

Appendix A: Detailed Tables

INDICATOR 1 Number of Older Americans**Table 1a. Number of people age 65 and over and 85 and over, selected years 1900–2000 and projected 2010–2050**

<i>Year</i>	<i>65 and over</i>	<i>85 and over</i>
Estimates		
In millions		
1900	3.1	0.1
1910	3.9	0.2
1920	4.9	0.2
1930	6.6	0.3
1940	9.0	0.4
1950	12.3	0.6
1960	16.2	0.9
1970	20.1	1.5
1980	25.5	2.2
1990	31.2	3.1
2000	35.0	4.2
Projections		
2010	40.2	6.1
2020	54.6	7.3
2030	71.5	9.6
2040	80.0	15.4
2050	86.7	20.9

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File 1; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; 2010 to 2050, International Programs Center, International Data Base, 2004.

Table 1b. Percentage of the population age 65 and over and 85 and over, selected years 1900–2000 and projected 2010–2050

<i>Year</i>	<i>65 and over</i>	<i>85 and over</i>
Estimates		
Percent		
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.0	0.5
1970	9.9	0.7
1980	11.3	1.0
1990	12.6	1.2
2000	12.4	1.5
Projections		
2010	13.0	2.0
2020	16.3	2.2
2030	19.6	2.6
2040	20.4	3.9
2050	20.6	5.0

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File 1; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; 2010 to 2050, International Programs Center, International Data Base, 2004.

INDICATOR 1

Number of Older Americans continued

Table 1c. Population of countries with at least 10 percent of their population age 65 and over, 2003

Region or country	Total	65 and over	
		Number	Percent
Italy	57,998,353	10,893,973	18.8
Japan	127,214,499	23,720,030	18.6
Greece	10,625,945	1,947,336	18.3
Germany	82,398,326	14,643,067	17.8
Spain	40,217,413	7,075,743	17.6
Sweden	8,970,306	1,545,515	17.2
Belgium	10,330,824	1,777,398	17.2
Bulgaria	7,588,399	1,293,949	17.1
Portugal	10,479,955	1,749,225	16.7
France	60,180,529	9,801,524	16.3
Croatia	4,497,779	723,788	16.1
Estonia	1,350,722	217,199	16.1
Austria	8,162,656	1,282,955	15.7
United Kingdom	60,094,648	9,429,087	15.7
Finland	5,204,405	805,215	15.5
Latvia	2,322,943	358,400	15.4
Switzerland	7,408,319	1,131,164	15.3
Ukraine	48,055,439	7,212,722	15.0
Georgia	4,710,921	706,380	15.0
Denmark	5,394,138	802,456	14.9
Norway	4,555,400	676,160	14.8
Hungary	10,057,745	1,492,216	14.8
Slovenia	2,011,604	298,344	14.8
Serbia and Montenegro	10,823,280	1,592,794	14.7
Lithuania	3,620,094	530,425	14.7
Luxembourg	456,764	65,985	14.4
Belarus	10,322,151	1,478,835	14.3
Romania	22,380,273	3,169,849	14.2
Czech Republic	10,251,087	1,432,188	14.0
Netherlands	16,223,248	2,241,317	13.8
Russia	144,457,596	19,203,848	13.3
Malta	395,178	51,969	13.2
Uruguay	3,381,606	442,733	13.1
Canada	32,207,113	4,167,291	12.9
Poland	38,622,660	4,924,081	12.7
Australia	19,731,984	2,502,665	12.7
United States	290,342,554	35,878,341	12.4
Hong Kong S.A.R.	6,809,738	836,153	12.3
Puerto Rico	3,878,679	461,501	11.9
Iceland	291,064	34,055	11.7
Slovakia	5,416,406	630,190	11.6
New Zealand	3,951,307	457,805	11.6
Ireland	3,924,023	447,070	11.4
Cyprus	771,657	85,629	11.1
Macedonia	2,063,122	217,965	10.6
Argentina	38,740,807	4,042,311	10.4
Martinique	425,966	43,818	10.3
Armenia	3,001,712	306,182	10.2
Moldova	4,439,502	452,797	10.2
Bosnia and Herzegovina	3,989,018	401,929	10.1

Source: U.S. Census Bureau, International Data Base, 2004.

INDICATOR 1 Number of Older Americans continued**Table 1d. Percentage of the population age 65 and over, by State, 2002**

<i>State (Ranked alphabetically)</i>	<i>Percent</i>	<i>State (Ranked by percentage)</i>	<i>Percent</i>
United States	12.4	United States	12.4
Alabama	13.1	Florida	17.2
Alaska	6.1	Pennsylvania	15.5
Arizona	12.9	West Virginia	15.3
Arkansas	13.9	North Dakota	14.8
California	10.6	Iowa	14.8
Colorado	9.6	Maine	14.4
Connecticut	13.6	South Dakota	14.3
Delaware	13.0	Rhode Island	14.2
District of Columbia	12.0	Arkansas	13.9
Florida	17.2	Montana	13.6
Georgia	9.5	Connecticut	13.6
Hawaii	13.4	Nebraska	13.4
Idaho	11.3	Hawaii	13.4
Illinois	12.0	Missouri	13.4
Indiana	12.3	Massachusetts	13.4
Iowa	14.8	Ohio	13.3
Kansas	13.1	Oklahoma	13.2
Kentucky	12.5	Alabama	13.1
Louisiana	11.6	Kansas	13.1
Maine	14.4	New Jersey	13.1
Maryland	11.3	Delaware	13.0
Massachusetts	13.4	Wisconsin	13.0
Michigan	12.3	New York	12.9
Minnesota	12.0	Arizona	12.9
Mississippi	12.1	Vermont	12.9
Missouri	13.4	Oregon	12.7
Montana	13.6	Kentucky	12.5
Nebraska	13.4	Tennessee	12.4
Nevada	11.1	Indiana	12.3
New Hampshire	11.9	South Carolina	12.3
New Jersey	13.1	Michigan	12.3
New Mexico	11.9	Mississippi	12.1
New York	12.9	North Carolina	12.0
North Carolina	12.0	Minnesota	12.0
North Dakota	14.8	District of Columbia	12.0
Ohio	13.3	Illinois	12.0
Oklahoma	13.2	New Hampshire	11.9
Oregon	12.7	New Mexico	11.9
Pennsylvania	15.5	Wyoming	11.9
Rhode Island	14.2	Louisiana	11.6
South Carolina	12.3	Idaho	11.3
South Dakota	14.3	Maryland	11.3
Tennessee	12.4	Virginia	11.3
Texas	9.9	Washington	11.2
Utah	8.6	Nevada	11.1
Vermont	12.9	California	10.6
Virginia	11.3	Texas	9.9
Washington	11.2	Colorado	9.6
West Virginia	15.3	Georgia	9.5
Wisconsin	13.0	Utah	8.6
Wyoming	11.9	Alaska	6.1

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, July 1, 2002 Population Estimates.

INDICATOR 1 Number of Older Americans continued

Table 1e. Percentage of the population age 65 and over, by county, 2002

Source: U.S. Census Bureau, July 1, 2002 Population Estimates.

Data for this table can be found at <http://www.agingstats.gov>.

INDICATOR 2 Racial and Ethnic Composition

Table 2. Population age 65 and over, by race and Hispanic origin, 2003 and projected 2050

Race and Hispanic origin	2003 estimates		2050 projections	
	Number	Percent	Number	Percent
Total	35,878,341	100.0	86,705,637	100.0
Non-Hispanic white alone	29,597,559	82.5	53,159,961	61.3
Black alone	3,011,410	8.4	10,401,575	12.0
Asian alone	954,967	2.7	6,776,033	7.8
All other races alone or in combination	398,551	1.1	2,328,390	2.7
Hispanic (of any race)	2,034,994	5.7	15,178,025	17.5

Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group "All other races alone or in combination" includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Estimates and Projections, 2004.

INDICATOR 3 Marital Status

Table 3. Marital status of the population age 65 and over, by age group and sex, 2003

Selected characteristic	65 and over	65-74	75-84	85 and over
	Percent			
Both sexes				
Married	56.6	65.9	50.7	29.4
Widowed	31.6	20.0	39.3	63.5
Divorced	8.0	10.2	6.0	3.4
Never married	3.9	4.0	3.9	3.7
Men				
Married	74.4	77.6	72.8	59.4
Widowed	14.3	8.8	18.4	34.6
Divorced	7.0	9.0	4.7	3.2
Never married	4.3	4.6	4.1	2.8
Women				
Married	43.4	56.1	36.0	13.9
Widowed	44.3	29.4	53.3	78.3
Divorced	8.6	11.2	6.9	3.5
Never married	3.7	3.4	3.8	4.2

Note: Married includes married, spouse present; married, spouse absent; and separated.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 4 Educational Attainment**Table 4a. Educational attainment of the population age 65 and over, selected years 1950–2003**

<i>Educational attainment</i>	1950	1960	1970	1980	1990	2000	2003
	Percent						
High school graduate or more	17.0	19.1	27.1	38.8	53.2	65.5	71.5
Bachelor's degree or more	3.4	3.7	5.5	8.3	10.7	15.4	17.4

Note: A single question which asks for the highest grade or degree completed is now used to determine educational attainment. Prior to 1990, educational attainment was measured using data on years of school completed.

Reference population: Data for 2003 refer to the civilian noninstitutionalized population. Data for other years refer to the resident population.

Source: U.S. Census Bureau, Decennial Census, 1950-2000; Current Population Survey, Annual Social and Economic Supplement, 2003.

Table 4b. Educational attainment of the population age 65 and over, by race and Hispanic origin, 2003

<i>Race and Hispanic origin</i>	<i>High school graduate or more</i>	<i>Bachelor's degree or more</i>
	Percent	
Total	71.5	17.4
Non-Hispanic white alone	76.1	18.6
Black alone	51.6	10.3
Asian alone	70.3	29.1
Hispanic (of any race)	36.3	6.1

Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 5 Living Arrangements

Table 5a. Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2003

<i>Selected characteristic</i>	<i>With spouse</i>	<i>With other relatives</i>	<i>With nonrelatives</i>	<i>Alone</i>
Men	Percent			
Total	73.0	5.0	3.0	19.0
Non-Hispanic white alone	75.0	3.5	2.7	18.7
Black alone	60.3	5.7	4.4	29.5
Asian alone	59.7	30.6	0.5	8.1
Hispanic (of any race)	68.3	15.0	4.7	12.0
Women				
Total	50.0	9.0	2.0	40.0
Non-Hispanic white alone	49.6	6.8	1.7	41.8
Black alone	45.6	13.2	2.1	39.1
Asian alone	42.8	35.6	2.2	19.4
Hispanic (of any race)	50.9	24.8	2.2	21.8

Note: Living with other relatives indicates no spouse present. Living with nonrelatives indicates no spouse or other relatives present. The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

Reference population: These data refer to the civilian noninstitutionalized population.

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

Table 5b. Population age 65 and over living alone, by age group and sex, selected years 1970–2003

<i>Year</i>	<i>Men</i>		<i>Women</i>	
	<i>65-74</i>	<i>75 and over</i>	<i>65-74</i>	<i>75 and over</i>
	Percent			
1970	11.3	19.1	31.7	37.0
1980	11.6	21.6	35.6	49.4
1990	13.0	20.9	33.2	54.0
2000	13.8	21.4	30.6	49.5
2003	15.6	22.9	29.6	49.8

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 6 Older Veterans**Table 6a. Percentage of men age 65 and over who are veterans, by age group, United States and Puerto Rico, 1990 and 2000**

<i>Year</i>	<i>65 and over</i>	<i>65-74</i>	<i>75-84</i>	<i>85 and over</i>
	Percent			
1990	54.2	69.7	30.0	16.6
2000	64.9	66.3	70.7	32.3

Reference population: These data refer to the resident population of the United States and Puerto Rico.

Source: U.S. Census Bureau, Decennial Census.

Table 6b. Estimated and projected number of male veterans and total veterans age 65 and over, by age group, United States and Puerto Rico, 1990, 2000, and projected 2005–2015

<i>Year</i>	<i>65 and over</i>		<i>65-74</i>		<i>75-84</i>		<i>85 and over</i>	
	<i>Male</i>	<i>Total</i>	<i>Male</i>	<i>Total</i>	<i>Male</i>	<i>Total</i>	<i>Male</i>	<i>Total</i>
	Number in thousands							
Estimates								
1990	6,860	7,190	5,579	5,836	1,140	1,200	142	154
2000	9,455	9,808	5,569	5,683	3,486	3,695	400	431
Projections								
2005	8,984	9,308	4,290	4,400	3,790	3,931	904	977
2010	8,539	8,835	4,044	4,158	3,276	3,359	1,219	1,318
2011	8,711	9,006	4,342	4,463	3,120	3,203	1,249	1,340
2012	8,848	9,143	4,592	4,720	2,983	3,067	1,273	1,357
2013	8,863	9,159	4,730	4,866	2,884	2,967	1,249	1,325
2014	8,820	9,119	4,809	4,954	2,774	2,857	1,237	1,308
2015	8,666	8,971	4,782	4,939	2,655	2,737	1,229	1,295

Reference population: These data refer to the resident population of the United States and Puerto Rico.

Source: U.S. Census Bureau, Decennial Census, 1990 and 2000; Department of Veterans Affairs, Office of the Actuary, VetPop2001 adjusted by Census 2000, February 2003, projected 2005-2015.

INDICATOR 7 Poverty

Table 7a. Percentage of the population living in poverty, by age group, 1959–2002

<i>Year</i>	<i>65 and over</i>	<i>Under 18</i>	<i>18-64</i>	<i>65-74</i>	<i>75-84</i>	<i>85 and over</i>
	Percent					
1959	35.2	27.3	17.0	na	na	na
1960	na	26.9	na	na	na	na
1961	na	25.6	na	na	na	na
1962	na	25.0	na	na	na	na
1963	na	23.1	na	na	na	na
1964	na	23.0	na	na	na	na
1965	na	21.0	na	na	na	na
1966	28.5	17.6	10.5	na	na	na
1967	29.5	16.6	10.0	na	na	na
1968	25.0	15.6	9.0	na	na	na
1969	25.3	14.0	8.7	na	na	na
1970	24.6	15.1	9.0	na	na	na
1971	21.6	15.3	9.3	na	na	na
1972	18.6	15.1	8.8	na	na	na
1973	16.3	14.4	8.3	na	na	na
1974	14.6	15.4	8.3	na	na	na
1975	15.3	17.1	9.2	na	na	na
1976	15.0	16.0	9.0	na	na	na
1977	14.1	16.2	8.8	na	na	na
1978	14.0	15.9	8.7	na	na	na
1979	15.2	16.4	8.9	na	na	na
1980	15.7	18.3	10.1	na	na	na
1981	15.3	20.0	11.1	na	na	na
1982	14.6	21.9	12.0	12.4	17.4	21.2
1983	13.8	22.3	12.4	11.9	16.7	21.3
1984	12.4	21.5	11.7	10.3	15.2	18.4
1985	12.6	20.7	11.3	10.6	15.3	18.7
1986	12.4	20.5	10.8	10.3	15.3	17.6
1987	12.5	20.3	10.6	9.9	16.0	18.9
1988	12.0	19.5	10.5	10.0	14.6	17.8
1989	11.4	19.6	10.2	8.8	14.6	18.4
1990	12.2	20.6	10.7	9.7	14.9	20.2
1991	12.4	21.8	11.4	10.6	14.0	18.9
1992	12.9	22.3	11.9	10.6	15.2	19.9
1993	12.2	22.7	12.4	10.0	14.1	19.7
1994	11.7	21.8	11.9	10.1	12.8	18.0
1995	10.5	20.8	11.4	8.6	12.3	15.7
1996	10.8	20.5	11.4	8.8	12.5	16.5
1997	10.5	19.9	10.9	9.2	11.3	15.7
1998	10.5	18.9	10.5	9.1	11.6	14.2
1999	9.7	17.1	10.1	8.8	9.8	14.2
2000	9.9	16.2	9.6	8.6	10.6	14.5
2001	10.1	16.3	10.1	9.2	10.4	13.9
2002	10.4	16.7	10.6	9.4	11.1	13.6

na Data not available.

Note: The poverty level is based on money income and does not include noncash benefits such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index. For more detail, see U.S. Census Bureau, Series P-60, No. 222.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1960-2003.

INDICATOR 7 Poverty continued**Table 7b. Percentage of the population age 65 and over living in poverty, by selected characteristics, 2002**

<i>Selected characteristic</i>	<i>65 and over</i>	<i>65 and over, living alone</i>	<i>65 and over, married couples</i>	<i>65-74</i>	<i>75 and over</i>
	Percent				
Both sexes					
Total	10.4	19.2	5.1	9.4	11.7
Non-Hispanic white alone	8.3	16.1	3.8	6.9	9.8
Black alone	23.8	37.2	11.8	23.3	24.4
Asian alone	8.4	23.4	6.1	6.9	10.9
Hispanic (of any race)	21.4	44.1	16.0	20.2	23.1
Men					
Total	7.7	15.6	5.3	7.7	7.8
Non-Hispanic white alone	5.8	12.1	3.8	5.6	6.0
Black alone	18.1	30.2	11.3	18.1	18.2
Asian alone	6.8	(B)	7.1	4.9	10.6
Hispanic (of any race)	19.3	37.2	17.0	19.0	19.8
Women					
Total	12.4	20.5	4.9	10.8	14.1
Non-Hispanic white alone	10.1	17.4	3.7	8.0	12.2
Black alone	27.4	40.6	12.3	27.2	27.7
Asian alone	9.6	25.3	5.2	8.7	11.1
Hispanic (of any race)	23.0	47.1	14.9	21.2	25.6

(B) Base is not large enough to produce reliable results.

Note: The poverty level is based on money income and does not include noncash benefits such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index. For more detail, see U.S. Census Bureau, Series P-60, No. 222. The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2003.

INDICATOR 8 Income

Table 8. Income distribution of the population age 65 and over, 1974–2002

<i>Year</i>	<i>Poverty</i>	<i>Low income</i>	<i>Middle income</i>	<i>High income</i>
		Percent		
1974	14.6	34.6	32.6	18.2
1975	15.3	35.0	32.3	17.4
1976	15.0	34.7	31.8	18.5
1977	14.1	35.9	31.5	18.5
1978	14.0	33.4	34.2	18.5
1979	15.2	33.0	33.6	18.2
1980	15.7	33.5	32.4	18.4
1981	15.3	32.8	33.1	18.9
1982	14.6	31.4	33.3	20.7
1983	13.8	29.7	34.1	22.4
1984	12.4	30.2	33.8	23.6
1985	12.6	29.4	34.6	23.4
1986	12.4	28.4	34.4	24.8
1987	12.5	27.8	35.1	24.7
1988	12.0	28.4	34.5	25.1
1989	11.4	29.1	33.6	25.9
1990	12.2	27.0	35.2	25.6
1991	12.4	28.0	36.3	23.3
1992	12.9	28.6	35.6	22.9
1993	12.2	29.8	35.0	23.0
1994	11.7	29.5	35.6	23.2
1995	10.5	29.1	36.1	24.3
1996	10.8	29.5	34.7	25.1
1997	10.5	28.1	35.3	26.0
1998	10.5	26.8	35.3	27.5
1999	9.7	26.2	36.4	27.7
2000	9.9	27.5	35.5	27.1
2001	10.1	28.1	35.2	26.7
2002	10.4	28.0	35.3	26.2

Note: The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the corresponding poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 percent and 199 percent of the poverty threshold. Middle income is between 200 percent and 399 percent of the poverty threshold. High income is 400 percent or more of the poverty threshold.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1975–2003.

INDICATOR 9 Sources of Income**Table 9a. Distribution of sources of income for the population age 65 and over, selected years 1962–2002**

<i>Year</i>	<i>Total</i>	<i>Social Security</i>	<i>Asset income</i>	<i>Pensions</i>	<i>Earnings</i>	<i>Other</i>
Percent						
1962	100	31	16	9	28	16
1967	100	34	15	12	29	10
1976	100	39	18	16	23	4
1978	100	38	19	16	23	4
1980	100	39	22	16	19	4
1982	100	39	25	15	18	3
1984	100	38	28	15	16	3
1986	100	38	26	16	17	3
1988	100	38	25	17	17	3
1990	100	36	24	18	18	4
1992	100	40	21	20	17	2
1994	100	42	18	19	18	3
1996	100	40	18	19	20	3
1998	100	38	20	19	21	2
1999	100	38	19	19	21	3
2000	100	38	18	18	23	3
2001	100	39	16	18	24	3
2002	100	39	14	19	25	3

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement; 1963 Survey of the Aged; and 1968 Survey of Demographic and Economic Characteristics of the Aged.

Table 9b. Sources of income for the population age 65 and over, by income quintile, 2002

<i>Income source</i>	<i>Lowest fifth</i>	<i>Second fifth</i>	<i>Third fifth</i>	<i>Fourth fifth</i>	<i>Highest fifth</i>
Percent					
Total	100.0	100.0	100.0	100.0	100.0
Social Security	82.6	84.0	67.0	47.0	19.8
Asset income	2.4	3.7	7.4	9.8	18.9
Pensions	3.5	6.7	15.0	25.4	20.4
Earnings	1.1	2.3	7.0	14.7	38.4
Public assistance	8.9	1.6	1.0	0.2	0.1
Other	1.5	1.7	2.7	2.9	2.4

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 10 Net Worth

Table 10. Median household net worth of head of household, by selected characteristics, in 2001 dollars, selected years 1984–2001

<i>Selected characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1994</i>	<i>1999</i>	<i>2001</i>
	In dollars				
Age of family head					
65 and over	\$ 98,900	\$107,800	\$119,500	\$160,700	\$179,800
45-54	117,600	104,700	106,400	94,600	97,000
55-64	126,600	159,200	166,700	153,100	165,000
65-74	116,200	134,300	138,600	187,100	205,000
75 and over	85,200	89,300	98,800	136,100	144,000
Marital status, family head age 65 and over					
Married	155,100	196,400	219,600	250,900	291,000
Unmarried	69,900	65,700	73,900	96,300	100,800
Race, family head age 65 and over					
White	113,400	122,800	131,500	187,100	205,000
Black	25,600	33,100	37,000	29,800	41,000
Education, family head age 65 and over					
No high school diploma	55,200	54,700	59,800	58,500	57,300
High school diploma only	136,900	145,500	129,100	170,100	172,000
Some college or more	216,500	249,900	268,900	320,000	360,500

Note: Median net worth is calculated using sample weights. Tests of statistical significance were performed on the mean household net worth. From 1984 to 1994, net equity in homes and nonhousing assets was divided into six categories: other real estate and vehicles; farm or business ownership; stocks, mutual funds, investment trusts, and stocks held in IRAs; checking and savings accounts, CDs, treasury bills, savings bonds, and liquid assets in IRAs; bonds, trusts, life insurance, and other assets; and other debts. Starting in 1999, IRAs were measured as a separate category. Panel Study of Income Dynamics (PSID) net worth data do not include pension wealth. This excludes private defined-contribution and defined-benefit plans as well as rights to Social Security wealth. See Appendix B for the definition of race and ethnicity in the PSID.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Panel Study of Income Dynamics.

INDICATOR 11 Participation in the Labor Force**Table 11. Labor force participation rates of people age 55 and over, by age group and sex, annual averages, 1963–2003**

Year	Men				Women			
	55–61	62–64	65–69	70 and over	55–61	62–64	65–69	70 and over
	Percent							
1963	89.9	75.8	40.9	20.8	43.7	28.8	16.5	5.9
1964	89.5	74.6	42.6	19.5	44.5	28.5	17.5	6.2
1965	88.8	73.2	43.0	19.1	45.3	29.5	17.4	6.1
1966	88.6	73.0	42.7	17.9	45.5	31.6	17.0	5.8
1967	88.5	72.7	43.4	17.6	46.4	31.5	17.0	5.8
1968	88.4	72.6	43.1	17.9	46.2	32.1	17.0	5.8
1969	88.0	70.2	42.3	18.0	47.3	31.6	17.3	6.1
1970	87.7	69.4	41.6	17.6	47.0	32.3	17.3	5.7
1971	86.9	68.4	39.4	16.9	47.0	31.7	17.0	5.6
1972	85.6	66.3	36.8	16.6	46.4	30.9	17.0	5.4
1973	84.0	62.4	34.1	15.6	45.7	29.2	15.9	5.3
1974	83.4	60.8	32.9	15.5	45.3	28.9	14.4	4.8
1975	81.9	58.6	31.7	15.0	45.6	28.9	14.5	4.8
1976	81.1	56.1	29.3	14.2	45.9	28.3	14.9	4.6
1977	80.9	54.6	29.4	13.9	45.7	28.5	14.5	4.6
1978	80.3	54.0	30.1	14.2	46.2	28.5	14.9	4.8
1979	79.5	54.3	29.6	13.8	46.6	28.8	15.3	4.6
1980	79.1	52.6	28.5	13.1	46.1	28.5	15.1	4.5
1981	78.4	49.4	27.8	12.5	46.6	27.6	14.9	4.6
1982	78.5	48.0	26.9	12.2	46.9	28.5	14.9	4.5
1983	77.7	47.7	26.1	12.2	46.4	29.1	14.7	4.5
1984	76.9	47.5	24.6	11.4	47.1	28.8	14.2	4.4
1985	76.6	46.1	24.4	10.5	47.4	28.7	13.5	4.3
1986	75.8	45.8	25.0	10.4	48.1	28.5	14.3	4.1
1987	76.3	46.0	25.8	10.5	48.9	27.8	14.3	4.1
1988	75.8	45.4	25.8	10.9	49.9	28.5	15.4	4.4
1989	76.3	45.3	26.1	10.9	51.4	30.3	16.4	4.6
1990	76.7	46.5	26.0	10.7	51.7	30.7	17.0	4.7
1991	76.1	45.5	25.1	10.5	52.1	29.3	17.0	4.7
1992	75.7	46.2	26.0	10.7	53.6	30.5	16.2	4.8
1993	74.9	46.1	25.4	10.3	53.8	31.7	16.1	4.7
1994	73.8	45.1	26.8	11.7	55.5	33.1	17.9	5.5
1995	74.3	45.0	27.0	11.6	55.9	32.5	17.5	5.3
1996	74.8	45.7	27.5	11.5	56.4	31.8	17.2	5.2
1997	75.4	46.2	28.4	11.6	57.3	33.6	17.6	5.1
1998	75.5	47.3	28.0	11.1	57.6	33.3	17.8	5.2
1999	75.4	46.9	28.5	11.7	57.9	33.7	18.4	5.5
2000	74.3	47.0	30.3	12.0	58.3	34.1	19.5	5.8
2001	74.9	48.2	30.2	12.1	58.9	36.7	20.0	5.9
2002	75.4	50.4	32.2	11.5	61.1	37.6	20.7	6.0
2003	74.9	49.6	32.8	12.3	62.5	38.6	22.7	6.4

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Bureau of Labor Statistics, Current Population Survey.

INDICATOR 12 Housing Expenditures

Table 12. Total annual expenditures allocated to housing costs in households headed by people age 65 and over, by income level, selected years 1987–2002

<i>Income level</i>	<i>1987</i>	<i>1989</i>	<i>1992</i>	<i>1994</i>	<i>1996</i>	<i>1998</i>	<i>2002</i>
Proportion of total expenditures spent on housing (percent)							
Lowest fifth	33.4	34.8	37.5	34.5	36.2	36.0	40.3
Second fifth	33.0	31.4	32.5	35.5	34.0	35.3	35.3
Third fifth	28.8	28.3	30.0	26.3	29.8	28.7	32.6
Fourth fifth	26.7	23.9	26.1	26.4	28.9	28.0	29.1
Highest fifth	20.5	21.8	23.3	23.6	24.1	25.8	28.0
Average expenditures on housing (in dollars)							
Lowest fifth	\$ 2,842	\$ 3,076	\$ 3,813	\$ 3,919	\$ 4,309	\$ 4,686	\$ 5,116
Second fifth	3,410	3,648	4,161	4,885	4,891	5,743	6,276
Third fifth	3,525	4,232	4,853	4,834	5,753	5,930	7,220
Fourth fifth	4,186	4,739	5,737	6,575	6,826	7,147	7,736
Highest fifth	5,403	7,010	7,625	8,925	9,791	10,119	11,544
Average total expenditures (in dollars)							
Lowest fifth	\$ 8,502	\$ 8,835	\$10,172	\$11,375	\$11,900	\$13,032	\$12,688
Second fifth	10,332	11,617	12,784	13,747	14,378	16,252	17,768
Third fifth	12,232	14,965	16,189	18,401	19,315	20,696	22,132
Fourth fifth	15,676	19,788	22,011	24,894	23,647	25,509	26,548
Highest fifth	26,301	32,117	32,659	37,757	40,602	39,170	41,204

Note: For the purpose of this report, housing is defined as “basic housing” (i.e., shelter and utilities). Shelter includes payments for mortgage interest and charges; property taxes; maintenance, repairs, insurance, and other expenses; rent; rent as pay (reduced or free rent for a unit as a form of pay); and maintenance, insurance, and other expenses for renters. “Basic housing” is defined to include utilities because some renters have these costs included in their rent; furthermore, they are a cost that most consumer units incur to provide a tolerable living environment, whether it be for heating and cooling, cooking, or lighting. Levels/income fifths are used to define five levels of income. In this analysis, the term “household” is used in place of the term “consumer unit.” A consumer unit is used to describe members of a household related by blood, marriage, adoption, or other legal arrangement; single people who are living alone or sharing a household with others but who are financially independent; or two or more people living together who share responsibility for at least two of three major types of expenses (food, housing, and other expenses). The income distribution was determined for the subset of all consumer units in which the reference person was age 65 or over.

Reference population: These data refer to the resident noninstitutionalized population.

Source: Bureau of Labor Statistics, Consumer Expenditure Survey.

INDICATOR 13 Life Expectancy**Table 13a. Life expectancy, by age and sex, selected years 1900–2001**

<i>Age and sex</i>	<i>1900</i>	<i>1910</i>	<i>1920</i>	<i>1930</i>	<i>1940</i>	<i>1950</i>	<i>1960</i>	<i>1970</i>	<i>1980</i>	<i>1990</i>	<i>2000</i>	<i>2001</i>
	Years											
Birth												
Both sexes	49.2	51.5	56.4	59.2	63.6	68.1	69.9	70.8	73.9	75.4	77.0	77.2
Men	47.9	49.9	55.5	57.7	61.6	65.5	66.8	67.0	70.1	71.8	74.3	74.4
Women	50.7	53.2	57.4	60.9	65.9	71.0	73.2	74.6	77.6	78.8	79.7	79.8
At age 65												
Both sexes	11.9	11.6	12.5	12.2	12.8	13.8	14.4	15.0	16.5	17.3	18.0	18.1
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	16.2	16.4
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.3	19.4
At age 85												
Both sexes	4.0	4.0	4.2	4.2	4.3	4.7	4.6	5.3	6.0	6.2	6.4	6.5
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.6	5.7
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.8	6.9

Note: The life expectancies (LEs) for decennial years 1910 to 1990 are based on decennial census data and deaths for a 3-year period around the census year. The LEs for decennial year 1900 are based on deaths from 1900 to 1902. LEs for years prior to 1930 are based on the death 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. LEs for 2000 were computed using population counts from Census 2000. LEs for 2001 were computed using 2000-based postcensal estimates.

Reference population: These data refer to the resident population.

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

Table 13b. Life expectancy, by age and race, 2001

<i>Age</i>	<i>Total</i>		<i>Men</i>		<i>Women</i>	
	<i>White</i>	<i>Black</i>	<i>White</i>	<i>Black</i>	<i>White</i>	<i>Black</i>
	Years					
Birth	77.7	72.2	75.0	68.6	80.2	75.5
At age 65	18.2	16.4	16.5	14.4	19.5	17.9
At age 85	6.4	6.7	5.6	5.7	6.7	7.0

Note: See Appendix B for the definition of race and ethnicity in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 14 Mortality

Table 14a. Death rates for selected leading causes of death among people age 65 and over, 1981–2001

Year	Diseases of heart	Malignant neoplasm	Cerebrovascular diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus
Number per 100,000 population						
1981	2,546.7	1,055.7	623.8	185.8	207.2	105.8
1982	2,503.2	1,068.9	585.2	186.1	181.2	102.3
1983	2,512.0	1,077.5	564.4	204.3	207.2	104.4
1984	2,449.5	1,087.1	546.2	210.8	214.0	102.6
1985	2,430.9	1,091.2	531.0	225.4	242.9	103.4
1986	2,371.7	1,101.2	506.3	227.7	244.7	100.8
1987	2,316.4	1,105.5	495.9	229.7	237.4	102.3
1988	2,305.7	1,114.1	489.4	240.0	263.1	104.7
1989	2,171.8	1,133.0	463.7	240.2	253.3	120.4
1990	2,091.1	1,141.8	447.9	245.0	258.2	120.4
1991	2,045.6	1,149.5	434.7	251.7	245.1	120.8
1992	1,989.5	1,150.6	424.5	252.5	232.7	120.8
1993	2,024.0	1,159.2	434.5	273.6	247.9	128.4
1994	1,952.3	1,155.3	433.7	271.3	238.1	132.6
1995	1,927.4	1,152.5	437.7	271.2	237.2	135.9
1996	1,877.6	1,140.8	433.1	275.5	233.5	139.4
1997	1,827.2	1,127.3	423.8	280.2	236.3	140.2
1998	1,791.5	1,119.2	411.9	286.8	247.4	143.4
1999	1,767.0	1,126.1	433.2	313.0	167.4	150.0
2000	1,694.9	1,119.2	422.7	303.6	167.2	149.6
2001	1,631.6	1,100.2	404.1	300.7	154.9	151.1
Percent						
Percentage change						
1981-2001	-35.9	4.2	-35.2	61.8	-25.2	42.8

Note: Death rates for 1981-98 are based on the 9th revision of the *International Classification of Disease* (ICD-9). Starting in 1999, death rates are based on ICD-10. For the period 1981-98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10 and may differ from previously published estimates. Population estimates for July 1, 2000, and July 1, 2001, are post-censal estimates and have been bridged to be consistent with the race categories used in the 1990 Decennial Census. These estimates were produced by the National Center for Health Statistics under a collaborative arrangement with the U.S. Census Bureau. Population estimates for 1990-1999 are intercensal estimates, based on the 1990 Decennial Census and bridged estimates for 2000. These estimates were produced by the Population Estimates Program of the U.S. Census Bureau with support from the National Cancer Institute (NCI). For more information on the bridged race population estimates for 1990-2001, see <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. Death rates for 1990-2001 may differ from those published elsewhere because of the use of the bridged intercensal and post-censal population estimates. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to the resident population.

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

INDICATOR 14 Mortality continued**Table 14b. Leading causes of death among people age 65 and over, by sex and race and Hispanic origin, 2001**

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Men						
1	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3	Cerebrovascular diseases	Chronic lower respiratory diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4	Chronic lower respiratory diseases	Cerebrovascular diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Diabetes mellitus
5	Influenza and pneumonia	Influenza and pneumonia	Diabetes mellitus	Influenza and pneumonia	Diabetes mellitus	Chronic lower respiratory diseases
6	Diabetes mellitus	Diabetes mellitus	Nephritis, nephrotic syndrome and nephrosis	Diabetes mellitus	Influenza and pneumonia	Influenza and pneumonia
7	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Influenza and pneumonia	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Nephritis, nephrotic syndrome and nephrosis
8	Alzheimer's disease	Alzheimer's disease	Septicemia	Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)
9	Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Septicemia	Septicemia	Chronic liver disease and cirrhosis
10	Septicemia	Septicemia	Essential (primary) hypertension and hypertensive renal disease	Aortic aneurysm and dissection	Chronic liver disease and cirrhosis	Septicemia

See footnotes at end of table.

INDICATOR 14 Mortality continued

Table 14b. Leading causes of death among people age 65 and over, by sex and race and Hispanic origin, 2001 (continued)

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Women						
1	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Diabetes mellitus
5	Alzheimer's disease	Alzheimer's disease	Nephritis, nephrotic syndrome and nephrosis	Influenza and pneumonia	Chronic lower respiratory diseases	Influenza and pneumonia
6	Influenza and pneumonia	Influenza and pneumonia	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Chronic lower respiratory diseases
7	Diabetes mellitus	Diabetes mellitus	Influenza and pneumonia	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Alzheimer's disease
8	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Septicemia	Accidents (unintentional injuries)	Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis
9	Accidents (unintentional injuries)	Nephritis, nephrotic syndrome and nephrosis	Alzheimer's disease	Essential (primary) hypertension and hypertensive renal disease	Alzheimer's disease	Accidents (unintentional injuries)
10	Septicemia	Septicemia	Essential (primary) hypertension and hypertensive renal disease	Alzheimer's disease	Chronic liver disease and cirrhosis	Septicemia

Note: See Appendix B for the definition of race and ethnicity in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 14 Mortality continued**Table 14c. Leading causes of death among people age 85 and over, by sex and race and Hispanic origin, 2001**

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Men						
1	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms
3	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
4	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia
5	Influenza and pneumonia	Influenza and pneumonia	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases
6	Alzheimer's disease	Alzheimer's disease	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Diabetes mellitus	Diabetes mellitus
7	Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis	Diabetes mellitus	Diabetes mellitus	†Nephritis, nephrotic syndrome and nephrosis †Accidents (unintentional injuries)	Alzheimer's disease
8	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Septicemia	Nephritis, nephrotic syndrome and nephrosis		Nephritis, nephrotic syndrome and nephrosis
9	Diabetes mellitus	Diabetes mellitus	Alzheimer's disease	Alzheimer's disease	†Septicemia †Alzheimer's disease	Pneumonitis due to solids and liquids
10	Pneumonitis due to solids and liquids	Pneumonitis due to solids and liquids	Essential (primary) hypertension and hypertensive renal disease	Pneumonitis due to solids and liquids		Accidents (unintentional injuries)

See footnotes at end of table.

INDICATOR 14 Mortality continued

Table 14c. Leading causes of death among people age 85 and over, by sex and race and Hispanic origin, 2001 (continued)

	<i>All races</i>	<i>White</i>	<i>Black</i>	<i>Asian or Pacific Islander</i>	<i>American Indian</i>	<i>Hispanic</i>
Women						
1	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart	Diseases of heart
2	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Malignant neoplasms	Malignant neoplasms
3	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Malignant neoplasms	Cerebrovascular diseases	Cerebrovascular diseases
4	Alzheimer's disease	Alzheimer's disease	Diabetes mellitus	Influenza and pneumonia	Influenza and pneumonia	Influenza and pneumonia
5	Influenza and pneumonia	Influenza and pneumonia	Alzheimer's disease	Chronic lower respiratory diseases	Diabetes mellitus	Diabetes mellitus
6	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus	Chronic lower respiratory diseases	Alzheimer's disease
7	Diabetes mellitus	Diabetes mellitus	Nephritis, nephrotic syndrome and nephrosis	Alzheimer's disease	Alzheimer's disease	Chronic lower respiratory diseases
8	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Septicemia	Nephritis, nephrotic syndrome and nephrosis	Accidents (unintentional injuries)	Nephritis, nephrotic syndrome and nephrosis
9	Accidents (unintentional injuries)	Nephritis, nephrotic syndrome and nephrosis	Essential (primary) hypertension and hypertensive renal disease	Essential (primary) hypertension and hypertensive renal disease	‡Pneumonitis due to solids and liquids ‡Nephritis, nephrotic syndrome and nephrosis	Septicemia
10	Septicemia	Atherosclerosis	Chronic lower respiratory diseases	Pneumonitis due to solids and liquids		Essential (primary) hypertension and hypertensive renal disease

†For American Indian men, Nephritis, nephrotic syndrome and nephrosis was tied with Accidents (unintentional injuries) for seventh. Septicemia and Alzheimer's disease tied for ninth.

‡For American Indian women, Pneumonitis due to solids and liquids tied with Nephritis, nephrotic syndrome and nephrosis for ninth.

Note: See Appendix B for the definition of race and ethnicity in the National Vital Statistics System.

Reference population: These data refer to the resident population.

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

INDICATOR 15 Chronic Health Conditions**Table 15a. Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2001–2002**

Sex	Heart disease	Hypertension	Stroke	Emphysema	Asthma	Chronic bronchitis	Any cancer	Diabetes	Arthritic symptoms
Percent									
Total	31.2	50.1	8.8	5.0	8.4	6.1	20.7	15.6	35.9
Men	36.6	47.3	9.5	6.5	7.3	5.1	24.5	18.0	31.3
Women	27.1	52.2	8.2	3.8	9.2	6.8	17.9	13.9	39.3
White, not Hispanic or Latino	32.4	48.5	8.6	5.3	8.3	6.4	23.1	14.1	36.5
Black, not Hispanic or Latino	26.2	66.3	9.3	3.9	9.1	5.3	9.4	23.4	35.0
Hispanic or Latino	22.0	47.9	8.8	2.4	8.1	4.7	9.4	23.7	31.4

Note: Data are based on a 2-year average from 2001–2002. Data for arthritic symptoms are from 2000–2001. See Appendix B for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

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

Table 15b. Percentage of people age 65 and over who reported having selected chronic conditions, 1997–2002

Condition	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002
Percent					
Heart disease	32.3	30.8	29.8	31.1	31.4
Hypertension	46.5	46.1	47.3	49.2	50.2
Stroke	8.2	8.2	8.2	8.8	8.9
Emphysema	5.2	5.1	5.2	5.2	5.0
Asthma	7.7	7.1	7.4	8.5	8.3
Chronic bronchitis	6.4	6.1	6.2	6.6	6.1
Any cancer	18.7	18.8	19.9	20.0	20.8
Diabetes	13.0	13.0	13.7	14.8	15.5
Arthritic symptoms	37.0	35.1	35.2	36.1	na

na Comparable data for arthritic symptoms for 2001-2002 are not available.

Note: Data are based on 2-year averages.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 16 Sensory Impairments and Oral Health

Table 16a. Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by selected characteristics, 2002

Sex	Age and poverty status	Any trouble hearing	Any trouble seeing	No natural teeth
		Percent		
Both sexes	65 and over	37.2	17.5	27.9
	65-74	29.7	14.5	24.0
	75-84	42.2	17.9	31.1
	85 and over	60.0	32.8	37.8
	Below poverty	36.6	24.9	45.9
	Above poverty	38.2	18.0	27.3
Men	65 and over	46.9	15.6	26.3
	65-74	39.9	13.3	24.1
	75-84	54.2	16.2	28.3
	85 and over	66.8	29.2	34.3
Women	65 and over	29.9	19.0	29.1
	65-74	21.1	15.5	23.9
	75-84	34.0	19.1	32.9
	85 and over	56.4	34.7	39.7

Note: Respondents were asked "Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?" For the purposes of this indicator the category "Any trouble hearing" includes "a little trouble, a lot of trouble, and deaf." Regarding their vision, respondents were asked "Do you have any trouble seeing, even when wearing glasses or contact lenses?" and the category "Any trouble seeing" includes those who in a subsequent question report themselves as blind. Lastly, respondents were asked, in one question, "Have you lost all of your upper and lower natural (permanent) teeth?"

Reference population: These data refer to the civilian noninstitutionalized population.

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

Table 16b. Percentage of people age 65 and over who reported ever having worn a hearing aid, 2002

Age group	Both sexes	Men	Women
		Percent	
65 and over	13.6	18.8	9.8
65-74	8.4	13.2	4.3
75-84	16.8	23.4	12.3
85 and over	30.7	39.5	26.1

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 16 Sensory Impairments and Oral Health continued**Table 16c. Percentage of people age 65 and over who reported certain conditions among those who reported having trouble seeing, 2002**

<i>Condition</i>	<i>Percent</i>
Glaucoma	15.9
Macular degeneration	16.2
Cataracts in past 12 months	44.3

Note: Respondents were asked "Do you have any trouble seeing, even when wearing glasses or contact lenses?" and includes those who in a subsequent question report themselves as blind.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 17 Memory Impairment**Table 17. Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002**

	<i>Both sexes</i>	<i>Men</i>	<i>Women</i>
65 and over	12.7	14.9	11.2
65-69	5.1	7.8	3.1
70-74	8.2	10.9	6.1
75-79	13.6	17.2	11.2
80-84	18.8	21.8	17.0
85 and over	32.1	33.9	31.2

Note: The definition of "moderate or severe memory impairment" is four or fewer words recalled (out of 20) on combined immediate and delayed recall tests among self-respondents. Self-respondents who refused either the immediate or delayed word recall test were excluded from the analysis. Proxy respondents with an overall memory rating of "poor" were included as having moderate or severe memory impairment. Because of some changes in methods from the 2000 edition of *Older Americans*, no inference should be made about longitudinal trends.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Health and Retirement Study.

INDICATOR 18 Depressive Symptoms**Table 18. Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002**

	<i>Both sexes</i>	<i>Men</i>	<i>Women</i>
65 and over	15.0	10.9	17.8
65-69	13.1	9.7	15.6
70-74	14.2	9.6	17.6
75-79	14.9	9.9	18.2
80-84	16.9	15.0	18.1
85 and over	19.6	14.9	21.9

Note: The definition of "clinically relevant depressive symptoms" is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the "4 or more symptoms" cut-off can be found in the following documentation, <http://www.hrsonline.isr.umich.edu/docs/userg/dr-005.pdf>. Proportions are based on weighted data using the preliminary respondent weight from HRS 2002.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Health and Retirement Study.

INDICATOR 19 Disability

Table 19a. Age-adjusted percentage of Medicare enrollees age 65 and over who are chronically disabled, by selected characteristics, 1984, 1989, 1994, and 1999

Selected characteristic	1984	1989	1994	1999
			Percent	
Both sexes total	24.5	23.1	21.1	19.7
Living in the community				
IADL only	5.5	3.6	3.1	2.6
1-2 ADLs	6.7	6.6	6.0	5.8
3-4 ADLs	3.0	3.5	3.3	3.4
5-6 ADLs	3.3	3.1	3.1	3.1
Living in an institution	6.0	6.2	5.6	4.8
			Number in thousands	
Total Medicare population	27,968	30,871	33,125	34,459
Total Medicare population with chronic disabilities (not age-adjusted)	6,181	6,576	6,658	6,788
			Percent	
Men total	19.4	17.4	15.5	14.5
Living in the community				
IADL only	5.0	3.3	2.9	2.5
1-2 ADLs	5.1	4.8	4.6	3.9
3-4 ADLs	2.4	2.7	2.1	2.4
5-6 ADLs	3.1	2.7	2.4	2.5
Living in an institution	3.8	3.9	3.5	3.1
			Number in thousands	
Total Medicare population (men)	11,287	12,411	13,410	14,260
Total Medicare population with chronic disabilities (men) (not age-adjusted)	1,998	2,023	1,985	2,068
			Percent	
Women total	27.9	26.8	24.8	23.4
Living in the community				
IADL only	5.8	3.8	3.3	2.7
1-2 ADLs	7.8	7.9	7.0	7.1
3-4 ADLs	3.4	4.1	4.0	4.1
5-6 ADLs	3.5	3.4	3.5	3.5
Living in an institution	7.4	7.6	7.0	6.0
			Number in thousands	
Total Medicare population (women)	16,681	18,460	19,715	20,200
Total Medicare population with chronic disabilities (women) (not age-adjusted)	4,170	4,560	4,672	4,727

Note: Disabilities are grouped into two categories: limitations in activities of daily living (ADLs) and limitations in instrumental activities of daily living (IADLs). The six ADLs included are bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. The eight IADLs included are light housework, laundry, meal preparation, grocery shopping, getting around outside, managing money, taking medications, and telephoning. Individuals are considered to have an ADL disability if they report receiving help or supervision, or using equipment, to perform the activity, or not performing the activity at all. Individuals are considered to have an IADL disability if they report using equipment to perform the activity or not performing the activity at all because of their health or a disability. Individuals are considered to be chronically disabled if they have at least one ADL or one IADL limitation that is expected to last 90 days or longer, or they are institutionalized.

Reference population: These data refer to Medicare enrollees.

Source: National Long Term Care Survey.

INDICATOR 19 Disability continued**Table 19b. Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2002**

<i>Function</i>	<i>1991</i>	<i>2002</i>
	Percent	
Men		
Stoop/kneel	7.8	8.8
Reach over head	3.1	2.8
Write	2.2	1.6
Walk 2-3 blocks	13.9	13.7
Lift 10 lbs.	9.1	6.9
Any of these five	18.8	18.0
Women		
Stoop/kneel	15.0	17.3
Reach over head	6.2	4.5
Write	2.6	2.0
Walk 2-3 blocks	22.8	22.9
Lift 10 lbs.	18.1	14.9
Any of these five	31.8	30.6

Note: Rates for 1991 are age-adjusted to the 2002 population.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 19c. Percentage of Medicare enrollees age 65 and over who are unable to perform any one of five physical functions, by selected characteristics, 2002

<i>Selected characteristic</i>	<i>Men</i>	<i>Women</i>
	Percent	
65-74	13.0	20.0
75-84	21.3	32.9
85 and over	35.1	57.5
White, not Hispanic or Latino	17.3	30.4
Black, not Hispanic or Latino	25.5	35.9
Hispanic or Latino	21.7	28.6

Note: The five physical functions include stooping/kneeling, reaching over the head, writing, walking 2-3 blocks, and lifting 10 lbs. See Appendix B for the definition of race and ethnicity in the Medicare Current Beneficiary Survey.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 20 Respondent-Assessed Health Status

Table 20. Respondent-assessed health status among people age 65 and over, by selected characteristics, 2000–2002

<i>Selected characteristic</i>	<i>Total</i>	<i>Not Hispanic or Latino</i>		
		<i>White only</i>	<i>Black only</i>	<i>Hispanic or Latino</i>
Percent				
Fair or poor health				
Both sexes				
65 and over	26.7	24.4	41.1	37.5
65-74	22.6	19.8	37.6	35.0
75-84	30.6	28.6	45.7	40.7
85 and over	34.9	32.9	47.6	47.3
Men				
65 and over	26.9	25.3	38.9	35.2
65-74	23.1	21.3	34.8	31.7
75-84	31.2	29.5	45.3	41.8
85 and over	36.6	34.8	47.7	43.1
Women				
65 and over	26.5	23.8	42.5	39.2
65-74	22.2	18.6	39.6	37.6
75-84	30.1	28.0	45.9	40.0
85 and over	34.0	31.9	47.7	49.7
Good to excellent health				
Both sexes				
65 and over	73.3	75.6	58.9	62.5
65-74	77.4	80.2	62.4	65.0
75-84	69.4	71.4	54.3	59.3
85 and over	65.1	67.1	52.4	52.7
Men				
65 and over	73.1	74.7	61.1	64.8
65-74	76.9	78.7	65.2	68.3
75-84	68.8	70.5	54.7	58.2
85 and over	63.4	65.2	52.6	56.9
Women				
65 and over	73.5	76.2	57.5	60.8
65-74	77.8	81.4	60.4	62.4
75-84	69.9	72.0	54.1	60.0
85 and over	66.0	68.1	52.3	50.3

Note: Data are based on a 3-year average from 2000-2002. People of Hispanic or Latino origin may be of any race. See Appendix B for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 21 Vaccinations**Table 21a. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989–2002**

Year	Not Hispanic or Latino		Hispanic or Latino
	White	Black	
	Percent		
Influenza			
1989	32.0	17.7	23.8
1991	42.8	26.5	33.2
1993	53.1	31.1	46.2
1994	56.9	37.7	36.6
1995	60.0	39.5	49.5
1997	65.8	44.6	52.7
1998	65.6	45.9	50.3
1999	67.9	49.7	55.1
2000	66.6	47.9	55.7
2001	65.4	47.9	51.9
2002	68.7	49.5	48.5
Pneumococcal disease			
1989	15.0	6.2	9.8
1991	21.0	13.2	11.0
1993	28.7	13.1	12.2
1994	30.5	13.9	13.7
1995	34.2	20.5	21.6
1997	45.6	22.2	23.5
1998	49.5	26.0	22.8
1999	53.1	32.3	27.9
2000	56.8	30.5	30.4
2001	57.8	33.9	32.9
2002	60.3	36.9	27.1

Note: People of Hispanic or Latino origin may be of any race. For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. See Appendix B for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

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

Table 21b. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by selected characteristics, 2002

Selected characteristic	Influenza	Pneumococcal disease
	Percent	
Both sexes	65.8	56.0
Men	67.0	55.6
Women	64.5	55.8
65-74	60.8	50.0
75-84	71.5	62.5
85 and over	70.2	62.8
High school graduate or less	62.8	52.8
More than high school	70.9	61.7

Note: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 22 Mammography

Table 22. Percentage of women age 65 and over who reported having had a mammogram within the past 2 years, by selected characteristics, selected years 1987–2000

<i>Selected characteristic</i>	1987	1990	1991	1993	1994	1998	1999	2000
	Percent							
All women 65 and over	22.8	43.4	48.1	54.2	55.0	63.8	66.8	68.0
White, not Hispanic or Latino	24.0	43.8	49.1	54.7	54.9	64.3	66.8	68.3
Black, not Hispanic or Latino	14.1	39.7	41.6	56.3	61.0	60.6	68.1	65.5
Hispanic or Latino	13.7	41.1	40.9	35.7	48.0	59.0	67.2	68.2
Below poverty	13.6	30.8	35.2	40.4	43.9	52.3	57.3	55.4
Above poverty	25.5	46.2	51.1	56.4	57.7	66.2	67.8	70.0
No high school diploma or GED	16.5	33.0	37.7	44.2	45.6	54.7	56.6	57.5
High school diploma or GED	25.9	47.5	54.0	57.4	59.1	66.8	68.4	72.0
Some college or more	32.3	56.7	57.9	64.8	64.3	71.3	77.1	74.1

Note: Questions concerning use of mammography differed slightly on the National Health Interview Survey (NHIS) 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. In 1999 women were asked when they had their most recent mammogram in days, weeks, months, or years. In 1999, 10 percent of women in the sample responded “2 years ago,” and in this analysis these women were coded as “within the past 2 years” although a response of “2 years ago” may include women whose last mammogram was more than 2 but less than 3 years ago. Thus estimates for 1999 are overestimated to some degree in comparison with estimates in previous years. In 2000 women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a followup question that used the 1999 wording, and women who did not answer the followup question were asked a second followup question that used the 1998 wording. In 2000, 2 percent of women in the sample answered “2 years ago” using the 1999 wording, and they were coded as “within the past 2 years.” Thus estimates for 2000 may be slightly overestimated in comparison with estimates for years prior to 1999. People of Hispanic or Latino origin may be of any race. See Appendix B for the definition of race and ethnicity in the NHIS.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 23 Dietary Quality

Table 23a. Dietary quality ratings of people age 45 and over, as measured by the Healthy Eating Index, by age group and poverty status, 1999–2000

<i>Rating</i>	<i>Age group</i>		<i>Poverty status among people age 65 and over</i>	
	<i>45-64</i>	<i>65 and over</i>	<i>Below poverty</i>	<i>Above poverty</i>
	Percent			
Good	12.4	19.4	8.8	21.3
Needs improvement	69.0	66.7	77.2	64.8
Poor	18.6	13.9	14.0	13.9

Note: These data were collected between 1999 and 2000. Dietary quality was measured using the Healthy Eating Index (HEI). The HEI consists of 10 components, each representing a different aspect of a healthful diet based on the U.S. Department of Agriculture’s Food Guide Pyramid and the Dietary Guidelines for Americans. See <http://www.cnpp.usda.gov/healthyeating.html>. Components 1–5 measure the degree to which a person’s diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6–9 measure intake of fat, saturated fat, cholesterol, and sodium. Component 10 measures the degree of variety in a person’s diet. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. An HEI score above 80 indicates a good diet, an HEI score between 51 and 80 signals a diet that needs improvement, and an HEI score below 51 indicates a poor diet. See Appendix C for the definition of poverty.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

INDICATOR 23 Dietary Quality continued**Table 23b. Average scores on a scale from 1 to 10, of people age 65 and over for components of the Healthy Eating Index (HEI), 1999–2000**

<i>HEI component</i>	<i>Average score</i>
Grains	6.4
Vegetables	6.4
Fruits	5.5
Milk	5.9
Meat	6.4
Total fat	6.9
Saturated fat	6.9
Cholesterol	8.1
Sodium	7.1
Variety	8.2
Total HEI	67.6

Note: These data were collected between 1999 and 2000. Dietary quality was measured using the Healthy Eating Index (HEI). The HEI consists of 10 components, each representing a different aspect of a healthful diet based on the U.S. Department of Agriculture's Food Guide Pyramid and the Dietary Guidelines for Americans. Components 1-5 measure the degree to which a person's diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6-9 measure intake of fat, saturated fat, cholesterol and sodium. Component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. An HEI score above 80 indicates a good diet, an HEI score between 51 and 80 signals a diet that needs improvement, and an HEI score below 51 indicates a poor diet.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

INDICATOR 24 Physical Activity**Table 24a. Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997–2002**

<i>Age group</i>	<i>1997-1998</i>	<i>1998-1999</i>	<i>1999-2000</i>	<i>2000-2001</i>	<i>2001-2002</i>
	Percent				
65 and over (age-adjusted)	20.3	20.1	21.1	21.5	21.4
45-64	29.1	28.2	28.9	29.8	30.1
65-74	24.9	25.0	26.0	26.7	26.4
75-84	17.0	15.9	17.3	17.7	18.0
85 and over	9.0	10.5	9.7	8.4	8.6

Note: Data are based on 2-year averages. "Regular leisure time physical activity" is defined as "engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week."

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 24 Physical Activity continued

Table 24b. Percentage of people age 65 and over who reported engaging in regular leisure time physical activity, by selected characteristics, 2001–2002

<i>Selected characteristic</i>	<i>Percent</i>
Men	25.6
Women	18.4
White, not Hispanic or Latino	22.8
Black, not Hispanic or Latino	13.0
Hispanic or Latino	13.6
Percent who engage in strengthening exercises	12.0

Note: Data are based on a 2-year average from 2001–2002. “Regular leisure time physical activity” is defined as “engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week.” See Appendix B for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 25 Obesity

Table 25. Body weight status among people age 65 and over, by sex and age group, selected years 1960–2002

<i>Sex and age group</i>	<i>1960-1962</i>	<i>1971-1974</i>	<i>1976-1980</i>	<i>1988-1994</i>	<i>1999-2002</i>
	Percent				
Underweight					
Both sexes					
65 and over	na	na	na	2.8	2.0
65-74	4.2	3.4	3.0	2.1	1.9
75 and over	na	na	na	3.9	2.2
Men					
65 and over	na	na	na	1.8	0.8
65-74	6.0	3.3	3.5	1.4	0.9
75 and over	na	na	na	2.6	0.6
Women					
65 and over	na	na	na	3.5	2.9
65-74	2.7	3.5	2.7	2.7	2.8
75 and over	na	na	na	4.7	3.1
Healthy weight					
Both sexes					
65 and over	na	na	na	37.1	29.1
65-74	40.7	41.3	39.7	33.8	24.8
75 and over	na	na	na	42.2	35.0
Men					
65 and over	na	na	na	33.8	26.4
65-74	46.2	42.1	42.3	30.1	22.8
75 and over	na	na	na	40.9	32.0
Women					
65 and over	na	na	na	39.6	31.2
65-74	36.4	40.6	37.8	37.0	26.4
75 and over	na	na	na	43.0	36.9

See footnotes at end of table.

INDICATOR 25 Obesity continued

Table 25. Body weight status among people age 65 and over, by sex and age group, selected years 1960–2002 (continued)

<i>Sex and age group</i>	<i>1960-1962</i>	<i>1971-1974</i>	<i>1976-1980</i>	<i>1988-1994</i>	<i>1999-2002</i>
	Percent				
Overweight					
Both sexes					
65 and over	na	na	na	60.1	68.8
65-74	55.1	55.3	57.2	64.1	73.3
75 and over	na	na	na	53.9	62.8
Men					
65 and over	na	na	na	64.4	72.8
65-74	47.8	54.6	54.2	68.5	76.2
75 and over	na	na	na	56.5	67.4
Women					
65 and over	na	na	na	56.9	65.9
65-74	60.9	55.9	59.5	60.3	70.9
75 and over	na	na	na	52.3	59.9
Obese					
Both sexes					
65 and over	na	na	na	22.2	29.8
65-74	17.5	17.2	17.9	25.6	35.9
75 and over	na	na	na	17.0	21.5
Men					
65 and over	na	na	na	20.3	26.5
65-74	10.4	10.9	13.2	24.1	31.9
75 and over	na	na	na	13.2	18.0
Women					
65 and over	na	na	na	23.6	32.2
65-74	23.2	22.0	21.5	26.9	39.3
75 and over	na	na	na	19.2	23.6

na Data not available.

Note: Data are based on measured height and weight. Height was measured without shoes; 2 pounds were deducted from data for 1960–1962 to allow for weight of clothing. Underweight is defined as having a body mass index (BMI) less than 18.5 kilograms/meter². Healthy weight is defined by a BMI of 18.5 to less than 25 kilograms/meter². Overweight is defined as having a BMI greater than or equal to 25; obese is defined by a BMI of 30 or greater. Percentages do not sum to 100 because the percentage of people who are obese is a subset of the percentage of those who are overweight. See Appendix C for the definition of BMI.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

INDICATOR 26 Cigarette Smoking

Table 26a. Percentage of people age 45 and over who are current cigarette smokers, by selected characteristics, selected years 1965–2002

Year	Total		White		Black or African American	
	45-64	65 and over	45-64	65 and over	45-64	65 and over
Men						
	Percent					
1965	51.9	28.5	51.3	27.7	57.9	36.4
1974	42.6	24.8	41.2	24.3	57.8	29.7
1979	39.3	20.9	38.3	20.5	50.0	26.2
1983	35.9	22.0	35.0	20.6	44.8	38.9
1985	33.4	19.6	32.1	18.9	46.1	27.7
1987	33.5	17.2	32.4	16.0	44.3	30.3
1988	31.3	18.0	30.0	16.9	43.2	29.8
1990	29.3	14.6	28.7	13.7	36.7	21.5
1991	29.3	15.1	28.0	14.2	42.0	24.3
1992	28.6	16.1	28.1	14.9	35.4	28.3
1993	29.2	13.5	27.8	12.5	42.4	*27.9
1994	28.3	13.2	26.9	11.9	41.2	25.6
1995	27.1	14.9	26.3	14.1	33.9	28.5
1997	27.6	12.8	26.5	11.5	39.4	26.0
1998	27.7	10.4	27.0	10.0	37.3	16.3
1999	25.8	10.5	24.5	10.0	35.7	17.3
2000	26.4	10.2	25.8	9.8	32.2	14.2
2001	26.4	11.5	25.1	10.7	34.3	21.1
2002	24.5	10.1	24.4	9.3	29.9	19.4
Women						
1965	32.0	9.6	32.7	9.8	25.7	7.1
1974	33.4	12.0	33.0	12.3	38.9	*8.9
1979	30.7	13.2	30.6	13.8	34.2	*8.5
1983	31.0	13.1	30.6	13.2	36.3	*13.1
1985	29.9	13.5	29.7	13.3	33.4	14.5
1987	28.6	13.7	29.0	13.9	28.4	11.7
1988	27.7	12.8	27.7	12.6	29.5	14.8
1990	24.8	11.5	25.4	11.5	22.6	11.1
1991	24.6	12.0	25.3	12.1	23.4	9.6
1992	26.1	12.4	25.8	12.6	30.9	*11.1
1993	23.0	10.5	23.4	10.5	21.3	*10.2
1994	22.8	11.1	23.2	11.1	23.5	13.6
1995	24.0	11.5	24.3	11.7	27.5	13.3
1997	21.5	11.5	20.9	11.7	28.4	10.7
1998	22.5	11.2	22.5	11.2	25.4	11.5
1999	21.0	10.7	21.2	10.5	22.3	13.5
2000	21.6	9.3	21.4	9.1	25.6	10.2
2001	21.4	†9.2	21.6	9.4	22.6	9.3
2002	21.1	8.6	21.5	8.5	22.2	9.4

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

† The value for all women includes other races which have a very low rate of cigarette smoking. Thus, the weighted average for all women is slightly lower than that for white women.

Note: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 NHIS questionnaire redesign. See Appendix B for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: 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, 1990-1991), cancer control and cancer epidemiology (1987, 1992), occupational health (1988), and year 2000 objectives (1993-1995). Starting in 1997 data are from the family core and sample adult questionnaires.

INDICATOR 26 Cigarette Smoking continued**Table 26b. Cigarette smoking status of people age 18 and over, by sex and age group, 2002**

<i>Sex and age group</i>	<i>All current smokers</i>	<i>Every day smokers</i>	<i>Some day smokers</i>	<i>Former smokers</i>	<i>Non-smokers</i>
	Percent				
Both sexes	22.3	18.4	4.1	22.6	54.9
Men					
18-44	29.3	23.2	6.4	13.0	57.4
45-64	24.2	21.0	3.5	35.8	39.7
65 and over	10.0	9.1	1.0	56.5	33.4
Women					
18-44	23.0	18.8	4.4	13.2	63.6
45-64	20.9	17.8	3.3	23.4	55.6
65 and over	8.5	7.4	1.2	28.6	62.8

Note: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Data for "All current smokers" do not match data in Table 26a because of rounding.

Reference population: These data refer to the civilian noninstitutionalized population.

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

INDICATOR 27 Air Quality**Table 27a. Percentage of people age 65 and over living in counties with "Poor air quality," 2000-2002**

<i>Pollutant measures</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
	Percent		
Particulate matter (PM 2.5)	27.3	24.3	19.4
8hr Ozone	26.2	37.5	45.7
Any standard	41.0	44.9	48.8

Note: The term "Poor air quality" is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term "Any standard" refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. These are single-year observations and do not represent non-attainment calculations that are based on multiple years of data. For particulate matter (PM 2.5) estimates in 2000, the counties with air quality values above the level of NAAQS for PM 2.5 are based only on data collected for monitors with complete data for the entire year.

Reference population: These data refer to the resident population.

Source: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000-2002.

Table 27b. Counties with "Poor air quality" for any standard in 2002

Source: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2002.

Data for this table can be found at <http://www.agingstats.gov>.

INDICATOR 28 Use of Health Care Services

Table 28a. Use of Medicare-covered health care services by Medicare enrollees age 65 and over, 1992–2001

Utilization measure	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
	Rate per thousand									
Hospital stays	306	300	331	336	341	351	354	365	361	364
Skilled nursing facility stays	28	33	43	50	59	67	69	67	67	69
Physician visits and consultations	11,359	11,600	12,045	12,372	12,478	na	13,061	na	13,346	13,685
Home health care visits	3,822	4,648	6,352	7,608	8,376	8,227	5,058	3,708	2,913	2,295
	Days									
Average length of hospital stay	8.4	8.0	7.5	7.0	6.6	6.3	6.1	6.0	6.0	5.9

na Data not available.

Note: Data are for Medicare enrollees in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

Table 28b. Use of Medicare-covered home health and skilled nursing facility services by Medicare enrollees age 65 and over, by age group, 2001

Utilization measure	65-74	75-84	85 and over
	Rate per thousand		
Skilled nursing facility stays	26.2	81.4	203.0
Home health care visits	1,082	2,860	5,475

Note: Data are for Medicare enrollees in fee-for-service only.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

INDICATOR 29 Health Care Expenditures

Table 29a. Average annual health care costs for Medicare enrollees age 65 and over, by age group, 1992–2001

Age group	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
	Dollars									
65 and over	\$ 7,991	\$ 8,565	\$ 9,234	\$ 9,660	\$ 9,760	\$ 9,880	\$ 9,700	\$ 9,950	\$10,314	\$10,948
65-74	5,919	6,183	6,792	6,992	7,026	6,999	6,733	7,503	7,621	8,207
75-84	8,745	9,798	10,233	10,575	10,994	11,077	10,797	10,547	11,246	12,090
85 and over	15,582	16,142	17,436	18,413	18,009	18,209	18,320	17,680	17,996	18,353

Note: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation-adjusted to 2001 using the Consumer Price Index (Series CPI-U-RS).

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 29 Health Care Expenditures continued**Table 29b. Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2001**

Cost component	1992		2001	
	Average cost in dollars	Percent	Average cost in dollars	Percent
Total	\$ 6,463	100	\$10,948	100
Inpatient hospital	2,106	33	2,991	27
Physician/Outpatient hospital	2,072	32	3,719	34
Nursing home/Long-term institution	1,323	20	1,875	17
Home health care	244	4	294	3
Prescription drugs	436	7	1,191	11
Other (Short-term institution/Hospice/Dental)	282	4	878	8

Note: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation-adjusted.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 29c. Average annual health care costs among Medicare enrollees age 65 and over, by selected characteristics, 2001

Selected characteristic	Average cost in dollars
Total	\$10,948
Race and ethnicity	
White, not Hispanic or Latino	11,032
Black, not Hispanic or Latino	13,081
Hispanic or Latino	8,449
Other	9,031
Institutional status	
Community	8,466
Institution	46,810
Annual income	
\$0-\$10,000	14,692
10,001-20,000	11,249
20,001-30,000	10,152
30,001 or more	8,855
Chronic conditions	
0	3,837
1-2	6,685
3-4	11,878
5 or more	15,784

Note: Data include both out-of-pocket costs and costs covered by insurance. Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema, asthma, chronic obstructive pulmonary disease). See Appendix B for the definition of race and ethnicity in the Medicare Current Beneficiary Survey.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 29 Health Care Expenditures continued

Table 29d. Major components of health care costs among Medicare enrollees age 65 and over, by age group, 2001

<i>Cost component</i>	<i>65-74</i>	<i>75-84</i>	<i>85 and over</i>
Average cost in dollars			
Total	\$ 8,207	\$12,090	\$18,353
Inpatient hospital	2,454	3,403	3,917
Physician/Outpatient hospital	3,352	4,178	3,832
Nursing home/Long-term institution	516	1,942	6,968
Home health care	147	316	803
Prescription drugs	1,169	1,301	957
Other (Short-term institution/Hospice/Dental)	569	950	1,876

Note: Data include both out-of-pocket costs and costs covered by insurance.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 29e. Percentage of Medicare enrollees age 65 and over who reported problems with access to health care, 1992-2000

<i>Reported problem</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Percent									
Difficulty obtaining care	3.1	2.6	2.6	2.6	2.3	2.4	2.4	2.8	2.9
Delayed getting care due to cost	9.8	9.1	7.6	6.8	5.5	4.8	4.4	4.7	4.8

Reference population: These data refer to noninstitutionalized Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Prescription Drugs

Table 30a. Average annual prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, 1992-2000

<i>Payment source</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Average cost in dollars									
Total	\$ 519	\$ 689	\$ 731	\$ 767	\$ 827	\$ 904	\$1,046	\$1,171	\$1,340
Out-of-pocket	312	400	397	402	411	448	484	515	562
Private insurance	132	173	201	226	275	295	366	409	466
Public programs	75	116	133	138	141	161	196	247	311

Note: Dollars have been inflation-adjusted to 2000 using the Consumer Price Index (Series CPI-U-RS). Public programs include Medicare, Medicaid, Department of Veterans Affairs, and other State and Federal programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Prescription Drugs continued**Table 30b. Distribution of annual prescription drug costs among noninstitutionalized Medicare enrollees age 65 and over, 2000**

<i>Cost in dollars</i>	<i>Percent</i>
Total	100.0
\$0	8.9
1-499	30.0
500-999	20.6
1,000-1,499	13.7
1,500-1,999	9.6
2,000 or more	17.2

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 30c. Average annual number of filled prescriptions among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics

<i>Selected characteristic</i>	<i>Average number of filled prescriptions</i>
Year	
1992	18.4
1996	22.5
2000	29.7
Number of chronic conditions (2000)	
0	9.7
1-2	23.0
3-4	41.7
5 or more	57.2
Prescription drug coverage (2000)	
Yes	31.5
No	23.6
Income (2000)	
\$0-\$10,000	33.3
10,001-20,000	30.9
20,001-30,000	29.5
30,001 or more	26.2

Note: Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema, asthma, chronic obstructive pulmonary disease). Prescription drug coverage includes people with partial year coverage. The number of filled prescriptions counts each refill separately.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Prescription Drugs continued

Table 30d. Percentage of noninstitutionalized Medicare enrollees age 65 and over with prescription drug coverage, by selected characteristics, 2000

<i>Selected characteristic</i>	<i>Percent</i>
Total	77.5
Age	
65-74	79.1
75-84	76.8
85 and over	72.1
Number of chronic conditions	
0	70.9
1-2	75.2
3-4	81.8
5 or more	83.8
Income	
\$0-\$10,000	76.6
10,001-\$20,000	72.6
20,001-\$30,000	81.7
30,001 or more	80.0

Note: Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema, asthma, chronic obstructive pulmonary disease). Prescription drug coverage includes people with partial year coverage.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 31 Sources of Health Insurance

Table 31a. Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991-2002

<i>Type of insurance</i>	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
	Percent											
Private (employer- or union-sponsored)	40.7	41.0	40.8	40.3	39.1	37.8	37.6	37.0	35.8	35.9	36.0	36.1
Private (Medigap)*	44.8	45.0	45.4	45.2	44.3	38.6	35.8	33.9	33.2	33.5	34.5	37.5
HMO	6.3	5.9	7.7	9.1	10.9	13.8	16.6	18.6	20.5	20.4	18.0	15.5
Medicaid	8.0	8.5	8.8	8.9	9.0	8.2	8.2	8.0	9.7	9.9	10.6	10.7
Other public	4.0	5.3	5.8	5.5	5.0	4.8	4.7	4.8	5.1	4.9	5.4	5.5
No supplement	11.9	10.7	10.0	9.8	9.6	10.0	9.8	9.6	9.0	9.7	10.1	12.3

* Includes people with private supplement of unknown sponsorship.

Note: Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive, (i.e., individuals may have more than one supplemental policy). Table excludes enrollees whose primary insurance is not Medicare (approximately 1 percent of enrollees).

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 31 Sources of Health Insurance continued**Table 31b. Percentage of people age 55-64 with health insurance coverage, by type of insurance and poverty status, 2002**

Type of Insurance	Total	Poverty threshold			
		99% or less	100-199%	200% or more	Unknown
		Percent			
Private	76.8	24.3	46.4	88.3	74.9
Medicaid	5.5	37.1	14.3	1.0	5.1
Medicare	3.4	7.4	10.6	1.6	4.0
Other coverage	2.6	3.2	2.4	2.6	2.5
Uninsured	11.6	28.0	26.1	6.5	13.6

Note: Poverty status is based on family income and family size using the U.S. Census Bureau's poverty thresholds. Below poverty (99% or less) is defined as people living below the poverty threshold. People living above poverty (100-199 percent) have incomes of 100 percent to less than 200 percent of the poverty threshold. People living above poverty (200 percent or more) have incomes of 200 percent of the poverty threshold or greater. Classification of health insurance is based on a hierarchy of mutually exclusive categories. People with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

Reference population: These data refer to the noninstitutionalized civilian population.

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

INDICATOR 32 Out-of-Pocket Health Care Expenditures**Table 32a. Percentage of people age 55 and over with out-of-pocket expenditures for health care service use, by age group, 1977, 1987, 1996, and 2001**

Age group	1977	1987	1996	2001
	Percent			
65 and over	83.3	88.6	92.4	94.7
55-64	81.9	84.0	89.6	90.4
65-74	83.4	87.9	91.8	94.1
75-84	83.8	90.1	92.9	95.6
85 and over	80.8	88.6	93.9	94.6

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premium(s). Data for the 1987 survey have been adjusted to permit comparability across years; for details see Zuvekas and Cohen.⁶⁴

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

INDICATOR 32 Out-of-Pocket Health Care Expenditures continued

Table 32b. Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over with out-of-pocket expenditures, by selected characteristics, 1977, 1987, 1996, and 2001

<i>Selected characteristic</i>	1977	1987	1996	2001
	Percent			
Total				
65 and over	8.1	9.4	8.0	9.9
55-64	5.9	6.2	5.5	6.8
65-74	7.3	7.7	7.1	8.5
75-84	9.4	11.5	8.7	11.2
85 and over	9.5	13.3	10.1	12.7
Income category				
Poor/near poor				
65 and over	15.2	17.3	16.5	21.5
55-64	21.9	20.6	19.3	25.3
65-74	14.1	15.3	17.3	22.3
75 - 84	16.6	19.8	16.2	21.2
85 and over	16.0	17.3	(B)	19.1
Other				
65 and over	5.8	7.7	6.0	7.6
55-64	4.3	4.3	3.5	4.6
65-74	5.6	6.5	5.3	6.5
75-84	6.5	9.1	6.7	8.8
85 and over	6.0	11.9	8.2	9.8
Health status category				
Poor or fair health				
65 and over	10.6	11.6	10.9	13.6
55 - 64	9.5	9.7	8.5	11.7
65 - 74	9.8	10.7	10.1	13.0
75 - 84	12.1	12.8	10.8	14.3
85 and over	(B)	12.9	(B)	13.9
Excellent, very good, or good health				
65 and over	6.9	7.7	6.3	7.5
55 - 64	4.5	4.7	4.4	4.8
65 - 74	6.1	5.7	5.7	6.1
75 - 84	8.0	10.2	7.2	8.9
85 and over	8.9	13.7	7.0	10.7

(B) Base is not large enough to produce reliable results.

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Including expenditures for out-of-pocket premiums in the estimates of out-of-pocket spending would increase the percentage of household income spent on health care in all years. People are classified into the "poor/near poor" income category if their household income is below 125 percent of the poverty level; otherwise, people are classified into the "other" income category. The poverty level is calculated according to the U.S. Census Bureau guidelines for the corresponding year. The ratio of a person's out-of-pocket expenditures to their household income was calculated based on the person's per capita household income. For people whose ratio of out-of-pocket expenditures to income exceeded 100 percent, the ratio was capped at 100 percent. People with no out-of-pocket expenditures were excluded from all calculations. Data from the 1987 survey have been adjusted to permit comparability across years; for details, see: Zuvekas and Cohen.⁶⁴

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

INDICATOR 32 Out-of-Pocket Health Care Expenditures continued**Table 32c. Distribution of total out-of-pocket health care expenditures among people age 65 and over with out-of-pocket expenditures, by type of health care services and age group, 2001**

<i>Type of health care service</i>	<i>65 and over</i>	<i>65 - 74</i>	<i>75 - 84</i>	<i>85 and over</i>
	Percent			
Hospital care	5.4	5.2	5.8	4.8
Office-based medical provider services	9.4	10.5	9.6	6.0
Dental services	13.0	15.6	11.9	8.3
Prescription drugs	56.0	57.2	58.9	45.1
Other health care	16.2	11.5	13.8	35.8

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Hospital care includes hospital inpatient care and care provided in hospital outpatient departments and emergency rooms. Office-based medical provider services includes services provided by medical providers in nonhospital-based medical offices or clinic settings. Dental services include care provided by any type of dental provider. Prescription drugs include prescribed medications purchased, including refills. Other health care includes care provided by home health agencies and independent home health providers and expenses for eyewear, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous services. The majority of expenditures in the "other" category are for home health services and eyeglasses. Figures may not sum to 100 percent because of rounding.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey.

INDICATOR 33 Sources of Payment for Health Care Services**Table 33a. Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2001**

<i>Service</i>	<i>Average cost per enrollee</i>	<i>Total</i>	<i>Medicare</i>	<i>Medicaid</i>	<i>OOP</i>	<i>Other</i>
	<i>Dollars</i>					
Hospice	\$ 104	100	100	0	0	0
Inpatient hospital	2,991	100	88	1	4	7
Home health care	294	100	85	1	11	3
Short-term institution	493	100	83	3	7	8
Physician/Medical	2,805	100	68	2	16	15
Outpatient hospital	914	100	63	2	12	23
Prescription drugs	1,191	100	4	9	41	47
Dental	281	100	1	1	80	18
Nursing home/Long-term institution	1,875	100	0	46	48	6
All	10,948	100	54	10	21	15

Note: OOP refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 33 Sources of Payment for Health Care Services continued

Table 33b. Sources of payment for health care services for Medicare enrollees age 65 and over, by income, 2001

<i>Income</i>	<i>Average cost</i>	<i>Total</i>	<i>Medicare</i>	<i>Medicaid</i>	<i>OOP</i>	<i>Other</i>
	Dollars		Percent			
All	\$10,948	100	54	10	21	15
\$0-\$10,000	14,692	100	50	27	16	7
10,001-20,000	11,249	100	58	8	21	13
20,001-30,000	10,152	100	56	3	24	17
30,001 or more	8,855	100	52	1	25	22

Note: OOP refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 34 Veterans' Health Care

Table 34. Total number of veterans age 65 and over who are enrolled in or receiving health care from the Veterans Health Administration, 1990–2003

<i>Veteran population</i>	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Number in millions													
Total	7.9	8.3	8.7	9.0	9.2	9.4	9.7	9.8	9.9	10.0	10.0	9.9	9.8	9.7
VA enrollees	na	na	na	na	na	na	na	na	na	1.7	2.1	2.7	3.1	3.3
VA patients	0.9	0.9	1.0	1.0	1.0	1.1	1.1	1.1	1.3	1.4	1.6	1.9	2.1	2.3

na Data not available.

Note: Department of Veterans Affairs (VA) enrollees are veterans who have signed-up to receive health care from the Veterans Health Administration (VHA), and VA patients are enrollees who have received care in each year through VHA.

Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.

Source: Department of Veterans Affairs, Office of the Actuary, VetPop 2001 adjusted by Census 2000, February 2003; VHA Enrollment and Patient Files.

INDICATOR 35 Nursing Home Utilization**Table 35a. Rate of nursing home residence among people age 65 and over, by sex and age group, 1985, 1995, 1997, and 1999**

<i>Sex and age group</i>	<i>1985</i>	<i>1995</i>	<i>1997</i>	<i>1999</i>
Rate per thousand				
Both sexes				
65 and over	54.0	45.9	45.3	43.3
65-74	12.5	10.1	10.8	10.8
75-84	57.7	45.9	45.5	43.0
85 and over	220.3	198.6	192.0	182.5
Men				
65 and over	38.8	32.8	32.0	30.6
65-74	10.8	9.5	9.8	10.3
75-84	43.0	33.3	34.6	30.8
85 and over	145.7	130.8	119.0	116.5
Women				
65 and over	61.5	52.3	51.9	49.8
65-74	13.8	10.6	11.6	11.2
75-84	66.4	53.9	52.7	51.2
85 and over	250.1	224.9	221.6	210.5

Note: Rates for the 65 and over category are age-adjusted using the 2000 standard population. Beginning in 1997, population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. People residing in personal care or domiciliary care homes are excluded from the numerator.

Reference population: These data refer to the resident population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

Table 35b. Number of current nursing home residents age 65 and over, by sex and age group, 1985, 1995, 1997, and 1999

<i>Sex and age group</i>	<i>1985</i>	<i>1995</i>	<i>1997</i>	<i>1999</i>
Number in thousands				
Both sexes				
65 and over	1,318	1,423	1,465	1,469
65-74	212	190	198	195
75-84	509	512	528	518
85 and over	597	720	738	757
Men				
65 and over	334	357	372	378
65-74	81	79	81	84
75-84	141	144	159	150
85 and over	113	133	132	144
Women				
65 and over	984	1,066	1,093	1,092
65-74	132	111	118	111
75-84	368	368	369	368
85 and over	485	587	606	613

Reference population: These data refer to the population residing in nursing homes. People residing in personal care or domiciliary care homes are excluded.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

INDICATOR 35 Nursing Home Utilization continued

Table 35c. Percentage of nursing home residents age 65 and over receiving assistance with activities of daily living, by selected characteristics, 1985, 1995, 1997, and 1999

<i>Selected characteristic</i>	<i>1985</i>	<i>1995</i>	<i>1997</i>	<i>1999</i>
			Percent	
Total receiving assistance with 0 ADLs	5.0	2.2	2.2	3.0
Men	8.8	3.2	3.4	5.0
Women	3.8	1.9	1.8	2.4
White	5.1	2.2	2.2	3.1
Black or African American	3.7	2.1	2.0	2.5
Not Hispanic or Latino	5.1	2.3	2.2	3.0
Hispanic or Latino	2.5	2.1	1.2	3.0
Total receiving assistance with 1-3 ADLs	26.2	22.5	21.3	19.8
Men	28.8	25.0	23.8	20.7
Women	25.3	21.7	20.4	19.6
White	26.6	23.0	21.7	20.3
Black or African American	20.9	17.9	17.5	17.0
Not Hispanic or Latino	26.3	22.3	21.6	20.0
Hispanic or Latino	24.2	23.7	13.9	18.5
Total receiving assistance with 4-6 ADLs	68.8	75.3	76.6	77.2
Men	62.5	71.8	72.8	74.4
Women	70.9	76.4	77.8	78.1
White	68.3	74.8	76.1	76.6
Black or African American	75.5	80.0	80.5	80.5
Not Hispanic or Latino	68.7	75.4	76.2	77.0
Hispanic or Latino	73.4	74.2	84.9	78.5

Note: The six activities of daily living (ADLs) included are bathing, dressing, eating, walking, toileting, and transferring in and out of bed or chairs. The resident's receipt of assistance with these activities refers to personal help received from facility staff at the time of the survey (for current residents) or the last time care was provided (for discharges). Help that a resident may receive from people who are not staff of the facility (e.g., family members, friends, or individuals employed directly by the patient and not by the facility) is not included. See Appendix B for the definition of race and ethnicity in the National Nursing Home Survey.

Reference population: These data refer to the population residing in nursing homes. People residing in personal care or domiciliary care homes are excluded.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

INDICATOR 36 Residential Services

Table 36a. Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2002

<i>Residential setting</i>	<i>65 and over</i>	<i>65-74</i>	<i>75-84</i>	<i>85 and over</i>
Number in thousands				
All settings	32,814	16,104	12,391	4,319
Percent				
Total	100.0	100.0	100.0	100.0
Traditional community	92.7	97.8	92.6	74.3
Community housing with services	2.4	1.0	2.7	7.1
Long-term care facilities	4.8	1.3	4.7	18.6

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 36b. Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2002

<i>Functional status</i>	<i>Traditional community</i>	<i>Community housing with services</i>	<i>Long-term care facility</i>
Percent			
Total	100.0	100.0	100.0
No functional limitations	58.3	36.7	6.3
IADL limitation only	14.0	17.9	12.5
1-2 ADL limitations	19.2	33.1	16.7
3 or more ADL limitations	8.5	12.3	64.6

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. IADL limitations refer to difficulty performing (or inability to perform, for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, managing money. Only the questions on telephone use, shopping, and managing money are asked of long-term care facility residents. ADL limitations refer to difficulty performing (or inability to perform, for a health reason) the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, toileting. Long-term care facility residents with no limitations may include individuals with limitations in certain IADLs: doing light or heavy housework or meal preparation. These questions were not asked of facility residents.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 36 Residential Services continued

Table 36c. Availability of specific services among Medicare enrollees age 65 and over residing in community housing with services, 2002

<i>Persons residing in community housing with services who have access to...</i>	<i>Percent</i>
Total	100.0
Prepared meals	85.8
Housekeeping, maid, or cleaning services	80.4
Laundry services	68.2
Help with medications	46.6

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more services listed in the table through their place of residence. Respondents were asked about access to these services but not whether they actually used the services.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Table 36d. Annual income distribution of Medicare enrollees age 65 and over, by residential setting, 2002

<i>Income</i>	<i>Traditional community</i>	<i>Community housing with services</i>	<i>Long-term care facility</i>
	Percent		
Total	100.0	100.0	100.0
\$0-\$10,000	16.6	24.2	43.4
10,001-20,000	28.2	25.8	33.5
20,001-30,000	22.2	20.7	12.1
30,001 or more	33.0	29.3	11.1

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. Table excludes data for respondents who reported only that their income was greater or less than \$25,000.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 36 Residential Services continued**Table 36e. Characteristics of services available to Medicare enrollees age 65 and over residing in community housing with services, 2002**

<i>Selected characteristic</i>	<i>Percent</i>
Services included in housing costs	100.0
All included	46.7
Some included/some separate	37.9
All separate	15.4
Can continue living there if they need substantial services	100.0
Yes	53.0
No	47.0

Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 37 Caregiving and Assistive Device Use**Table 37a. Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999**

<i>Type of care</i>	<i>1984</i>	<i>1989</i>	<i>1994</i>	<i>1999</i>
	Number			
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care	4,094,565	3,946,598	3,844,871	3,700,889
	Percent			
Total percentage of Medicare enrollees receiving personal care	14.6	12.8	11.6	10.7
Distribution of type of personal care	100.0	100.0	100.0	100.0
Informal only	68.9	64.5	57.1	65.5
Informal and formal	26.0	28.4	36.1	25.9
Formal only	5.1	7.1	6.8	8.5

Note: Informal care refers to unpaid assistance provided to a person with a chronic disability living in the community. Formal care refers to paid assistance.

Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper for a chronic disability.

Source: National Long Term Care Survey.

INDICATOR 37 Caregiving and Assistive Device Use continued

Table 37b. Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care and level of disability, 1984, 1989, 1994, and 1999

Level of disability	Informal care only	Informal and formal care	Formal care only	Total
				Percent
				Number in thousands
1984				
IADL only	79.4	15.6	5.0	1,219
1-2 ADLs	70.6	24.2	5.2	1,332
3-4 ADLs	62.7	30.8	6.5	711
5-6 ADLs	55.8	40.0	4.1	833
Total	68.9	26.0	5.1	4,095
1989				
IADL only	78.7	14.5	6.8	774
1-2 ADLs	69.9	22.5	7.6	1,338
3-4 ADLs	57.9	33.1	8.9	954
5-6 ADLs	50.9	44.4	4.7	880
Total	64.5	28.4	7.1	3,947
1994				
IADL only	77.6	16.4	6.0	746
1-2 ADLs	61.6	29.8	8.6	1,213
3-4 ADLs	53.1	39.1	7.8	914
5-6 ADLs	39.4	56.4	4.2	973
Total	57.1	36.1	6.8	3,845
1999				
IADL only	80.1	12.8	7.1	558
1-2 ADLs	75.8	16.1	8.1	1,086
3-4 ADLs	62.2	28.1	9.7	990
5-6 ADLs	50.6	40.8	8.6	1,068
Total	65.5	25.9	8.5	3,701

Note: Informal care refers to unpaid assistance provided to a person with a chronic disability living in the community. Formal care refers to paid assistance. IADL is instrumental activity of daily living. ADL is activity of daily living.

Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper for a chronic disability.

Source: National Long Term Care Survey.

INDICATOR 37 Caregiving and Assistance continued**Table 37c. Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999**

Type of care	1984	1989	1994	1999
	Number			
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care or using assistive devices	4,730,434	4,820,323	4,911,958	4,990,968
	Percent			
Total percentage of Medicare enrollees receiving personal care or using assistive devices	16.9	15.6	14.8	14.5
Distribution of type of care	100.0	100.0	100.0	100.0
Assistive device only	13.4	18.1	21.7	25.8
Assistive device and personal care	55.4	60.8	59.0	58.4
Personal care only	31.1	21.1	19.3	15.8

Note: Personal care refers to paid or unpaid assistance provided to a person with a chronic disability living in the community.

Reference population: These data refer to Medicare enrollees living in the community who report either receiving personal care from a paid or unpaid helper, or using assistive devices, or both, for a chronic disability.

Source: National Long Term Care Survey.

Table 37d. Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, by type of care and level of disability, 1984, 1989, 1994, and 1999

Level of disability	Assistive device only	Assistive device and personal care	Personal care only	Total
	Percent			Number in thousands
1984				
IADL only	14.1	20.8	65.1	1,419
1-2 ADLs	22.4	59.1	18.5	1,717
3-4 ADLs	6.7	80.5	12.7	762
5-6 ADLs	0.0	83.9	16.1	833
Total	13.4	55.4	31.1	4,730
1989				
IADL only	22.9	21.6	55.5	1,004
1-2 ADLs	30.0	52.9	17.1	1,912
3-4 ADLs	6.5	88.9	4.6	1,021
5-6 ADLs	0.3	90.1	9.6	883
Total	18.1	60.8	21.1	4,820
1994				
IADL only	24.2	23.1	52.7	984
1-2 ADLs	36.7	49.3	14.0	1,916
3-4 ADLs	11.9	81.1	7.0	1,037
5-6 ADLs	0.2	90.8	9.0	975
Total	21.7	59.0	19.3	4,912
1999				
IADL only	30.6	21.2	48.3	803
1-2 ADLs	44.3	44.4	11.3	1,951
3-4 ADLs	15.2	78.3	6.5	1,167
5-6 ADLs	0.3	90.2	9.6	1,070
Total	25.8	58.4	15.8	4,991

Note: Personal care refers to paid or unpaid assistance provided to a person with a chronic disability living in the community. IADL is instrumental activity of daily living. ADL is activity of daily living.

Reference population: These data refer to Medicare enrollees living in the community who report either receiving personal care from a paid or unpaid helper, or using assistive devices, or both, for a chronic disability.

Source: National Long Term Care Survey.

Appendix B: Data Source Descriptions

Consumer Expenditure Survey

The Consumer Expenditure Survey (CEX) is conducted for the Bureau of Labor Statistics by the U.S. Census Bureau. The survey contains both a Diary component and an Interview component. Data presented in this chartbook on housing expenditures are derived from the Interview component only. The proportions shown are derived from sample data and are not weighted to reflect the entire population.

In the Interview portion of the CEX, respondents are interviewed once every 3 months for 5 consecutive quarters. Respondents report information on consumer unit^a characteristics and expenditures during each interview. Income data are collected during the second and fifth interviews only.

The data presented are obtained from consumer units whose reference person^b is at least 65 years old. From all consumer units of this type, complete income reporters^c are selected. The data are then sorted by income and grouped into income quintiles, with the first quintile containing the lowest reported incomes.^d Annual expenditures are estimated by annualizing quarterly estimates (i.e., quarterly estimates are multiplied by four). The proportions of total out-of-pocket expenditures that are used for housing are then calculated separately for each income group.

Because of small sample sizes of consumer units with a reference person age 65 and over, these data may have large standard errors relative to their means; caution should be exercised when analyzing these results.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:

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^aThis term is used to describe members of a household related by blood, marriage, adoption, or other legal arrangement; single people who are living alone or sharing a household with others but who are financially independent; or two or more persons living together who share responsibility for at least two of three major types of expenses—food, housing, and other expenses. Students living in university-sponsored housing are also included in the sample as separate consumer units. For convenience, the term “household” may be substituted for the term “consumer unit.”

^bThis is the first person mentioned when the respondent is asked to name the person or people who own or rent the home in which the consumer unit resides.

^cIn general, complete income reporters are those families that provide a value for at least one major source of income, such as wages and salaries, self-employment income, and Social Security income. However, complete income reporters do not necessarily provide a full accounting of income from all sources.

^dIt is important to note that income does not necessarily include all sources of taxable income; for example, capital gains are not collected as income. Similarly, other sources of revenue (such as sales of jewelry, art, furniture, or other similar property) are not included in the definition of income used by the CEX Interview component.

Current Population Survey

The Current Population Survey (CPS) is a nationally representative sample survey of about 60,000 households conducted monthly for the Bureau of Labor Statistics (BLS) by the U.S. Census Bureau. The CPS core survey is the primary source of information on the labor force characteristics of the civilian noninstitutionalized population age 16 and over, including estimates of unemployment released every month by the BLS. Monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC), or March CPS Supplement, is the primary source of detailed information on income and poverty in the United States. The ASEC is used to generate the annual *Population Profile of the United States*, reports on geographical mobility and educational attainment, and detailed analyses of money income and poverty status.

Race and Hispanic origin: In 2003, for the first time CPS respondents were asked to identify themselves as belonging to one or more of the six racial groups (white, black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race); previously they were to choose only one. People who responded to the question on race by indicating only one race are referred to as the race alone or single-race population, and individuals who chose more than one of the race categories are referred to as the Two-or-More-Races population.

The CPS includes a separate question on Hispanic origin. Starting in 2003, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino. People of Hispanic origin may be of any race.

The 1994 redesign of the CPS had an impact on labor force participation rates for older men and women. (See “Indicator 11: Participation in the Labor Force.”) For more information on the effect of the redesign, see “The CPS After the Redesign: Refocusing the Economic Lens.”¹⁴

For more information regarding the CPS, its sampling structure and estimation methodology, see “Explanatory Notes and Estimates of Error.”⁶²

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Decennial Census

Every 10 years, beginning with the first census in 1790, the United States government conducts a census, or count, of the entire population as mandated by the U.S. Constitution. The 1990 and 2000 censuses were taken April 1 of their respective years. As in several previous censuses, two forms were used: a short form and a long form. The short form was sent to every household, and the long form, containing the 100 percent questions plus the sample questions, was sent to approximately one in every six households.

The Census 2000 short form questionnaire included six questions for each member of the household (name, sex, age, relationship, Hispanic origin, and race) and whether the housing unit was owned or rented. The long form asked more detailed information on subjects such as education, employment, income, ancestry, homeowner costs, units in a structure, number of rooms, plumbing facilities, etc. Decennial censuses not only count the population but also sample the socioeconomic status of the population, providing a tool for the government, educators, business owners, and others to get a snapshot of the state of the Nation.

Race and Hispanic origin: In Census 2000, respondents were given the option of selecting one or more race categories to indicate their racial identities. People who responded to the question on race indicating only one of the six race categories (white, black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race) are referred to as the race alone or single-race population. Individuals who chose more than one of the race categories are referred to as the Two-or-More-Races population. The six single-race categories, which made up nearly 98 percent of all respondents, and the Two-or-More-Races category sum to the total population.¹ Because respondents were given the option of selecting one or more race categories to indicate their racial identities, Census 2000 data on race are not directly comparable with data from the 1990 or earlier censuses.

As in earlier censuses, Census 2000 included a separate question on Hispanic origin. In Census 2000, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino. People of Hispanic origin may be of any race.

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Health and Retirement Study

The Health and Retirement Study (HRS) is a national panel study conducted by the University of Michigan's Institute for Social Research under a cooperative agreement with the National Institute on Aging. In 1992, the study had an initial sample of over 12,600 people from the 1931–1941 birth cohort and their spouses. The HRS was joined in 1993 by a companion study, Asset and Health Dynamics Among the Oldest Old (AHEAD), with a sample of 8,222 respondents born before 1924 who were age 70 and over and their spouses. In 1998, these two data collection efforts were combined into a single survey instrument and field period and were expanded through the addition of baseline interviews with two new birth cohorts: Children of the Depression Age (CODA—1924–1930) and War Babies (WB—1942–1947). Plans call for adding a new 6-year cohort of Americans entering their 50s every 6 years. In 2004, baseline interviews will be conducted with the Early Boomer birth cohort (1948–1953). The combined studies, which are collectively called HRS, have become a steady state sample that is representative of the entire U.S. population age 50 and over (excluding people who were resident in a nursing home or other institutionalized setting at the time of sampling). HRS will follow respondents longitudinally until they die (including following people who move into a nursing home or other institutionalized setting). All cohorts will be followed with biennial interviews.

The HRS is intended to provide data for researchers, policy analysts, and program planners who make major policy decisions that affect retirement, health insurance, saving, and economic well-being. The study is designed to explain the antecedents and consequences of retirement; examine the relationship between health, income, and wealth over time; examine life cycle patterns of wealth accumulation and consumption; monitor work disability; provide a rich source of interdisciplinary data, including linkages with administrative data; monitor transitions in physical, functional, and cognitive health in advanced old age; relate late-life changes in physical and cognitive health to patterns of spending down assets and income flows; relate changes in health to economic resources and intergenerational transfers; and examine how the mix and distribution of economic, family, and program resources affect key outcomes, including retirement, spending down assets, health declines, and institutionalization.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) is an ongoing annual survey of the civilian noninstitutionalized population that collects detailed information on health care use and expenditures (including sources of payment), health insurance, income, health status, access, and quality of care. MEPS, begun in 1996, is the third in a series of national probability surveys conducted by the Agency for Healthcare Research and Quality on the financing and use of medical care in the United States. MEPS predecessor surveys are the National Medical Care Expenditure Survey (NMCES) conducted in 1977 and the National Medical Expenditure Survey (NMES) conducted in 1987. Each of the three surveys (i.e., NMCES, NMES, and MEPS) used multiple rounds of in-person data collection to elicit expenditures and sources of payments for each health care event experienced by household members during the calendar year. To yield more complete information on health care spending and payment sources, followback surveys of health providers were conducted for a subsample of events in MEPS (and events in the MEPS predecessor surveys).

Since 1977, the structure of billing mechanism for medical services has grown more complex as a result of increasing penetration of managed care and health maintenance organizations and various cost-containment reimbursement mechanisms instituted by Medicare, Medicaid, and private insurers. As a result, there has been substantial discussion about what constitutes an appropriate measure of health care expenditures.⁶³ Health care expenditures presented in this report refer to what is actually paid for health care services. More specifically, expenditures are defined as the sum of direct payments for care received, including out-of-pocket payments for care received. This definition of expenditures differs somewhat from what was used in the 1987 NMES, which used charges (rather than payments) as the fundamental expenditure construct. To improve comparability of estimates between the 1987 NMES and the 1996 and 2001 MEPS, the 1987 data presented in this report were adjusted using the method described by Zuvekas and Cohen.⁶⁴ Adjustments to the 1977 data were considered unnecessary because virtually all of the discounting for health care services occurred after 1977 (essentially equating charges with payments in 1977).

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Medicare Current Beneficiary Survey

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to help the Centers for Medicare & Medicaid Services (CMS) administer, monitor, and evaluate the Medicare program. The MCBS collects information on health care use, cost, and sources of payment; health insurance coverage; household composition; sociodemographic characteristics; health status and physical functioning; income and assets; access to care; satisfaction with care; usual source of care; and how beneficiaries get information about Medicare.

MCBS data enable CMS to determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services; develop reliable and current information on the use and cost of services not covered by Medicare (such as prescription drugs and long-term care); ascertain all types of health insurance coverage and relate coverage to sources of payment; and monitor the financial effects of changes in the Medicare program. Additionally, the MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services and information about the Medicare program. The MCBS sample consists of Medicare enrollees in the community and in institutions.

The survey is conducted in three rounds per year, with each round being 4 months in length. MCBS has a multistage, stratified, random sample design and a rotating panel survey design. Each panel is followed for 12 interviews. In-person interviews are conducted using computer-assisted personal interviewing. Approximately 16,000 sample persons are interviewed in each round. However, because of the rotating panel design, only 12,000 sample persons receive all three interviews in a given calendar year. Information collected in the survey is combined with information from CMS administrative data files and made available through public-use data files.

Race and Hispanic origin: The MCBS defines race as white, black, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, and other. People are allowed to choose more than one category. There is a separate question on whether the person is of Hispanic or Latino origin. The “other” category in Table 29c on page 102 consists of people who answered “no” to the Hispanic/Latino question and who answered something other than “white” or “black” to the race question. People who answer with more than one racial category are assigned to the “other” category.

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National Health Interview Survey

The National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics, is a continuing nationwide sample survey in which data are collected during personal household interviews. Interviewers collect data on illnesses, injuries, impairments, and chronic conditions; activity limitation caused by chronic conditions; utilization of health services; and other health topics. Information is also obtained on personal, social, economic, and demographic characteristics, including race and ethnicity and health insurance status. Each year the survey is reviewed, and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample includes an oversample of black and Hispanic people and is designed to allow the development of national estimates of health conditions, health service utilization, and health problems of the noninstitutionalized civilian population of the United States. The response rate for the ongoing part of the survey has been between 94 percent and 98 percent over the years. In 1997, the NHIS was redesigned; estimates beginning in 1997 are likely to vary slightly from those for previous years. The interviewed sample for 2002 consisted of 36,161 households, which yielded 93,386 persons in 36,831 families.

Race and Hispanic origin: Starting with data year 1999, race-specific estimates in the NHIS are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The single race categories for data from 1999 and later (shown in tables 15a, 20, 21a, 22, 24b, and 26a on pages 88, 93–95, 97, and 99) conform to 1997 Standards and are for people who reported only one racial group. Prior to data year 1999, data were tabulated according to the 1977 Standards and included people who reported one race or, if they reported more than one race, identified one race as best representing their race. In table 21a on page 94, estimates of non-Hispanic whites and non-Hispanic blacks in 1997 and 1998 are for people who reported only a single race. In table 26a on page 99, the white and black race groups include people of Hispanic origin.

Additional background and health data for adults are available in *Summary Health Statistics for the U.S. Population: National Health Interview Survey*.⁶⁵

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, is a family of cross-sectional surveys designed to assess the health and nutritional status of the noninstitutionalized civilian population through direct physical examinations and interviews. Each survey's sample was selected using a complex, stratified, multistage, probability sampling design. Interviewers obtain information on personal and demographic characteristics, including age, household income, and race and ethnicity directly from sample persons (or their proxies). In addition, dietary intake data, biochemical tests, physical measurements, and clinical assessments are collected.

The NHANES program includes the following surveys conducted on a periodic basis through 1994: the first, second, and third National Health Examination Surveys (NHES I, 1960–1962; NHES II, 1963–1965; and NHES III, 1966–1970); and the first, second, and third National Health and Nutritional Examination Surveys (NHANES I, 1971–1974; NHANES II, 1976–1980; and NHANES III, 1988–1994). Beginning in 1999, NHANES changed to a continuous data collection format without breaks in survey cycles. The NHANES program now visits 15 U.S. locations per year, surveying and reporting for approximately 5,000 people annually. The procedures employed in continuous NHANES to select samples, conduct interviews, and perform physical exams have been preserved from previous survey cycles. NHES I, NHANES I, and NHANES II collected information on persons 6 months to 74 years of age. NHANES III and later surveys include people age 75 and over.

With the advent of the continuous survey design (NHANES III), NHANES moved from a 6-year data release to a 2-year data release schedule. NHANES data-based indicators included in this report utilize both 2-year (1999–2000) and 4-year (1999–2002) estimates. The 1999–2000 estimates are based on a smaller sample size than estimates for earlier time periods and, therefore, are subject to greater sampling error.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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National Long Term Care Survey

The National Long Term Care Survey (NLTC) is a nationally representative longitudinal survey conducted by Duke University's Center for Demographic Studies under a cooperative agreement with the National Institute on Aging. The NLTC is designed to study changes in the health and functional status of Medicare beneficiaries age 65 and over. The survey began in 1982, and follow-up surveys have been conducted in 1984, 1989, 1994, and 1999. A sixth follow-up survey is scheduled to begin in October 2004.

The sample is drawn from Medicare beneficiary enrollment files, a nationally representative sample frame of both community and institutional residents. As sample persons are followed through the Medicare record system, virtually 100 percent of cases can be longitudinally tracked so that declines as well as improvements in health status may be identified, as well as the exact dates of death. NLTC sample persons are followed until death and are permanently and continuously linked to the Medicare record system from which they are drawn. Linkage to the Medicare Part A and B service records extends from 1982 through 2000 so that detailed Medicare expenditures and types of service use may be studied.

Through the careful application of methods to reduce nonsampling error, the surveys provide nationally representative data on the prevalence and patterns of functional limitations, both physical and cognitive; longitudinal and cohort patterns of change in functional limitation and mortality over 17 years; medical conditions and recent medical problems; health care services used; the kind and amount of formal and informal services received by impaired individuals and how it is paid for; demographic and economic characteristics such as age, race, sex, marital status, education, and income and assets; out-of-pocket expenditures for health care services and other sources of payment; and housing and neighborhood characteristics.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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National Nursing Home Survey

The National Nursing Home Survey (NNHS), conducted by the National Center for Health Statistics, is a continuing series of national sample surveys of nursing homes, their residents, and their staff. Six nursing home surveys have been conducted: 1973–1974, 1977, 1985, 1995, 1997, 1999; and a seventh is in the field: 2004. The 2004 NNHS has been redesigned and expanded to better meet the data needs of researchers and health care planners working in the long-term care field. In addition to other important new topics, the 2004 NNHS will include the first nationwide survey of nursing assistants, the group which provides the majority of direct care to the Nation's 1.6 million nursing home residents.

The survey collects information on nursing homes, their residents, discharges, and staff. Nursing homes are defined as facilities with three or more beds that routinely provide nursing care services. The 1977 and 1985 surveys included personal care or domiciliary care homes. Estimates presented

for 1977 include these types of facilities. Facilities may be certified by Medicare or Medicaid, or both, or not certified but licensed by the State as a nursing home. These facilities may be freestanding or nursing care units of hospitals, retirement centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institutions. The survey is based on interviews with administrators and staff and, in some years, self-administered questionnaires for a sample of about 1,500 facilities.

The NNHS provides information on nursing homes from two perspectives—that of the provider of services and that of the recipient. Provider data include characteristics such as size, ownership, Medicare/Medicaid certification, occupancy rate, days of care provided, and expenses. Recipient data are obtained on the residents' demographic characteristics, health status, and services received. Data are provided by a staff member, usually a nurse, familiar with the care provided to the resident. The nurse relies on the medical record and personal knowledge of the resident.

Race and Hispanic origin: Beginning in 1999 the instruction for the race item on the NNHS' Current Resident Questionnaire was changed so that more than one race could be recorded (American Indian/Alaska Native, Asian, black or African American, Native Hawaiian or other Pacific Islander, or white). In previous years only one racial category could be checked. Estimates in Table 35c on page 111 are for residents for whom only one race was recorded—black (or African American) or white. A resident is classified as Hispanic/Latino origin if he or she is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, as reported by facility staff.

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National Survey of Veterans, 2001

The 2001 National Survey of Veterans (NSV) is a multipurpose survey used primarily to describe characteristics of the veteran population and of users and nonusers of Department of Veterans Affairs (VA) benefit programs. Survey topics include sociodemographic and economic characteristics, military background, health status measures, and VA and non-VA benefits usage. NSV was conducted by telephone with approximately 20,000 veterans, and interviews lasted an average of 35 minutes. The target population is all veterans residing in households in the United States and Puerto Rico. Because of the aging of the veteran population and the sampling methodology, a large portion (40 percent) of the sample is of veterans age 65 and over. The Department of Veterans Affairs Web site provides many data tables that classify veterans by age, including the 65 and over age group.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics collects and publishes data on births, deaths, and prior to 1996, marriages and divorces occurring in the United States based on U.S. Standard Certificates. The Division of Vital Statistics obtains information on

births and deaths from the registration offices of each of the 50 States, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, America Samoa, and Northern Mariana Islands. Geographic coverage for births and deaths has been complete since 1933. 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. The mortality data file is a fundamental source of cause-of-death information by demographic characteristics and for geographic areas such as States. The mortality file is one of the few sources of comparable health-related data for smaller geographic areas in the United States and over a long time period. Mortality data can be used not only to present the characteristics of those dying in the United States but also to determine life expectancy and to compare mortality trends with other countries. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence.

Race and Hispanic origin: Race and Hispanic origin are reported separately on the death certificate. Therefore, data by race shown in Tables 13b, 14b, and 14c (on pages 82 and 84–87) include people of Hispanic or non-Hispanic origin; data for Hispanic origin include people of any race.

For more information on the mortality data files, see Deaths: Leading causes for 2001.⁶⁶

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Mortality Statistics Branch

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Panel Study of Income Dynamics

The Panel Study of Income Dynamics (PSID) is a nationally representative, longitudinal study conducted by the University of Michigan's Institute for Social Research. It is a representative sample of U.S. individuals (men, women, and children) and the family units in which they reside. Starting with a national sample of 5,000 U.S. households in 1968, the PSID has reinterviewed individuals from those households annually from 1968 to 1997 and biennially thereafter, whether or not they are living in the same dwelling or with the same people. Adults have been followed as they have grown older, and children have been observed as they advance through childhood and into adulthood, forming family units of their own. Information about the original 1968 sample individuals and their current co-residents (spouses, cohabitators, children, and anyone else living with them) is collected each year. In 1990, a representative national sample of 2,000 Hispanic households, differentially sampled to provide adequate numbers of Puerto Ricans, Mexican Americans, and Cuban Americans, was added to the PSID database. With low attrition rates and successful recontacts, the sample size grew to almost 8,000 in 2003. PSID data can be used for cross-sectional, longitudinal, and intergenerational analyses and for studying both individuals and families.

The central focus of the data has been economic and demographic, with substantial detail on income sources and amounts, employment, family composition changes, and residential location. Based on findings in the early years, the PSID expanded to its present focus on family structure and dynamics as well as income, wealth, and expenditures. Wealth and health are other important contributors to individual and family well-being that have been the focus of the PSID in recent years.

The PSID wealth modules measure net equity in homes and nonhousing assets divided into six categories: other real estate and vehicles; farm or business ownership; stocks, mutual funds, investment trusts, and stocks held in IRAs; checking and savings accounts, CDs, treasury bills, savings bonds, and liquid assets in IRAs; bonds, trusts, life insurance, and other assets; and other debts. The PSID measure of wealth excludes private pensions and rights to future Social Security payments.

Race and Hispanic origin: The PSID asks respondents if they are white, black, American Indian, Aleut, Eskimo, Asian, Pacific Islander, or another race. Respondents are allowed to choose more than one category. They are coded according to the first category mentioned. Only respondents who classified themselves as white or black are included in Table 10 on page 79.

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Population Projections

The population projections for the United States are interim projections that take into account the results of Census 2000. These interim projections were created using the cohort-component method, which uses assumptions about the components of population change. They are based on Census 2000 results, official post-census estimates, as well as vital registration data from the National Center for Health Statistics. The assumptions are based on those used in the projections released in 2000 that used a 1998 population estimate base. Some modifications were made to the assumptions so that projected values were consistent with estimates from 2001 as well as Census 2000.

Fertility is assumed to increase slightly from current estimates. The projected total fertility rate in 2025 is 2.180, and it is projected to increase to 2.186 by 2050. Mortality is assumed to continue to improve over time. By 2050, life expectancy at birth is assumed to increase to 81.2 for men and 86.7 for women. Net immigration is assumed to be 996,000 in 2025 and 1,097,000 in 2050.

Race and Hispanic origin: Interim projections based on Census 2000 were also done by race and Hispanic origin. The basic assumptions by race used in the previous projections were adapted to reflect the Census 2000 race definitions and results. Projections were developed for the following groups: (1) non-Hispanic white alone, (2) Hispanic white alone, (3) black alone, (4) Asian alone, and (5) all other groups. The fifth category includes the categories of American Indian and Alaska Native, Native Hawaiian and Other Pacific Islanders, and all people reporting more than one of the major race categories defined by the Office of Management and Budget (OMB).

For a more detailed discussion of the cohort-component method and the assumptions about the components of population change, see “Methodology and Assumptions for the Population Projections of the United States: 1999 to 2100.”⁶⁷

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Survey of the Aged, 1963

The major purpose of the 1963 Survey of the Aged was to measure the economic and social situations of a representative sample of all people age 62 and over in the United States in 1963 in order to serve the detailed information needs of the Social Security Administration (SSA). The survey included a wide range of questions on health insurance, medical care costs, income, assets and liabilities, labor force participation and work experience, housing and food expenses, and living arrangements.

The sample consisted of a representative subsample (one-half) of the Current Population Survey (CPS) sample and the full Quarterly Household Survey. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with CPS results from 1971 to the present in an income time-series produced by SSA.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Demographic and Economic Characteristics of the Aged, 1968

The 1968 Survey of Demographic and Economic Characteristics of the Aged was conducted by the Social Security Administration (SSA) to provide continuing information on the socioeconomic status of the older population for program evaluation. Major issues addressed by the study include the adequacy of Old-Age, Survivors, Disability, and Health Insurance benefit levels, the impact of certain Social Security provisions on the incomes of the older population, and the extent to which other sources of income are received by older Americans.

Data for the 1968 Survey were obtained as a supplement to the Current Medicare Survey, which yields current estimates of health care services used and charges incurred by people covered by the hospital insurance and supplemental medical insurance programs. Supplemental questions covered work experience, household relationships, income, and assets. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with results from the Current Population Survey from 1971 to the present in an income time-series produced by SSA.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Veteran Enrollees' Health and Reliance Upon VA, 2003

The 2003 Survey of Veteran Enrollees' Health and Reliance Upon VA is the fourth in a series of surveys of veteran enrollees for VA health care conducted by the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), under multiyear OMB authority. Previous surveys of VHA-enrolled veterans were conducted in 1999, 2000, and 2002. All four VHA surveys of enrollees consisted of telephone interviews with stratified random samples of enrolled veterans. In 2000, 2002, and 2003, the survey instrument was modified to reflect VA management's need for specific data and information on enrolled veterans.

As with the other surveys in the series, the 2003 Survey of Veteran Enrollees' Health and Reliance Upon VA sample was stratified by Veterans Integrated Service Network, enrollment priority, and type of enrollee (new or past user). Telephone interviews averaged 12-15 minutes in length. In the 2003 survey, interviews were conducted during August-September 2003. Of approximately 6.7 million eligible enrollees who had not declined enrollment as of December 31, 2002, some 42,000 completed interviews in the 2003 telephone survey.

VHA enrollee surveys provide a fundamental source of data and information on enrollees that cannot be obtained in any other way except through surveys and yet are basic to many VHA activities. The primary purpose of the VHA enrollee surveys is to provide critical inputs into VHA Health Care Services Demand Model enrollment, patient and expenditure projections, and the Secretary's enrollment level decision processes; however, data from the enrollee surveys find their way into a variety of strategic analysis areas related to budget, policy, or legislation.

VHA enrollee surveys provide particular value in terms of their ability to help identify not only who VA serves but also to help supplement VA's knowledge of veteran enrollees' demographic characteristics, including household income, health insurance coverage status, functional status (ADL and IADL limitations) and perceived health status, their other eligibilities and resources, their use of VA and non-VA health care services and "reliance" upon VA, and their potential future use of VA health care services.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Appendix C: Glossary

Activities of daily living (ADLs): Activities of daily living (ADLs) are basic activities that support survival, including eating, bathing, and toileting. See *Instrumental activities of daily living (IADLs)*.

In the National Long Term Care Survey, ADLs include bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. Individuals are considered to have an ADL disability if they report receiving help or supervision, or using equipment, to perform the activity, or not performing the activity at all.

In the Medicare Current Beneficiary Survey, ADL disabilities are measured as difficulty performing (or inability to perform because of a health reason) the following activities: eating; getting in/out of chairs, walking, dressing, bathing, and toileting.

Asset income: Asset income includes money income reported in the Current Population Survey (CPS) from interest (on savings or bonds), dividends, income from estates or trusts, and net rental income. Capital gains are not included.

Assistive device: Assistive device refers to any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Body mass index: Body mass index (BMI) is a measure of body weight adjusted for height, and correlates with body fat. A tool for indicating weight status in adults, BMI is generally computed using metric units and is defined as weight divided by height² or kilograms/meters². The categories used in this report are consistent with those set by the World Health Organization. For adults 20 years of age and over, underweight is defined as having a BMI less than 18.5; healthy weight is defined as having a BMI of at least 18.5 and less than 25; overweight is defined as having values of BMI equal to 25 or greater; and obese is defined as having BMI values equal to 30 or greater. To calculate your own body mass index, go to <http://www.nhlbisupport.com/bmi>. For more information about BMI, see “Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults.”⁶⁸

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. The conditions that are not selected as underlying cause of death constitute the nonunderlying cause of death, also known as multiple cause of death. Cause of death is coded according to the appropriate revision of the *International Classification of Diseases (ICD)*. Effective with deaths occurring in 1999, the United States began using the Tenth Revision of the ICD (ICD-10). Data from earlier time periods were coded using the appropriate revision of the ICD for that time period. Changes in classification of causes of death in successive revisions of the ICD may introduce discontinuities in cause-of-death statistics over time. These discontinuities are measured using comparability ratios. These measures of discontinuity are essential to the interpretation of mortality trends. For further discussion, see the “Mortality Technical Appendix” available at <http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm>.⁶⁹ See also comparability ratio; International Classification of Diseases; Appendix I, National Vital Statistics System, Multiple Cause-of-Death File.⁷⁰

Cause-of-death ranking: The cause-of-death ranking for adults is based on the *List of 113 Selected Causes of Death*. 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 a title that represents a subtotal (such as “Malignant neoplasm”) is ranked,

its component parts are not ranked. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied (i.e., they skip a rank).

Chronic disability: In the National Long Term Care Survey, individuals are considered chronically disabled if they have at least one ADL or one IADL limitation that is expected to last 90 days or longer or they are institutionalized.

Cigarette smoking: Information about cigarette smoking in the National Health Interview Survey is obtained for adults age 18 and over. Although there has been some variation in question wording, smokers continue to be defined as people who have ever smoked 100 cigarettes and currently smoke. Starting in 1993, current smokers are identified based on “yes” responses to the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days, or not at all?” (revised definition). People who smoked 100 cigarettes and who now smoke every day or some days are defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you smoke now?” (traditional definition). In 1992, cigarette smoking data were collected for a half-sample with half the respondents (a one-quarter sample) using the traditional smoking questions and the other half of respondents (a one-quarter sample) using the revised smoking question. An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percentage of current smokers age 18 and over remained the same as 1991. The statistics reported for 1992 combined data collected using the traditional and the revised questions. The information obtained from the two smoking questions listed above is combined to create the variables represented in Tables 26a and 26b on pages 99 and 100.

Current smoker: There are two categories of current smokers: people who smoke every day and people who smoke only on some days.

Former smoker: This category includes people who have smoked at least 100 cigarettes in their lifetimes but currently do not smoke at all.

Nonsmoker: This category includes people who have never smoked at least 100 cigarettes in their lifetime.

Death rate: The 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 1981–1989 and 1991, rates are based on national estimates of the resident population as of July 1, rounded to the nearest thousand. 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 people. 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).

Dental services: This category covers expenses for any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.

Disability: See *Activities of daily living (ADLs)*, *Chronic disability*, and *Instrumental activities of daily living (IADLs)*.

Earnings: Earnings are considered money income reported in the Current Population Survey from wages or salaries and net income from self-employment (farm and nonfarm).

Emergency room services: This category includes expenses for visits to medical providers seen in emergency rooms (except visits resulting in a hospital admission). These expenses include payments for services covered under the basic facility charge and those for separately billed physician services.

Fee-for-service: This is the method of reimbursing health care providers on the basis of a fee for each health service provided to the insured person.

Formal care: In the National Long Term Care Survey formal care is defined as paid personal assistance provided to a person with a chronic disability living in the community. See *Informal care*.

Group quarters: The Census Bureau classifies all people not living in households as living in group quarters. There are two types of group quarters: institutional (e.g., correctional facilities, nursing homes, and mental hospitals) and noninstitutional (e.g., college dormitories, military barracks, group homes, missions, and shelters).

Head of household: In the Consumer Expenditure Survey head of household is defined as the first person mentioned when the respondent is asked to name the person or persons who own or rent the home in which the consumer unit resides.

In the Panel Study of Income Dynamics (within each wave of data), each family unit has only one current head of household (Head). Originally, if the family contained a husband-wife pair, the husband was arbitrarily designated the Head to conform with Census Bureau definitions in effect at the time the study began. The person designated as Head may change over time as a result of other changes affecting the family. When a new Head must be chosen, the following rules apply: The Head of the family unit must be at least 16 years old and the person with the most financial responsibility for the family unit. If this person is female and she has a husband in the family unit, then he is designated as Head. If she has a boyfriend with whom she has been living for at least 1 year, then he is Head. However, if the husband or boyfriend is incapacitated and unable to fulfill the functions of Head, then the family unit will have a female Head.

Health care expenditures: In the Consumer Expenditure Survey, health care expenditures include out-of-pocket expenditures for health insurance, medical services, prescription drugs, and medical supplies.

In the Medicare Current Beneficiary Survey, health care expenditures include all expenditures for inpatient hospital, medical, nursing home, outpatient, dental, prescription drugs, home health care, and hospice services, including both out-of-pocket expenditures and expenditures covered by insurance. Personal spending for health insurance premiums is excluded.

In the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report, health care expenditures refers to payments for health care services provided during the year. (Data from the 1987 survey have been adjusted to permit comparability across years; see Zuvekas and Cohen.⁶⁴) Out-of-pocket health care expenditures are the sum of payments paid to health care providers by the person, or the person's family, for health care services provided during the year. Health care services include: inpatient hospital, hospital emergency room, and outpatient department care; dental services; office-based medical provider services; prescription drugs; home health care; and other medical equipment and services. Personal spending for health insurance premium(s) is excluded.

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).

Healthy weight: See *Body mass index (BMI)*.

Hispanic origin: See specific data source descriptions in Appendix B.

Home health care/services/visits: Home health care is care provided to individuals and families in their places of residence for promoting, maintaining, or restoring health or for minimizing the effects of disability and illness, including terminal illness.

In the Medicare Current Beneficiary Survey and Medicare claims data, home health care refers to home visits by professionals including nurses, doctors, social workers, therapists, and home health aides.

In the Medical Expenditure Panel Survey, home health care services are considered any care provided by home health agencies and independent home health providers.

Hospice care: Hospice care 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 by a hospice program or agency. Hospice services are available in home and inpatient settings.

Hospital inpatient services: These services include room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. Expenses for reported hospital stays with the same admission and discharge dates are also included.

Hospital outpatient services: These services include expenses for visits to both physicians and other medical providers seen in hospital outpatient departments, including payments for services covered under the basic facility charge and those for separately billed physician services.

Hospital stays: Hospital stays refer to admission to and discharge from a short-stay acute care hospital.

Housing expenditures: In the Consumer Expenditure Survey's Interview Survey, housing expenditures include payments for mortgage interest; property taxes; maintenance, repairs, insurance, and other expenses; rent; rent as pay (reduced or free rent for a unit as a form of pay); maintenance, insurance, and other expenses for renters; and utilities.

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 ages 5 to 15 during a specified year. Incidence is a measure of morbidity or other events that occur within a specified period of time. See *Prevalence*.

Income: In the Current Population Survey, income includes money income (prior to payments for personal income taxes, Social Security, union dues, Medicare deductions, etc.) from: (1) money wages or salary; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security or railroad retirement; (5) Supplemental Security Income; (6) public assistance or welfare payments; (7) interest (on savings or bonds); (8) dividends, income

from estates or trusts, or net rental income; (9) veterans' payment or unemployment and worker's compensation; (10) private pensions or government employee pensions; and (11) alimony or child support, regular contributions from persons not living in the household, and other periodic income. Certain money receipts such as capital gains are not included.

In the Medicare Current Beneficiary Study, income is for the sample person, or the sample person and spouse if the sample person was married at the time of the survey. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income, interest, dividends, and other income sources are included.

Income categories: Two income categories were used to examine out-of-pocket health care expenditures using the MEPS and MEPS predecessor survey data. The categories were expressed in terms of poverty status (i.e., the ratio of the family's income to the Federal poverty thresholds for the corresponding year), which controls for the size of the family and the age of the head of the family. The income categories were (1) Poor and near poor and (2) Other income.

Poor and near poor income category includes people in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income (i.e., the poor), as well as people in families with income from 100 percent to less than 125 percent of the poverty line (i.e., the near poor).

Other income category includes people in families with income greater than or equal to 125 percent of the poverty line. See *Income, household*.

Income, household: Household income from the Medical Expenditure Panel Survey and the MEPS predecessor surveys used in this report was created by summing personal income from each household member to create family income. Family income was then divided by the number of persons that lived in the household during the year to create per capita household income. Potential income sources asked about in the survey interviews include annual earnings from wages, salaries, withdrawals; Social Security and VA payments; Supplemental Security Income and cash welfare payments from public assistance; Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children (AFDC); gains or losses from estates, trusts, partnerships, C corporations, rent, and royalties; and a small amount of other income. See *Income categories*.

Income fifths: A population can be divided into groups with equal numbers of people based on the size of their income to show how the population differs on a characteristic at various income levels. Income fifths are five groups of equal size, ordered from lowest to highest income.

Informal care: In the National Long Term Care Survey, informal care is unpaid personal assistance provided to a person with a chronic disability living in the community. See *Formal care*.

Inpatient hospital: This category includes costs of room and board and all ancillary services associated with a hospital stay. It does not include costs of emergency room services or of separately billed physician services provided during the stay.

Institutions: The U.S. Census Bureau defines institutions as correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children.⁵⁹ See *Population*.

Institutionalized population: See *Population*.

Instrumental activities of daily living (IADLs): IADLs are indicators of functional well-being that measure the ability to perform more complex tasks than the related activities of daily living (ADLs). See *Activities of daily living (ADLs)*.

In the National Long Term Care Survey, IADLs include light housework, laundry, meal preparation, grocery shopping, getting around outside, managing money, taking medications, and telephoning. Individuals are considered to have an IADL disability if they report using equipment to perform the activity or not performing the activity at all because of their health or a disability.

In the Medicare Current Beneficiary Survey, IADLs include difficulty performing (or inability to perform because of a health reason) the following activities: heavy housework, light housework, preparing meals, using a telephone, managing money, and shopping.

Long-term care facility: In the Medicare Current Beneficiary Survey, a long-term care facility: (1) is a residence certified by Medicare or Medicaid; or (2) has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or (3) provides 24-hour, 7 day-a-week supervision by a caregiver. See *Nursing home*.

Mammography: Mammography is an x-ray image of the breast used to detect irregularities in breast tissue.

Mean: The mean is an average of n numbers computed by adding the numbers and dividing by n .

Median: The median is a measure of central tendency, the point on the scale that divides a group into two parts.

Medicaid: This nationwide health insurance program is operated and administered by the States, with Federal financial participation. Within certain broad, Federally determined guidelines, States decide: who is eligible; the amount, duration, and scope of services covered; rates of payment for providers; and methods of administering the program. Medicaid pays for health care services, including nursing home care, for certain low income people. Medicaid does not cover all low-income people in every State. The program was authorized in 1965 by Title XIX of the Social Security Act.

Medicare: This nationwide program provides health insurance to people age 65 or older, 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. Medicare covers acute care services and generally does not cover nursing homes or prescription drugs. Prescription drug coverage will begin in 2006.

Medicare Part A: Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also covers hospice and some home health care.

Medicare Part B: Medicare Part B (Medical Insurance) covers doctor's services, outpatient hospital care, and durable medical equipment. It also covers some other medical services that Medicare Part A does not cover, such as physical and occupational therapy and some home health care. Medicare Part B also pays for some supplies when they are medically necessary.

Medigap: See *Supplemental health insurance*.

National population adjustment matrix: The national population adjustment matrix adjusts the population to account for net underenumeration. Details on this matrix can be found on the U.S. Census Bureau Web site: <http://www.census.gov/population/www/censusdata/adjustment.html>.

Nursing home: In the National Nursing Home Survey, a nursing home is a facility with three or more beds that provides either nursing care or personal care (such as help with bathing, correspondence, walking, eating, using the toilet, or dressing) and/or supervision over such activities as money management, ambulation, and shopping. Facilities providing care solely to the mentally retarded and mentally ill are excluded. Facilities may be certified by Medicare or Medicaid, or both, or not certified but licensed by the State as a nursing home. These facilities may be freestanding or nursing care units of hospitals, retirement centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institutions. See *Long-term care facility*.

Obesity: See *Body mass index (BMI)*.

Office-based medical provider services: This category includes expenses for visits to medical providers seen in office-based settings or clinics.

Other health care: In the Medical Expenditure Panel Survey, other health care includes home health services (care provided by home health agencies and independent home health providers) and other medical equipment and services. The latter includes expenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year.

Other income: Other income is total income minus retirement benefits, earnings, asset income, and public assistance. It includes, but is not limited to, unemployment compensation, worker's compensation, alimony, and child support.

Out-of-pocket costs: These are costs that are not covered by insurance.

Overweight: See *Body mass index (BMI)*.

Pensions: Pensions include money income reported in the Current Population Survey from railroad retirement, company or union pensions, including profit sharing and 401(k) payments, IRAs, Keoghs, regular payments from annuities and paid-up life insurance policies, Federal government pensions, U.S. military pensions, and State or local government pensions.

Performance-based measures: In performance-based measures, a respondent attempts certain tasks or movements while ability is objectively assessed by a test administrator. These objective assessments are generally measured along a continuum in terms of speed, repetition, or capacity and normally are linked with a specific ability necessary for functioning in old age. Performance assessments can be categorized as measuring either the upper or lower body, and then further organized in terms of the specific function being assessed, such as mobility, range of motion, strength, balance, or gait speed.⁷¹

Personal assistance: In the National Long Term Care Survey, personal assistance refers to paid or unpaid assistance provided to a person with a chronic disability living in the community.

Physician/Medical: This category includes physician visits and consultations, lab tests, durable medical equipment, and medical supplies.

Physician/Outpatient hospital: This term refers to physician visits and consultations and hospital outpatient services.

Physician visits and consultations: In Medicare claims data, physician visits and consultations include visits and consultations with primary care physicians, specialists, and chiropractors in their offices, hospitals (inpatient and outpatient), emergency rooms, patient homes, and nursing homes.

Population: Data on populations in the United States are often collected and published according to several different definitions. Various statistical systems then use the appropriate population for calculating rates.

Resident population: The resident population of the United States includes people resident in the 50 States and the District of Columbia. It excludes residents of the Commonwealth of Puerto Rico and residents of the outlying areas under United States sovereignty or jurisdiction (principally American Samoa, Guam, Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands). The definition of residence conforms to the criterion used in the Census 2000, which defines a resident of a specified area as a person "...usually resident" in that area. The resident population includes people resident in a nursing home and other types of institutional settings, but excludes the United States Armed Forces overseas, as well as civilian United States citizens whose usual place of residence is outside the United States. As defined in "Indicator 6: Older Veterans," the resident population includes Puerto Rico.

Resident noninstitutionalized population: The resident noninstitutionalized population is the resident population not residing in institutions. Institutions, as defined by the Census Bureau, include correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; homes and schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. People living in noninstitutionalized group quarters are part of the resident noninstitutionalized population. Noninstitutionalized group quarters include group homes (i.e., community-based homes that provide care and supportive services); residential facilities "providing protective oversight ... to people with disabilities"; worker and college dormitories; military and religious quarters; and emergency and transitional shelters with sleeping facilities.⁵⁹

Civilian population: The civilian population is the United States resident population not in the active duty Armed Forces.

Civilian noninstitutionalized population: The civilian noninstitutionalized population is the civilian population not residing in institutions. Institutions, as defined by the Census Bureau, include correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. Civilians living in noninstitutionalized group quarters are part of the civilian noninstitutionalized population. Noninstitutionalized group quarters include group homes (i.e., "community based homes that provide care and supportive services"); residential facilities "providing protective oversight ... to people with disabilities"; worker and college dormitories; religious quarters; and emergency and transitional shelters with sleeping facilities.⁵⁹

Institutionalized population: The institutionalized population is the population residing in correctional institutions; nursing homes; psychiatric hospitals; hospitals or wards for chronically ill or for the treatment of substance abuse; schools, hospitals or wards for the mentally retarded or physically handicapped; and homes, schools, and other institutional settings providing care for children. People living in noninstitutionalized group quarters are part of the noninstitutionalized population. Noninstitutionalized group quarters include group homes (i.e., "community based homes that provide care and supportive services"); residential facilities "providing protective oversight ... to people with disabilities"; worker and college dormitories; military and religious quarters; and emergency and transitional shelters with sleeping facilities.⁵⁹

Poverty: The official measure of poverty is computed each year by the U.S. Census Bureau and is defined as being less than 100 percent of the poverty threshold (i.e., \$8,628 for one person age 65 and over in 2002).⁷² Poverty thresholds are the dollar amounts used to determine poverty status. Each family (including single-person households) is assigned a poverty threshold based upon the family's income, size of the family, and ages of the family members. All family members have the same poverty status. Several of the indicators included in this report include a poverty status measure. Poverty status (less than 100 percent of the poverty threshold) was computed for "Indicator 7: Poverty," "Indicator 16: Sensory Impairments and Oral Health," "Indicator 22: Mammography," and "Indicator 23: Dietary Quality" using the official U.S. Census Bureau definition for the corresponding year.

In addition, the following above-poverty categories are used in this report.

Indicator 8: Income: The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 percent and 199 percent of the poverty threshold (i.e., \$8,628 and \$17,255 for one person age 65 and over in 2002). Middle income is between 200 percent and 399 percent of the poverty threshold (i.e., between \$17,256 and \$34,511 for one person age 65 and over in 2002). High income is 400 percent or more of the poverty threshold.

Indicator 31: Sources of Health Insurance: Below poverty is defined as less than 100 percent of the poverty threshold. Above poverty is grouped into two categories: (1) 100 percent to less than 200 percent of the poverty threshold and (2) 200 percent of the poverty threshold or greater.

Indicator 34: Out-of-Pocket Health Care Expenditures: Below poverty is defined as less than 100 percent of the poverty threshold. People are classified into the poor/near poor income category if the person's household income is below 125 percent of the poverty level. People are classified into the other income category if the person's household income is equal to or greater than 125 percent of the poverty level.

Prescription drugs/medicines: In the Medicare Current Beneficiary Survey, prescription drugs are all prescription medications (including refills) except those provided by the doctor or practitioner as samples and those provided in an inpatient setting.

In the Medical Expenditure Panel Survey, prescription medicines include all prescribed medications initially purchased or otherwise obtained during the year, as well as any refills.

Prevalence: Prevalence is the number of cases of a disease, infected people, or people with some other attribute present during a particular interval of time. It is often expressed as a rate (e.g., the prevalence of diabetes per 1,000 people during a year). See *Incidence*.

Private supplemental health insurance: See *Supplemental health insurance*.

Public assistance: Public assistance is money income reported in the Current Population Survey from Supplemental Security Income (payments made to low-income persons who are age 65 or older, blind, or disabled) and public assistance or welfare payments, such as Temporary Assistance for Needy Families and General Assistance.

Quintiles: See *Income fifths*.

Race: See specific data source descriptions in Appendix B.

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.

Reference population: The reference population is the base population from which a sample is drawn at the time of initial sampling. See *Population*.

Respondent-assessed health status: In the National Health Interview Survey, respondent-assessed health status is measured by asking the respondent, “Would you say [your/subject name’s] health is excellent, very good, good, fair, or poor?”

Short-term institution: This category includes skilled nursing facility stays and other short-term (non-hospital) facility stays.

Skilled nursing facility: This type of facility provides short-term skilled nursing care on an inpatient basis, following hospitalization. These facilities provide the most intensive care available outside of a hospital.

Social Security benefits: Social Security benefits include money income reported in the Current Population Survey from Social Security old-age, disability, and survivors’ benefits.

Standard population: A population in which the age and sex composition is known precisely, as a result of a census. A standard population is used as a comparison group in the procedure for standardizing mortality rates.

Supplemental health insurance: Supplemental health insurance is designed to fill gaps in the original Medicare plan coverage by paying some of the amounts that Medicare does not pay for covered services and may pay for certain services not covered by Medicare. Private Medigap is supplemental insurance individuals purchase themselves or through organizations such as AARP or other professional organizations and does not include HMOs, Medicaid, or employer-sponsored plans. Employer or union-sponsored supplemental insurance policies are provided through a Medicare enrollee’s former employer or union. Some Medicare beneficiaries enroll in HMOs and other managed care plans that provide many of the benefits of supplemental insurance, such as low copayments and coverage of services that Medicare does not cover.

TRICARE: TRICARE is the Department of Defense’s regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.

TRICARE for Life: TRICARE for Life is TRICARE’s Medicare wraparound coverage (similar to traditional Medigap coverage) for Medicare-eligible uniformed services beneficiaries and their eligible family members and survivors.

Underweight: See *Body mass index (BMI)*.

Veteran: Veterans include those who served on active duty in the Army, Navy, Air Force, Marines, Coast Guard, uniformed Public Health Service, or uniformed National Oceanic and Atmospheric Administration; Reserve Force and National Guard called to Federal active duty; and those disabled while on active duty training. Excluded are those dishonorably discharged and those whose only active duty was for training or State National Guard service.

Vignette: A vignette is a description of a concrete level of ability on a given domain that individuals are asked to evaluate using the same question and response scale as the self-report question on that domain.