



Health, United States, 2011

In Brief

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



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Suggested citation

National Center for Health Statistics.
Health, United States, 2011: In Brief.
Hyattsville, MD. 2012.

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Introduction

Monitoring the health of the American people is an essential step in making sound health policy and setting research and program priorities. In a Chartbook and detailed tables, *Health, United States* provides an annual picture of the health of the entire Nation. *Health, United States, 2011*—which includes a Special Feature on Socioeconomic Status and Health—is the 35th report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and the Congress of the United States in compliance with Section 308 of the Public Health Service Act. This report was compiled by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS).

Health, United States, 2011: In Brief is provided as a companion to the full report. This short report is intended to focus attention on trends in selected health statistics. Each topic highlighted in *In Brief* is presented in greater detail in the full report. *In Brief* contains summary information on the health of the American people, including mortality and life expectancy, morbidity and risk factors such as cigarette smoking and overweight and obesity, access to and utilization of health care, health insurance coverage, supply of health care resources, and health expenditures. An “At a Glance” table summarizes some of these key indicators at the national level and is followed by selected charts extracted from *Health, United States, 2011* that highlight these topics and provide examples of data contained in the full report.

The full report—*Health, United States, 2011: With Special Feature on Socioeconomic Status and Health*—is available at <http://www.cdc.gov/nchs/hus.htm>. On this website, users can find:

- The full searchable report in Adobe PDF format, consisting of a Preface, an At a Glance table and Highlights, a Chartbook with 41 charts (including 20 for the Special Feature), 151 detailed Trend Tables, Data Sources, Definitions and Methods, and an Index. A Technical Notes section describes the methodology employed for statistical testing in the Chartbook.
- The Chartbook and Trend Tables, available as downloadable PDFs and Excel spreadsheet files.
- Additional years of data for selected Trend Tables in the Excel spreadsheets.
- Standard errors for selected estimates in the Excel spreadsheets.
- All charts in PowerPoint format.
- Charts and tables grouped by specific topics, such as older adults, racial and ethnic groups, and state data.
- *Health, United States, 2011: In Brief* in PDF format.
- Previous editions of *Health, United States*, starting with 1975.

Health, United States, 2011: At a Glance

	Value (year)			Health, United States, 2011 Figure/Table no.
Life Expectancy and Mortality				
Life Expectancy in years				Figure 1/Table 22
At birth	76.8 (2000)	77.9 (2007)	78.1 (2008)	
At 65 years	17.6 (2000)	18.6 (2007)	18.8 (2008)	
Infant deaths per 1,000 live births				Figure 2/Table 17
All infants	6.91 (2000)	6.75 (2007)	6.61 (2008)	
Deaths per 100,000 population, age-adjusted				Table 24
All causes	869.0 (2000)	760.2 (2007)	758.3 (2008)	
Heart disease	257.6 (2000)	190.9 (2007)	186.5 (2008)	
Cancer	199.6 (2000)	178.4 (2007)	175.3 (2008)	
Stroke	60.9 (2000)	42.2 (2007)	40.7 (2008)	
Chronic lower respiratory diseases	44.2 (2000)	40.8 (2007)	44.0 (2008)	
Unintentional injuries	34.9 (2000)	40.0 (2007)	38.8 (2008)	
Motor-vehicle	15.4 (2000)	14.4 (2007)	12.9 (2008)	
Diabetes	25.0 (2000)	22.5 (2007)	21.8 (2008)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 56
All ages	8.9 (2000)	9.9 (2009)	10.1 (2010)	
65 years and over	26.9 (2000)	24.0 (2009)	24.4 (2010)	
Heart disease, percent				Table 49
18 years and over	10.9 (1999–2000)	11.6 (2007–2008)	11.8 (2009–2010)	
65 years and over	29.6 (1999–2000)	31.8 (2007–2008)	30.4 (2009–2010)	
Cancer (ever had), percent				Table 49
18 years and over	4.9 (1999–2000)	5.8 (2007–2008)	6.3 (2009–2010)	
65 years and over	15.2 (1999–2000)	17.0 (2007–2008)	18.1 (2009–2010)	
Hypertension, ¹ percent				Table 69
20 years and over	28.9 (1999–2000)	32.6 (2007–2008)	31.9 (2009–2010)	
High serum total cholesterol, ² percent				Table 69
20 years and over	17.7 (1999–2000)	14.6 (2007–2008)	13.6 (2009–2010)	
Obese, percent				Figures 10 and 11/Table 69
Obese, ³ 20 years and over	30.3 (1999–2000)	33.9 (2007–2008)	35.9 (2009–2010)	
Obese (BMI at or above sex- and age-specific 95th percentile):				
2–5 years	10.3 (1999–2000)	10.1 (2007–2008)	12.1 (2009–2010)	
6–11 years	15.1 (1999–2000)	19.6 (2007–2008)	18.0 (2009–2010)	
12–19 years	14.8 (1999–2000)	18.1 (2007–2008)	18.4 (2009–2010)	
Cigarette smoking, percent				Figure 8/Table 60
18 years and over	23.2 (2000)	20.6 (2009)	19.3 (2010)	
Aerobic activity and muscle strengthening, ⁴ percent				Table 73
18 years and over	15.1 (2000)	18.8 (2009)	20.4 (2010)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 83
Under 18 years	12.3 (2000)	9.1 (2009)	8.1 (2010)	
18–44 years	23.4 (2000)	22.6 (2009)	24.2 (2010)	
45–64 years	14.9 (2000)	15.3 (2009)	14.8 (2010)	
65 years and over	7.4 (2000)	4.7 (2009)	5.3 (2010)	

Health, United States, 2011: At a Glance

	Value (year)			Health, United States, 2011 Figure/Table no.
Emergency room visit in past 12 months, percent				
				Tables 93 and 94
Under 18 years	20.3 (2000)	20.8 (2009)	22.1 (2010)	
18–44 years	20.5 (2000)	22.0 (2009)	22.0 (2010)	
45–64 years	17.6 (2000)	18.4 (2009)	19.2 (2010)	
65 years and over	23.7 (2000)	24.9 (2009)	23.7 (2010)	
Dental visit in past year, percent				
				Table 98
2–17 years	74.1 (2000)	78.4 (2009)	78.9 (2010)	
18–64 years	65.1 (2000)	62.0 (2009)	61.1 (2010)	
65 years and over	56.6 (2000)	59.6 (2009)	57.7 (2010)	
Prescription drug in past 30 days, percent				
				Table 99
Under 18 years	23.9 (2001–2004)	---	25.3 (2005–2008)	
18–44 years	37.7 (2001–2004)	---	37.8 (2005–2008)	
45–64 years	66.2 (2001–2004)	---	64.8 (2005–2008)	
65 years and over	87.3 (2001–2004)	---	90.1 (2005–2008)	
Hospitalization in past year, percent				
				Table 102
18–44 years	7.0 (2000)	6.7 (2009)	6.3 (2010)	
45–64 years	8.4 (2000)	8.5 (2009)	8.3 (2010)	
65 years and over	18.2 (2000)	17.1 (2009)	16.1 (2010)	
Health Insurance and Access to Care				
Uninsured, percent				
				Figures 14 and 15/Table 141
Under 65 years	17.0 (2000)	17.5 (2009)	18.2 (2010)	
Under 18 years	12.6 (2000)	8.2 (2009)	7.8 (2010)	
18–44 years	22.4 (2000)	25.9 (2009)	27.1 (2010)	
45–64 years	12.6 (2000)	14.6 (2009)	15.7 (2010)	
Delayed or did not receive needed medical care in past 12 months due to cost, percent				
				Figure 18/Table 79
Under 18 years	4.6 (2000)	5.2 (2009)	4.4 (2010)	
18–44 years	9.5 (2000)	15.1 (2009)	14.5 (2010)	
45–64 years	8.8 (2000)	15.1 (2009)	14.9 (2010)	
65 years and over	4.5 (2000)	5.1 (2009)	5.0 (2010)	
Health Care Resources				
Patient care physicians per 10,000 population				
				Figure 19/Table 109
United States	22.7 (2000)	25.7 (2008)	25.4 (2009)	
Highest state	34.4 (MA) (2000)	39.7 (MA) (2008)	39.6 (MA) (2009)	
Lowest state	14.4 (ID) (2000)	17.0 (ID) (2008)	17.3 (MS) (2009)	
Community hospital beds per 1,000 population				
				Table 118
United States	2.9 (2000)	---	2.6 (2009)	
Highest state	6.0 (ND) (2000)	---	5.2 (ND) (2009)	
Lowest state	1.9 (NM,NV,OR,UT, WA) (2000)	---	1.7 (OR,WA) (2009)	
Expenditures				
Personal health care expenditures, dollars				
				Figure 21/Table 129
Total in trillions	\$1.2 (2000)	\$2.0 (2008)	\$2.1 (2009)	
Per capita	\$4,122 (2000)	\$6,552 (2008)	\$6,797 (2009)	

--- Data not available. ¹Having measured high blood pressure (systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or taking antihypertensive medication. ²Having high serum total cholesterol of 240 mg/dl or greater. ³Obesity is a body mass index (BMI) greater than or equal to 30. Height and weight are measured.

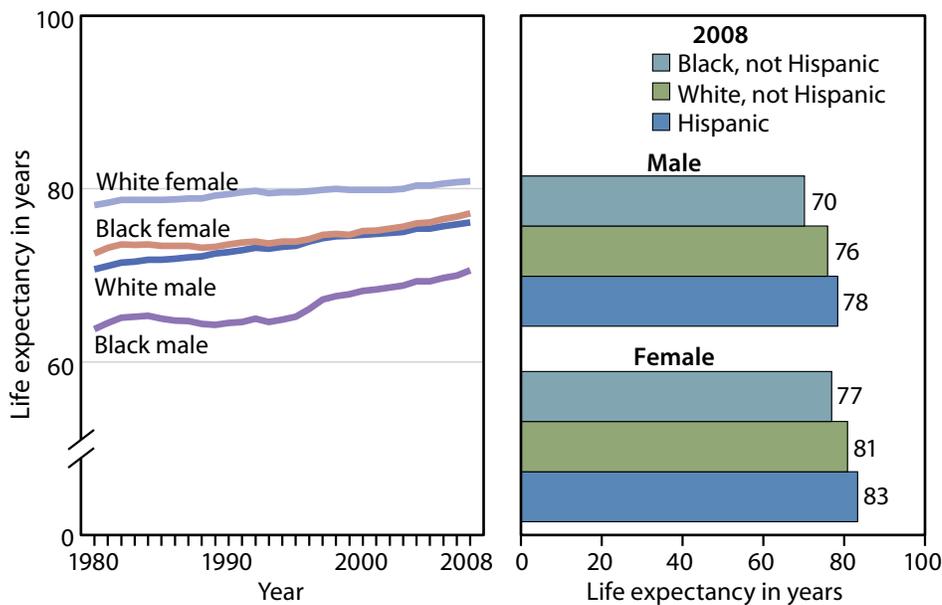
⁴Meeting 2008 federal guidelines for aerobic activity and muscle strengthening.

NOTES: Some estimates are from the Excel spreadsheet version of the cited table and are not shown in the PDF version or in the printed version. For more information, data sources, notes, and the Excel version of the spreadsheet, see the complete report, *Health, United States, 2011*, available from: <http://www.cdc.gov/nchs/hus.htm>.

Mortality

Life Expectancy at Birth

Figure 1. Life expectancy at birth, by race and sex and Hispanic origin: United States, 1980–2008



The gap in life expectancy at birth between white persons and black persons persists but has narrowed since 1990.

Life expectancy is a measure often used to gauge the overall health of a population. From 1980 to 2008, life expectancy at birth in the United States increased from 70 years to 81 years for males and from 77 years to 81 years for females. Racial disparities in life expectancy at birth persisted for both males and females in 2008 but had narrowed since 1990. In 2008, Hispanic males and females had longer life expectancy at birth than non-Hispanic white or non-Hispanic black males and females.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 22. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig01>

Mortality

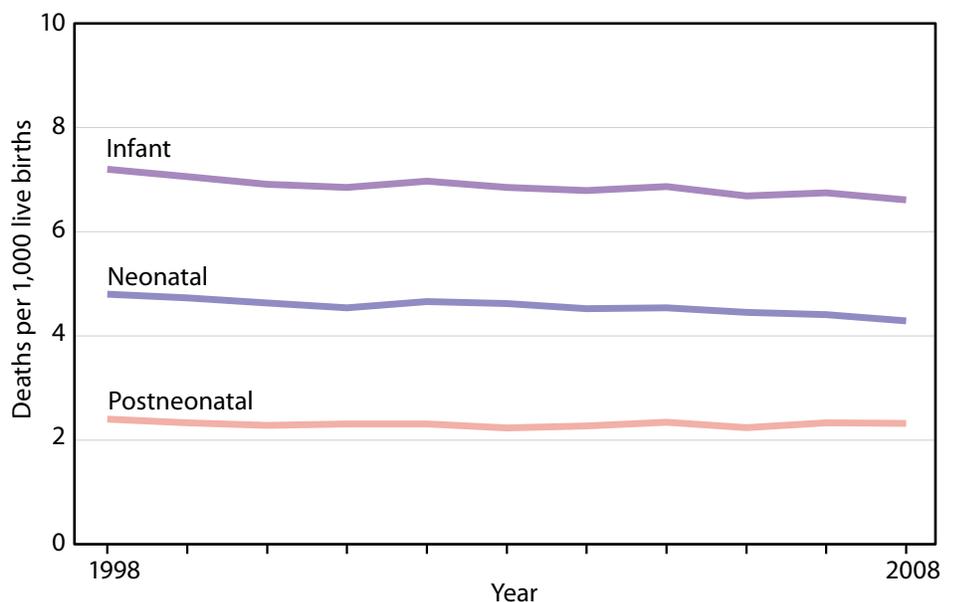
Infant Mortality

Infant and neonatal mortality rates declined between 1998 and 2008.

The infant mortality rate is the risk of death during the first year of life. The 2008 infant mortality rate of 6.61 per 1,000 live births was 8% lower than in 1998. During the same period, the neonatal mortality rate (death rate among infants under 28 days) decreased 11%, to 4.29 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months) remained stable.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 17 and reference 1. Data from the National Vital Statistics System (NVSS).

Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 1998–2008

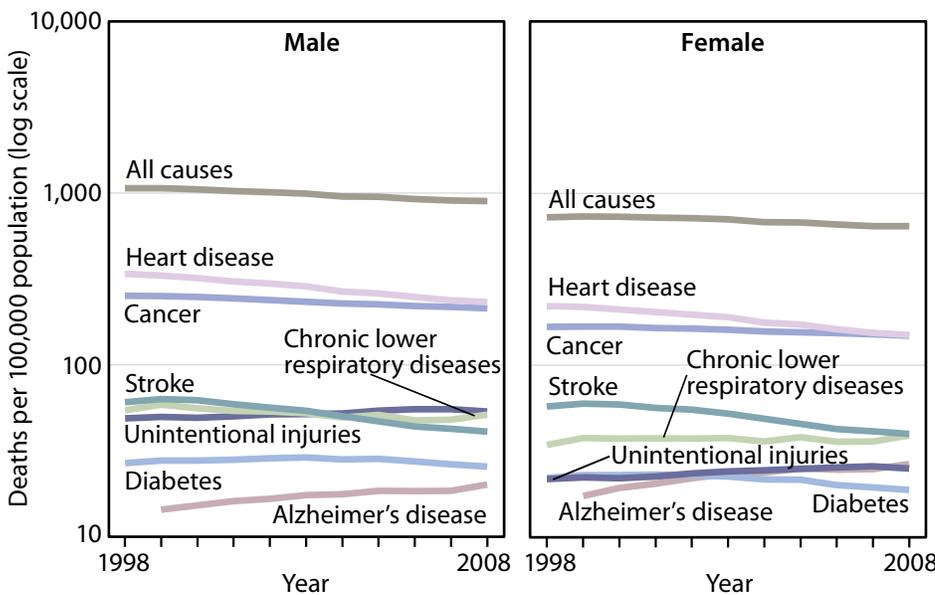


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig02>

Mortality

Selected Causes of Death

Figure 3. Death rates for selected causes of death for all ages, by sex: United States, 1998–2008



Between 1998 and 2008, the age-adjusted death rate decreased 16% among males and 11% among females.

During this 10-year period, age-adjusted death rates among males for stroke declined 33%, heart disease declined 32%, cancer declined 15%, and unintentional injuries increased 10%. Among females, age-adjusted death rates for heart disease declined 32%, stroke declined 31%, cancer declined 11%, and unintentional injuries increased 15%. In 2008, age-adjusted death rates were higher for males than females for heart disease, cancer, chronic lower respiratory diseases, diabetes, and unintentional injuries, were similar for stroke, and were higher among females than males for Alzheimer's disease.

NOTE: Starting with 1999 data, cause of death is coded according to the *International Classification of Diseases, 10th Revision (ICD-10)*.
SOURCE: CDC/NCHS, *Health, United States, 2011, Table 24*.
Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig03>

Mortality

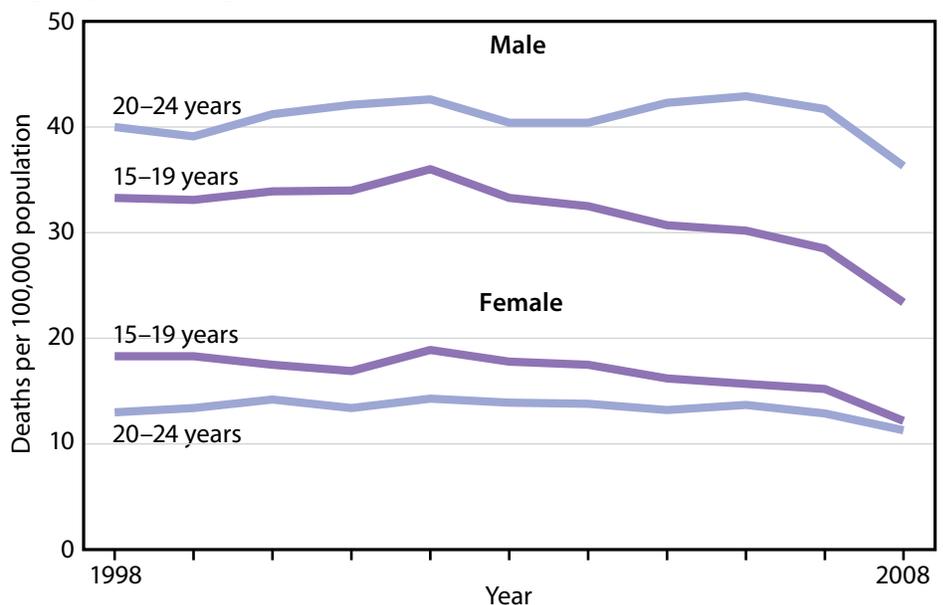
Motor Vehicle-related Death Rates

Between 1998 and 2008, motor vehicle-related death rates declined among males and females 15–19 years of age while fluctuating among males and females 20–24 years of age.

Motor vehicle-related deaths are a significant cause of preventable death, accounting for about 40,000 deaths in the United States in 2008 across all ages (2). Motor vehicle-related death rates are higher for males and females 15–24 years of age than for most other age groups (Table 37). For males 15–19 years of age, motor vehicle-related death rates declined 30% from 1998 to 2008, and for females 15–19 years of age, motor-vehicle death rates declined 33% during this period. Motor vehicle-related death rates for males and females 20–24 years of age fluctuated during this time.

SOURCE: CDC/NCHS, *Health, United States, 2011, Table 37*.
Data from the National Vital Statistics System (NVSS).

Figure 4. Motor vehicle-related death rates among persons 15–24 years of age, by sex and age: United States, 1998–2008

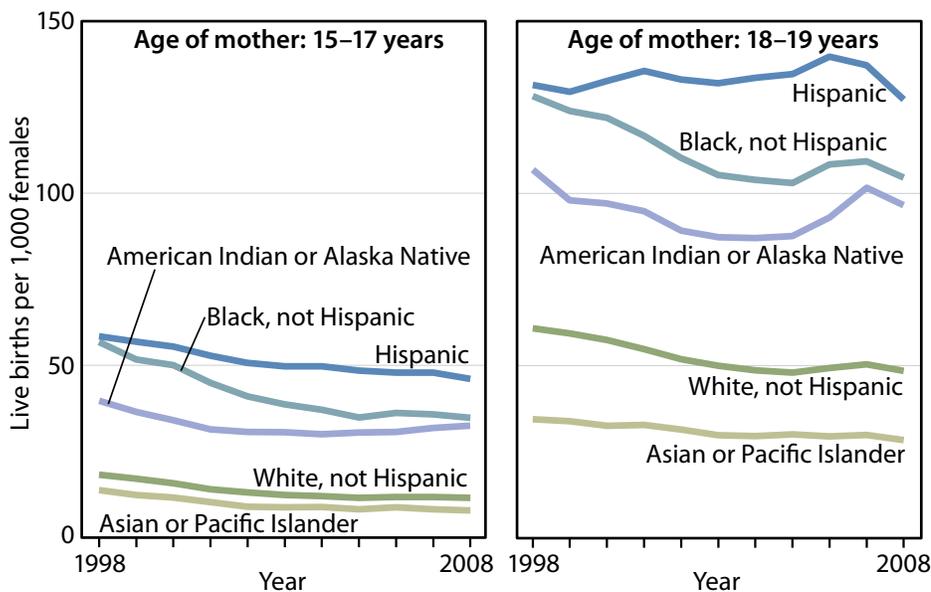


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig04>

Natality

Teenage Birth Rates

Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 1998–2008



From 1998 to 2008, teenage birth rates declined among most racial and ethnic groups.

In 2008, 3% of births were to teenagers under 18 years of age and 7% were to mothers 18–19 years of age (Table 6). Between 1998 and 2008, birth rates declined 27% for teenagers 15–17 years of age and 13% for those 18–19 years of age (Table 3). Since 1998, birth rates have decreased 21% for Hispanic teenagers 15–17 years of age and 39% for non-Hispanic black teenagers 15–17 years of age. During this period, birth rates for 18–19 year olds decreased 18% for non-Hispanic black teenagers and were stable for older Hispanic teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 3. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig05>

Morbidity

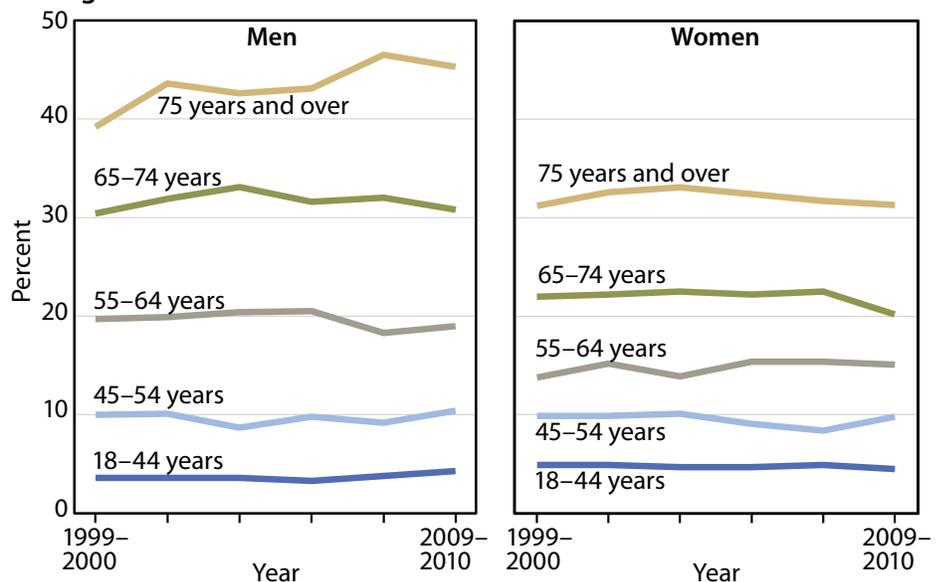
Heart Disease Prevalence

From 1999–2000 to 2009–2010, heart disease prevalence remained stable among women in all age groups and among men 45–74 years of age.

Heart disease is the leading cause of death in the United States, accounting for about 617,000 deaths in 2008 (Table 26). Between 1999–2000 and 2009–2010, the prevalence of lifetime respondent-reported heart disease among adults 18–54 years of age was similar for men and women. Among adults 55 years of age and over, heart disease prevalence was higher for men than for women. Among adult women in all age groups, and among men 45–74 years of age, prevalence remained steady from 1999–2000 to 2009–2010. Among men 75 years of age and over, prevalence rose from 39% in 1999–2000 to 45% in 2009–2010.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 49. Data from the National Health Interview Survey (NHIS).

Figure 6. Respondent-reported lifetime heart disease prevalence among adults 18 years of age and over, by sex and age: United States, 1999–2000 through 2009–2010

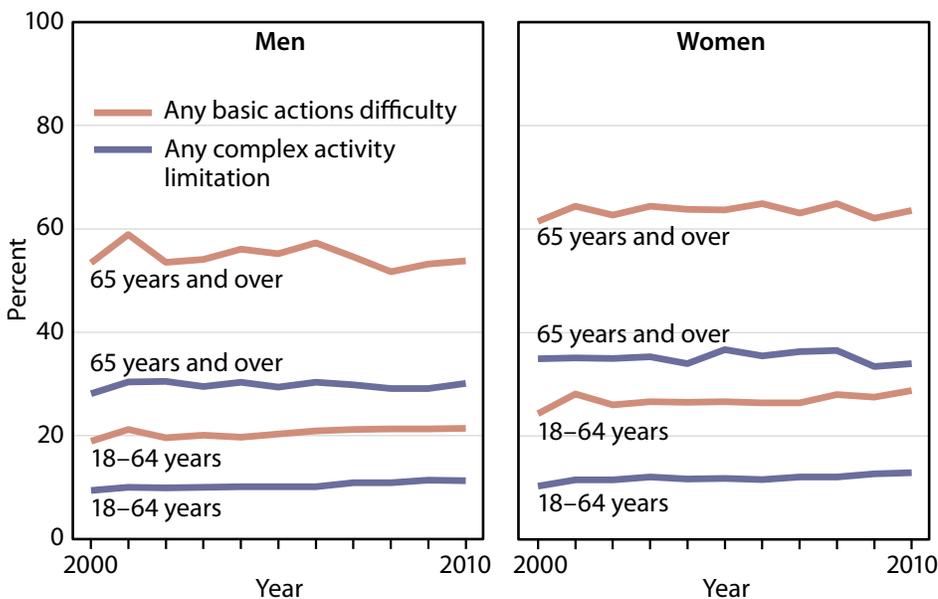


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig06>

Disability Measures

Basic Actions Difficulty or Complex Activity Limitation

Figure 7. Basic actions difficulty or complex activity limitation among adults 18 years of age and over, by sex and age: United States, 2000–2010



The percentages of the noninstitutionalized population with each of two measures of disability—basic actions difficulty or complex activity limitation—were stable from 2000 to 2010.

Two constructs for defining and measuring disability status are basic actions difficulty and complex activity limitation (3). Basic actions difficulty captures limitations in movement, emotional, sensory, or cognitive functioning associated with a health problem. Complex activity limitation is the inability to function successfully in certain social roles, such as working, maintaining a household, living independently, or participating in community activities. Between 2000 and 2010, the prevalence of each measure was generally higher for women than men in the same age group, and higher for adults 65 years of age and over than for those 18–64 years of age.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 54. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig07>

Health Risk Factors

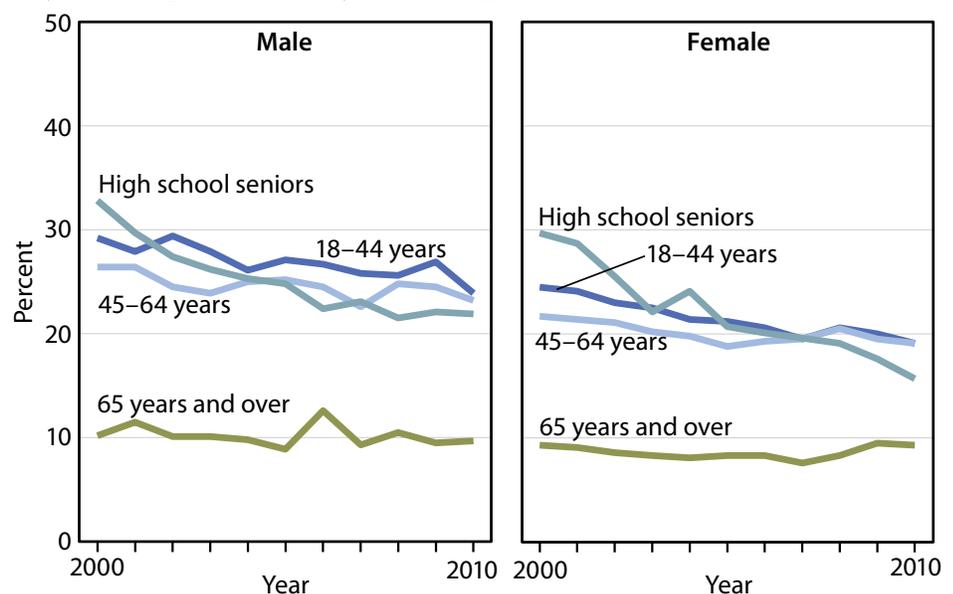
Current Cigarette Smoking

In 2010, 19% of high school seniors, 22% of men, and 17% of women were current cigarette smokers.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (4). Between 2000 and 2010, cigarette smoking among students in grade 12 decreased from 33% to 22% for male students and from 30% to 16% for female students. During this period, the percentage of adults who smoked cigarettes declined for men and women 18–44 and 45–64 years of age, while remaining stable for adults 65 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 60 and 65. Data from the National Health Interview Survey (NHIS) and the Monitoring the Future (MTF) Study.

Figure 8. Current cigarette smoking among high school seniors and adults 18 years of age and over, by sex and age: United States, 2000–2010

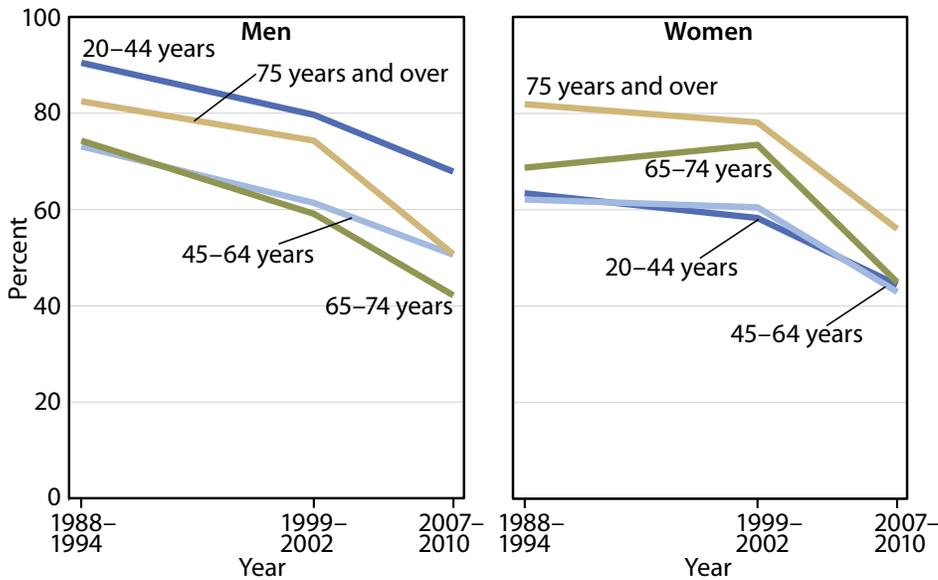


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig08>

Health Risk Factors

Uncontrolled High Blood Pressure

Figure 9. Uncontrolled high blood pressure among adults 20 years of age and over for persons with hypertension, by sex and age: United States, 1988–1994, 1999–2002, and 2007–2010



Although control of high blood pressure has improved since 1988–1994, nearly one-half of adults with hypertension had uncontrolled high blood pressure in 2007–2010.

Hypertension increases the risk for cardiovascular disease, heart attack, and stroke (5). Between 1988–1994 and 2007–2010, the prevalence of uncontrolled high blood pressure (defined as an average systolic blood pressure of 140 mm Hg or higher, or an average diastolic pressure of 90 mm Hg or higher, among those with hypertension) declined for all age groups of men and women. However, in 2007–2010, nearly one-half of adults with hypertension continued to have uncontrolled high blood pressure.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 70. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig09>

Health Risk Factors

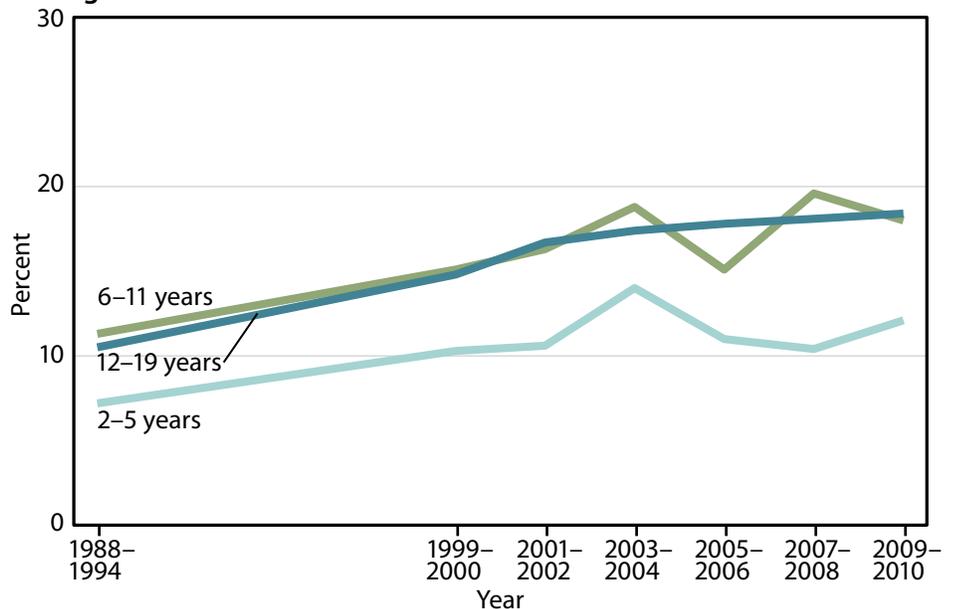
Obesity Among Children

In 2009–2010, almost one in five children older than 5 years of age was obese.

Excess body weight in children is associated with excess morbidity in childhood and adulthood (6). The percentage of children 2–5 years of age who were obese rose from 7% in 1988–1994 to 10% in 1999–2000 and has held steady since that time (7). The prevalence of obesity among 6–11 year olds increased from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since then. Among adolescents 12–19 years of age, the prevalence of obesity rose from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since then.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 69. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 10. Obesity among children, by age: United States, 1988–1994 through 2009–2010

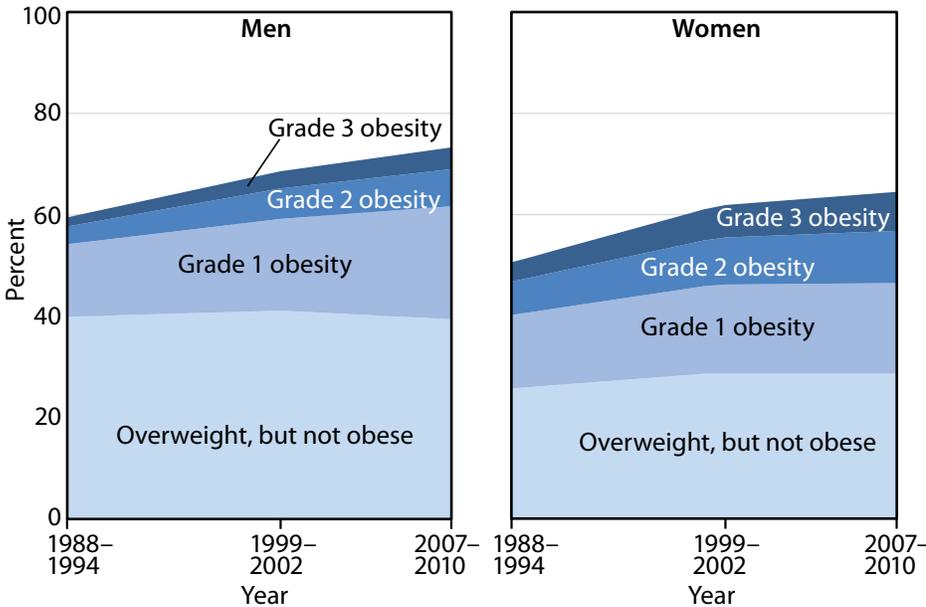


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig10>

Health Risk Factors

Overweight and Obesity Among Adults

Figure 11. Overweight and obesity among adults 20 years of age and over, by sex: United States, 1988–1994, 1999–2002, and 2007–2010



In 2007–2010, 20% of adults had Grade 1 obesity, 9% had Grade 2 obesity, and 6% had Grade 3 obesity.

Excess body weight is correlated with excess morbidity and mortality (8,9). In particular, Grade 2 or higher obesity [a body mass index (BMI) of 35 or higher] significantly increases the risk of death (10). Between 1988–1994 and 2007–2010, the percentage of men and women who were overweight but not obese was stable while the percentage with obesity increased. During this period, the percentage with Grade 1 obesity (BMI greater than or equal to 30 but less than 35) increased more for men than for women. The percentage with Grade 2 obesity (BMI greater than or equal to 35 but less than 40) and Grade 3 obesity (BMI of 40 or higher) also increased among men and women during this period.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 74. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig11>

Prevention

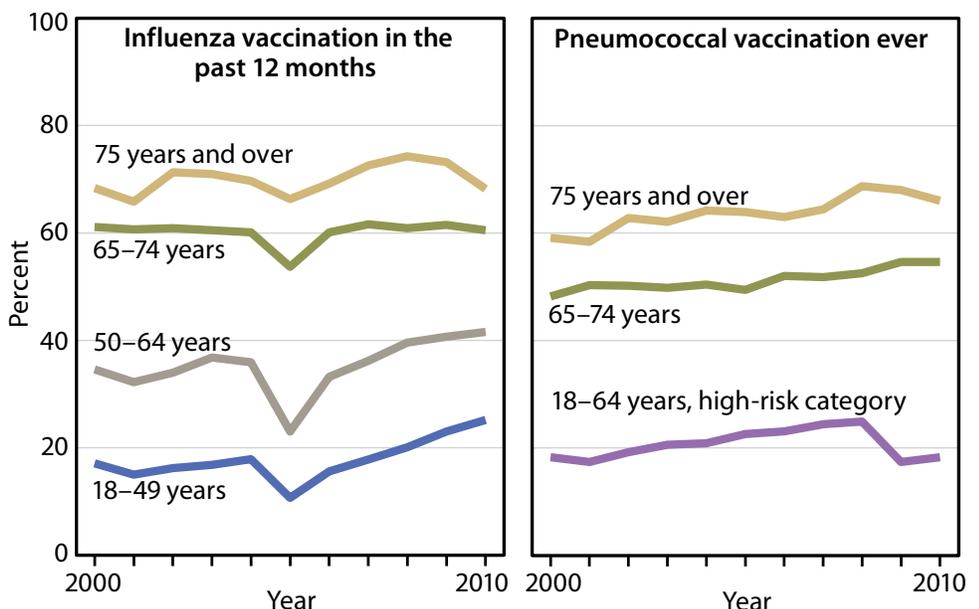
Influenza and Pneumococcal Vaccination

Between 2000 and 2010, influenza vaccination increased among adults under 65 years of age and pneumococcal vaccination increased among those 65 years of age and over.

Vaccination of persons at risk for complications from influenza and invasive pneumococcal disease is an important public health strategy (11). Between 2000 and 2010, influenza vaccination in the past 12 months for noninstitutionalized adults increased among those 18–49 and 50–64 years of age but was stable among those 65 years of age and over. Decreases in influenza vaccination coverage in 2005 were related to a vaccine shortage (12). Between 2000 and 2010, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination increased among those 65–74 and 75 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 88 and 89. Data from the National Health Interview Survey (NHIS).

Figure 12. Influenza and pneumococcal vaccination among adults, by type of vaccination and age: United States, 2000–2010

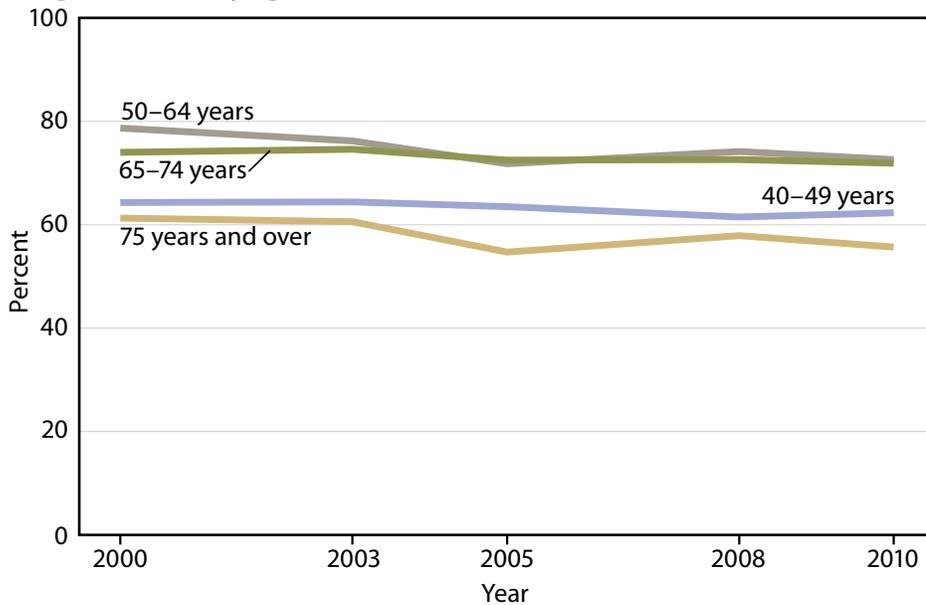


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig12>

Prevention

Mammography Use

Figure 13. Mammography use in the past 2 years among women 40 years of age and over, by age: United States, 2000–2010



Between 2000 and 2010, mammography use was stable among all age groups of women 40 years of age and over.

In 2010, an estimated 207,000 women in the United States developed invasive breast cancer and 40,000 women died of this disease (13). Mammography recommendations changed in 2009. Currently, the U.S. Preventive Services Task Force recommends mammography screening every 2 years for women 50–74 years of age, and the American Cancer Society recommends annual screening starting at age 40 (14,15). Between 2000 and 2010, mammography use within the past 2 years was stable among all age groups of women 40 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 90. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig13>

Health Insurance

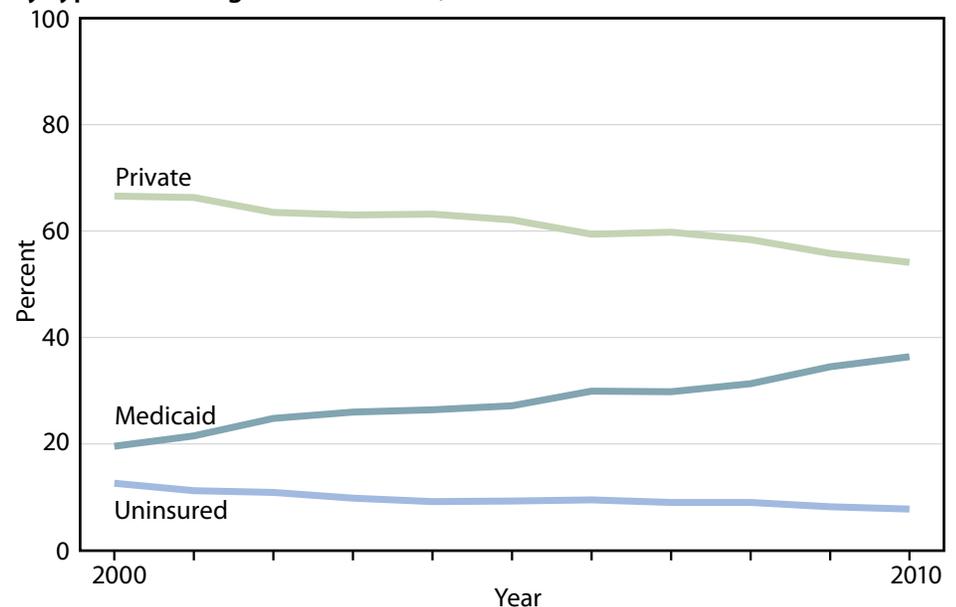
Coverage Among Children

Between 2000 and 2010, the percentage of children with private health insurance coverage declined while the percentage with Medicaid coverage increased at a faster rate, resulting in a decline in the percentage of children who were uninsured.

Health insurance is a major determinant of access to care (16). Between 2000 and 2010, the percentage of children under 18 years of age with private health insurance declined from 67% to 54%. During the same period, Medicaid coverage [a category that includes the Children’s Health Insurance Program (CHIP) (17)] increased from 20% to 36%. This led to a decline in the percentage of children who were uninsured, from 13% in 2000 to 8% in 2010.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 138, 140, and 141. Data from the National Health Interview Survey (NHIS).

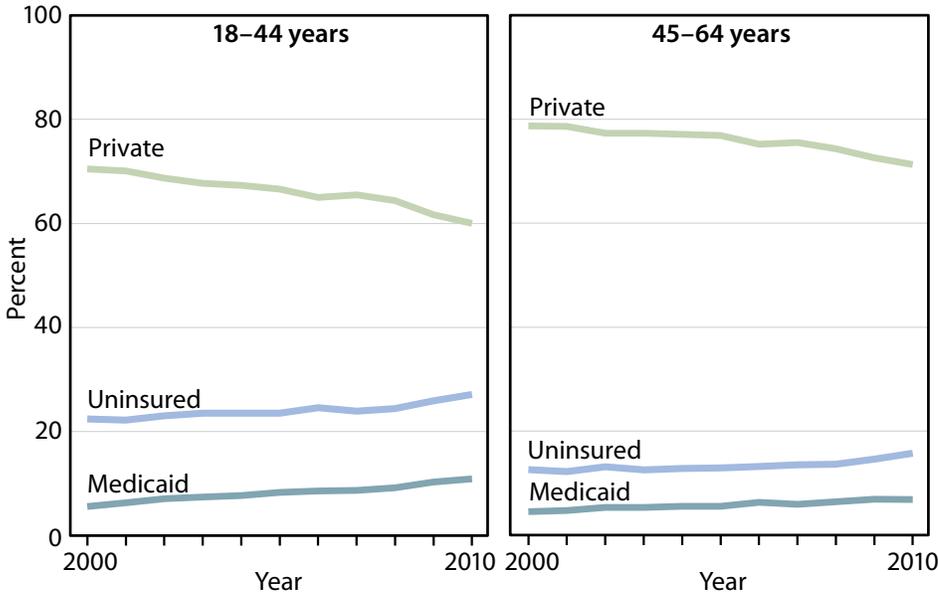
Figure 14. Health insurance coverage among children under 18 years of age, by type of coverage: United States, 2000–2010



Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig14>

Health Insurance Coverage Among Adults 18–64 Years of Age

Figure 15. Health insurance coverage among adults 18–64 years of age, by age and type of coverage: United States, 2000–2010



Between 2000 and 2010, the percentage of adults 18–64 years of age with private health insurance coverage decreased while the percentage uninsured increased.

Health insurance is a major determinant of access to health care. Among adults 18–44 years of age, the percentage with private coverage declined from 71% in 2000 to 60% in 2010 while Medicaid coverage increased from 6% to 11%. The percentage of persons 18–44 years of age who were uninsured increased from 22% to 27% during the same period. Similarly between 2000 and 2010, the percentage of adults 45–64 years of age with private coverage declined from 79% to 71%; the percentage with Medicaid coverage increased from 5% to 7%; and the percentage uninsured increased from 13% to 16%.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 138, 140, and 141. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig15>

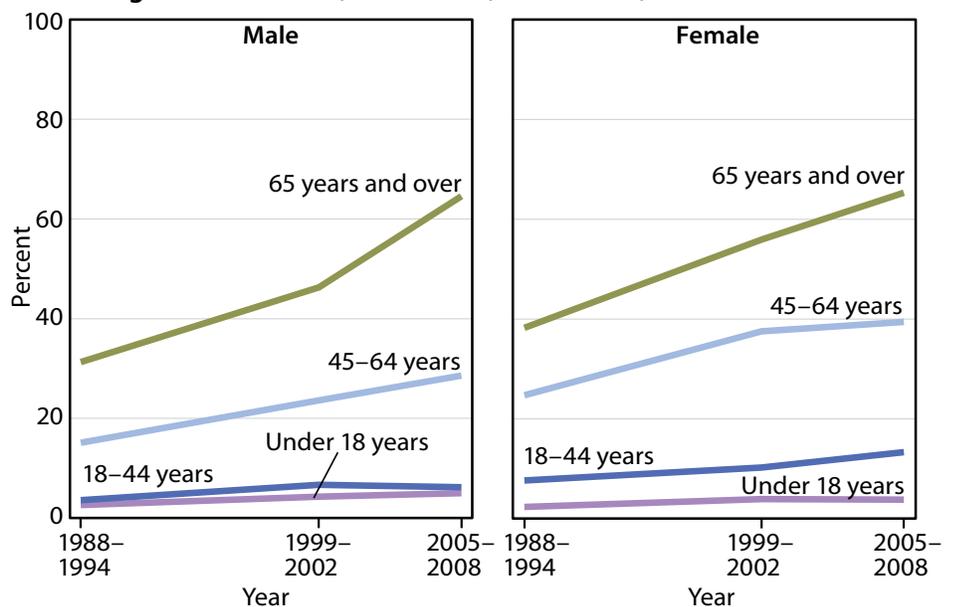
Utilization and Access Prescription Drug Use

Between 1988–1994 and 2005–2008, the percentage of children and adults who had used three or more prescription drugs in the past 30 days increased.

In the United States, spending for prescription drugs was \$250 billion in 2009, accounting for 12% of personal health care expenditures (Table 128). Between 1988–1994 and 2005–2008, the use of three or more prescription drugs in the past 30 days increased for all age groups of males and females. Some of the most commonly used prescription medications were asthma medicines and central nervous system stimulants for children and adolescents, antidepressants for middle-aged adults, and cholesterol-lowering and high blood pressure control drugs for older Americans (Table 100).

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 99. Data from the National Health and Nutrition Examination Survey (NHANES).

Figure 16. Use of three or more prescription drugs in the past 30 days, by sex and age: United States, 1988–1994, 1999–2002, and 2005–2008

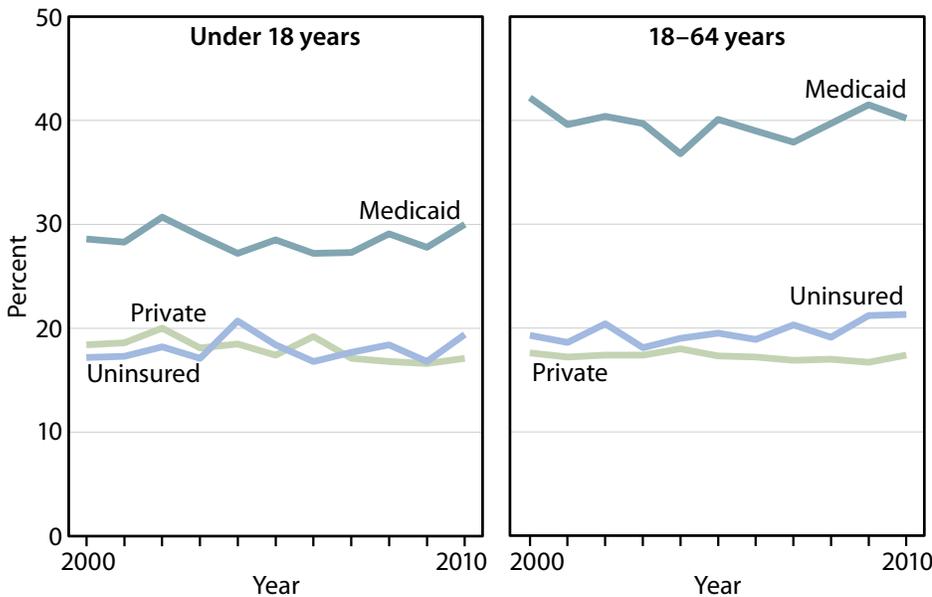


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig16>

Utilization and Access

Emergency Department Visits

Figure 17. Any emergency department visit within the past 12 months, by age and type of coverage: United States, 2000–2010



Between 2000 and 2010, use of the emergency department by children and adults under 65 years of age was highest among those with Medicaid coverage.

Nationwide, there has been concern about appropriate use of emergency services and crowding of emergency departments (18). Between 2000 and 2010, children and adults under 65 years of age with Medicaid coverage were more likely than those with private coverage or the uninsured to have used the emergency department in the past 12 months. In 2010, adults 18–64 years of age with Medicaid coverage were twice as likely to have had at least one emergency department visit in the past 12 months as those with private coverage or the uninsured.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Tables 93 and 94. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig17>

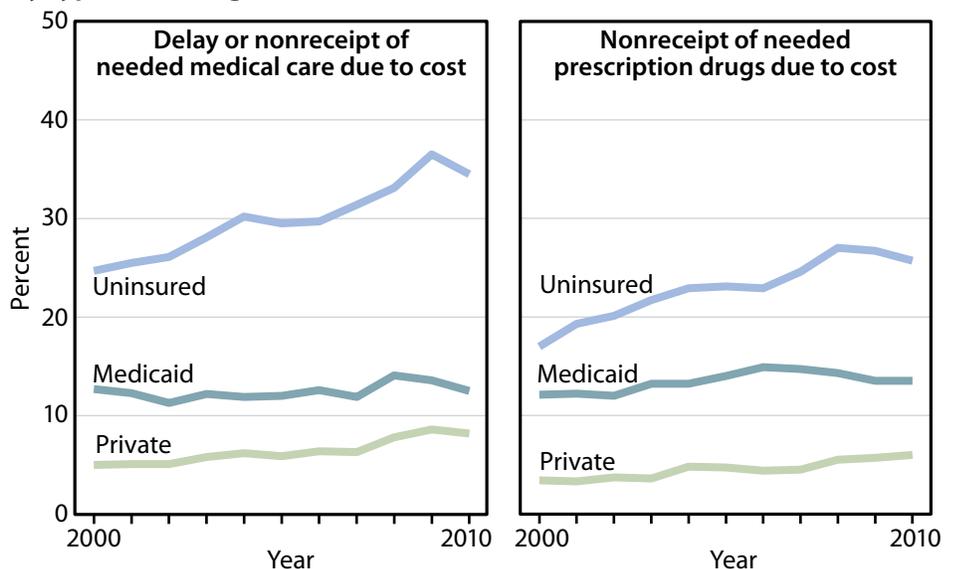
Utilization and Access

Delay or Nonreceipt of Needed Medical Care or Prescription Drugs Due to Cost

Between 2000 and 2010, the percentage of adults 18–64 years of age who delayed or did not receive needed medical care or prescription drugs due to cost increased for the uninsured and those with private coverage.

Delaying or not receiving needed medical care or prescription drugs may result in more serious illness, increased complications, and longer hospital stays (19,20). Between 2000 and 2010, delay or nonreceipt of needed medical care in the past 12 months due to cost for those 18–64 years of age increased among those with private coverage and the uninsured while remaining stable among those with Medicaid. During this period, the percentage of adults 18–64 years of age who did not receive needed prescription drugs in the past 12 months due to cost increased among those with private coverage, Medicaid, and the uninsured.

Figure 18. Delay or nonreceipt of needed medical care or prescription drugs in the past 12 months due to cost among adults 18–64 years of age, by type of coverage: United States, 2000–2010



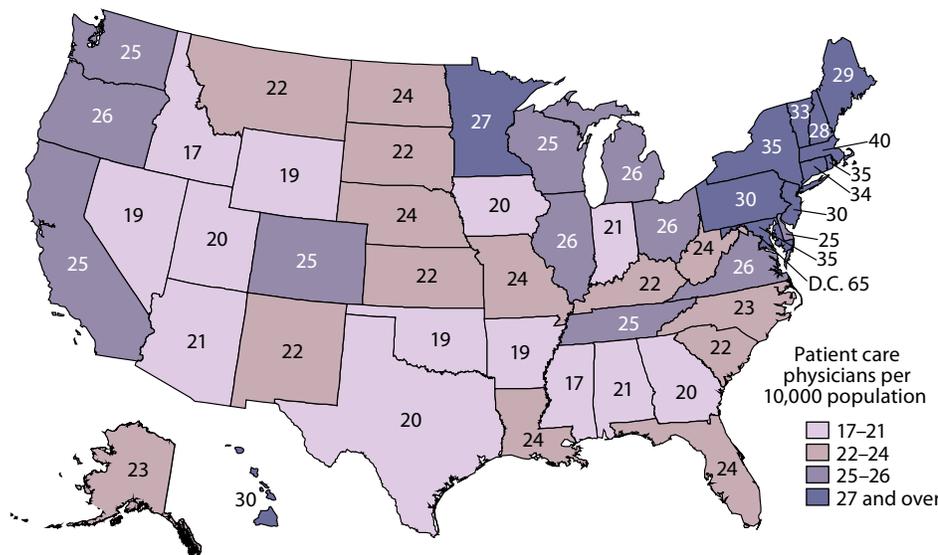
SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 79. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig18>

Health Care Resources

Patient Care Physicians per Population

Figure 19. Patient care physicians per 10,000 population, by state: United States, 2009



The number of patient care physicians per 10,000 population in the United States in 2009 ranged from a high of 40 in Massachusetts to a low of 17 in Idaho and Mississippi.

On average, there were 25 patient care physicians per 10,000 population in the United States in 2009. The New England states, Mid-Atlantic states, District of Columbia, Maryland, Hawaii, and Minnesota were in the highest quartile (27 or more patient care physicians per 10,000 population). States in the lowest quartile (17–21 patient care physicians per 10,000 population) included parts of the South and some of the Mountain states, along with Iowa and Indiana.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 109. Data from the American Medical Association (AMA) and the American Osteopathic Association (AOA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig19>

Personal Health Care Expenditures

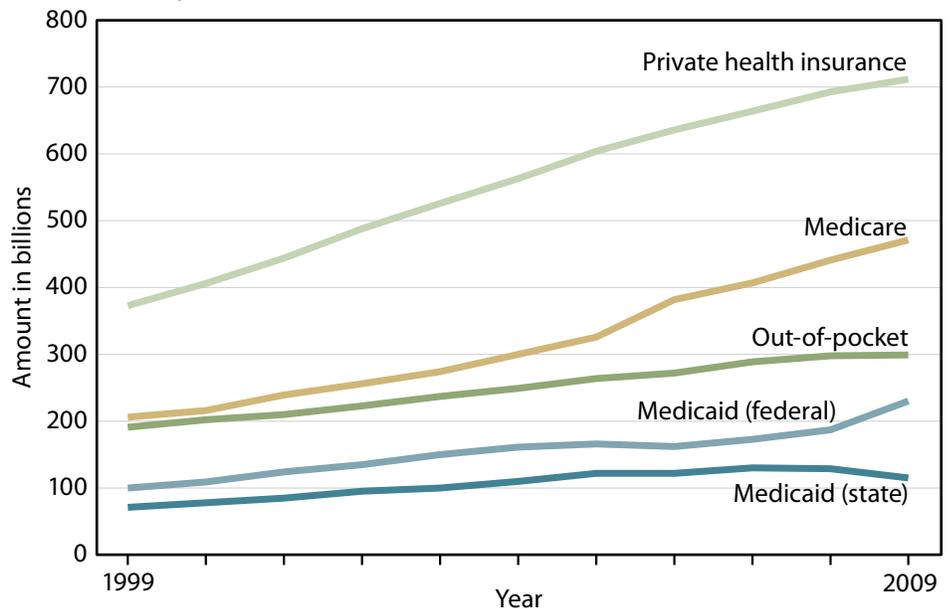
Source of Funds

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1999 to 2009.

Between 1999 and 2009, total personal health care expenditures grew from \$1.1 trillion to \$2.1 trillion. During this period, the average annual growth in Medicare expenditures was 9%, for Medicaid and private insurance 7%, and for out-of-pocket spending 5%. In 2009, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children's Health Insurance Program (CHIP).

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Figure 20. Personal health care expenditures, by source of funds: United States, 1999–2009

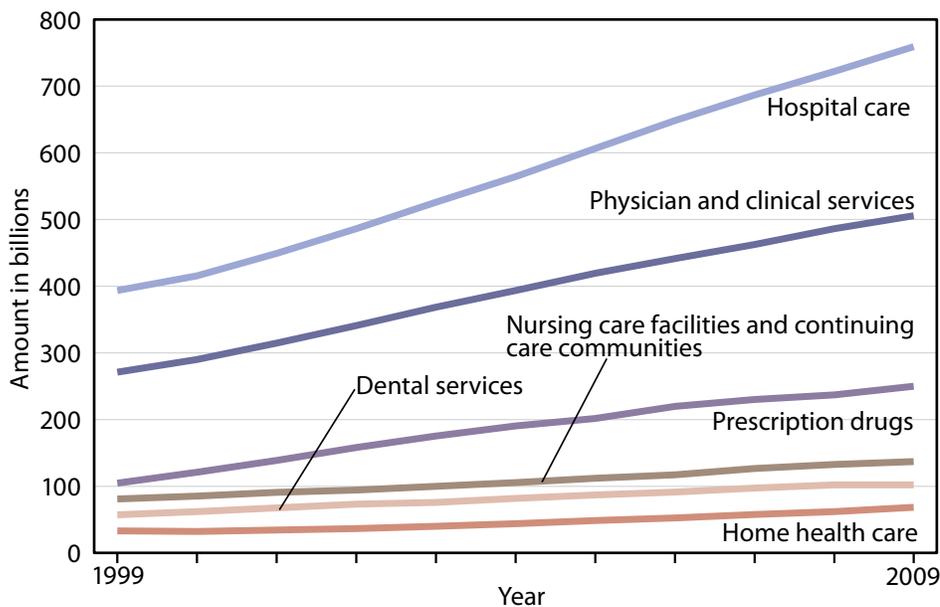


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig20>

Personal Health Care Expenditures

Type of Expenditure

Figure 21. Personal health care expenditures, by type of expenditure: United States, 1999–2009



Between 1999 and 2009, spending for prescription drugs and home health care grew rapidly.

Between 1999 and 2009, the average annual growth was 9% for prescription drugs, 8% for home health care, 7% for hospital care, 6% for physician and clinical services and dental services, and 5% for nursing care facilities and continuing care retirement communities. In 2009, 36% of personal health care expenditures were spent on hospital care, 24% on physician care, 12% on prescription drugs, and 7% on nursing care and continuing care retirement communities.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2011.htm#fig21>

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Chartbook Figures in *Health, United States, 2011*

The 2011 Chartbook includes 41 charts, with 20 charts on this year's Special Feature on Socioeconomic Status and Health. The Chartbook assesses the Nation's health by presenting trends and current information on selected determinants and measures of health status and the utilization of health care.

Mortality Figures 1–4

- Life expectancy at birth
- Infant mortality
- Selected causes of death
- Motor vehicle-related death rates

Natality Figure 5

- Teenage birth rates

Morbidity Figure 6

- Heart disease prevalence

Disability Measures Figure 7

- Basic actions difficulty or complex activity limitation

Health Risk Factors Figures 8–11

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- Uncontrolled high blood pressure
- Obesity among children
- Overweight and obesity among adults

Prevention Figures 12 and 13

- Influenza and pneumococcal vaccination
- Mammography use

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- Coverage among children
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- Emergency department visits
- Delay or nonreceipt of needed medical care or prescription drugs due to cost

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- Patient care physicians per population

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- Type of expenditure

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- Two or more selected chronic health conditions
- Basic actions difficulty or complex activity limitation
- Obesity
- Current cigarette smoking
- Colorectal tests or procedures
- Lack of health insurance coverage
- Delay or nonreceipt of needed medical care due to cost

Trend Tables in *Health, United States, 2011*

The Chartbook section of *Health, United States, 2011* is followed by 151 Trend Tables organized around four major subject areas: health status and determinants, utilization of health resources, health care resources, and health care expenditures and payors. Trend Tables present data for selected years, to highlight major trends in health statistics. A key criterion used in selecting topics for the Trend Tables is the availability of comparable national data over a period of several years. A summary of the Trend Table topics for the 2011 edition is given below. Earlier editions of *Health, United States* may present data for additional years that are not included in the current printed report. Where available, these additional years of data are provided in Excel spreadsheet files on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>. Tables for which additional data years are available are listed in **Appendix III**.

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Health, United States, 2011

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