	17.8	20.6	22.6	25.3	23.8	21.0	19.7	19.5	19.5
Children under age 21 ⁴	44.5	43.6	43.2	44.7	44.4	47.3	46.3	45.3	46.7
Other Title XIX ⁵	9.0	8.2	6.9	5.6	3.9	1.7	1.8	6.3	7.8
Race and ethnicity: ⁶									
White.....	---	---	---	---	42.8	45.5	44.8	44.4	41.3
Black.....	---	---	---	---	25.1	24.7	23.9	23.5	24.2
American Indian or Alaska Native.....	---	---	---	---	1.0	0.8	0.8	1.0	0.8
Asian or Pacific Islander.....	---	---	---	---	2.0	2.2	2.1	1.9	2.5
Hispanic.....	---	---	---	---	15.2	17.2	17.5	14.3	15.6
Unknown.....	---	---	---	---	14.0	9.6	10.9	14.9	15.5
Vendor payments ⁷									
Amount in billions									
All payments.....	\$ 6.3	\$ 12.2	\$ 23.3	\$ 37.5	\$ 64.9	\$ 120.1	\$ 121.7	\$ 124.4	\$ 142.3
Percent distribution									
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Basis of eligibility:									
Aged (65 years and over).....	30.6	35.6	37.5	37.6	33.2	30.4	30.4	30.3	28.5
Blind and disabled.....	22.2	25.7	32.7	35.9	37.6	41.1	42.8	43.5	42.4
Adults in families with dependent children ³	15.3	16.8	13.9	12.7	13.2	11.2	10.1	9.9	10.4
Children under age 21 ⁴	18.1	17.9	13.4	11.8	14.0	15.0	14.4	14.1	16.0
Other Title XIX ⁵	13.9	4.0	2.6	2.1	1.6	1.2	1.2	2.2	2.6
Race and ethnicity: ⁶									
White.....	---	---	---	---	53.4	54.3	54.1	55.0	54.3
Black.....	---	---	---	---	18.3	19.2	18.7	18.5	19.6
American Indian or Alaska Native.....	---	---	---	---	0.6	0.5	0.6	0.6	0.8
Asian or Pacific Islander.....	---	---	---	---	1.0	1.2	1.1	0.9	1.4
Hispanic.....	---	---	---	---	5.3	7.3	7.4	6.8	8.2
Unknown.....	---	---	---	---	21.3	17.6	18.1	18.2	15.7
Vendor payments per recipient ⁷									
Amount									
All recipients.....	\$ 358	\$ 556	\$ 1,079	\$ 1,719	\$ 2,568	\$ 3,311	\$ 3,369	\$ 3,568	\$ 3,501
Basis of eligibility:									
Aged (65 years and over).....	580	1,206	2,540	4,605	6,717	8,868	8,622	9,538	10,242
Blind and disabled.....	807	1,276	2,618	4,459	6,564	8,435	8,369	8,832	9,095
Adults in families with dependent children ³	307	455	662	860	1,429	1,777	1,722	1,809	1,876
Children under age 21 ⁴	145	228	335	452	811	1,047	1,048	1,111	1,203
Other Title XIX ⁵	555	273	398	657	1,062	2,380	2,152	1,242	1,166
Race and ethnicity: ⁶									
White.....	---	---	---	---	3,207	3,953	4,074	4,421	4,609
Black.....	---	---	---	---	1,878	2,568	2,631	2,798	2,836
American Indian or Alaska Native.....	---	---	---	---	1,706	2,142	2,298	2,500	3,297
Asian or Pacific Islander.....	---	---	---	---	1,257	1,713	1,767	1,610	1,924
Hispanic.....	---	---	---	---	903	1,400	1,428	1,699	1,842
Unknown.....	---	---	---	---	3,909	6,099	5,603	4,356	3,531

--- Data not available.

¹Prior to 1998 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year. Prior to 1998 vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²In 1980 and 1985 recipients included in more than one category. In 1990–96, 0.2–2.5 percent of recipients have unknown basis of eligibility. From 1997 onwards, unknowns are included in Other Title XIX.

³Includes adults in the Aid to Families with Dependent Children (AFDC) program.

⁴Includes children in the AFDC program. From 1997 onwards includes foster care.

⁵Includes some participants in the Supplemental Security Income program and other people deemed medically needy in participating States. From 1997 onwards excludes foster care and includes unknown eligibility.

⁶Race and ethnicity as determined on initial Medicaid application. Categories are mutually exclusive.

⁷Vendor payments exclude disproportionate share hospital payments (\$16 billion in 1997 and \$15 billion in 1998).

NOTES: 1972 and 1975 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Data for additional years are available (see Appendix III). Some numbers in this table have been revised and differ from the previous edition of *Health, United States*.

SOURCE: Health Care Financing Administration, Office of Information Services, Enterprise Databases Group, Division of Information Distribution.

Table 139 (page 1 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–98

[Data are compiled by the Health Care Financing Administration]

Type of service	1972	1975	1980	1985	1990	1995	1996	1997	1998 ¹	
Recipients		Number in millions								
All recipients	17.6	22.0	21.6	21.8	25.3	36.3	36.1	34.9	40.6	
		Percent of recipients								
Inpatient general hospitals	16.1	15.6	17.0	15.7	18.2	15.3	14.8	13.6	10.5	
Inpatient mental hospitals	0.2	0.3	0.3	0.3	0.4	0.2	0.3	0.3	0.3	
Mentally retarded intermediate care facilities	---	0.3	0.6	0.7	0.6	0.4	0.4	0.4	0.3	
Nursing facilities	---	---	---	---	---	4.6	4.4	4.6	4.0	
Skilled	3.1	2.9	2.8	2.5	2.4	---	---	---	---	
Intermediate care	---	3.1	3.7	3.8	3.4	---	---	---	---	
Physician	69.8	69.1	63.7	66.0	67.6	65.6	63.3	60.7	45.6	
Dental	13.6	17.9	21.5	21.4	18.0	17.6	17.2	17.0	12.2	
Other practitioner	9.1	12.1	15.0	15.4	15.3	15.2	14.8	14.7	10.7	
Outpatient hospital	29.6	33.8	44.9	46.2	49.0	46.1	44.0	39.1	29.9	
Clinic	2.8	4.9	7.1	9.7	11.1	14.7	14.0	13.5	13.0	
Laboratory and radiological	20.0	21.5	14.9	29.1	35.5	36.0	34.9	31.8	23.1	
Home health	0.6	1.6	1.8	2.5	2.8	4.5	4.8	5.3	3.0	
Prescribed drugs	63.3	64.3	63.4	63.8	68.5	65.4	62.5	60.1	47.6	
Family planning	---	5.5	5.2	7.5	6.9	6.9	6.6	6.0	4.9	
Early and periodic screening	---	---	---	8.7	11.7	18.2	18.2	18.5	15.2	
Rural health clinic	---	---	---	0.4	0.9	3.4	3.9	4.1	---	
Prepaid health care	---	---	---	---	---	---	---	---	49.7	
Other care	14.4	13.2	11.9	15.5	20.3	31.5	36.3	35.5	36.0	
Vendor payments ²		Amount in billions								
All payments	\$ 6.3	\$ 12.2	\$ 23.3	\$ 37.5	\$ 64.9	\$ 120.1	\$ 121.7	\$ 124.4	\$ 142.3	
		Percent distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Inpatient general hospitals	40.6	27.6	27.5	25.2	25.7	21.9	20.7	18.6	15.1	
Inpatient mental hospitals	1.8	3.3	3.3	3.2	2.6	2.1	1.7	1.6	2.0	
Mentally retarded intermediate care facilities	---	3.1	8.5	12.6	11.3	8.6	7.9	7.9	6.7	
Nursing facilities	---	---	---	---	---	24.2	24.3	24.5	22.4	
Skilled	23.3	19.9	15.8	13.5	12.4	---	---	---	---	
Intermediate care	---	15.4	18.0	17.4	14.9	---	---	---	---	
Physician	12.6	10.0	8.0	6.3	6.2	6.1	5.9	5.7	4.3	
Dental	2.7	2.8	2.0	1.2	0.9	0.8	0.8	0.8	0.6	
Other practitioner	0.9	1.0	0.8	0.7	0.6	0.8	0.9	0.8	0.4	
Outpatient hospital	5.8	3.0	4.7	4.8	5.1	5.5	5.3	5.0	4.0	
Clinic	0.7	3.2	1.4	1.9	2.6	3.6	3.5	3.4	2.8	
Laboratory and radiological	1.3	1.0	0.5	0.9	1.1	1.0	1.0	0.8	0.7	
Home health	0.4	0.6	1.4	3.0	5.2	7.8	8.9	9.8	1.9	
Prescribed drugs	8.1	6.7	5.7	6.2	6.8	8.1	8.8	9.6	9.5	
Family planning	---	0.5	0.3	0.5	0.4	0.4	0.4	0.3	0.3	
Early and periodic screening	---	---	---	0.2	0.3	1.0	1.1	1.3	0.9	
Rural health clinic	---	---	---	0.0	0.1	0.2	0.2	0.2	---	
Prepaid health care	---	---	---	---	---	---	---	---	13.6	
Other care	1.8	1.9	1.9	2.5	3.7	7.7	8.4	8.9	13.6	

See footnotes at end of table.

Table 139 (page 2 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–98

[Data are compiled by the Health Care Financing Administration]

Type of service	1972	1975	1980	1985	1990	1995	1996	1997	1998 ¹
Vendor payments per recipient ²					Amount				
Total payment per recipient	\$ 358	\$ 556	\$ 1,079	\$ 1,719	\$ 2,568	\$ 3,311	\$ 3,369	\$ 3,568	\$ 3,501
Inpatient general hospitals	903	983	1,742	2,753	3,630	4,735	4,696	4,877	5,031
Inpatient mental hospitals	2,825	6,045	11,742	19,867	18,548	29,847	21,873	22,990	20,701
Mentally retarded intermediate care facilities	—	5,507	16,438	32,102	50,048	68,613	68,232	72,033	74,960
Nursing facilities	—	—	—	—	—	17,424	18,589	19,029	19,379
Skilled	2,665	3,864	6,081	9,274	13,356	—	—	—	—
Intermediate care.	—	2,764	5,326	7,882	11,236	—	—	—	—
Physician	65	81	136	163	235	309	317	333	327
Dental	71	86	99	98	130	160	166	175	182
Other practitioner	37	48	61	75	96	178	205	190	135
Outpatient hospital	70	50	113	178	269	397	409	453	474
Clinic	82	358	209	337	602	804	833	902	742
Laboratory and radiological	23	27	38	53	80	90	96	93	100
Home health.	229	204	847	2,094	4,733	5,740	6,293	6,575	2,206
Prescribed drugs	46	58	96	166	256	413	474	571	699
Family planning	—	55	72	119	151	206	200	200	223
Early and periodic screening	—	—	—	45	67	177	212	251	216
Rural health clinic	—	—	—	81	154	174	215	213	—
Prepaid health care	—	—	—	—	—	—	—	—	955
Other care	44	80	172	274	465	807	782	891	1,331

— Data not available.

... Category not applicable.

¹Prior to 1998 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year. Prior to 1998 vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Payments exclude disproportionate share hospital payments (\$16 billion in 1997 and \$15 billion in 1998).

NOTES: 1972 and 1975 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Data for additional years are available (see Appendix III). Some numbers in this table have been revised and differ from the previous edition of *Health, United States*.

SOURCE: Health Care Financing Administration. Office of Information Services, Enterprise Databases Group, Division of Information Distribution.

Table 140. Department of Veterans Affairs health care expenditures and use, and persons treated according to selected characteristics: United States, selected fiscal years 1970–99

[Data are compiled by Department of Veterans Affairs]

	1970	1980	1990	1994	1995	1996	1997	1998	1999
Health care expenditures									
All expenditures ¹	\$1,689	\$ 5,981	\$11,500	\$15,401	\$16,126	\$16,373	\$17,149	\$17,441	\$17,876
Amount in millions									
Percent distribution									
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	71.3	64.3	57.5	53.8	49.0	46.3	43.1	38.3	37.5
Outpatient care.	14.0	19.1	25.3	28.4	30.2	33.6	37.1	41.8	44.0
Nursing home care	5.5	7.1	9.5	10.5	10.0	10.1	10.2	10.2	9.8
All other ²	9.1	9.6	7.7	7.3	10.8	10.0	9.6	9.9	8.7
Health care use									
Number in thousands									
Inpatient hospital stays ³	787	1,248	1,029	907	879	807	671	617	611
Outpatient visits	7,312	17,971	22,602	25,158	27,527	29,295	31,919	34,972	36,928
Nursing home stays ⁴	47	57	75	78	79	79	87	98	92
Inpatients ⁵									
Total	---	---	598	547	527	491	417	380	367
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.9	39.1	39.3	39.5	39.2	38.2	38.0
Veterans without service-connected disability	---	---	60.3	60.0	59.9	59.6	59.7	60.8	60.9
Low income	---	---	54.8	56.6	56.2	55.7	55.5	55.4	54.3
Exempt ⁶	---	---	2.5	0.9	0.8	0.8	0.9	0.9	1.0
Other ⁷	---	---	2.8	2.4	2.8	3.0	3.2	3.8	4.9
Unknown	---	---	0.2	0.1	0.1	0.1	0.1	0.7	0.6
Nonveterans.	---	---	0.8	0.9	0.8	0.8	1.0	1.0	1.2
Outpatients ⁵									
Total	---	---	2,564	2,714	2,790	2,846	2,958	3,235	3,390
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.3	37.4	37.5	37.8	37.9	38.7	36.7
Veterans without service-connected disability	---	---	49.8	50.5	50.5	50.2	51.5	52.9	53.7
Low income	---	---	41.1	42.6	42.2	41.9	41.9	41.3	39.7
Exempt ⁶	---	---	2.9	1.0	0.9	0.9	0.7	0.5	0.5
Other ⁷	---	---	3.6	3.6	4.2	4.7	5.9	8.4	11.3
Unknown	---	---	2.2	3.3	3.2	2.8	3.0	2.7	2.3
Nonveterans.	---	---	11.8	12.1	12.0	12.1	10.6	10.4	9.6

--- Data not available.

¹Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses.

²Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to State veterans hospitals, nursing homes, and domiciliaries, and the Civilian Health and Medical Program of the Department of Veterans Affairs.

³One-day dialysis patients were included in fiscal year 1980. Interfacility transfers were included beginning in fiscal year 1990.

⁴Includes Department of Veterans Affairs nursing home and domiciliary stays, and community nursing home stays.

⁵Individuals.

⁶Prisoner of war, exposed to Agent Orange, and so forth. Prior to fiscal year 1994, veterans who reported exposure to Agent Orange were classified as exempt.

Beginning in fiscal year 1994 those veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

⁷Financial means-tested veterans who receive medical care subject to copayments according to income level.

NOTES: Figures may not add to totals due to rounding. In 1970 and 1980, the fiscal year ended June 30; for all other years the fiscal year ends September 30. The veteran population was estimated at 24.8 million in 1999 with 38 percent age 65 or over, compared with 11 percent in 1980. Twenty-four percent had served during World War II, 16 percent during the Korean conflict, 33 percent during the Vietnam era, 9 percent during the Persian Gulf War, and 24 percent during peacetime. Beginning in fiscal year 1995 categories for health care expenditures and health care use were revised. Data for additional years are available (see Appendix III).

SOURCE: Department of Veterans Affairs, Office of Policy and Planning, Policy Analysis Service. Unpublished data.

Table 141. Hospital care expenditures by geographic division and State and average annual percent change: United States, selected years 1980–98

[Data are compiled by the Health Care Financing Administration]

Geographic division and State ¹	Amount in millions						Average annual percent change	
	1980	1990	1995	1996	1997	1998	1980–90	1990–98
United States ²	\$101,520	\$254,117	\$344,217	\$356,533	\$367,480	\$380,050	9.6	5.2
New England	6,469	15,526	19,646	20,241	21,102	21,810	9.1	4.3
Maine	460	1,117	1,549	1,667	1,740	1,846	9.3	6.5
New Hampshire	313	1,055	1,370	1,417	1,497	1,559	12.9	5.0
Vermont	174	447	675	658	684	712	9.9	6.0
Massachusetts	3,646	8,153	10,236	10,543	10,972	11,305	8.4	4.2
Rhode Island	481	1,095	1,441	1,471	1,607	1,702	8.6	5.7
Connecticut	1,395	3,659	4,375	4,485	4,602	4,686	10.1	3.1
Middle Atlantic.....	18,362	45,434	60,048	61,505	62,591	64,040	9.5	4.4
New York.....	9,582	22,718	30,220	31,154	31,722	32,636	9.0	4.6
New Jersey.....	2,763	7,853	10,725	11,330	11,022	11,191	11.0	4.5
Pennsylvania.....	6,017	14,863	19,103	19,021	19,847	20,213	9.5	3.9
East North Central.....	19,593	42,958	58,296	60,325	62,788	65,167	8.2	5.3
Ohio	4,809	11,414	15,149	15,954	16,247	16,763	9.0	4.9
Indiana	2,125	5,283	7,475	7,221	8,139	8,515	9.5	6.1
Illinois	6,218	12,391	16,579	16,969	17,487	17,996	7.1	4.8
Michigan	4,482	9,494	13,159	13,713	14,055	14,641	7.8	5.6
Wisconsin	1,959	4,376	5,934	6,468	6,860	7,252	8.4	6.5
West North Central.....	7,810	17,983	24,744	25,831	26,930	28,168	8.7	5.8
Minnesota	1,740	4,083	5,384	5,633	6,158	6,540	8.9	6.1
Iowa	1,179	2,632	3,558	3,756	3,897	4,084	8.4	5.6
Missouri.....	2,532	5,973	8,260	8,465	8,594	8,828	9.0	5.0
North Dakota	313	717	1,064	1,123	1,203	1,282	8.6	7.5
South Dakota	275	694	1,053	1,128	1,176	1,257	9.7	7.7
Nebraska	681	1,586	2,218	2,438	2,471	2,597	8.8	6.4
Kansas	1,090	2,298	3,207	3,288	3,431	3,580	7.7	5.7
South Atlantic.....	15,589	44,074	61,245	63,991	66,614	69,430	11.0	5.8
Delaware	259	708	1,054	1,021	1,116	1,166	10.6	6.4
Maryland	2,034	4,658	6,458	6,761	6,994	7,313	8.6	5.8
District of Columbia	913	2,137	2,458	2,583	2,558	2,585	8.9	2.4
Virginia	2,077	5,663	7,554	7,925	8,324	8,689	10.6	5.5
West Virginia	831	1,761	2,561	2,694	2,825	2,955	7.8	6.7
North Carolina	1,963	5,899	9,047	9,675	10,301	10,987	11.6	8.1
South Carolina	978	3,109	4,700	4,755	5,292	5,597	12.3	7.6
Georgia	2,148	6,682	9,304	9,723	10,009	10,396	12.0	5.7
Florida	4,386	13,457	18,109	18,854	19,195	19,742	11.9	4.9
East South Central.....	5,715	15,141	21,378	22,712	23,453	24,473	10.2	6.2
Kentucky	1,230	3,432	4,825	5,140	5,453	5,731	10.8	6.6
Tennessee	2,027	5,508	7,259	7,736	8,012	8,276	10.5	5.2
Alabama	1,591	4,014	5,826	6,165	6,334	6,618	9.7	6.4
Mississippi	867	2,187	3,468	3,671	3,654	3,848	9.7	7.3
West South Central.....	9,211	25,337	35,747	37,466	38,564	40,003	10.6	5.9
Arkansas	746	2,108	2,898	3,081	3,188	3,324	10.9	5.9
Louisiana	1,744	4,624	6,565	6,683	6,895	7,139	10.2	5.6
Oklahoma	1,177	2,673	3,747	3,982	4,032	4,218	8.5	5.9
Texas	5,544	15,932	22,537	23,720	24,449	25,322	11.1	6.0
Mountain	4,256	11,747	16,723	17,540	18,372	19,341	10.7	6.4
Montana	264	678	1,052	1,030	1,148	1,224	9.9	7.7
Idaho	243	664	1,018	1,116	1,164	1,236	10.6	8.1
Wyoming	146	353	499	536	549	582	9.2	6.4
Colorado	1,218	3,103	4,297	4,404	4,610	4,850	9.8	5.7
New Mexico	451	1,364	1,975	2,091	2,192	2,317	11.7	6.8
Arizona	1,094	3,217	4,413	4,592	4,761	4,977	11.4	5.6
Utah	453	1,325	1,913	2,094	2,177	2,290	11.3	7.1
Nevada	387	1,043	1,556	1,677	1,771	1,865	10.4	7.5
Pacific	14,516	35,917	46,390	46,920	47,066	47,616	9.5	3.6
Washington	1,396	3,964	5,819	6,029	6,164	6,362	11.0	6.1
Oregon	928	2,295	3,146	3,256	3,407	3,545	9.5	5.6
California	11,633	27,948	34,905	34,959	34,863	34,948	9.2	2.8
Alaska	199	558	867	897	907	986	10.9	7.4
Hawaii	360	1,152	1,653	1,779	1,725	1,775	12.3	5.6

¹States where services were provided.

²These estimates differ from National Health Expenditures estimates presented elsewhere in *Health, United States*. See Appendix I, Health Care Financing Administration.

NOTES: Figures may not sum to totals due to rounding. These data include revisions in health expenditures and differ from previous editions of *Health, United States*.

SOURCE: Health Care Financing Administration, Office of the Actuary. Estimates prepared by the Office of National Health Statistics.

Table 142. Physician and other professional service expenditures by geographic division and State and average annual percent change: United States, selected years 1980–98

[Data are compiled by the Health Care Financing Administration]

Geographic division and State ¹	Amount in millions						Average annual percent change	
	1980	1990	1995	1996	1997	1998	1980–90	1990–98
United States ²	\$51,598	\$181,040	\$255,507	\$265,931	\$279,223	\$296,102	13.4	6.3
New England	2,422	10,086	14,037	14,507	15,708	16,896	15.3	6.7
Maine	172	655	931	1,001	1,105	1,219	14.3	8.1
New Hampshire	158	702	1,117	1,198	1,282	1,405	16.1	9.1
Vermont	82	311	443	470	516	563	14.3	7.7
Massachusetts	1,140	4,906	6,679	6,988	7,705	8,322	15.7	6.8
Rhode Island	196	693	944	946	990	1,095	13.5	5.9
Connecticut	674	2,819	3,923	3,904	4,110	4,292	15.4	5.4
Middle Atlantic.....	7,420	26,861	38,528	39,232	40,664	43,043	13.7	6.1
New York.....	3,559	12,516	17,695	18,176	18,852	20,103	13.4	6.1
New Jersey.....	1,549	5,915	8,847	8,848	9,205	9,506	14.3	6.1
Pennsylvania.....	2,312	8,430	11,986	12,208	12,607	13,434	13.8	6.0
East North Central.....	9,317	27,917	38,870	40,371	41,277	43,642	11.6	5.7
Ohio	2,443	7,623	10,102	10,484	10,445	11,024	12.1	4.7
Indiana	1,047	3,492	4,802	5,041	5,212	5,613	12.8	6.1
Illinois	2,465	7,491	10,518	11,027	11,311	11,975	11.8	6.0
Michigan	2,303	6,053	8,287	8,616	8,829	9,186	10.1	5.4
Wisconsin	1,059	3,258	5,161	5,203	5,480	5,844	11.9	7.6
West North Central.....	3,807	11,734	16,838	17,785	18,774	20,214	11.9	7.0
Minnesota	1,092	3,667	5,750	6,215	6,648	7,183	12.9	8.8
Iowa	580	1,514	2,095	2,197	2,275	2,457	10.1	6.2
Missouri.....	1,011	3,297	4,383	4,594	4,888	5,310	12.5	6.1
North Dakota	155	447	637	629	597	612	11.2	4.0
South Dakota	120	369	552	600	676	747	11.9	9.2
Nebraska	313	860	1,163	1,215	1,286	1,367	10.6	6.0
Kansas	536	1,580	2,258	2,335	2,404	2,538	11.4	6.1
South Atlantic.....	8,077	32,972	46,158	48,263	50,867	53,464	15.1	6.2
Delaware	134	492	689	699	755	792	13.9	6.1
Maryland	930	3,682	5,397	5,578	5,719	5,978	14.8	6.2
District of Columbia	276	882	918	803	794	781	12.3	-1.5
Virginia	991	3,945	5,423	5,725	5,979	6,265	14.8	6.0
West Virginia	377	1,095	1,535	1,576	1,694	1,793	11.3	6.4
North Carolina	978	3,819	5,840	6,245	6,621	7,106	14.6	8.1
South Carolina	459	1,687	2,597	2,762	3,030	3,254	13.9	8.6
Georgia	1,108	4,619	7,076	7,530	8,156	8,510	15.3	7.9
Florida	2,824	12,751	16,683	17,345	18,119	18,985	16.3	5.1
East South Central.....	2,691	9,457	14,507	15,282	16,469	17,325	13.4	7.9
Kentucky	650	2,113	3,276	3,429	3,595	3,785	12.5	7.6
Tennessee	962	3,414	5,637	6,014	6,438	6,719	13.5	8.8
Alabama	707	2,758	3,842	3,982	4,348	4,609	14.6	6.6
Mississippi	372	1,172	1,752	1,857	2,088	2,212	12.2	8.3
West South Central.....	5,235	17,441	24,515	25,570	27,527	29,523	12.8	6.8
Arkansas	430	1,410	1,952	1,949	2,126	2,225	12.6	5.9
Louisiana	834	2,726	3,667	3,786	4,016	4,249	12.6	5.7
Oklahoma	616	1,783	2,458	2,604	2,761	2,978	11.2	6.6
Texas	3,355	11,522	16,438	17,231	18,624	20,071	13.1	7.2
Mountain	2,530	9,477	13,351	14,242	15,244	16,403	14.1	7.1
Montana	164	427	572	610	653	695	10.0	6.3
Idaho	166	478	758	808	878	935	11.2	8.7
Wyoming	77	200	282	288	306	343	10.0	7.0
Colorado	681	2,464	3,575	3,773	4,022	4,314	13.7	7.3
New Mexico	219	773	1,142	1,290	1,351	1,415	13.4	7.9
Arizona	721	3,158	4,182	4,460	4,735	5,135	15.9	6.3
Utah	271	927	1,302	1,400	1,542	1,648	13.1	7.5
Nevada	231	1,050	1,538	1,613	1,757	1,918	16.3	7.8
Pacific	10,097	35,094	48,704	50,679	52,694	55,594	13.3	5.9
Washington	1,060	3,674	5,220	5,357	5,553	5,908	13.2	6.1
Oregon	670	2,029	2,822	2,910	3,129	3,285	11.7	6.2
California	7,977	28,242	38,854	40,435	41,977	44,239	13.5	5.8
Alaska	114	360	460	508	534	568	12.2	5.9
Hawaii	276	789	1,348	1,469	1,501	1,594	11.1	9.2

¹States where services were provided.

²These estimates differ from National Health Expenditures estimates presented elsewhere in *Health, United States*. See Appendix I, Health Care Financing Administration.

NOTES: Figures may not sum to totals due to rounding. These data include revisions in health expenditures and differ from previous editions of *Health, United States*.

SOURCE: Health Care Financing Administration, Office of the Actuary. Estimates prepared by the Office of National Health Statistics.

Table 143. Expenditures for purchases of prescription and nonprescription drugs by geographic division and State and average annual percent change: United States, selected years 1980–98

[Data are compiled by the Health Care Financing Administration]

Geographic division and State ¹	Amount in millions						Average annual percent change	
	1980	1990	1995	1996	1997	1998	1980–90	1990–98
United States	\$21,621	\$59,918	\$88,643	\$98,012	\$108,572	\$121,906	10.7	9.3
New England	1,097	3,224	4,624	5,062	5,589	6,427	11.4	9.0
Maine	83	253	371	423	495	559	11.8	10.4
New Hampshire	76	267	385	424	472	539	13.4	9.2
Vermont	39	120	174	188	207	237	11.9	8.9
Massachusetts	524	1,472	2,103	2,280	2,507	2,882	10.9	8.8
Rhode Island	81	262	369	408	445	505	12.5	8.5
Connecticut	294	850	1,222	1,339	1,463	1,705	11.2	9.1
Middle Atlantic	3,258	9,478	14,174	15,743	17,372	19,666	11.3	9.6
New York	1,497	4,345	6,461	7,247	7,928	8,940	11.2	9.4
New Jersey	692	2,147	3,311	3,640	4,015	4,564	12.0	9.9
Pennsylvania	1,069	2,986	4,402	4,856	5,429	6,162	10.8	9.5
East North Central	3,882	10,126	15,051	16,685	18,200	20,003	10.1	8.9
Ohio	1,043	2,614	3,762	4,146	4,558	5,027	9.6	8.5
Indiana	523	1,335	2,089	2,265	2,475	2,649	9.8	8.9
Illinois	1,029	2,692	3,975	4,387	4,717	5,174	10.1	8.5
Michigan	914	2,396	3,583	4,068	4,478	4,884	10.1	9.3
Wisconsin	373	1,089	1,642	1,819	1,972	2,269	11.3	9.6
West North Central	1,537	3,987	5,887	6,428	7,046	8,022	10.0	9.1
Minnesota	342	938	1,425	1,582	1,745	2,004	10.6	10.0
Iowa	253	615	899	991	1,072	1,219	9.3	8.9
Missouri	475	1,225	1,793	1,905	2,090	2,403	9.9	8.8
North Dakota	54	139	197	214	229	250	9.9	7.6
South Dakota	52	140	206	222	238	268	10.4	8.5
Nebraska	139	367	564	626	686	791	10.2	10.1
Kansas	222	563	803	888	986	1,087	9.8	8.6
South Atlantic	3,591	10,776	16,528	18,570	20,930	23,554	11.6	10.3
Delaware	56	165	251	287	335	390	11.4	11.4
Maryland	417	1,227	1,601	1,800	2,070	2,304	11.4	8.2
District of Columbia	65	144	192	211	226	239	8.3	6.5
Virginia	505	1,486	2,199	2,399	2,650	2,947	11.4	8.9
West Virginia	185	476	713	769	866	949	9.9	9.0
North Carolina	564	1,546	2,382	2,672	3,051	3,411	10.6	10.4
South Carolina	275	771	1,202	1,360	1,559	1,721	10.9	10.6
Georgia	524	1,550	2,393	2,671	3,015	3,367	11.5	10.2
Florida	1,000	3,411	5,595	6,401	7,158	8,226	13.1	11.6
East South Central	1,415	3,838	5,741	6,326	7,120	7,988	10.5	9.6
Kentucky	359	944	1,400	1,549	1,737	1,966	10.2	9.6
Tennessee	462	1,288	1,967	2,163	2,435	2,751	10.8	10.0
Alabama	366	1,008	1,500	1,651	1,867	2,049	10.7	9.3
Mississippi	228	598	874	963	1,081	1,222	10.1	9.3
West South Central	2,496	6,499	9,729	10,754	11,829	13,259	10.0	9.3
Arkansas	233	571	859	973	1,054	1,177	9.4	9.5
Louisiana	437	1,061	1,547	1,656	1,807	1,992	9.3	8.2
Oklahoma	307	716	1,090	1,193	1,277	1,418	8.8	8.9
Texas	1,519	4,151	6,233	6,932	7,691	8,672	10.6	9.6
Mountain	1,013	3,034	4,989	5,549	6,126	6,896	11.6	10.8
Montana	65	173	270	296	315	349	10.3	9.2
Idaho	83	212	346	386	425	474	9.8	10.6
Wyoming	41	95	132	146	159	178	8.8	8.2
Colorado	255	703	1,135	1,238	1,350	1,546	10.7	10.4
New Mexico	103	318	477	533	573	630	11.9	8.9
Arizona	262	871	1,475	1,645	1,821	2,066	12.8	11.4
Utah	118	379	601	679	763	828	12.4	10.3
Nevada	86	283	553	626	720	825	12.6	14.3
Pacific	3,333	8,958	11,918	12,893	14,363	16,090	10.4	7.6
Washington	405	1,159	1,674	1,849	2,069	2,365	11.1	9.3
Oregon	264	620	994	1,114	1,225	1,386	8.9	10.6
California	2,509	6,728	8,645	9,287	10,387	11,604	10.4	7.1
Alaska	43	119	165	182	197	221	10.7	8.0
Hawaii	112	332	440	461	485	514	11.5	5.6

¹States where prescriptions were provided.

NOTES: Prescription drug expenditures are limited to spending for products purchased in retail outlets. The value of drugs and other products provided by hospitals, nursing homes, or other health professionals is included in estimates of spending for these providers' services. Figures may not sum to totals due to rounding. These data include revisions in health expenditures and differ from previous editions of *Health, United States*.

SOURCE: Health Care Financing Administration, Office of the Actuary. Estimates prepared by the Office of National Health Statistics.

Table 144. State mental health agency per capita expenditures for mental health services and average annual percent change by geographic division and State: United States, selected fiscal years 1981–97

[Data are based on reporting by State mental health agencies]

Geographic division and State	1981	1983	1985	1987	1990 ¹	1993 ^{1,2}	1997 ^{1,2}	Average annual percent change 1981–97
								Amount per capita
United States	\$ 27	\$31	\$35	\$ 38	\$ 48	\$ 54	\$ 64	5.5
New England:								
Maine	25	32	36	42	67	70	88	8.2
New Hampshire	35	39	42	36	63	78	99	6.8
Vermont	32	40	44	44	54	74	92	6.8
Massachusetts	32	36	46	62	84	83	90	6.7
Rhode Island	36	32	35	41	50	61	63	3.6
Connecticut	32	39	44	56	73	82	99	7.4
Middle Atlantic:								
New York	67	74	90	99	118	131	113	3.3
New Jersey	26	31	36	43	57	68	69	6.2
Pennsylvania	41	47	52	50	57	68	68	3.3
East North Central:								
Ohio	25	29	30	34	41	47	52	4.8
Indiana	19	23	27	31	47	39	40	4.8
Illinois	18	21	24	25	34	36	51	6.8
Michigan	33	39	49	61	74	75	87	6.3
Wisconsin	22	27	28	31	37	35	44	4.3
West North Central:								
Minnesota ³	17	30	32	42	54	69	87	10.8
Iowa	8	10	11	12	17	13	29	8.5
Missouri	24	25	28	32	35	41	56	5.5
North Dakota	39	42	36	42	40	43	48	1.4
South Dakota	17	21	22	27	25	47	54	7.5
Nebraska	17	19	21	21	29	34	39	5.5
Kansas	18	22	27	28	35	48	59	7.9
South Atlantic:								
Delaware	44	51	46	41	55	56	73	3.2
Maryland	33	37	40	49	61	64	76	5.4
District of Columbia ⁴	---	23	28	130	268	315	337	---
Virginia	23	29	32	35	45	40	49	4.9
West Virginia	20	20	22	23	24	22	23	1.0
North Carolina	24	29	38	41	46	50	62	6.2
South Carolina	31	33	33	45	51	56	64	4.7
Georgia	25	26	23	32	51	49	47	4.0
Florida	20	23	26	25	37	31	44	5.1
East South Central:								
Kentucky	15	17	19	23	23	25	35	5.5
Tennessee	18	20	23	24	29	37	23	1.6
Alabama	20	24	28	29	38	43	47	5.5
Mississippi	14	16	24	22	34	41	56	9.2
West South Central:								
Arkansas	17	20	24	24	26	30	30	3.7
Louisiana	19	23	26	25	28	39	43	5.3
Oklahoma	22	33	31	30	36	38	41	3.9
Texas	13	16	17	19	23	31	39	7.1
Mountain:								
Montana	25	28	29	28	28	34	93	8.7
Idaho	13	15	15	17	20	26	29	4.9
Wyoming	23	28	31	30	35	42	43	4.0
Colorado	24	25	28	30	34	41	57	5.6
New Mexico	24	25	25	24	23	24	31	1.7
Arizona	10	10	12	16	27	60	68	12.7
Utah	13	16	17	19	21	25	28	4.8
Nevada	22	25	26	28	33	32	45	4.6
Pacific:								
Washington	18	24	30	37	43	66	79	9.8
Oregon	21	21	25	28	41	60	68	7.8
California	28	29	34	30	42	50	58	4.6
Alaska	38	41	45	50	72	86	79	4.7
Hawaii	19	22	23	26	38	71	85	9.9

--- Data not available.

¹Puerto Rico is included in U.S. total.

²Guam is included in U.S. total.

³Data for 1981 not comparable with 1983–93 data for Minnesota. Average annual percent change is for 1983–97.

⁴Transfer of St. Elizabeths Hospital from the National Institute of Mental Health to the District of Columbia Office of Mental Health took place over the years 1985–93.

NOTE: Expenditures for mental illness, excluding mental retardation and substance abuse.

SOURCES: National Association of State Mental Health Program Directors and the National Association of State Mental Health Program Directors Research Institute, Inc.: Final Report: Funding sources and expenditures of State mental health agencies: Revenue/expenditure study results, fiscal year 1990. Nov. 1992; Supplemental report fiscal year 1993. Mar. 1996; Fiscal year 1997: Final report. July 1999.

Table 145. Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic division and State: United States, 1994 and 1998

[Data are compiled by the Health Care Financing Administration]

Geographic division and State	Enrollment in thousands ¹	Short-stay hospital utilization							
		Percent of enrollees in managed care ²		Payments per enrollee ³		Discharges per 1,000 enrollees ³		Average length of stay in days ³	
		1998	1994	1998	1994	1998	1994	1998	1994
United States	38,018	7.9	17.1	\$4,375	\$5,299	345	371	7.5	6.1
New England	2,093	4.0	18.1	4,497	5,689	320	339	7.7	6.0
Maine	211	0.1	0.3	3,464	4,305	322	330	7.6	5.7
New Hampshire	164	0.2	9.8	3,414	4,430	281	290	7.6	5.9
Vermont	87	0.1	1.9	3,182	4,142	283	281	7.6	5.6
Massachusetts	950	6.1	23.1	5,147	6,463	350	367	7.6	5.9
Rhode Island	169	7.0	26.2	4,148	5,744	312	357	8.1	6.4
Connecticut	511	2.6	18.9	4,426	5,782	287	316	8.1	6.2
Middle Atlantic	5,942	4.6	19.7	4,917	6,033	354	388	9.8	7.6
New York	2,661	6.2	17.7	4,855	6,124	334	371	11.2	8.6
New Jersey	1,197	2.6	15.1	4,531	6,169	354	377	10.2	7.7
Pennsylvania	2,084	3.3	24.8	5,212	5,819	379	418	8.0	6.3
East North Central	6,303	2.8	9.0	4,045	4,997	345	365	7.2	5.9
Ohio	1,696	2.4	15.8	3,982	5,021	350	382	7.1	5.7
Indiana	834	2.6	3.7	3,945	4,747	345	353	6.9	5.8
Illinois	1,626	5.5	10.5	4,324	5,157	374	386	7.3	6.0
Michigan	1,378	0.7	4.0	4,307	5,436	328	355	7.6	6.3
Wisconsin	768	2.0	5.1	3,246	4,108	310	323	6.8	5.5
West North Central	2,826	6.7	9.4	3,578	4,367	334	354	6.6	5.6
Minnesota	643	19.6	16.2	3,394	4,191	334	346	5.7	5.1
Iowa	478	3.1	3.8	3,080	3,971	322	346	6.6	5.5
Missouri	847	3.4	12.3	4,191	4,897	349	372	7.3	6.0
North Dakota	102	0.6	0.6	3,218	3,743	327	327	6.3	5.4
South Dakota	118	0.1	0.1	2,952	3,826	356	352	6.1	5.3
Nebraska	252	2.2	5.0	2,926	3,970	281	320	6.3	5.3
Kansas	385	3.3	6.4	3,847	4,661	348	370	6.5	5.7
South Atlantic	7,314	6.1	13.8	4,390	5,206	341	364	7.4	6.1
Delaware	111	0.2	10.6	4,712	4,929	326	324	8.1	6.1
Maryland	630	1.4	14.3	4,997	6,058	362	364	7.5	6.1
District of Columbia	77	3.9	12.2	5,655	7,091	376	403	10.1	7.9
Virginia	867	1.5	4.9	3,748	4,505	348	352	7.3	6.2
West Virginia	335	8.3	7.2	3,798	4,778	420	436	7.1	6.0
North Carolina	1,091	0.5	2.8	3,465	4,560	314	360	8.0	6.3
South Carolina	545	0.1	0.5	3,777	4,718	319	363	8.3	6.4
Georgia	891	0.4	4.9	4,402	4,862	378	365	6.9	5.8
Florida	2,768	13.8	27.3	5,027	5,903	326	362	7.1	5.9
East South Central	2,493	0.9	4.2	4,262	4,970	398	412	7.1	6.0
Kentucky	606	2.3	4.8	3,862	4,666	396	405	7.2	5.8
Tennessee	805	0.3	3.3	4,441	5,001	375	380	7.1	6.1
Alabama	670	0.8	6.9	4,454	4,974	413	424	7.0	5.8
Mississippi	411	0.1	0.5	4,189	5,335	423	463	7.4	6.5
West South Central	3,718	2.8	12.9	4,628	5,892	351	392	7.2	6.0
Arkansas	429	0.2	3.2	3,719	4,555	366	389	7.0	6.1
Louisiana	594	0.4	17.0	5,468	6,784	399	461	7.2	6.1
Oklahoma	500	2.5	8.4	4,098	5,105	355	389	7.0	6.0
Texas	2,194	4.1	14.7	4,703	6,147	333	376	7.2	6.0
Mountain	2,112	15.9	26.5	3,806	4,389	290	310	5.9	5.1
Montana	133	0.4	1.6	3,114	3,738	306	313	5.9	5.0
Idaho	161	2.5	6.9	3,045	3,903	274	308	5.2	4.6
Wyoming	64	3.3	2.6	3,537	3,888	315	319	5.6	4.9
Colorado	455	17.2	33.7	3,935	4,663	302	309	6.0	5.0
New Mexico	225	13.6	19.5	3,110	4,245	301	304	6.0	5.4
Arizona	649	24.8	38.1	4,442	4,627	292	335	5.9	5.1
Utah	201	9.4	12.9	3,443	3,980	238	241	5.4	4.9
Nevada	225	19.0	32.6	4,306	5,124	291	332	7.0	5.9
Pacific	5,217	27.2	37.5	4,657	5,543	341	374	6.0	5.5
Washington	717	12.5	26.0	3,401	4,377	269	282	5.3	4.9
Oregon	488	27.7	37.8	3,285	4,099	305	361	5.2	4.7
California	3,812	30.0	40.1	5,219	6,124	366	404	6.1	5.6
Alaska	39	0.6	1.0	3,687	4,476	269	285	6.3	5.7
Hawaii	161	29.8	32.8	3,069	3,555	301	277	9.1	7.4

¹Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.

²Includes enrollees in Medicare-approved managed care organizations.

³Data are for fee-for-service enrollees only.

NOTES: Figures may not sum to totals due to rounding. Data for additional years are available (see Appendix III).

SOURCE: Health Care Financing Administration, Office of Strategic Planning. Health Care Financing Review: Medicare and Medicaid Statistical Supplements 1996; 2000.

Table 146 (page 1 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic division and State: United States, selected fiscal years 1989–98

[Data are compiled by the Health Care Financing Administration]

Geographic division and State	Recipients in thousands		Percent of recipients in managed care		Payments per recipient			Recipients per 100 persons below the poverty level	
	1996	1998 ¹	1996	1998	1990	1996	1998 ¹	1989–90	1997–98
United States	36,118	40,649	40	54	\$ 2,568	\$3,369	\$3,501	75	108
New England:									
Maine	167	170	1	11	3,248	4,321	4,383	88	132
New Hampshire	100	94	16	10	5,423	5,496	6,449	53	83
Vermont	102	124	—	48	2,530	2,954	2,834	108	208
Massachusetts ²	715	908	70	63	4,622	5,285	5,075	103	129
Rhode Island	130	153	63	63	² 3,778	5,280	6,004	³ 163	116
Connecticut	329	381	61	72	4,829	6,179	6,350	167	98
Middle Atlantic:									
New York	3,281	3,073	23	30	5,099	6,811	7,907	95	103
New Jersey	714	813	43	59	4,054	5,217	5,188	83	94
Pennsylvania	1,168	1,523	53	68	2,449	3,993	3,992	88	95
East North Central:									
Ohio	1,478	1,291	32	28	2,566	3,729	4,742	98	108
Indiana	594	607	31	58	3,859	4,130	4,222	45	106
Illinois	1,454	1,364	13	13	2,271	3,689	4,526	69	107
Michigan	1,172	1,363	73	68	2,094	2,867	3,188	85	119
Wisconsin	434	519	32	49	3,179	4,384	4,255	95	105
West North Central:									
Minnesota	455	538	33	53	3,709	5,342	5,432	70	95
Iowa	308	315	41	92	2,589	3,534	4,092	80	115
Missouri	636	734	35	42	2,002	3,171	3,601	63	110
North Dakota	61	62	55	52	3,955	4,889	5,476	58	67
South Dakota	77	90	65	71	3,368	4,114	3,974	51	85
Nebraska	191	211	27	73	2,595	3,548	3,566	61	111
Kansas	251	242	32	49	2,524	3,425	3,788	71	95
South Atlantic:									
Delaware	82	101	78	77	3,004	3,773	4,138	68	122
Maryland	399	561	64	67	3,300	5,138	4,437	74	123
District of Columbia	143	166	55	45	2,629	4,955	4,402	86	130
Virginia	623	653	68	60	2,596	2,849	3,243	53	86
West Virginia	395	343	30	43	1,443	2,855	3,628	80	117
North Carolina	1,130	1,168	37	69	2,531	3,255	3,437	66	121
South Carolina	503	595	1	4	2,343	3,026	3,393	52	109
Georgia	1,185	1,222	32	76	3,190	2,604	2,465	64	113
Florida	1,638	1,905	64	65	2,273	2,851	2,986	55	88
East South Central:									
Kentucky	641	644	53	63	2,089	3,014	3,763	81	114
Tennessee	1,409	1,844	100	100	1,896	2,049	1,718	67	212
Alabama	546	527	11	71	1,731	2,675	3,609	43	84
Mississippi	510	486	7	40	1,354	2,633	2,969	67	105
West South Central:									
Arkansas	363	425	39	56	2,267	3,375	3,239	55	89
Louisiana	778	721	6	5	2,247	3,154	3,308	58	97
Oklahoma	358	342	19	50	2,516	2,852	3,439	56	72
Texas	2,572	2,325	4	25	1,928	2,672	3,071	47	77
Mountain:									
Montana	101	101	59	98	2,793	3,478	3,585	47	67
Idaho	119	123	37	35	2,973	3,402	3,446	36	68
Wyoming	51	46	1	—	2,036	3,571	4,163	³ 59	81
Colorado	271	345	80	99	2,705	3,815	4,173	45	87
New Mexico	318	329	45	80	2,120	2,757	2,617	39	86
Arizona ⁴	528	508	86	85	---	---	3,238	---	65
Utah	152	216	82	91	2,279	2,775	2,867	72	96
Nevada	109	128	41	39	3,161	3,361	3,606	37	61

See footnotes at end of table.

Table 146 (page 2 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic division and State: United States, selected fiscal years 1989–98

[Data are compiled by the Health Care Financing Administration]

Geographic division and State	Recipients in thousands		Percent of recipients in managed care		Payments per recipient			Recipients per 100 persons below the poverty level	
	1996	1998 ¹	1996	1998	1990	1996	1998 ¹	1989–90	1997–98
Pacific:									
Washington	621	1,413	100	91	2,128	2,242	1,447	98	196
Oregon	450	511	91	89	2,283	2,915	2,695	74	118
California.	5,107	7,082	23	46	1,795	2,178	2,010	88	113
Alaska.	69	75	—	—	3,562	4,027	4,434	70	128
Hawaii.	41	185	80	80	2,252	6,574	2,749	73	133

— Quantity zero.

--- Data not available.

¹Prior to 1998 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year. Prior to 1998 vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Data for categorically eligible blind Medicaid recipients in 1990 are estimated by the Bureau of Data Management and Strategy, HCFA.

³Data are estimated by the Bureau of Data Management and Strategy, HCFA.

⁴Arizona has a limited Medicaid program, with care financed largely on a capitated basis.

NOTE: Payments exclude disproportionate share hospital payments (\$16 billion in 1997 and \$15 billion in 1998).

SOURCES: Health Care Financing Administration, Office of Information Services, Enterprise Databases Group, Division of Information Distribution; Department of Commerce, Bureau of the Census, Housing and Household Economic Statistics Division.

Table 147. Persons enrolled in health maintenance organizations (HMO's) by geographic division and State: United States, selected years 1980–2000

[Data are based on a census of health maintenance organizations]

Geographic division and State	Number in thousands	Percent of population								
		2000	1980	1985	1990	1995	1996	1997	1998	1999
United States ¹	80,899	4.0	7.9	13.5	19.4	22.3	25.2	28.6	30.1	30.0
New England:										
Maine	280	0.4	0.3	2.6	7.0	9.5	15.9	19.1	20.2	22.3
New Hampshire	405	1.2	5.6	9.6	18.5	21.9	23.9	33.8	34.9	33.7
Vermont	27	—	—	6.4	12.5	13.4	—	—	4.0	4.6
Massachusetts	3,272	2.9	13.7	26.5	39.0	39.0	44.6	54.2	52.9	53.0
Rhode Island	377	3.7	9.1	20.6	19.6	23.7	11.8	29.8	40.5	38.1
Connecticut	1,465	2.4	7.1	19.9	21.2	29.8	34.7	42.9	38.8	44.6
Middle Atlantic:										
New York	6,511	5.5	8.0	15.1	26.6	29.2	35.7	37.8	38.2	35.8
New Jersey	2,520	2.0	5.6	12.3	14.7	23.0	27.5	31.3	29.5	30.9
Pennsylvania	4,065	1.2	5.0	12.5	21.5	27.4	29.9	37.1	33.6	33.9
East North Central:										
Ohio	2,831	2.2	6.7	13.3	16.3	18.5	17.6	23.4	25.4	25.1
Indiana	736	0.5	3.6	6.1	8.3	9.9	11.9	14.0	13.2	12.4
Illinois	2,551	1.9	7.1	12.6	17.2	20.0	17.1	20.8	20.8	21.0
Michigan	2,670	2.4	9.9	15.2	20.5	22.2	23.5	25.3	27.0	27.1
Wisconsin	1,588	8.5	17.8	21.7	24.0	27.6	24.9	30.8	30.9	30.2
West North Central:										
Minnesota	1,427	9.9	22.2	16.4	26.5	28.6	32.7	32.4	30.4	29.9
Iowa	212	0.2	4.8	10.1	4.5	4.9	4.6	4.9	4.9	7.4
Missouri	1,927	2.3	6.0	8.2	18.5	24.0	30.2	33.7	34.2	35.2
North Dakota	16	0.4	2.5	1.7	1.2	1.2	1.7	2.2	2.5	2.5
South Dakota	49	—	—	3.3	2.8	2.8	3.5	5.1	6.1	6.7
Nebraska	187	1.1	1.8	5.1	8.6	10.8	15.4	16.9	18.4	11.2
Kansas	476	—	3.3	7.9	4.7	6.3	11.5	14.4	16.8	17.9
South Atlantic:										
Delaware	165	—	3.9	17.5	18.4	29.3	38.8	48.1	45.7	22.0
Maryland	2,270	2.0	4.8	14.2	29.5	30.9	38.0	43.6	46.0	43.9
District of Columbia ²	183	—	—	—	—	—	34.1	33.0	33.7	35.2
Virginia	1,269	—	1.1	6.1	7.7	8.7	15.7	16.9	19.6	18.5
West Virginia	187	0.7	1.7	3.9	5.8	7.0	9.4	10.7	10.5	10.3
North Carolina	1,365	0.6	1.6	4.8	8.3	11.1	14.6	17.1	18.8	17.8
South Carolina	386	0.2	1.0	1.9	5.5	9.0	8.4	9.9	10.0	9.9
Georgia	1,353	0.1	2.9	4.8	7.6	9.4	12.7	15.5	16.2	17.4
Florida	4,748	1.5	5.6	10.6	18.8	23.0	29.0	31.5	32.9	31.4
East South Central:										
Kentucky	1,247	0.9	1.6	5.7	16.1	15.3	27.4	35.1	32.5	31.5
Tennessee	1,807	—	1.8	3.7	12.2	13.9	15.3	24.1	37.7	33.0
Alabama	315	0.3	0.9	5.3	7.3	7.9	9.8	10.8	10.0	7.2
Mississippi	30	—	—	—	0.7	1.2	2.4	3.6	3.2	1.1
West South Central:										
Arkansas	265	—	0.1	2.2	3.8	15.2	8.7	10.7	12.3	10.4
Louisiana	744	0.6	0.9	5.4	7.2	11.0	14.7	16.6	17.7	17.0
Oklahoma	492	—	2.1	5.5	7.6	10.3	12.4	13.8	14.2	14.7
Texas	3,705	0.6	3.4	6.9	12.0	12.3	15.3	17.8	18.6	18.5
Mountain:										
Montana	61	—	—	1.0	2.4	2.9	3.1	3.9	6.6	7.0
Idaho	99	1.2	—	1.8	1.4	3.7	4.3	5.7	6.4	7.9
Wyoming	7	—	—	—	—	—	0.4	0.7	1.2	1.4
Colorado	1,603	6.9	10.8	20.0	23.3	25.8	31.1	36.4	39.4	39.5
New Mexico	656	1.4	2.0	12.7	15.1	15.5	21.0	32.3	38.1	37.7
Arizona	1,476	6.0	10.3	16.2	25.8	29.0	28.8	30.3	32.0	30.9
Utah	752	0.6	8.8	13.9	25.1	30.1	40.7	35.6	35.2	35.3
Nevada	425	—	5.8	8.5	15.9	18.7	20.8	26.8	23.5	23.5
Pacific:										
Washington	876	9.4	8.7	14.6	18.7	23.2	25.1	26.3	17.3	15.2
Oregon	1,362	12.0	14.0	24.7	40.0	44.8	47.2	45.3	43.3	41.1
California	17,741	16.8	22.5	30.7	36.0	40.3	43.8	47.1	52.1	53.5
Alaska	—	—	—	—	—	—	—	—	—	—
Hawaii	355	15.3	18.1	21.6	21.0	21.6	25.0	32.8	33.7	30.0

— Quantity zero.

--- Data not available.

¹HMO's in Guam included starting 1994; HMO's in Puerto Rico, starting 1998. In 2000 HMO enrollment in Guam was 97,000 and in Puerto Rico, 1,265,000.

²Data for District of Columbia (DC) not included for 1980–96 because data not adjusted for high proportion of enrollees of DC-based HMO's living in Maryland and Virginia.

NOTES: Data for 1980–90 are for pure HMO enrollment at midyear. Data for 1994–2000 are for pure and open-ended enrollment as of January 1. In 1990 open-ended enrollment accounted for 3 percent of HMO enrollment compared with 11 percent in 2000. See Appendix II, Health maintenance organization. Data for additional years are available (see Appendix III).

SOURCE: The InterStudy Edge, Managed care: A decade in review 1980–1990. The InterStudy Competitive Edge, vols 4–10, 1994–2000. St. Paul, Minnesota (Copyrights 1991, 1994–2000: Used with the permission of InterStudy).

Table 148. Persons under 65 years of age without health care coverage by State: United States, selected years 1987–99

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

Geographic division and State	Number in thousands	Percent of population								
		1999	1987	1990	1993	1994	1995	1996	1997	1998
United States.....	42,131	14.4	15.7	17.2	17.1	17.3	17.6	18.2	18.4	17.4
New England:										
Maine	149	9.9	12.6	12.4	15.2	15.4	13.9	17.1	14.6	13.2
New Hampshire	126	11.4	11.1	13.6	13.5	11.4	10.9	13.3	12.5	11.3
Vermont	74	11.1	10.5	13.3	9.5	14.5	12.4	10.8	11.0	13.6
Massachusetts	636	7.0	10.2	13.3	14.2	12.5	14.1	14.3	11.6	11.8
Rhode Island	68	7.8	13.1	11.9	13.5	15.4	12.0	12.3	7.6	8.1
Connecticut	324	7.4	8.0	11.5	12.2	10.3	12.4	13.8	14.3	11.3
Middle Atlantic:										
New York.....	3,001	13.1	13.6	15.8	18.2	17.2	19.1	20.0	19.7	18.5
New Jersey.....	1,059	9.0	11.3	15.5	14.7	16.2	19.1	18.4	18.0	15.0
Pennsylvania.....	1,101	8.4	11.8	12.5	12.2	11.6	11.1	11.7	12.1	11.0
East North Central:										
Ohio	1,238	10.3	11.7	12.6	12.4	13.5	13.1	13.1	11.7	12.5
Indiana	638	15.2	12.3	13.1	11.8	14.6	12.2	12.8	16.1	12.3
Illinois	1,709	10.9	12.2	14.1	12.9	12.3	12.5	13.9	16.6	15.7
Michigan	1,114	9.4	10.4	12.4	12.3	11.0	10.1	13.2	14.9	12.4
Wisconsin	587	7.4	7.8	9.7	9.8	8.1	9.5	9.1	13.2	12.2
West North Central:										
Minnesota	380	7.4	9.9	11.3	10.6	9.0	11.2	10.2	10.3	8.9
Iowa	232	8.3	9.4	10.6	11.3	12.9	13.1	13.6	10.9	9.5
Missouri.....	467	11.8	14.2	13.8	14.3	16.7	15.3	14.7	12.1	9.6
North Dakota	72	8.7	7.2	15.2	9.7	9.4	11.2	11.7	16.5	13.8
South Dakota	83	15.4	13.5	14.7	11.4	10.8	11.1	13.7	16.3	13.5
Nebraska	179	11.0	9.6	13.5	11.9	10.3	12.9	12.2	10.2	12.3
Kansas	317	11.6	12.3	14.5	14.6	14.2	13.1	13.6	12.2	13.9
South Atlantic:										
Delaware	87	11.9	15.6	14.9	15.3	17.2	14.8	15.1	17.1	12.8
Maryland	589	10.9	14.2	15.1	14.1	17.2	12.8	14.9	18.9	13.5
District of Columbia.....	78	17.1	21.3	22.8	18.3	19.3	16.8	18.3	19.2	17.6
Virginia	952	11.4	17.3	14.3	13.2	15.2	13.8	14.1	15.8	15.8
West Virginia	300	15.9	16.0	21.8	19.1	18.3	17.9	20.5	20.8	20.5
North Carolina	1,147	15.0	15.6	16.0	15.1	16.4	18.0	17.6	17.0	17.3
South Carolina	663	12.4	18.1	18.9	15.9	16.0	18.7	18.7	17.4	20.1
Georgia	1,257	14.5	17.1	20.3	18.0	20.0	19.6	19.3	19.4	17.9
Florida	2,849	20.5	21.5	23.0	20.5	21.7	22.7	23.6	21.1	22.8
East South Central:										
Kentucky	563	16.8	15.1	14.1	17.3	16.8	17.6	16.9	16.0	16.3
Tennessee	629	16.6	15.4	14.7	11.2	16.4	17.1	15.2	14.3	12.6
Alabama	628	17.9	19.3	19.7	21.9	15.7	14.9	18.0	19.5	16.2
Mississippi	455	19.3	22.1	20.4	20.3	22.3	20.5	22.6	22.9	18.9
West South Central:										
Arkansas	374	23.5	20.1	22.5	19.9	20.5	24.8	28.1	21.7	16.9
Louisiana	964	18.9	22.1	26.5	21.1	22.9	23.2	22.0	21.3	25.0
Oklahoma	569	20.4	21.2	26.5	20.3	22.1	19.6	20.2	21.2	20.4
Texas	4,629	23.0	23.2	24.0	26.5	27.0	26.7	26.7	26.9	25.7
Mountain:										
Montana	167	17.3	15.7	17.5	15.8	14.8	15.4	22.0	21.9	21.0
Idaho	238	17.2	16.9	16.5	15.6	15.9	18.6	19.9	19.7	21.6
Wyoming	77	12.7	13.7	16.7	16.8	17.6	15.0	17.4	18.8	17.8
Colorado	706	15.6	16.3	14.1	13.6	15.9	17.8	16.4	16.4	18.3
New Mexico	457	25.3	24.6	24.6	26.1	28.3	24.7	25.2	24.0	29.4
Arizona	1,034	20.4	18.1	23.0	22.9	23.2	27.5	27.7	26.9	24.0
Utah	305	13.4	9.8	12.1	12.8	13.0	13.3	14.8	15.1	15.3
Nevada	395	17.4	18.3	20.2	17.7	21.1	17.6	19.9	23.7	22.8
Pacific:										
Washington	898	14.4	12.7	14.1	14.2	13.7	14.8	12.4	13.4	17.5
Oregon	497	17.2	14.6	16.7	14.8	13.9	17.4	14.8	16.0	16.4
California	6,817	18.5	21.1	21.7	23.5	22.6	22.2	23.7	24.4	22.3
Alaska	119	17.0	16.1	13.9	13.9	12.9	13.8	18.9	17.9	20.0
Hawaii	132	8.5	7.8	11.8	10.4	9.9	9.7	8.7	11.3	12.3

NOTES: New health insurance questions were introduced for a quarter sample for 1993 data and the full sample for 1994 data. Starting with 1993 data, the collection method changed from paper and pencil to computer-assisted interviewing. 1990 census population controls were implemented starting with 1992 data. Data for additional years are available (see Appendix III).

SOURCES: U.S. Bureau of the Census: Household Economic Studies. Current population reports, series P-60, no 190. Washington: U.S. Government Printing Office. Nov. 1995; press release CB98-172, Sept. 28, 1998; and unpublished data from the Current Population Survey provided by the Income Statistics Branch.

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Introduction

This report consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. The information was obtained from the data files and/or published reports of many governmental and nongovernmental agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, the data in this report vary considerably with respect to source, method of collection, definitions, and reference period.

Much of the data presented in the detailed tables are from the ongoing data collection systems of the National Center for Health Statistics. For an overview of these systems, see: Kovar MG. Data systems of the National Center for Health Statistics. National Center for Health Statistics. Vital Health Stat 1(23). 1989. However, health care personnel data come primarily from the Bureau of Health Professions, Health Resources and Services Administration, and the American Medical Association. National health expenditures data were compiled by the Office of the Actuary, Health Care Financing Administration.

Although a detailed description and comprehensive evaluation of each data source are beyond the scope of this appendix, users should be aware of the general strengths and weaknesses of the different data collection systems. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. These data are limited by the amount of information a respondent remembers or is willing to report. Detailed medical information, such as precise diagnoses or the types of operations performed, may not be known and, if so, will not be reported. Health care providers, such as physicians and hospitals, usually have good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.

The populations covered by different data collection systems may not be the same, and understanding the differences is critical to interpreting the data. Data on vital statistics and national expenditures cover the entire population. Most data on morbidity and utilization of health resources cover only the civilian noninstitutionalized population. Such statistics do not include data for military personnel who are usually young, for institutionalized people who may be any

age, or for nursing home residents who are usually old.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. People may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their impact on the data. Where possible, table notes describe the universe and method of data collection, to enable the user to place his or her own evaluation on the data. In many instances data do not add to totals because of rounding.

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 Health Interview Survey, the National Household Survey of Drug Abuse, and the Monitoring the Future Survey.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Numbers of births and deaths from the vital statistics system represent complete counts (except for births in those States where data are based on a 50-percent sample for certain years). Therefore, they are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is small, considerable caution must be observed in interpreting the conditions described by the figures. Estimates that are unreliable because of large sampling errors or small numbers of events are noted with asterisks in selected tables. The criteria used to designate unreliable estimates are indicated in notes to the applicable tables.

The descriptive summaries that follow provide a general overview of study design, methods of data collection, and reliability and validity of the data. More complete and detailed discussions are in the publications referenced at the end of each summary. The data set or source is listed under the agency or organization that sponsored the data collection.

Appendix I

Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Health Statistics

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births, deaths, marriages, and divorces in the United States. Fetal deaths are classified and tabulated separately from other deaths. The Division of Vital Statistics obtains information on births and deaths from the registration offices of all States, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Geographic coverage for births and deaths has been complete since 1933. U.S. data shown in detailed tables in this book are for the 50 States and the District of Columbia, unless otherwise specified.

Until 1972 microfilm copies of all death certificates and a 50-percent sample of birth certificates were received from all registration areas and processed by NCHS. In 1972 some States began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100 percent of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, the data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as CHSS. The number of participating States grew from 6 in 1972 to 46 in 1984. Starting in 1985 all 50 States and the District of Columbia participated in VSCP.

In most areas practically all births and deaths are registered. The most recent test of the completeness of birth registration, conducted on a sample of births from 1964 to 1968, showed that 99.3 percent of all births in the United States during that period were registered. No comparable information is available for deaths, but it is generally believed that death registration in the United States is at least as complete as birth registration.

Demographic information on the birth certificate, such as race and ethnicity, is provided by the mother at the time of birth. Medical and health information is based on hospital records. Demographic information on the death certificate is provided by the funeral director based on information supplied by an informant.

Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

U.S. Standard Certificates—U.S. Standard Live Birth and Death Certificates and Fetal Death Reports are revised periodically, allowing careful evaluation of each item and addition, modification, and deletion of items. Beginning with 1989 revised standard certificates replaced the 1978 versions. The 1989 revision of the birth certificate includes 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 includes 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. For selected items, reporting areas expanded during the years spanned by this report. For items on the birth certificate, the number of reporting States increased for mother's education, prenatal care, marital status, Hispanic parentage, and tobacco use; and on the death certificate, for educational attainment and Hispanic origin of the decedent.

Birth certificate items—

Race—Data on birth rates, birth characteristics, and fetal death rates for 1980 and more recent years for liveborn infants and fetal deaths are presented in this report according to race of mother, unless specified otherwise. Before 1980 data were tabulated by race of newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father's race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified as white. Beginning in 1964 unknown race was classified according to information on the previous record.

Maternal age—Mother's age was reported on the birth certificate by all States. Data are presented for mothers age 10–49 years through 1996 and 10–54 years starting in 1997, based on mother's date of birth or age as reported on the birth certificate. The age of mother is edited for upper and lower limits. When the age of the mother is

Appendix I

Sources and Limitations of Data

computed to be under 10 years or 55 years or over (50 years or over in 1964–96), it is considered not stated and imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963 not stated ages were distributed in proportion to the known ages for each racial group. Beginning in 1997 the birth rate for the maternal age group 45–49 years includes data for mothers age 50–54 years in the numerator and is based on the population of women 45–49 years in the denominator.

Maternal education—Mother's education was reported on the birth certificate by 38 States in 1970. Data were not available from Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Maryland, New Mexico, Pennsylvania, Texas, and Washington. In 1975 these data were available from four additional States, Connecticut, Delaware, Georgia, Maryland, and the District of Columbia, increasing the number of States reporting mother's education to 42 and the District of Columbia. Between 1980 and 1988 only three States, California, Texas, and Washington did not report mother's education. In 1988 mother's education was also missing from New York State outside New York City. In 1989–91 mother's education was missing only from Washington and New York State outside New York City. Starting in 1992 mother's education was reported by all 50 States and the District of Columbia.

Prenatal care—Prenatal care was reported on the birth certificate by 39 States and the District of Columbia in 1970. Data were not available from Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Idaho, Massachusetts, New Mexico, Pennsylvania, and Virginia. In 1975 these data were available from three additional States, Connecticut, Delaware, and Georgia, increasing the number of States reporting prenatal care to 42 and the District of Columbia. Starting in 1980 prenatal care information was available for the entire United States.

Marital status—Mother's marital status was reported on the birth certificate by 39 States and the District of Columbia in 1970, and by 38 States and the District of Columbia in 1975. 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 and other information concerning the father. In 1980–96 marital status was reported on the birth certificates of 41–45 States. 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.

Hispanic origin—In 1980 and 1981 information on births of Hispanic parentage was reported on the birth certificate by the following 22 States: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 the District of Columbia began reporting this information. Between 1983 and 1987 information on births of Hispanic parentage was available for 23 States and the District of Columbia. In 1988 this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington, increasing the number of States reporting information on births of Hispanic parentage to 30 States and the District of Columbia. In 1989 this information became available from an additional 17 States, increasing the number of Hispanic-reporting States to 47 and the District of Columbia. In 1989 only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. In 1990 Louisiana began reporting Hispanic parentage. Hispanic origin of the mother was reported on the birth certificates of 49 States and the District of Columbia in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993 Hispanic origin of mother was reported by all 50 States and the District of Columbia. In 1990, 99 percent of birth records included information on mother's origin.

Tobacco use—Information on tobacco use during pregnancy became available for the first time in 1989 with revision of the U.S. Standard Birth Certificate. In 1989 data on tobacco use were collected by 43 States and the District of Columbia. The following States did not require the reporting of tobacco use in the standard format on the birth certificate: California, Indiana, Louisiana, Nebraska, New York, Oklahoma, and South Dakota. In 1990 information on tobacco use became available from Louisiana and Nebraska, increasing the number of reporting States to 45 and the District of Columbia. In 1991–93

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information on tobacco use was available for 46 States and the District of Columbia with the addition of Oklahoma to the reporting area; in 1994–98, for 46 States, the District of Columbia, and New York City; and in 1999 information on tobacco use became available from Indiana and New York, increasing the number of reporting States to 48, the District of Columbia, and New York City.

Death certificate items—

Education of decedent—Information on educational attainment of decedents became available for the first time in 1989 due to revision of the U.S. Standard Certificate of Death. Mortality data by educational attainment for 1989 were based on data from 20 States and by 1994–96 increased to 45 States and the District of Columbia. In 1994–96 the following States either did not report educational attainment on the death certificate or the information was more than 20 percent incomplete: Georgia, Kentucky, Oklahoma, Rhode Island, and South Dakota. In 1997–99 information on decedent's education was available from Oklahoma, increasing the reporting area to 46 States and the District of Columbia. Information on the death certificate about the decedent's educational attainment is reported by the funeral director based on information provided by an informant such as next of kin.

Calculation of unbiased death rates by educational attainment based on the National Vital Statistics System requires that the reporting of education on the death certificate be complete and consistent with the reporting of education on the Current Population Survey, the source of population estimates that form the denominators for death rates. Death records with education not stated have not been included in the calculation of rates. Therefore the levels of the rates shown in this report are underestimated by approximately the percent not stated, which ranged from 3 to 5 percent.

The validity of information about the decedent's education was evaluated by comparing self-reported education obtained in the Current Population Survey with education on the death certificate for decedents in the National Longitudinal Mortality Survey (NLMS). (Sorlie PD, Johnson NJ: Validity of education information on the death certificate, *Epidemiology* 7(4):437–9, 1996.) Another analysis compared self-reported education collected in the first National Health and

Nutrition Examination Survey (NHANES I) with education on the death certificate for decedents in the NHANES I Epidemiologic Followup Study. (Makuc DM, Feldman JJ, Mussolini ME: Validity of education and age as reported on death certificates, *American Statistical Association 1996 Proceedings of the Social Statistics Section*, 102–6, 1997.) Results of both studies indicated that there is a tendency for some people who did not graduate from high school to be reported as high school graduates on the death certificate. This tendency results in overstating the death rate for high school graduates and understating the death rate for the group with less than 12 years of education. The bias was greater among older than younger decedents and somewhat greater among black than white decedents.

In addition, educational gradients in death rates based on the National Vital Statistic System were compared with those based on the NLMS, a prospective study of persons in the Current Population Survey. Results of these comparisons indicate that educational gradients in death rates based on the National Vital Statistics System were reasonably similar to those based on NLMS for white persons 25–64 years of age and black persons 25–44 years of age. The number of deaths for persons of Hispanic origin in NLMS was too small to permit comparison for this ethnic group.

Hispanic origin—In 1985 mortality data by Hispanic origin of decedent were based on deaths to residents of the following 17 States and the District of Columbia whose data on the death certificate were at least 90 percent complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986 New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting States to 18 and the District of Columbia in 1986 and 1987. In 1988 Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington were added to the reporting area, increasing the number of States to 26 and the District of Columbia. In 1989 an additional 18 States were added, increasing the Hispanic reporting area to 44 States and the District of Columbia. In 1989 only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in this book, the criterion

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was changed to include States whose data were at least 80 percent complete. In 1990 Maryland, Virginia, and Connecticut, in 1991 Louisiana, and in 1993 New Hampshire were added, increasing the reporting area for Hispanic origin of decedent to 47 States and the District of Columbia in 1990, 48 States and the District of Columbia in 1991 and 1992, and 49 States and the District of Columbia in 1993–96. Only Oklahoma did not provide this information in 1993–96. Starting in 1997 Hispanic origin of decedent was reported by all 50 States and the District of Columbia. Based on data from the U.S. Bureau of the Census, the 1990 reporting area encompassed 99.6 percent of the U.S. Hispanic population. In 1990 more than 96 percent of death records included information on origin of decedent.

Race and Hispanic origin—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) (see [Appendix I](#), Bureau of the Census). Race and ethnicity information on the death certificate are 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. Race and ethnicity information from the census is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black and white males and elderly persons, resulting in an overestimation of death rates. The net effects of misclassification and under coverage result in overstated death rates for the white population and black population estimated to be 1 percent and 5 percent, respectively; and understated death rates for other population groups estimated as follows: American Indians, 21 percent; Asian or Pacific Islanders, 11 percent; and Hispanics, 2 percent. For more information, see Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999.

Infant and maternal mortality rates are calculated with denominators comprising the number of live births rather than population estimates. Starting with 1980 infant and maternal mortality trends are based on maternal race and ethnicity of the live birth in the denominator. Before 1980 infant and maternal mortality trends were based on child's race in the denominator, which took into account the race of both parents. Infant and maternal mortality trends for Hispanics began with 1985 and are based on Hispanic origin of mother.

Vital event rates for the American Indian or Alaska Native population shown in this book are based on the total U.S. resident population of American Indians and Alaska Natives as enumerated by the U.S. Bureau of Census. In contrast the Indian Health Service calculates vital event rates for this population based on U.S. Bureau of Census county data for American Indians and Alaska Natives who reside on or near reservations.

Mortality data in *Health, United States* are presented for four major race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, in accordance with 1977 U.S. Office of Management and Budget (OMB) standards for presenting Federal statistics on race. Over the next several years, major changes will occur in the way Federal agencies collect and tabulate data on race and Hispanic origin, in accordance with new guidelines from OMB (see [Appendix II](#), *Race*). The major difference between the current and new guidelines is adoption of data-collection procedures in which respondents can identify with more than one race group.

1999 Preliminary Mortality File—Preliminary mortality data are based on continuous receipt and processing of statistical death records by the National Center for Health Statistics (NCHS). Preliminary data for 1999 are based on records of deaths that occurred during 1999 and were received and had undergone quality control by NCHS as of January 3, 2001. More than 99 percent of the deaths that occurred in 1999 are included in the preliminary file. The preliminary 1999 file differs from the final file in that medical or cause-of-death data had not yet been received for a small proportion of deaths that occurred in 1999 (less than 1 percent). Because of its completeness, the preliminary 1999 file is expected to be very close to the final file for most of the major categories shown in *Health, United States*. Tables based on final 1999 mortality data will be posted on the *Health, United States* web site when data become available. The 1999 mortality file differs from previous years' mortality files in that ICD-10 was introduced in

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1999 for coding and classifying cause-of-death data. For more information, see: Kochanek KD, Smith BL, Anderson RN. Death: Preliminary data for 1999. National vital statistics reports. Hyattsville, Maryland: National Center for Health Statistics. 2001. In press.

For more information, see: National Center for Health Statistics, Technical Appendix, *Vital Statistics of the United States, 1998*, Vol. I, Natality, and Vol. II, Mortality, Part A available on the NCHS home page at www.cdc.gov/nchs/. Click on Vital Statistics, Birth Data and Mortality Data.

National Linked File of Live Births and Infant Deaths

National linked files of live births and infant deaths are data sets for research on infant mortality. To create these data sets, death certificates are linked with corresponding birth certificates for infants who die in the United States before their first birthday. Linked data files include all variables on the national natality file, including the more accurate racial and ethnic information, as well as variables on the national mortality file, including cause of death and age at death. The linkage makes available for the analysis of infant mortality extensive information from the birth certificate about the pregnancy, maternal risk factors, and infant characteristics and health items at birth. Each year 97–98 percent of infant death records are linked to their corresponding birth records.

National linked files of live births and infant deaths were first produced for the 1983 birth cohort. Birth cohort linked file data are available for 1983–91 and period linked file data for 1995–98. Data for 1995 and after are not strictly comparable with unweighted birth cohort data for earlier years. While birth cohort linked files have methodological advantages, their production incurs substantial delays in data availability, since it is necessary to wait until the close of a second data year to include all infant deaths to the birth cohort. Starting with data year 1995, more timely linked file data are produced in a period data format preceding the release of the corresponding birth cohort format. Other changes to the data set starting with 1995 data include addition of record weights to correct for the 2.2–2.5 percent of records that could not be linked and addition of an imputation for not stated birthweight. The 1995–98 weighted mortality rates are less than 1 percent to 4 percent higher than unweighted rates for the same period. The 1995–98 weighted mortality rates with imputed birthweight are less than 1 percent to 6.3 percent higher than unweighted rates with imputed birthweight for the same period.

For more information, see: Prager K. Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. National Center for Health Statistics. Vital Health Stat 20(24). 1994; MacDorman MF, Atkinson JO. Infant mortality statistics from the 1997 period linked birth/death data set. Monthly vital statistics report; vol 47 no 23, supp. Hyattsville, MD: National Center for Health Statistics. 1999; or visit the NCHS home page at www.cdc.gov/nchs/.

Compressed Mortality File

The Compressed Mortality File (CMF) used to compute death rates by urbanization level is a county-level national mortality and population database. The mortality database of CMF is derived from the detailed mortality files of the National Vital Statistics System starting with 1968. The population database of CMF is derived from intercensal and postcensal population estimates and census counts of the resident population of each U.S. county by age, race, and sex. Counties are categorized according to level of urbanization based on an NCHS-modified version of the 1993 rural-urban continuum codes for metropolitan and nonmetropolitan counties developed by the Economic Research Service, U.S. Department of Agriculture. See [Appendix II, Urbanization](#). For more information about the CMF, contact: D. Ingram, Analytic Studies Branch, Division of Health and Utilization Analysis, National Center for Health Statistics, 6525 Belcrest Road, Hyattsville, MD 20782.

National Survey of Family Growth

Data from the National Survey of Family Growth (NSFG) are based on samples of women ages 15–44 years in the civilian noninstitutionalized population of the United States. The first and second cycles, conducted in 1973 and 1976, excluded most women who had never been married. The third, fourth, and fifth cycles, conducted in 1982, 1988, and 1995, included all women ages 15–44 years.

The purpose of the survey is to provide national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. These factors include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.

Interviews are conducted in person by professional female interviewers using a standardized questionnaire. In 1973–88 the average interview length was about 1 hour. In 1995 the average interview lasted

about 1 hour and 45 minutes. In all cycles black women were sampled at higher rates than white women, so that detailed statistics for black women could be produced.

Interviewing for Cycle 1 of NSFG was conducted from June 1973 to February 1974. Counties and independent cities of the United States were sampled to form a frame of primary sampling units (PSU's), and 101 PSU's were selected. From these 101 PSU's, 10,879 women 15–44 years of age were selected, 9,797 of these were interviewed. Most never-married women were excluded from the 1973 NSFG.

Interviewing for Cycle 2 of NSFG was conducted from January to September 1976. From 79 PSU's, 10,202 eligible women were identified; of these, 8,611 were interviewed. Again, most never-married women were excluded from the sample for the 1976 NSFG.

Interviewing for Cycle 3 of NSFG was conducted from August 1982 to February 1983. The sample design was similar to that in Cycle 2: 31,027 households were selected in 79 PSU'S. Household screener interviews were completed in 29,511 households (95.1 percent). Of the 9,964 eligible women identified, 7,969 were interviewed. For the first time in NSFG, Cycle 3 included women of all marital statuses.

Interviewing for Cycle 4 was conducted between January and August 1988. The sample was obtained from households that had been interviewed in the National Health Interview Survey in the 18 months between October 1, 1985 and March 31, 1987. For the first time, women living in Alaska and Hawaii were included so that the survey covered women from the noninstitutionalized population of the entire United States. The sample was drawn from 156 PSU's; 10,566 eligible women ages 15–44 years were sampled. Interviews were completed with 8,450 women.

Between July and November 1990, 5,686 women were interviewed by telephone in the first NSFG telephone reinterview. The average length of interview in 1990 was 20 minutes. The response rate for the 1990 telephone reinterview was 68 percent of those responding to the 1988 survey and still eligible for the 1990 survey.

Interviewing for Cycle 5 of NSFG was conducted between January and October 1995. The sample was obtained from households that had been interviewed in 198 PSUs in the National Health Interview Survey in 1993. Of the 13,795 eligible women in the sample, 10,847 were interviewed. For the first time, Hispanic as

well as black women were sampled at a higher rate than other women.

In order to make national estimates from the sample for the millions of women ages 15–44 years in the United States, data for the interviewed sample women were (a) inflated by the reciprocal of the probability of selection at each stage of sampling (for example, if there was a 1 in 5,000 chance that a woman would be selected for the sample, her sampling weight was 5,000), (b) adjusted for nonresponse, and (c) forced to agree with benchmark population values based on data from the Current Population Survey of the U.S. Bureau of the Census (this last step is called "poststratification").

Quality control procedures for selecting and training interviewers, and coding, editing, and processing data were built into NSFG to minimize nonsampling error.

More information on the methodology of NSFG is available in the following reports: French DK. National Survey of Family Growth, Cycle I: Sample design, estimation procedures, and variance estimation. National Center for Health Statistics. Vital Health Stat 2(76). 1978; Grady WR. National Survey of Family Growth, Cycle II: Sample design, estimation procedures, and variance estimation. National Center for Health Statistics. Vital Health Stat 2(87). 1981; Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, Cycle III: Sample design, weighting, and variance estimation. National Center for Health Statistics. Vital Health Stat 2(98). 1985; Judkins DR, Mosher WD, Botman SL. National Survey of Family Growth: Design, estimation, and inference. National Center for Health Statistics. Vital Health Stat 2(109). 1991; Goksel H, Judkins DR, Mosher WD. Nonresponse adjustments for a telephone followup to a National In-Person Survey. Journal of Official Statistics 8(4):417–32. 1992; Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. Vital Health Stat 1(36). 1997; Potter FJ, Iannacchione VG, Mosher WD, Mason RE, Kavee JD. Sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. Vital Health Stat 2(124). 1998; or visit the NCHS home page at www.cdc.gov/nchs/.

National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey in which data are collected through personal household interviews. Information is obtained on personal and demographic

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characteristics including race and ethnicity by self-reporting or as reported by an informant. Information is also obtained on illnesses, injuries, impairments, chronic conditions, utilization of health resources, and other health topics.

The sample design plan of NHIS follows a multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population, and the weekly samples are additive over time. The response rate for the ongoing portion of the survey (core) has been between 94 and 98 percent over the years. Response rates for special health topics (supplements) have generally been lower. For example, the response rate was 80 percent for the 1994 Year 2000 Supplement, which included questions about cigarette smoking and use of such preventive services as mammography.

In 1985 NHIS adopted several new sample design features although, conceptually, the sampling plan remained the same as the previous design. Two major changes included reducing the number of primary sampling locations from 376 to 198 for sampling efficiency and oversampling the black population to improve the precision of the statistics. The sample was designed so that a typical NHIS sample for the data collection years 1985–94 consisted of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 were vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households yielded a probability sample of about 127,000 persons. In 1994 the sample numbered 116,179 persons.

In 1995 the NHIS sample was redesigned again. Major design changes included increasing the number of primary sampling units from 198 to 358 and oversampling the black and Hispanic populations to improve the precision of the statistics. The sample was designed so that a typical NHIS sample for the data collection years 1995–2004 will consist of approximately 7,000 segments. The expected sample of 44,000 occupied respondent households will yield a probability sample of about 106,000 persons. In 1997 the sample numbered 103,477 persons; 98,785 persons in 1998, and 97,059 persons in 1999.

The NHIS questionnaire fielded from 1982 to 1996 consisted of two parts: a set of basic health and demographic items known as the Core questionnaire and one or more sets of questions on current health

topics (supplements). Information was collected from responsible family members residing in the household. Proxy responses were acceptable for Core and Supplement questionnaires when family members were not present at the time of interview. Data for children were collected from proxy respondents.

In 1997 the NHIS questionnaire was redesigned and consists of three parts: a basic module, a periodic module, and a topical module. The basic module functions as the new Core questionnaire and comprises three components (Family Core, Sample Adult Core, Sample Child Core). For the Family Core, information is obtained about all members of the family by interviewing adult members of the household or from adult proxy respondents. For the Sample Adult Core, one adult in the household is randomly selected to participate; proxy respondents are not used in this component. For families with children under 18 years of age, one child in the household is randomly selected for participation in the Sample Child Core. Data for this component are collected from a knowledgeable adult in the household. Periodic and topical modules will be incorporated into future years of NHIS.

In 1997 the collection methodology changed from paper and pencil questionnaires to computer-assisted personal interviewing (CAPI). The NHIS questionnaire was also revised extensively in 1997. In some instances, basic concepts measured in NHIS changed and in other instances the same concepts were measured in a different way. While some questions remain the same over time, they may be preceded by different questions or topics. For some questions, there was a change in the reference period for reporting an event or condition. Because of the extensive redesign of the questionnaire in 1997 and introduction of the CAPI method of data collection, data from 1997 and later years may not be comparable with earlier years.

A description of the survey design, methods used in estimation, and general qualifications of the data obtained from the survey are presented in: Botman SL, Moore TF, Moriarity CL, and Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. National Center for Health Statistics. Vital Health Stat 2(130). 2000; Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. Vital Health Stat 2(110). 1989; Kovar MG, Poe GS. The National Health Interview Survey design, 1973–84, and procedures, 1975–83. National Center for Health Statistics. Vital Health Stat 1(18). 1985; Adams PF, Hendershot G,

Marano M. Current estimates from the National Health Interview Survey, 1996. National Center for Health Statistics. Vital Health Stat 10(200). 1999; or visit the NCHS home page at www.cdc.gov/nchs/.

National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey to gather data on children 19–35 months of age. Estimates of vaccine-specific coverage are available for national, State, and 28 urban areas considered to be high risk for undervaccination.

NIS uses a two-phase sample design. First, a random-digit-dialing (RDD) sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. In 1999 the overall response rate was 65 percent, yielding data for 34,442 children aged 19–35 months. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. The vaccination information from providers was obtained for 67 percent of all children who were eligible for provider followup in 1999. Providers' responses are combined with information obtained from the households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for noncoverage of nontelephone households.

A description of the survey design and the methods used in estimation are presented in: Zell ER, Ezzati-Rice TM, Battaglia PM, Wright RA. National Immunization Survey: The Methodology of a Vaccination Surveillance System. Public Health Reports 115:65–77. 2000; or visit the NCHS home page at www.cdc.gov/nchs/.

National Health and Nutrition Examination Survey

For the first program or cycle of the National Health Examination Survey (NHES I), 1960–62, data were collected on the total prevalence of certain chronic diseases as well as the distributions of various physical and physiological measures, including blood pressure and serum cholesterol levels. For that program, a highly stratified, multistage probability sample of 7,710 adults, of whom 86.5 percent were examined, was selected to represent the 111 million civilian noninstitutionalized adults 18–79 years of age in the United States at that time. The sample areas consisted of 42 primary sampling units (PSU's) from the 1,900 geographic units.

NHES II (1963–65) and NHES III (1966–70) examined probability samples of the Nation's noninstitutionalized children ages 6–11 years (NHES II) and 12–17 years (NHES III) focusing on factors related to growth and development. Both cycles were multistage, stratified probability samples of clusters of households in land-based segments and used the same 40 PSU's. NHES II sampled 7,417 children with a response rate of 96 percent. NHES III sampled 7,514 youth with a response rate of 90 percent.

For more information on NHES I, see: Gordon T, Miller HW. Cycle I of the Health Examination Survey: Sample and response, United States, 1960–62. National Center for Health Statistics. Vital Health Stat 11(1). 1974. For more information on NHES II, see: Plan, operation, and response results of a program of children's examinations. National Center for Health Statistics. Vital Health Stat 1(5). 1967. For more information on NHES III, see: Schaible WL. Quality control in a National Health Examination Survey. National Center for Health Statistics. Vital Health Stat 2(44). 1972.

In 1971 a nutrition surveillance component was added and the survey name was changed to the National Health and Nutrition Examination Survey (NHANES). In NHANES I, conducted from 1971 to 1974, a major purpose was to measure and monitor indicators of the nutrition and health status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were given by dentists, ophthalmologists, and dermatologists with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions.

The NHANES I target population was the civilian noninstitutionalized population 1–74 years of age residing in the coterminous United States, except for people residing on any of the reservation lands set aside for the use of American Indians. The sample design was a multistage, stratified probability sample of clusters of persons in land-based segments. The sample areas consisted of 65 PSU's selected from the 1,900 PSU's in the coterminous United States. A subsample of persons 25–74 years of age was selected to receive the more detailed health examination. Groups at high risk of malnutrition were oversampled at known rates throughout the process. Household interviews were completed for more than

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96 percent of the 28,043 persons selected for the NHANES I sample, and about 75 percent (20,749) were examined.

For NHANES II, conducted from 1976 to 1980, the nutrition component was expanded from the one fielded for NHANES I. In the medical area primary emphasis was placed on diabetes, kidney and liver functions, allergy, and speech pathology. The NHANES II target population was the civilian noninstitutionalized population 6 months–74 years of age residing in the United States, including Alaska and Hawaii.

NHANES II used a multistage probability design that involved selection of PSU's, segments (clusters of households) within PSU's, households, eligible persons, and finally, sample persons. The sample design provided for oversampling among persons 6 months–5 years of age, 60–74 years of age, and those living in poverty areas. A sample of 27,801 persons was selected for NHANES II. Of this sample 20,322 (73.1 percent) were examined. Race information for NHANES I and NHANES II was determined primarily by interviewer observation.

The estimation procedure used to produce national statistics for NHANES I and NHANES II 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.

For more information on NHANES I, see: Miller HW. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–73. National Center for Health Statistics. *Vital Health Stat 1(10a)* and *1(10b)*. 1977 and 1978; and Engel A, Murphy RS, Maurer K, Collins E. Plan and operation of the NHANES I Augmentation Survey of Adults 25–74 years, United States, 1974–75. National Center for Health Statistics. *Vital Health Stat 1(14)*. 1978.

For more information on NHANES II, see: McDowell A, Engel A, Massey JT, Maurer K. Plan and operation of the second National Health and Nutrition Examination Survey, 1976–80. National Center for Health Statistics. *Vital Health Stat 1(15)*. 1981. For information on nutritional applications of these surveys, see: Yetley E, Johnson C. Nutritional applications of the Health and Nutrition Examination Surveys (HANES). *Ann Rev Nutr* 7:441–63. 1987.

The Hispanic Health and Nutrition Examination Survey (HHANES), conducted during 1982–84, was similar in content and design to the previous National Health and

Nutrition Examination Surveys. The major difference between HHANES and the previous national surveys is that HHANES used a probability sample of three special subgroups of the population living in selected areas of the United States rather than a national probability sample. The three HHANES universes included approximately 84, 57, and 59 percent of the respective 1980 Mexican-, Cuban-, and Puerto Rican-origin populations in the continental United States. Hispanic ethnicity of these populations was determined by self-report.

In the HHANES three geographically and ethnically distinct populations were studied: Mexican Americans living in Texas, New Mexico, Arizona, Colorado, and California; Cuban Americans living in Dade County, Florida; and Puerto Ricans living in parts of New York, New Jersey, and Connecticut. In the Southwest 9,894 persons were selected (75 percent or 7,462 were examined), in Dade County 2,244 persons were selected (60 percent or 1,357 were examined), and in the Northeast 3,786 persons were selected (75 percent or 2,834 were examined).

For more information on HHANES, see: Maurer KR. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. National Center for Health Statistics. *Vital Health Stat 1(19)*. 1985.

The third National Health and Nutrition Examination Survey (NHANES III) is a 6-year survey covering the years 1988–94. Over the 6-year period, 39,695 persons were selected for the survey of which 30,818 (77.6 percent) were examined in the mobile examination center.

The NHANES III target population is the civilian noninstitutionalized population 2 months of age and over. The sample design provides for oversampling among children 2–35 months of age, persons 70 years of age and over, black Americans, and Mexican Americans. Race is reported for the household by the respondent.

Although some of the specific health areas have changed from earlier NHANES surveys, the following goals of the NHANES III are similar to those of earlier NHANES surveys:

- estimate the national prevalence of selected diseases and risk factors
- estimate national population reference distributions of selected health parameters
- document and investigate reasons for secular trends in selected diseases and risk factors

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Sources and Limitations of Data

Two new additional goals for the NHANES III survey are:

- contribute to an understanding of disease etiology
- investigate the natural history of selected diseases

For more information on NHANES III, see: Ezzati TM, Massey JT, Waksberg J, et al. Sample design: Third National Health and Nutrition Examination Survey. National Center for Health Statistics. Vital Health Stat 2(113). 1992; Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. National Center for Health Statistics. Vital Health Stat 1(32). 1994; or visit the NCHS home page at www.cdc.gov/nchs/.

National Health Provider Inventory (National Master Facility Inventory)

The National Master Facility Inventories (NMFI's) were a series of surveys of inpatient health facilities in the United States. They included hospitals, nursing and related-care homes, and other custodial care facilities. The last NMFI was conducted in 1982. In 1986 a different inventory was conducted, the Inventory of Long-Term Care Places (ILTCP). This was a survey of nursing and related-care homes and facilities for the mentally retarded. In 1991 the National Health Provider Inventory (NHPI) was conducted. This was a survey of nursing homes, board and care homes, home health agencies, and hospices. The NMFI, ILTCP, and NHPI were used as a basis for sampling frames for the NCHS National Nursing Home Survey and National Home and Hospice Care Survey.

National Nursing Home Survey

NCHS conducted six National Nursing Home Surveys, the first survey from August 1973–April 1974; the second from May–December 1977; the third from August 1985–January 1986; the fourth from July–December 1995; the fifth from July–December 1997; and the sixth from July–December 1999.

For the initial National Nursing Home Survey (NNHS) conducted in 1973–74, the universe included only those nursing homes that provided some level of nursing care. Homes providing only personal or domiciliary care were excluded. The sample of 2,118 homes was selected from the 17,685 homes that provided some level of nursing care and were listed in the 1971 National Master Facility Inventory (NMFI) or those that opened for business in 1972. Data were obtained from about 20,600 staff and 19,000 residents. Response rates were 97 percent for facilities, 88 percent for expenses, 82 percent for staff, and 98 percent for residents.

The 1977 NNHS encompassed all types of nursing homes, including personal care and domiciliary care homes. The sample of about 1,700 facilities was selected from 23,105 nursing homes in the sampling frame, which consisted of all homes listed in the 1973 NMFI and those opening for business between 1973 and December 1976. Data were obtained from about 13,600 staff, 7,000 residents, and 5,100 discharged residents. Response rates were 95 percent for facilities, 85 percent for expenses, 81 percent for staff, 99 percent for residents, and 97 percent for discharges.

The 1985 NNHS was similar to the 1973–74 survey in that it excluded personal or domiciliary care homes. The sample of 1,220 homes was selected from a sampling frame of 20,479 nursing and related-care homes. The frame consisted of all homes in the 1982 NMFI; homes identified in the 1982 Complement Survey of NMFI "missing from the 1982 NMFI; facilities that opened for business between 1982 and June 1984; and hospital-based nursing homes obtained from the Health Care Financing Administration. Information on the facility was collected through a personal interview with the administrator. Accountants were asked to complete a questionnaire on expenses or provide a financial statement. Resident data were provided by a nurse familiar with the care provided to the resident. The nurse relied on the medical record and personal knowledge of the resident. In addition to employee data that were collected during the interview with the administrator, a sample of registered nurses completed a self-administered questionnaire. Discharge data were based on information recorded in the medical record. Additional data about the current and discharged residents were obtained in telephone interviews with next of kin. Data were obtained from 1,079 facilities, 2,763 registered nurses, 5,243 current residents, and 6,023 discharges. Response rates were 93 percent for facilities, 68 percent for expenses, 80 percent for registered nurses, 97 percent for residents, 95 percent for discharges, and 90 percent for next of kin.

The 1995, 1997, and 1999 NNHS were similar to the 1985 and 1973–74 NNHS in that they included only nursing homes that provided some level of nursing care. Homes providing only personal or domiciliary care were excluded. The 1995 sample of 1,500 homes was selected from a sampling frame of 17,500 nursing homes. The frame consisted of an updated version of the 1991 National Health Provider Inventory (NHPI). Data were obtained from about 1,400 nursing homes and 8,000 current residents. Data on current residents were provided by a staff member familiar with the care

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received by residents and from information contained in residents' medical records.

The 1997 sample of 1,488 nursing homes was the same basic sample used in 1995. Excluded were out-of-scope and out-of-business places identified in the 1995 survey. Included were a small number of additions to the sample from a supplemental frame of places not in the 1995 frame. The 1997 NNHS included the discharge component not available in the 1995 survey.

The 1999 sample of 1,423 nursing homes was the same basic sample used in 1995 and 1997. The 1999 sample of 1,423 nursing homes was selected from a sampling frame of 18,419. The frame consisted of the most current National Health Provider Inventory. A supplemental frame was used to add facilities not in the 1997 frame. Like the 1995 and 1997 surveys, the 1999 survey excluded out-of-scope and out-of-business nursing homes identified in 1997. The 1999 NNHS included a discharge resident component.

Statistics for the National Nursing Home Surveys are derived by a multistage estimation procedure that provides essentially unbiased national estimates and has three major components: (a) inflation by the reciprocals of the probabilities of sample selection, (b) adjustment for nonresponse, and (c) ratio adjustment to fixed totals. The surveys are adjusted for three types of nonresponse: (1) when an eligible nursing facility did not respond; (2) when the facility failed to complete the sampling lists; and (3) when the facility did not complete the facility questionnaire but did complete the questionnaire for residents in the facility.

For more information on the 1973–74 NNHS, see: Meiners MR. Selected operating and financial characteristics of nursing homes, United States, 1973–74 National Nursing Home Survey. National Center for Health Statistics. Vital Health Stat 13(22). 1975. For more information on the 1977 NNHS, see: Van Nostrand JF, Zappolo A, Hing E, et al. The National Nursing Home Survey, 1977 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(43). 1979. For more information on the 1985 NNHS, see: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989. For more information on the 1995 NNHS, see: Strahan G. An overview of nursing homes and their current residents: Data from the 1995 National Nursing Home Survey. Advance data from vital and health statistics; no 280. Hyattsville, MD: National Center for Health Statistics.

1997. For more information on the 1997 NNHS, see: The National Nursing Home Survey: 1997 summary. National Center for Health Statistics. Vital Health Stat 13(147). 2000. For more information on the 1999 NNHS, see: Advance data report available in the summer of 2001. Information about the 1997 and 1999 NNHS is also available at the NCHS home page at www.cdc.gov/nchs/.

National Home and Hospice Care Survey

The National Home and Hospice Care Survey (NHHCS) is a sample survey of health agencies and hospices. Initiated in 1992, it was also conducted in 1993, 1994, 1996, and 1998. The original sampling frame consisted of all home health care agencies and hospices identified in the 1991 National Health Provider Inventory (NHPI). The 1992 sample contained 1,500 agencies. These agencies were revisited during the 1993 survey (excluding agencies that had been found to be out of scope for the survey). In 1994 in-scope agencies identified in the 1993 survey were revisited, along with 100 newly identified agencies added to the sample. For 1996 the universe was again updated, and a new sample of 1,200 agencies was drawn. In 1998 the updated sampling frame consisted of 16,500 home health and hospice agencies. A sample of 1,350 agencies was selected.

The sample design for the 1992–94 NHHCS was a stratified three-stage probability design. Primary sampling units were selected at the first stage, agencies were selected at the second stage, and current patients and discharges were selected at the third stage. The sample design for the 1996 and 1998 NHHCS has a two-stage probability design, in which agencies were selected at the first stage and current patients and discharges were selected at the second stage. Current patients were those on the rolls of the agency as of midnight the day before the survey. Discharges were selected to estimate the number of discharges from the agency during the year before the survey.

After the samples were selected, a patient questionnaire was completed for each current patient and discharge by interviewing the staff member most familiar with the care provided to the patients. The respondent was requested to refer to the medical records for each patient. For additional information see: Haupt BJ. Development of the National Home and Hospice Care Survey. National Center for Health Statistics. Vital Health Stat 1(33). 1994; or visit the NCHS home page at www.cdc.gov/nchs/.

National Hospital Discharge Survey

The National Hospital Discharge Survey (NHDS) is a continuing nationwide sample survey of short-stay hospitals in the United States. The scope of NHDS encompasses patients discharged from noninstitutional hospitals, exclusive of military and Department of Veterans Affairs hospitals, located in the 50 States and the District of Columbia. Only hospitals having six or more beds for patient use are included in the survey and, before 1988, those in which the average length of stay for all patients was less than 30 days. In 1988 the scope was altered slightly to include all general and children's general hospitals regardless of length of stay. Although all discharges of patients from these hospitals are within the scope of the survey, discharges of newborn infants from all hospitals are excluded from *Health, United States*.

The original sample was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, with hospitals stratified according to bed size and geographic region. Sample hospitals were selected with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. Within each sample hospital, a systematic random sample of discharges was selected from the daily listing sheet. Initially, the within-hospital sampling rates for selecting discharges varied inversely with the probability of hospital selection, so that the overall probability of selecting a discharge was approximately the same across the sample. Those rates were adjusted for individual hospitals in subsequent years to control the reporting burden of those hospitals.

In 1985, for the first time, two data-collection procedures were used for the survey. The first was the traditional manual system of sample selection and data abstraction. In the manual system, sample selection and transcription of information from the hospital records to abstract forms were performed by either the hospital staff or representatives of NCHS or both. The second was an automated method, used in approximately 17 percent of the sample hospitals in 1985, involving the purchase of data tapes from commercial abstracting services. These tapes were then subjected to the NCHS sampling, editing, and weighting procedures.

In 1988 NHDS was redesigned. The hospitals with the most beds and/or discharges annually were selected with certainty, but the remaining sample was selected using a three-stage stratified design. The first stage is a sample of PSU's used by the National Health

Interview Survey. Within PSU's, hospitals were stratified or arrayed by abstracting status (whether subscribing to a commercial abstracting service) and within abstracting status arrayed by type of service and bed size. Within these strata and arrays, a systematic sampling scheme with probability proportional to the annual number of discharges was used to select hospitals. The rates for systematic sampling of discharges within hospitals varied inversely with probability of hospital selection within the PSU. Discharge records from hospitals submitting data via commercial abstracting services and selected State data systems (approximately 40 percent of sample hospitals) were arrayed by primary diagnoses, patient sex and age group, and date of discharge before sampling. Otherwise, the procedures for sampling discharges within hospitals were the same as those used in the prior design.

In 1997 the hospital sample was updated by continuing the sampling process among hospitals that were NHDS-eligible for the sampling frame in 1997 but not in 1994. The additional hospitals were added at the end of the list for the strata where they belonged, and the systematic sampling was continued as if the additional hospitals had been present during the initial sample selection. Hospitals that were no longer NHDS-eligible were deleted. A similar updating process occurred in 1991 and 1994.

The basic unit of estimation for NHDS is the sample patient abstract. The estimation procedure involves inflation by the reciprocal of the probability of selection, adjustment for nonresponding hospitals and missing abstracts, and ratio adjustments to fixed totals. In 1998, 513 hospitals were selected, 495 were within scope, 478 participated (97 percent), and 307,000 medical records were abstracted. In 1999, 513 hospitals were selected, 487 were within scope, 458 participated (94 percent), and 300,460 medical records were abstracted.

For more detailed information on the design of NHDS and the magnitude of sampling errors associated with NHDS estimates, see: Popovic JR, Kozak, LJ. National Hospital Discharge Survey: Annual summary 1998. Vital Health Stat 13 (148). 2000; Dennison C, Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. National Center for Health Statistics. Vital Health Stat 1(39). 2000; or visit the NCHS home page at www.cdc.gov/nchs/.

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National Survey of Ambulatory Surgery

The National Survey of Ambulatory Surgery (NSAS) is a nationwide sample survey of ambulatory surgery patient discharges from short-stay non-Federal hospitals and freestanding surgery centers. NSAS was conducted annually between 1994 and 1996. The sample consisted of eligible hospitals listed in the 1993 SMG Hospital Market Database and the 1993 SMG Freestanding Outpatient Surgery Center Database or Medicare Provider-of-Service files. Facilities specializing in dentistry, podiatry, abortion, family planning, or birthing were excluded.

A three-State stratified cluster design was used, and facilities were stratified according to primary sampling unit (PSU). The second stage consisted of the selection of facilities from sample PSU's, and the third stage consisted of a systematic random sample of cases from all locations within a facility where ambulatory surgery was performed. Locations within hospitals dedicated exclusively to dentistry, podiatry, pain block, abortion, or small procedures (sometimes referred to as "lump and bump" rooms) were not included. In 1996, of the 751 hospitals and freestanding ambulatory surgery centers selected for the survey, 601 were in-scope and 488 responded for an overall response rate of 81 percent. These facilities provided information for approximately 125,000 ambulatory surgery discharges. Up to six procedures were coded to the *International Classification of Diseases, 9th Revision, Clinical Modification*. Estimates were derived using a multistage estimation procedure: inflation by reciprocals of the probabilities of selection; adjustment for nonresponse; and population weighting ratio adjustments.

For more detailed information on the design of NSAS, see: McLemore T, Lawrence L. Plan and operation of the National Survey of Ambulatory Surgery. National Center for Health Statistics. Vital Health Stat 1(37). 1997; or visit the NCHS home page at www.cdc.gov/nchs/.

National Ambulatory Medical Care Survey

The National Ambulatory Medical Care Survey (NAMCS) is a continuing national probability sample of ambulatory medical encounters. The scope of the survey covers physician-patient encounters in the offices of non-Federally employed physicians classified by the American Medical Association or American Osteopathic Association as "office-based, patient care" physicians. Patient encounters with physicians engaged in prepaid practices—health maintenance

organizations (HMO's), independent practice organizations (IPA's), and other prepaid practices—are included in NAMCS. Excluded are visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology, and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are excluded, also.

A multistage probability design is employed. The first-stage sample consists of 84 primary sampling units (PSU's) in 1985 and 112 PSU's in 1992 selected from about 1,900 such units into which the United States has been divided. In each sample PSU, a sample of practicing non-Federal office-based physicians is selected from master files maintained by the American Medical Association and the American Osteopathic Association. The final stage involves systematic random samples of office visits during randomly assigned 7-day reporting periods. In 1985 the survey excluded Alaska and Hawaii. Starting in 1989 the survey included all 50 States.

In the 1998 survey a sample of 2,500 physicians was selected. The response rate was 68 percent, and data were provided on 23,339 records. In 1999 a sample of 2,499 physicians was selected. The response rate was 63 percent and data were provided on 20,790 records.

The estimation procedure used in NAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

For more detailed information on NAMCS, see: Woodwell DA. National Ambulatory Medical Care Survey: 1998 summary. Advance data from vital and health statistics; no 315. Hyattsville, MD: National Center for Health Statistics. 2000; or visit the NCHS home page at www.cdc.gov/nchs/.

National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS), initiated in 1992, is a continuing annual national probability sample of visits by patients to emergency departments (ED's) and outpatient departments (OPD's) of non-Federal, short-stay or general hospitals. Telephone contacts are excluded.

A four-stage probability sample design is used in NHAMCS, involving samples of primary sampling units (PSU's), hospitals with ED's and/or OPD's within PSU's, ED's within hospitals and/or clinics within OPD's, and patient visits within ED's and/or clinics. In 1998 the hospital response rate for NHAMCS was

96 percent for ED's and 90 percent for OPD's. In 1999 the hospital response rate for NHAMCS was 93 percent for ED's and 86 percent for OPD's. Hospital staff were asked to complete Patient Record Forms (PRF) for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period. On the PRF, up to three physicians' diagnoses were collected and coded by NCHS to the *International Classification of Diseases, Clinical Modification* (ICD-9-CM). Additionally, if the cause-of-injury check box was marked on the PRF, up to three external causes of injury were coded by NCHS to the ICD-9-CM Supplementary Classification of External Causes of Injury and Poisoning. In 1998 the number of PRF's completed for ED's was 24,175 and for OPD's 29,402. In 1999 the number of PRF's completed for ED's was 21,103 and for OPD's 29,487.

For more detailed information on NHAMCS, see: McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994; or visit the NCHS home page at www.cdc.gov/nchs/.

National Center for HIV, STD, and TB Prevention

AIDS Surveillance

Acquired immunodeficiency syndrome (AIDS) surveillance is conducted by health departments in each State, territory, and the District of Columbia. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs, which include four major reporting sources of AIDS information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, and medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports). Using a standard confidential case report form, the health departments collect information that is then transmitted electronically to CDC without personal identifiers.

AIDS surveillance data are used to detect epidemiologic trends, to identify unusual cases requiring followup, and for semiannual publication in the *HIV/AIDS Surveillance Report*. Studies to determine the completeness of reporting of AIDS cases meeting the national surveillance definition suggest reporting at greater than or equal to 90 percent.

Decreases in AIDS incidence and in the number of AIDS deaths, first noted in 1996, have been ascribed to the effect of new treatments, which prevent or delay the onset of AIDS and premature death among HIV-infected persons, and result in an increase in the number of persons living with HIV and AIDS. A growing number of States require confidential reporting of persons with HIV infection and participate in CDC's integrated HIV/AIDS surveillance system that compiles information on the population of persons newly diagnosed and living with HIV infection.

For more information on AIDS surveillance, see: Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, published semiannually; or contact: Chief, Surveillance Branch, Division of HIV/AIDS Prevention Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention, Atlanta, GA 30333; or visit the NCHSTP home page at www.cdc.gov/nchstp/od/nchstp.html.

Epidemiology Program Office

National Notifiable Diseases Surveillance System

The Epidemiology Program Office (EPO) of CDC, in partnership with the Council of State and Territorial Epidemiologists (CSTE), operates the National Notifiable Diseases Surveillance System. The purpose of this system is primarily to provide weekly provisional information on the occurrence of diseases defined as notifiable by CSTE. The system also provides summary data on an annual basis. State epidemiologists report cases of notifiable diseases to EPO, and EPO tabulates and publishes these data in the *Morbidity and Mortality Weekly Report (MMWR)* and the *Summary of Notifiable Diseases, United States* (entitled *Annual Summary* before 1985). Notifiable disease surveillance is conducted by public health practitioners at local, State, and national levels to support disease prevention and control activities.

Notifiable disease reports are received from health departments in the 50 States, five territories, New York City, and the District of Columbia. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect). 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

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nationally notifiable diseases to CDC is voluntary. Reporting is currently mandated by law or regulation only at the local and State level. Therefore, the list of diseases that are considered notifiable varies slightly by State. For example, reporting of cyclosporiasis to CDC is not done by some States in which this disease is not notifiable to local or State authorities. More information regarding notifiable diseases, including case definitions for these conditions, is available on the Internet at www.cdc.gov/epo/dphsi/phs.htm.

Notifiable disease data are useful for analyzing disease trends and determining relative disease burdens. However, these data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (e.g., plague and rabies) are most likely reported accurately if diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) might not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting also is influenced by the diagnostic facilities available; the control measures in effect; public awareness of a specific disease; and the interests, resources, and priorities of State and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

For more information, see: Centers for Disease Control and Prevention, Summary of Notifiable Diseases, United States, 1999 *Morbidity and Mortality Weekly Report* 48(53) Public Health Service, DHHS, Atlanta, GA, 2000; or write: Chief, Surveillance Systems Branch, Division of Public Health Surveillance and Informatics, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, MS K74, Atlanta, GA 30341–3717; or visit the EPO home page at www.cdc.gov/epo/dphsi/phs.htm.

National Center for Chronic Disease Prevention and Health Promotion

Abortion Surveillance

In 1969 CDC began abortion surveillance to document the number and characteristics of women obtaining legal induced abortions, monitor unintended

pregnancy, and assist efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions. For each year from 1973–1997 abortion data have been available from 52 reporting areas: 50 States, the District of Columbia, and New York City. Beginning in 1998, abortion data are available only from 48 reporting areas coming from central health agencies. The total number of legal induced abortions is available for all reporting areas; however, not all areas collect information regarding the characteristics of women who obtain abortions. Furthermore the number of States reporting each characteristic and the number of States with complete data for each characteristic vary from year to year. State data with more than 15 percent unknown for a given characteristic are excluded from the analysis of that characteristic.

For 48 reporting areas, data concerning the number and characteristics of women who obtain legal induced abortions are provided by central health agencies such as State health departments and the health departments of New York City and the District of Columbia. In general the procedures were reported by the State in which the procedure is performed. However, two reporting areas (the District of Columbia and Wisconsin) report characteristics of abortions only for area/state residents; characteristics for out of area/state residents are unavailable.

The total number of abortions reported to CDC is about 10 percent less than the total estimated independently by the Alan Guttmacher Institute, a not-for-profit organization for reproductive health research, policy analysis, and public education.

For more information, see Centers for Disease Control and Prevention, CDC Surveillance Summaries, December 8, 2000. *Morbidity and Mortality Weekly Report* 2000;49 (NoSS-11), Abortion Surveillance – United States, 1997; or contact: Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, Atlanta, GA 30341; or visit the NCCDPHP home page at www.cdc.gov/nccdphp.

Youth Risk Behavior Survey

The national Youth Risk Behavior Survey (YRBS) is conducted by the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion to monitor the prevalence of priority health risk behaviors among high school students in grades 9–12 that contribute to

morbidity and mortality in both adolescence and adulthood.

The national YRBS of high school students was conducted in 1990, 1991, 1993, 1995, 1997, and 1999. The national YRBS school-based surveys employ a three-stage cluster sample design to produce a nationally representative sample of students in grades 9–12 attending public and private high schools. The first-stage sampling frame contains primary sampling units (PSU's) consisting of large counties or groups of smaller, adjacent counties. The PSU's are then stratified based on degree of urbanization and relative percent of black and Hispanic students in the PSU. The PSU's are selected from these strata with probability proportional to school enrollment size. At the second sampling stage, schools are selected with probability proportional to school enrollment size. To enable separate analysis of data for black and Hispanic students, schools with substantial numbers of black and Hispanic students are sampled at higher rates than all other schools. The third stage of sampling consists of randomly selecting one or two intact classes of a required subject from grades 9–12 at each chosen school. All students in the selected classes are eligible to participate in the survey. A weighting factor is applied to each student record to adjust for nonresponse and for the varying probabilities of selection, including those resulting from the oversampling of black and Hispanic students. SUDAAN was used to compute standard errors.

National YRBS data are subject to at least two limitations. First, these data apply only to adolescents who attend regular high school. These students may not be representative of all persons in this age group because those who have dropped out of high school or attend an alternative high school for behavioral or other reasons are not surveyed. Second, the extent of underreporting or overreporting cannot be determined, although the survey questions demonstrate good test-retest reliability.

For further information on the YRBS, see: CDC. Youth risk behavior surveillance—United States, 1999. CDC surveillance summaries, June 9, 2000. MMWR 2000;49(SS-05); or write: Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Mail Stop K-32, Atlanta, GA 30341-3717; or visit the Division of Adolescent and School Health home page at www.cdc.gov/nccdphp/dash/.

Agency for Healthcare Research and Quality

National Medical Expenditure Survey

The Household Survey (HS) and the Medical Provider Survey (MPS) components of the 1987 National Medical Expenditure Survey (NMES) were designed to provide nationally representative estimates of the health status, health insurance coverage, and health care use and expenditures for the U.S. civilian noninstitutionalized population for the calendar year 1987. The HS consisted of four rounds of household interviews. Income was collected in a special supplement administered early in 1988. Events under the scope of the MPS included medical services provided by or under the direction of a physician, all hospital events, and home health care. The sample of events included in the MPS was all events for persons covered by Medicaid and for a 25-percent sample of HS respondents. For the first core household interview, 17,500 households were selected. The 12-month joint core questionnaire/health questionnaire/access supplement response rate for the household component of the NMES was 72 percent. Missing expenditure data were imputed.

For further information see: Hahn B and Lefkowitz D. Annual expenses and sources of payment for health care services (AHRQ Pub. No. 93-0007). National Medical Expenditure Survey Research Findings 14, Agency for Healthcare Research and Quality. Rockville, MD. Public Health Service. Nov. 1992.

Medical Expenditure Panel Survey

The 1996 Medical Expenditure Panel Survey (MEPS) updates the 1987 NMES survey. MEPS is designed to understand how the growth of managed care and other changes in the health care delivery system affect the use, type, and costs of health care. MEPS consists of four components:

- The Household Component (HC), a nationally representative survey of the civilian noninstitutionalized population, collected data on approximately 10,000 families (24,000 individuals), drawn from a subsample of households that participated in the prior year's National Health Interview Survey conducted by the National Center for Health Statistics. The panel design of the survey featured several rounds of interviewing covering two full calendar years. Data were collected on health status, health insurance coverage, health care use and expenditures, and sources of payment for health services.

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- The Nursing Home Component (NHC) gathered information from a sample of approximately 800 nursing homes and more than 5,000 residents. Data were collected on characteristics of the facilities and services offered, expenditures and sources of payment on an individual resident level, and resident characteristics, including functional limitation, cognitive impairment, age, income, and insurance coverage, and the availability and use of community-based care prior to nursing home admission.
- The Medical Provider Component (MPC) covered approximately 3,000 hospitals, nearly 17,000 physicians, and 500 home health care providers and collected information to supplement the MEPS HC, and additional data to estimate the expenses of people enrolled in managed care plans.
- The Insurance Component (IC) consisted of two subcomponents. The household sample collected detailed information from employers and union officials on the health insurance held by and offered to respondents to the MEPS HC. The list sample collected data on the types and costs of workplace health insurance from 40,000 business establishments and governments.

For further information, see MEPS: A New National Health Information Resource. AHRQ Publication No. 00-P050, May 2000. Agency for Healthcare Research and Quality, Rockville, MD. Also available at www.ahrq.gov/data/mepsinfo.htm.

Health Resources and Services Administration

Bureau of Health Professions

Nurse Supply Estimates

Nursing estimates in this report are based on a model developed by the Bureau of Health Professions to meet the requirements of Section 951, P.L. 94-63. The model estimates the following for each State: (a) population of nurses currently licensed to practice; (b) supply of full- and part-time practicing nurses (or available to practice); and (c) full-time equivalent supply of nurses practicing full time plus one-half of those practicing part time (or available on that basis).

The three estimates are divided into three levels of highest educational preparation: associate degree or diploma, baccalaureate, and master's and doctorate.

Among the factors considered are new graduates, changes in educational status, nursing employment

rates, age, migration patterns, death rates, and licensure phenomena. The base data for the model are derived from the National Sample Surveys of Registered Nurses, conducted by the Division of Nursing, Bureau of Health Professions, HRSA. Other data sources include National League for Nursing for data on nursing education and National Council of State Boards of Nursing for data on licensure.

Substance Abuse and Mental Health Services Administration

Office of Applied Studies

National Household Survey on Drug Abuse

Data on trends in use of cigarettes, alcohol, marijuana, and cocaine among persons 12 years of age and over are from the National Household Survey on Drug Abuse (NHSDA), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey covers the civilian noninstitutionalized population 12 years of age and over in the United States. This includes civilians living on military bases and persons living in noninstitutionalized group quarters, such as college dormitories, rooming houses, and shelters. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals. Hawaii and Alaska were included for the first time in 1991.

The survey underwent major changes in 1994 and 1999. Changes in 1994 to the questionnaire and data-editing procedures affected the reporting of substance abuse prevalence rates. A split sample design was used in 1994 to estimate the magnitude of the impact of the new methodology for each drug category. An adjustment procedure was developed and applied to the pre-1994 estimates in order to describe long-term trends in drug use. The adjusted estimates are presented in *Health, United States*. A description of the adjustment method can be found in the 1998 NHSDA Main Findings, NHSDA Series H-11, Appendix, available from SAMHSA.

In 1994–98 the survey employed a multistage probability sample design. Young people (age 12–34 years), black Americans, Hispanics, and residents of Arizona and California were oversampled. In 1998 the sample included 25,500 respondents. The screening and interview response rates were 93 percent and 77 percent, respectively.

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Sources and Limitations of Data

Prior to 1999, the NHSDA was conducted as a paper-and-pencil interview (PAPI) lasting about an hour. The NHSDA PAPI instrumentation consisted of a questionnaire booklet that was completed by the interviewer and a set of individual answer sheets that were completed by the respondent. All substance-use questions and other sensitive questions appeared on the self-administered answer sheets so that the interviewer was not aware of the respondent's answers. Less sensitive questions such as demographics, occupational status, household size, and composition were asked aloud by the interviewer and recorded in the questionnaire booklet.

In 1999, the NHSDA underwent another major redesign affecting the method of data collection, sample design, sample size, and oversampling. The method of data collection was changed from PAPI to a computer-assisted interview (CAI). The 1999 survey used a combination of computer-assisted personal interview conducted by the interviewer (CAPI) and a computer-assisted self-interview (ACASI). For the most part, questions previously administered by the interviewer are now administered by the interviewer using CAPI. Use of ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions and should increase the level of honest reporting of illicit drug use and other sensitive behaviors.

The 1999 NHSDA sample size was expanded from previous years. The sample design was also changed from a strictly national design to a State-based sampling plan. This sample employed a 50-State design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia. The eight States with the largest population (which together account for 48 percent of the total U.S. population age 12 years and over) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small-area estimation (SAE) techniques. The 1999 NHSDA design also oversampled youths and young adults, so that each State's sample was approximately equally distributed among three major age groups: 12–17 years, 18–25 years, and 26 years and older.

Each State was stratified into regions (48 regions in each of eight large States, 12 regions in each of 42 small States). At the first stage of sampling, eight area

segments were selected in each region, for a total of 7,200 sample units nationally. In these segments, 169,166 addresses were screened and 66,706 persons were interviewed within the screened addresses in 1999. The survey was conducted from January through December 1999. Weighted response rates for household screening and for interviewing were 89.6 percent and 68.6 percent, respectively. Weighted response rates for the individual States for household screening ranged from 96.1 percent to 79.9 percent. For interviewing the response rates for the States ranged from 82.8 percent to 58.4 percent. A description of this new methodology can be found in *Summary of Findings from the 1999 National Household Survey on Drug Abuse*, available from SAMHSA.

These important changes between the CAI and PAPI methodology and other design changes in 1999 have a major impact on the data produced from the NHSDA. The 1999 estimates of substance-use prevalence are not comparable with earlier estimates. To assess trends, SAMHSA included a supplemental national sample employing the PAPI methodology in 1999. This sample of 13,809 persons employed a paper questionnaire that was identical to the one fielded in 1998. Weighting, editing, and imputation procedures were also conducted in a manner comparable to prior years' surveys. These supplemental PAPI samples are for 1999 only and no PAPI data will be available in subsequent survey years. The 1999 PAPI prevalence estimates are included in [Table 63](#). The 1999 CAI prevalence estimates are presented in the *Chartbook on Urban and Rural Health*.

For more information on the National Household Survey on Drug Abuse (NHSDA), see: NHSDA Series: H-12 Summary of Findings from the 1999 National Household Survey on Drug Abuse; or write: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Room 16C-06, 5600 Fishers Lane, Rockville, MD 20857; or visit the SAMHSA Web site at www.drugabusestatistics.samhsa.gov.

Drug Abuse Warning Network

The Drug Abuse Warning Network (DAWN) is a large-scale, ongoing drug abuse data collection system based on information from hospital emergency departments (ED's) and from medical examiner facilities. The major objectives of the DAWN data system include monitoring of drug-abuse patterns and trends, identification of substances associated with drug-abuse episodes, and assessment of drug-related consequences and other health hazards. Estimates

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reported in this publication are from the hospital ED component of DAWN.

Hospitals eligible for DAWN are non-Federal, short-stay general hospitals that have a 24-hour emergency department. Since 1988 the DAWN emergency department data have been collected from a representative sample of these hospitals located throughout the coterminous United States, including 21 oversampled metropolitan areas. Within each facility, a designated DAWN reporter is responsible for identifying eligible drug-abuse episodes by reviewing emergency department records and abstracting and submitting data on each reportable case. To be included in DAWN, the patient presenting to the ED must meet all of the following four criteria: (a) patient was between ages 6 and 97 years and was treated in the hospital's ED; (b) patient's presenting problem(s) for the ED visit was induced by or related to drug use, regardless of when drug use occurred; (c) episode involved use of an illegal drug or use of a legal drug or other chemical substance contrary to directions; (d) patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effect.

The data from the DAWN sample are used to generate estimates of the total number of emergency department drug-abuse episodes and drug mentions in all eligible hospitals in the coterminous United States and in the 21 metropolitan areas. Overall, a response rate of 82 percent of sample hospitals was obtained in the 1999 survey.

For further information, see Drug Abuse Warning Network (DAWN) Series D-15, Year-End 1999 Emergency Department Data from the Drug Abuse Warning Network; DAWN Series D-13, Drug Abuse Warning Network Annual Medical Examiner Data 1998; or write: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857; or visit the SAMHSA home page at www.drugabusestatistics.samhsa.gov/.

Uniform Facility Data Set

The Uniform Facility Data Set (UFDS) is part of the Drug and Alcohol Services Information System (DASIS) maintained by the Substance Abuse and Mental Health Services Administration. UFDS is a census of all substance abuse treatment and prevention facilities that are licensed, certified, or otherwise recognized by the individual State substance abuse agencies, and an additional group of substance

abuse treatment facilities identified from other sources. It seeks information from all specialized facilities that treat substance abuse. These include facilities that treat only substance abuse, as well as specialty substance abuse units operating within larger mental health (for example, community mental health centers), general health (for example, hospitals), social service (for example, family assistance centers), and criminal justice (for example, probation departments) agencies. UFDS solicits data concerning facility and client characteristics for a specific reference day (on or about October 1) including number of individuals in treatment, substance of abuse (alcohol, drugs, or both), types of services, and source of revenue. Public and private facilities are included.

Treatment facilities contacted through UFDS are identified from the National Master Facility Inventory (NMFI), which lists all State-sanctioned substance abuse treatment and prevention facilities and additional treatment facilities identified through business directories and other sources. In 1996 only State-sanctioned facilities were included in the published tables. The 1997 and 1998 data include facilities identified through business directories and other sources. Response rates to the surveys were 86, 88, and 91 percent in 1996, 1997, and 1998, respectively. The survey was not conducted in 1999.

For further information on UFDS, contact: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857; or visit the OAS statistical information section of the SAMHSA home page: www.samhsa.gov.

Center for Mental Health Services

Surveys of Mental Health Organizations

The Survey and Analysis Branch of the Division of State and Community Systems Development conducts a biennial inventory of mental health organizations (IMHO's) and general hospital mental health services (GHMHS's). One version is designed for specialty mental health organizations and another for non-Federal general hospitals with separate psychiatric services. The response rate to most of the items on these inventories is relatively high (90 percent or better). However, for some inventory items, the response rate may be somewhat lower.

IMHO and GHMHS are the primary sources for Center for Mental Health Services data included in *Health, United States*. This data system is based on

questionnaires mailed every other year to mental health organizations in the United States, including psychiatric hospitals, non-Federal general hospitals with psychiatric services, Department of Veterans Affairs psychiatric services, residential treatment centers for emotionally disturbed children, freestanding outpatient psychiatric clinics, partial care organizations, freestanding day-night organizations, and multiservice mental health organizations, not elsewhere classified.

Federally funded community mental health centers (CMHC's) were included separately through 1980. In 1981—with the advent of block grants, changes in definition of CMHC's and discontinuation of CMHC monitoring by the Center for Mental Health Services—organizations formerly classified as CMHC's have been reclassified as other organization types, primarily "multiservice mental health organizations, not elsewhere classified" and "freestanding psychiatric outpatient clinics."

Beginning in 1983 any organization that provides services in any combination of two or more services (for example, outpatient plus partial care, residential treatment plus outpatient plus partial care) and is neither a hospital nor a residential treatment center for emotionally disturbed children is classified as a multiservice mental health organization.

Other surveys conducted by the Survey and Analysis Branch encompass samples of patients admitted to State and county mental hospitals, private mental hospitals, multiservice mental health organizations, the psychiatric services of non-Federal general hospitals and Department of Veterans Affairs medical centers, residential treatment centers for emotionally disturbed children, and freestanding outpatient and partial care programs. The purpose of these surveys is to determine the sociodemographic, clinical, and treatment characteristics of patients served by these facilities.

For more information, write: Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services, Room 15C-04, 5600 Fishers Lane, Rockville, MD 20857. For further information on mental health, see: Center for Mental Health Services, *Mental Health, United States, 1998*. Manderscheid R, Henderson MJ, eds. DHHS Pub. No. (SMA) 99-3285. Washington, DC: Superintendent of Documents, U.S. Government Printing Office. 1998; *Mental Health, United States, 2001*, forthcoming; or visit the Center for Mental Health Services home page at www.samhsa.gov/cmhs/cmhs.htm.

National Institutes of Health

National Cancer Institute

Surveillance, Epidemiology, and End Results Program

In the Surveillance, Epidemiology, and End Results (SEER) Program, the National Cancer Institute (NCI) contracts with 11 population-based registries throughout the United States to provide data on all residents diagnosed with cancer during the year and to provide current followup information on all previously diagnosed patients.

This report covers residents of one of the following geographic areas at the time of the initial diagnosis of cancer: Atlanta, Georgia; Detroit, Michigan; Seattle-Puget Sound, Washington; San Francisco-Oakland, Los Angeles, and San Jose-Monterey, California; Connecticut; Iowa; New Mexico; Utah; and Hawaii.

Population estimates used to calculate incidence rates are obtained from the U.S. Bureau of the Census. NCI uses estimation procedures as needed to obtain estimates for years and races not included in data provided by the U.S. Bureau of the Census. Rates presented in this report may differ somewhat from previous reports due to revised population estimates and the addition and deletion of small numbers of incidence cases.

Life tables used to determine normal life expectancy when calculating relative survival rates were obtained from NCHS and in-house calculations. Separate life tables are used for each race-sex-specific group included in the SEER Program.

For further information, see: Ries LAG Eisner MP, Kosary CL, et al. (eds). *SEER Cancer Statistics Review 1973-97*. National Cancer Institute. Bethesda, MD. 2000; or visit the SEER home page at www.seer.cancer.gov.

National Institute on Drug Abuse

Monitoring the Future Study

Monitoring the Future Study (MTF) is a large-scale epidemiological survey of drug use and related attitudes. It has been conducted annually since 1975 under a series of investigator-initiated research grants from the National Institute on Drug Abuse to the University of Michigan's Institute for Social Research.

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MTF is composed of three substudies: (a) annual survey of high school seniors initiated in 1975; (b) ongoing panel studies of representative samples from each graduating class that have been conducted by mail since 1976; and (c) annual surveys of 8th and 10th graders initiated in 1991.

The survey design is a multistage random sample with stage one being selection of particular geographic areas, stage two selection of one or more schools in each area, and stage three selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded. Recognizing that the dropout population is at higher risk for drug use, this survey was expanded to include similar nationally representative samples of 8th and 10th graders in 1991. Statistics that are published the *Dropout Rates in the United States: 1999* (published by the National Center for Educational Statistics, Pub. No. NCES 2001-022) stated that among persons 15–16 years and 17 years of age, 3.4 percent have dropped out of school, while the dropout percent increases to 4.7 percent of persons 18 years of age, and to 11.1 percent for persons 19 years of age. Therefore, surveying eighth graders (where dropout rates are much lower than for high school seniors) should be effective for picking up students at higher risk for drug use.

Approximately 45,200 8th, 10th, and 12th graders in 435 schools were surveyed in 2000. In 2000 the annual senior samples comprised roughly 13,300 seniors in 134 public and private high schools nationwide, selected to be representative of all seniors in the continental United States. The 10th-grade samples involved about 14,600 students in 145 schools in 2000, and the 2000 eighth-grade samples had approximately 17,300 students in 156 schools. Response rates of 83 percent, 85 percent, and 87 percent for 12th, 10th, and 8th-graders in 1999 have been relatively constant across time. Absentees constitute virtually all of the nonrespondents.

For further information on Monitoring the Future Study, see: National Institute on Drug Abuse, National Survey Results on Drug Use from the Monitoring the Future Study, 1975–1999, Vol. I., Secondary School Students, NIH Pub. No. 00-4802, Bethesda, MD: Public Health Service, printed August 2000; or visit the NIDA home page at www.nida.nih.gov or the Monitoring the Future home page at www.monitoringthefuture.org/.

Health Care Financing Administration

Office of the Actuary

Estimates of National Health Expenditures

Estimates of expenditures for health (National Health Accounts) are compiled annually by type of expenditure and source of funds. The American Hospital Association (AHA) data on hospital finances are the primary source for estimates relating to hospital care. The salaries of physicians and dentists on the staffs of hospitals, hospital outpatient clinics, hospital-based home health agencies, and nursing home care provided in the hospital setting are considered to be components of hospital care. Expenditures for home health care and for services of health professionals (for example, doctors, chiropractors, private duty nurses, therapists, and podiatrists) are estimated primarily using a combination of data from the U.S. Bureau of the Census Services Annual Survey and the quinquennial Census of Service Industries.

The estimates of retail spending for prescription drugs are based on results of a Health Care Financing Administration (HCFA)-sponsored study conducted by the Actuarial Research Corporation and on industry data on prescription drug transactions. Expenditures for other medical nondurables and vision products and other medical durables purchased in retail outlets are based on estimates of personal consumption expenditures prepared by the U.S. Department of Commerce's Bureau of Economic Analysis, U.S. Bureau of Labor Statistics/Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality; and spending by Medicare and Medicaid. Those durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed professionals or through home health agencies are excluded here, but are included with the expenditure estimates of the provider service category.

Nursing home expenditures cover care rendered in establishments providing inpatient nursing and health-related personal care through active treatment programs for medical and health-related conditions. These establishments cover skilled nursing and intermediate care facilities, including those for the mentally retarded. Spending estimates are primarily based upon data from the U.S. Bureau of the Census

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Sources and Limitations of Data

Services Annual Survey and the quinquennial Census of Service Industries.

Expenditures for construction include those spent on the erection or renovation of hospitals, nursing homes, medical clinics, and medical research facilities, but not for private office buildings providing office space for private practitioners. Expenditures for noncommercial research (the cost of commercial research by drug companies is assumed to be imbedded in the price charged for the product; to include this item again would result in double counting) are developed from information gathered by the National Institutes of Health and the National Science Foundation.

Source of funding estimates likewise come from a multiplicity of sources. Data on the Federal health programs are taken from administrative records maintained by the servicing agencies. Among the sources used to estimate State and local government spending for health are the U.S. Bureau of the Census' *Government Finances*, *National Academy of Social Insurance*, and Social Security Administration reports on State-operated Workers' Compensation programs. Federal and State-local expenditures for education and training of medical personnel are excluded from these measures where they are separable. For the private financing of health care, data on the financial experience of health insurance organizations come from special Health Care Financing Administration analyses of private health insurers, and from the Bureau of Labor Statistics' survey on the cost of employer-sponsored health insurance and on consumer expenditures. Information on out-of-pocket spending from the U.S. Bureau of the Census Services Annual Survey; U.S. Bureau of Labor Statistics Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality; and from private surveys conducted by the American Hospital Association, American Medical Association, American Dental Association and IMS Health, an organization that collects data from the pharmaceutical industry is used to develop estimates of direct spending by customers.

For more specific information on definitions, sources, and methods used in the National Health Accounts, visit the Health Care Financing Administration home page at www.hcfa.gov/STATS/STATS.HTM.

Estimates of State Health Expenditures

Estimates of personal health care spending by State are created using the same definitions of health care sectors used in producing the National Health Expenditures (NHE). The same data sources used in creating NHE are also used to create State estimates whenever possible. Frequently, however, surveys that are used to create valid national estimates lack sufficient size to create valid State-level estimates. In these cases, alternative data sources that best represent the State-by-State distribution of spending are substituted, and the U.S. aggregate expenditures for the specific type of service or source of funds are used to control the level of State-by-State distributions. This procedure implicitly assumes that national spending estimates can be created more accurately than State-specific expenditures.

State estimates in this edition of *Health, United States* use as national totals those NHE estimates published in *Health, United States, 2000*. NHE differ from the sum of State estimates. NHE included expenditures for persons living in U.S. territories and for military and Federal civilian employees and their families stationed overseas. The sum of the State-level expenditures exclude health spending for those groups. NHE published in this edition of *Health, United States* reflect new data and benchmark revisions incorporated after completion of the State estimates.

For more information, contact: Office of the Actuary, Health Care Financing Administration, 7500 Security Blvd., Baltimore, MD 21244-1850; or visit the Health Care Financing Administration home page at www.hcfa.gov.

Medicare National Claims History Files

The Medicare Common Working File (CWF) is a Medicare Part A and Part B benefit coordination and claims validation system. There are two National Claims History (NCH) files, the NCH 100 percent Nearline File, and the NCH Beneficiary Program Liability (BPL) File. These NCH files contain claims records and Medicare beneficiary information. The NCH 100 percent Nearline File contains all institutional and physician/supplier claims from the CWF. It provides records of every claim submitted, including all adjustment claims. The NCH BPL file contains Medicare Part A and Part B beneficiary liability information (such as deductible and coinsurance amounts remaining). These records include all Part A and Part B utilization and entitlement data. Records for 1999 were maintained on more than 39 million

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enrollees and 48,735 institutional providers including 6,162 hospitals, 14,991 skilled nursing facilities, 9,029 home health agencies, 2,289 hospices, 3,002 outpatient physical therapy facilities, 543 comprehensive outpatient rehabilitation facilities, 3,580 end-state renal dialysis facilities, 3,515 rural health clinics, 1,000 community mental health centers, 2,742 ambulatory surgical centers, and 1,882 Federally qualified health centers. Over one billion claims were processed in fiscal year 1999.

Data from the NCH files provide information about enrollee use of benefits for a point in time or over an extended period. Statistical reports are produced on enrollment, characteristics of participating providers, reimbursement, and services used.

For further information on the NCH files see: Health Care Financing Administration, Office of Information Services, Enterprise Data Base Group, Division of Information Distribution, Data Users Reference Guide; or call the Medicare Hotline at 410-786-3689.

For further information on Medicare, visit the HCFA home page at www.hcfa.gov.

Medicare Current Beneficiary Survey

The Medicare Current Beneficiary Survey (MCBS) is a continuous survey of a nationally representative sample of about 18,000 aged and disabled Medicare beneficiaries enrolled in Medicare Part A (hospital insurance), or Part B (medical insurance), or both, and residing in households or long-term care facilities. The survey provides comprehensive time-series data on utilization of health services, health and functional status, health care expenditures, and health insurance and beneficiary information (such as income, assets, living arrangement, family assistance, and quality of life). The longitudinal design of the survey allows each sample person to be interviewed 3 times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons in the community are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because long-term care facility residents often are in poor health, information about institutionalized patients is collected from proxy respondents such as nurses and other primary care givers affiliated with the facility. The sample is selected from the Medicare enrollment files with oversampling among disabled persons under age 65 and among persons 80 years of age and over.

Medicare claims are linked to survey-reported events to produce the Cost and Use file that provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare.

For a description of the MCBS, see: A profile of the Medicare Current Beneficiary Survey, by GS Adler. Health Care Financing Review, vol 15 no 4. Health Care Financing Administration. Washington, DC. Public Health Service. 1994. For further information on the MCBS, visit the HCFA home page at www.hcfa.gov.

Medicaid Data System

Many State Medicaid agencies continue to submit data annually to the Health Care Financing Administration (HCFA) using the Form HCFA-2082, *Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services*. However, the majority of Medicaid data are derived from the Medicaid Statistical Information System (MSIS). States participating in MSIS provide HCFA with a larger database through submission of computer tapes. HCFA then extracts comparable data to produce a mirror copy of the HCFA-2082 report. The Federal reporting period is between October 1 and September 30 of the fiscal year.

The following information may help when using Medicaid data:

- HCFA performs many statistical edits to ensure consistency and identification of aberrant and missing data. HCFA may substitute cell values only when necessary in order to maintain consistency.
- Medical Vendor Payments exclude lump sum adjustments (such as payments to disproportionate share hospitals). States must adjust payments to qualified hospitals that provide inpatient services to a disproportionate number of Medicaid recipients and/or other low income persons.
- The number of recipients and eligibles reported on the HCFA-2082 are referred to as "unduplicated," which simply means that each person is counted once based on their eligibility grouping (for example, Aged or Blind or Disabled) when they first receive medical services.
- The Medicaid data presented in *Health, United States* are contained in the Medicaid statistical system (HCFA-2082 Report and the MSIS tapes). Data reported on the quarterly Medicaid financial report (HCFA-64) submitted to HCFA by States for reimbursement may differ from the Medicaid statistical report, primarily because the HCFA-64 includes disproportionate share hospital payments, payments to

health maintenance organizations and Medicare, and quarterly payment adjustments.

For further information on Medicaid data, see *Medicaid Statistics, Program and Financial Statistics, Fiscal Year 1997*, HCFA Pub. No. 10129, Health Care Financing Administration, Baltimore, MD. U.S. Government Printing Office, May 1999; or call the Medicaid Hotline at 410-786-0165. For additional information and data visit the HCFA Web site at www.hcfa.gov.

Online Survey Certification and Reporting Database

The Online Survey Certification and Reporting (OSCAR) database has been maintained by the Health Care Financing Administration (HCFA) since 1992. OSCAR is an updated version of the Medicare and Medicaid Automated Certification System that has been in existence since 1972. OSCAR is an administrative database containing detailed information on all Medicare and Medicaid health care providers in addition to all currently certified Medicare and Medicaid nursing home facilities in the United States and Territories. (Data for the Territories are not shown in this report.) The purpose of the nursing home facility survey certification process is to ensure that nursing facilities meet the current HCFA long-term care requirements and thus can participate in serving Medicare and Medicaid beneficiaries. Included in the OSCAR database are all certified nursing facilities, certified hospital-based nursing homes, and certified units for other types of nursing home facilities (for example, life-care communities or board and care homes). Facilities not included in OSCAR are all noncertified facilities (that is, facilities that are only licensed by the State and are limited to private payment sources) and nursing homes that are part of the Department of Veterans Affairs. Also excluded are nursing homes that are intermediate care facilities for the mentally retarded.

Information on the number of beds, residents, and resident characteristics is collected during an inspection of all certified facilities. The information in OSCAR is based on each facility's own administrative record system in addition to interviews with key administrative staff members.

All certified nursing homes are inspected by representatives of the State survey agency (generally the department of health) at least once every 15 months. Therefore a complete census must be based on a 15-month reporting cycle rather than a 12-month cycle. The 1995 data come from a 15-month cycle

ending July 31, 1995. The 1996 data are based on a cycle ending January 24, 1997; and the 1997, 1998, and 1999 data from cycles ending December of those years. Some nursing homes are inspected twice or more often during any given reporting cycle. In order to avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation were performed by Cowles Research Group and published in the group's *Nursing Home Statistical Yearbook* series.

For more information, see: Cowles CM, 1995 *Nursing Home Statistical Yearbook*. 1996 *Nursing Home Statistical Yearbook*. 1997 *Nursing Home Statistical Yearbook*. Anacortes, WA: Cowles Research Group (CRG), 1995; 1997; 1998; Cowles CM, 1998 *Nursing Home Statistical Yearbook*. 1999 *Nursing Home Statistical Yearbook*. Washington, DC: American Association of Homes and Services for the Aging (AAHSA), 1999; 2000; HCFA: OSCAR Data Users Reference Guide, 1995, available from HCFA, Health Standards and Quality Bureau, HCFA/HSQB S2 11-07, 7500 Security Boulevard, Baltimore, MD 21244; or visit the HCFA home page at www.hcfa.gov or the CRG Web page at www.longtermcareinfo.com/CRG. The e-mail contact for CRG is MickCowles@aol.com and for AAHSA is akerman@aahsa.org.

Department of Commerce

Bureau of the Census

Census of Population

The census of population has been taken in the United States every 10 years since 1790. In the 1990 census, data were collected on sex, race, age, and marital status from 100 percent of the enumerated population. More detailed information such as income, education, housing, occupation, and industry were collected from a representative sample of the population. For most of the country, one out of six households (about 17 percent) received the more detailed questionnaire. In places of residence estimated to have less than 2,500 population, 50 percent of households received the long form.

For more information on the 1990 census, see: U.S. Bureau of the Census, *1990 Census of Population, General Population Characteristics*, Series 1990, CP-1; or visit the Census Bureau home page at www.census.gov.

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Current Population Survey

The Current Population Survey (CPS) is a household sample survey of the civilian noninstitutionalized population conducted monthly by the U.S. Bureau of the Census. CPS provides estimates of employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various other population subgroups.

The 2000 CPS sample is located in 754 sample areas, with coverage in every State and the District of Columbia. In an average month during 2000, the number of housing units or living quarters eligible for interview was about 50,000; of these about 6 or 7 percent were, for various reasons, unavailable for interview. In 1994 major changes were introduced, which included a complete redesign of the questionnaire and the introduction of computer-assisted interviewing for the entire survey. In addition, there were revisions to some of the labor force concepts and definitions.

The estimation procedure used involves inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment. Beginning in 1994 new population controls based on the 1990 census adjusted for the estimated population undercount were used.

For more information, see: U.S. Bureau of the Census, *The Current Population Survey, Design, and Methodology*, Technical Paper 40, Washington: U.S. Government Printing Office, Jan. 1978; U.S. Department of Labor, Bureau of Labor Statistics, Employment and Earnings, Feb. 1994, vol 41 no 2 and Feb. 1995, vol 42 no 2, Washington, DC. U.S. Government Printing Office, Feb. 1994 and Feb. 1995; or visit the CPS home page at www.bls.gov.

Population Estimates

National population estimates are derived by using decennial census data as benchmarks and data available from various agencies as follows: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and Department of Defense). State estimates are based on similar data and a variety of other data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official decennial census figures and do

not reflect estimated decennial census underenumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been prepared for the 1960's, 1970's, and 1980's to correct the "error of closure" or difference between the estimated population at the end of the decade and the census count for that date. The "error of closure" at the national level was quite small during the 1960's (379,000). However, for the 1970's it amounted to almost 5 million and for the 1980's, 1.5 million.

For more information, see: U.S. Bureau of the Census, U.S. population estimated by age, sex, race, and Hispanic origin: 1990–96, release PPL-57, March 1997; or visit the Census Bureau home page at www.census.gov.

Department of Labor

Bureau of Labor Statistics

Annual Survey of Occupational Injuries and Illnesses

Since 1971 the Bureau of Labor Statistics (BLS) has conducted an annual survey of establishments in the private sector to collect statistics on occupational injuries and illnesses. The Survey of Occupational Injuries and Illnesses is a Federal/State program in which employer reports are collected from about 169,000 private industry establishments and processed by State agencies cooperating with BLS. Data for the mining industry and for railroad activities are provided by Department of Labor's Mine Safety and Health Administration and Department of Transportation's Federal Railroad Administration. Excluded from the survey are self-employed individuals; farmers with fewer than 11 employees; private households; Federal Government agencies; and employees in State and local government agencies. Establishments are classified in industry categories based on the 1987 Standard Industrial Classification (SIC) Manual, as defined by the Office of Management and Budget.

Survey estimates of occupational injuries and illnesses are based on a scientifically selected probability sample, rather than a census of the entire population.

An independent sample is selected for each State and the District of Columbia that represents industries in that jurisdiction. BLS includes all the State samples in the national sample.

Establishments included in the survey are instructed in a mailed questionnaire to provide summary totals of all entries for the previous calendar year to its Log and Summary of Occupational Injuries and Illnesses (OSHA No. 200 form). Additionally, from the selected establishments, approximately 550,000 injuries and illnesses with days away from work are sampled to obtain demographic and detailed case characteristic information. An occupational injury is any injury such as a cut, fracture, sprain, or amputation, that results from a work-related event or from a single instantaneous exposure in the work environment. An occupational illness is any abnormal condition or disorder other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. Lost workday cases involve days away from work, days of restricted work activity, or both. The response rate is about 92 percent.

The number of injuries and illnesses reported in any given year can be influenced by the level of economic activity, working conditions and work practices, worker experience and training, and the number of hours worked. Long-term latent illnesses caused by exposure to carcinogens are believed to be understated in the survey's illness measures. In contrast, new illnesses such as contact dermatitis and carpal tunnel syndrome are easier to relate directly to workplace activity.

For more information, see: Bureau of Labor Statistics, Workplace Injuries and Illnesses in 1999, Washington, DC. U.S. Department of Labor, December 2000; or visit the BLS occupational safety and health Internet site at stats.bls.gov/oshhome.htm.

Census of Fatal Occupational Injuries

The Census of Fatal Occupational Injuries (CFOI), administered by the Bureau of Labor Statistics (BLS) in conjunction with participating State agencies, compiles comprehensive and timely information on fatal work injuries occurring in the 50 States and the District of Columbia. To compile counts that are as complete as possible, the BLS census uses diverse sources to identify, verify, and profile fatal work injuries. Key information about each workplace fatality (occupation and other worker characteristics, equipment or machinery involved, and circumstances of the event) is

obtained by cross-referencing the source records. Work relationship is verified for each work injury fatality by using at least two independent source documents. For a fatality to be included in the census, the decedent must have been employed (that is, working for pay, compensation, or profit) at the time of the event, engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. These criteria are generally broader than those used by Federal and State agencies administering specific laws and regulations. Fatalities that occur during a person's commute to or from work are excluded from the census counts.

Data for the CFOI are compiled from various Federal, State, and local administrative sources—including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, medical examiner reports, and police reports—as well as news reports. Diverse sources are used because studies have shown that no single source captures all job-related fatalities. Source documents are matched so that each fatality is counted only once. To ensure that a fatality occurred while the decedent was at work, information is verified from two or more independent source documents or from a source document and a followup questionnaire.

States may identify additional fatal work injuries after data collection closeout for a reference year. In addition, other fatalities excluded from the published count because of insufficient information to determine work relationship may subsequently be verified as work related. States have up to one year to update their initial published State counts. Occupational fatalities and rates shown in this report are revised, except for the most recent year, and may differ from original data published by CFOI. Increases in the published counts based on additional information have averaged less than 100 fatalities per year or less than 1.5 percent of the total.

For more information, see: Bureau of Labor Statistics, *National Census of Fatal Occupational Injuries, 1999*. Washington, DC. U.S. Department of Labor. August 2000; or visit the CFOI Internet site at stats.bls.gov/oshfat1.htm.

Consumer Price Index

The Consumer Price Index (CPI) is a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services. The all-urban index (CPI-U) introduced in 1978 covers residents of metropolitan areas as well as

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residents of urban parts of nonmetropolitan areas (about 87 percent of the U. S. population in 1990).

In calculating the index, price changes for the various items in each location were averaged together with weights that represent their importance in the spending of all urban consumers. Local data were then combined to obtain a U.S. city average.

The index measures price changes from a designated reference date, 1982–84, which equals 100. An increase of 22 percent, for example, is shown as 122. This change can also be expressed in dollars as follows: the price of a base period market basket of goods and services bought by all urban consumers has risen from \$10 in 1982–84 to \$17.22 in 1999.

The current revision of the CPI, completed in 2000, reflects spending patterns based on the Survey of Consumer Expenditures from 1993 to 1995, the 1990 Census of Population, and the ongoing Point-of-Purchase Survey. Using an improved sample design, prices for the goods and services required to calculate the index are collected in urban areas throughout the country and from retail and service establishments. Data on rents are collected from tenants of rented housing and residents of owner-occupied housing units. Food, fuels, and other goods and services are priced monthly in urban locations. Price information is obtained through visits or calls by trained BLS field representatives using computer-assisted telephone interviews.

The earlier 1987 revision changed the treatment of health insurance in the cost-weight definitions for medical care items. This change has no effect on the final index result but provides a clearer picture of the role of health insurance in the CPI. As part of the revision, three new indexes have been created by separating previously combined items, for example, eye care from other professional services and inpatient and outpatient treatment from other hospital and medical care services.

Effective January 1997 the hospital index was restructured by combining the three categories—room, inpatient services, and outpatient services—into one category, hospital services. Differentiation between inpatient and outpatient and among service types are under this broad category. In addition new procedures for hospital data collection identify a payor, diagnosis, and the payor's reimbursement arrangement from selected hospital bills.

A new geographic sample and item structure were introduced in January 1998 and expenditure weights

were updated to 1993–95. Pricing of a new housing sample using computer-assisted data collection started in June 1998. In January 1999 the index was rebased from the 1982–84 time period to 1993–95.

For more information, see: Bureau of Labor Statistics, *Handbook of Methods*, BLS Bulletin 2490, U.S. Department of Labor, Washington, DC. April 1997; IK Ford and P Sturm. CPI revision provides more accuracy in the medical care services component, *Monthly Labor Review*, U.S. Department of Labor, Bureau of Labor Statistics, Washington, DC. April 1988; or visit the BLS home page at www.bls.gov.

Employment and Earnings

The Division of Monthly Industry Employment Statistics and the Division of Employment and Unemployment Analysis of the Bureau of Labor Statistics publish data on employment and earnings. The data are collected by the U.S. Bureau of the Census, State Employment Security Agencies, and State Departments of Labor in cooperation with BLS.

The major data source is the Current Population Survey (CPS), a household interview survey conducted monthly by the U.S. Bureau of the Census to collect labor force data for BLS. The CPS is described separately in this appendix. Data based on establishment records are also compiled each month from mail questionnaires by BLS, in cooperation with State agencies.

For more information, see: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings*, Jan. 2001, vol 48 no 1, Washington, DC. U.S. Government Printing Office. Jan. 2001; or visit the BLS home page at www.bls.gov.

Employer Costs for Employee Compensation

Employer costs for employee compensation cover all occupations in private industry, excluding farms and households and State and local governments. These cost levels are published once a year with the payroll period including March 12th as the reference period.

The cost levels are based on compensation cost data collected for the Bureau of Labor Statistics Employment Cost Index (ECI), released quarterly. Employee Benefits Survey (EBS) data are jointly collected with the ECI data. Cost data were collected from the ECI's March 1993 sample that consisted of about 23,000 occupations within 4,500 sample establishments in private industry and 7,000 occupations within 1,000 establishments in State and

local governments. The sample establishments are classified industry categories based on the 1987 Standard Industrial Classification (SIC) system, as defined by the U.S. Office of Management and Budget. Within an establishment, specific job categories are selected to represent broader major occupational groups such as professional specialty and technical occupations. The cost levels are calculated with current employment weights each year.

For more information, see: U.S. Department of Labor, Bureau of Labor Statistics, *Employment Cost Indexes 1975-99*, Bulletin 2532, Oct. 2000; or visit the BLS home page at www.bls.gov.

Department of Veterans Affairs

Data are obtained from the Department of Veterans Affairs (VA) National Patient Care Database. These include budget, patient treatment, patient census, and patient-outpatient clinic information. Data from the three patient files are collected locally at each VA medical center and are transmitted to the national databank at the VA Austin Automated Center, where they are stored and used to provide nationwide statistics, reports, and comparisons.

The Patient Treatment File

The patient treatment file (PTF) collects data, at the time of the patient's discharge, on each episode of inpatient care provided to patients at VA hospitals, VA nursing homes, VA domiciliaries, community nursing homes, and other non-VA facilities. The PTF record contains the scrambled social security number, dates of inpatient treatment, date of birth, State and county of residence, type of disposition, place of disposition after discharge, as well as the ICD-9-CM diagnostic and procedure or operative codes for each episode of care.

The Patient Census File

The patient census file collects data on each patient remaining in a VA medical facility at midnight on a selected date of each year, normally September 30. This file includes patients admitted to VA hospitals, VA nursing homes, and VA domiciliaries. The census record includes information similar to that reported in the patient treatment file record.

The Outpatient Clinic File

The outpatient clinic file (OPC) collects data on each instance of medical treatment provided to a veteran in

an outpatient setting. The OPC record includes the age, scrambled social security number, State and county of residence, VA eligibility code, clinic(s) visited, purpose of visit, and the date of visit for each episode of care.

For more information, write: Department of Veterans Affairs, Office of Policy and Planning, Policy Analysis Service, 810 Vermont Ave., NW, Washington, DC 20420; or visit the VA home page at www.va.gov.

Environmental Protection Agency

Aerometric Information Retrieval System

The Environmental Protection Agency's Aerometric Information Retrieval System (AIRS) compiles data on ambient air levels of particulate matter smaller than 10 microns (PM-10), lead, carbon monoxide, sulphur dioxide, nitrogen dioxide, and tropospheric ozone. These pollutants were identified in the Clean Air Act of 1970 and in its 1977 and 1990 amendments because they pose significant threats to public health. The National Ambient Air Quality Standards (NAAQS) define for each pollutant the maximum concentration level (micrograms per cubic meter) that cannot be exceeded during specific time intervals. Data shown in this publication reflect attainment of NAAQS during a 12-month period based on analysis using county level air-monitoring data from AIRS and population data from the Bureau of the Census.

Data are collected at State and local air pollution monitoring sites. Each site provides data for one or more of the six pollutants. The number of sites has varied, but generally numbered about 4,000. The monitoring sites are located primarily in heavily populated urban areas. Air quality for less populated areas is assessed through a combination of data from supplemental monitors and air pollution models.

For more information, see: Environmental Protection Agency, *National Air Quality and Emissions Trend Report, 1998*, EPA-454/R-00-003, Research Triangle Park, NC, March 2000; or write: Office of Air Quality Planning and Standards, Environmental Protection Agency, Research Triangle Park, NC 27711. For additional information, see: National Center for Health Statistics, *Monitoring Air Quality in Healthy People 2000, Statistical Notes*, No. 9. Hyattsville, MD: 1995; or visit the EPA Office of Air Quality Planning and Standards home page at www.epa.gov/oar/oaqps.

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United Nations

Demographic Yearbook

The Statistical Office of the United Nations prepares the *Demographic Yearbook*, a comprehensive collection of international demographic statistics.

Questionnaires are sent annually and monthly to more than 220 national statistical services and other appropriate government offices. Data forwarded on these questionnaires are supplemented, to the extent possible, by data taken from official national publications and by correspondence with the national statistical services. To ensure comparability, rates, ratios, and percents have been calculated in the statistical office of the United Nations.

Lack of international comparability between estimates arises from differences in concepts, definitions, and time of data collection. The comparability of population data is affected by several factors, including (a) definitions of the total population, (b) definitions used to classify the population into its urban and rural components, (c) difficulties relating to age reporting, (d) extent of over- or underenumeration, and (e) quality of population estimates. The completeness and accuracy of vital statistics data also vary from one country to another. Differences in statistical definitions of vital events may also influence comparability.

International demographic trend data are available on a CD-ROM entitled United Nations, 2000. Demographic Yearbook—Historical Supplement 1948–97. CD-ROM Special Issue. United Nations publication sales number E/F.99.XIII.12.

For more information, see: United Nations, *Demographic Yearbook 1998*, United Nations, New York, 2000; or visit the United Nations home page at www.un.org or their Web site locator at www.unsystem.org.

World Health Statistics Annual

The World Health Organization (WHO) prepares the *World Health Statistics Annual*, an annual volume of information on vital statistics and causes of death designed for use by the medical and public health professions. Each volume is the result of a joint effort by the national health and statistical administrations of many countries, the United Nations, and WHO. United Nations estimates of vital rates and population size and composition, where available, are reprinted directly in the *Statistics Annual*. For those countries for which the United Nations does not prepare demographic

estimates, primarily smaller populations, the latest available data reported to the United Nations and based on reasonably complete coverage of events are used.

Information published on late fetal and infant mortality is based entirely on official national data either reported directly or made available to WHO.

Selected life table functions are calculated from the application of a uniform methodology to national mortality data provided to WHO, in order to enhance their value for international comparisons. The life table procedure used by WHO may often lead to discrepancies with national figures published by countries, due to differences in methodology or degree of age detail maintained in calculations.

The international comparability of estimates published in the *World Health Statistics Annual* is affected by the same problems discussed above for the *Demographic Yearbook*. Cross-national differences in statistical definitions of vital events, in the completeness and accuracy of vital statistics data, and in the comparability of population data are the primary factors affecting comparability.

For more information, see: World Health Organization, *World Health Statistics Annual 1996*, World Health Organization, Geneva, 1998; World Health Statistics 1997–99 at www.who.int/whosis; or visit the WHO home page at www.who.int.

Alan Guttmacher Institute

Abortion Survey

The Alan Guttmacher Institute (AGI) conducts periodic surveys of abortion providers. Data are collected from hospitals, nonhospital clinics, and physicians identified as providers of abortion services. A universal survey of 3,092 hospitals, nonhospital clinics, and individual physicians was compiled. To assess the completeness of the provider and abortion counts, supplemental surveys were conducted of a sample of obstetrician-gynecologists and a sample of hospitals (not in original universe) that were identified as providing abortion services through the American Hospital Association Survey.

The number of abortions estimated by AGI through the mid- to late-1980's was about 20 percent higher than the number reported to the Centers for Disease Control and Prevention (CDC). Since 1989 the AGI

estimates have been about 12 percent higher than those reported by CDC.

For more information, write: The Alan Guttmacher Institute, 120 Wall Street, New York, NY 10005; or visit AGI's home page at www.agi-usa.org.

American Association of Colleges of Osteopathic Medicine

The American Association of Colleges of Osteopathic Medicine (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 all schools of osteopathic medicine requesting information on characteristics of applicants and students, curricula, faculty, grants, contracts, revenues, and expenditures. The response rate is 100 percent.

For more information, see: *Annual Statistical Report, 1999*, American Association of Colleges of Osteopathic Medicine: Rockville, MD, 2000; or visit the AACOM home page at www.aacom.org.

American Association of Colleges of Pharmacy

The American Association of Colleges of Pharmacy (AAPC) compiles data on the Colleges of Pharmacy, including information on student enrollment and types of degrees conferred. Data are collected through an annual survey; the response rate is 100 percent.

For further information, see: *Profile of Pharmacy Students*. The American Association of Colleges of Pharmacy, 1426 Prince Street, Alexandria, VA; or visit the AAPC home page at www.aacp.org.

American Association of Colleges of Podiatric Medicine

The American Association of Colleges of Podiatric Medicine (AACPM) compiles data on the Colleges of Podiatric Medicine, including information on the schools and enrollment. Data are collected annually through written questionnaires. The response rate is 100 percent.

For further information, write: The American Association of Colleges of Podiatric Medicine, 1350 Piccard Drive, Suite 322, Rockville, MD 20850-4307; or visit the AACPM home page at www.aacpm.org.

American Dental Association

The Division of Educational Measurement of the American Dental Association (ADA) conducts annual surveys of predoctoral dental educational institutions. The questionnaire, mailed to all dental schools, collects information on student characteristics, financial management, and curricula.

For more information, see: American Dental Association, *1997-98 Survey of Predoctoral Dental Educational Institutions*. Chicago, IL. 1998; or visit the ADA home page at www.ada.org.

American Hospital Association

Annual Survey of Hospitals

Data from the American Hospital Association (AHA) annual survey are based on questionnaires sent to all hospitals, AHA-registered and nonregistered, in the United States and its associated areas. U.S. Government hospitals located outside the United States were excluded. Questionnaires were mailed to all hospitals on AHA files. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates were made for all data except those on beds, bassinets, and facilities. Data for beds and bassinets of nonreporting hospitals were based on the most recent information available from those hospitals. Facilities and services and inpatient-service area data include only reporting hospitals and, therefore, do not include estimates.

Estimates of other types of missing data were based on data reported the previous year, if available. When unavailable, estimates were based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

For more information on the AHA Annual Survey of Hospitals, see: Health Forum, LLC, an affiliate of the American Hospital Association, *Hospital Statistics, 2001*. Chicago, IL. 2001; or visit the AHA home page at www.aha.org.

American Medical Association

Physician Masterfile

A masterfile of physicians has been maintained by the American Medical Association (AMA) since 1906. The

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Physician Masterfile contains data on almost every physician in the United States, members and nonmembers of the AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes graduates of international medical schools who are in the United States and meet education standards for primary recognition as physicians.

A file is initiated on each individual upon entry into medical school or, in the case of international graduates, upon entry into the United States. Between 1969–85 a mail questionnaire survey was conducted every 4 years to update the file information on professional activities, self-designated area of specialization, and present employment status. Since 1985 approximately one-third of all physicians are surveyed each year.

For more information on the AMA Physician Masterfile, see: Division of Survey and Data Resources, American Medical Association, *Physician Characteristics and Distribution in the U.S., 2001-2002* ed. Chicago, IL. 2001; or visit the AMA home page at www.ama-assn.org.

Annual Census of Hospitals

From 1920 to 1953 the Council on Medical Education and Hospitals of the AMA conducted annual censuses of all hospitals registered by the AMA.

In each annual census, questionnaires were sent to hospitals asking for the number of beds, bassinets, births, and patients admitted; average census of patients; lists of staff doctors and interns; and other information of importance at the particular time. Response rates were always nearly 100 percent.

The community hospital data from 1940 and 1950 presented in this report were calculated using published figures from the AMA Annual Census of Hospitals. Although the hospital classification scheme used by the AMA in published reports is not strictly comparable with the definition of community hospitals, methods were employed to achieve the greatest comparability possible.

For more information on the AMA Annual Census of Hospitals, see: American Medical Association, Hospital Service in the United States, *Journal of the American Medical Association* 116(11):1055–1144. 1941; 146(2):109–184. 1951; or visit the AMA home page at www.ama-assn.org.

Association of American Medical Colleges

The Association of American Medical Colleges (AAMC) collects information on student enrollment in medical schools through the annual Liaison Committee on Medical Education questionnaire, the fall enrollment questionnaire, and the American Medical College Application Service (AMCAS) data system. Other data sources are the institutional profile system, the premedical students questionnaire, the minority student opportunities in medicine questionnaire, the faculty roster system, data from the Medical College Admission Test, and one-time surveys developed for special projects.

For more information, see: Association of American Medical Colleges, *Statistical Information Related to Medical Education*, Washington, DC. 2000, or visit the AAMC home page at www.aamc.org.

Association of Schools and Colleges of Optometry

The Association of Schools and Colleges of Optometry (ASCO) compiles data on various aspects of optometric education including data on schools and enrollment. Questionnaires are sent annually to all the schools and colleges of optometry. The response rate is 100 percent.

For further information, write: Annual Survey of Optometric Educational Institutions, Association of Schools and Colleges of Optometry, 6110 Executive Blvd., Suite 690, Rockville, MD 20852; or visit the ASCO home page at www.opted.org.

Association of Schools of Public Health

The Association of Schools of Public Health (ASPH) compiles data on the 29 schools of public health in the United States and Puerto Rico. Questionnaires are sent annually to all member schools, and the response rate is 100 percent.

Unlike health professional schools that emphasize specific clinical occupations, schools of public health offer study in specialty areas such as biostatistics, epidemiology, environmental and occupational health, health administration, health planning, nutrition, maternal and child health, social and behavioral sciences, and other population-based sciences.

For further information, write: Association of Schools of Public Health, 1101 15th Street, NW, Suite 910, Washington, DC 20005; or visit the ASPH home page at www.asph.org.

InterStudy

National Health Maintenance Organization Census

From 1976 to 1980 the Office of Health Maintenance Organizations conducted a census of health maintenance organizations (HMO's). Since 1981 InterStudy has conducted the census. A questionnaire is sent to all HMO's in the United States asking for updated enrollment, profit status, and Federal qualification status. New HMO's are also asked to provide information on model type. When necessary, information is obtained, supplemented, or clarified by telephone. For nonresponding HMO's State-supplied information or the most current available data are used.

In 1985 a large increase in the number of HMO's and enrollment was partly attributable to a change in the categories of HMO's included in the census: Medicaid-only and Medicare-only HMO's have been added. Also component HMO's, which have their own discrete management, can be listed separately, whereas, previously the oldest HMO reported for all of its component or expansion sites, even when the components had different operational dates or were different model types.

For further information, see: *The InterStudy Competitive Edge*. InterStudy Publications, St. Paul, MN. 2000; or visit the InterStudy home page at www.hmodata.com.

National League for Nursing

The division of research of the National League for Nursing (NLN) conducts The Annual Survey of Schools of Nursing in October of each year. Questionnaires are sent to all graduate nursing programs (master's and doctoral), baccalaureate programs designed exclusively for registered nurses, basic registered nursing programs (baccalaureate, associate degree, and diploma), and licensed practical nursing programs. Data on enrollments, first-time admissions, and graduates are completed for all nursing education programs. Response rates of approximately 80 percent are achieved for other areas of inquiry.

Appendix II

The glossary is an alphabetical listing of terms used in *Health, United States*. It includes cross references to related terms and synonyms. It also contains the standard populations used for age adjustment and *International Classification of Diseases* (ICD) codes for cause of death and diagnostic and procedure categories. New standards for presenting Federal data on race and ethnicity are described under *Race*.

Abortion—The Centers for Disease Control and Prevention's (CDC) surveillance system counts legal induced abortions only. For surveillance purposes, legal abortion is defined as a procedure performed by a licensed physician or someone acting under the supervision of a licensed physician to induce the termination of a pregnancy.

Acquired immunodeficiency syndrome (AIDS)—All 50 States and the District of Columbia report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (*MMWR* 1985; 34:373–5); 1987 (*MMWR* 1987; 36 (supp. no. 1S): 1S-15S); 1993 for adults and adolescents (*MMWR* 1992; 41 (no. RR-17): 1–19); and 1994 for pediatric cases (*MMWR* 1994; 43 (no. RR-12): 1–19). The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The 1993 expansion of the case definition caused a temporary distortion of AIDS incidence trends. In 1995 new treatments for HIV and AIDS (protease inhibitors) were approved. These therapies have prevented or delayed the onset of AIDS and premature death among many HIV-infected persons. AIDS surveillance data are published semiannually by CDC in the HIV/AIDS Surveillance Report. See related *Human immunodeficiency virus (HIV) infection*.

Active physician—See *Physician*.

Activities of daily living (ADL)—Activities of daily living are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. If a sample person from the Medicare Current Beneficiary Survey had any difficulty performing an activity by himself or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. Sample persons who were administered a community interview answered health status and functioning questions

themselves if able to do so. A proxy, such as a nurse, answered questions about the sample person's health status and functioning for the long-term care facility interview. In the National Health Interview Survey respondents were asked about needing the help of another person with personal care needs because of a physical, mental, or emotional problem. Persons are considered to have an ADL limitation if any causal condition is chronic. See related *Instrumental activities of daily living (IADL)*; *Limitation of activity*.

Addition—An addition to a psychiatric organization is defined by the Center for Mental Health Services as a new admission, a readmission, a return from long-term leave, or a transfer from another service of the same organization or another organization. See related *Mental health organization*; *Mental health service type*.

Admission—The American Hospital Association defines admissions as patients, excluding newborns, accepted for inpatient services during the survey reporting period. See related *Days of care*; *Discharge*; *Patient*.

Age—Age is reported as age at last birthday, that is, age in completed years, often calculated by subtracting date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Age adjustment—Age adjustment, using the direct method, is the application of age-specific rates in a population of interest to a standardized age distribution in order to eliminate differences in observed rates that result from age differences in population composition. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

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

Appendix II

Glossary

Age adjustment by the direct method requires use of a standard age distribution. The standard for age adjusting death rates and estimates from most surveys in *Health, United States* is the year 2000 projected U.S. resident population. Starting with *Health, United States, 2001*, the year 2000 population replaces the 1940 U.S. population for age adjusting mortality statistics. The 2000 standard population also replaces the 1970 civilian noninstitutionalized population and 1980 U.S. resident population, which previously had been used as standard age distributions for age adjusting estimates from NCHS surveys.

The year 2000 standard has implications for race and ethnic differentials in mortality. For example, the mortality ratio for the black and white populations is reduced from 1.6 using the 1940 standard to 1.4 using the year 2000 standard, reflecting the greater weight that the year 2000 standard gives to the older population where race differentials in mortality are smaller.

For more information on implementation of the new population standard for age adjustment of death rates, see Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998; for more information on the derivation of age adjustment weights for use with NCHS survey data, see Klein RJ, Schoenborn CA. Age Adjustment Using the 2000 Projected U.S. Population. Healthy People Statistical Notes no 20. Hyattsville, Maryland: National Center for Health Statistics. 2001; both reports are available through the NCHS home page at www.cdc.gov/nchs; the year 2000 projected U.S. resident population is available through the Bureau of the Census home page at www.census.gov/prod/1/pop/p25-1130/, table 2.

Mortality data—Death rates are age adjusted to the year 2000 standard population (**table I**). Age-adjusted rates are calculated using age-specific death rates per 100,000 population rounded to 1 decimal place.

Adjustment is based on 11 age groups with two exceptions. First, age-adjusted death rates for black males and black females in 1950 are based on nine age groups, with under 1 year and 1–4 years of age combined as one group and 75–84 years and 85 years of age and over combined as one group. Second, age-adjusted death rates by educational attainment for the age group 25–64 years are based on four 10-year age groups (25–34 years, 35–44 years, 45–54 years, and 55–64 years).

Age-adjusted rates for years of potential life lost (YPLL) before age 75 years also use the year 2000

Table I. Projected year 2000 U.S. population and proportion distribution by age for age adjusting death rates

Age	Population	Proportion distribution (weights)	Standard million
Total	274,634,000	1.000000	1,000,000
Under 1 year	3,795,000	0.013818	13,818
1–4 years	15,192,000	0.055317	55,317
5–14 years.	39,977,000	0.145565	145,565
15–24 years	38,077,000	0.138646	138,646
25–34 years	37,233,000	0.135573	135,573
35–44 years	44,659,000	0.162613	162,613
45–54 years	37,030,000	0.134834	134,834
55–64 years	23,961,000	0.087247	87,247
65–74 years	18,136,000	0.066037	66,037
75–84 years	12,315,000	*0.044842	44,842
85 years and over	4,259,000	0.015508	15,508

*Figure is rounded up instead of down to force total to 1.0.

SOURCE: Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998.

standard population and are based on eight age groups (under 1 year, 1–14 years, 15–24 years, and 10-year age groups through 65–74 years).

Maternal mortality rates for Pregnancy, childbirth, and the puerperium are calculated as the number of deaths per 100,000 live births. These rates are age adjusted to the 1970 distribution of live births by mother's age in the United States as shown in **table II**. See related *Rate: Death and related rates; Years of potential life lost*.

National Health Interview Survey—Estimates based on the National Health Interview Survey (NHIS) are age adjusted to the year 2000 projected resident population (**table III**). Information on the age groups used in the age adjustment procedure is contained in the footnotes on the relevant tables. Prior to the 2000 edition of *Health, United States* these estimates were age adjusted to the 1970 civilian noninstitutionalized population.

Health Care Surveys—Estimates based on the National Hospital Discharge Survey (NHDS), the National Survey of Ambulatory Surgery (NSAS), the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Ambulatory Medical Care Survey (NHAMCS), the National Nursing Home Survey (NNHS) (resident rates table), and the National Home and Hospice Care Survey (NHHCS) are age adjusted to the year 2000 standard population (**table III**). Information on the age groups used in the age adjustment procedure is contained in the footnotes on the relevant tables.

Appendix II

Table II. Numbers of live births and mother's age groups used to adjust maternal mortality rates to live births in the United States in 1970

Mother's age	Number
All ages	3,731,386
Under 20 years	656,460
20–24 years	1,418,874
25–29 years	994,904
30–34 years	427,806
35 years and over	233,342

SOURCE: U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports*. Series P-25, No. 499. Washington, D.C. U.S. Government Printing Office, May 1973.

National Health and Nutrition Examination Survey—Estimates based on the National Health Examination Survey (NHES) and the National Health and Nutrition Examination Survey (NHANES) are age adjusted to the year 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years (**table III**). Prior to the 2000 edition of *Health, United States* these estimates were age adjusted to the 1980 U.S. resident population.

AIDS—See *Acquired immunodeficiency syndrome*.

Air quality standards—See *National ambient air quality standards*.

Air pollution—See *Pollutant*.

Alcohol abuse treatment clients—See *Substance abuse treatment clients*.

Ambulatory care—Health care provided to persons without their admission to a health facility.

Ambulatory surgery—According to the National Survey of Ambulatory Surgery (NSAS), ambulatory surgery refers to previously scheduled surgical and nonsurgical procedures performed on an outpatient basis in a hospital or freestanding ambulatory surgery center's general or main operating rooms, satellite operating rooms, cystoscopy rooms, endoscopy rooms, cardiac catheterization labs, and laser procedure rooms. Procedures performed in locations dedicated exclusively to dentistry, podiatry, abortion, pain block, or small procedures were not included. In NSAS, data on up to six surgical and nonsurgical procedures are collected and coded. See related *Outpatient surgery; Procedure*.

Average annual rate of change (percent change)—In *Health, United States* average annual rates of change or growth rates are calculated as follows:

Table III. Projected year 2000 U.S. resident population and age groups used to age adjust survey data

Survey and age	Number in thousands
NHIS, NAMCS, NHAMCS, NHHCS, NNHS, NHDS, and NSAS	
All ages	274,634
18 years and over	203,851
25 years and over	117,593
40 years and over	118,180
65 years and over	34,710
Under 18 years	70,783
2–17 years	63,229
18–44 years	108,150
25–34 years	37,233
35–44 years	44,659
45–64 years	60,991
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
75 years and over	16,574
40–64 years:	
40–49 years	42,285
50–64 years	41,185
NHES and NHANES	
20–74 years	179,276
20–34 years	55,490
35–44 years	44,659
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
SAMHSA's DAWN	
6 years and over	251,751
6–11 years	24,282
12–17 years	23,618
18–25 years	29,679
26–34 years	33,812
35 years and over	140,360

SOURCE: U.S. Bureau of Census: Current Population Reports. P25-1130. Population Projections of the United States by Age, Sex, Race, and Hispanic Origin, table 2. U.S. Government Printing Office, Washington, DC, 1996.

$$[(P_n / P_o)^{1/N} - 1] \times 100$$

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 Health Interview Survey, average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group. Similarly, in the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of days of care, counting the date of admission but not

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the date of discharge, by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. See related *Days of care; Discharge; Patient*.

Bed—Any bed that is set up and staffed for use by inpatients is counted as a bed in a facility. For the American Hospital Association the count is the average number of beds, cribs, and pediatric bassinets during the entire reporting period. In the Health Care Financing Administration's Online Survey Certification and Reporting database, all beds in certified facilities are counted on the day of certification inspection. The World Health Organization defines a hospital bed as one regularly maintained and staffed for the accommodation and full-time care of a succession of inpatients and situated in a part of the hospital where continuous medical care for inpatients is provided. The Center for Mental Health Services counts the number of beds set up and staffed for use in inpatient and residential treatment services on the last day of the survey reporting period. See related *Hospital; Mental health organization; Mental health service type; Occupancy rate*.

Birth cohort—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

Birth rate—See *Rate: Birth and related rates*.

Birthweight—The first weight of the newborn obtained after birth. Low birthweight is defined as less than 2,500 grams or 5 pounds 8 ounces. Very low birthweight is defined as less than 1,500 grams or 3 pounds 4 ounces. Before 1979 low birthweight was defined as 2,500 grams or less and very low birthweight as 1,500 grams or less.

Body mass index (BMI)—BMI is a measure that adjusts bodyweight for height. It is calculated as weight in kilograms divided by height in meters squared. Overweight for children and adolescents is defined as BMI at or above the sex- and age-specific 95th percentile BMI cut points from the revised CDC Growth Charts (www.cdc.gov/growthcharts/). Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight, as greater than or equal to a BMI of 25; and obesity, as greater than or equal to a BMI of 30. BMI cut points are defined in the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2000. U.S. Department of Agriculture, Agricultural Research Service, Dietary Guidelines Advisory Committee, p.23, or access on the Internet at www.health.gov/dietaryguidelines/dgac/;

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. *Obes Res* 1998;6:51S-209S or access on the Internet at www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm; and in U.S. Department of Health and Human Services. *Tracking Healthy People 2010*. Washington, DC: U.S.

Government Printing Office, November 2000. Objectives 19.1, 19.2, and 19.3, or access on the Internet at www.health.gov/healthypeople/Document/HTML/Volume2/19Nutrition.htm.

Cause of death—For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the conditions stated on the death certificate. Cause of death is coded according to the appropriate revision of the *International Classification of Diseases* (ICD) (see **table IV**). Effective with deaths occurring in 1999, the U.S. began using the Tenth Revision of the ICD (ICD-10); during the period 1979–98, causes of death were coded according to the Ninth Revision (ICD-9). **Table V** lists ICD codes for the Sixth through Tenth Revisions for causes of death shown in *Health, United States*.

Changes in classification of causes of death in successive revisions of the ICD may result in discontinuities in cause-of-death trends. These discontinuities are measured using comparability ratios. For further discussion, see the Mortality Technical Appendix available on the NCHS web site at www.cdc.gov/nchs/about/major/dvs/mortdata.htm. See related *Comparability ratio; International Classification of Diseases*.

Table IV. Revision of the *International Classification of Diseases* (ICD) according to year of conference by which adopted and years in use in the United States

<i>Revision of the International Classification of Diseases</i>	<i>Year of conference by which adopted</i>	<i>Years in use in United States</i>
First	1900	1900–1909
Second	1909	1910–1920
Third	1920	1921–1929
Fourth	1929	1930–1938
Fifth	1938	1939–1948
Sixth	1948	1949–1957
Seventh	1955	1958–1967
Eighth	1965	1968–1978
Ninth	1975	1979–1998
Tenth	1992	1999–

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Table V. Cause-of-death codes, according to applicable revision of *International Classification of Diseases (ICD)*

Cause of death (Tenth Revision titles)	Sixth and Seventh Revisions	Eighth Revision	Ninth Revision	Tenth Revision
Natural causes	001–799	A00–R99
Communicable diseases	001–139, 460–466, 480–487	A00–B99, J00–J22
Chronic and noncommunicable diseases	140–459, 467–479, 488–799	C00–I99, J23–R99
Injuries and adverse effects/External causes	E800–E999	V01–Y89
Meningococcal Infection	036	A39
Septicemia	038	A40–A41
Human immunodeficiency virus (HIV) disease ¹	*042–*044	B20–B24
Malignant neoplasms	140–205	140–209	140–208	C00–C97
Colon, rectum, and anus	153–154	153–154	153, 154	C18–C21
Mesothelioma	158, 163.0	158, 163	C45
Trachea, bronchus, and lung	162–163	162	162	C33–C34
Breast	170	174	174–175	C50
Prostate	177	185	185	C61
In situ neoplasms and benign neoplasms	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 ²	6th: 410–443 7th: 400–402, 410–443	390–398, 402, 404, 410–429	390–398, 402, 404–429	I00–I09, I11, I13, I20–I51
Ischemic heart diseases ²	410–414	I20–I25
Cerebrovascular diseases ²	330–334	430–438	430–438	I60–I69
Atherosclerosis	440	I70
Influenza and pneumonia	480–483, 490–493	470–474, 480–486	480–487	J10–J18
Chronic lower respiratory diseases ²	490–496	J40–J47
Coalworkers' pneumoconiosis	515.1	500	J60
Pneumoconiosis due to asbestosis and other mineral fibers	515.2	501	J61
Pneumoconiosis due to dust containing silica	515.0	502	J62
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
Sudden infant death syndrome	798.0	R95
Unintentional injuries ^{2,3}	E800–E962	E800–E949	E800–E949	V01–X59, Y85–Y86
Motor vehicle-related injuries ³	E810–E835	E810–E823	E810–E825	V02–V04, V09.0, V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V79, V80.3–V80.5, V81.0–V81.1, V82.0–V82.1, V83–V86, V87.0–V87.8, V88.0–V88.8, V89.0, V89.2
Suicide	E963, E970–E979	E950–E959	E950–E959	X60–X84, Y87.0
Assault (homicide)	E964, E980–E983	E960–E969	E960–E969	X85–Y09, Y87.1
Injury by firearms	E922, E955, E965, E970, E985	E922, E955.0–E955.4, E965.0–E965.4, E970, E985.0–E985.4	W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0

... Cause-of-death code numbers are not provided for causes not shown in *Health, United States*.

¹Categories for coding human immunodeficiency virus infection were introduced in 1987. The * indicates codes are not part of the Ninth Revision.

²Comparability ratios between ICD-10 and ICD-9 were calculated using ICD-9 codes most nearly comparable with the corresponding ICD-10 codes for Diseases of heart 390–398, 402, 404, 410–429; Ischemic heart diseases 410–414, 429.2; Cerebrovascular diseases 430–434, 436–438; Chronic lower respiratory diseases 490–494, 496; Unintentional injuries E800–E869, E880–E929. See related table VI and *Comparability ratio*.

³In the public health community, the term "unintentional injuries" is preferred to "accidents and adverse effects" and "motor vehicle-related injuries" to "motor vehicle accidents." Unintentional injuries include adverse effects in the Sixth through Ninth Revisions.

Cause-of-death ranking—Selected causes of death of public health and medical importance comprise tabulation lists and are ranked according to the number of deaths assigned to these causes. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as Major cardiovascular diseases and Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified); or the category title begins with the words “Other” and “All other.” In addition when one of the titles that represents a subtotal (such as Malignant neoplasms) is ranked, its component parts are not ranked. The tabulation lists used for ranking in the *Tenth Revision of the International Classification of Diseases (ICD)* include the List of 113 Selected Causes of Death, which replaces the ICD–9 List of 72 Selected Causes, HIV infection and Alzheimer’s disease; and the ICD–10 List of 130 Selected Causes of Infant Death, which replaces the ICD–9 List of 60 Selected Causes of Infant Death and HIV infection. See related *International Classification of Diseases*.

Civilian noninstitutionalized population; Civilian population—See *Population*.

Cocaine-related emergency department episodes—The Drug Abuse Warning Network monitors selected adverse medical consequences of cocaine and other drug abuse episodes by measuring contacts with hospital emergency departments. Contacts may be for drug overdose, unexpected drug reactions, chronic abuse, detoxification, or other reasons in which drug use is known to have occurred.

Cohort fertility—Cohort fertility refers to the fertility of the same women at successive ages. Women born during a 12-month period comprise a birth cohort. Cohort fertility for birth cohorts of women is measured by central birth rates, which represent the number of births occurring to women of an exact age divided by the number of women of that exact age. Cumulative birth rates by a given exact age represent the total childbearing experience of women in a cohort up to that age. Cumulative birth rates are sums of central birth rates for specified cohorts and show the number of children ever born up to the indicated age. For example, the cumulative birth rate for women exactly 30 years of age as of January 1, 1960, is the sum of the central birth rates for the 1930 birth cohort for the years 1944 (when its members were age 14) through 1959 (when they were age 29). Cumulative birth rates are also calculated for specific birth orders at each exact age of woman. The percent of women who have

Table VI. Comparability of selected causes of death between the Ninth and Tenth Revisions of the *International Classification of Diseases (ICD)*

<i>Cause of death¹</i>	<i>Preliminary comparability ratio²</i>
Human immunodeficiency virus (HIV) disease	1.1448
Malignant neoplasms	1.0068
Colon, rectum, and anus	0.9993
Trachea, bronchus, and lung	0.9837
Breast	1.0056
Prostate	1.0134
Diabetes mellitus	1.0082
Diseases of heart	0.9858
Ischemic heart diseases	0.9990
Cerebrovascular diseases	1.0588
Influenza and pneumonia	0.6982
Chronic lower respiratory diseases	1.0478
Chronic liver disease and cirrhosis	1.0367
Pregnancy, childbirth, and the puerperium	*
Unintentional injuries	1.0305
Motor vehicle-related injuries	0.9754
Suicide	0.9962
Assault (homicide)	0.9983
Injury by firearms	0.9973

*Figure does not meet standards of reliability or precision.

¹See table V for ICD–9 and ICD–10 cause-of-death codes.

²Ratio of number of deaths classified by ICD–10 to number of deaths classified by ICD–9.

SOURCE: Anderson RN, Miniño AM, Hoyert DL, Rosenberg HM. Comparability of cause-of-death classification between ICD–9 and ICD–10: Preliminary estimates. *National Vital Statistics Reports*. Vol 49 No 2. Hyattsville, Maryland: National Center for Health Statistics. 2001.

not had at least one live birth by a certain age is found by subtracting the cumulative first birth rate for women of that age from 1,000 and dividing by 10. For method of calculation, see Heuser RL. *Fertility tables for birth cohorts by color: United States, 1917–73*. Rockville, Maryland: NCHS. 1976. See related *Rate: Birth and related rates*.

Community hospitals—See *Hospital*.

Comparability ratio—About every 10–20 years the *International Classification of Diseases (ICD)* is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics. Discontinuities across revisions are due to changes in classification and rules for selecting underlying cause of death. Classification and rule changes impact cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For causes shown in table VI, comparability ratios range between 0.98 and 1.14, except for Influenza and pneumonia, for which the comparability ratio is 0.70, indicating that Influenza and

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pneumonia is 30 percent less likely to be selected as the underlying cause of death in ICD-10 than in ICD-9.

Another factor also contributes to discontinuities in death rates across revisions. For selected causes of death, the ICD-9 codes used to calculate death rates for 1980 through 1998 in this report differ from the ICD-9 codes most nearly comparable with the corresponding ICD-10 cause-of-death category for 1999. Some causes of death for which this difference in codes contributes to the discontinuity are Ischemic heart diseases, Cerebrovascular diseases, and Unintentional injuries.

Preliminary comparability ratios shown in [table VI](#) are based on a comparability study in which the same deaths were coded by both the Ninth and Tenth Revisions. The comparability ratio was calculated by dividing the number of deaths classified by ICD-10 by the number of deaths classified by ICD-9. The resulting ratios represent the net effect of the Tenth Revision on cause-of-death statistics and can be used to adjust mortality statistics for causes of death classified by the Ninth Revision to be comparable with cause-specific mortality statistics classified by the Tenth Revision.

The application of comparability ratios to mortality statistics helps to make the analysis of change between 1998 and 1999 more accurate and complete. The 1998 comparability-modified death rate is calculated by multiplying the comparability ratio by the 1998 death rate. Comparability-modified rates should be used to estimate mortality change between 1998 and 1999. For three causes of death listed in [table VI](#) (Ischemic heart diseases, Cerebrovascular diseases, and Unintentional injuries), 1998 comparability-modified rates cannot be calculated by multiplying the comparability ratio by the 1998 rates presented in this report because the ICD-9 codes used for the 1998 death rates differ from the ICD-9 codes most nearly comparable with the corresponding ICD-10 codes, as discussed above. For these three causes the 1998 comparability-modified age-adjusted death rate per 100,000 for all persons is 197.9 for Ischemic heart diseases; 63.1 for Cerebrovascular diseases; and 36.1 for Unintentional injuries.

Caution should be taken when applying the comparability ratios presented in [table VI](#) to age-, race-, or sex-specific mortality data. Demographic subgroups will sometimes differ with regard to their cause-of-death distribution. This will result in some 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; and Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Vol 49 No 2 and Vol 49 No 3. Hyattsville, MD: National Center for Health Statistics. 2001. See related *Cause of death; International Classification of Diseases*; and [tables IV](#) and [V](#) (footnote 2).

Compensation—See *Employer costs for employee compensation*.

Condition—A health condition is a departure from a state of physical or mental well-being. An impairment is a health condition that includes chronic or permanent health defects resulting from disease, injury, or congenital malformations. All health conditions, except impairments, are coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* .

Based on duration, there are two categories of conditions, acute and chronic. In the National Health Interview Survey, an *acute condition* is a condition that has lasted less than 3 months and has involved either a physician visit (medical attention) or restricted activity. A *chronic condition* refers to any condition lasting 3 months or more or is a condition classified as chronic regardless of its time of onset (for example, diabetes, heart conditions, emphysema, and arthritis). The National Nursing Home Survey uses a specific list of chronic conditions, also disregarding time of onset. See related *International Classification of Diseases, Ninth Revision, Clinical Modification*.

Consumer Price Index (CPI)—The CPI is prepared by the U.S. Bureau of Labor Statistics. It is a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services. The medical care component of CPI shows trends in medical care prices based on specific indicators of hospital, medical, dental, and drug prices. A revision of the definition of CPI has been in use since January 1988. See related *Gross domestic product; Health expenditures, national*.

Crude birth rate; Crude death rate—See *Rate: Birth and related rates; Rate: Death and related rates*.

Current drinker—Starting with 1997 the National Health Interview Survey is collecting information on alcohol consumption in the sample adult questionnaire. Adult respondents are asked two screening questions about lifetime alcohol consumption: “In any one year, have you had at least 12 drinks of any type of alcoholic beverage? In your entire life, have you had at

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least 12 drinks of any type of alcoholic beverage?" Persons who report at least 12 drinks in a lifetime are then asked a series of questions about alcohol consumption in the past year: "In the past year, how often did you drink any type of alcoholic beverage? In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have? In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?"

Current smoker—Before 1992 a current smoker was defined by the following questions from the National Health Interview Survey (NHIS): "Have you ever smoked 100 cigarettes in your lifetime?" and "Do you smoke now?" (traditional definition). In 1992 the definition of current smoker in the NHIS was modified to specifically include persons who smoked on "some days." In 1992 cigarette smoking data were collected for a half-sample with half the respondents (one-quarter sample) using the traditional smoking questions and for the other half of respondents (one-quarter sample) using a revised smoking question ("Do you smoke every day, some days, or not at all?"). An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percent of current smokers 18 years of age and over remained the same as 1991. The statistics for 1992 combine data collected using the traditional and the revised questions. For further information on survey methodology and sample sizes pertaining to the NHIS cigarette data for data years 1965–92 and other sources of cigarette smoking data available from the National Center for Health Statistics, see: National Center for Health Statistics, *Bibliographies and Data Sources, Smoking Data Guide*, No. 1, DHHS Pub. No. (PHS) 91–1308–1, Public Health Service. Washington, DC: U.S. Government Printing Office. 1991.

Starting with 1993, data estimates of cigarette smoking prevalence were based on the revised definition that is considered a more complete estimate of smoking prevalence. In 1993–95 estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997 smoking data were collected in the sample adult questionnaire.

Days of care—According to the 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.

In the National Health Interview Survey, hospital days during the year refer to the total number of hospital days occurring in the 12-month period before the

interview week. A hospital day is a night spent in the hospital for persons admitted as inpatients.

In the National Hospital Discharge Survey, days of care refers to the total number of patient days accumulated by patients at the time of discharge from non-Federal short-stay hospitals during a reporting period. All days from and including the date of admission but not including the date of discharge are counted. See related *Admission; Average length of stay; Discharge; Hospital; Patient*.

Death rate—See *Rate: Death and related rates*.

Dental visit—In the National Health Interview Survey respondents are 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."

Diagnosis—See *First-listed diagnosis*.

Diagnostic and other nonsurgical procedures—See *Procedure*.

Discharge—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of one night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey and the American Hospital Association, discharge is the formal release of an inpatient by a hospital (excluding newborn infants), that is, the termination of a period of hospitalization (including stays of 0 nights) by death or by disposition to a place of residence, nursing home, or another hospital. See related *Admission; Average length of stay; Days of care; Patient*.

Domiciliary care homes—See *Nursing home*.

Drug abuse treatment clients—See *Substance abuse treatment clients*.

Education—Two approaches to defining educational categories are used in this report. The more recent approach used to collect and present survey data defines educational categories based on information about educational credentials, such as diplomas and degrees. The older approach defines educational categories based on years of education completed.

Beginning in 1997 the National Health Interview Survey (NHIS) questionnaire was changed to ask "What is the highest level of school ___ has completed or the highest degree received?" Responses were used to categorize individuals according to educational credentials (for example, no high school diploma or

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general 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 ___ has ever attended?" and "Did ___ finish the grade/year?" Responses were used to categorize individuals according to years of education completed (for example, less than 12 years, 12 years, 13–15 years, 16 or more years). Years of educational attainment is currently used to present vital statistics data.

Data from the 1996 and 1997 NHIS were used to compare distributions of educational attainment for adults 25 years of age and over using categories based on educational credentials (1997) with categories based on years of education completed (1996). A larger percent of persons reported "some college" than "13–15 years" of education and a correspondingly smaller percent reported "high school diploma or GED" than "12 years of education." In 1997, 19 percent of adults reported no high school diploma, 31 percent a high school diploma or GED, 26 percent some college, and 24 percent a bachelor's degree or higher. In 1996, 18 percent of adults reported less than 12 years of education, 37 percent 12 years of education, 20 percent 13–15 years, and 25 percent 16 or more years of education.

See related [Appendix I, National Vital Statistics System](#). For further information on measurement of education, see: Kominski R and Siegel PM. Measuring education in the Current Population Survey. *Monthly Labor Review*, Sept. 1993: 34–38.

Emergency department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department is a hospital facility that provides unscheduled outpatient services to patients whose conditions require immediate care and is staffed 24 hours a day. Off-site emergency departments open less than 24 hours are included if staffed by the hospital's emergency department. See related *Emergency department visit; Outpatient department*.

Emergency department visit—Starting with the 1997 National Health Interview Survey, respondents to the sample adult and sample child questionnaires are asked about the number of visits to hospital emergency rooms during the past 12 months. Visits resulting in a hospital admission are included. In the National Hospital Ambulatory Medical Care Survey an emergency department visit is a direct personal exchange between a patient and a physician or other

health care providers working under the physician's supervision, for the purpose of seeking care and receiving personal health services. Visits resulting in a hospital admission are excluded. See related *Emergency department; Injury-related visit*.

Employer costs for employee compensation—This is a measure of the average cost per employee hour worked to employers for wages and salaries and benefits. Wages and salaries are defined as the hourly straight-time wage rate, or for workers not paid on an hourly basis, straight-time earnings divided by the corresponding hours. Straight-time wage and salary rates are total earnings before payroll deductions, excluding premium pay for overtime and for work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases. Production bonuses, incentive earnings, commission payments, and cost-of-living adjustments are included in straight-time wage and salary rates. Benefits covered are paid leave—paid vacations, holidays, sick leave, and other leave; supplemental pay—premium pay for overtime and work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases; insurance benefits—life, health, and sickness and accident insurance; retirement and savings benefits—pension and other retirement plans and savings and thrift plans; legally required benefits—social security, railroad retirement and supplemental retirement, railroad unemployment insurance, Federal and State unemployment insurance, workers' compensation, and other benefits required by law, such as State temporary disability insurance; and other benefits—severance pay and supplemental unemployment plans.

Expenditures—See *Health expenditures, national*.

Family income—For purposes of the National Health Interview Survey and National Health and Nutrition Examination Survey, all people within a household related to each other by blood, marriage, or adoption constitute a family. Each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their own income. In the National Health and Nutrition Examination Survey and the National Health Interview Survey (in years prior to 1997) family income is the total income received by members of a family (or by an unrelated individual) in the 12 months before the interview. Starting in 1997 the National Health Interview Survey has been collecting family income data for the calendar year prior to the interview. (For

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example, 1997 family income data are based on 1996 calendar year information.) Family income includes wages, salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives. In the National Health Interview Survey, family income data are used in the computation of poverty level. For data years 1990–96, about 16–18 percent of persons had missing data on poverty level. Missing values were imputed for family income using a sequential hot deck within matrix cells imputation approach. A detailed description of the imputation procedure as well as data files with imputed annual family income for 1990–96 are available from NCHS on CD-ROM NHIS Imputed Annual Family Income 1990–96, Series 10, Number 9A. See related *Poverty level*.

Federal hospitals—See *Hospital*.

Federal physicians—See *Physician*.

Fee-for-service health insurance—This is private (commercial) health insurance that reimburses health care providers on the basis of a fee for each health service provided to the insured person. Also known as indemnity health insurance. See related *Health insurance coverage*.

Fertility rate—See *Rate: Birth and related rates*.

Fetal death—In the World Health Organization's definition, also adopted by the United Nations and the National Center for Health Statistics, a fetal death is death before the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. For statistical purposes, fetal deaths are classified according to gestational age. In this report tabulations are shown for fetal deaths with stated or presumed gestation of 20 weeks or more and of 28 weeks or more, the latter gestational age group also known as late fetal deaths.

See related *Gestation; Live birth; Rate: Death and related rates*.

First-listed diagnosis—In the National Hospital Discharge Survey, this is the first recorded final diagnosis on the medical record face sheet (summary sheet).

First-listed external cause of injury—In the National Hospital Ambulatory Medical Care Survey, this is the first-listed external cause of injury coded from the Patient Record Form (PRF). Up to three causes of injury can be reported on the PRF. Injuries are coded by NCHS to the *International Classification of Diseases, Ninth Revision, Clinical Modification* Supplementary Classification of External Causes of Injury and Poisoning. See **table VII** for a listing of injury categories and codes. See related *Injury-related visit*.

General hospitals—See *Hospital*.

General hospitals providing separate psychiatric services—See *Mental health organization*.

Geographic region and division—The 50 States and the District of Columbia are grouped for statistical purposes by the U.S. Bureau of the Census into 4 geographic regions and 9 divisions. The groupings are as follows:

- Northeast
 - New England
 - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
 - Middle Atlantic
 - New York, New Jersey, Pennsylvania
- Midwest
 - East North Central
 - Ohio, Indiana, Illinois, Michigan, Wisconsin
 - West North Central
 - Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas

Table VII. Codes for first-listed external causes of injury from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

<i>External cause of injury category</i>	<i>E-Code numbers</i>
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

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- South
 - South Atlantic
 - Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
 - East South Central
 - Kentucky, Tennessee, Alabama, Mississippi
 - West South Central
 - Arkansas, Louisiana, Oklahoma, Texas
- West
 - Mountain
 - Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada
 - Pacific
 - Washington, Oregon, California, Alaska, Hawaii

Gestation—For the National Vital Statistics System and the Centers for Disease Control and Prevention's Abortion Surveillance, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy. See related *Abortion; Fetal death; Live birth*.

Gross domestic product (GDP)—GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (that is, the workers and, for property, the owners) may be either U.S. residents or residents of the rest of the world. See related *Consumer Price Index; Health expenditures, national*.

Health care contact—Starting in 1997 the National Health Interview Survey has been collecting information on health care contacts with doctors and other health care professionals. This information is collected in a detailed section pertaining to all types of health care contacts. Analyses of the percent of children without a health care visit are based upon the following question: "During the past 12 months, how many times has ____ seen a doctor or other health care professional about (his/her) health at a doctor's office, a clinic, or some other place? Do not include times ____ was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." Analyses of the distribution of health care visits are based on a summary measure combining information about visits to doctors' offices or clinics, emergency

departments, and home visits. See related *Emergency department visit; Home visit*.

Health expenditures, national—See related *Consumer Price Index; Gross domestic product*.

Health services and supplies expenditures—These are outlays for goods and services relating directly to patient care plus expenses for administering health insurance programs and government public health activities. This category is equivalent to total national health expenditures minus expenditures for research and construction.

National health expenditures—This measure estimates the amount spent for all health services and supplies and health-related research and construction activities consumed in the United States during the calendar year. Detailed estimates are available by source of expenditures (for example, out-of-pocket payments, private health insurance, and government programs), and by type of expenditures (for example, hospital care, physician services, and drugs), and are in current dollars for the year of report. Data are compiled from a variety of sources.

Nursing home expenditures—These cover care rendered in skilled nursing and intermediate care facilities, including those for the mentally retarded. The costs of long-term care provided by hospitals are excluded.

Personal health care expenditures—These are outlays for goods and services relating directly to patient care. The expenditures in this category are total national health expenditures minus expenditures for research and construction, expenses for administering health insurance programs, and government public health activities.

Private expenditures—These are outlays for services provided or paid for by nongovernmental sources—consumers, insurance companies, private industry, philanthropic, and other nonpatient care sources.

Public expenditures—These are outlays for services provided or paid for by Federal, State, and local government agencies or expenditures required by governmental mandate (such as, workmen's compensation insurance payments).

Health insurance coverage—National Health Interview Survey (NHIS) respondents were asked about their health insurance coverage in the previous month in 1993–96 and at the time of the interview in other years. Questions on health insurance coverage

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were expanded starting in 1993 compared with previous years. In 1997 the entire questionnaire was redesigned and data were collected using a computer assisted personal interview (CAPI).

Respondents are covered by private health insurance if they indicate private health insurance or if they are covered by a single service hospital plan, except in 1997 and 1998 when no information on single service plans was obtained. Private health insurance includes managed care such as health maintenance organizations (HMO's).

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.

Medicare or military health plan coverage is also determined in the interview, and in 1997 and 1998 other government-sponsored programs were determined as well.

If respondents do not report coverage under one of the above types of plans and they have unknown coverage on either private health insurance or Medicaid, they are considered to have unknown coverage.

The remaining respondents are considered uninsured. The uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percent of persons who are uninsured based on the NHIS ([table 130](#)) may differ slightly from those based on the March Current Population Survey (CPS) ([table 148](#)) due to differences in survey questions, recall period, and other aspects of survey methodology. See related *Fee-for-service health insurance; Health maintenance organization; Managed care; Medicaid; Medicare*.

Health maintenance organization (HMO)—An HMO is a prepaid health plan delivering comprehensive care to members through designated providers, having a fixed monthly payment for health care services, and requiring members to be in a plan for a specified period of time (usually 1 year). Pure HMO enrollees use only the prepaid capitated health services of the

HMO's panel of medical care providers. Open-ended HMO enrollees use the prepaid HMO health services but in addition may receive medical care from providers who are not part of the HMO's panel. There is usually a substantial deductible, copayment, or coinsurance associated with use of nonpanel providers. These open-ended products are governed by State HMO regulations. HMO model types are:

Group—An HMO that delivers health services through a physician group that is controlled by the HMO unit or an HMO that contracts with one or more independent group practices to provide health services.

Individual practice association (IPA)—An HMO that contracts directly with physicians in independent practice, and/or contracts with one or more associations of physicians in independent practice, and/or contracts with one or more multispecialty group practices. The plan is predominantly organized around solo-single-specialty practices.

Mixed—An HMO that combines features of group and IPA. This category was introduced in mid-1990 because HMO's are continually changing and many now combine features of group and IPA plans in a single plan.

See related *Managed care*.

Health services and supplies expenditures—See *Health expenditures, national*.

Health status, respondent-assessed—Health status was measured in the National Health Interview Survey by asking the respondent “Would you say _____'s health is excellent, very good, good, fair, or poor?”

Hispanic origin—Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Latin American or Spanish origins. Persons of Hispanic origin may be of any race. See related *Race*.

HIV—See *Human immunodeficiency virus infection*.

Home health care—Home health care as defined by the National Home and Hospice Care Survey is care provided to individuals and families in their place of residence for promoting, maintaining, or restoring health; or for minimizing the effects of disability and illness including terminal illness.

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Home visit—Starting in 1997 the National Health Interview Survey has been collecting information on home visits received during the past 12 months. Respondents are asked “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?” These data are combined with data on visits to doctors’ offices, clinics, and emergency departments to provide a summary measure of health care visits. See related *Emergency department visit; Health care contact*.

Hospice care—Hospice care as defined by the National Home and Hospice Care Survey is a program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services are available in home and inpatient settings.

Hospital—According to the American Hospital Association, hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions by an organized physician staff, and have continuous nursing services under the supervision of registered nurses. The World Health Organization considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. Hospitals may be classified by type of service, ownership, size in terms of number of beds, and length of stay. In the National Hospital Ambulatory Medical Care Survey (NHAMCS) hospitals include all those with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children’s general. Federal hospitals and hospital units of institutions and hospitals with fewer than six beds staffed for patient use are excluded. See related *Average length of stay; Bed; Days of care; Emergency department; Outpatient department; Patient*.

Community hospitals traditionally included all non-Federal short-stay hospitals except facilities for the mentally retarded. In the revised definition the following additional sites are excluded: hospital units of institutions, and alcoholism and chemical dependency facilities.

Federal hospitals are operated by the Federal Government.

For profit hospitals are operated for profit by individuals, partnerships, or corporations.

General hospitals provide diagnostic, treatment, and surgical services for patients with a variety of medical conditions. According to the World Health Organization, these hospitals provide medical and nursing care for more than one category of medical discipline (for example, general medicine, specialized medicine, general surgery, specialized surgery, and obstetrics). Excluded are hospitals, usually in rural areas, that provide a more limited range of care.

Nonprofit hospitals are operated by a church or other nonprofit organization.

Psychiatric hospitals are ones whose major type of service is psychiatric care. See *Mental health organization*.

Registered hospitals are hospitals registered with the American Hospital Association. About 98 percent of hospitals are registered.

Short-stay hospitals in the National Hospital Discharge Survey are those in which the average length of stay is less than 30 days. The National Health Interview Survey defines short-stay hospitals as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children’s; or osteopathic.

Specialty hospitals, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic, provide a particular type of service to the majority of their patients.

Hospital-based physician—See *Physician*.

Hospital days—See *Days of care*.

Human immunodeficiency virus (HIV) disease—Mortality coding: Starting with data year 1999 and the introduction of the Tenth Revision of the *International Classification of Diseases* (ICD-10), the title for this cause of death changed to HIV disease from HIV infection and the ICD codes changed to B20-B24. Beginning with data for 1987, NCHS introduced category numbers *042-*044 for classifying and coding HIV infection as a cause of death in ICD-9. HIV infection was formerly referred to as human T-cell lymphotropic virus-III/lymphadenopathy-associated virus (HTLV-III/LAV) infection. The asterisk before the category numbers indicated that these codes were not part of the original ICD-9. Before 1987 deaths involving HIV infection were classified to Deficiency of cell-mediated immunity (ICD-9 279.1) contained in the title All other diseases; to

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Table VIII. Codes for industries, according to the *Standard Industrial Classification (SIC) Manual*

<i>Industry</i>	<i>Code numbers</i>
Agriculture, forestry, and fishing	01–09
Mining	10–14
Construction	15–17
Manufacturing	20–39
Transportation and public utilities	40–49
Wholesale trade	50–51
Retail trade	52–59
Finance, insurance, and real estate	60–67
Services	70–89
Public administration.	91–97

Pneumocystosis (ICD–9 136.3) contained in the title All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Therefore, before 1987, death statistics for HIV infection are not strictly comparable with data for 1987 and later years, and are not shown in this report.

Morbidity coding: The National Hospital Discharge Survey codes diagnosis data using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM). Discharges with diagnosis of HIV as shown in *Health, United States* have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. During 1984 and 1985 only data for AIDS (ICD–9–CM 279.19) were included. In 1986–94, discharges with the following diagnoses were included: acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection and associated conditions, and positive serological or viral culture findings for HIV (ICD–9–CM 042–044, 279.19, and 795.8). Beginning in 1995 discharges with the following diagnoses were included: human immunodeficiency virus (HIV) disease and asymptomatic human immunodeficiency virus (HIV) infection status (ICD–9–CM 042 and V08). See related *Acquired immunodeficiency syndrome; Cause of death; International Classification of Diseases; International Classification of Diseases, Ninth Revision, Clinical Modification*.

ICD; ICD codes—See *Cause of death; International Classification of Diseases*.

Incidence—Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate (for example, the incidence of measles per 1,000 children 5–15 years of age during a specified year). Incidence is a measure of morbidity or other events that occur within a specified period of time. See related *Prevalence*.

Individual practice association (IPA)—See *Health maintenance organization (HMO)*.

Industry of employment—Industries are classified according to the *Standard Industrial Classification (SIC) Manual* of the Office of Management and Budget. Two editions of the SIC are used for coding industry data in *Health, United States*: the 1977 supplement to the 1972 edition and the 1987 edition. The changes between versions include a few detailed titles created to correct or clarify industries or to recognize changes within the industry. Codes for major industry divisions ([table VIII](#)) were not changed between versions.

Establishments engaged in the same kind of economic activity are classified by the same industry code, regardless of type of ownership—corporations, sole proprietorships, and government agencies. Data from the Census of Fatal Occupational Injuries are therefore further broken out by private sector and government. Data from the Survey of Occupational Injuries and Illnesses are provided for the private sector only and exclude the self-employed.

The category “Private sector” includes all industry divisions except public administration and military. The category “Not classified” is used for fatalities for which there was insufficient information to determine a specific industry classification.

Infant death—An infant death is the death of a live-born child before his or her first birthday. Deaths in the first year of life may be further classified according to age as neonatal and postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur between 28 and 365 days of age. See related *Live birth; Rate: Death and related rates*.

Injury-related visit—In the National Hospital Ambulatory Medical Care Survey an emergency department visit was considered injury related if, on the Patient Record Form (PRF), the checkbox for injury was indicated. In addition, injury visits were identified if the physician’s diagnosis or the patient’s reason for visit code was injury related. See related *Emergency department visit; First-listed external cause of injury*.

Inpatient care—See *Mental health service type*.

Inpatient days—See *Days of care*.

Instrumental activities of daily living

(**IADL**)—Instrumental activities of daily living are activities related to independent living and include

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preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone. If a sample person from the Medicare Current Beneficiary Survey had any difficulty performing an activity by himself or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. Sample persons who were administered a community interview answered health status and functioning questions themselves if able to do so. A proxy, such as a nurse, answered questions about the sample person's health status and functioning for long-term care facility interview. In the National Health Interview Survey respondents are asked about needing the help of another person for handling routine IADL needs due to a physical, mental, or emotional problem. Persons are considered to have an IADL limitation if any causal condition is chronic. See related *Activities of daily living (ADL); Limitation of activity*.

Insured—See *Health insurance coverage*.

Intermediate care facilities—See *Nursing home*.

International Classification of Diseases (ICD)—The ICD provides the ground rules for coding and classifying cause-of-death data. The ICD is developed collaboratively between the World Health Organization (WHO) and ten international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since the beginning of the century, the ICD has been modified about once every 10 years, except for the 20-year interval between ICD-9 and ICD-10 (see [table IV](#)). The purpose of the revisions is to stay abreast with advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics (see [tables V](#) and [VI](#)). For more information, see www.cdc.gov/nchs/about/major/dvs/icd10des.htm. See related *Cause of death; Comparability ratio; International Classification of Diseases, Ninth Revision, Clinical Modification*.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) —The ICD-9-CM is based on and is completely compatible with the *International Classification of Diseases, Ninth Revision*. In Health, United States the ICD-9-CM is used to code morbidity data and starting with data year 1999 ICD-10 is used to code mortality data.

Table IX. Codes for diagnostic categories from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

<i>Diagnostic category</i>	<i>Code numbers</i>
Females with delivery	V27
Human immunodeficiency virus (HIV) (1984-85)	279.19
(1986-94)	042-044, 279.19, 795.8
(Beginning in 1995)	042, V08
Malignant neoplasms	140-208
Large intestine and rectum	153-154, 197.5
Trachea, bronchus, and lung	162, 197.0, 197.3
Breast	174-175, 198.81
Prostate	185
Diabetes	250
Alcohol and drug	291-292, 303-305
Serious mental illness	295-298
Diseases of the nervous system and sense organs	320-389
Diseases of the circulatory system	390-459
Diseases of heart	391-392.0, 393-398, 402, 404, 410-416, 420-429
Ischemic heart disease	410-414
Acute myocardial infarction	410
Congestive heart failure	428.0
Cerebrovascular diseases	430-438
Diseases of the respiratory system	460-519
Pneumonia	466.1, 480-487.0
Asthma	493
Hyperplasia of prostate	600
Decubitus ulcers	707.0
Diseases of the musculoskeletal system and connective tissue	710-739
Osteoarthritis	715
Intervertebral disc disorders	722
Injuries and poisoning	800-999
Fracture, all sites	800-829
Fracture of neck of femur (hip)	820

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Diagnostic groupings and code number inclusions for ICD-9-CM are shown in [table IX](#); procedures and code number inclusions are shown in [table X](#).

ICD-9-CM is arranged in 17 main chapters. Most of the diseases are arranged according to their principal anatomical site, with special chapters for infective and parasitic diseases; neoplasms; endocrine, metabolic, and nutritional diseases; mental diseases; complications of pregnancy and childbirth; certain diseases peculiar to the perinatal period; and ill-defined conditions. In addition, two supplemental classifications are provided: classification of factors influencing health status and contact with health services and classification of external causes of injury and poisoning. For more information, see www.cdc.gov/nchs/icd9.htm. See related *Condition; International Classification of Diseases*.

Late fetal death rate—See *Rate: Death and related rates*.

Leading causes of death—See *Cause-of-death ranking*.

Length of stay—See *Average length of stay*.

Life expectancy—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates, generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by race, sex, or other

characteristics using age-specific death rates for the population with that characteristic. See related *Rate: Death and related rates*.

Limitation of activity—In the National Health Interview Survey limitation of activity refers to a long-term reduction in a person's capacity to perform the usual kind or amount of activities associated with his or her age group due to a chronic condition. Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Respondents are asked about limitations in activities of daily living, instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined and respondents are considered limited if one or more of these conditions is chronic.

Sample persons from the Medicare Current Beneficiary Survey who reported no limitations in the activities of daily living (ADL) or instrumental activities of daily living (IADL) due to health problems were included in the category "none." Sample persons with limitations in at least one IADL, but no ADL, were included in the category "IADL" only. Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the number of IADL limitations. See related *Activities of daily living; Condition; Instrumental activities of daily living*.

Table X. Codes for procedure categories from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

Procedure category	Code numbers
Extraction of lens	13.1–13.6
Insertion of prosthetic lens (pseudophakos)	13.7
Mycrotingotomy with insertion of tube	20.01
Tonsillectomy, with or without adenoidectomy	28.2–28.3
Coronary angioplasty (Prior to 1997)	36.0
(Beginning in 1997)	36.01–36.05, 36.09
Coronary artery bypass graft	36.1
Cardiac catheterization	37.21–37.23
Pacemaker insertion or replacement	37.7–37.8
Carotid endarterectomy	38.12
Endoscopy of large or small intestine with or without biopsy	45.11–45.14, 45.16, 45.21–45.25
Cholecystectomy	51.2
Prostatectomy	60.2–60.6
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3
Hysterectomy	68.3–68.7, 68.9
Cesarean section	74.0–74.2, 74.4, 74.99
Repair of current obstetrical laceration	75.5–75.6
Reduction of fracture	76.7, 79.0–79.3
Arthroscopy of knee	80.26
Excision or destruction of intervertebral disc	80.5
Total hip replacement	81.51
Lumpectomy	85.21
Mastectomy	85.4
Angiocardiography with contrast material	88.5

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Live birth—In the World Health Organization's definition, also adopted by the United Nations and the National Center for Health Statistics, a live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born. See related *Gestation; Rate: Birth and related rates*.

Live-birth order—In the National Vital Statistics System this item from the birth certificate refers to the total number of live births the mother has had, including the present birth as recorded on the birth certificate. Fetal deaths are excluded. See related *Live birth*.

Low birthweight—See *Birthweight*.

Managed care—Managed care is a health care plan that integrates the financing and delivery of health care services by using arrangements with selected health care providers to provide services for covered individuals. Plans are generally financed using capitation fees. There are significant financial incentives for members of the plan to use the health care providers associated with the plan. The plan includes formal programs for quality assurance and utilization review. Health maintenance organizations (HMO's), preferred provider organizations (PPO's), and point of service (POS) plans are examples of managed care. See related *Health maintenance organization; Preferred provider organization*.

Marital status—Marital status is classified through self-reporting into the categories married and unmarried. The term married encompasses all married people including those separated from their spouses. Unmarried includes those who are single (never married), divorced, or widowed. The Abortion Surveillance Reports of the Centers for Disease Control and Prevention classified separated people as unmarried before 1978.

Maternal mortality rate—See *Rate: Death and related rates*.

Medicaid—Medicaid was authorized by Title XIX of the Social Security Act in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to eligible needy persons. Medicaid is the largest program providing medical and

health-related services to America's poorest people. Within broad Federal guidelines, each of the States establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time. See related *Health expenditures, national; Health maintenance organization; Medicare*.

Medical specialties—See *Physician specialty*.

Medical vendor payments—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the State through a fiscal agent or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions, payments made from State medical assistance funds that are not federally matchable, disproportionate share hospital payments, cost sharing or enrollment fees collected from recipients or a third party, and administration and training costs.

Medicare—This is a nationwide health insurance program providing health insurance protection to people 65 years of age and over, people entitled to social security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, *Health Insurance for the Aged of the Social Security Act*, and became effective on July 1, 1966. It consists of two separate but coordinated programs, hospital insurance (Part A) and supplementary medical insurance (Part B). See related *Health expenditures, national; Health maintenance organization; Medicaid*.

Mental health organization—The Center for Mental Health Services defines a mental health organization as an administratively distinct public or private agency or institution whose primary concern is provision of direct mental health services to the mentally ill or emotionally disturbed. Excluded are private office-based practices of psychiatrists, psychologists, and other mental health providers; psychiatric services of all types of hospitals or outpatient clinics operated by Federal agencies other than the Department of Veterans Affairs (for example, Public Health Service, Indian Health Service, Department of Defense, and Bureau of Prisons); general hospitals that have no separate psychiatric services but admit psychiatric

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patients to nonpsychiatric units; and psychiatric services of schools, colleges, halfway houses, community residential organizations, local and county jails, State prisons, and other human service providers. The major types of mental health organizations are described below.

Freestanding psychiatric outpatient clinics provide only outpatient services on either a regular or emergency basis. The medical responsibility for services is generally assumed by a psychiatrist.

General hospitals providing separate psychiatric services are non-Federal general hospitals that provide psychiatric services in either a separate psychiatric inpatient, outpatient, or partial hospitalization service with assigned staff and space.

Multiservice mental health organizations directly provide two or more of the program elements defined under Mental health service type and are not classifiable as a psychiatric hospital, general hospital, or residential treatment center for emotionally disturbed children. (The classification of a psychiatric or general hospital or residential treatment center for emotionally disturbed children takes precedence over a multiservice classification, even if two or more services are offered.)

Partial care organizations provide a program of ambulatory mental health services.

Private mental hospitals are operated by a sole proprietor, partnership, limited partnership, corporation, or nonprofit organization, primarily for the care of persons with mental disorders.

Psychiatric hospitals are hospitals concerned primarily with providing inpatient care and treatment for the mentally ill. Psychiatric inpatient units of Department of Veterans Affairs general hospitals and Department of Veterans Affairs neuropsychiatric hospitals are combined into the category Department of Veterans Affairs psychiatric hospitals because of their similarity in size, operation, and length of stay.

Residential treatment centers for emotionally disturbed children must meet all of the following criteria: (a) Is not licensed as a psychiatric hospital and has the primary purpose of providing individually planned mental health treatment services in conjunction with residential care; (b) Includes a clinical program directed by a psychiatrist, psychologist, social worker, or psychiatric nurse with a graduate degree; (c)

Serves children and youth primarily under the age of 18; and (d) Has the primary diagnosis for the majority of admissions as mental illness, classified as other than mental retardation, developmental disability, or substance-related disorders, according to DSM-II/ICDA-8 or DSM-IIIR/ICD-9-CM codes.

State and county mental hospitals are under the auspices of a State or county government or operated jointly by a State and county government.

See related *Addition; Mental health service type*.

Mental health service type—refers to the following kinds of mental health services:

24-hour mental health care, formerly called inpatient care, provides care in a mental health hospital setting.

Less than 24-hour care, formerly called outpatient or partial care treatment, provides mental health services on an ambulatory basis.

Residential treatment care provides overnight mental health care in conjunction with an intensive treatment program in a setting other than a hospital. Facilities may offer care to emotionally disturbed children or mentally ill adults.

See related *Addition; Mental health organization*.

Metropolitan statistical area (MSA)—The Office of Management and Budget (OMB) defines metropolitan areas according to published standards that are applied to Census Bureau data. The collective term “metropolitan area” includes metropolitan statistical areas (MSA’s), consolidated metropolitan statistical areas (CMSA’s), and primary metropolitan statistical areas (PMSA’s). An MSA is a county or group of contiguous counties that contains at least one city with a population of 50,000 or more or a Census Bureau-defined urbanized area of at least 50,000 with a metropolitan population of at least 100,000. In addition to the county or counties that contain all or part of the main city or urbanized area, an MSA may contain other counties that are metropolitan in character and are economically and socially integrated with the main city. If an MSA has a population of 1 million or more and meets requirements specified in the standards, it is termed a CMSA, consisting of two or more major components, each of which is recognized as a PMSA. In New England, cities and towns, rather than counties, are used to define MSA’s.

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Counties that are not within an MSA—Counties that are not within an MSA are considered to be nonmetropolitan.

For National Health Interview Survey (NHIS) data before 1995, metropolitan population is based on MSA's as defined by OMB in 1983 using the 1980 Census. Starting with the 1995 NHIS, metropolitan population is based on MSA's as defined by OMB in 1993 using the 1990 Census. For further information on metropolitan areas, see U.S. Department of Commerce, Bureau of the Census, *State and Metropolitan Area Data Book*. See related *Urbanization*.

Multiservice mental health organizations—See *Mental health organization*.

National ambient air quality standards—The Federal Clean Air Act of 1970, amended in 1977 and 1990, required the Environmental Protection Agency (EPA) to establish National Ambient Air Quality Standards. EPA has set specific standards for each of six major pollutants: carbon monoxide, lead, nitrogen dioxide, ozone, sulfur dioxide, and particulate matter whose aerodynamic size is equal to or less than 10 microns (PM-10). Each pollutant standard represents a maximum concentration level (micrograms per cubic meter) that cannot be exceeded during a specified time interval. A county meets the national ambient air quality standards if none of the six pollutants exceed the standard during a 12-month period. See related *Particulate matter; Pollutant*.

Neonatal mortality rate—See *Rate: Death and related rates*.

Non-Federal physicians—See *Physician*.

Nonpatient revenues—Nonpatient revenues are those revenues received for which no direct patient care services are rendered. The most widely recognized source of nonpatient revenues is philanthropy. Philanthropic support may be direct from individuals or may be obtained through philanthropic fund raising organizations such as the United Way. Support may also be obtained from foundations or corporations. Philanthropic revenues may be designated for direct patient care use or may be contained in an endowment fund where only the current income may be tapped.

Nonprofit hospitals—See *Hospital*.

Notifiable disease—A notifiable disease is one that, when diagnosed, health providers are required, usually by law, to report to State or local public health officials.

Notifiable diseases are those of public interest by reason of their contagiousness, severity, or frequency.

Nursing care—The following definition of nursing care applies to data collected in National Nursing Home Surveys through 1977. Nursing care is provision of any of the following services: application of dressings or bandages; bowel and bladder retraining; catheterization; enema; full bed bath; hypodermic, intramuscular, or intravenous injection; irrigation; nasal feeding; oxygen therapy; and temperature-pulse-respiration or blood pressure measurement. See related *Nursing home*.

Nursing care homes—See *Nursing home*.

Nursing home—In the Online Survey Certification and Reporting database, a nursing home is a facility that is certified and meets the Health Care Financing Administration's long-term care requirements for Medicare and Medicaid eligibility. In the National Master Facility Inventory (NMFI), which provided the sampling frame for 1973–74, 1977, and 1985 National Nursing Home Surveys, a nursing home was an establishment with three or more beds that provided nursing or personal care services to the aged, infirm, or chronically ill. The following definitions of nursing home types applied to facilities listed in the NMFI. The 1977 National Nursing Home Survey included personal care homes and domiciliary care homes while the National Nursing Home Surveys of 1973–74, 1985, 1995, 1997, and 1999 excluded them.

Nursing care homes must employ one or more full-time registered or licensed practical nurses and must provide nursing care to at least one-half the residents.

Personal care homes with nursing have some but fewer than one-half the residents receiving nursing care. In addition, such homes must employ one or more registered or licensed practical nurses or must provide administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

Personal care homes without nursing have no residents who are receiving nursing care. These homes provide administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

Domiciliary care homes primarily provide supervisory care but also provide one or two personal services.

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The following definitions of certification levels apply to data collected in National Nursing Home Surveys of 1973–74, 1977, and 1985:

Skilled nursing facilities provide the most intensive nursing care available outside a hospital. Facilities certified by Medicare provide posthospital care to eligible Medicare enrollees. Facilities certified by Medicaid as skilled nursing facilities provide skilled nursing services on a daily basis to individuals eligible for Medicaid benefits.

Intermediate care facilities are certified by the Medicaid program to provide health-related services on a regular basis to Medicaid eligibles who do not require hospital or skilled nursing facility care but do require institutional care above the level of room and board.

Not certified facilities are not certified as providers of care by Medicare or Medicaid.

Beginning with the 1995 through the 1999 National Nursing Home Surveys, nursing homes are defined as facilities that routinely provide nursing care services and have three or more beds set up for residents. Facilities may be certified by Medicare or Medicaid or not certified but licensed by the state as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility.

See related *Nursing care; Resident*.

Nursing home expenditures—See *Health expenditures, national*.

Obesity—See *Body Mass Index (BMI)*.

Occupancy rate—The American Hospital Association defines hospital occupancy rate as the average daily census divided by the average number of hospital beds during a reporting period. Average daily census is defined by the American Hospital Association as the average number of inpatients, excluding newborns, receiving care each day during a reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents reported at the time of the interview divided by the number of beds reported. In the Online Survey Certification and Reporting database, occupancy is the total number of residents on the day of certification inspection divided by the total number of beds on the day of certification.

Office—In the National Ambulatory Medical Care Survey, an office is any location for a physician's ambulatory practice other than hospitals, nursing homes, other extended care facilities, patients' homes,

industrial clinics, college clinics, and family planning clinics. Offices in health maintenance organizations and private offices in hospitals are included. See related *Office visit; Outpatient visit; Physician*.

Office-based physician—See *Physician*.

Office visit—In the National Ambulatory Medical Care Survey, an office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purposes of seeking care and rendering health services. See related *Outpatient visit*.

Operations—See *Procedure*.

Outpatient department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following are examples of the types of OPD's excluded from the NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. See related *Emergency department; Outpatient visit*.

Outpatient surgery—According to the American Hospital Association, outpatient surgery is performed on patients who do not remain in the hospital overnight and occurs in inpatient operating suites, outpatient surgery suites, or procedure rooms within an outpatient care facility. Outpatient surgery is a surgical operation, whether major or minor, performed in operating or procedure rooms. A surgical operation involving more than one surgical procedure is considered one surgical operation. See related *Ambulatory surgery; Procedure*.

Outpatient visit—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services 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. In the National Hospital Ambulatory Medical Care Survey an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician's supervision for the purpose of seeking care and receiving personal health services. See related *Emergency department visit; Outpatient department*.

Overweight—See *Body Mass Index (BMI)*.

Partial care organization—See *Mental health organization*.

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Partial care treatment—See *Mental health service type*.

Particulate matter—Particulate matter is defined as particles of solid or liquid matter in the air, including nontoxic materials (soot, dust, and dirt) and toxic materials (for example, lead, asbestos, suspended sulfates, and nitrates). See related *National ambient air quality standards*; *Pollutant*.

Patient—A patient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment. See related *Admission*; *Average length of stay*; *Days of care*; *Discharge*; *Hospital*.

Percent change—See *Average annual rate of change*.

Perinatal mortality rate; ratio—See *Rate: Death and related rates*.

Personal care homes with or without nursing—See *Nursing home*.

Personal health care expenditures—See *Health expenditures, national*.

Physician—Physicians, through self-reporting, are classified by the American Medical Association and others as licensed doctors of medicine or osteopathy, as follows:

Active (or professionally active) physicians are currently practicing medicine for a minimum of 20 hours per week. Excluded are physicians who are not practicing, practicing medicine less than 20 hours per week, have unknown addresses, or specialties not classified (when specialty information is presented).

Federal physicians are employed by the Federal Government; non-Federal or civilian physicians are not.

Hospital-based physicians spend the plurality of their time as salaried physicians in hospitals.

Office-based physicians spend the plurality of their time working in practices based in private offices.

Data for physicians are presented by type of education (doctors of medicine and doctors of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); employment setting (Federal and non-Federal); area of specialty; and geographic area. See related *Office*; *Physician specialty*.

Physician specialty—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two general areas of practice: generalists and specialists.

Generalist physicians are synonymous with primary care generalists and only include physicians practicing in the general fields of family and general practice, general internal medicine, and general pediatrics. They specifically exclude primary care specialists.

Primary care specialists practice in the subspecialties of general and family practice, internal medicine, and pediatrics. The primary care subspecialties for family practice include geriatric medicine and sports medicine. Primary care subspecialties for internal medicine include diabetes, endocrinology and metabolism, hematology, hepatology, cardiac electrophysiology, infectious diseases, diagnostic laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, and rheumatology. Primary care subspecialties for pediatrics include adolescent medicine, critical care pediatrics, neonatal-perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric pulmonology, pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, diagnostic laboratory immunology, pediatric nephrology, pediatric rheumatology, and sports medicine.

Specialist physicians practice in the primary care specialties, in addition to all other specialist fields not included in the generalist definition. Specialist fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, obstetrics and gynecology, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

See related *Physician*.

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Pollutant—A pollutant is any substance that renders the atmosphere or water foul or noxious to health. See related *National ambient air quality standards; Particulate matter*.

Population—The U.S. Bureau of the Census collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates.

Total population is the population of the United States, including all members of the Armed Forces living in foreign countries, Puerto Rico, Guam, and the U.S. Virgin Islands. Other Americans abroad (for example, civilian Federal employees and dependents of members of the Armed Forces or other Federal employees) are not included.

Resident population includes persons whose usual place of residence (that is, the place where one usually lives and sleeps) is in one of the 50 States or the District of Columbia. It includes members of the Armed Forces stationed in the United States and their families. It excludes international military, naval, and diplomatic personnel and their families located in this country and residing in embassies or similar quarters. Also excluded are international workers and international students in this country and Americans living abroad. The resident population is usually the denominator when calculating birth and death rates and incidence of disease. The resident population is also the denominator for selected population-based rates that use numerator data from the National Nursing Home Survey.

Civilian population is the resident population excluding members of the Armed Forces. However, families of members of the Armed Forces are included. This population is the denominator in rates calculated for the NCHS National Hospital Discharge Survey, the National Home and Hospice Care Survey, and the National Survey of Ambulatory Surgery.

Civilian noninstitutionalized population is the civilian population not residing in institutions. Institutions include correctional institutions, detention homes, and training schools for juvenile delinquents; homes for aged and dependent persons (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and schools for mentally or physically handicapped persons; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and

residential treatment centers. Census Bureau estimates of the civilian noninstitutionalized population are used to calculate sample weights for the NCHS National Health Interview Survey, National Health and Nutrition Examination Survey, and National Survey of Family Growth, and as denominators in rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

Postneonatal mortality rate—See *Rate: Death and related rates*.

Poverty level—Poverty statistics are based on definitions originally developed by the Social Security Administration. These include a set of money income thresholds that vary by family size and composition. Families or individuals with income below their appropriate thresholds are classified as below the poverty level. These thresholds are updated annually by the U.S. Bureau of the Census to reflect changes in the Consumer Price Index for all urban consumers (CPI-U). For example, the average poverty threshold for a family of four was \$16,660 in 1998 and \$13,359 in 1990. For more information, see U.S. Bureau of the Census: *Money Income of Households, Families, and Persons in the United States, 1996*. Series P-60. Washington, DC: U.S. Government Printing Office. See related *Consumer Price Index; Family income*.

Preferred provider organization (PPO)—This is a health plan generally consisting of hospital and physician providers. The PPO provides health care services to plan members usually at discounted rates in return for expedited claims payment. Plan members can use PPO or non-PPO health care providers; however, financial incentives are built into the benefit structure to encourage utilization of PPO providers. See related *Managed care*.

Prevalence—Prevalence is the number of cases of a disease, infected persons, or persons with some other attribute present during a particular interval of time. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 persons during a year). See related *Incidence*.

Primary admission diagnosis—In the National Home and Hospice Care Survey the primary admission diagnosis is the first-listed diagnosis at admission on the patient's medical record as provided by the agency staff member most familiar with the care provided to the patient.

Primary care specialties—See *Physician specialty*.

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Table XI. Current cigarette smoking by persons 18 years of age and over, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993-95

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
Race							
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
Multiple race 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:							
White only	42,421	25.8	0.27	Non-Hispanic:			
Black or African American only	7,053	26.7	0.65	White	42,976	25.9	0.27
American Indian or Alaska Native only	358	33.5	2.69	Black	7,203	26.7	0.64
Asian only	1,320	14.8	1.21	American Indian or Alaska Native	407	35.4	2.53
Multiple race total	687	35.6	2.15	Asian or Pacific Islander	1,397	15.3	1.24
Hispanic or Latino	5,175	17.8	0.65	Hispanic	5,175	17.8	0.65

*Relative standard error 20–30 percent.

NOTES: The 1997 Standards for Federal data on race and ethnicity set five single race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single race and multiple race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents _____ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents _____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18–44 years, and 45–64 years of age. See Appendix II, Age adjustment.

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

Private expenditures—See *Health expenditures, national*.

Procedure—The National Hospital Discharge Survey (NHDS) and the National Survey of Ambulatory Surgery (NSAS) define a procedure as a surgical or nonsurgical operation, diagnostic procedure, or therapeutic procedure (such as respiratory therapy) recorded on the medical record of discharged patients. A maximum of four procedures per discharge in NHDS and up to six procedures per discharge in NSAS were recorded and coded to the *International Classification of Diseases, Ninth Revision, Clinical Modification*. Previous editions of *Health, United States* classified procedures into surgical and diagnostic and other nonsurgical procedures. The distinction between surgical and diagnostic and nonsurgical procedures has become less meaningful due to development of minimally invasive and noninvasive surgery. Thus the practice of classifying procedures as surgical or

diagnostic has been discontinued. See related *Ambulatory surgery*; *Outpatient surgery*.

Proprietary hospitals—See *Hospital*.

Psychiatric hospitals—See *Hospital*; *Mental health organization*.

Public expenditures—See *Health expenditures, national*.

Public health activities—Public health activities may include any of the following essential services of public health—surveillance, investigations, education, community mobilization, workforce training, research, and personal care services delivered or funded by governmental agencies.

Race—In 1977 the Office of Management and Budget (OMB) issued Race and Ethnic Standards for Federal Statistics and Administrative Reporting in order to

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Table XII. Private health care coverage for persons under 65 years of age, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993-95

1997 Standards	Sample size	Percent	Standard error	1977 Standards		Sample size	Percent	Standard error
Race								
White only	168,256	76.1	0.28	White		170,472	75.9	0.28
Black or African American only	30,048	53.5	0.63	Black		30,690	53.6	0.63
American Indian 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 or Pacific Islander		7,146	68.2	1.34
Native Hawaiian or Other Pacific Islander only	173	75.0	7.43					
Multiple race 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 or Pacific Islander		6,999	68.4	1.40
Native Hawaiian or Other Pacific Islander only	145	76.4	7.79					
Multiple race 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 1997 Standards for Federal data on race and ethnicity set five single race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single race and multiple race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents _____ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents _____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18-44 years, and 45-64 years of age. See Appendix II, Age adjustment.

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

promote comparability of data among Federal data systems. The 1977 standards called for the Federal Government's data systems to classify individuals into the following four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Depending on the data source, the classification by race was based on self-classification or on observation by an interviewer or other person filling out the questionnaire.

In 1997 new standards were announced for classification of individuals by race within the Federal Government's data systems (*Federal Register*, 62FR58781-58790). The 1997 standards have five racial groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White. These five categories are

the minimum set for data on race for 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.

All Federal data systems are required to comply with the 1997 standards by 2003. Although some data systems already permit tabulation of race-specific estimates under the 1997 standards, most do not. In order to facilitate comparisons of race-specific

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estimates across the various data systems presented in *Health, United States*, the 1977 standard categories are used in all trend tables and charts. However, for illustration, two health statistics (cigarette smoking and private health insurance coverage) based on data from the 1993–95 National Health Interview Survey have been tabulated by race and Hispanic origin using both the 1997 and 1977 standards ([Tables XI](#) and [XII](#)). In these illustrations, three separate tabulations using the 1997 standards are shown: 1) Race: mutually exclusive race groups, including several multiple race combinations; 2) Race, any mention: race groups that are not mutually exclusive because each race category includes all persons who mention that race; and 3) Hispanic origin and race: detailed race and Hispanic origin with a multiple race total category. When applicable, comparison tabulations are shown for the 1977 standards. Under the 1997 standards the sample size in each race group declines slightly when compared with the 1977 standards because there are more race groups. There are few multiple race groups with sufficient numbers of observations to meet standards of statistical reliability. [Tables XI](#) and [XII](#) also illustrate changes in the terms used for specific groups in the 1997 standards. The race designation of Black was changed to Black or African American and the ethnicity designation of Hispanic was changed to Hispanic or Latino.

Additional information is provided in [Appendix I](#) under National Vital Statistics System. Also see related *Hispanic origin*.

Rate—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. See related *Age adjustment*; *Population*.

■ Birth and related rates

Birth rate is calculated by dividing the number of live births in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years of 1981–89 and 1991, rates are based on national estimates of the resident population, as of July 1, rounded to 1,000's. Population estimates for 5-year age groups are generated by summing unrounded population estimates before rounding to 1,000's. Starting in 1992 rates are based on unrounded national population estimates. Birth rates are expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic

location (specific rate), or it may be related to the entire population (crude rate). See related *Cohort fertility*; *Live birth*.

Fertility rate is the total number of live births, regardless of age of mother, per 1,000 women of reproductive age, 15–44 years.

■ Death and related rates

Death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years of 1981–89 and 1991, rates are based on national estimates of the resident population, as of July 1, rounded to 1,000's. Population estimates for 10-year age groups are generated by summing unrounded population estimates before rounding to 1,000's. Starting in 1992 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 population. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate) or it may be related to the entire population (crude rate).

Fetal death rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more divided by the sum of live births plus fetal deaths, stated per 1,000 live births plus fetal deaths. *Late fetal death rate* is the number of fetal deaths with stated or presumed gestation of 28 weeks or more divided by the sum of live births plus late fetal deaths, stated per 1,000 live births plus late fetal deaths. See related *Fetal death*; *Gestation*.

Infant mortality rate based on period files is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

Neonatal mortality rate is the number of deaths of children under 28 days of age, per 1,000 live births. *Postneonatal mortality rate* is the number of deaths of children that occur between 28 days and 365 days after birth, per 1,000 live births. See related *Infant death*.

Birth cohort infant mortality rates are based on linked birth and infant death files. In contrast to

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period rates in which the births and infant deaths occur in the same period or calendar year, infant deaths comprising the numerator of a birth cohort rate may have occurred in the same year as, or in the year following the year of birth. The birth cohort infant mortality rate is expressed as the number of infant deaths per 1,000 live births. See related *Birth cohort*.

Perinatal relates to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. *Perinatal mortality rate* is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the sum of live births plus late fetal deaths, stated per 1,000 live births plus late fetal deaths. *Perinatal mortality ratio* is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the number of live births, stated per 1,000 live births.

Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy. Maternal death is one for which the certifying physician has designated a maternal condition as the underlying cause of death. Maternal conditions are those assigned to Pregnancy, childbirth, and the puerperium, ICD-10 codes O00–O99. (See related [table V](#).) *Maternal mortality rate* is defined as the number of maternal deaths per 100,000 live births. The maternal mortality rate is a measure of the likelihood that a pregnant woman will die from maternal causes. The number of live births used in the denominator is a proxy for the population of pregnant women who are at risk of a maternal death.

Region—See *Geographic region and division*.

Registered hospitals—See *Hospital*.

Registered nursing education—Registered nursing data are shown by level of educational preparation. Baccalaureate education requires at least 4 years of college or university; associate degree programs are based in community colleges and are usually 2 years in length; and diploma programs are based in hospitals and are usually 3 years in length.

Registration area—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to States and include two separate registration areas for the District of Columbia and New York City. All States have adopted laws that require

registration of births and deaths and reporting of fetal deaths. It is believed that more than 99 percent of births and deaths occurring in this country are registered.

The *death registration area* was established in 1900 with 10 States and the District of Columbia, and the *birth registration area* was established in 1915, also with 10 States and the District of Columbia. Both areas have covered the entire United States since 1933. Currently, Puerto Rico, U.S. Virgin Islands, and Guam each constitutes a separate registration area, although their data are not included in statistical tabulations of U.S. resident data. See related *Reporting area*.

Relative standard error—The relative standard error (RSE) is a measure of an estimate's reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate ($SE(r)$) by the estimate itself (r). This quantity is expressed as a percent of the estimate and is calculated as follows: $RSE=100 \times (SE(r)/r)$.

Relative survival rate—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate is used to estimate the proportion of cancer patients potentially curable. Because over one-half of all cancers occur in persons 65 years of age and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

Reporting area—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex, is based on data from residents of all 50 States in the United States and the District of Columbia (DC). The reporting area for selected items such as Hispanic origin, educational attainment, and marital status, is based on data from those States that require the item to be reported, whose data meet a minimum level of completeness (such as 80 or 90 percent), and are considered to be sufficiently comparable to be used for analysis. In 1993–96 the reporting area for Hispanic origin of decedent on the death certificate included 49 States and DC. Starting in 1997 the Hispanic reporting area included all 50 States and DC. See related *Registration area*; *National Vital Statistics System* in [Appendix I](#).

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Resident—In the Online Survey Certification and Reporting database, all residents in certified facilities are counted on the day of certification inspection. In the National Nursing Home Survey, a resident is a person on the roster of the nursing home as of the night before the survey. Included are all residents for whom beds are maintained even though they may be on overnight leave or in a hospital. See related *Nursing home*.

Resident population—See *Population*.

Residential treatment care—See *Mental health service type*.

Residential treatment centers for emotionally disturbed children—See *Mental health organization*.

Rural—See *Urbanization*.

Self-assessment of health—See *Health status, respondent-assessed*.

Short-stay hospitals—See *Hospital*.

Skilled nursing facilities—See *Nursing home*.

Smoker—See *Current smoker*.

Specialty hospitals—See *Hospital*.

State health agency—The agency or department within State government headed by the State or territorial health official. Generally, the State health agency is responsible for setting statewide public health priorities, carrying out national and State mandates, responding to public health hazards, and assuring access to health care for underserved State residents.

Substance abuse treatment clients—In the Substance Abuse and Mental Health Services Administration's Uniform Facilities Data Set, substance abuse treatment clients have been admitted to treatment and have been seen on a scheduled appointment basis at least once in the month before the survey reference date or were inpatients on the survey reference date. Types of treatment include 24-hour detoxification, 24-hour rehabilitation or residential care, and outpatient care.

Suicidal ideation—Suicidal ideation is having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Suicidal ideation is measured in the Youth Risk

Behavior Survey by the question "During the past 12 months, did you ever seriously consider attempting suicide?"

Surgical operations—See *Procedure*.

Surgical specialties—See *Physician specialty*.

Uninsured—See *Health insurance coverage*.

Urbanization—In this report, death rates are presented according to the urbanization level of the decedent's county of residence. Counties and county equivalents were assigned to one of five urbanization levels based on their classification in the Urban Influence code system (December 1996 Revision) developed by the Economic Research Service, U.S. Department of Agriculture. There are three levels for metropolitan counties and two levels for nonmetropolitan counties. The categorization of counties as metropolitan or nonmetropolitan in the Urban Influence code system is based on the June 1993 OMB definition of metropolitan areas (the application of the 1990 metropolitan area standards to the 1990 decennial census data). Metropolitan areas include metropolitan statistical areas (MSA's), consolidated metropolitan statistical areas (CMSA's), and primary metropolitan statistical areas (PMSA's). See *Metropolitan statistical area* in [Appendix II](#) for definitions of metropolitan and nonmetropolitan counties.

The Urban Influence code system classifies metropolitan counties as either large metro (counties in MSA/PMSA's of 1 million or more population) or small metro (counties in MSA/PMSA's of less than 1 million population). For this report, the large metro category of the Urban Influence code system was divided into two urbanization levels: large central metro and large fringe metro. Thus, metropolitan counties were assigned to one of three metropolitan urbanization levels: (a) *large central* - counties in large (1 million or more population) MSA/PMSA's that contain all or part of the largest central city of the MSA/PMSA; (b) *large fringe* - counties in large (1 million or more population) MSA/PMSA's that do not contain any part of the largest central city of the MSA/PMSA (counties in a few PMSA's with less than 1 million population were assigned to the large fringe urbanization level because the PMSA in which they are located is adjacent to a large central county of the CMSA); and (c) *small* - counties in small (less than 1 million population) MSA/PMSA's.

The Urban Influence code system divides nonmetropolitan counties into seven categories based on adjacency to a metropolitan area and size of the

largest city. A county is considered to have a city with a specified size if it includes all or part of the city. The seven categories were collapsed into two categories: (d) *nonmetro counties with a city of 10,000 or more population* and (e) *nonmetro counties without a city of 10,000 or more population*.

Usual source of care—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent “Is there a particular person or place that _____ usually goes to when _____ is sick or needs advice about _____ health?” In the 1995 and 1996 NHIS, the respondent was asked “Is there one doctor, person, or place that _____ usually goes to when _____ is sick or needs advice about _____ health?” Starting in 1997 the respondent was asked “Is there a place that _____ usually goes when he/she is sick or you need advice about (his/her) health?” Persons who report the emergency department as their usual source of care are defined as having no usual source of care in this report.

Wages and salaries—See *Employer costs for employee compensation*.

Years of potential life lost—Years of potential life lost (YPLL) is a measure of premature mortality. Starting with *Health, United States, 1996-97*, YPLL is presented for persons under 75 years of age because the average life expectancy in the United States is over 75 years. YPLL-75 is calculated using the following eight age groups: under 1 year, 1–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65–74 years. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5. For example, the death of a person 15–24 years of age counts as 55.5 years of life lost. Years of potential life lost is derived by summing years of life lost over all age groups. In *Health, United States, 1995* and earlier editions, YPLL was presented for persons under 65 years of age. For more information, see Centers for Disease Control. *MMWR*. Vol 35 no 25S, suppl. 1986.

Appendix III

Trend Tables With Additional Years of Data Available in Electronic Spreadsheet Files

Many of the trend tables in this report present data for extended time periods. Because of space limitations on the printed page, only selected years of data are shown to highlight major trends. For the tables listed below, additional years of data are available in electronic spreadsheet files that may be accessed through the Internet and on CD-ROM.

To access the files on the Internet, go to the NCHS homepage at www.cdc.gov/nchs and select *Health*,

United States from the “Top 10 Links.” Downloadable spreadsheet files for trend tables are available in Excel and Lotus.

Spreadsheet files in Excel and Lotus are also available on a CD-ROM entitled “Publications from the National Center for Health Statistics,” featuring *Health, United States, 2001*, vol 1 no 7, 2001. The CD-ROM may be purchased from the Government Printing Office.

Table number	Table topic	Additional data years available
1	Resident population	1981–89, 1991–97
2	Poverty	1986–89, 1991–93
3	Fertility rates and birth rates	1981–84, 1986–89, 1991–94
5	Live births	1971–74, 1976–79, 1981–84, 1986–89, 1991–94, 1996
6	Prenatal care	1981–84, 1986–89, 1991–92
8	Teenage childbearing	1981–84, 1986–89, 1991–92
9	Nonmarital childbearing	1981–84, 1986–89, 1991–92
10	Maternal education	1981–84, 1986–89, 1991–92
11	Maternal smoking	1991–92
12	Low birthweight	1981–84, 1986–89, 1991–92
13	Low birthweight	1991–92
16	Abortions	1981–84, 1986–89, 1991
17	Abortions	1981–84, 1986–89, 1991
20	Infant mortality rates	1984, 1985–89, 1991, 1996
21	Infant mortality rates	1984, 1985–89, 1991, 1996
22	Infant mortality rates	1984, 1986–87
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28	Life expectancy	1975, 1981–84, 1986–89
30	Age-adjusted death rates for selected causes	1981–84, 1986–89, 1991–94, 1996
31	Years of potential life lost	1985, 1991–97
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37	Diseases of heart	1981–84, 1986–89, 1991–94
38	Cerebrovascular diseases	1981–84, 1986–89, 1991–94
39	Malignant neoplasms	1981–84, 1986–89, 1991–94
40	Malignant neoplasms of trachea, bronchus, and lung	1981–84, 1986–89, 1991–94
41	Malignant neoplasm of breast	1981–84, 1986–89, 1991–94
42	Chronic lower respiratory diseases	1981–84, 1986–89, 1991
43	Human immunodeficiency virus (HIV) disease	1988, 1991
44	Maternal mortality	1981–89, 1991–94
45	Motor vehicle-related injuries	1981–84, 1986–89, 1991–94
46	Assault (homicide)	1981–84, 1986–89, 1991–94
47	Suicide	1981–84, 1986–89, 1991–94
48	Firearm-related injuries	1981–84, 1986–87, 1989, 1991–93
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51	Occupational injuries	1981–84, 1986–89, 1991
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Appendix III

<i>Table number</i>	<i>Table topic</i>	<i>Additional data years available</i>
60	Cigarette smoking	1987–88, 1991, 1993
61	Cigarette smoking	1987–88, 1991, 1993
62	Cigarette smoking	1994–97, 1995–98
63	Use of selected substances	1982, 1988, 1991
64	Use of selected substances	1981–89, 1992–94
65	Cocaine-related emergency department episodes	1991
71	National ambient air quality standards	1989, 1991
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78	No usual source of health care	1997–98
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85	Ambulatory care visits	1997–98
91	Discharges	1991, 1993, 1995, 1997
92	Discharges	1989, 1991, 1993
93	Rates of discharges	1996–97
94	Discharges	1996–97
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96	Hospital admissions	1991–94, 1996
97	Nursing home residents	1997
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99	Persons employed	1975, 1983–89, 1991–93
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102	Primary care doctors of medicine	1994
104	Staff in mental health organizations	1986, 1988
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110	Community hospital beds	1985, 1988–89, 1995–98
111	Occupancy rates	1985, 1988–89, 1995–98
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