



Health, United States, 2012

In Brief

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



Special Acknowledgment

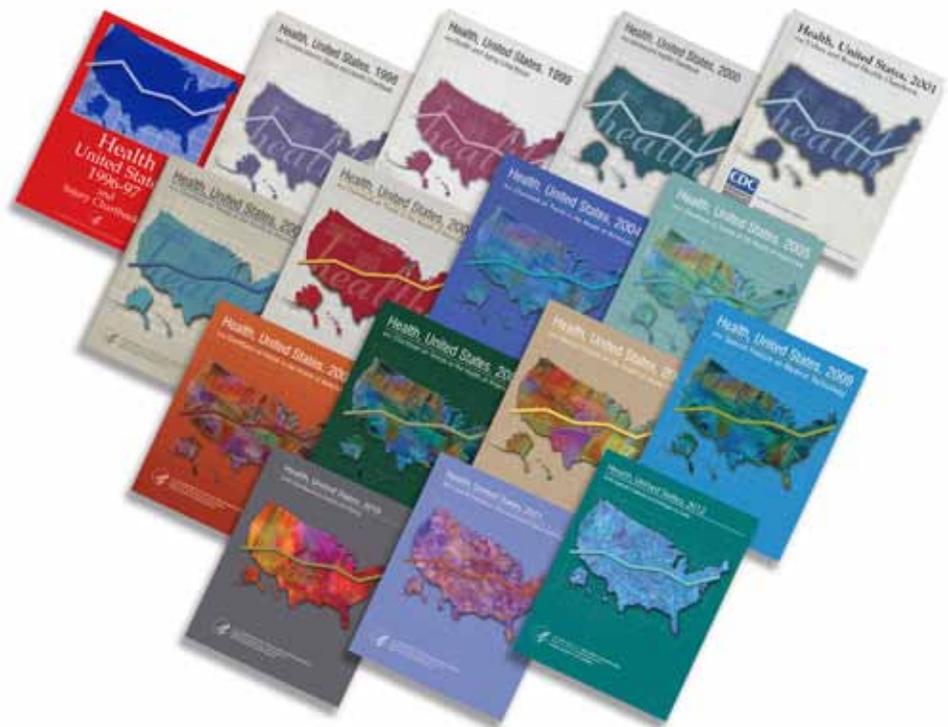


EDWARD J. SONDIK

His legacy is well reflected in the success of NCHS' data collection programs, the advances that have been made in the Nation's health information system, and most specifically in this enduring assessment of America's health—Health, United States.

Health, United States, the annual report on the health of the Nation, has been published by the National Center for Health Statistics (NCHS) for 36 years, and for the past 17 years Dr. Edward J. Sondik, as NCHS Director, has been its strongest supporter. His advocacy has led to wider dissemination in multiple formats and easier access for policy makers and the public alike, thereby expanding its impact. Dr. Sondik advocated using technological advances in publishing to ensure that the information in *Health, United States* would be utilized by a wider audience and applied to the important health issues of the day. He always highlighted *Health, United States* in his presentations and relied on findings from *Health, United States* in major addresses to scientific and statistical audiences. Dr. Sondik was also committed to making the content of the report and each year's special topic address current and emerging data needs. He knew that a single report claiming to describe the Nation's health had to be all things to all people and encouraged those involved with its planning, preparation, and production to keep that goal in mind.

Dr. Sondik is retiring this year as NCHS Director after serving in that position longer than any director in NCHS history. His legacy is well reflected in the success of NCHS' data collection programs, the advances that have been made in the Nation's health information system, and most specifically in this enduring assessment of America's health—*Health, United States*.



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, 2012*— which includes a Special Feature on Emergency Care—is the 36th 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, 2012: 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 and to introduce this year's special feature on emergency care. 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 and Highlights summarize some of these key indicators at the national level and are followed by selected charts from *Health, United States, 2012* that focus on these topics and provide examples of data contained in the full report.

The full report—*Health, United States, 2012: With Special Feature on Emergency Care*—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 29 charts including a Special Feature on Emergency Care, 134 detailed Trend Tables, Data Sources, Definitions and Methods, and an Index.
- The Chartbook and Trend Tables, available as downloadable PDFs and Excel spreadsheet files.
- Additional years of data for selected Trend Tables, in Excel spreadsheets.
- Updated data for Trend Tables when available.
- 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, 2012: In Brief* in PDF format.
- Our newest product, *Health, United States, 2012: In Brief* in an interactive format.
- Previous editions of *Health, United States*, beginning with 1975.

	Value (year)			Health, United States, 2012 Figure/Table no.
Life Expectancy and Mortality				
Life expectancy in years				Table 18
At birth	76.8 (2000)	78.5 (2009)	78.7 (2010)	
At 65 years	17.6 (2000)	19.1 (2009)	19.1 (2010)	
Infant deaths per 1,000 live births				Figure 2/Table 13
All infants	6.91 (2000)	6.39 (2009)	6.15 (2010)	
Deaths per 100,000 population, age-adjusted				Table 20
All causes	869.0 (2000)	749.6 (2009)	747.0 (2010)	
Heart disease	257.6 (2000)	182.8 (2009)	179.1 (2010)	
Cancer	199.6 (2000)	173.5 (2009)	172.8 (2010)	
Stroke	60.9 (2000)	39.6 (2009)	39.1 (2010)	
Chronic lower respiratory diseases	44.2 (2000)	42.7 (2009)	42.2 (2010)	
Unintentional injuries	34.9 (2000)	37.5 (2009)	38.0 (2010)	
Motor vehicle-related	15.4 (2000)	11.6 (2009)	11.3 (2010)	
Diabetes	25.0 (2000)	21.0 (2009)	20.8 (2010)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 50
All ages	8.9 (2000)	10.1 (2010)	10.4 (2011)	
65 years and over	26.9 (2000)	24.4 (2010)	24.7 (2011)	
Heart disease (ever told), percent				Table 44
18 years and over	11.3 (2000–2001)	11.6 (2007–2008)	11.6 (2010–2011)	
65 years and over	30.9 (2000–2001)	31.8 (2007–2008)	30.5 (2010–2011)	
Cancer (ever told), percent				Table 44
18 years and over	5.0 (2000–2001)	5.8 (2007–2008)	6.3 (2010–2011)	
65 years and over	15.2 (2000–2001)	17.0 (2007–2008)	18.5 (2010–2011)	
Hypertension, ¹ percent				Table 63
20 years and over	28.9 (1999–2000)	32.6 (2007–2008)	31.9 (2009–2010)	
High serum total cholesterol, ² percent				Table 63
20 years and over	17.7 (1999–2000)	14.6 (2007–2008)	13.6 (2009–2010)	
Obese, percent				Figure 10/Table 63
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				Table 54
18 years and over	23.2 (2000)	19.3 (2010)	19.0 (2011)	
Aerobic activity and muscle strengthening, ⁴ percent				Table 67
18 years and over	15.1 (2000)	20.4 (2010)	20.6 (2011)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 77
Under 18 years	12.3 (2000)	8.1 (2010)	8.3 (2011)	
18–44 years	23.4 (2000)	24.2 (2010)	23.7 (2011)	
45–64 years	14.9 (2000)	14.8 (2010)	14.6 (2011)	
65 years and over	7.4 (2000)	5.3 (2010)	5.5 (2011)	

Health, United States, 2012: At a Glance

	Value (year)			Health, United States, 2012 Figure/Table no.
Emergency room visit in past 12 months, percent				Tables 85 and 86
Under 18 years	20.3 (2000)	22.1 (2010)	18.5 (2011)	
18–44 years	20.5 (2000)	22.0 (2010)	20.6 (2011)	
45–64 years	17.6 (2000)	19.2 (2010)	18.2 (2011)	
65 years and over	23.7 (2000)	23.7 (2010)	23.3 (2011)	
Dental visit in past year, percent				Table 90
2–17 years	74.1 (2000)	78.9 (2010)	81.4 (2011)	
18–64 years	65.1 (2000)	61.1 (2010)	61.6 (2011)	
65 years and over	56.6 (2000)	57.7 (2010)	61.2 (2011)	
Prescription drug in past 30 days, percent				Table 91
Under 18 years	20.5 (1988–1994)	23.8 (1999–2002)	24.0 (2007–2010)	
18–44 years	31.3 (1988–1994)	35.9 (1999–2002)	38.7 (2007–2010)	
45–64 years	54.8 (1988–1994)	64.1 (1999–2002)	66.2 (2007–2010)	
65 years and over	73.6 (1988–1994)	84.7 (1999–2002)	89.7 (2007–2010)	
Hospitalization in past year, percent				Table 93
18–44 years	7.0 (2000)	6.3 (2010)	6.4 (2011)	
45–64 years	8.4 (2000)	8.3 (2010)	8.3 (2011)	
65 years and over	18.2 (2000)	16.1 (2010)	16.7 (2011)	
Health Insurance and Access to Care				
Uninsured, percent				Table 124
Under 65 years	17.0 (2000)	18.2 (2010)	17.2 (2011)	
Under 18 years	12.6 (2000)	7.8 (2010)	7.0 (2011)	
18–44 years	22.4 (2000)	27.1 (2010)	25.4 (2011)	
19–25 years	32.3 (2000)	33.8 (2010)	27.9 (2011)	
45–64 years	12.6 (2000)	15.7 (2010)	15.4 (2011)	
Delayed or did not receive needed medical care in past 12 months due to cost, percent				Table 73
Under 18 years	4.6 (2000)	4.4 (2010)	3.8 (2011)	
18–44 years	9.5 (2000)	14.5 (2010)	13.6 (2011)	
45–64 years	8.8 (2000)	14.9 (2010)	14.4 (2011)	
65 years and over	4.5 (2000)	5.0 (2010)	4.6 (2011)	
Health Care Resources				
Patient care physicians per 10,000 population ⁵				Table 100
United States	22.7 (2000)	25.8 (2009)	24.0 (2010)	
Highest state	34.4 (MA) (2000)	39.9 (MA) (2009)	40.0 (MA) (2010)	
Lowest state	14.4 (ID) (2000)	17.5 (MS) (2009)	17.6 (MS) (2010)	
Community hospital beds per 1,000 population ⁶				Table 107
United States	2.9 (2000)	2.6 (2009) ⁷	2.6 (2010)	
Highest state	6.0 (ND) (2000)	5.2 (ND) (2009) ⁷	5.1 (ND) (2010)	
Lowest state	1.9 (NM,NV,OR,UT,WA) (2000)	1.7 (OR,WA) (2009) ⁷	1.7 (OR,WA) (2010)	
Expenditures				
Personal health care expenditures, dollars				Table 114
Total, in trillions	\$1.2 (2000)	\$2.1 (2009)	\$2.2 (2010)	
Per capita	\$4,128 (2000)	\$6,886 (2009)	\$7,082 (2010)	

¹Having measured high blood pressure (systolic pressure of at least 140 mm Hg or diastolic pressure of at least 90 mm Hg) and/or respondent report of 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 rather than self-reported. ⁴Meeting 2008 federal guidelines for aerobic activity and muscle strengthening. ⁵© 2012. Used with permission of American Medical Association. ⁶© 2012. Used with permission of Health Forum LLC, an affiliate of the American Hospital Association. ⁷Data for 2009 are from *Health, United States, 2011*, Table 118. NOTES: Some estimates shown in this table are not shown in the PDF or printed version but can be found in the spreadsheet version of the cited tables. For more information and the spreadsheet version of the tables, see the complete report, *Health, United States, 2012*, available from: <http://www.cdc.gov/nchs/hus.htm>.

Special Feature on Emergency Care

This year's Chartbook Special Feature explores the use of emergency care in the United States.

Hospital emergency medical services are an integral part of the American health care system. Emergency departments provide care for patients with emergency health care needs and must be prepared to handle a surge in patients in the event of major casualty situations such as natural disasters and multivehicle accidents. In addition, emergency departments can be a safety net provider for patients without an alternative place of care, and a source of care after regular office hours of other health care providers (1,2).

Each year, about 20% of Americans visit the emergency department at least once. Although the percentage of Americans visiting the emergency department each year is stable, the total number of visits increased 34% between 1995 and 2010 (from 97 million to 130 million visits; [Table 88](#)).

This year's *Health, United States* includes the complete Special Feature text and 10 charts on emergency care. Trends in emergency department use in the past year are shown by age and insurance coverage, along with the reasons people visit the emergency department, injury-related visits, wait times to see a physician, and the urgency of visits. Information on the use of x-rays and more-advanced scanning techniques gives insight into services provided in the emergency department. To better understand what happens after the emergency department visit, the discharge status of visits and the types of drugs prescribed at discharge are examined. Finally, the cost of emergency department visits is shown. This *In Brief* includes three of the Special Feature charts, which show trends in emergency department use in the past year by age, wait times to see an emergency department physician, and the percentage of emergency department visits with x-rays and advanced imaging scans.

Key Findings From the Special Feature in *Health, United States, 2012*

In 2011, 20% of persons reported at least one emergency department visit in the past year, and 7% reported two or more visits ([Figure 20](#)).

During 2001 through 2011, both children under age 18 and adults aged 18–64 with Medicaid coverage were more likely to have at least one emergency department visit in the past year, compared with the uninsured and those with private coverage ([Figure 21](#)).

In 2009–2010, 9% of visits by children and 12% of visits by adults aged 18–64 were classified by emergency

departments as emergent (see within 15 minutes), and 35% of visits by children and 46% of visits by adults aged 18–64 were classified as urgent (see within 15 to 60 minutes) ([Figure 22](#)).

In 2009–2010, cold symptoms were the most common reason for emergency department visits by children (27%), and injuries were the most common reason for visits by adults (14%) ([Figure 23](#)).

In 2008–2010, falls were the most common reason for an injury-related visit to an emergency department ([Figure 24](#)).

In 2008–2010, mean wait times to see an emergency department physician were higher for adults aged 18–64 (58 minutes) than for children (51 minutes) and for adults aged 65 and over (48 minutes) ([Figure 25](#)).

Between 2000 and 2010, 35% of emergency department visits included an x-ray, while the use of advanced imaging (CT or MRI) scans increased from 5% to 17% of visits ([Figure 26](#)).

In 2009–2010, 81% of emergency department visits were discharged for follow-up care as needed, 16% ended with the patient being admitted to the hospital, 2% ended with the patient leaving without completing the visit, and less than 1% ended in the patient's death ([Figure 27](#)).

In 2009–2010, 59% of emergency department visits (excluding hospital admissions) included at least one drug prescribed at discharge ([Figure 28](#)).

In the past decade, the mean expenditure (in 2010 dollars) for an emergency department visit that did not result in a hospital admission increased 77%, from \$546 in 2000 to \$969 in 2010 ([Figure 29](#)).

References

1. Institute of Medicine. Hospital-based emergency care: At the breaking point. Washington, DC: National Academies Press; 2007. Available from: http://www.nap.edu/openbook.php?record_id=11621&page=1.
2. DeLia D, Cantor J. Emergency department utilization and capacity. Princeton, NJ: Robert Wood Johnson Foundation, The Synthesis Project; 2009. Research Synthesis Report no. 17. Available from: <http://www.rwjf.org/content/dam/farm/reports/reports/2009/rwjf43565>.

Highlights From *Health, United States, 2012*

Life Expectancy and Mortality

Between 2000 and 2010, life expectancy at birth increased 2.1 years for males and 1.7 years for females. The gap in life expectancy between males and females narrowed from 5.2 years in 2000 to 4.8 years in 2010, with females having the longer life expectancy (Table 18).

Between 2000 and 2010, life expectancy at birth increased more for the black than for the white population, thereby narrowing the gap in life expectancy between these two racial groups. In 2000, life expectancy at birth for the white population was 5.5 years longer than for the black population; by 2010, the difference had narrowed to 3.8 years (Table 18).

Between 2000 and 2010, the infant mortality rate decreased 11% from 6.91 to 6.15 deaths per 1,000 live births. In 2000, the infant mortality rate for white mothers was 5.7 compared to 14.1 for black mothers; by 2010 the infant mortality rate declined to 5.2 among white mothers and 11.6 among black mothers (Table 13).

Between 2000 and 2010, the age-adjusted heart disease death rate decreased 30%, from 257.6 to 179.1 deaths per 100,000 population. In 2010, 24% of all deaths were from heart disease (Tables 22 and 26).

Between 2000 and 2010, the age-adjusted cancer death rate decreased 13%, from 199.6 to 172.8 deaths per 100,000 population. In 2010, 23% of all deaths were from cancer (Tables 22 and 28).

Fertility and Natality

Between 2009 and 2010, the birth rate among teenagers aged 15–19 fell 10%, from 37.9 to 34.2 live births per 1,000 females—a record low for the United States (Table 3).

Low birthweight is associated with elevated risk of death and disability in infants. The percentage of low-birthweight births [infants weighing less than 2,500 grams (5.5 pounds) at birth] was 8.15% in 2010 and has declined slowly since 2006, when it was 8.26% (Table 6).

Health Risk Factors

Between 1988–1994 and 1999–2000, the prevalence of obesity among children aged 2–5 increased from 7% to 10% and then did not increase significantly through 2009–2010 (Table 63 and Figure 10).

The prevalence of obesity among children aged 6–11 and adolescents aged 12–19 increased from 11% to 15% between 1988–1994 and 1999–2000 and then did not increase significantly through 2009–2010 (Table 63 and Figure 10).

In 2011, 48% of adults aged 18 and over did not meet the 2008 federal physical activity guidelines. This percentage increased with age, rising from 36% of adults aged 18–24 to 68% of adults aged 75 and over (Table 67).

Between 1988–1994 and 2007–2010, the percentage of adults aged 20 and over with grade 1 obesity [a body mass index (BMI) of 30.0–34.9] increased from 14% to 20%. Those with grade 2 obesity (BMI of 35.0–39.9) rose from 5% to 9%, and those with grade 3 or higher obesity (BMI of 40 or higher) doubled, from 3% to 6% (Table 68).

In 2011, 19% of U.S. adults were current cigarette smokers, unchanged from the 2010 level. Men (22%) were more likely than women (17%) to be current cigarette smokers (Table 54).

Between 2001 and 2011, the percentage of students in grades 9–12 who reported riding with a driver who had been drinking alcohol declined from 31% to 24% (Table 61).

In 2011, 22% of adults aged 18 and over reported drinking five or more drinks in 1 day in the past year, decreasing from 32% of adults aged 18–44 to 18% of those aged 45–64, and 6% of those aged 65 and over (Table 62).

Between 2003 and 2007, the percentage of children aged 6–11 who did not get daily vigorous physical activity decreased from 69% to 62%; the percentage who had more than 2 hours of screen time on an average weekday (watched TV or videos, played video games, or used a computer recreationally) increased from 36% to 40%; and the percentage who did not get enough sleep nightly increased from 25% to 28% (Table 60).

Measures of Health and Disease Prevalence

In 2009–2011, 6% of children under age 18 had an asthma attack in the past year, and 5% had a food allergy. Ten percent of children under age 5 had three or more ear infections in the past year. Among school-age children aged 5–17, 10% had attention deficit hyperactivity disorder and 6% had serious emotional or behavioral difficulties (Table 41).

In 2011, the percentage of noninstitutionalized adults who reported their health as fair or poor ranged from 7% of those aged 18–44 to 29% of those aged 75 and over (Table 50).

In 2011, 27% of noninstitutionalized adults aged 18–64 reported a disability (defined as any basic actions difficulty or complex activity limitation), compared with 62% of those aged 65 and over (Table 48).

In 2010–2011, 45% of men and 31% of women aged 75 and over had ever been told by a physician or other health professional that they had heart disease (Table 44).

In 2010–2011, 26% of men and 19% of women aged 75 and over had ever been told by a physician or other health professional that they had cancer (excluding squamous and basal cell skin cancers) (Table 44).

Between 1988–1994 and 2007–2010, the prevalence of uncontrolled high blood pressure among adults aged 20 and over with hypertension decreased from 74% to 49% (Table 64).

Between 1988–1994 and 2007–2010, the percentage of adults aged 20 and over with a high serum total cholesterol level (defined as greater than or equal to 240 mg/dL) declined from 20% to 14% (Table 65).

Health Care Utilization

Use of Health Care Services

In 2010, there were 1.2 billion visits to physician offices, hospital outpatient departments, and hospital emergency departments. Of these, 1.0 billion were visits to physician offices, 101 million were visits to hospital outpatient departments, and 130 million were visits to hospital emergency departments (Table 88).

In 2011, 81% of children aged 2–17 years, 62% of adults aged 18–64, and 61% of adults aged 65 and over had seen a dentist in the past year (Table 90).

Between 2000 and 2009–2010, the nonfederal short-stay hospital discharge rate was stable at 1,100–1,200 discharges per 10,000 population, and the average length of stay was 5 days (Table 94).

The percentage of the population taking at least one prescription drug during the past 30 days increased from 38% in 1988–1994 to 49% in 2007–2010. During the same period, the percentage taking three or more prescription drugs doubled, from 11% to 22%, and the percentage taking five or more drugs nearly tripled, from 4% to 11% (Table 91).

Use of Preventive Medical Care Services

In 2011, 69% of children aged 19–35 months had completed a combined series of childhood vaccinations (at least 4 doses of diphtheria/tetanus/pertussis vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, 3 or 4 doses of *Haemophilus influenzae* type b vaccine depending on product type, 3 doses of hepatitis B vaccine, 1 dose of varicella vaccine, and 4 doses of pneumococcal conjugate vaccine) (Table 78).

In 2011, 52% of noninstitutionalized adults aged 50 and over had received an influenza vaccination in the past year, ranging from 43% of those aged 50–64 to 72% of those aged 75 and over (Table 80 and Figure 12).

In 2011, 56% of noninstitutionalized adults aged 65–74 and 70% of those aged 75 and over ever had a pneumococcal vaccination (Table 81 and Figure 12).

Unmet Need for Medical Care, Prescription Drugs, and Dental Care Due to Cost

Between 2001 and 2011, among adults aged 18–64, the percentage who reported not receiving, or delaying, needed medical care due to cost in the past 12 months increased from 10% to 14%. The percentage not receiving needed prescription drugs due to cost increased from 7% to 11%, and the percentage not receiving needed dental care due to cost grew from 10% to 16% (Table 73).

In 2011, 35% of adults aged 18–64 who were uninsured did not get, or delayed, needed medical care due to cost in the past 12 months, compared with 7% of adults with private coverage and 13% of adults with Medicaid (Table 73 and Figure 18).

In 2011, 24% of adults aged 18–64 who were uninsured did not get needed prescription drugs due to cost in the past 12 months, compared with 5% of those with private coverage and 14% of those with Medicaid (Table 73 and Figure 18).

Health Care Resources

Between 2000 and 2010, the number of physicians in patient care in the United States ranged from 23 to 24 per 10,000 population. In 2010, the number of patient care physicians per 10,000 population ranged from 18 in Idaho and Mississippi to 40 in Massachusetts and 69 in the District of Columbia (Table 100).

Between 2000 and 2010, the United States had about 5,000 community hospitals and 800,000 community hospital beds (Table 106).

In 2011, there were about 1.7 million nursing home beds in 16,000 certified nursing homes. Between 2000 and 2011, nursing home bed occupancy for the United States was stable at 82% (Table 109).

Health Care Expenditures and Payers

Health Care Expenditures

In 2010, national health care expenditures in the United States totaled \$2.6 trillion, a 4% increase from 2009. The average per capita expenditure on health care was \$8,400 in 2010 (Tables 111 and 113).

Expenditures for hospital care accounted for 31% of all national health care expenditures in 2010. Physician and clinical services accounted for 20% of the total, prescription drugs for 10%, and nursing care facilities and continuing care retirement communities for 6% (Table 113).

Prescription drug expenditures increased 1.2% between 2009 and 2010, compared with a 5.1% increase between 2008 and 2009 (Table 113).

In 2010, the average cost for the entire hospitalization involving a heart valve procedure was \$52,000, a coronary artery bypass graft procedure was \$39,000, cardiac pacemaker insertion or replacement was \$35,000, and spinal fusion was \$29,000 (Table 115).

Health Care Payers

In 2010, 34% of personal health care expenditures were paid by private health insurance; consumers paid 14% out of pocket; 23% was paid by Medicare and 17% by Medicaid; and the remainder was paid by other insurance, payers, and programs (Table 114 and Figure 19).

In 2011, the Medicare program had 49 million enrollees and expenditures of \$549 billion, up from \$523 billion the previous year. Expenditures for the Medicare drug program (Part D) were \$67 billion in 2011 (Table 126).

In 2009, children under age 21 accounted for 48% of Medicaid recipients but only 20% of Medicaid expenditures. Aged, blind, and persons with disabilities accounted for 21% of recipients and 63% of expenditures (Table 129).

Health Insurance Coverage

Between 2001 and 2011, the percentage of the population under age 65 with private health insurance obtained through the workplace declined from 67% to 56% (Table 122).

In 2011, 7% of children under age 18 and 21% of adults aged 18–64 had no health insurance coverage (public or private) at the time of interview (Table 124).

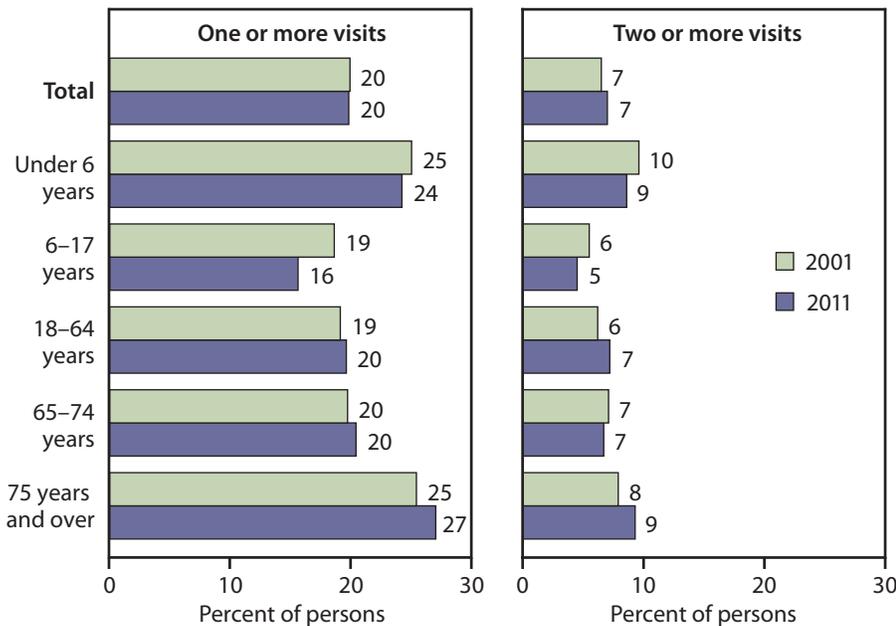
Between 2001 and 2011, among children in families with income just above the poverty level (100%–199% of poverty), the percentage of uninsured children under age 18 dropped from 19% to 11%, while the percentage with coverage through Medicaid or the Children's Health Insurance Program (CHIP) increased from 33% to 58% (Tables 123 and 124).

Between 2010 and 2011, the percentage of adults aged 19–25 who were uninsured decreased from 34% to 28% (Table 124 and Figure 15).

Special Feature on Emergency Care (Selected chart)

Use of the Emergency Department

Figure 20. Emergency department visits in the past 12 months, by age: United States, 2001 and 2011



During 2001 through 2011, the percentage of persons with at least one emergency department visit in the past year was stable at 20%–22%, and the percentage of persons reporting two or more visits was stable at 7%–8%.

In 2011, one in five people reported visiting the emergency department at least once in the past year. Reported use was highest among children under age 6 and adults aged 75 and over. The percentage of those reporting two or more emergency department visits in the past year was substantially lower, at 7%, with repeated emergency department visits being more common among young children and older adults.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Figure 20. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig20>

Special Feature on Emergency Care (Selected chart)

Emergency Department Wait Times to See a Physician

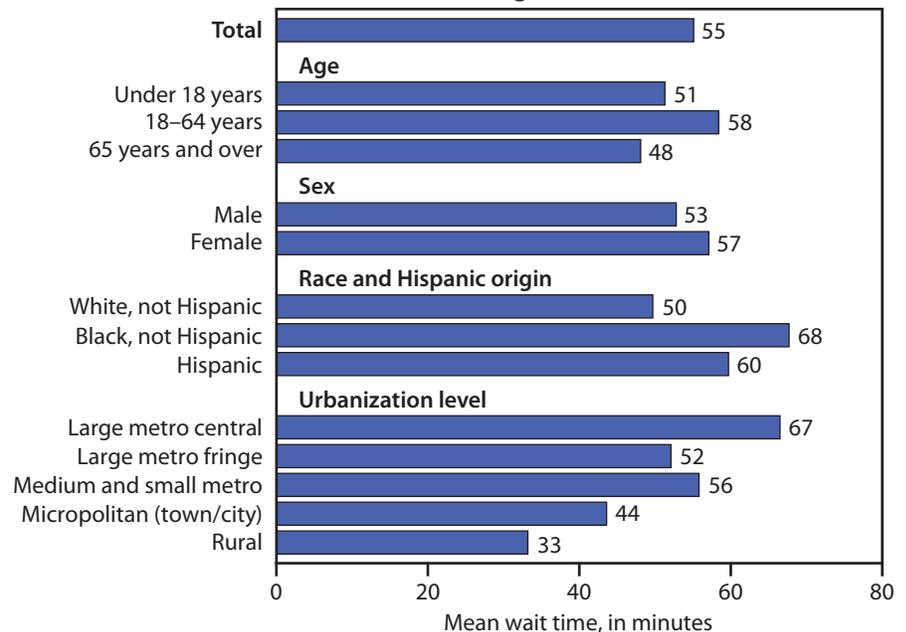
In 2008–2010, the mean wait time to see a physician in an emergency department was 55 minutes, up from 45 minutes in 1998–2000.

In 2008–2010, mean wait times were higher for adults aged 18–64 than for children, adolescents, and adults aged 65 and over. Wait times were highest for visits by non-Hispanic black patients compared with visits by Hispanic patients and non-Hispanic white patients.

Wait times varied by the urbanization level of the hospital. They were longest in large metropolitan central counties and shortest in the most rural counties.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Figure 25. Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS).

Figure 25. Mean wait time to see a physician in an emergency department, by selected characteristics: United States, average annual, 2008–2010

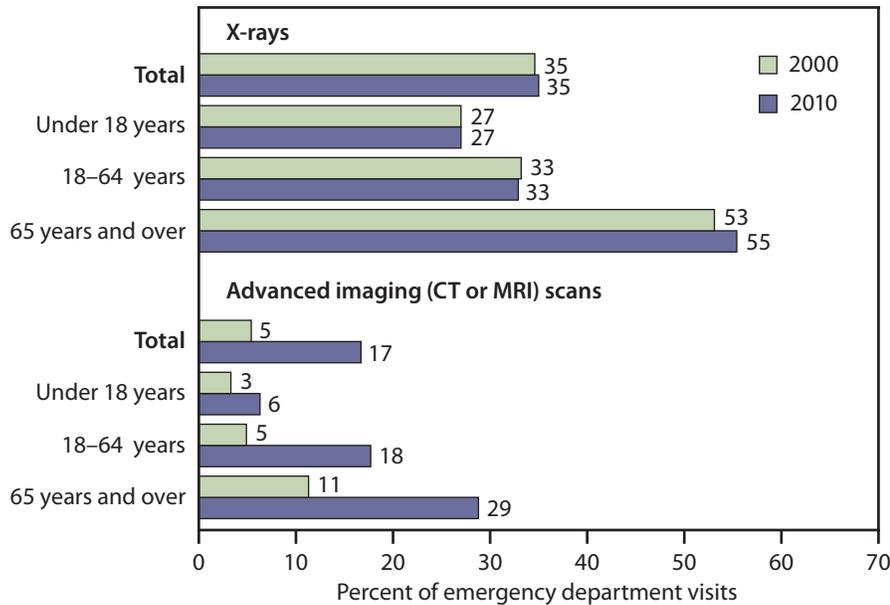


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig25>

Special Feature on Emergency Care *(Selected chart)*

Use of Imaging

Figure 26. Emergency department visits with x-rays or advanced imaging scans ordered or provided during the visit, by age: United States, 2000 and 2010



Between 2000 and 2010, 35% of emergency department visits included an x-ray, while the use of advanced imaging (CT or MRI) scans increased from 5% to 17% of emergency department visits.

In 2010, 35% of emergency department visits included an x-ray. The use of x-rays increased with age, from 27% of visits by children, 33% of visits by working-age adults, and 55% of visits by adults aged 65 and over. In the same year, 17% of all emergency department visits included the use of advanced imaging techniques. The use of advanced imaging [computed tomography (CT) or magnetic resonance imaging (MRI)] scans also increased with age, from 6% of visits by children, 18% of visits by working-age adults, and 29% of visits by adults aged 65 and over.

NOTE: CT is computed tomography; MRI is magnetic resonance imaging.
SOURCE: CDC/NCHS, *Health, United States, 2012*, Figure 26. Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig26>

Mortality

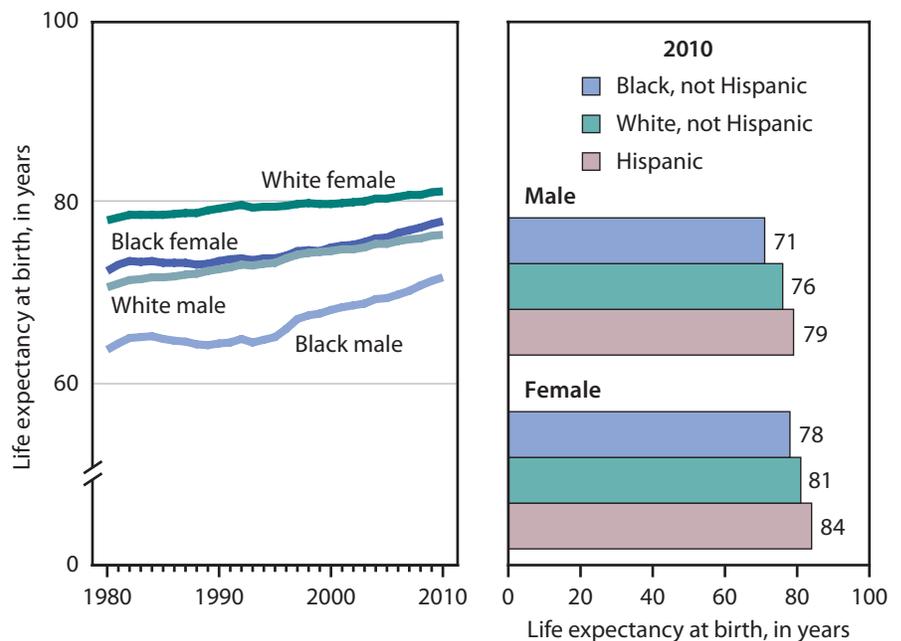
Life Expectancy at Birth

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. Between 1980 and 2010, life expectancy at birth in the United States increased from 70 years to 76 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 2010 but had narrowed since 1990. In 2010, 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, 2012*, Table 18. Data from the National Vital Statistics System (NVSS).

Figure 1. Life expectancy at birth, by selected characteristics: United States, 1980-2010

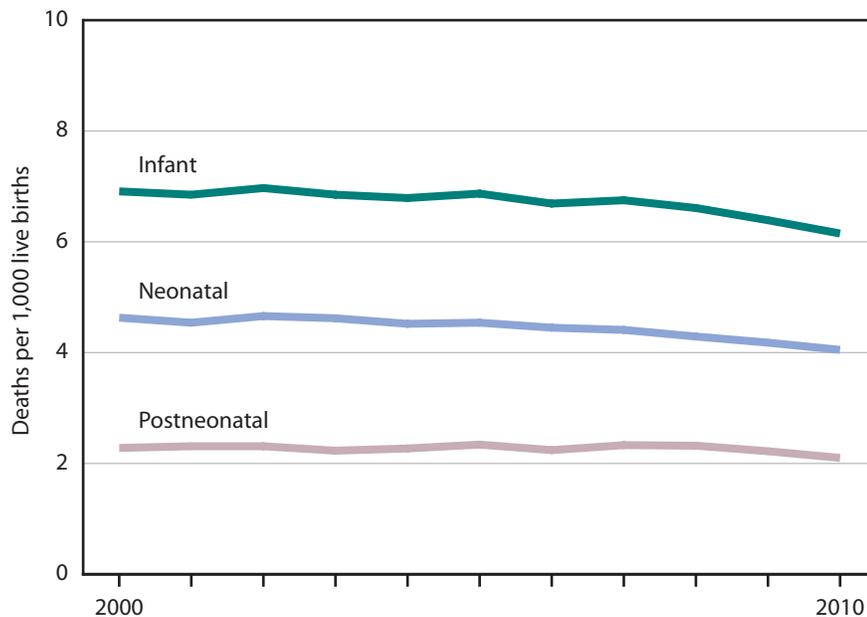


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig01>

Mortality

Infant Mortality

Figure 2. Infant, neonatal, and postneonatal mortality rates: United States, 2000–2010



Infant, neonatal, and postneonatal mortality rates declined between 2000 and 2010.

The infant mortality rate is the risk of death during the first year of life. The 2010 infant mortality rate of 6.15 per 1,000 live births—a historically low value—was 11% lower than in 2000. During the same period, the neonatal mortality rate (death rate among infants under 28 days) decreased 13% to 4.05 per 1,000 live births, and the postneonatal mortality rate (death rate among infants 28 days through 11 months) declined 8% to 2.10 per 1,000 live births.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 13 and reference 1. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig02>

Mortality

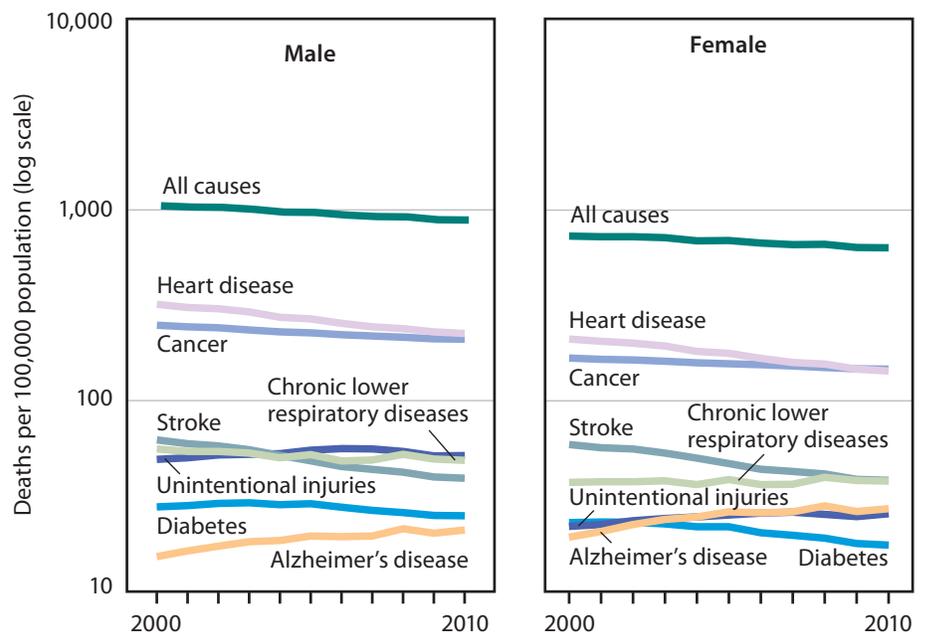
Selected Causes of Death

Between 2000 and 2010, the age-adjusted death rate decreased 16% among males and 13% among females.

During this 10-year period, age-adjusted death rates among males for stroke declined 37%, heart disease declined 30%, cancer declined 16%, and chronic lower respiratory diseases declined 13%, while Alzheimer's disease increased 38% and unintentional injuries increased through 2007 and then declined. Among females, age-adjusted death rates for stroke declined 35%, heart disease declined 32%, and cancer declined 12%, while Alzheimer's disease increased 41%. In 2010, 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.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 20. Data from the National Vital Statistics System (NVSS).

Figure 3. Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2000–2010

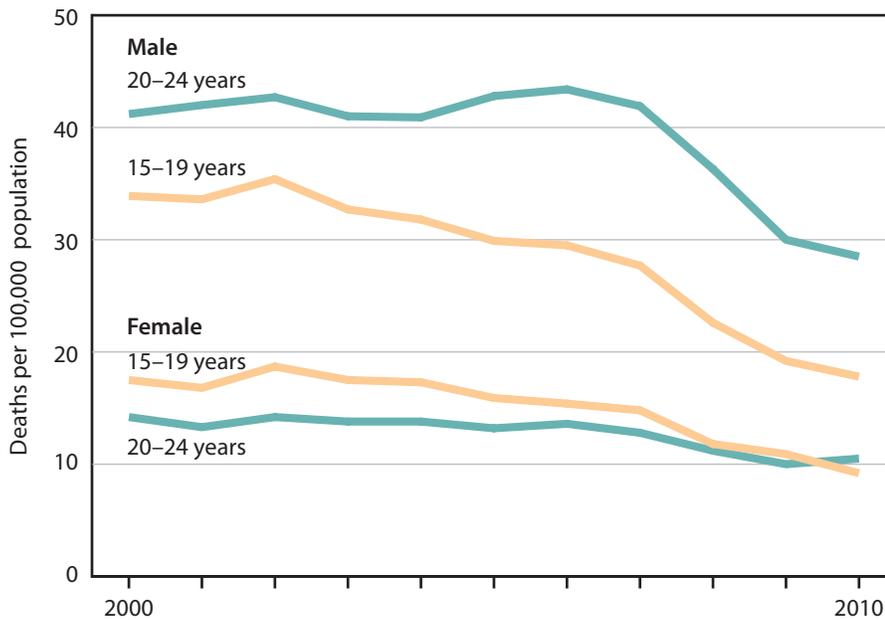


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig03>

Mortality

Motor Vehicle-related Death Rates

Figure 4. Motor vehicle-related death rates among persons aged 15–24, by sex and age: United States, 2000–2010



Between 2000 and 2010, motor vehicle-related death rates declined among males and females aged 15–19 and 20–24.

Motor vehicle-related deaths are a significant cause of preventable death, accounting for about 35,000 deaths in the United States in 2010 across all ages (1). Motor vehicle-related death rates were higher for males and females aged 15–24 than for most other age groups (Table 33). For males and females aged 15–19, motor vehicle-related death rates declined 47% from 2000 to 2010. Motor vehicle-related death rates declined 31% for males aged 20–24 and 26% for females in the same age group during this 10-year period.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 33. Data from the National Vital Statistics System (NVSS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig04>

Natality

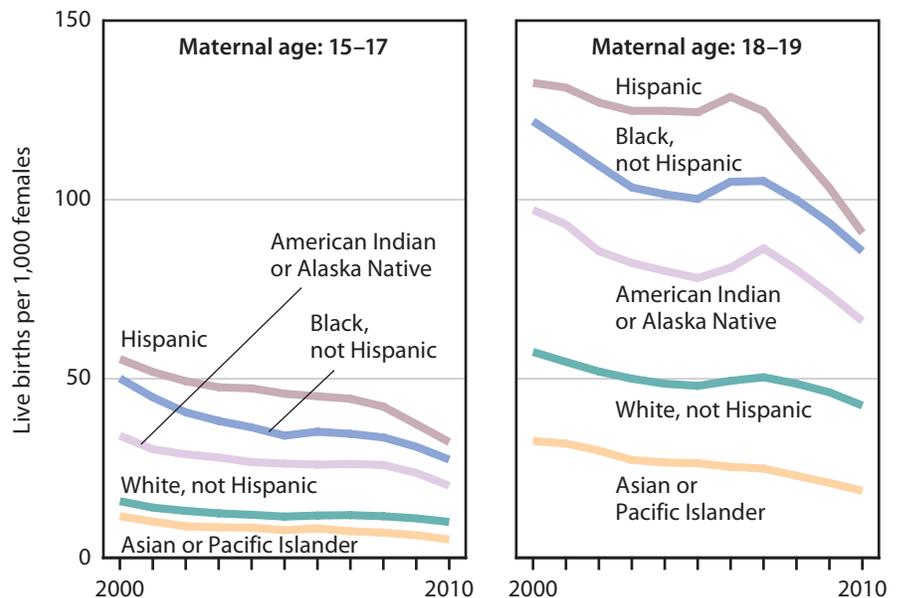
Teenage Childbearing

Between 2000 and 2010, teenage birth rates declined among all racial and ethnic groups.

In 2010, 3% of births were to teenagers under age 18 and 7% were to mothers aged 18–19 (Table 4). Between 2000 and 2010, birth rates declined 36% for teenagers aged 15–17 and 25% for those aged 18–19 (Table 3). Birth rates were higher among non-Hispanic black and Hispanic teenagers than among other racial and ethnic groups. Since 2000, birth rates have decreased 45% for non-Hispanic black teenagers aged 15–17 and 42% for Hispanic teenagers in the same age group. Also during this period, birth rates for 18–19 year olds decreased 30% for non-Hispanic black teenagers and 32% for Hispanic teenagers.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 3. Data from the National Vital Statistics System (NVSS).

Figure 5. Teenage childbearing, by maternal age and race and Hispanic origin: United States, 2000–2010

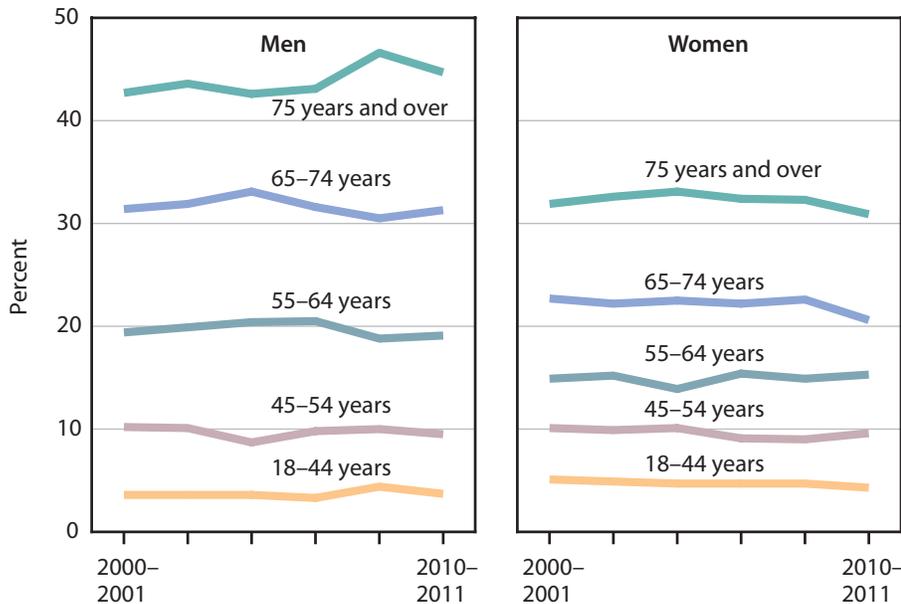


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig05>

Morbidity

Heart Disease Prevalence

Figure 6. Respondent-reported lifetime heart disease prevalence among adults aged 18 and over, by sex and age: United States, average annual, 2000–2001 through 2010–2011



During 2000–2001 through 2010–2011, lifetime heart disease prevalence remained stable among men and women in all age groups.

Heart disease is the leading cause of death in the United States for both men and women, accounting for approximately 307,000 deaths for men and 290,000 deaths for women in 2010 (Table 22). During 2000–2001 through 2010–2011, the prevalence of lifetime respondent-reported heart disease among adults aged 18–54 was similar for men and women. Among adults aged 55 and over, heart disease prevalence was higher for men than for women. In 2010–2011, nearly one-half (45%) of men aged 75 and over reported having ever been told by a physician they had heart disease, compared with nearly one-third (31%) of women in the same age group.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 44. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig06>

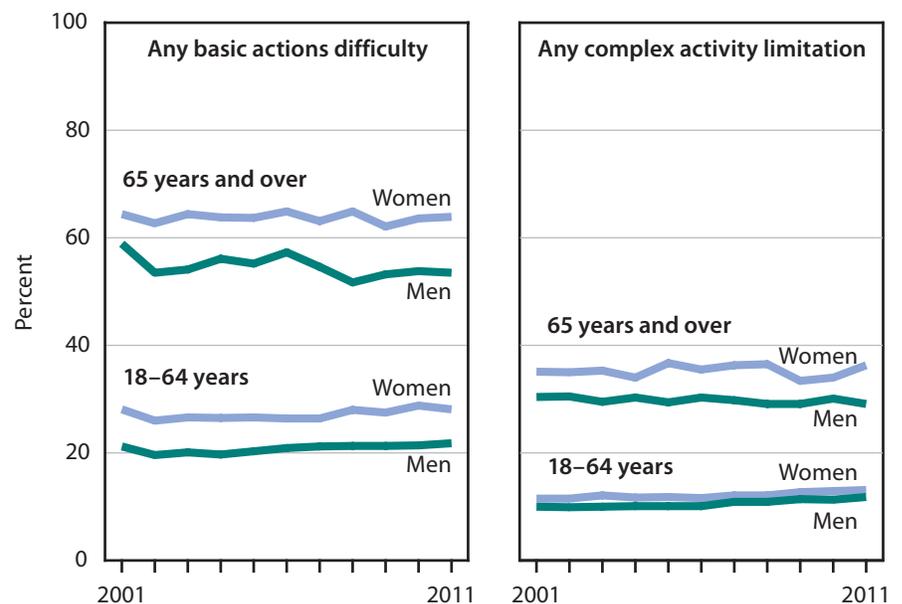
Disability Measures

Basic Actions Difficulty and Complex Activity Limitation

During 2001 through 2011, the percentage of the noninstitutionalized population with basic actions difficulty and the percentage of the noninstitutionalized population with complex activity limitation increased with age.

Basic actions difficulty and complex activity limitation are two constructs for defining and measuring disability status (2). 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. During 2001 through 2011, the prevalence of each disability measure was higher for women than men in the same age group, with the exception of complex activity limitation among those aged 18–64, where the prevalence was similar for men and women.

Figure 7. Basic actions difficulty and complex activity limitation among adults aged 18 and over, by sex and age: United States, 2001–2011



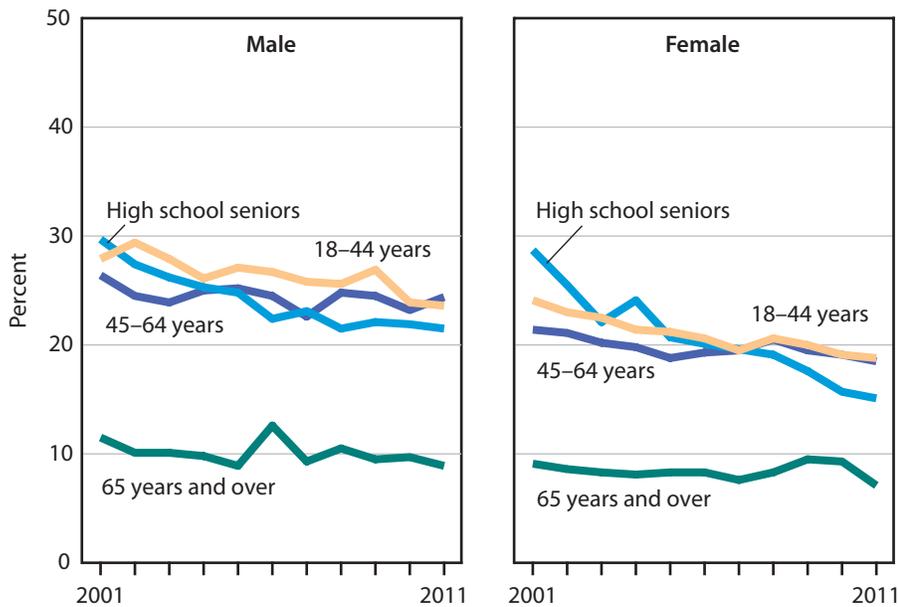
SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 48. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig07>

Health Risk Factors

Current Cigarette Smoking

Figure 8. Current cigarette smoking among high school seniors and adults aged 18 and over, by sex and age: United States, 2001–2011



Cigarette smoking among high school seniors declined by one-quarter among male students and one-half among female students between 2001 and 2011.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancers, and chronic lung diseases (3). Between 2001 and 2011, cigarette smoking among students in grade 12 decreased from 30% to 22% for male students and from 29% to 15% for female students. Also during this period, the percentage of adults who smoked cigarettes declined for men and women aged 18–44 and for women aged 45–64, while remaining stable for men aged 45–64 and for men and women aged 65 and over.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 54 and 59. Data from the National Health Interview Survey (NHIS) and the Monitoring the Future (MTF) Study.

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig08>

Health Risk Factors

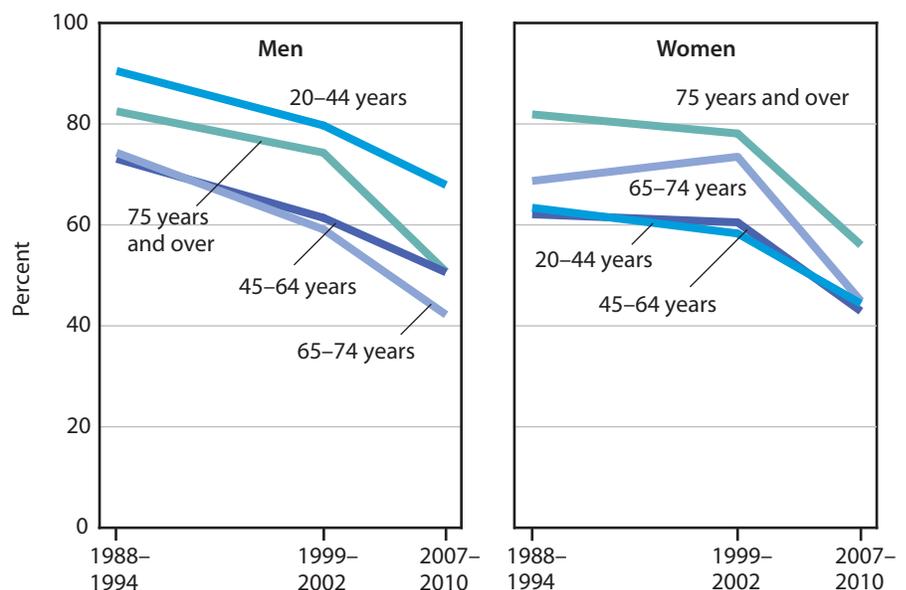
Uncontrolled High Blood Pressure

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 (4). 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, 2012*, Table 64. Data from the National Health and Nutrition Examination Survey (NHANES).

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

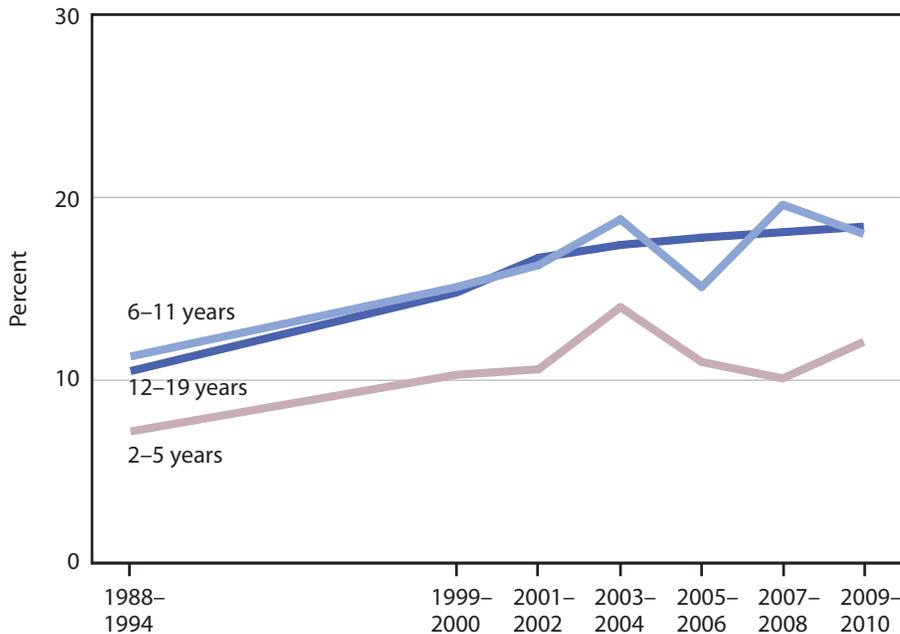


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig09>

Health Risk Factors

Obesity Among Children

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



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

Excess body weight in children is associated with excess morbidity in childhood and adulthood (5). Obesity among children is defined as a body mass index at or above the sex- and age-specific 95th percentile. The percentage of children aged 2–5 who were obese rose from 7% in 1988–1994 to 10% in 1999–2000 and has not increased significantly since that time (6). 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 aged 12–19, the prevalence of obesity rose from 11% in 1988–1994 to 15% in 1999–2000 and has not increased significantly since that time.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 63. Data from the National Health and Nutrition Examination Survey (NHANES).

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Health Risk Factors

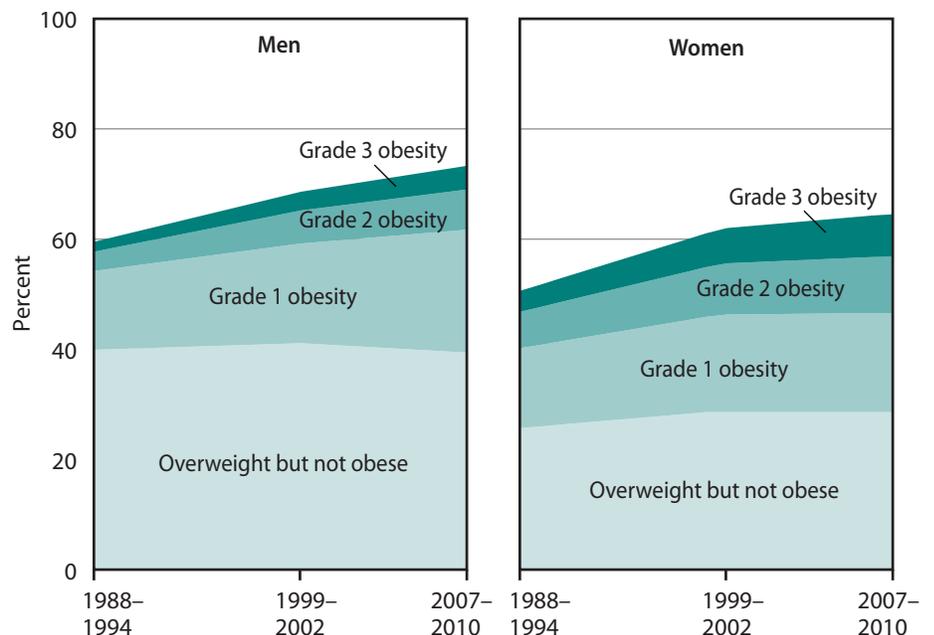
Overweight and Obesity Among Adults

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 (7,8). In particular, Grade 2 or higher obesity [a body mass index (BMI) of 35 or higher] significantly increases the risk of death (9). Between 1988–1994 and 2007–2010, the percentage of men and women who were overweight but not obese (BMI greater than or equal to 25 but less than 30) 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, 2012*, Table 68. Data from the National Health and Nutrition Examination Survey (NHANES).

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

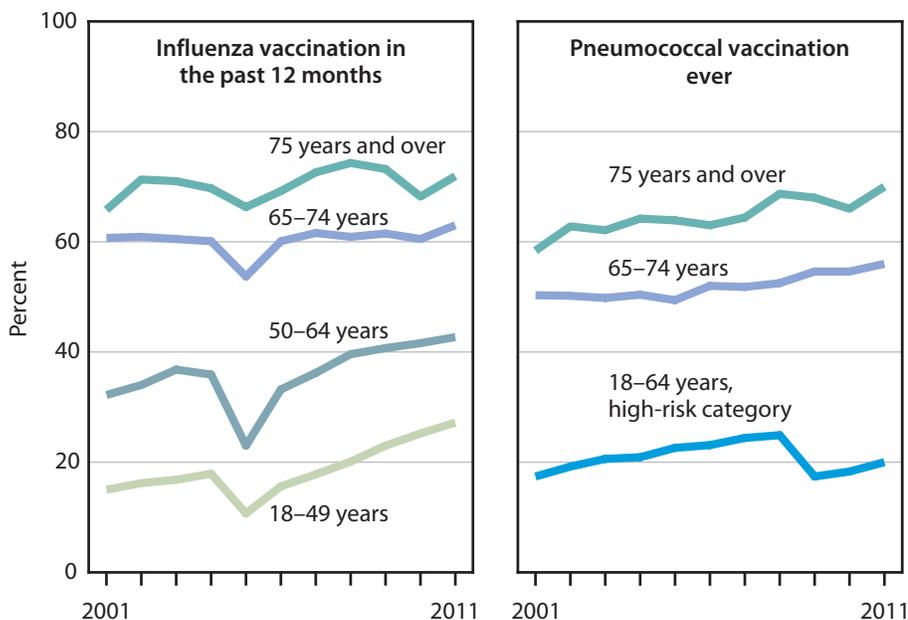


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig11>

Prevention

Influenza and Pneumococcal Vaccination

Figure 12. Influenza a and pneumococcal vaccination among adults aged 18 and over, by type of vaccination and age: United States, 2001–2011



Between 2001 and 2011, influenza vaccination in the past 12 months increased among adults under age 65, while remaining stable among those aged 65 and over. The percentage of adults aged 65 and over who had ever received a pneumococcal vaccination increased during this period.

Vaccination of persons at risk for complications from influenza and invasive pneumococcal disease is an important public health strategy (10). Between 2001 and 2011, influenza vaccination in the past 12 months for noninstitutionalized adults increased among those aged 18–49 and 50–64 but was stable among those aged 65 and over. Decreases in influenza vaccination coverage in 2005 were related to a vaccine shortage (11). Between 2001 and 2011, the percentage of noninstitutionalized adults who had ever received pneumococcal vaccination increased among those aged 65–74 and 75 and over.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 80 and 81. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig12>

Prevention

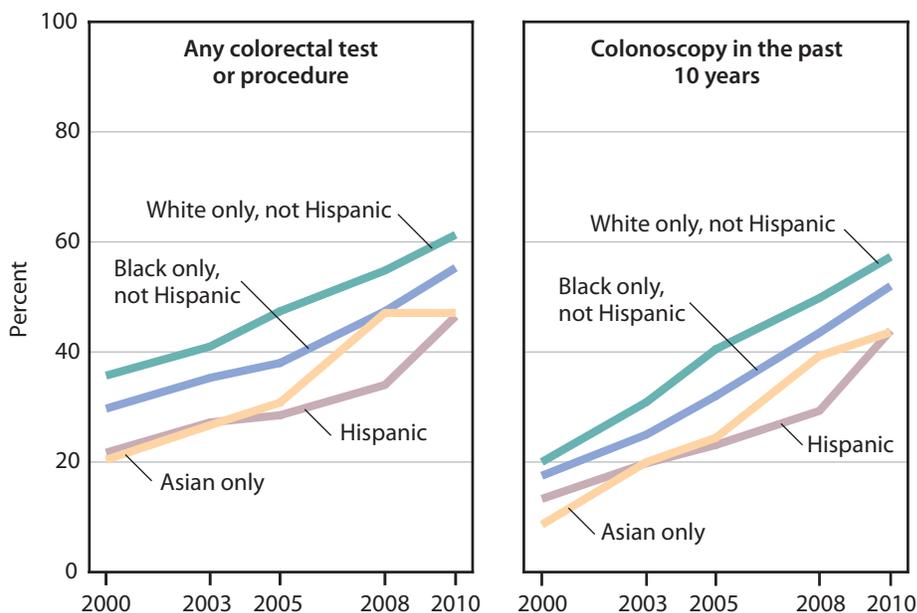
Colorectal Tests or Procedures

Between 2000 and 2010, the use of colorectal tests or procedures among adults aged 50–75 increased for all racial and ethnic groups.

Colorectal cancer is the third most common cancer in the United States. Death rates for colorectal cancer are highest among black persons (12,13) (Table 20). In 2008, the U.S. Preventive Services Task Force recommended colorectal cancer screening for adults aged 50–75 (12). Between 2000 and 2010, the percentage of adults aged 50–75 with a colorectal test or procedure increased for all racial and ethnic groups, primarily due to increased use of colonoscopy. Throughout this period, use of colorectal tests or procedures among those aged 50–75 was higher among non-Hispanic white persons and non-Hispanic black persons and lower among Hispanic persons and Asian persons.

NOTE: The colonoscopy estimate for Asian adults in 2000 has a relative standard error of 20%–30%.
SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 84. Data from the National Health Interview Survey (NHIS).

Figure 13. Colorectal tests or procedures among adults aged 50–75, by race and Hispanic origin: United States, 2000–2010

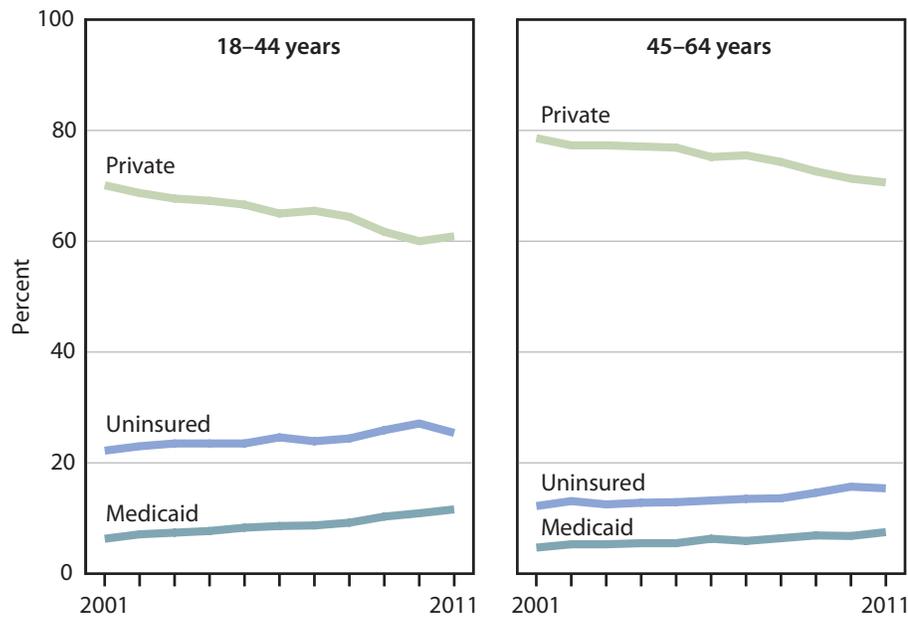


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig13>

Health Insurance

Coverage Among Adults Aged 18–64

Figure 14. Health insurance coverage among adults aged 18–64, by age and type of coverage: United States, 2001–2011



During 2001 through 2011, the percentage of adults aged 18–44 and 45–64 with private health insurance coverage decreased, while the percentage with Medicaid coverage and the percentage uninsured increased.

Health insurance is a major determinant of access to health care (14). Among adults aged 18–44, the percentage with private coverage declined from 70% in 2001 to 61% in 2011, while the percentage with Medicaid coverage doubled from 6% to 12%. The percentage of adults aged 18–44 who were uninsured increased from 22% to 25% during the same period. Similarly, between 2001 and 2011, the percentage of adults aged 45–64 with private coverage declined from 79% to 71%; the percentage with Medicaid coverage increased from 5% to 8%; and the percentage uninsured increased from 12% to 15%.

NOTE: The Medicaid category includes the Children’s Health Insurance Program (CHIP).
SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 121, 123, and 124. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig14>

Health Insurance

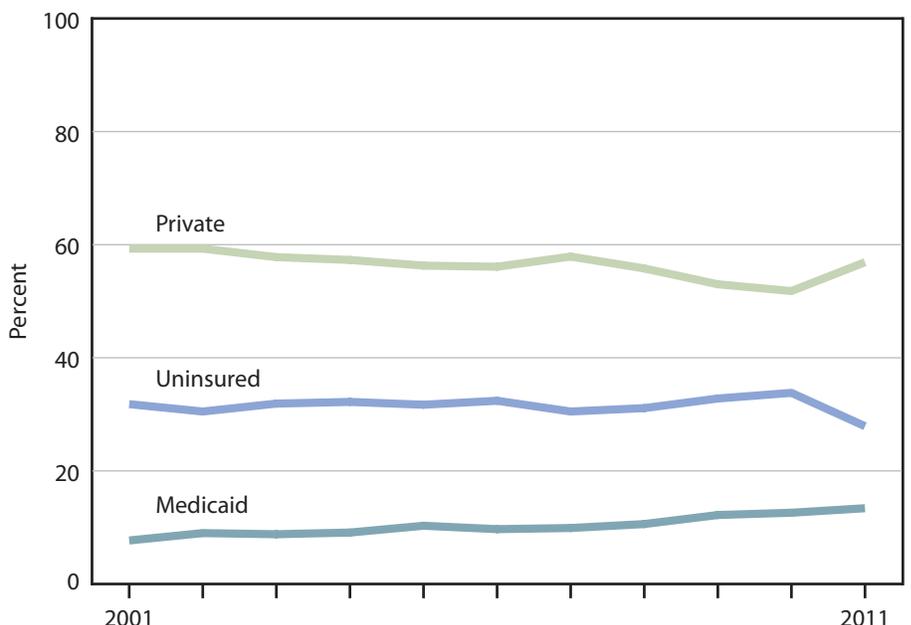
Coverage Among Adults Aged 19–25

Between 2010 and 2011, the percentage of adults aged 19–25 who were uninsured decreased from 34% to 28%.

Historically, adults aged 19–25 experienced high levels of uninsurance (Table 124). Between 2001 and 2010, the percentage of adults aged 19–25 who were uninsured fluctuated between 31% and 34%, and then decreased from 34% in 2010 to 28% in 2011. The section of the Patient Protection and Affordable Care Act (ACA) that allows most young adults to stay on their parent’s coverage until age 26 came into effect with the policy year that began after September 23, 2010 (15–17). The percentage of adults aged 19–25 with private coverage declined from 59% in 2001 to 52% in 2010 and then rose to 57% in 2011. The percentage with Medicaid coverage [a category that includes the Children’s Health Insurance Program (CHIP)] increased from 8% in 2001 to 13% in 2010 and remained at 13% in 2011.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Tables 121, 123, and 124. Data from the National Health Interview Survey (NHIS).

Figure 15. Health insurance coverage among adults aged 19–25, by type of coverage: United States, 2001–2011

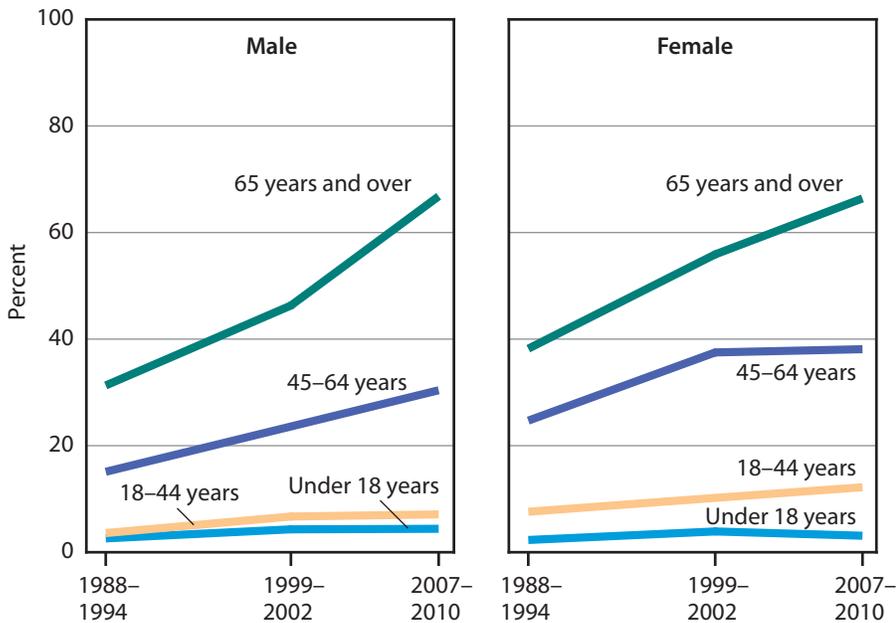


Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig15>

Utilization and Access

Prescription Drug Use

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 2007–2010



Between 1988–1994 and 2007–2010, 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 \$259 billion in 2010, accounting for 12% of personal health care expenditures (Table 113). Between 1988–1994 and 2007–2010, 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 92).

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 91. Data from the National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig16>

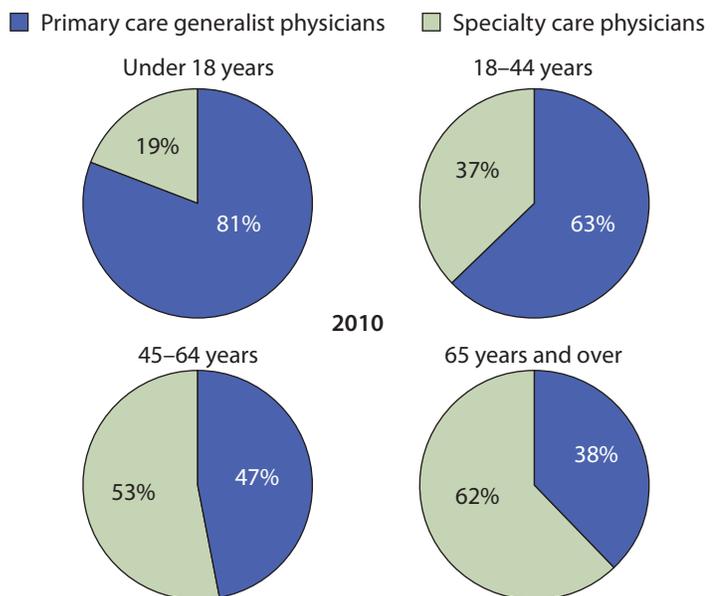
Utilization and Access

Primary Care Generalist and Specialty Care Physician Office Visits

In 2010, 19% of office visits made by children under age 18 were to specialty care physicians, as were 37% of visits by adults aged 18–44, more than one-half of visits by those aged 45–64, and nearly two-thirds of visits by those aged 65 and over.

In 2010, there were 1 billion physician office visits in the United States (Table 88). The pattern of visits to primary care physicians (those in the fields of general and family practice, general internal medicine, general obstetrics and gynecology, and general pediatrics), compared with visits to specialty care physicians, differed by age. In 2010, physician office visits for children were more likely to be to primary care physicians than to specialty care physicians. For adults, the share of visits to specialty care physicians increased with rising age. Among adults aged 65 and over, nearly two-thirds of physician office visits were to specialty care physicians.

Figure 17. Visits to primary care generalist and specialty care physicians, by age: United States, 2010



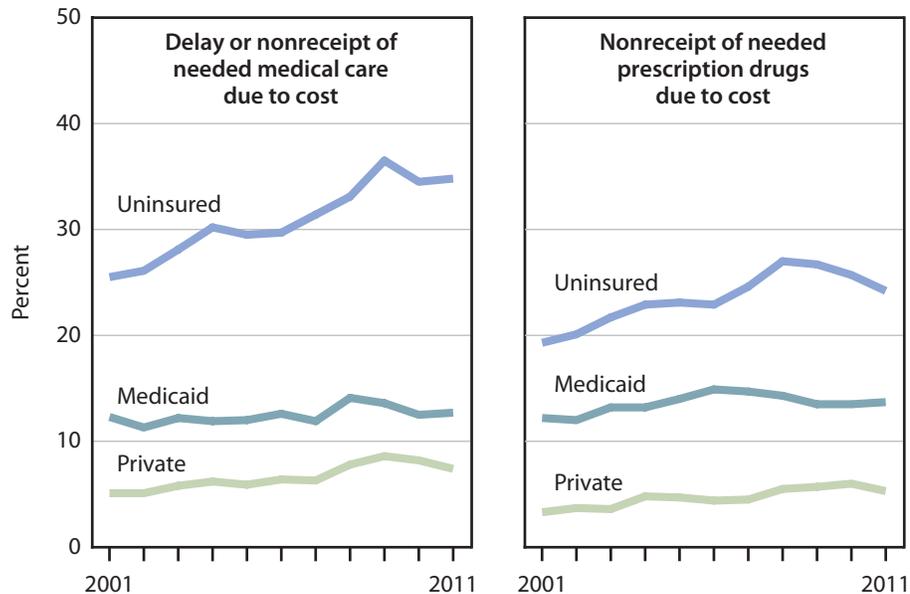
SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 89. Data from the National Ambulatory Medical Care Survey (NAMCS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig17>

Utilization and Access

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

Figure 18. Delay or nonreceipt of needed medical care or prescription drugs in the past 12 months due to cost among adults aged 18–64, by type of coverage: United States, 2001–2011



During 2001 through 2011, the percentage of adults aged 18–64 who delayed or did not receive needed medical care or prescription drugs due to cost increased for the uninsured and those with private coverage.

During 2001 through 2011, delay or nonreceipt of needed medical care in the past 12 months due to cost for those aged 18–64 increased among those with private coverage and the uninsured while remaining stable among those with Medicaid. In each year during this period, the percentage of adults aged 18–64 who delayed or did not receive medical care in the past 12 months due to cost was highest for the uninsured. Also during this period, the percentage of adults aged 18–64 who did not receive needed prescription drugs in the past 12 months due to cost increased among those with private coverage and the uninsured and was stable among those with Medicaid. Nonreceipt of prescription drugs was highest for the uninsured across all years.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 73. Data from the National Health Interview Survey (NHIS).

Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig18>

Personal Health Care Expenditures

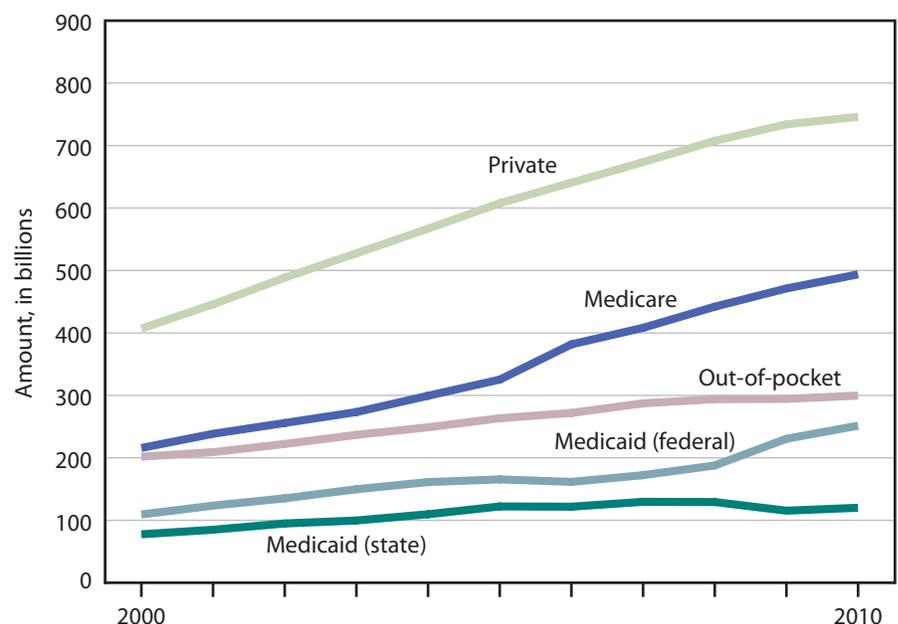
Major Source of Funds

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, federal and state Medicaid, and private insurance spending between 2000 and 2010.

Between 2000 and 2010, total personal health care expenditures grew from \$1.2 trillion to \$2.2 trillion (Table 114). During this period, the average annual growth in Medicare expenditures was 9%; for Medicaid it was 7%, for private insurance 6%, and for out-of-pocket spending 4%. In 2010, 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) (Table 114).

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 114. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Figure 19. Personal health care expenditures, by source of funds: United States, 2000–2010



Excel and PowerPoint: <http://www.cdc.gov/nchs/hus/contents2012.htm#fig19>

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Chartbook Figures in *Health, United States, 2012*

The 2012 Chartbook includes 29 charts, with 10 charts on this year's Special Feature on Emergency Care. The Chartbook quantifies the Nation's health by presenting trends and current information on selected determinants and measures of health status and the utilization of health care.

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- Infant mortality
- Selected causes of death
- Motor vehicle-related death rates

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- Basic actions difficulty and complex activity limitation

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Trend Tables in *Health, United States, 2012*

The Chartbook section of *Health, United States, 2012* is followed by 134 Trend Tables organized around four major subject areas: health status and determinants, utilization of health resources, health care resources, and health care expenditures and payers. 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 2012 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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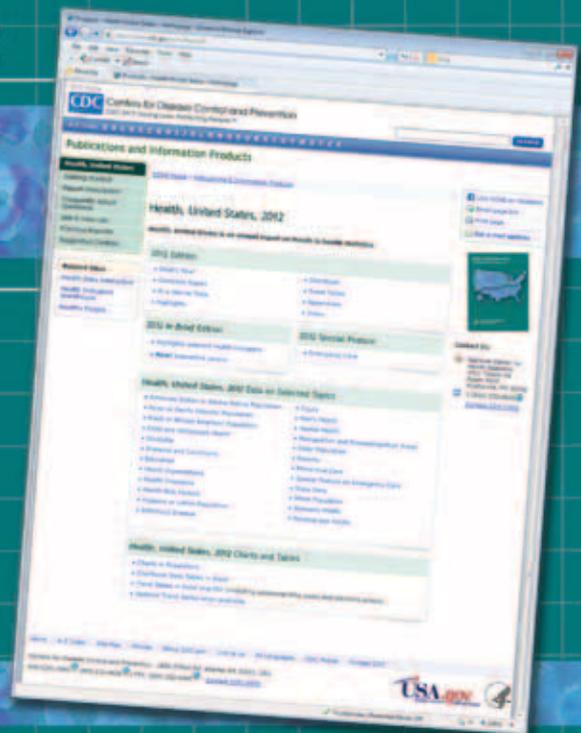
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