Appendix B: Data Source Descriptions

Appendix B

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:
Division of Consumer Expenditure Surveys Staff
Phone: (202) 691–5132
E-mail: cexinfo@bls.gov
Internet: http://www.bls.gov/cex

[a]This 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."

[b]This 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.

[c]In 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.

[d]It 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]

For more information, contact:
Division of Labor Force Statistics Staff
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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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Age and Special Populations Branch Staff
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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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Health and Retirement Study Staff
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E-mail: hrsquest@isr.umich.edu
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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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NHANES Staff
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Internet: http://www.cdc.gov/nchs/nhanes.htm

National Long Term Care Survey

The National Long Term Care Survey (NLTCS) 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 NLTCS 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. NLTCS 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]

For more information, contact:
Mortality Statistics Branch
Phone: (866) 441–NCHS
E-mail: nchsquery@cdc.gov
Internet: http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm

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, cohabitors, 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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Susan Grad
Phone: (202) 358–6220
E-mail: susan.grad@ssa.gov
Internet: http://www.socialsecurity.gov

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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