

A couple notes before we get started

The audience has been muted by default. Those connecting through the Zoom application may submit questions through Zoom's Q&A feature.

To hear the audio, please ensure your speakers or headset are turned on with the volume up.

Live captioning is available for this event. Please visit <https://www.captionedtext.com/client/event.aspx?EventID=4719012&CustomerID=321> or <http://mobilercc.sprintrelay.com> on your mobile device and use Event ID: 4719012

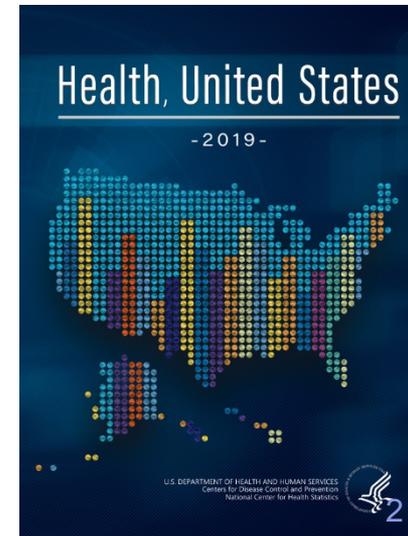
Presentation slides and a recording of the webinar will be made available on the NCHS website.

Reporting on the Nation's Health in *Health, United States*

Renee Gindi, PhD

Chief, Population Health Research and Dissemination Branch
Division of Analysis and Epidemiology

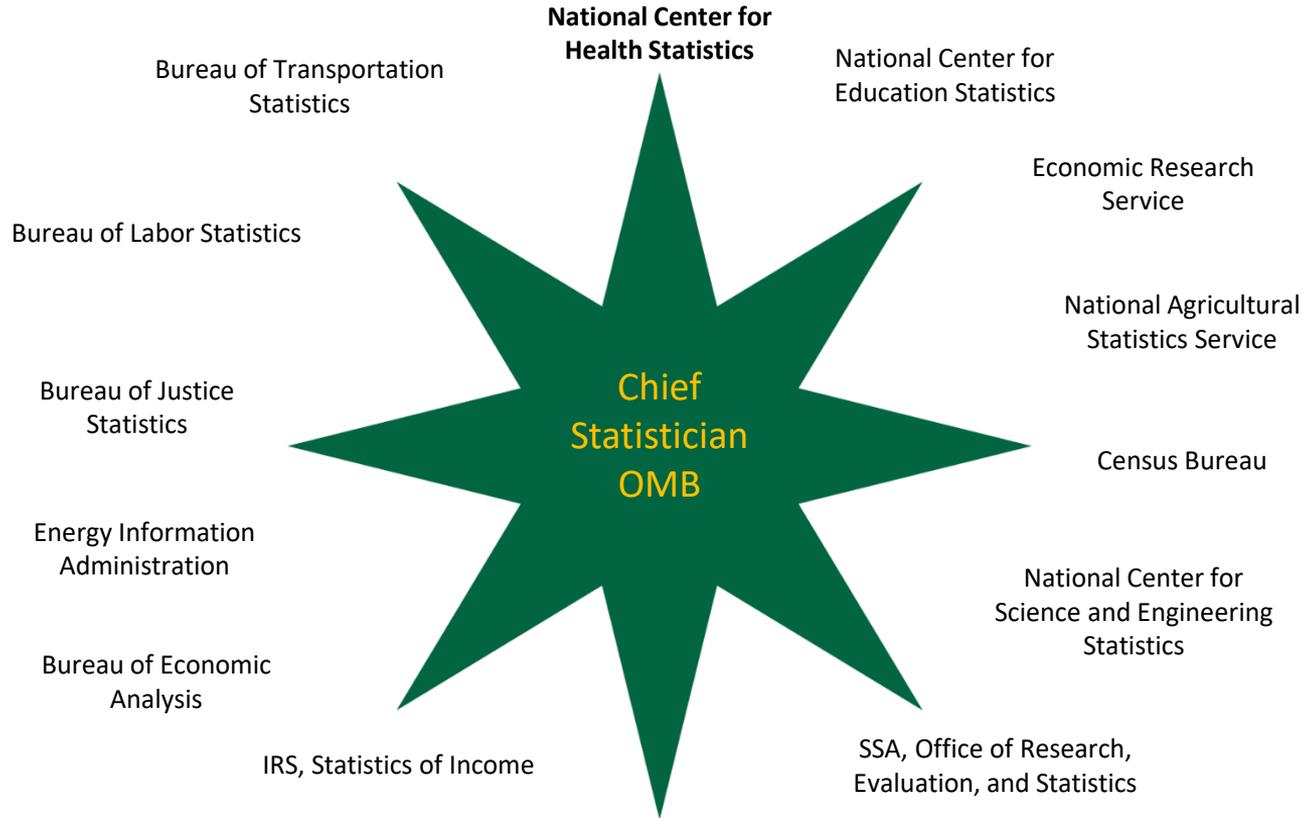
NCHS Webinar
March 4, 2021



Outline

- What is *Health, United States*?
- What are some themes from the *Health, United States, 2019* annual report?
- How can you explore these themes yourself using *Health, United States*?
- What are some of the features planned in the redesigned *Health, United States* that may make this exploration easier?

U.S. Federal Statistical System



NCHS Data Collection

In addition to its major data collection programs, NCHS fulfills its mission by conducting targeted surveys and through its Data Linkage Program



National Vital
Statistics
System



National
Survey of
Family
Growth

NSFG

National
Health
Interview
Survey



National
Health and
Nutrition
Examination
Survey



National
Health Care
Surveys



Health, United States: Reporting mandate

A Congressionally mandated report from the Secretary of Health and Human Services to the President and Congress

Published by the National Center for Health Statistics since 1975

Covers 4 major subject areas:

- Health Status and Determinants
- Health Care Utilization
- Health Care Resources
- Health Care Expenditures and Payers

Health, United States: Program goals

Educate and inform the public and policymakers on key health topics

- Bring together health information from multiple data sources
- Focus on trends over time
- Examine health disparities between population subgroups

Health, United States, 2019: Annual report

Chartbook on the Health of Americans

- Figures and analytic text, usually between 2008 and 2018
- Highlights, usually 2018 data or basic statistical comparisons
- Data Tables
- Technical Notes

Health, United States, 2019: Supplementary products

Supplementary trend tables

- Longer-term trends among more detailed population groups

At-a-Glance Table

- Key indicators from the trend tables

Appendices

- Descriptions and more details about data sources and methodology

Social media-friendly visuals

- Shareable images to communicate highlights

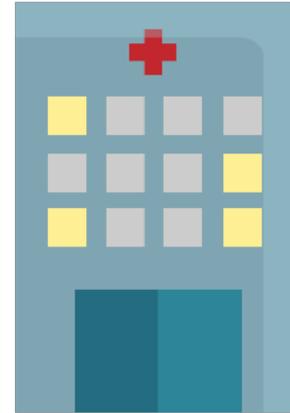
Health, United States, 2019: Annual report themes



Heart disease, cancer, and leading causes of death



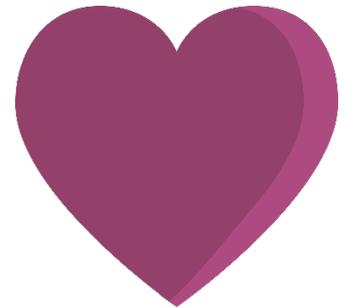
Continuing disparities by race and Hispanic origin



Changes in health insurance and access

Health, United States, 2019: Heart disease, cancer, and leading causes of death

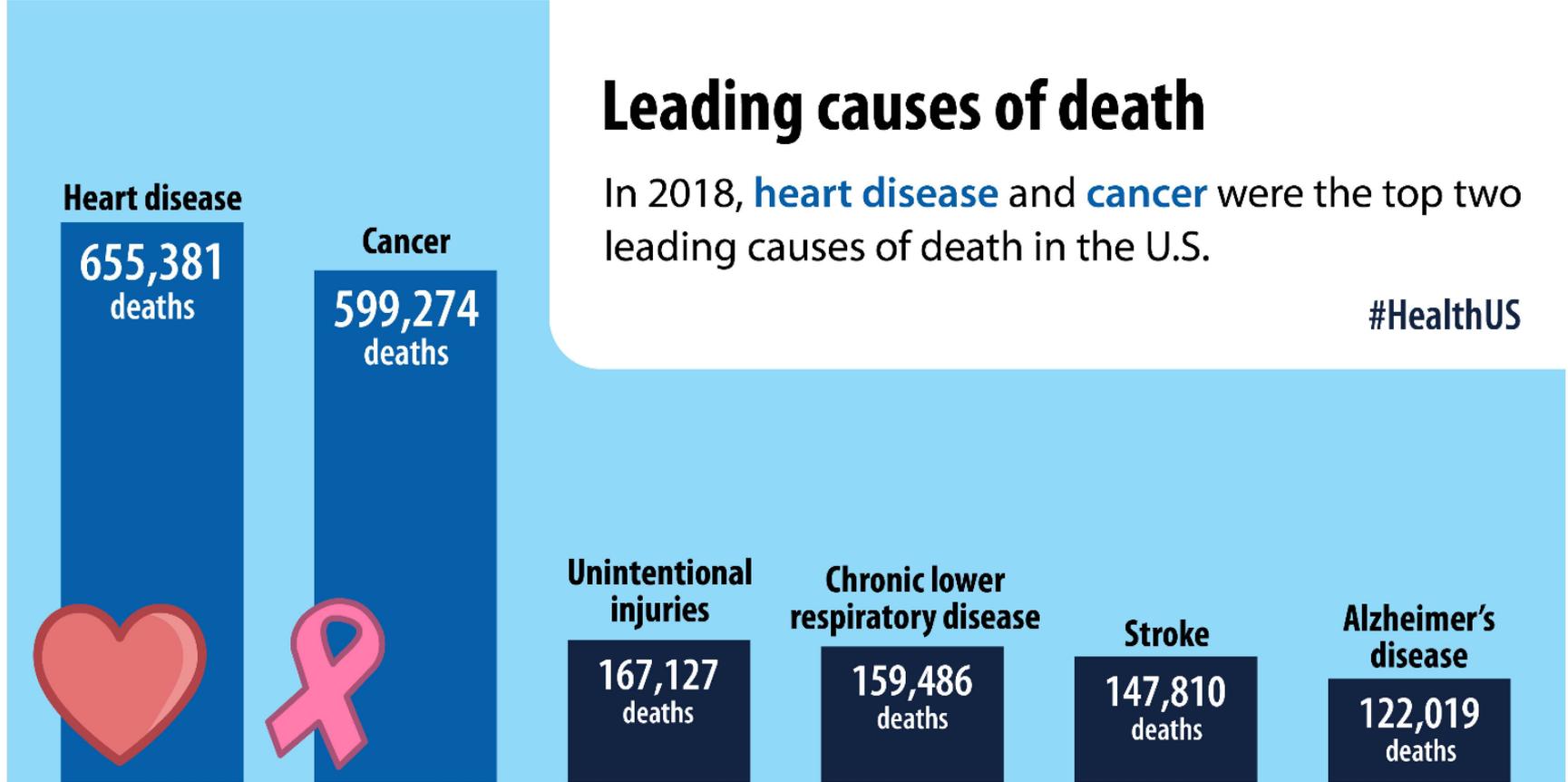
- Leading causes of death
- Mortality rates
- Heart disease prevalence and history of cancer



Leading causes of death

In 2018, **heart disease** and **cancer** were the top two leading causes of death in the U.S.

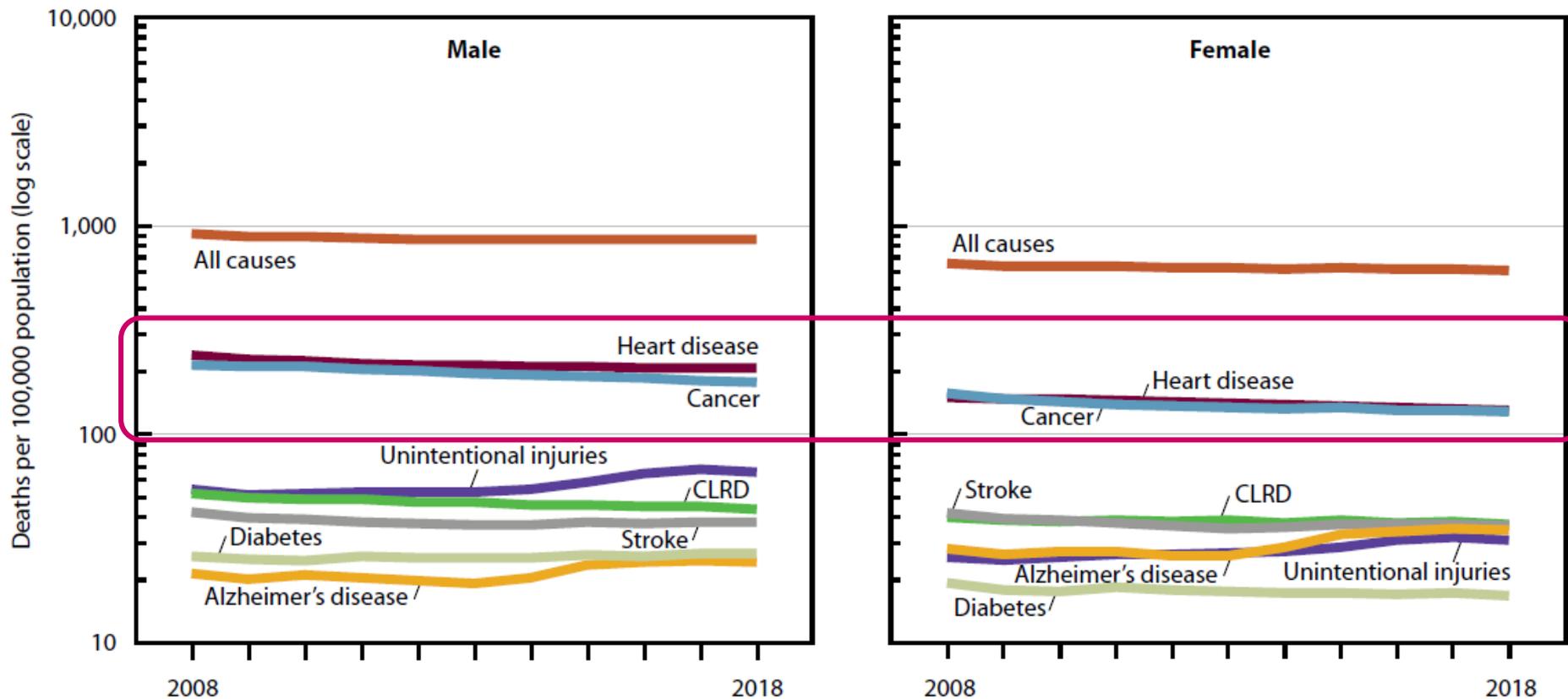
#HealthUS



In 2018, heart disease and cancer accounted for 44% of deaths.

Mortality rates for heart disease and cancer, the two leading causes of death in the United States, declined from 2008 to 2018.

Figure 3. Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2008-2018



Age-adjusted deaths per
100,000 population

Heart disease



192.1
2008

173.7
2011

163.6
2018

#HealthUS

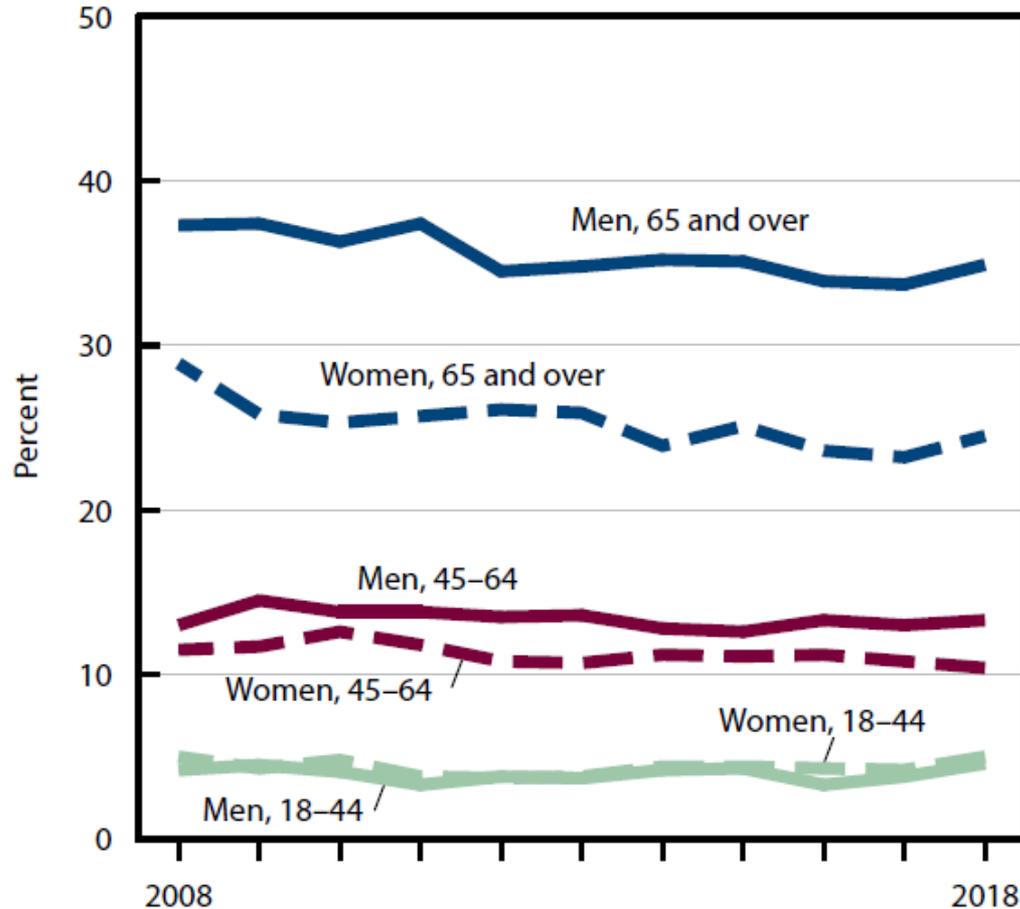
Heart disease deaths

Death rates for heart disease, the leading cause of death in the U.S., **decreased** from 2008 to 2018.

The rate of decrease slowed from 2011 to 2018.

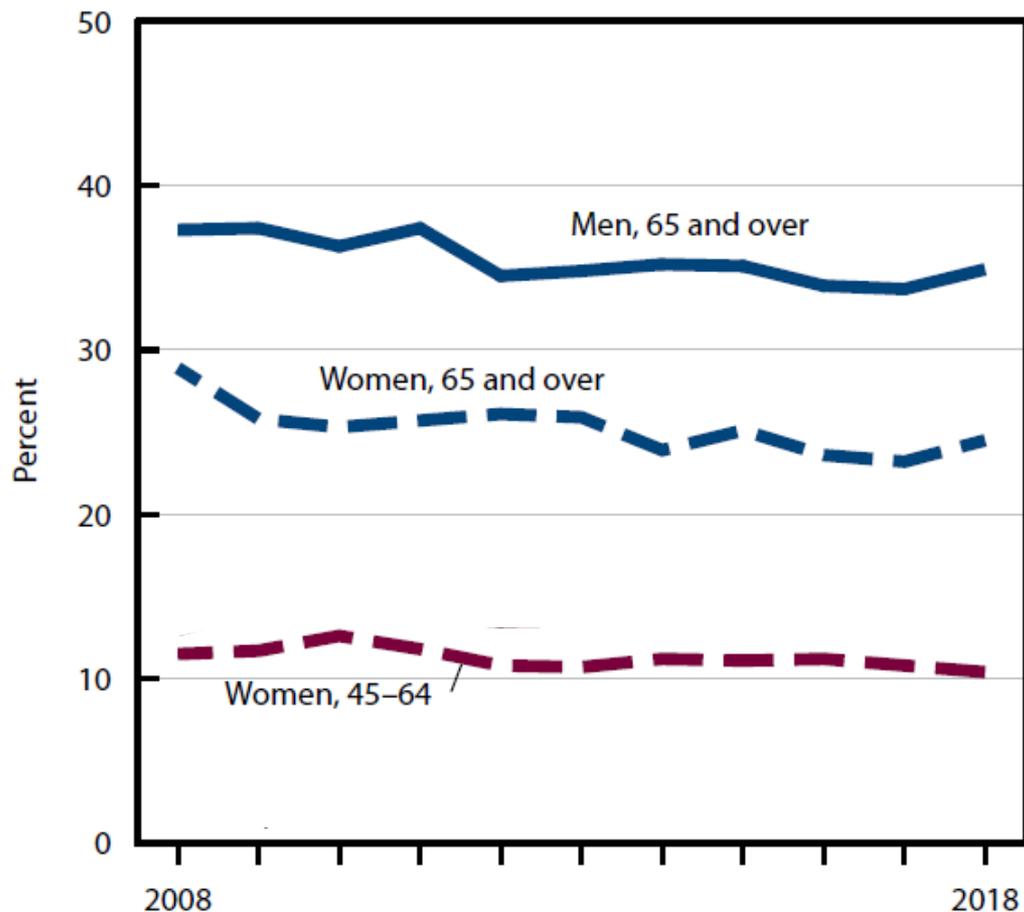
The age-adjusted heart disease death rate decreased 15% between 2008 and 2018, from 192.1 to 163.6 deaths per 100,000 population.

Figure 12a. Heart disease among adults aged 18 and over, by sex and age: United States, 2008–2018



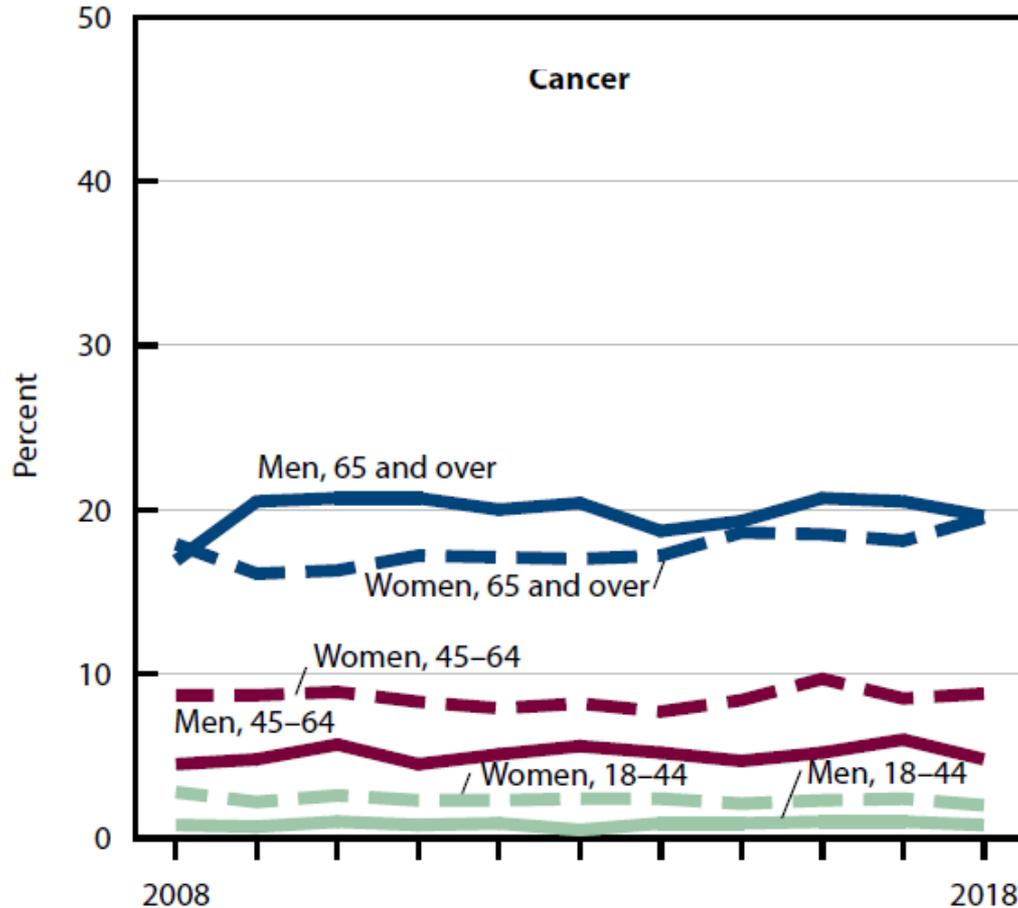
From 2008 to 2018, heart disease prevalence decreased among men and women aged 65 and over and among women aged 45–64.

Figure 12a. Heart disease among adults aged 18 and over, by sex and age: United States, 2008–2018



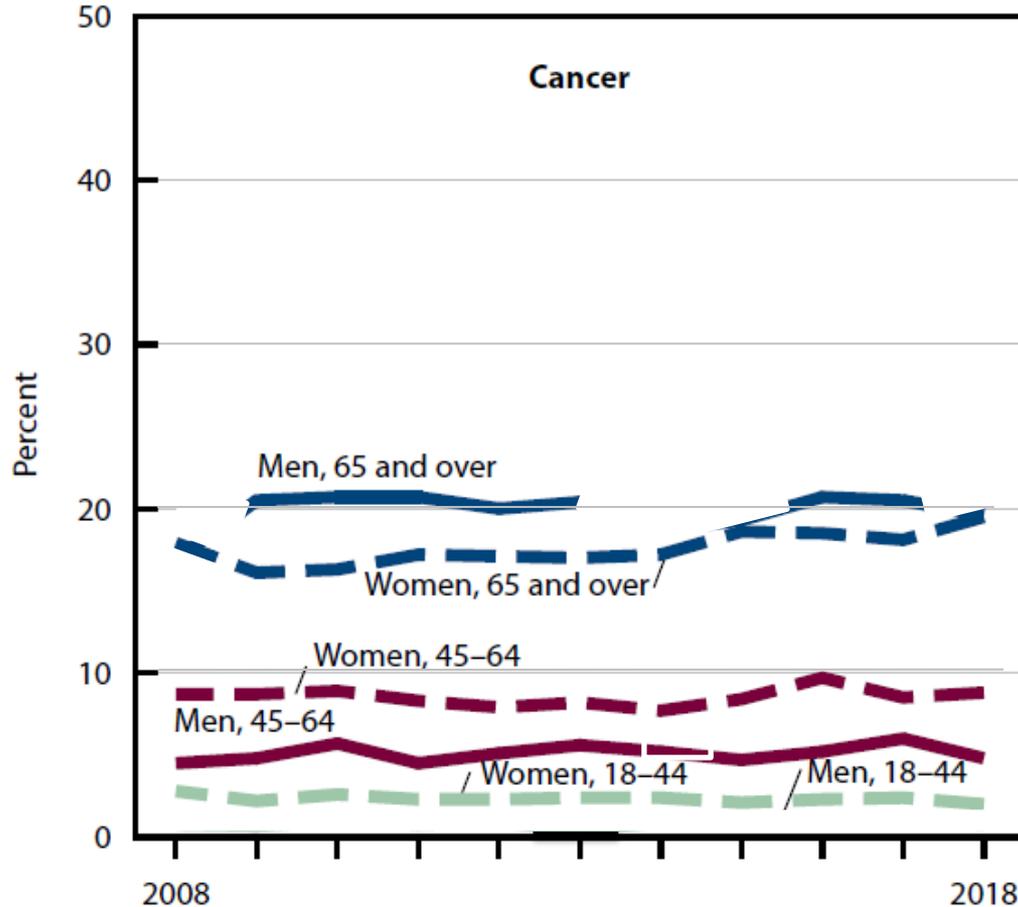
From 2008 to 2018, heart disease prevalence decreased among men and women aged 65 and over and among women aged 45–64.

Figure 12b. Cancer among adults aged 18 and over, by sex and age: United States, 2008–2018



From 2008 to 2018, the percentage reporting a history of cancer decreased among women aged 18–44 and increased among women aged 65 and over.

Figure 12b. Cancer among adults aged 18 and over, by sex and age: United States, 2008–2018



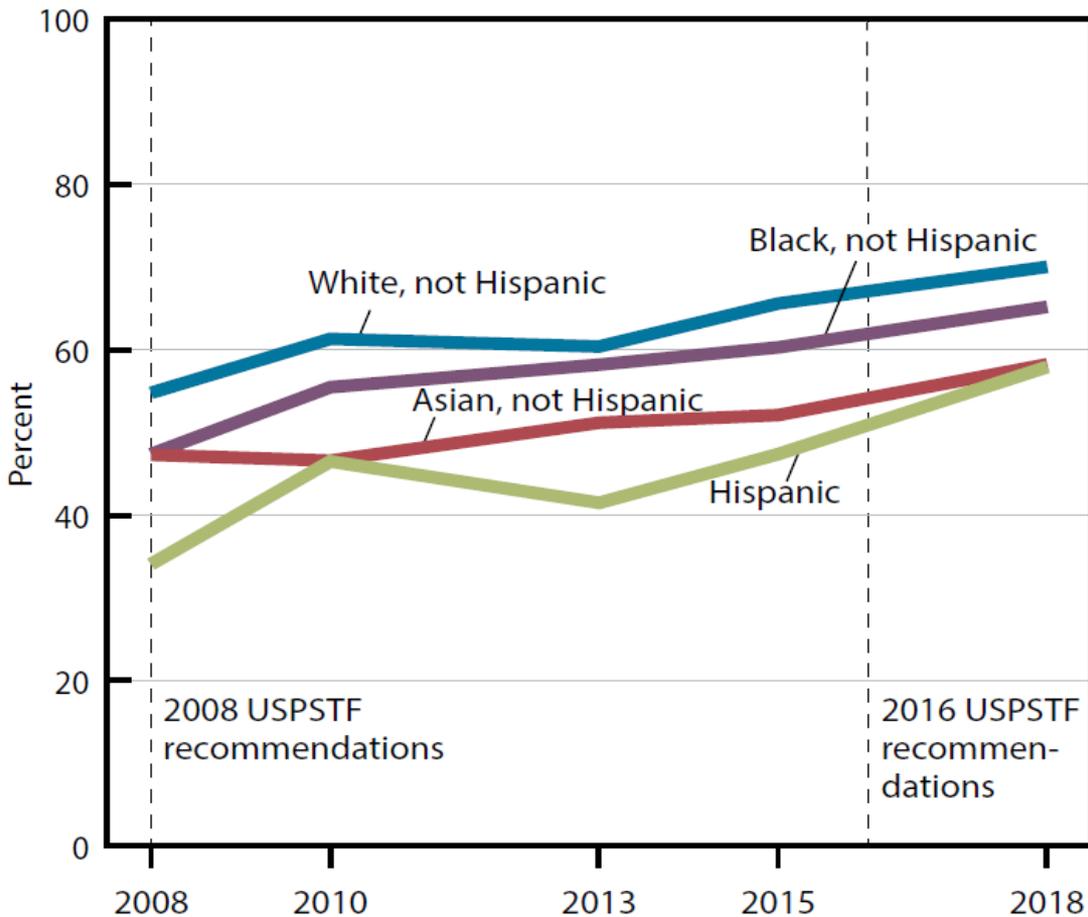
From 2008 to 2018, the percentage reporting a history of cancer decreased among women aged 18–44 and increased among women aged 65 and over.

Health, United States, 2019: Disparities by Race and Hispanic origin

- Cancer screening tests
- Maternal mortality
- Infant mortality
- Teen births

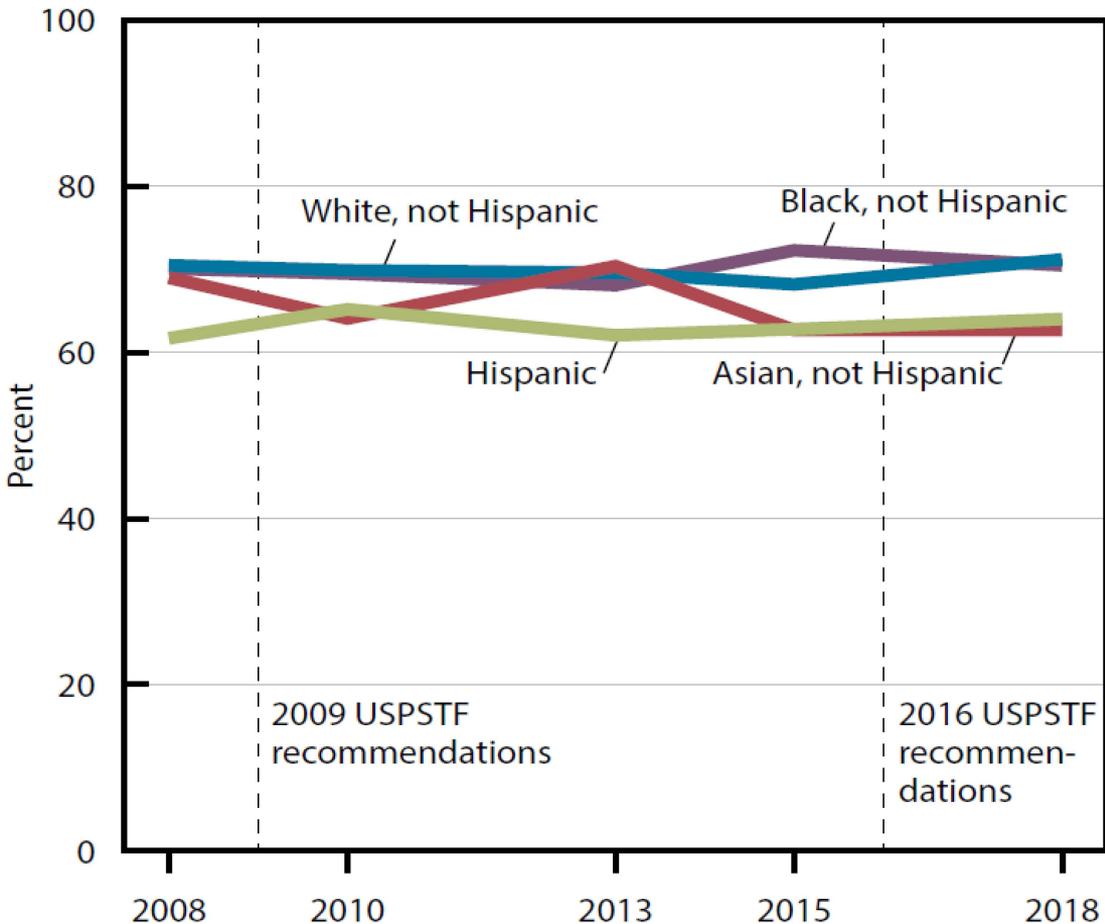


Figure 14b. Use of colorectal cancer testing among adults aged 50–75, by race and Hispanic origin: United States, 2008–2018



From 2008 to 2018, colorectal cancer testing increased for all race and Hispanic-origin groups, and differences in use persisted in 2018.

Figure 14a. Use of mammogram in the past 2 years among adults aged 40–74, by race and Hispanic origin: United States, 2008–2018

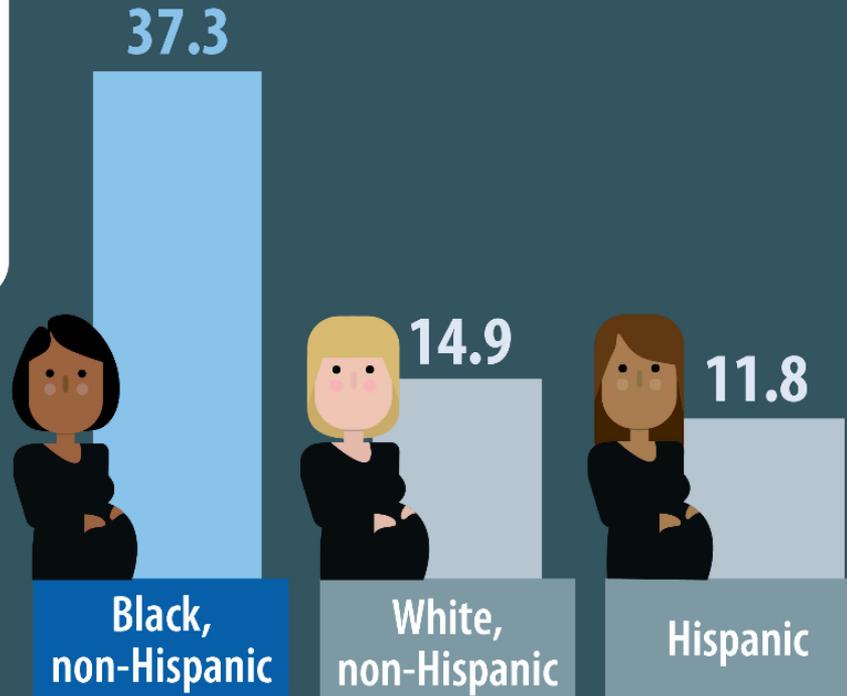


From 2008 to 2018, use of mammogram in the past 2 years was stable for all race and Hispanic-origin groups, and differences in use persisted in 2018.

Maternal mortality

Maternal mortality was **higher among non-Hispanic black women** than among non-Hispanic white and Hispanic women in 2018.

Maternal deaths per 100,000 live births, 2018



#HealthUS

In 2018, maternal mortality among non-Hispanic black women was more than twice the rate among non-Hispanic white women and more than three times the rate among Hispanic women.

In 2018, maternal mortality was highest for non-Hispanic black women aged 40 and over.

Figure 6. Maternal mortality, by age and race and Hispanic origin: United States, 2018

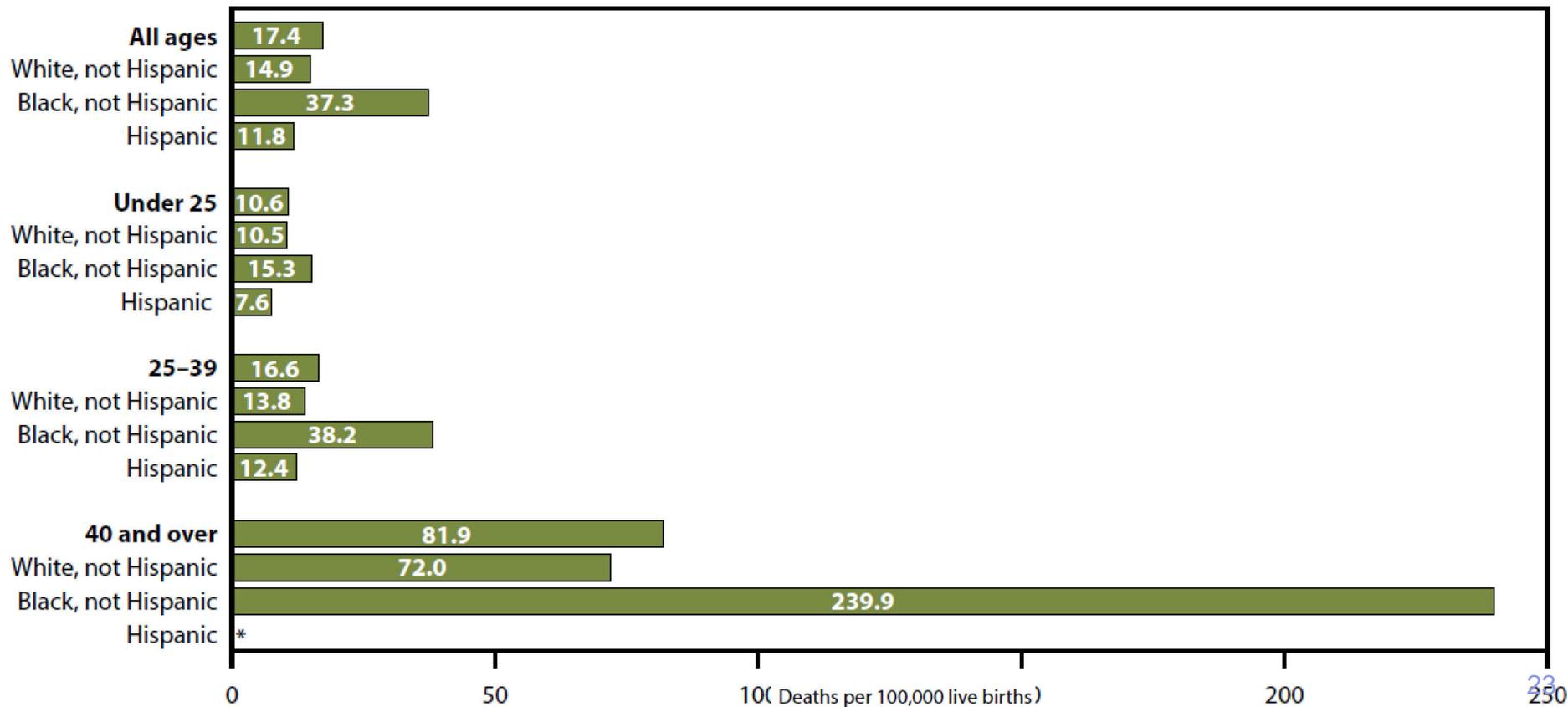
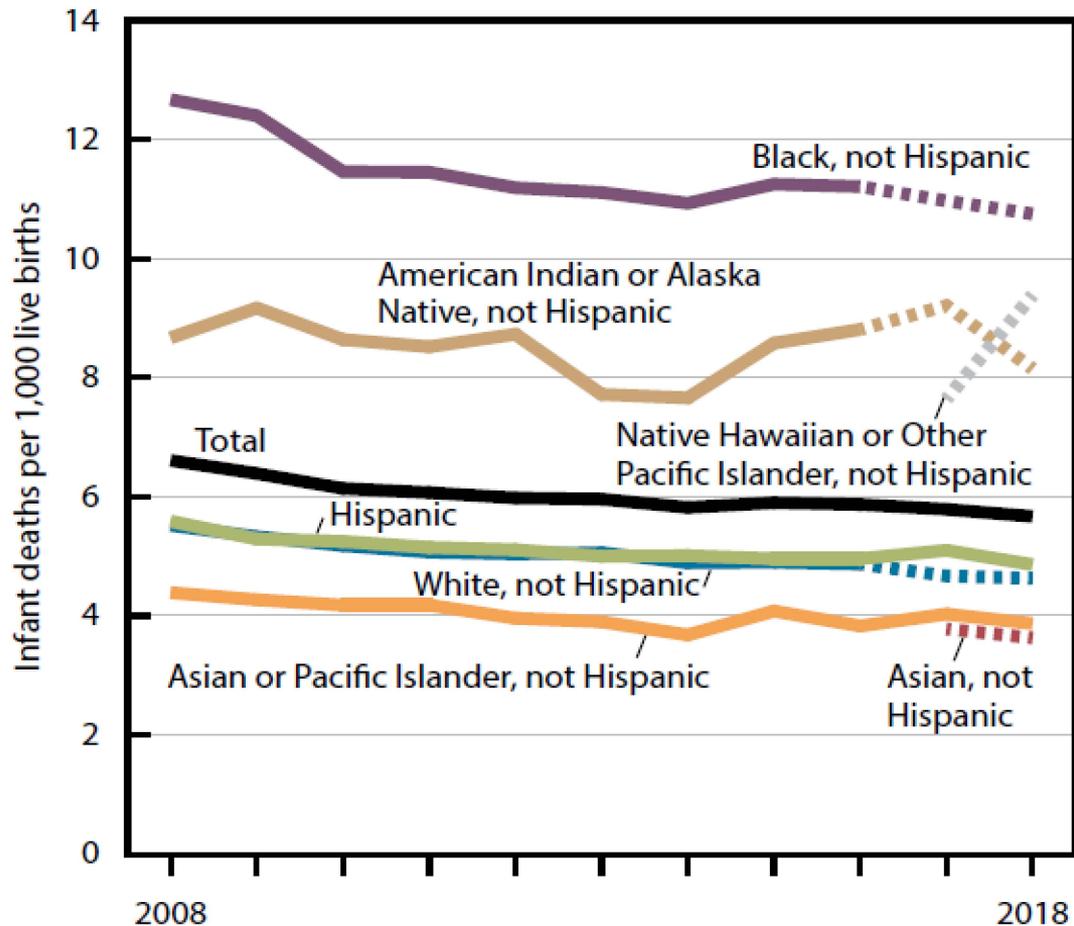


Figure 2. Infant mortality rates, by race and Hispanic origin of mother: United States, 2008–2018



From 2008 to 2018, infant mortality was highest among infants born to non-Hispanic black women.

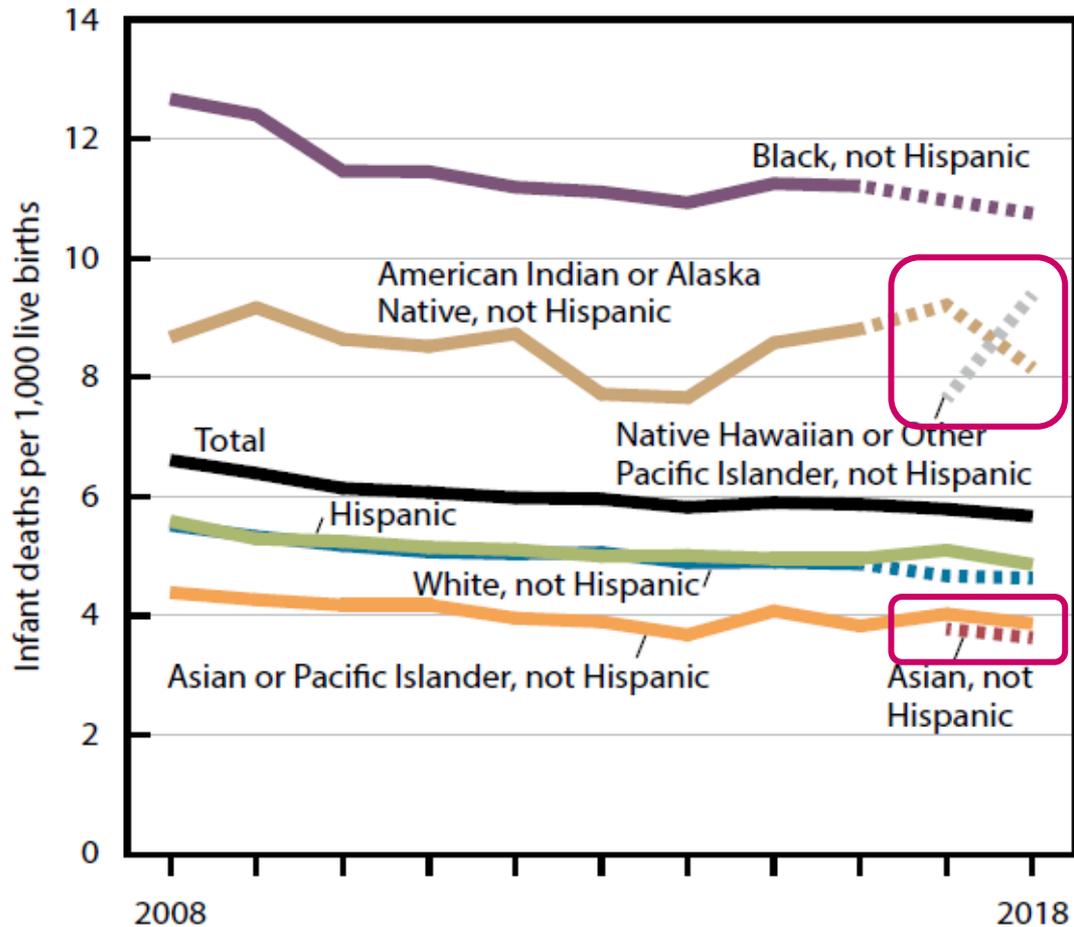
Standards for the Classification of Federal Data on Race and Ethnicity

In 1997, the OMB standards were revised to make the following changes:

1. The “Asian or Pacific Islander” category was separated into two categories—“Asian” and “Native Hawaiian or Other Pacific Islander.”
2. The term “Black” was changed to “Black or African American.”
3. The term “American Indian or Alaskan native” was changed to “American Indian or Alaska Native.”
4. The term “Hispanic” was changed to “Hispanic or Latino.”
5. Respondents could identify as more than one race.

1977 standards	1997 standards
White	White
Black	Black or African American
American Indian or Alaskan Native	American Indian or Alaska Native
Asian or Pacific Islander	Asian
	Native Hawaiian or Other Pacific Islander
Hispanic	Hispanic or Latino

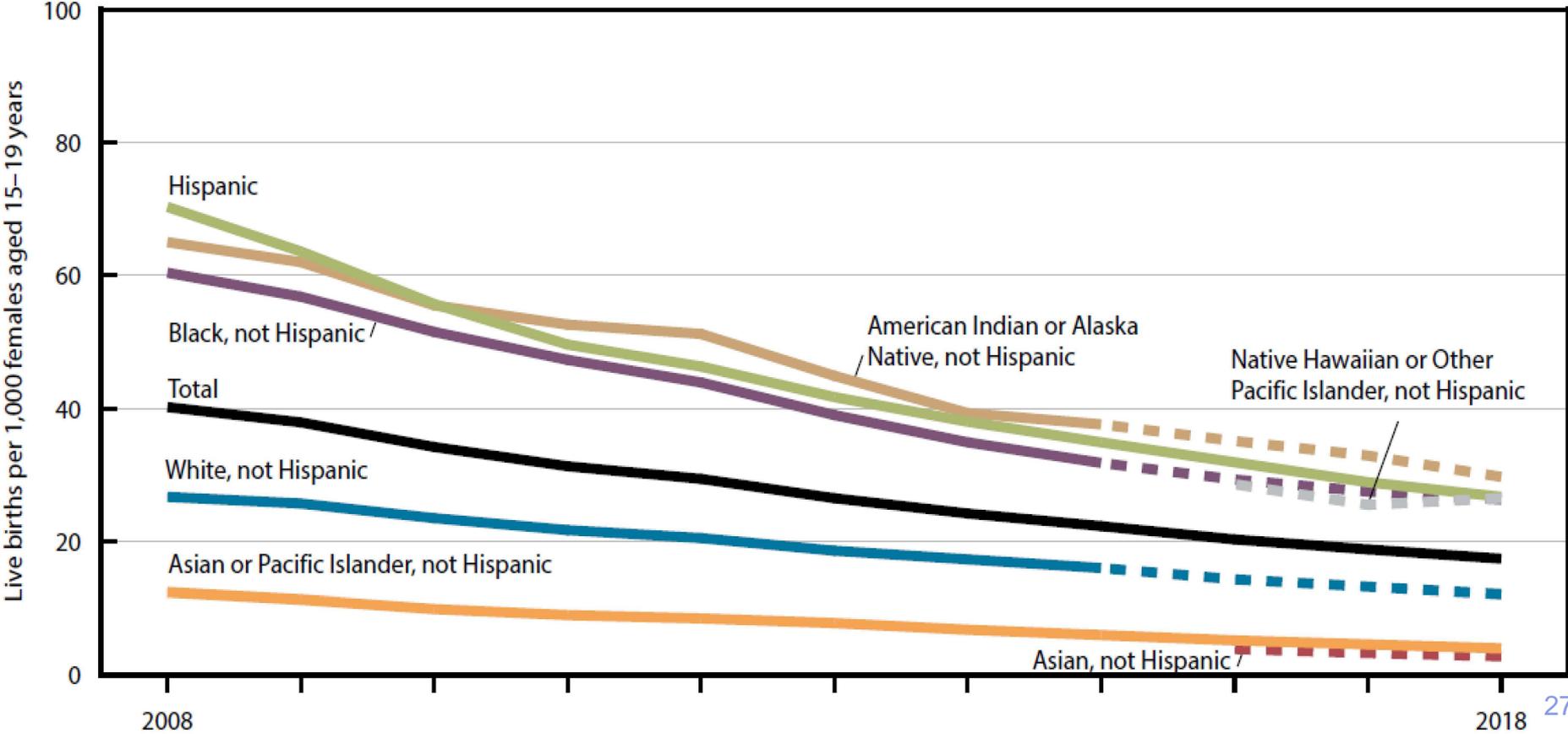
Figure 2. Infant mortality rates, by race and Hispanic origin of mother: United States, 2008–2018



From 2008 to 2018, infant mortality was highest among non-Hispanic black women.

From 2008 to 2018, teen births were highest among non-Hispanic American Indian or Alaska Native, Hispanic, and non-Hispanic black females.

Figure 7. Teen births among females aged 15–19 years, by race and Hispanic origin: United States, 2008–2018



Health, United States, 2019: Health Insurance and Access

- Health insurance among children and adults
- Supplemental Medicare coverage among adults aged 65 and over
- Unmet need due to cost

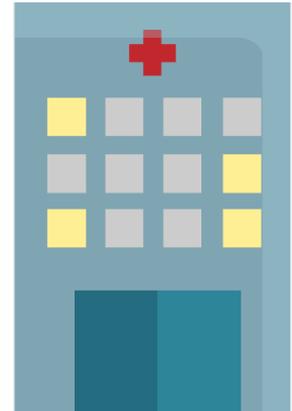
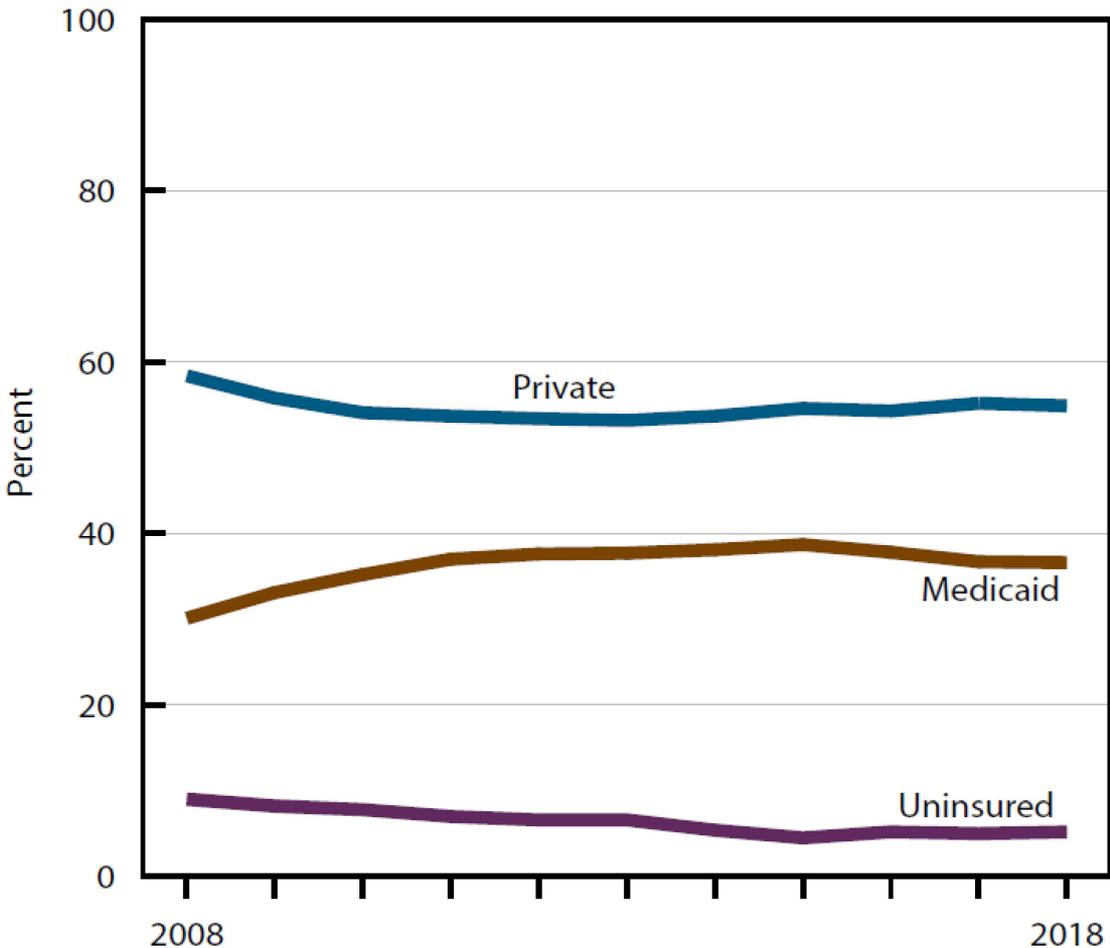
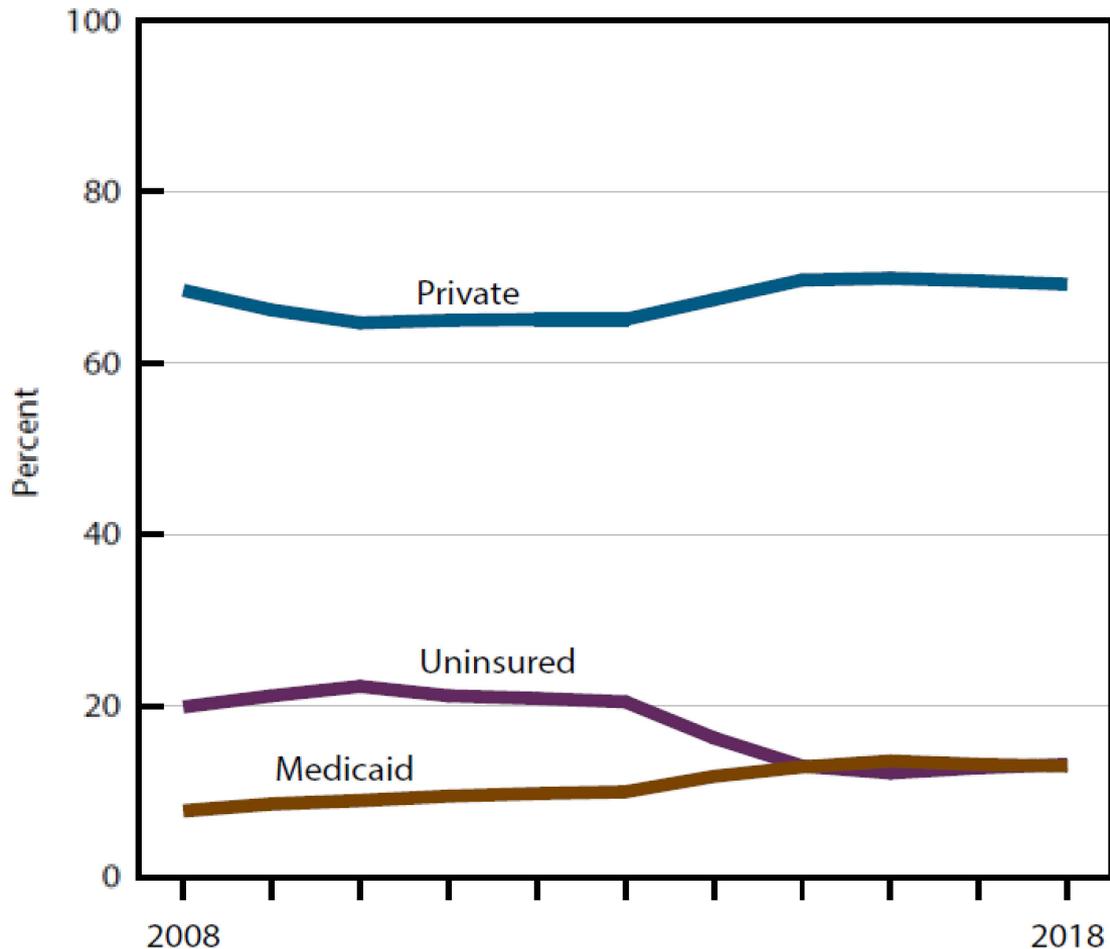


Figure 19a. Health insurance coverage among children under age 18 years, by type of coverage: United States, 2008–2018



In 2018, the percentage of children under age 18 years who were uninsured was 5.2%, 3.8 percentage points lower than in 2008 (9.0%).

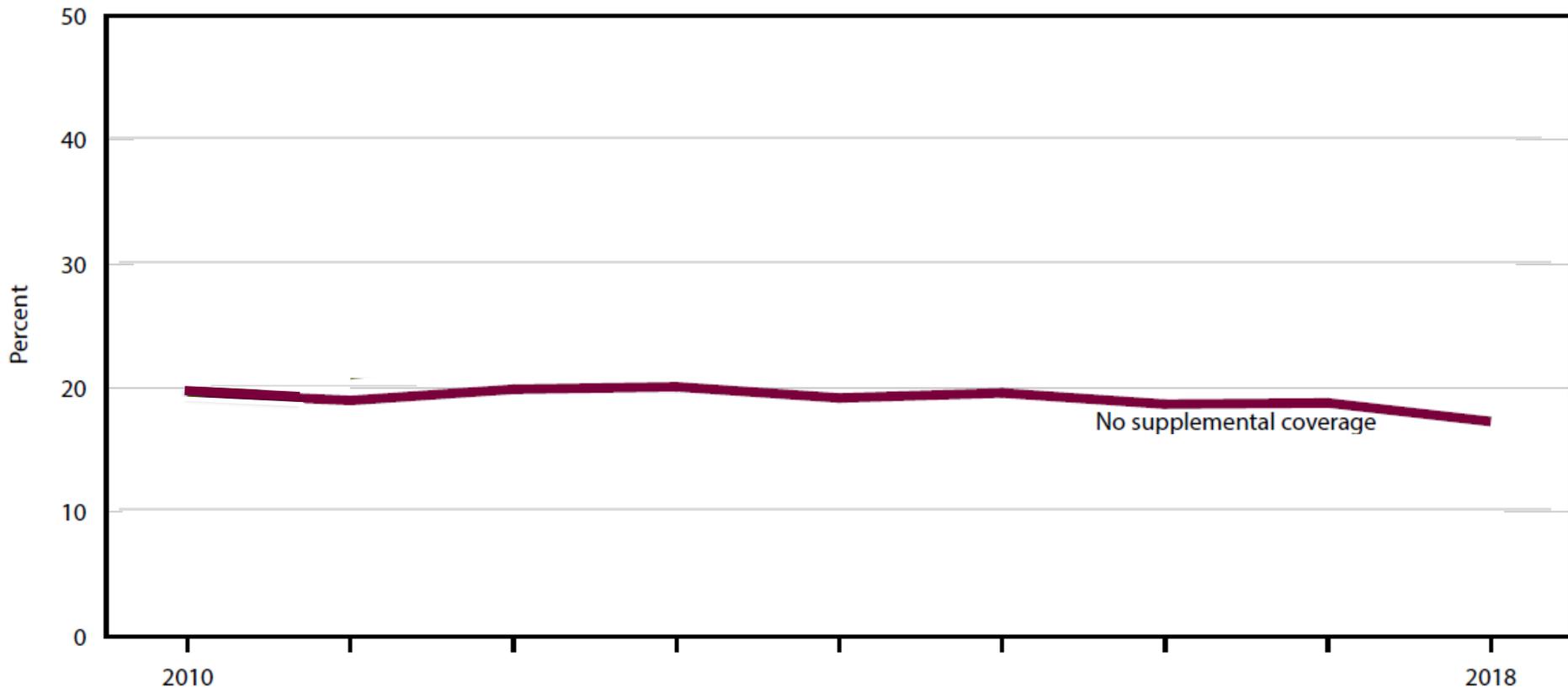
Figure 19b. Health insurance coverage among adults aged 18–64, by type of coverage:
United States, 2008–2018



In 2018, the percentage of adults aged 18–64 who were uninsured was 13.2%, 6.7 percentage points lower than in 2008 (19.9%).

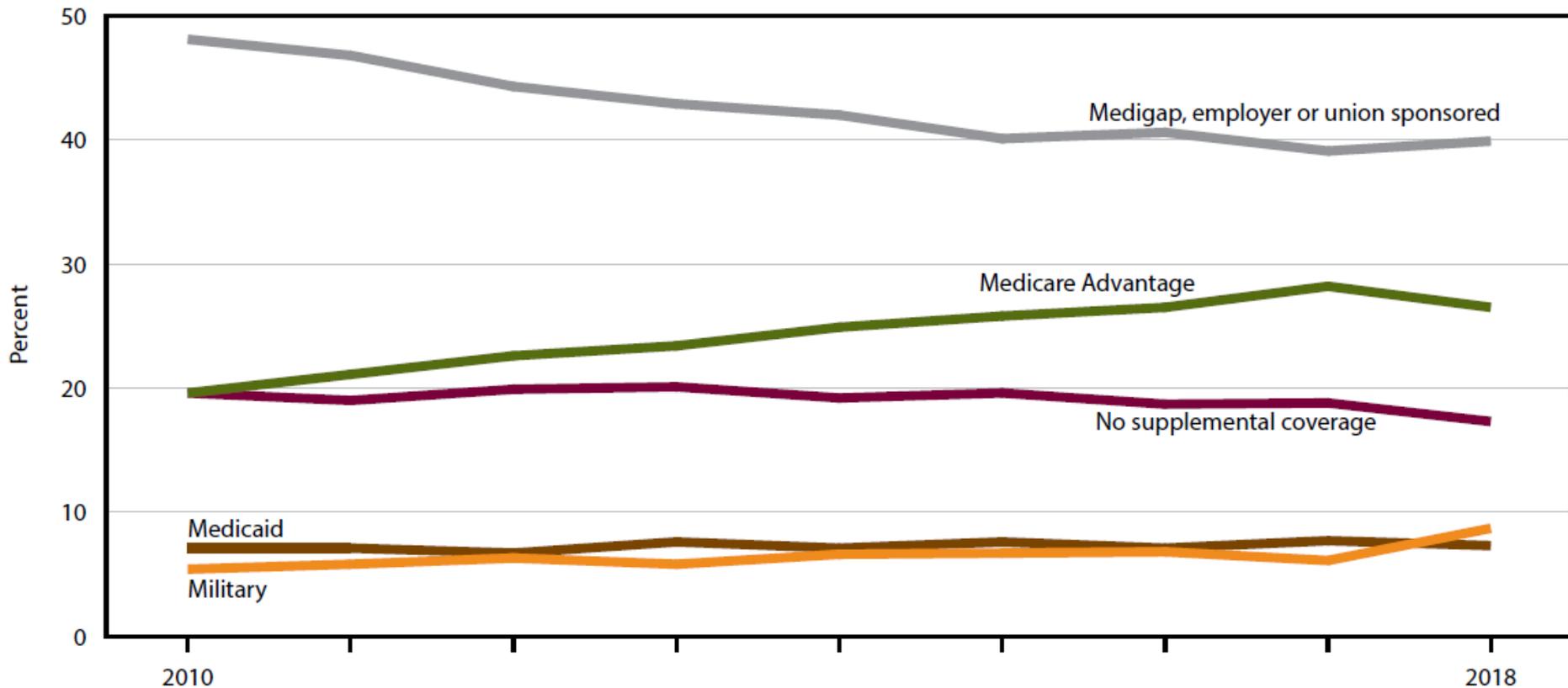
From 2010 to 2018, approximately 20% of Medicare beneficiaries aged 65 and over had no supplemental health insurance coverage.

Figure 20. Supplemental insurance coverage among adults aged 65 and over with Medicare coverage, by type of supplemental coverage: United States, 2010–2018



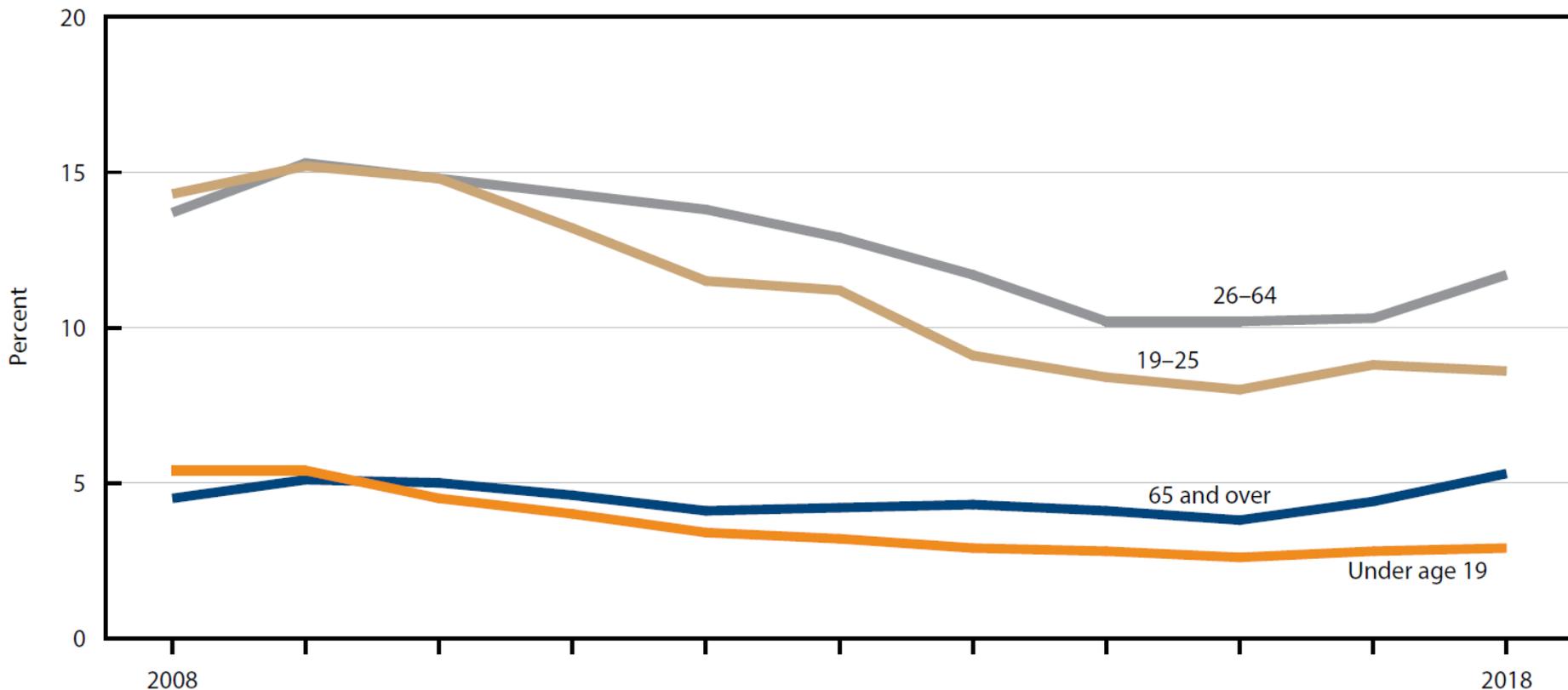
From 2010 to 2018, approximately 20% of Medicare beneficiaries aged 65 and over had no supplemental health insurance coverage.

Figure 20. Supplemental insurance coverage among adults aged 65 and over with Medicare coverage, by type of supplemental coverage: United States, 2010–2018



From 2008 to 2018, adults aged 19–64 were most likely to have delayed or unmet medical need in the past 12 months due to cost.

Figure 15. Delay or nonreceipt of needed medical care in the past 12 months due to cost, by age: United States, 2010–2018



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Subjects:

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Table / Figure	Title	PDF	Excel	PPT	Subjects	Population Subgroups
Table 001	Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950–2018	[PDF]	[XLSX]		Births	Adults, American Indian or Alaska Native, Asian, Asian or Pacific Islander, Black or African American, Native Hawaiian or Other Pacific Islander, Children and adolescents, Hispanic or Latino, White, Women
Table 002	Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race	[PDF]	[XLSX]		Deaths, Infant mortality	American Indian or Alaska Native, Asian, Asian or Pacific Islander, Black or

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The screenshot shows the CDC Data Finder interface. On the left is a navigation sidebar with options like 'Report Description', 'Getting Started', 'At-a-Glance Table', 'Data Finder' (highlighted), 'Appendixes', 'Spotlight Infographics', 'Outreach', 'Frequently Asked Questions', 'Electronic Mailing List', 'Previous Reports', and 'Suggested Citation'. Below the sidebar is a 'Related Sites' section with a link to 'Purchase Health, United States'. The main content area is titled 'Health, United States, 2019 – Data Finder'. It includes a paragraph explaining that 49 trend tables are available as online-only supplements. Below this is a 'View Suggested Citation' link and a 'Filter Data By' section. The 'Filter Data By' section has a 'Reset to default order' button and three dropdown menus: 'Table / Figure' (set to 'All Tables / Figures'), 'Subjects' (set to 'All subjects'), and 'Population Subgroups' (set to 'All population subgroups'). A blue callout box highlights the 'Population Subgroups' dropdown. Below the filters is a table with columns for 'Table / Figure', 'Title', 'PDF', 'Excel', 'PPT', 'Subjects', and 'Population Subgroups'. Two rows are visible: 'Table 001' for birth rates and 'Table 002' for infant mortality.

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Table / Figure: All Tables / Figures Subjects: All subjects All population subgroups

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Population Subgroups:

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Race and Hispanic origin

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Sex

- Men

All population subgroups

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The screenshot shows the CDC Data Finder interface. On the left is a navigation sidebar with options like 'Report Description', 'Getting Started', 'At-a-Glance Table', 'Data Finder', 'Appendixes', 'Spotlight Infographics', 'Outreach', 'Frequently Asked Questions', 'Electronic Mailing List', 'Previous Reports', and 'Suggested Citation'. The main content area is titled 'Health, United States, 2019 – Data Finder'. Below the title is a paragraph explaining that 49 trend tables are available as online-only supplements. A 'View Suggested Citation' link is present. A 'Filter Data By' section includes a 'Reset to default order' button and three dropdown menus: 'Table / Figure' (set to 'All Tables / Figures'), 'Subjects' (set to 'All subjects'), and 'Population Subgroups' (set to 'All population subgroups'). A blue callout box highlights the 'Population Subgroups' dropdown, which is currently set to 'American Indian or Alaska Native'. Below the filters is a table with columns for 'Table / Figure', 'Title', 'PDF', 'Excel', 'PPT', 'Subjects', and 'Population Subgroups'. Two rows are visible: 'Table 001' for birth rates and 'Table 002' for infant mortality.

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Population Subgroups:

American Indian or Alaska Native

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Table 002 Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race

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Table 001	Crude birth rates, fertility rates, and birth	[PDF =]	[XLSX =]		Births	Adults, American Indian or Alaska
Table 002	Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race	[PDF =]	[XLSX =]		Deaths, Infant mortality	American Indian or Alaska Native, Asian, Asian or Pacific Islander, Black or

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	A	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	Table 2. Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2018													
2	Excel version (with more data years and standard errors when available): https://www.cdc.gov/nchs/hus/contents2019.htm#Table - 002													
3	[Data are based on linked birth and death certificates for infants and fetal death records]													
4	Maternal race and Hispanic origin ¹	2008 ³	2009 ³	2010 ³	2011 ³	2012 ³	2013 ³	2014 ³	2015 ³	2016 ³	2017 ³	2017 ³ (single race)	2018 ³	2018 ³ (single race)
5		Infant ⁴ deaths per 1,000 live births												
6	All mothers	6.6	6.4	6.1	6.1	6.0	6.0	5.8	5.9	5.9	---	5.8	---	5.7
7	White	5.6	5.3	5.2	5.1	5.1	5.1	4.9	4.9	4.9	4.9	4.8	4.8	4.7
8	Black or African American	12.4	12.4	11.2	11.2	10.9	10.9	10.7	11.0	10.9	10.4	10.5	10.2	10.5
9	American Indian or Alaska Native	8.4	8.5	8.3	8.2	8.4	7.6	7.6	8.3	8.6	8.3	8.6	7.7	7.7
10	Asian or Pacific Islander	4.5	4.4	4.3	4.4	4.1	4.1	3.9	4.2	4.0	4.2	...	4.1	...
11	Hispanic or Latina ⁵	5.6	5.3	5.3	5.2	5.1	5.0	5.0	5.0	5.0	---	5.1	---	4.9
12	Mexican	5.6	5.1	5.1	5.0	5.0	4.9	4.8	4.9	5.0	---	5.1	---	4.9
13	Puerto Rican	7.3	7.2	7.1	7.8	6.9	5.9	7.2	6.4	6.1	---	6.5	---	5.6
14	Cuban	4.9	5.7	3.8	4.3	5.0	3.0	3.9	4.2	3.8	---	4.0	---	3.9
15	Central and South American	4.8	4.5	4.4	4.4	4.1	4.3	4.3	4.0	4.3	---	4.5	---	4.0
16	Other and unknown Hispanic or Latina	5.9	6.1	6.1	5.4	5.6	5.9	5.4	5.6	5.2	---	5.4	---	5.4
17	Not Hispanic or Latina ⁵ :													
18	White	5.5	5.3	5.2	5.1	5.0	5.1	4.9	4.9	4.9	4.7	4.7	4.7	4.6
19	Black or African American	12.7	12.4	11.5	11.5	11.2	11.1	10.9	11.2	11.2	10.9	11.0	10.6	10.7
20	American Indian or Alaska Native	8.7	9.2	8.6	8.5	8.7	7.7	7.7	8.6	8.8	8.9	9.2	8.1	8.2
21	Asian or Pacific Islander	4.4	4.3	4.2	4.2	4.0	3.9	3.7	4.1	3.8	4.0	...	3.9	...
22	Asian	...	...	...	...	...	...	...	...	...	...	...	3.8	3.6
23	Native Hawaiian or Other Pacific Islander	...	...	...	...	...	...	...	...	...	...	7.7	...	9.4

Explore this yourself: Disparities

	A	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	Table 2. Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2018													
2	Excel version (with more data years and standard errors when available): https://www.cdc.gov/nchs/hus/contents2019.htm#Table - 002													
3	[Data are based on linked birth and death certificates for infants and fetal death records]													
4	Maternal race and Hispanic origin ¹	2008 ³	2009 ³	2010 ³	2011 ³	2012 ³	2013 ³	2014 ³	2015 ³	2016 ³	2017 ³	2017 ³ (single race)	2018 ³	2018 ³ (single race)
5		Infant ⁴ deaths per 1,000 live births												
6	All mothers	6.6	6.4	6.1	6.1	6.0	6.0	5.8	5.9	5.9	---	5.9	---	5.7
7	White	5.6	5.3	5.2	5.1	5.1	5.1	4.9	4.9	4.9	4.9	4.9	4.8	4.7
8	Black or African American	12.4	12.1	11.2	11.2	10.9	10.8	10.7	11.0	10.8	10.4	10.5	10.3	10.5
9	American Indian or Alaska Native	8.4	8.5	8.3	8.2	8.4	7.6	7.6	8.3	8.6	8.3	8.5	7.7	7.7
10	Asian or Pacific Islander	4.5	4.4	4.3	4.4	4.1	4.1	3.9	4.2	4.0	4.2	...	4.1	...
11	Hispanic or Latina ⁵	5.6	5.3	5.3	5.2	5.1	5.0	5.0	5.0	5.0	---	5.0	---	4.9
12	Mexican	5.6	5.1	5.1	5.0	5.0	4.9	4.8	4.9	5.0	---	5.0	---	4.9
13	Puerto Rican	7.3	7.2	7.1	7.8	6.9	5.9	7.2	6.4	6.1	---	6.5	---	5.6
14	Cuban	4.9	5.7	3.8	4.3	5.0	3.0	3.9	4.2	3.8	---	4.0	---	3.9
15	Central and South American	4.8	4.5	4.4	4.4	4.1	4.3	4.3	4.0	4.3	---	4.3	---	4.0
16	Other and unknown Hispanic or Latina	5.9	6.1	6.1	5.4	5.6	5.9	5.4	5.6	5.2	---	5.0	---	5.4
17	Not Hispanic or Latina ⁵ :													
18	White	5.5	5.3	5.2	5.1	5.0	5.1	4.9	4.9	4.9	4.7	4.7	4.7	4.6
19	Black or African American	12.7	12.4	11.5	11.5	11.2	11.1	10.9	11.2	11.2	10.9	11.0	10.6	10.7
20	American Indian or Alaska Native	8.7	9.2	8.6	8.5	8.7	7.7	7.7	8.6	8.8	8.9	9.2	8.1	8.2
21	Asian or Pacific Islander	4.4	4.3	4.2	4.2	4.0	3.9	3.7	4.1	3.8	4.0	...	3.9	...
22	Asian	3.8	...	3.6
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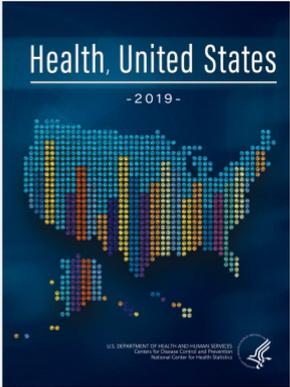
[Disparities Report](#)

- **Appendix I. Data Sources** includes descriptions of each data source used in *Health, United States*. It also includes external references that can provide the user with more information about the source.
- **Appendix II. Definitions and Methods** includes definitions of terms used in *Health, United States*. It also includes information on the statistical methodologies used in the report.

There are appendixes specific to each edition of *Health, United States*. Use the table below to find the appendixes for *Health, United States*, 2017 and later editions. For prior editions, the appendixes can be found as a part of the full report.

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Report	Appendix PDF
Health, United States, 2019	PDF



Explore this yourself: Disparities



Linked Birth/Infant Death Data Set

Overview. National linked files of live births and infant deaths are used for research on infant mortality. The linked birth/infant death data set links information from the birth certificate to information from the death certificate for each infant death in the United States. The linkage allows use of the many additional variables from the birth certificate, including the more accurate race and ethnicity data, for more detailed analyses of infant mortality patterns. The linked birth/infant death data set includes all variables on the natality (birth) file, including racial and ethnic information, birthweight, and maternal smoking, as well as variables on the mortality file, including cause of death and age at death.

Coverage. To be included in the U.S. linked file, both the birth and death must have occurred in the 50 states, D.C., Guam, Puerto Rico, or U.S. Virgin Islands. Linked birth/infant death data are not available for American Samoa and Northern Mariana Islands.

Methodology. Infant deaths are defined as death before the infant's first birthday. In 2018, more than 99% of infant death records were linked to their corresponding birth certificates. The linkage makes available extensive information from the birth certificate about the pregnancy, maternal risk factors, infant characteristics, and health

birthweight-specific infant mortality rates because the percentage of records with not-stated birthweight is generally higher for infant deaths (4.17% in 2018) than for live births (0.07% in 2018). In 2018, the addition of this imputation reduced the percentage of not-stated birthweight to 0.06% of births.

Issues Affecting Interpretation. Period linked file data starting with 1995 are not strictly comparable with birth cohort data for 1983–1991. Denominators for infant mortality rates are based on the number of live births rather than population estimates. The 2003 revision of the U.S. Standard Certificate of Live Birth uses revised race and ethnicity sections conforming to the 1997 “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.” All birth records moved to the 1997 OMB standards with 2016 data. However, because an infant death may be linked to a birth that occurred in the prior year, linked data are not based on the 1997 OMB standards until 2017. Until all states adopted the 2003 revision and the 1997 OMB standards, it was necessary to bridge data to the 1977 standards. While the 1997 standard allows for the reporting of more than one race, estimates are reported for single-race groups (those only reporting one race). Linked data for race groups for 2017 and subsequent years are not completely comparable with earlier data. Interpretation of trend data should take into

HUS Redesign: Putting your feedback into action

Stakeholders prefer customizable data visualization

- *“Website-driven and interactive.”*
- *“Things that are maximally flexible. **Picking variables** in interactive Excel spreadsheets with details is really useful.”*
- *“Interactivity to create **user-defined tables**, very simple in technical terminology.”*

HUS Redesign: Making exploration even easier

- **Timely:** More frequent table updates
- **Customizable:** Interactive trend tables and visualizations
- **Accessible:** Topic-based organization + integrated appendices

Takeaways

- *Health, United States* is a year-round resource on the nation's health providing key content and context
 - Leading causes of death
 - Disparities
 - Access and health insurance
- The *Health, United States* Redesign will make researching health topics even more **timely, customizable, and accessible**

Questions?

- Please submit your questions via the Q&A feature in the Zoom application
- The facilitator will address questions as time allows. Questions not answered may be forwarded to paoquery@cdc.gov

<https://www.cdc.gov/nchs>

<https://www.cdc.gov/nchs/hus>

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