



Demographic and Health Characteristics among a Diverse Group of Adult Black Females in the United States: 2002-2012

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Background

Non-Hispanic Black females (hereafter referred to as Black females) in the United States experience vastly different morbidity and mortality profiles relative to other racial and ethnic U.S. populations [1]. Indeed, Black females experience the highest rates of hypertension and obesity compared to other racial or sex groups [2]. However, analyses often do not examine the impact of nativity on these observed health outcomes. To better understand the underlying factors that contribute to the disparate health outcomes in Black females in the United States, it is important to examine both U.S. born and foreign-born Black females.

Blacks in the United States are a diverse population that includes Caribbean, African, South and Central American immigrants as well as U.S.-born Blacks [3]. However analyses typically report on measures of health and well-being among Blacks without examining nativity or length of time in the United States.

We present estimates using data from the National Health Interview Survey (NHIS 2002-2012) conducted by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) [4]. Data were collected prior to the establishment of the Health Insurance Marketplace and the expansion of Medicaid eligibility under the Affordable Care Act. Our analysis only includes adult Black females (ages 18 to 64 years) who lived in the United States and self-identified as non-Hispanic Black. We examine demographic and health characteristics among 23,210 non-elderly Black females by nativity and length of time in the United States: U.S.-born (91 percent), foreign-born with less than 10 years in the United States (3 percent) and foreign-born with 10 years or more in the United States (6 percent). U.S.-born includes anyone who was born in one of the 50 United States, the District of Columbia, or U.S. territories. The foreign-born population includes anyone who was not born in the United States or a U.S. territory.

Keywords

disaggregated data, health disparities, Black race group, immigrant health, women's health, social determinants of health

Highlights

Among Black females, 80% of U.S. born, 78% of foreign-born who lived in the United States for 10 years or more, and 63% of foreign-born who lived in the United States for less than 10 years had health insurance coverage.

Nearly two out of five foreign-born females who lived in the United States for less than 10 years had a usual place for preventive care.

Across all categories of nativity and years in the United States, a majority of Black females had never smoked.

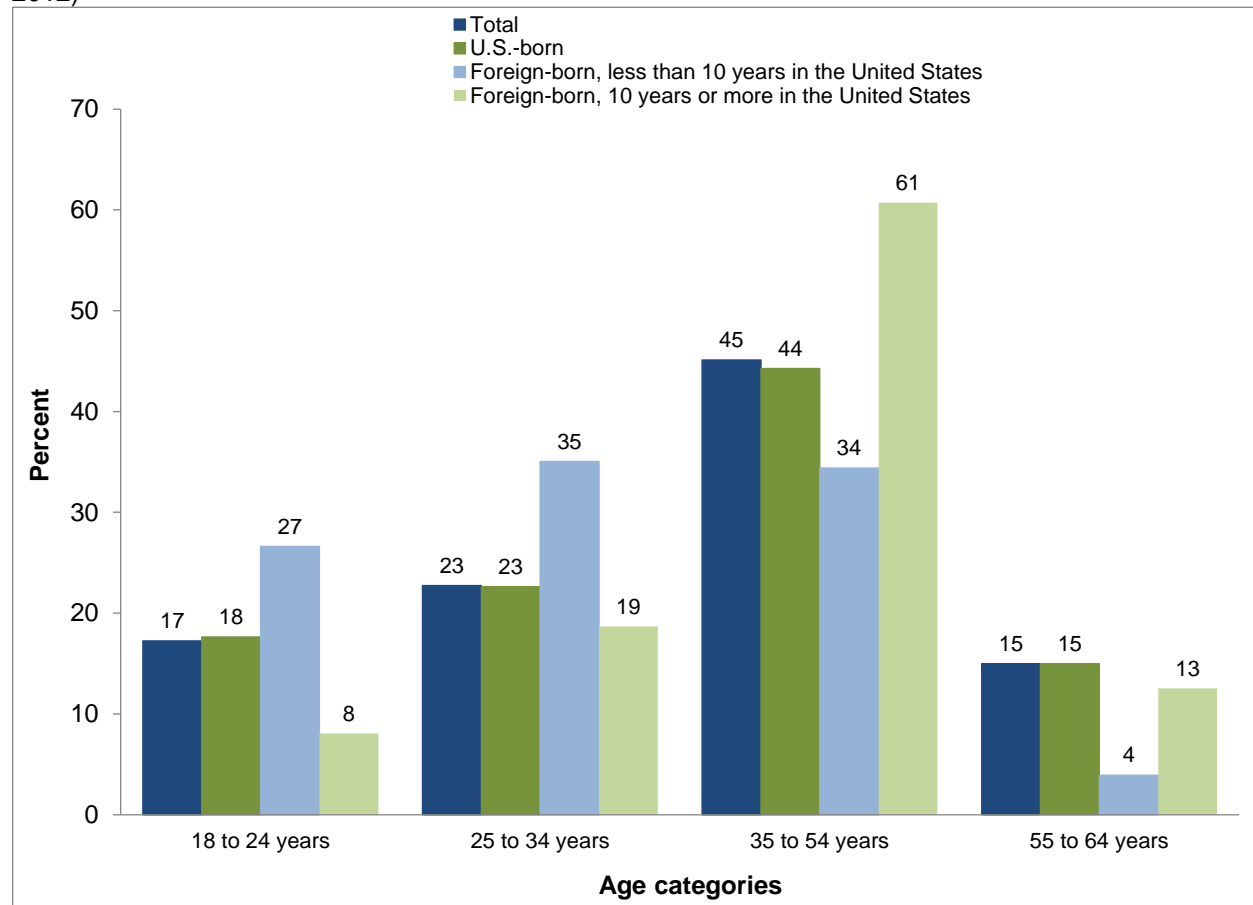
Foreign-born Black females who lived in the United States for 10 years or more (33%) had the lowest percentage of obesity.

Forty percent of U.S.-born Black females (highest among three groups of Black females) had been diagnosed with hypertension.

Data from the CDC/NCHS NHIS 2002-2012 based on household interviews of a sample of 23,210 civilian non-institutionalized Black females (ages 18 to 64 years).

What is the age composition of Black females (ages 18 to 64 years) in the United States?

Figure 1. Age composition of adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. The average age of U.S.-born Black adult females was 39 years. The average age of foreign-born Black females who lived in the United States for less than 10 years was 33 years. The average age of foreign-born Black females who lived in the United States for 10 years or more was 42 years. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent.

Chi-square test was used to test for statistically significant difference in age composition across categories of nativity and years in the United States, $p < 0.001$

18 to 24 years:

Twenty-seven percent of foreign-born Black females who lived in the United States for less than 10 years were between the ages of 18 to 24 years. Eighteen percent of U.S.-born Black females were between the ages of 18 to 24 years. Eight percent of foreign-born Black females who lived in the United States for 10 years or more were between the ages of 18 to 24 years.

25 to 34 years:

Thirty-five percent of foreign-born Black females who lived in the United States for less than 10 years were between the ages of 25 to 34 years. Twenty-three percent of U.S.-born Black females were between the ages of 25 to 34 years. Nineteen percent of foreign-born Black females who lived in the United States for 10 years or more were between the ages of 25 to 34 years.

35 to 54 years:

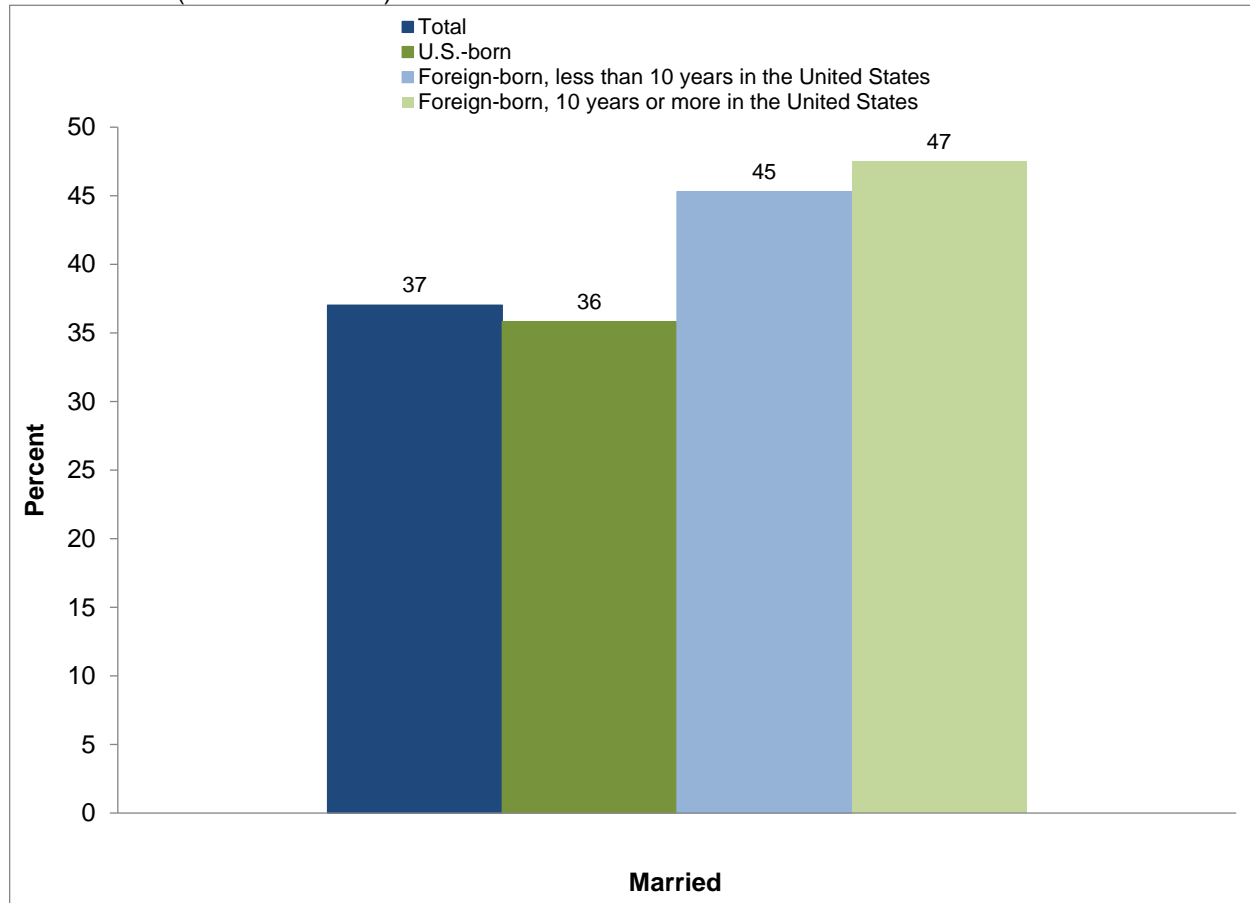
The majority (61 percent) of foreign-born Black females who lived in the United States for 10 years or more were between the ages of 35 to 54 years. Forty-four percent of U.S.-born Black females were between the ages of 35 to 54 years. Thirty-four percent of foreign-born Black females who lived in the United States for less than 10 years were between the ages of 35 to 54 years.

55 to 64 years:

Fifteen percent of U.S.-born Black females were between the ages of 55 to 64 years. Thirteen percent of foreign-born Black females who lived in the United States for 10 years or more were between the ages of 55 to 64 years. Only 4 percent of foreign-born Black females who lived in the United States for less than 10 years were between the ages of 55 to 64 years.

What percentage of Black females (ages 18 to 64 years) in the United States are married?

Figure 2. Age-adjusted percentage of adult Black females who are married, by nativity and years in the United States (NHIS 2002-2012)



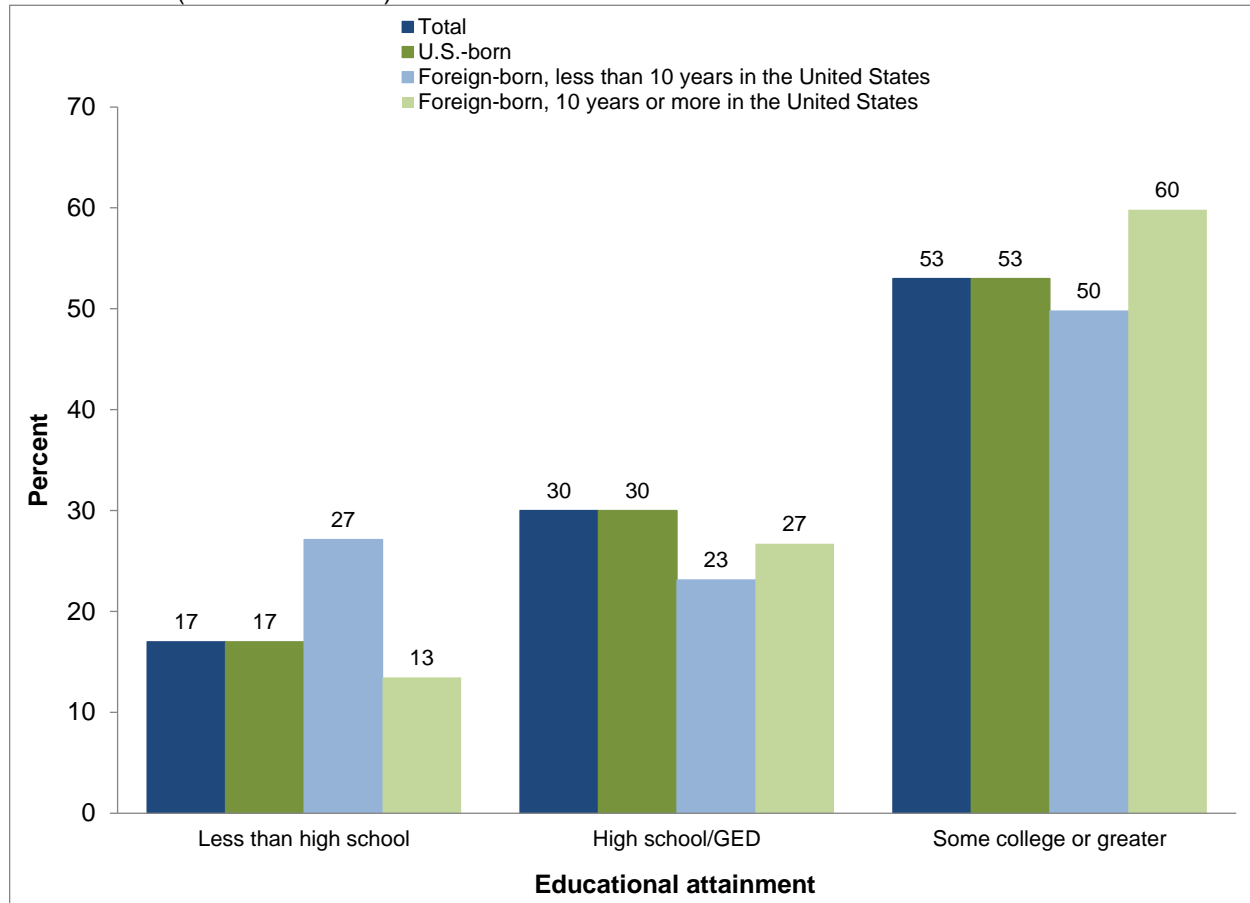
NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. The non-married category (not shown) includes adult Black females who were never married, separated, widowed, and divorced.

Chi-square test was used to test for statistically significant difference in marriage across categories of nativity and years in the United States, $p < 0.001$

Overall, less than half of non-elderly Black females were married. Forty-seven percent of foreign-born Black females who lived in the United States for 10 years or more were married. Similarly, 45 percent of the foreign-born Black females who lived in the United States for less than 10 years were married. U.S.-born Black females (36 percent) represented the lowest percentage of Black females who were married.

What is the educational attainment among Black females (ages 18 to 64 years) in the United States?

Figure 3. Age-adjusted educational attainment among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. GED is a certificate of general education development. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in educational attainment across categories of nativity and years in the United States, $p=0.001$

Less than high school:

Foreign-born Black females who lived in the United States for less than 10 years (27 percent) represented the highest percentage of Black females with less than a high school level of education. Seventeen percent of U.S.-born Black females and only 13 percent of foreign-born Black females who lived in the United States for 10 years or more had less than a high school level of education.

High school/ GED:

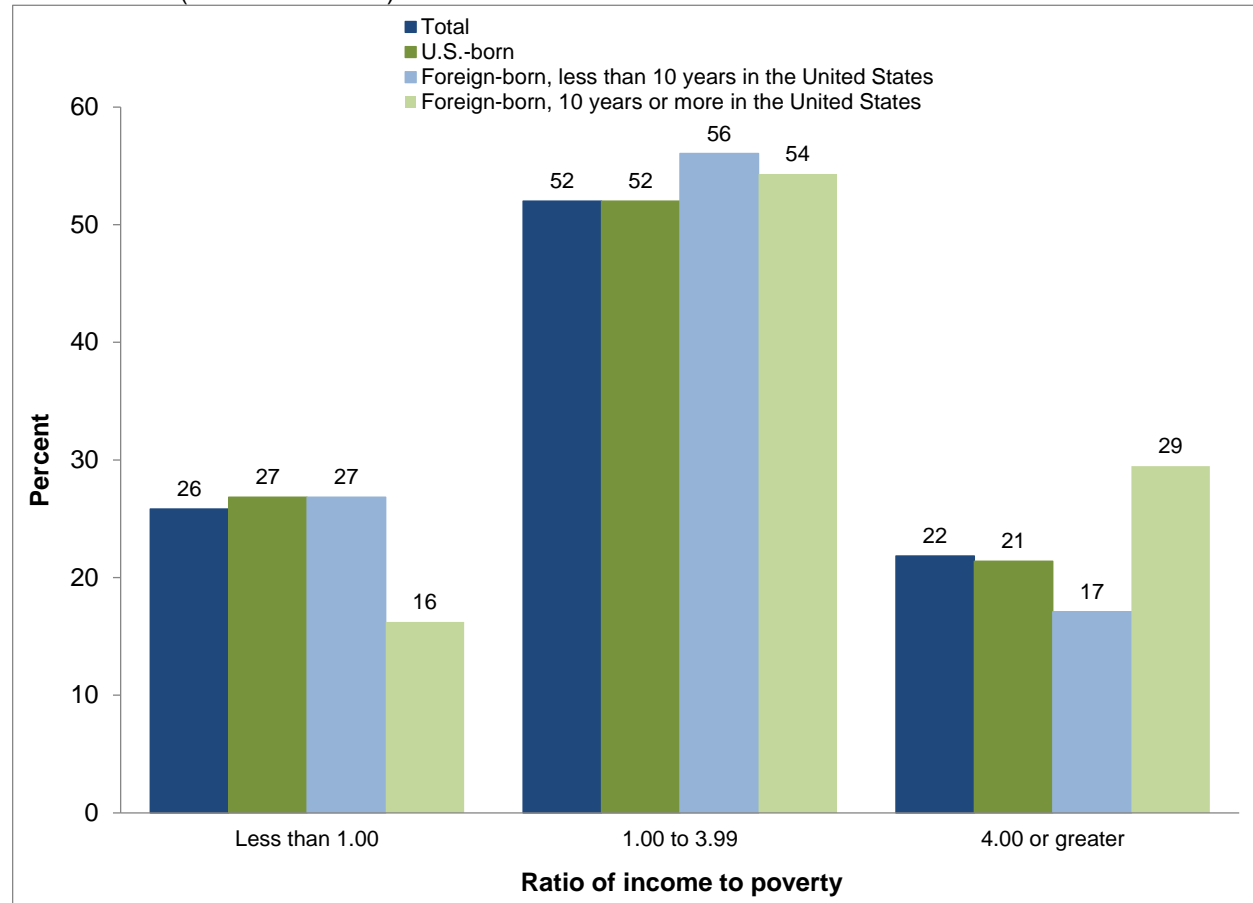
Thirty percent of U.S.-born Black females reported high school/GED as their highest level of educational attainment. Twenty-seven percent of foreign-born Black females who lived in the United States for 10 years or more and 23 percent of foreign-born Black females who lived in the United States for less than 10 years reported high school/GED completion as their highest level of educational attainment.

Some college or greater:

Sixty percent of foreign-born Black females who lived in the United States for 10 years or more completed some college or greater. Fifty-three percent of non-elderly U.S.-born Black females and 50 percent of foreign-born Black females who lived in the United States for less than 10 years completed some college or greater.

What is the distribution of income to poverty ratios among Black females (ages 18 to 64 years) in the United States?

Figure 4. Age-adjusted ratio of income to poverty among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. An income to poverty ratio represents a detailed indicator of poverty status. The ratio was created by the NCHS utilizing published information from the U.S. Census Bureau regarding poverty thresholds [5]. A ratio of the previous calendar year's income value reported by respondents to the poverty threshold for the same year was constructed, based on the family's overall size as well as the number of children (aged 17 and under) present in the family. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. "Ratios below 1.00 indicate that the income for the respective family or unrelated individual is below the official definition of poverty, while a ratio of 1.00 or greater indicates income above the poverty level. A ratio of 1.25, for example, indicates that income was 125 percent above the appropriate poverty threshold" [6].

Chi-square test was used to test for statistically significant difference in ratio of income to poverty across categories of nativity and years in the United States, $p < 0.001$

Income to poverty ratio of less than 1.00:

Twenty-seven percent of both U.S.-born Black females and foreign-born Black females who lived in the United States for less than 10 years had an income to poverty ratio of less than 1.00. Sixteen percent of foreign-born Black females who lived in the United States 10 years or more had an income to poverty ratio of less than 1.00.

Income to poverty ratio of 1.00 to 3.99:

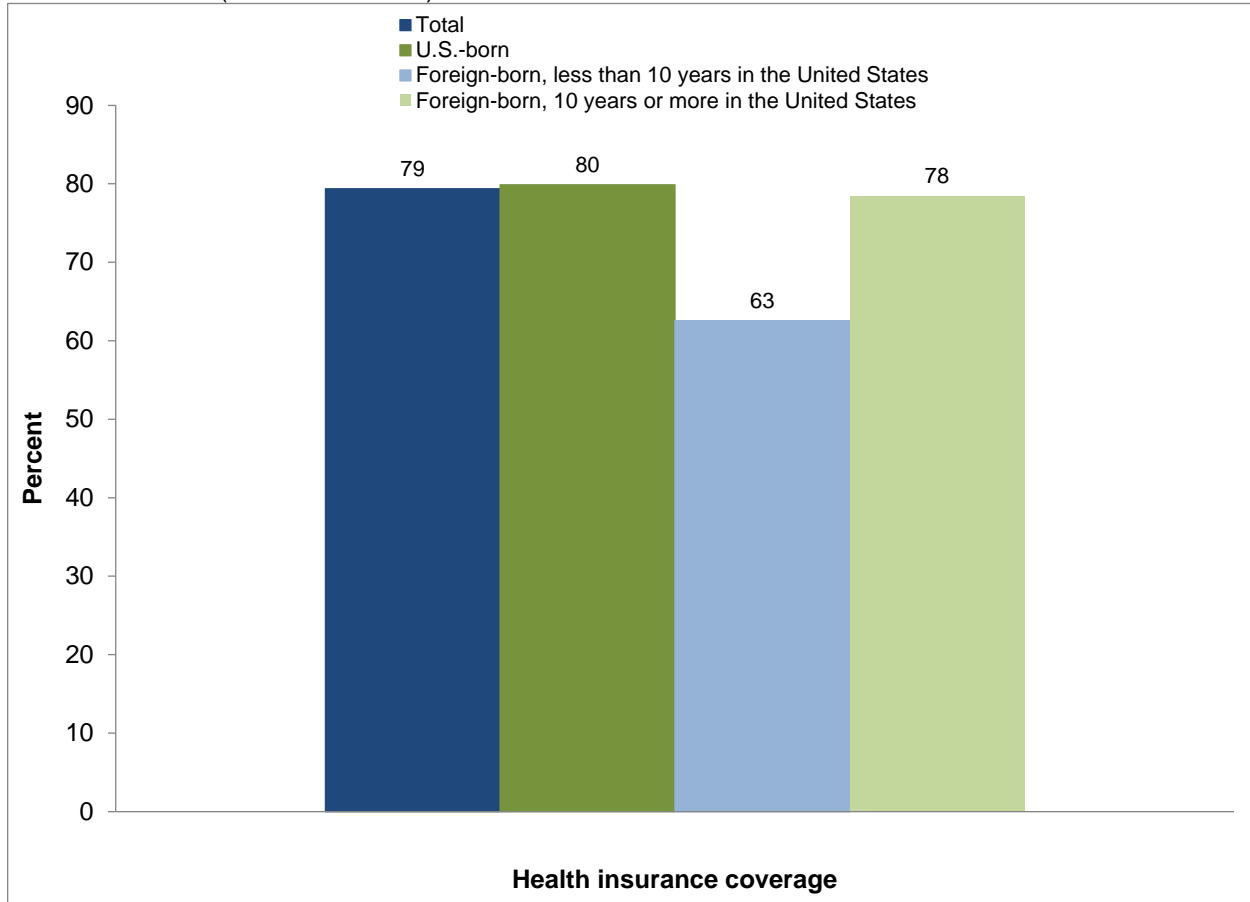
Fifty-six percent of foreign-born Black females who lived in the United States for less than 10 years, 54 percent of foreign-born Black females who lived in the United States for 10 years or more, and 52 percent of U.S.-born Black females had an income to poverty ratio of 1.00 to 3.99.

Income to poverty ratio of 4.00 or greater:

Twenty-nine percent of foreign-born Black females who lived in the United States for 10 years or more had the highest percentage of Black females with an income to poverty ratio of 4.00 or greater. Twenty-one percent of U.S.-born Black females and 17 percent of foreign-born Black females who lived in the United States for less than 10 years had an income to poverty ratio of 4.00 or greater.

What percentage of Black females (ages 18 to 64 years) in the United States have health insurance coverage?

Figure 5. Age-adjusted health insurance coverage among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



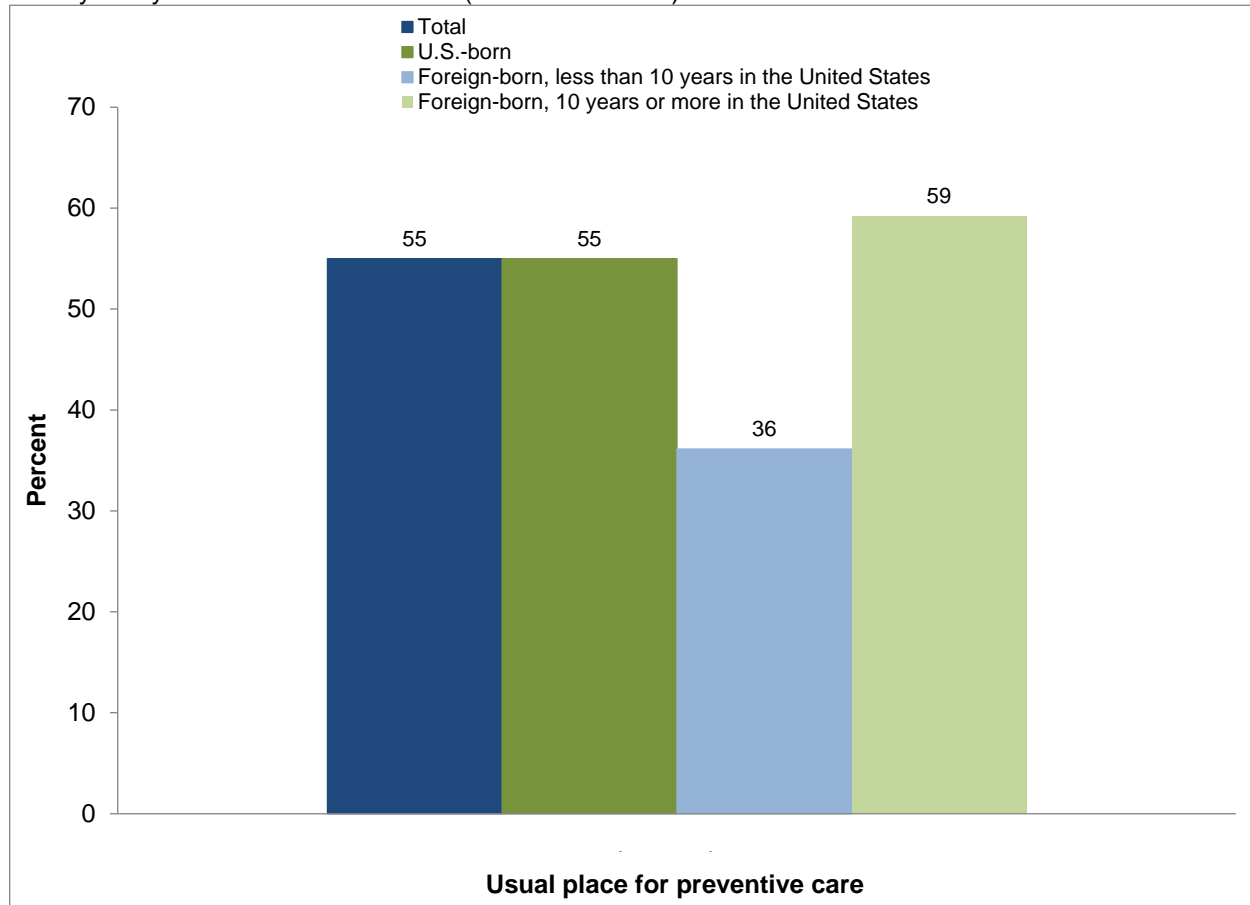
NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Black females were considered insured if they had any private health insurance, government- or state-sponsored health insurance plans. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in health insurance coverage status across categories of nativity and years in the United States, $p < 0.001$

Nearly 4 out of 5 non-elderly Black females had health insurance coverage (79 percent). Eighty percent of U.S.-born Black females and 78 percent foreign-born Black females who lived in the United States for 10 years or more had health insurance coverage. Sixty-three percent of foreign-born Black females who lived in the United States for less than 10 years had health insurance coverage.

What percentage of Black females (ages 18 to 64 years) in the United States report having a usual place for preventive care?

Figure 6. Age-adjusted percentage of adult Black females who have a usual place for preventive care, by nativity and years in the United States (NHIS 2002-2012)



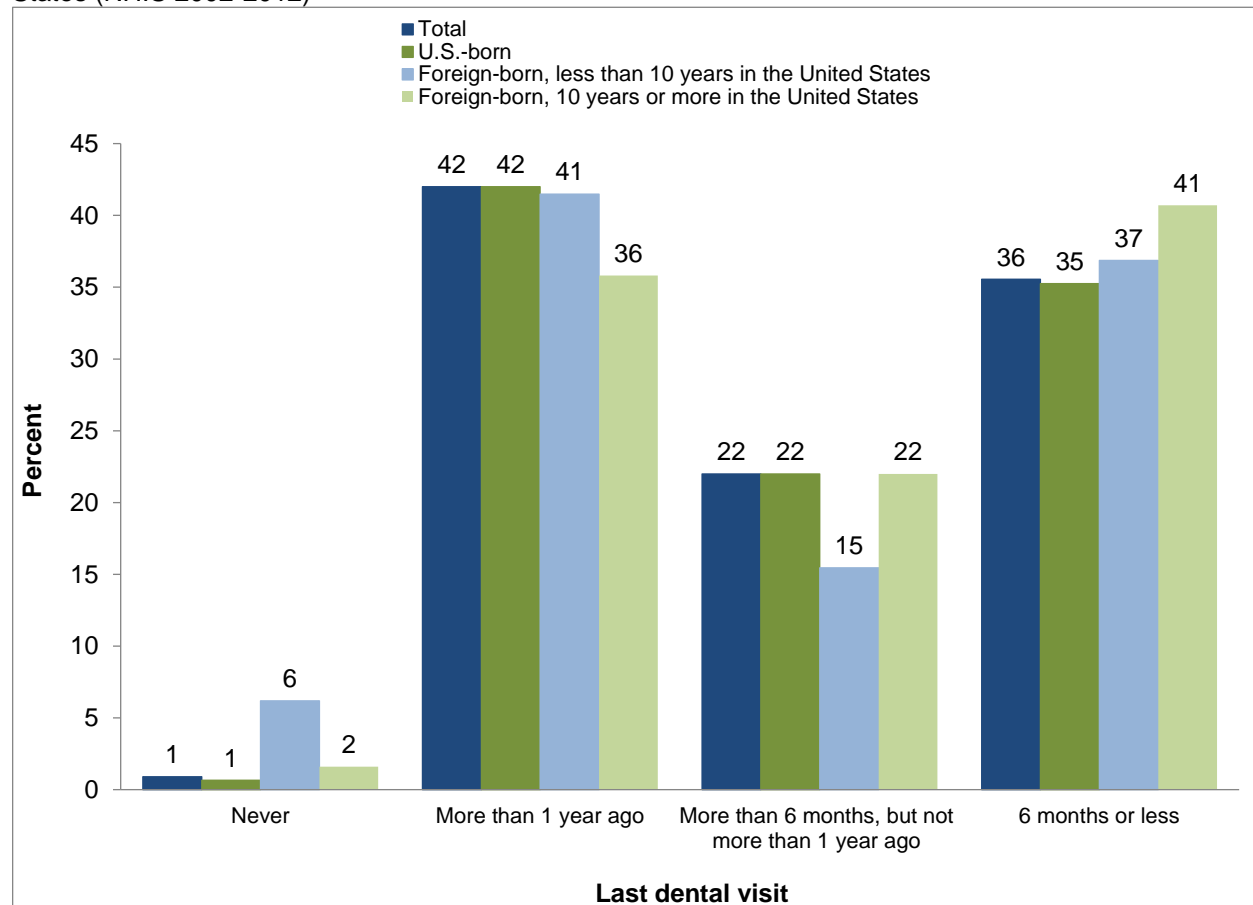
NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. Non-elderly Black females were classified as having a usual place for preventive care if they reported going to a: 1) clinic or health center; 2) doctor's office or HMO; 3) hospital outpatient department; 4) some other place; or 5) doesn't go to one place most often. Individuals who reported not obtaining preventive care anywhere or going to the emergency room for preventive care were classified as not having a usual place for preventive care.

Chi-square test was used to test for statistically significant difference in having a usual place for preventive care across categories of nativity and years in the United States, $p=0.010$

Fifty-nine percent of foreign-born Black females who lived in the United States for 10 years or more and 55 percent of U.S.-born Black females had a usual place for preventive care. However, 36 percent of foreign-born Black females who lived in the United States for less than 10 years had a usual place for preventive care.

When do Black females (ages 18 to 64 years) in the United States report last seeing a dentist?

Figure 7. Age-adjusted last dental visit among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in last dental visit across categories of nativity and years in the United States, $p < 0.001$

Never:

A very low percentage of Black females reported never visiting a dentist. Six percent of foreign-born Black females who lived in the United States for less than 10 years, 2 percent of foreign-born Black females who lived in the United States for 10 years or more, and 1 percent of the U.S.-born Black females reported they had never visited a dentist.

More than 1 year ago:

Forty-two percent of U.S.-born Black females, 41 percent of foreign-born Black females who lived in the United States for less than 10 years, and 36 percent of foreign-born Black females who lived in the United States for 10 years or more had a dental visit more than 1 year ago.

More than 6 months, but not more than 1 year ago:

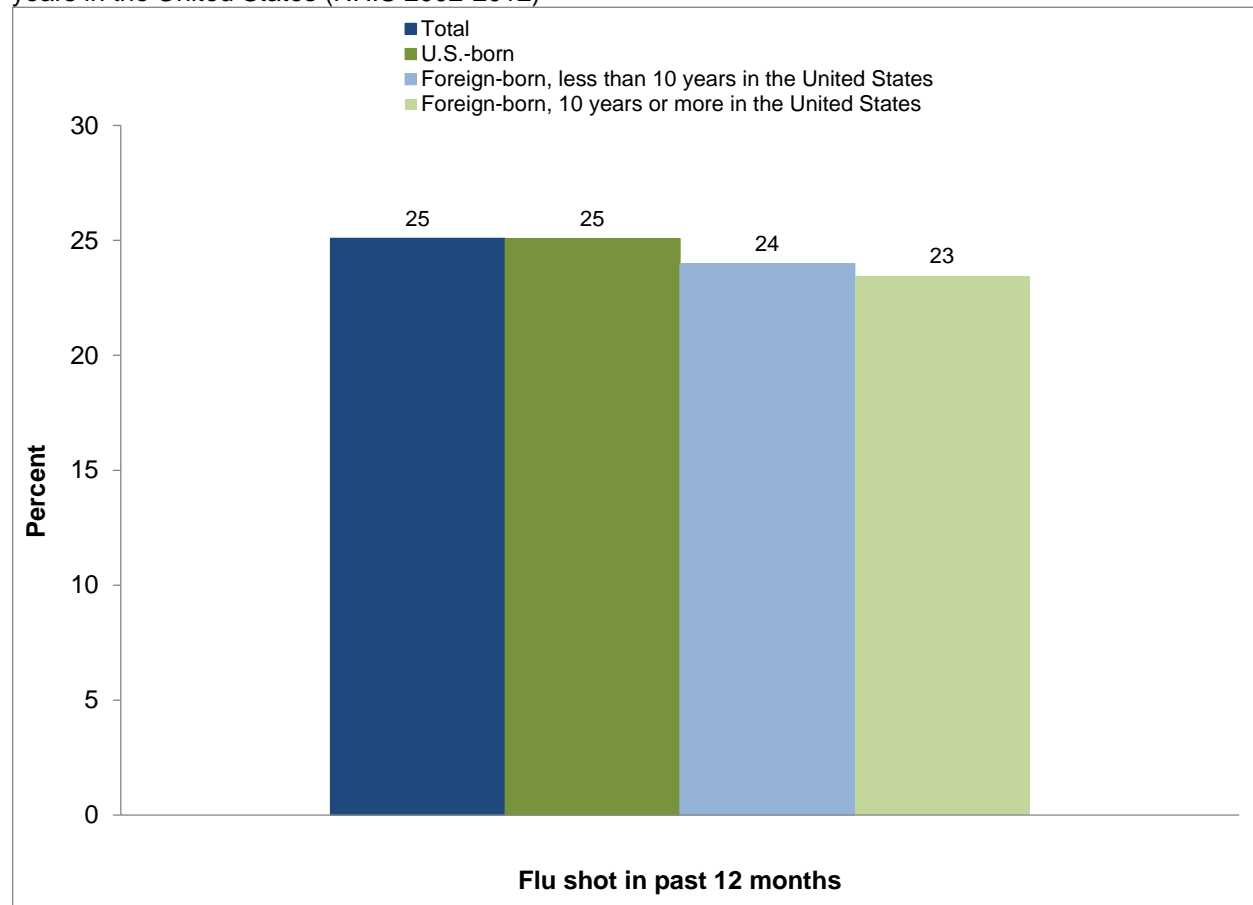
Twenty-two percent of U.S.-born Black females, 22 percent of foreign-born Black females who lived in the United States for 10 years or more, and 15 percent of foreign-born Black females who lived in the United States for less than 10 years had a dental visit more than 6 months, but not more than 1 year ago.

6 months or less:

Forty-one percent of foreign-born Black females who lived in the United States for 10 years or more, 37 percent of foreign-born Black females who lived in the United States for less than 10 years, and 35 percent of U.S.-born Black females reported having a dental visit in the past 6 months or less.

What percentage of Black females (ages 18 to 64 years) in the United States had a flu shot in the past 12 months?

Figure 8. Age-adjusted flu shot receipt in the past 12 months among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



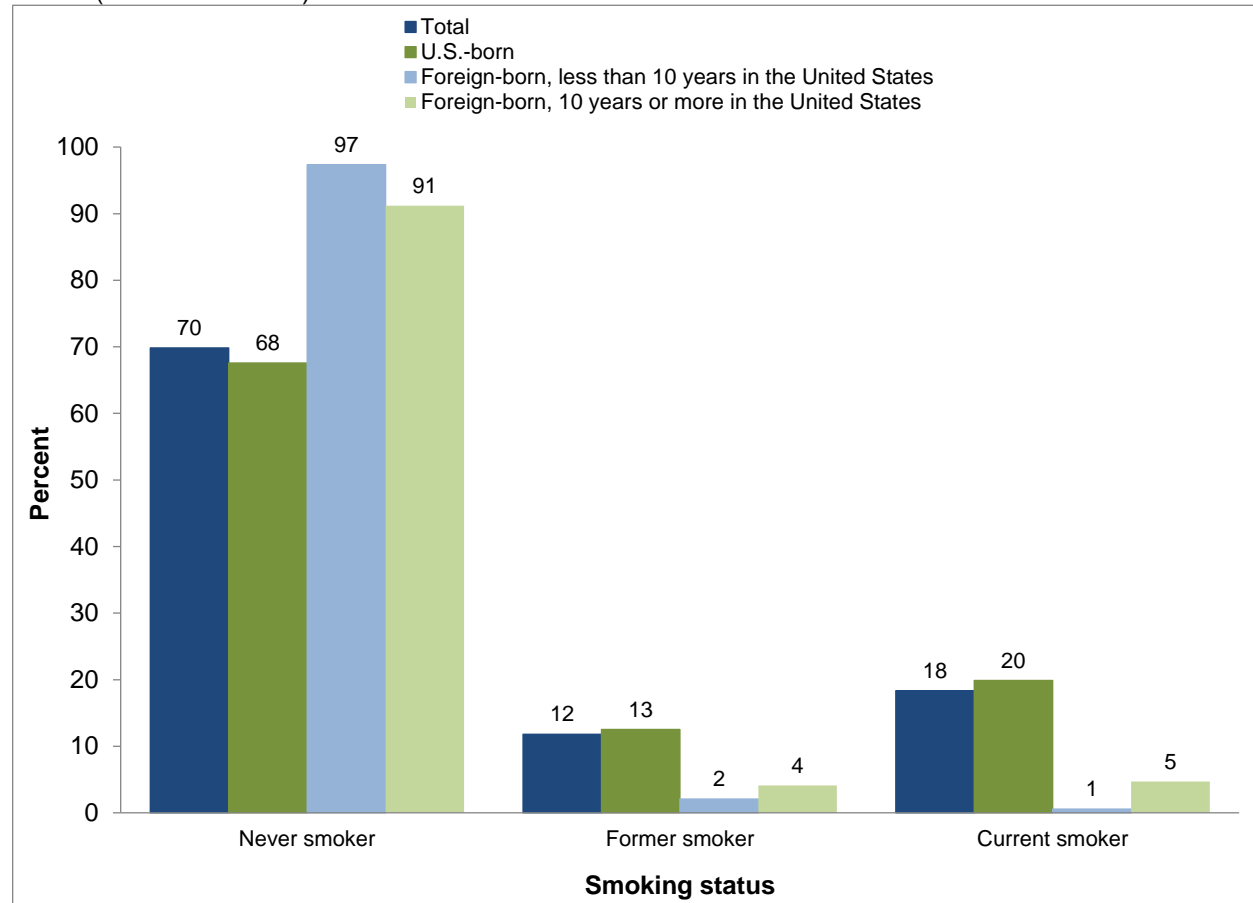
NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. It is recommended that everyone aged 6 months and older obtain an annual flu vaccination with rare exception [7].

Chi-square test used to determine that differences in having a flu shot in the past 12 months are not significant across categories of nativity and years in the United States, $p=0.540$

Only 25 percent of Black females had obtained a flu shot in the past 12 months. Similar percentages of U.S.-born Black females (25 percent), foreign-born Black females who lived in the United States less than 10 years (24 percent), and foreign-born Black females who lived in the United States for 10 years or more (23 percent) had a flu shot in the past 12 months.

What is the smoking status among Black females (ages 18 to 64 years) in the United States?

Figure 9. Age-adjusted smoking status among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in smoking status across categories of nativity and years in the United States, $p < 0.001$

Never smoker:

The vast majority of non-elderly Black females were never smokers (70 percent). The highest percentage of never smokers was observed among foreign-born Black females who lived in the United States for less than 10 years (97 percent) followed by foreign-born Black females who lived in the United States for 10 years or more (91 percent). Sixty-eight percent of U.S.-born Black females were never smokers.

Former smoker:

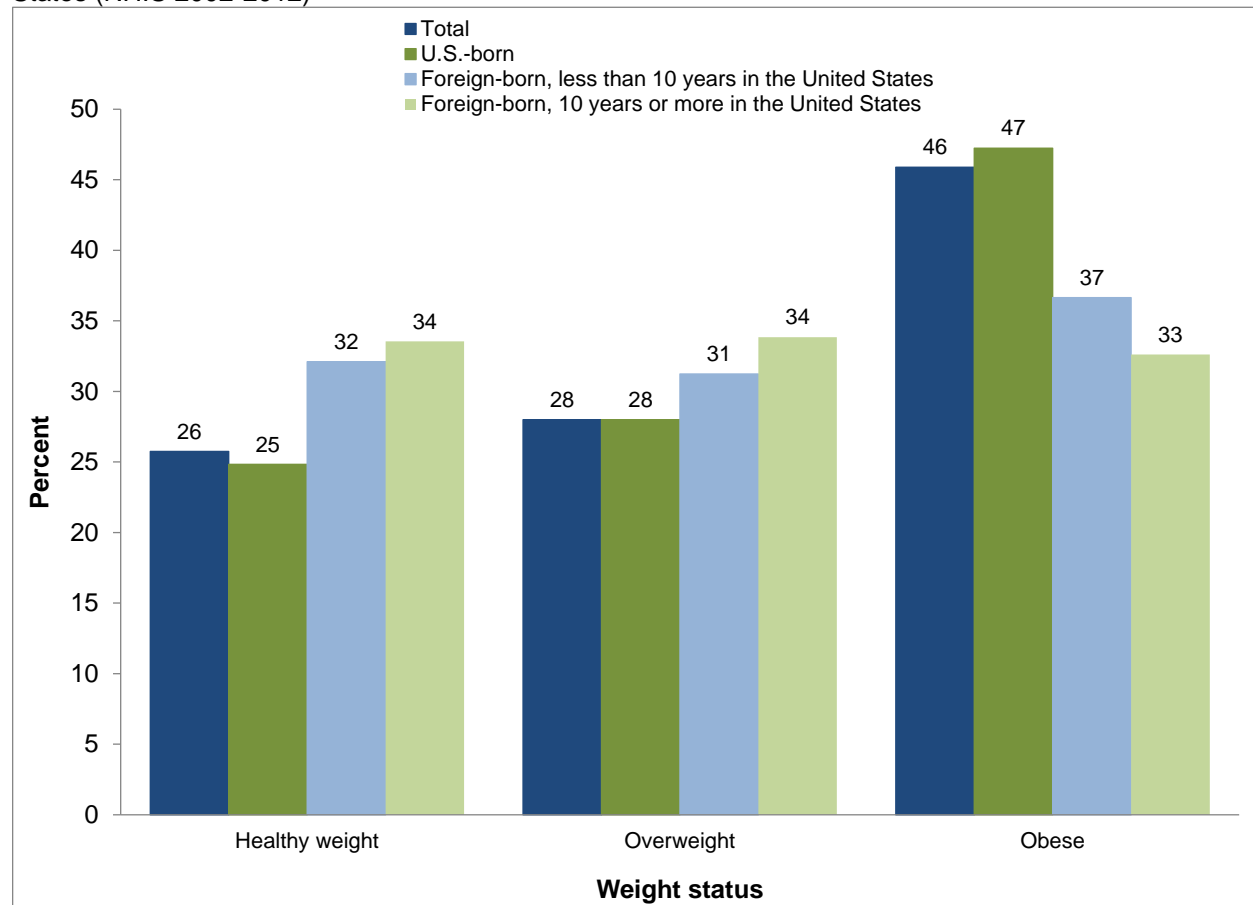
A very low percentage of non-elderly Black females were former smokers. Thirteen percent of U.S.-born Black females, 4 percent of foreign-born Black females who lived in the United States for 10 years or more, and 2 percent of foreign-born Black females who lived in the United States for less than 10 years were former smokers.

Current smoker:

U.S.-born Black females represented the highest percentage of current smokers (20 percent). A lower percentage of foreign-born Black females who lived in the United States for 10 years or more (5 percent) and foreign-born Black females who lived in the United States less than 10 years (1 percent) were current smokers.

What is the weight status among Black females (ages 18 to 64 years) in the United States?

Figure 10. Age-adjusted weight status among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Body mass index (BMI, kg/m²) was used as a health indicator of weight. Individuals classified as underweight, BMI less than 18 kg/m², are not shown. Individuals with a BMI between 18.5 kg/m² to 24.9 kg/m² were classified as healthy weight; 25.0 kg/m² to 29.9 kg/m² were classified as overweight; and those with a BMI of 30 kg/m² and above were classified as obese [8]. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in weight status across categories of nativity and years in the United States, $p < 0.001$

Healthy weight:

Thirty-four percent of foreign-born Black females who lived in the United States for 10 years or more and 32 percent of foreign-born females who lived in the United States for less than 10 years had a healthy weight. Twenty-five percent of U.S.-born Black females had a healthy weight.

Overweight:

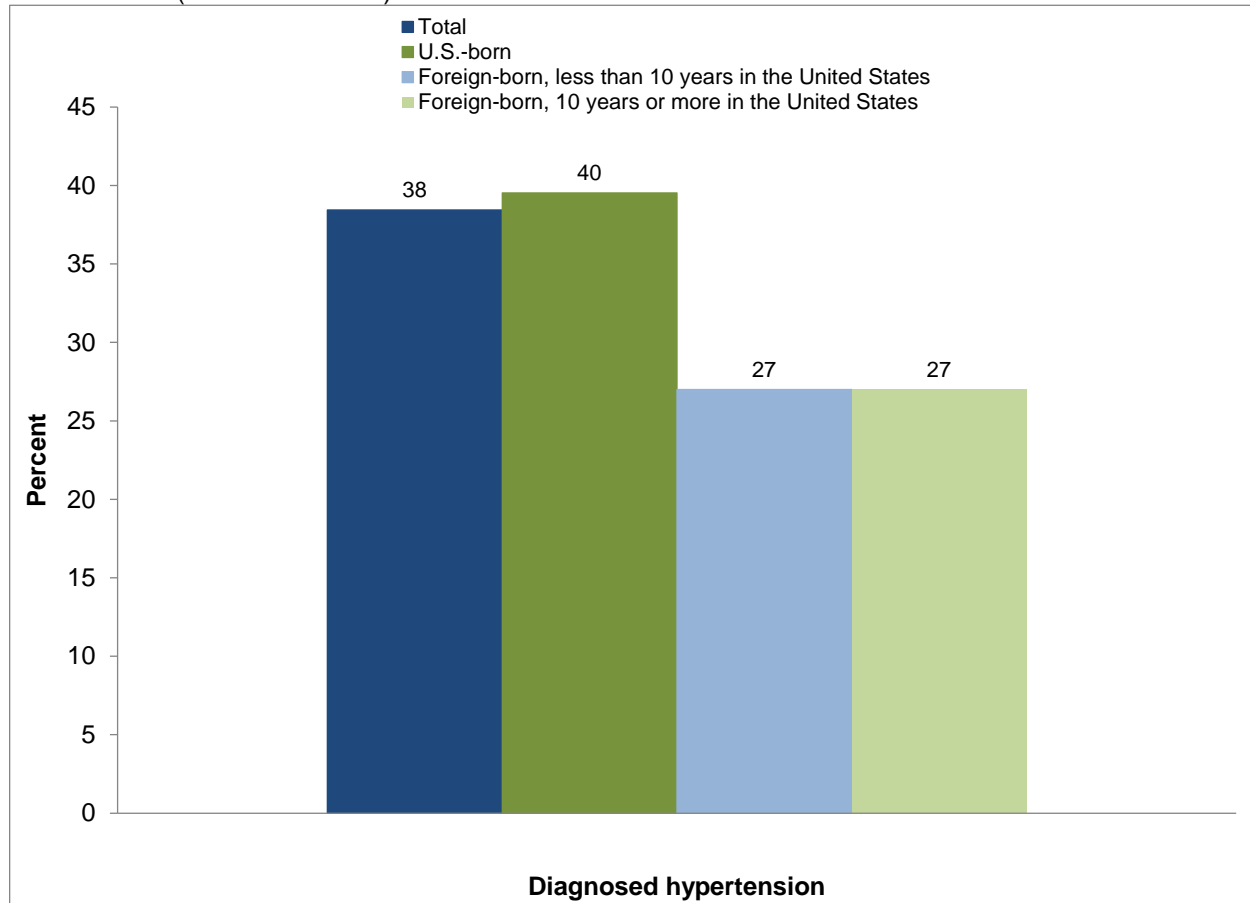
Thirty-four percent of foreign-born Black females who lived in the United States for 10 years or more were classified as overweight. Thirty-one percent of foreign-born Black females who lived in the United States for less than 10 years and 28 percent of U.S.-born Black females were classified as overweight.

Obese:

U.S.-born Black females (47 percent) exhibited the highest percentage of obesity. Thirty-seven percent of foreign-born Black females who lived in the United States for less than 10 years and 33 percent of foreign-born Black females who lived in the United States for 10 years or more were classified as obese.

What is the prevalence of diagnosed hypertension among Black females (ages 18 to 64 years) in the United States?

Figure 11. Age-adjusted diagnosed hypertension among adult Black females, by nativity and years in the United States (NHIS 2002-2012)



NOTE: Analysis only includes Black females who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. To be classified with diagnosed hypertension, non-elderly Black females reported being told by a doctor or other health professional that they had hypertension on two or more different visits. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in diagnosed hypertension across categories of nativity and years in the United States, $p < 0.001$

A sizeable percentage of U.S.-born Black females (40 percent) had been diagnosed with hypertension by a doctor or other health professional. In contrast, 27 percent of foreign-born Black females who lived in the United States for less than 10 years and 27 percent of foreign-born Black females who lived in the United States for 10 years or more had been diagnosed with hypertension by a doctor or other health professional.

The Office of Minority Health at the U.S. Department of Health and Human Services is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that help eliminate health disparities.

Summary

This data brief provides a profile of demographic and health characteristics from a diverse sample of 23,210 non-elderly Black females in the United States (NHIS 2002-2012). Three out of five foreign-born Black females who lived in the United States for 10 years or more had completed some college or greater. Nearly 80 percent of non-elderly Black females had health insurance coverage. Only 36 percent of foreign-born Black females who lived in the United States for less than 10 years had a usual place for preventive care. Thirty-four percent of foreign-born Black females who lived in the United States for 10 years or more had a healthy weight. However, 40 percent of U.S.-born Black females, compared to 27 percent of their foreign-born counterparts, had been diagnosed with hypertension. These findings demonstrate the importance of examining health data by nativity and length of time in the United States among Black females to illuminate ways to increase health awareness, bolster health care access, and further develop effective programs and policies to reduce health

disparities among this diverse population in the United States.

Conclusion

This brief highlights the heterogeneity of demographic and health characteristics for non-elderly U.S.-born and foreign-born Black females. On many measures detailed in this data brief, significant differences were observed among U.S.-born Black females, foreign-born Black females who lived in the United States for less than 10 years, and foreign-born Black females who lived in the United States for 10 years or more. These observations suggest that disaggregating data by nativity and length of time in the United States better illustrates the differences in demographic and health characteristics of the U.S.-born and foreign-born Black populations. Examining the nativity of the Black population in the United States will help public health officials identify challenges and shape public health responses to disparities in health and health care.

Thirty years ago, the U.S. Department of Health and Human Services (HHS) issued *The Report on the Secretary's Task Force on Black and Minority Health* (also known as the Heckler Report). This groundbreaking report documented health disparities among minorities, estimated to be responsible for as many as 60,000 excess deaths each year. Margaret Heckler, the HHS Secretary who formed the Task Force, called the disparities detailed in the report: "an affront both to our ideals and to the ongoing genius of American medicine."

Ensuring all Americans have access to quality, affordable health care is an important step in addressing health disparities that have persisted since the 1985 Heckler Report. While millions have obtained health insurance since the passage of the Affordable Care Act, fully understanding the health and health care challenges facing minorities in the United States is also essential. By acknowledging the growing percentage of Black immigrants living in the United States [9, 10] and adjusting our approach to studying health indicators and social determinants of health, the nation's public health leaders and policy makers will be better positioned to reduce disparities that persist in these communities.

Definitions [4]

Adult non-Hispanic Blacks

Based on non-elderly females who self-identified as non-Hispanic Black or African American.

Diagnosed hypertension

To be classified with diagnosed hypertension, non-elderly Black females reported being told by a doctor or other health professional that they had hypertension on two or more different visits.

Educational attainment

Education was categorized as less than high school; high school graduate, including certificate of general education development (GED); and some college or greater.

Health insurance coverage

Non-elderly Black females were considered insured if they had any private health insurance, government- or state-sponsored health insurance plans.

Income to poverty ratio

Observations missing on income were not included in the analysis of income to poverty ratios. The income to poverty ratio was created by the NCHS utilizing published information from the U.S. Census Bureau regarding poverty thresholds [5]. A ratio of the previous calendar year's income value reported by respondents to the poverty threshold for the same year was constructed, based on the family's overall size as well as the number of children (aged 17 and under) present in the family [4]. *"Ratios below 1.00 indicate that the income for the respective family or unrelated individual is below the official definition of poverty, while a ratio of 1.00 or greater indicates income above the poverty level. A ratio of 1.25, for example, indicates that income was 125 percent above the appropriate poverty threshold"* [6].

Marital Status

Non-elderly Black females who were not married included those reported to be widowed, divorced, separated, or never married.

Nativity and Years in the United States

Nativity refers to place of birth and was based on a geographical place of birth recode provided by the NCHS/NHIS. For this study, two places of birth were analyzed: U.S.-born and foreign-born. The U.S.-born population includes anyone born in one of the 50 United States, the District of Columbia or a U.S. territory. The foreign-born population includes anyone who was not born in the United States or a U.S. territory. *Years in the United States* refers to the respondent's answer to *"Years that {respondent} has been in the U.S."* This question was asked of all respondents that were not born in the United States.

Smoking status

Those who reported smoking fewer than 100 cigarettes in their lifetime were classified as never smokers. Former smokers reported smoking 100 cigarettes or more in their lifetime and did not currently smoke every day or on occasion. Current smokers were classified as having smoked 100 cigarettes in their lifetime and currently smoking every day or on occasion.

Weight status

Weight status was based on body mass index (BMI, kg/m²). BMI classifications were based on cut-points established by the World Health Organization, using self-reported height and weight [8]. Individuals classified as underweight, BMI less than 18.5 kg/m², are not shown. Individuals with a BMI between 18.5 kg/m² to 24.9 kg/m² were considered a healthy weight; 25.0 kg/m² to 29.9 kg/m² were considered overweight; and individuals with BMI of 30 kg/m² and above were considered obese.

Usual place for preventive care

Non-elderly Black females were classified as having a usual place for preventive care if they reported going to a: 1) clinic or health center; 2) doctor's office or HMO; 3) hospital outpatient department; 4) some other place; or 5) doesn't go to one place most often. Non-elderly Black females who reported not obtaining preventive care anywhere or going to the emergency room for preventive care were classified as not have a usual place for preventive care.

Data Sources and Methods

Analyses in this data brief were based on National Health Interview Surveys (NHIS) collected from 2002-2012. Sampling weights were used to produce national estimates that were representative of the civilian non-institutionalized U.S. population. Our analysis was restricted to non-Hispanic and Black/African-American females between the ages 18 to 64 years who specified their nativity or length of time in the United States. This resulted in a final sample of 23,210 non-elderly Black females.

Chi-square tests were used to assess differences for demographic and health characteristics by nativity and years in the United States. All estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Point estimates in all figures are accompanied by 95% confidence intervals. Statistical analyses were conducted using STATA 13 [11] to account for the complex sample design of the NHIS. Data were analyzed using sample weights to account for differential probabilities of sample selection, non-response, and sample non-coverage. All prevalence estimates were age-standardized to the 2000 U.S. population [12].

The authors intentionally did not use the terms "African-American" or "Black/African-American". The authors highlight the diversity of the Black population, particularly by nativity and length of time in the United States. The term "African-American" does not capture the geographical diversity of the Black population, and the Black foreign-born population, specifically.

Limitations

Because we used a nationally representative sample of non-elderly Black females from the CDC/NCHS/NHIS, all variables included in this analysis were self-reported and subject to recall bias. Also, the NHIS only collects data on non-institutionalized persons; thus, our findings are not generalizable to incarcerated populations, military personnel, or adults in nursing homes or other long-term care facilities.

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