CHAPTER 31

Older Adults (OA)

Lead Agencies
Administration for Community Living
Centers for Disease Control and Prevention
National Institutes of Health

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**Goal:** Improve the health, function, and quality of life of older adults.

This chapter includes objectives that monitor preventive services to maintain the quality of life and wellness of older adults; quality health care for older adults; the availability of geriatric specialists; and access to needed long-term services and supports. The Reader’s Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.  

### Status of Objectives

**Figure 31–1. Midcourse Status of the Older Adults Objectives**

Of the 19 objectives in the Older Adults Topic Area, 2 objectives were archived,2 2 were developmental,3 and 15 were measurable4 (Figure 31–1, Table 31–1). The midcourse status of the measurable objectives (Table 31–2) was as follows:

- 3 objectives had met or exceeded their 2020 targets,5
- 1 objective was improving,6
- 3 objectives had demonstrated little or no detectable change,7
- 5 objectives were getting worse,8 and
- 3 objectives had baseline data only.9

### Selected Findings

#### Prevention

- Between 2008 and 2013, the proportion of Medicare Part B beneficiaries who had a “Welcome to Medicare” visit during the 12 months following enrollment (OA-1) increased from 6.4% to 6.8%, moving toward the 2020 target (Table 31–2).

- Data beyond the baseline were not available for the proportion of males (OA-2.1: 40.5% in 2012) or females (OA-2.2: 42.5% in 2012) aged 65 and over who were up to date on a core set of clinical preventive services, so progress toward the 2020 targets could not be assessed (Table 31–2).

  » In 2012, there were statistically significant disparities by race and ethnicity, education, and disability status in the proportion of males (OA-2.1) and females (OA-2.2) aged 65 and over who were up to date on a core set of clinical preventive services (Table 31–3).

- The proportion of Medicare beneficiaries with diabetes who received Diabetes Self-management Benefits (OA-4) decreased from 2.0% in 2008 to 0.6% in 2013, moving away from the baseline and 2020 target (Table 31–2).

- The age-adjusted proportion of adults aged 65 and over with moderate to severe functional limitations (OA-5) increased from 29.3% in 2007 to 32.2% in 2011, moving away from the baseline and 2020 target (Table 31–2).
In 2011, there were statistically significant disparities by sex and race and ethnicity in the age-adjusted proportion of adults aged 65 and over with moderate to severe functional limitations (Table 31–3, OA-5).

The proportion of adults aged 65 and over with reduced physical or cognitive function who engaged in leisure-time physical activity (OA-6) increased from 32.6% in 2008 to 41.4% in 2014, exceeding the 2020 target (Table 31–2).

In 2014, there were statistically significant disparities by sex, education, and family income in the proportion of adults aged 65 and over with reduced physical or cognitive function who engaged in leisure-time physical activity (OA-6). Disparities by race and ethnicity and geographic location were not statistically significant (Table 31–3).

The proportion of registered nurses with geriatric certification decreased (OA-7.3: 1.4% in 2004 and 0.5% in 2013), as did the proportion of dentists with geriatric certification (OA-7.4: 0.20% in 2007 and 0.10% in 2012), moving away from their respective baselines and 2020 targets (Table 31–2).

The proportion of physical therapists with geriatric certification increased (OA-7.5: 0.6% in 2009 and 0.9% in 2013), as did the proportion of registered dieticians with geriatric certification (OA-7.6: 0.30% in 2009 and 0.60% in 2013), exceeding their respective 2020 targets (Table 31–2).

Long-term Services and Supports

There was little or no detectable change in the rate of pressure ulcer-related hospitalizations among adults aged 65 and over (OA-10) between 2007 and 2013 (985.8 and 1,011.6 per 100,000, respectively) (Table 31–2).

In 2013, there was a statistically significant disparity in the rate of pressure ulcer-related hospitalizations among adults aged 65 and over by geographic location (OA-10). The disparity by sex was not statistically significant (Table 31–3).

The age-adjusted rate of emergency department visits for falls among persons aged 65 and over (OA-11) increased from 5,235.1 per 100,000 population in 2007 to 6,893.5 per 100,000 in 2011, moving away from the baseline and 2020 target (Table 31–2).

In 2011, there was a statistically significant disparity in age-adjusted fall-related visit rates to emergency departments among persons aged 65 and over by sex (OA-11). The disparities by race and ethnicity and provider’s geographic location were not statistically significant (Table 31–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

For the background and importance of the topic area, see: https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives

Select an objective, then click on the “Data Details” icon.

For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives

Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- American Board of Physical Therapy Specialties: http://www.abpts.org/home.aspx
- Academy of Nutrition and Dietetics: http://www.eatrightpro.org
- American Physical Therapy Association: https://www.apta.org/
- Commission on Dietetic Registration: https://www.cdrnet.org/
- Healthcare Cost and Utilization Project–Nationwide Inpatient Sample: https://www.hcup-us.ahrq.gov/nisoverview.jsp
- Medicare Administrative Data: https://data.medicare.gov/
Footnotes

1The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

2Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

3Developmental objectives did not have a national baseline value.

4Measurable objectives had a national baseline value.

5Target met or exceeded—One of the following, as specified in the Midcourse Progress Table:
   » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
   » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

6Improving—One of the following, as specified in the Midcourse Progress Table:
   » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
   » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

7Little or no detectable change—One of the following, as specified in the Midcourse Progress Table:
   » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
   » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
   » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
   » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
   » There was no change between the baseline and the midcourse data point.

8Getting worse—One of the following, as specified in the Midcourse Progress Table:
   » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
   » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

9Baseline only—The objective only had one data point, so progress toward target attainment could not be assessed.

Suggested Citation

## Table 31–1. Older Adults Objectives

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective Statement</th>
<th>Data Sources</th>
<th>Midcourse Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA-1</td>
<td>Increase the proportion of older adults who use the Welcome to Medicare benefit</td>
<td>Medicare Administrative Data, CMS</td>
<td><img src="green" alt="Green" /></td>
</tr>
<tr>
<td>OA-2.1</td>
<td>Increase the proportion of males aged 65 years and older who are up to date on a core set of clinical preventive services</td>
<td>Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP</td>
<td><img src="green" alt="Green" /> <img src="blue" alt="Blue" /></td>
</tr>
<tr>
<td>OA-2.2</td>
<td>Increase the proportion of females aged 65 years and older who are up to date on a core set of clinical preventive services</td>
<td>Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP</td>
<td><img src="green" alt="Green" /> <img src="blue" alt="Blue" /></td>
</tr>
<tr>
<td>OA-3</td>
<td>(Archived) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions</td>
<td>(Potential) Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP</td>
<td><img src="not_applicable" alt="Not Applicable" /></td>
</tr>
<tr>
<td>OA-4</td>
<td>Increase the proportion of older adults who receive Diabetes Self-Management Benefits</td>
<td>Medicare Administrative Data, CMS</td>
<td><img src="green" alt="Green" /></td>
</tr>
<tr>
<td>OA-5</td>
<td>Reduce the proportion of older adults who have moderate to severe functional limitations</td>
<td>Medicare Current Beneficiary Survey (MCBS), CMS</td>
<td><img src="green" alt="Green" /> <img src="blue" alt="Blue" /></td>
</tr>
<tr>
<td>OA-6</td>
<td>Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities</td>
<td>National Health Interview Survey (NHIS), CDC/NCHS</td>
<td><img src="green" alt="Green" /> <img src="blue" alt="Blue" /></td>
</tr>
<tr>
<td>OA-7.1</td>
<td>Increase the proportion of physicians with geriatric certification</td>
<td>Physician Characteristics and Distribution in the United States, American Medical Association (AMA)</td>
<td><img src="green" alt="Green" /></td>
</tr>
<tr>
<td>OA-7.2</td>
<td>Increase the proportion of psychiatrists with geriatric certification</td>
<td>Physician Characteristics and Distribution in the United States, American Medical Association (AMA)</td>
<td><img src="green" alt="Green" /></td>
</tr>
<tr>
<td>OA-7.3</td>
<td>Increase the proportion of registered nurses with geriatric certification</td>
<td>National Sample Survey of Registered Nurses (NSSRN), HRSA/BHPr</td>
<td><img src="green" alt="Green" /></td>
</tr>
<tr>
<td>OA-7.4</td>
<td>Increase the proportion of dentists with geriatric certification</td>
<td>Distribution of Dentists in the United States by Region and State, American Dental Association (ADA)</td>
<td><img src="green" alt="Green" /></td>
</tr>
</tbody>
</table>
## Table 31–1. Older Adults Objectives—Continued

### Objective Number | Objective Statement | Data Sources | Midcourse Data Availability
---|---|---|---
OA-7.5 | Increase the proportion of physical therapists with geriatric certification | American Physical Therapy Association and American Board of Physical Therapy Specialties | ![Midcourse Data Availability](data:midcourse-data availability.png)
OA-7.6 | Increase the proportion of registered dieticians with geriatric certification | American Dietetic Association and Commission on Dietetic Registration | ![Midcourse Data Availability](data:midcourse-data availability.png)

### Long-term Services and Supports

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective Statement</th>
<th>Data Sources</th>
<th>Midcourse Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA-8</td>
<td>(Developmental) Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports</td>
<td>(Potential) National Health and Aging Trends Study (NHATS), NIA</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>OA-9</td>
<td>(Archived) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services</td>
<td>(Potential) National Health and Aging Trends Study (NHATS), NIA</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
| OA-10 | Reduce the rate of pressure ulcer-related hospitalizations among older adults | Healthcare Cost and Utilization Project–Nationwide Inpatient Sample (HCUP–NIS), AHRQ; Population Estimates, Census | ![Midcourse Data Availability](data:midcourse-data availability.png)
| OA-11 | Reduce the rate of emergency department (ED) visits due to falls among older adults | National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS | ![Midcourse Data Availability](data:midcourse-data availability.png)
| OA-12.1 | Increase the number of States and the District of Columbia that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation | National Center on Elder Abuse (NCEA), ACL | ![Midcourse Data Availability](data:midcourse-data availability.png)
| OA-12.2 | (Developmental) Increase the number of Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation | (Potential) National Center on Elder Abuse (NCEA), ACL | Not Applicable |
### Table 31–2. Midcourse Progress for Measurable Older Adults Objectives

<table>
<thead>
<tr>
<th>Objective Description</th>
<th>Baseline Value (Year)</th>
<th>Midcourse Value (Year)</th>
<th>Target</th>
<th>Movement Toward Target</th>
<th>Movement Away From Baseline</th>
<th>Movement Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-1</td>
<td>6.4% (2008)</td>
<td>6.8% (2013)</td>
<td>7.0%</td>
<td>66.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-2.1</td>
<td>40.5% (2012)</td>
<td></td>
<td>44.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-2.2</td>
<td>42.5% (2012)</td>
<td></td>
<td>46.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-4</td>
<td>2.0% (2008)</td>
<td>0.6% (2013)</td>
<td>2.2%</td>
<td>70.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-5</td>
<td>29.3% (2007)</td>
<td>32.2% (2011)</td>
<td>26.4%</td>
<td>9.9%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>OA-6</td>
<td>32.6% (2008)</td>
<td>41.4% (2014)</td>
<td>35.9%</td>
<td>266.7%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>OA-7.1</td>
<td>2.7% (2009)</td>
<td>2.5% (2014)</td>
<td>3.0%</td>
<td>7.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-7.2</td>
<td>4.3% (2009)</td>
<td>4.2% (2014)</td>
<td>4.7%</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-7.3</td>
<td>1.4% (2004)</td>
<td>0.5% (2013)</td>
<td>1.5%</td>
<td>64.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-7.4</td>
<td>0.20% (2007)</td>
<td>0.10% (2012)</td>
<td>0.22%</td>
<td>50.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-7.5</td>
<td>0.6% (2009)</td>
<td>0.9% (2013)</td>
<td>0.7%</td>
<td>300.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA-7.6</td>
<td>0.30% (2009)</td>
<td>0.60% (2013)</td>
<td>0.33%</td>
<td>1000.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 31–2. Midcourse Progress for Measurable Older Adults Objectives—Continued

#### Long-term Services and Supports

<table>
<thead>
<tr>
<th>Objective Description</th>
<th>Baseline Value (Year)</th>
<th>Midcourse Value (Year)</th>
<th>Target</th>
<th>Movement Toward Target</th>
<th>Movement Away From Baseline</th>
<th>Movement Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 OA-10 Pressure ulcer-related hospitalizations among older adults (per 100,000 population, 65+ years)</td>
<td>985.8 (2007)</td>
<td>1,011.6 (2013)</td>
<td>887.3</td>
<td>2.6%</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11 OA-11 Emergency department visits for falls (age-adjusted, per 100,000 population, 65+ years)</td>
<td>5,235.1 (2007)</td>
<td>6,893.5 (2011)</td>
<td>4,711.6</td>
<td>31.7%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>13 OA-12.1 States reporting information about victims and perpetrators of elder abuse (number of states and District of Columbia)</td>
<td>3 (2004)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

#### FOOTNOTES—Continued

*For objectives that moved toward their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

\[
\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100
\]

*For objectives that moved away from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

\[
\text{Magnitude of percentage change from baseline} = \left| \frac{\text{Midcourse value} - \text{Baseline value}}{\text{Baseline value}} \right| \times 100
\]

*Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

#### DATA SOURCES

OA-1 Medicare Administrative Data, CMS
OA-2.1 Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-2.2 Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-4 Medicare Administrative Data, CMS
OA-5 Medicare Current Beneficiary Survey (MCBS), CMS
OA-6 National Health Interview Survey (NHIS), CDC/NCHS
OA-7.1 Physician Characteristics and Distribution in the United States, American Medical Association (AMA)
OA-7.2 Physician Characteristics and Distribution in the United States, American Medical Association (AMA)
OA-7.3 National Sample Survey of Registered Nurses (NSSRN), HRSA/BHPr
OA-7.4 Distribution of Dentists in the United States by Region and State, American Dental Association (ADA)
OA-7.5 American Physical Therapy Association and American Board of Physical Therapy Specialties
OA-7.6 American Dietetic Association and Commission on Dietetic Registration
OA-10 Healthcare Cost and Utilization Project—Nationwide Inpatient Sample (HCUP–NIS), AHRQ; Population Estimates, Census
OA-11 National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS
OA-12.1 National Center on Elder Abuse (NCEA), ACL
Table 31–3. Midcourse Health Disparities\(^1\) for Population-based Older Adults Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios\(^2,3\) for selected characteristics at the midcourse data point

<table>
<thead>
<tr>
<th>Characteristics and Groups</th>
<th>Population-based Objectives</th>
<th>Sex</th>
<th>Race and Ethnicity</th>
<th>Education(^4)</th>
<th>Family Income(^5)</th>
<th>Disability</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>American Indian or Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian or other Pacific Islander</td>
<td>Two or more races</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
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</tr>
<tr>
<td>OA-2.1 Males who are up to date on a core set of clinical preventive services (percent, 65+ years) (2012)</td>
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<tr>
<td>OA-2.2 Females who are up to date on a core set of clinical preventive services (percent, 65+ years) (2012)</td>
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</tr>
<tr>
<td>OA-5 Older adults who have moderate to severe functional limitations (age-adjusted, percent, 65+ years) (2011)</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>OA-6 Older adults with reduced physical or cognitive function who engage in leisure-time physical activities (percent, 65+ years) (2014)</td>
<td></td>
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</tr>
<tr>
<td><strong>Long-term Services and Supports</strong></td>
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</tr>
<tr>
<td>OA-10 Pressure ulcer-related hospitalizations among older adults (per 100,000 population, 65+ years) (2013)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OA-11 Emergency department visits for falls (age-adjusted, per 100,000 population, 65+ years) (2011)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 31–3. Midcourse Health Disparities¹ for Population-based Older Adults Objectives—Continued

NOTES
See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

FOOTNOTES—Continued

¹Health disparities were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.
²When there were only two groups (e.g., male and female), the summary disparity ratio was the ratio of the higher to the lower rate.
³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate \( R_b \) was the highest rate, the summary disparity ratio was calculated as \( R_b / R_a \), where \( R_a \) is the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as \( R_a / R_b \).
⁴Unless otherwise footnoted, data do not include persons under age 25 years.
⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

FOOTNOTES—Continued

¹Data are for Asian or Pacific Islander persons.
²Data are for persons who completed some college or technical school.
³Data are for persons who completed a 4-year college degree or above.
⁴Data are for persons with activity limitations.
⁵Data are for persons without activity limitations.
*Location of the healthcare provider.
*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

DATA SOURCES
OA-2.1 Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-2.2 Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-5 Medicare Current Beneficiary Survey (MCBS), CMS
OA-6 National Health Interview Survey (NHIS), CDC/NCHS
OA-10 Healthcare Cost and Utilization Project—Nationwide Inpatient Sample (HCUP–NIS), AHRQ;
Preliminary Estimates, Census
OA-11 National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS