

Health, United States, 2010:

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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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, 2010*—which includes 41 charts, 148 detailed tables, and a Special Feature on Death and Dying—is the 34th 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. The report was compiled by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS).

Health, United States, 2010: 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, 2010* that highlight these topics and provide examples of data contained in the full report.

The full report, *Health, United States, 2010: With Special Feature on Death and Dying*, 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 a Special Feature on Death and Dying; 148 detailed Trend Tables; Data Sources; Methods; and an Index.
- Chartbook and Trend Tables available as downloadable Excel spreadsheet files and in Adobe PDF format.
- Additional years of data for selected Trend Tables in the Excel spreadsheets.
- Standard errors for selected estimates in the Excel spreadsheets.
- Charts in PowerPoint format.
- Previous editions, starting with *Health, United States, 1975*.
- Groups of charts and tables on specific topics, such as older adults, racial and ethnic groups, and state data.
- *Health, United States, 2010: In Brief* in Adobe PDF format.

Health, United States, 2010: At a Glance Table

	Value (year)			Health, United States Figure/Table no.
Life Expectancy and Mortality				
Life expectancy in years				Figure 1/Table 22
At birth	76.8 (2000)	77.7 (2006)	77.9 (2007)	
At age 65 years	17.6 (2000)	18.5 (2006)	18.6 (2007)	
Infant deaths per 1,000 live births				Figure 25
All infants	6.91 (2000)	6.69 (2006)	6.75 (2007)	
Deaths per 100,000, age-adjusted				Table 24
All causes	869.0 (2000)	776.5 (2006)	760.2 (2007)	
Heart disease	257.6 (2000)	200.2 (2006)	190.9 (2007)	
Cancer	199.6 (2000)	180.7 (2006)	178.4 (2007)	
Stroke	60.9 (2000)	43.6 (2006)	42.2 (2007)	
Chronic lower respiratory diseases	44.2 (2000)	40.5 (2006)	40.8 (2007)	
Unintentional injuries	34.9 (2000)	39.8 (2006)	40.0 (2007)	
Motor-vehicle	15.4 (2000)	15.0 (2006)	14.4 (2007)	
Diabetes	25.0 (2000)	23.3 (2006)	22.5 (2007)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 56
All ages	8.9 (2000)	9.9 (2008)	9.9 (2009)	
65 years and over	26.9 (2000)	24.9 (2008)	24.0 (2009)	
Heart disease, percent				Table 49
18 years and over	10.9 (1999–2000)	11.4 (2005–2006)	11.8 (2008–2009)	
65 years and over	29.6 (1999–2000)	31.2 (2005–2006)	31.7 (2008–2009)	
Cancer (ever had), percent				Table 49
18 years and over	4.9 (1999–2000)	5.7 (2005–2006)	6.1 (2008–2009)	
65 years and over	15.2 (1999–2000)	17.1 (2005–2006)	17.7 (2008–2009)	
Diabetes, ¹ percent				Figure 5/Table 66
20 years and over	8.5 (1999–2000)	10.7 (2005–2006)	11.9 (2007–2008)	
Hypertension, ² percent				Figure 15/Table 66
20 years and over	28.9 (1999–2000)	31.7 (2005–2006)	32.6 (2007–2008)	
High serum total cholesterol, ³ percent				Figure 16/Table 66
20 years and over	17.7 (1999–2000)	15.9 (2005–2006)	14.6 (2007–2008)	
Obese, percent				Figures 13 and 14/Table 66
Obese, ⁴ 20 years and over	29.9 (1999–2000)	34.2 (2005–2006)	33.7 (2007–2008)	
Obese (BMI at or above sex- and age-specific 95th percentile)				
2–5 years	10.3 (1999–2000)	11.0 (2005–2006)	10.4 (2007–2008)	
6–11 years	15.1 (1999–2000)	15.1 (2005–2006)	19.6 (2007–2008)	
12–19 years	14.8 (1999–2000)	17.8 (2005–2006)	18.1 (2007–2008)	
Cigarette smoking, percent				Figure 11/Table 58
18 years and over	23.2 (2000)	20.6 (2008)	20.6 (2009)	
Aerobic activity and muscle strengthening, ⁵ percent				Figure 12/Table 70
18 years and over	15.1 (2000)	18.1 (2008)	18.8 (2009)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 79
Under 18 years	12.3 (2000)	10.1 (2008)	9.1 (2009)	
18–44 years	23.5 (2000)	22.7 (2008)	22.7 (2009)	
45–64 years	15.0 (2000)	14.4 (2008)	15.4 (2009)	
65 years and over	7.5 (2000)	5.6 (2008)	4.7 (2009)	

Health, United States, 2010: At a Glance Table

	Value (year)			Health, United States Figure/Table no.
Emergency room visit in past 12 months, percent				
				Tables 88 and 89
Under 18 years	20.3 (2000)	20.9 (2008)	20.8 (2009)	
18–44 years	20.5 (2000)	21.5 (2008)	22.0 (2009)	
45–64 years	17.6 (2000)	17.6 (2008)	18.4 (2009)	
65 years and over	23.7 (2000)	23.4 (2008)	24.9 (2009)	
Dental visit in past year, percent				
				Table 93
2–17 years	74.1 (2000)	77.3 (2008)	78.4 (2009)	
18–64 years	65.1 (2000)	60.4 (2008)	62.0 (2009)	
65 years and over	56.6 (2000)	57.6 (2008)	59.6 (2009)	
Prescription drug in past month, percent				
				Table 94
Under 18 years	24.1 (1999–2000)	23.9 (2001–2004)	25.3 (2005–2008)	
18–44 years	34.7 (1999–2000)	37.6 (2001–2004)	37.8 (2005–2008)	
45–64 years	62.1 (1999–2000)	66.2 (2001–2004)	64.8 (2005–2008)	
65 years and over	83.9 (1999–2000)	87.3 (2001–2004)	90.1 (2005–2008)	
Hospitalization in past year, percent				
				Table 98
18–44 years	7.0 (2000)	6.4 (2008)	6.7 (2009)	
45–64 years	8.4 (2000)	7.9 (2008)	8.5 (2009)	
65 years and over	18.2 (2000)	17.5 (2008)	17.1 (2009)	
Insurance and Access to Care				
Uninsured, percent				
				Figures 21 and 22/Table 138
Under 65 years	17.0 (2000)	16.8 (2008)	17.5 (2009)	
Under 18 years	12.6 (2000)	9.0 (2008)	8.2 (2009)	
18–44 years	22.4 (2000)	24.4 (2008)	25.9 (2009)	
45–64 years	12.6 (2000)	13.6 (2008)	14.6 (2009)	
Delayed or did not receive needed medical care due to cost, percent				
				Figure 19/Table 76
Under 18 years	4.6 (2000)	5.4 (2008)	5.2 (2009)	
18–44 years	9.5 (2000)	13.6 (2008)	15.1 (2009)	
45–64 years	8.8 (2000)	13.5 (2008)	15.1 (2009)	
65 years and over	4.5 (2000)	4.5 (2008)	5.1 (2009)	
Health Care Resources				
Physicians in patient care per 10,000 population				
				Table 106
United States	22.7 (2000)	25.3 (2007)	25.7 (2008)	
Highest state (postal code)	34.4 (MA) (2000)	39.1 (MA) (2007)	39.7 (MA) (2008)	
Lowest state (postal code)	14.4 (ID) (2000)	17.0 (ID) (2007)	17.0 (ID) (2008)	
Community hospital beds per 1,000 population				
				Table 115
United States	2.9 (2000)	---	2.7 (2008)	
Highest state (postal code)	6.0 (ND) (2000)	---	5.4 (ND) (2008)	
Lowest state (postal code)	1.9 (NM,NV, OR,UT,WA) (2000)	---	1.7 (WA) (2008)	
Expenditures				
Personal health care expenditures, dollars				
				Figure 23/Table 126
Total in trillions	\$1.1 (2000)	\$1.9 (2007)	\$2.0 (2008)	
Per capita	\$4,032 (2000)	\$6,186 (2007)	\$6,411 (2008)	

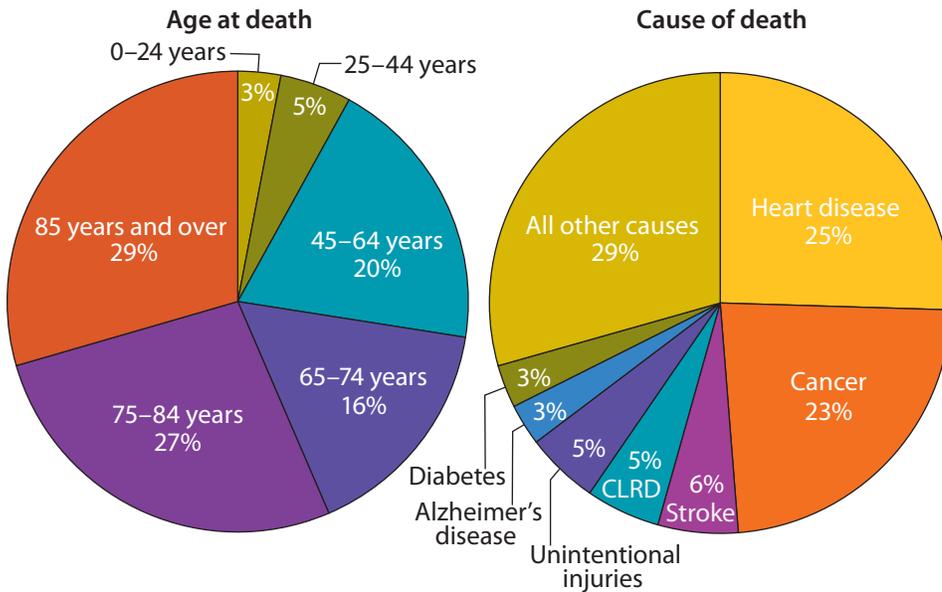
---Data not available. ¹Diabetes prevalence is based on report of a physician diagnosis, or a fasting blood glucose of 126 mg/dL or higher, or a hemoglobin A1c of 6.5% or higher. ²Having elevated blood pressure (measured) and/or taking antihypertensive medications. ³Having cholesterol of 240 mg/dL or greater. ⁴Obesity is a body mass index greater than or equal to 30 kg/m². Height and weight are measured. ⁵Meeting 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, 2010*, available from: <http://www.cdc.gov/nchs/hus.htm>.

Mortality

Special Feature on Death and Dying

Deaths for all ages, 2007



This year's Chartbook includes 18 charts on our Special Feature: Death and Dying.

In 2007 in the United States, nearly 2.5 million people died. About one-half of all deaths were attributed to heart disease and cancer. Those 85 years of age and over accounted for 29% of deaths, but people of all ages died and from various causes. Knowing more about the circumstances surrounding death, including who dies, and when, where, and how, can help policymakers, practitioners, and others target resources and services.

NOTE: CLRD is chronic lower respiratory diseases.
 SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 24. Data from the National Vital Statistics System.

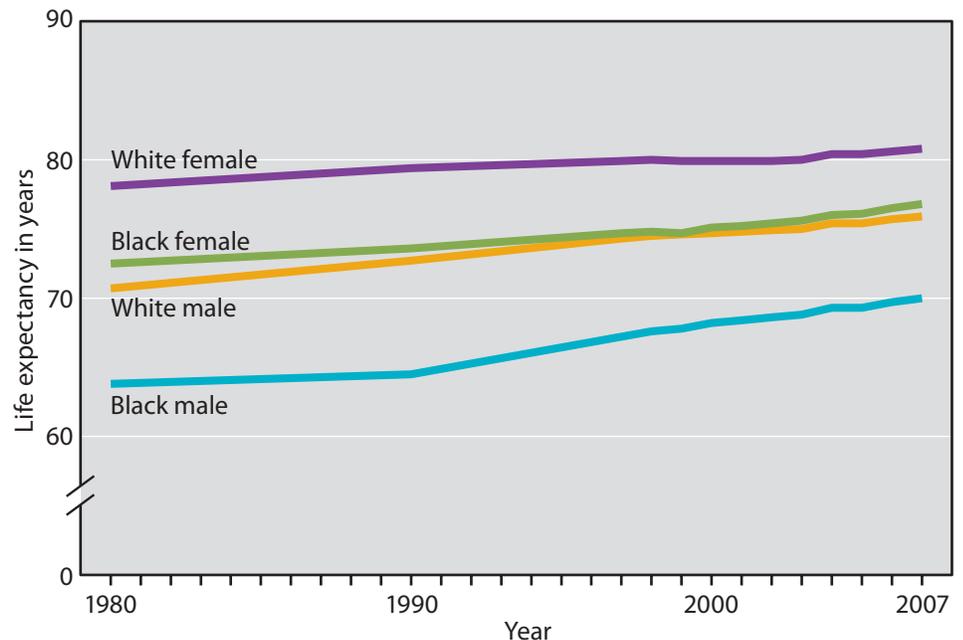
Life expectancy at birth

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. From 1980 through 2007, life expectancy at birth in the United States increased from 70 years to 75 years for men and from 77 years to 80 years for women. Racial disparities in life expectancy at birth persisted in 2007 but had narrowed since 1990. During this period, the gap in life expectancy between white males and black males narrowed from 8 years to 6 years, and the gap in life expectancy between white females and black females decreased from 6 years to 4 years.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 1 and Table 22. Data from the National Vital Statistics System.

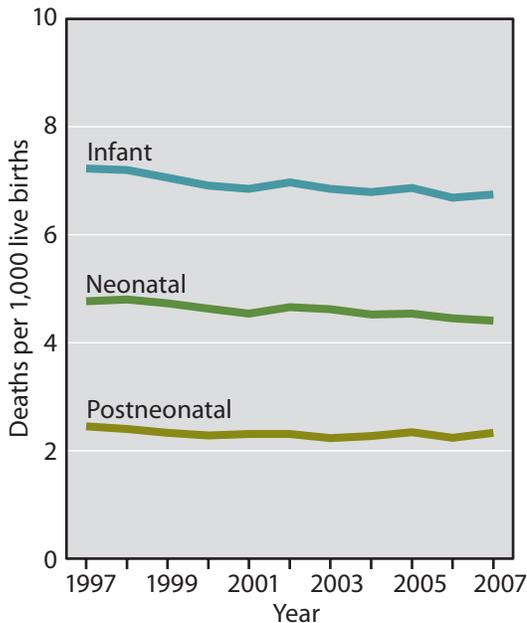
Life expectancy at birth



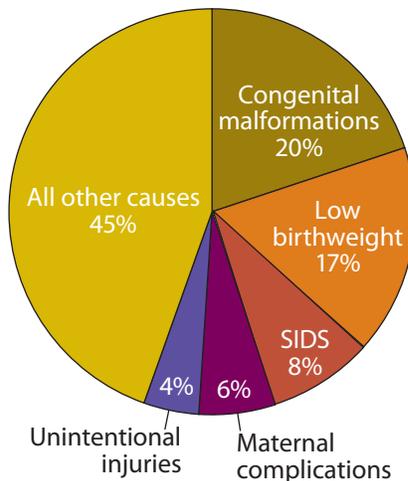
Mortality

Infant mortality

Infant, neonatal, and postneonatal mortality rates



2007: 29,138 infant deaths



Infant mortality rates declined by 5%–8% between 1997 and 2007.

The infant mortality rate—the risk of death during the first year of life—is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women. The 2007 infant mortality rate of 6.75 per 1,000 live births was 7% lower than in 1997. During the same period, the neonatal mortality rate decreased 8%, to 4.41 per 1,000 live births, and the postneonatal mortality rate decreased 5%, to 2.33 per 1,000 live births.

NOTE: SIDS is sudden infant death syndrome.
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 25. Data from the National Vital Statistics System.

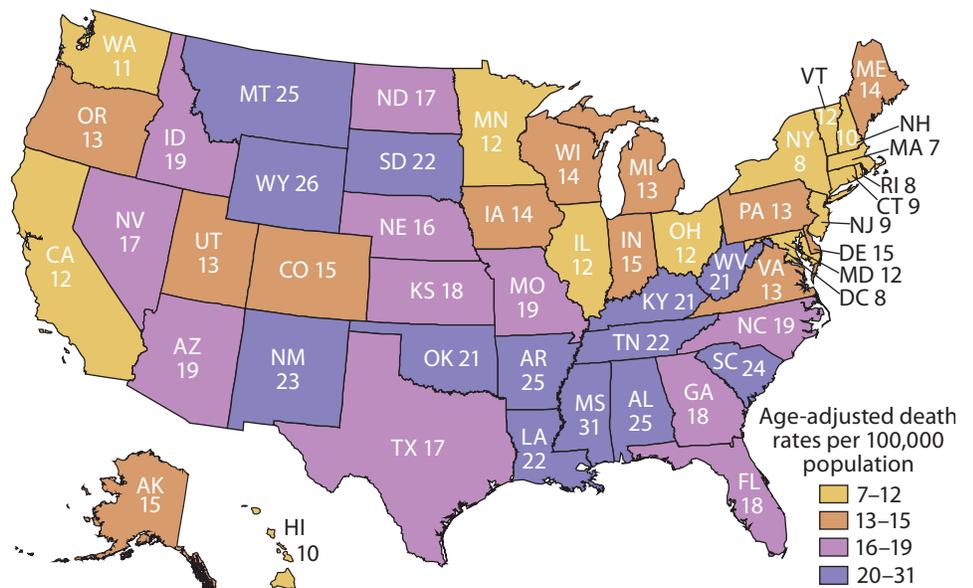
Motor-vehicle traffic fatalities

During 2000–2007, average annual age-adjusted motor-vehicle traffic death rates ranged from 31 per 100,000 population in Mississippi to 7 per 100,000 population in Massachusetts.

Motor-vehicle traffic deaths—a significant cause of preventable death—accounted for about 42,000 deaths in the United States in 2007 (1). In 2000–2007, the age-adjusted motor-vehicle traffic death rate varied fourfold by state. Age-adjusted motor-vehicle traffic death rates were higher in the most rural areas (nonmetropolitan, noncore areas) than in the most urban areas (large central metropolitan areas) (2,3).

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 32. Data from the National Vital Statistics System.

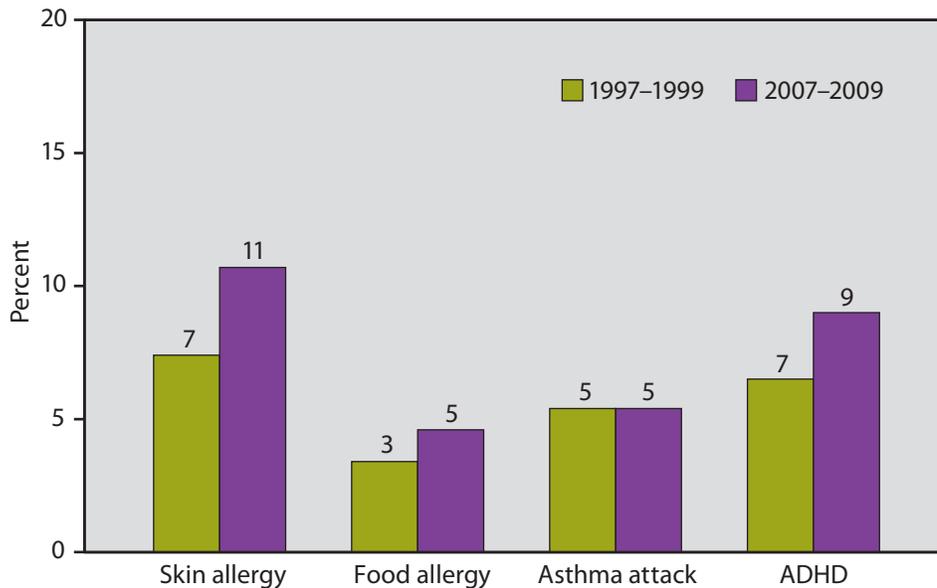
Motor-vehicle traffic death rates, 2000–2007



Morbidity

Health conditions among children

Health conditions among children under 18 years of age



Between 1997-1999 and 2007-2009, the percentage of children with reported food or skin allergies and with attention deficit hyperactivity disorder (ADHD or ADD) increased.

Most children enjoy good health, but chronic health and developmental conditions have important consequences for children's ability to participate in school (1). Between 1997-1999 and 2007-2009, the percentage of children with respondent-reported food allergies increased from 3% to 5%, and the percentage with skin allergies increased from 7% to 11%. During this period, 5% of children were reported to have had an asthma attack in the past year. The percentage of school-age children with ADHD or ADD increased from 7% to 9% during this period.

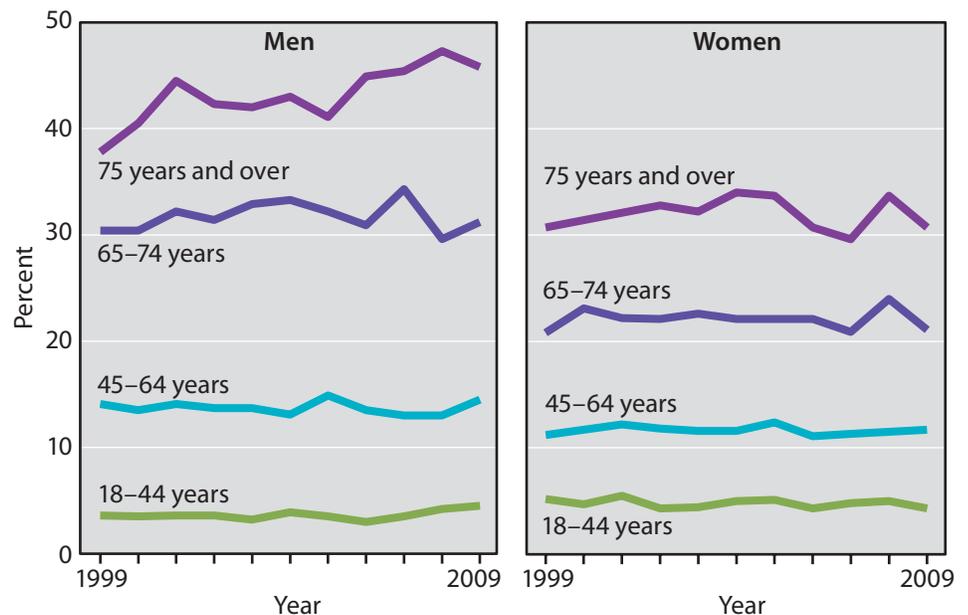
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 2. Data from the National Health Interview Survey.

Heart disease prevalence

From 1999 to 2009, heart disease prevalence rates remained stable among adult women in all age groups and among adult men younger than 75 years of age.

Heart disease is the leading cause of death in the United States. Between 1999 and 2009, the prevalence of lifetime respondent-reported heart disease among adults 18-64 years of age was similar for men and women. Among older adults 65 and over, heart disease prevalence rates were higher for men than for women. Among adult women in all age groups, and among men under 75 years of age, prevalence rates remained steady from 1999 to 2009. Among men 75 and over, prevalence rates rose from 38% in 1999 to 46% in 2009. Age-adjusted death rates from heart disease declined by 28% from 1999 to 2007 (Table 30).

Respondent-reported lifetime heart disease prevalence

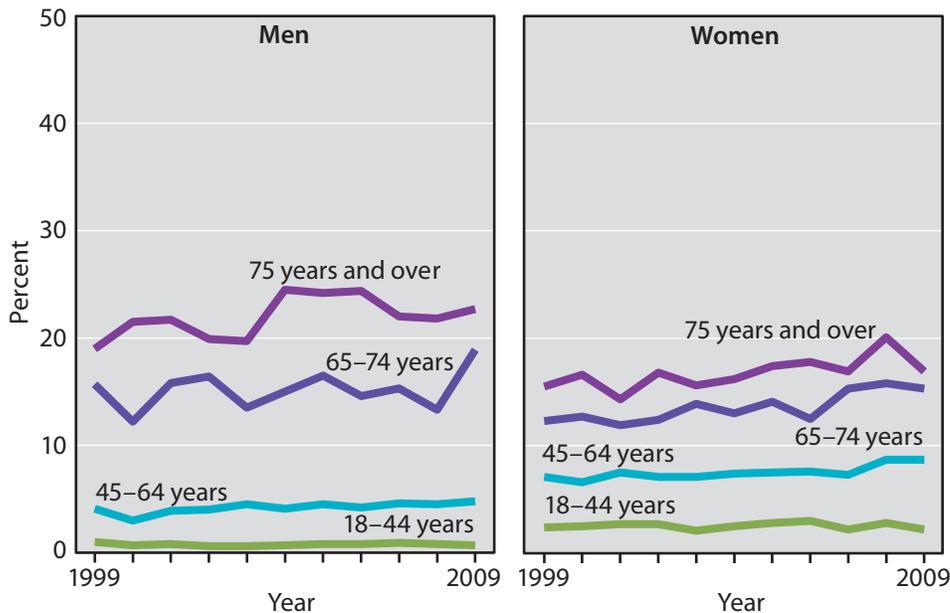


SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 3. Data from the National Health Interview Survey.

Morbidity

Cancer prevalence

Respondent-reported lifetime cancer prevalence



Cancer prevalence rates increased among women 45 years of age and over and among men 75 and over from 1999 to 2009.

Cancer is the second leading cause of death in the United States. In 2007, there were 560,000 cancer deaths, accounting for 23% of all deaths. Between 1999 and 2009, the percentage of adults 18 years of age and over who reported ever having been told they had cancer (excluding squamous cell and basal cell skin cancers) increased from 5% to 6%. This increase in lifetime prevalence was largely driven by increases in cancer prevalence among men 75 years of age and over and among women 45 and over. In 2009, among adults under age 65, lifetime cancer prevalence rates were higher for women than for men; rates were lower for older women than for older men.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figures 4 and 24. Data from the National Health Interview Survey.

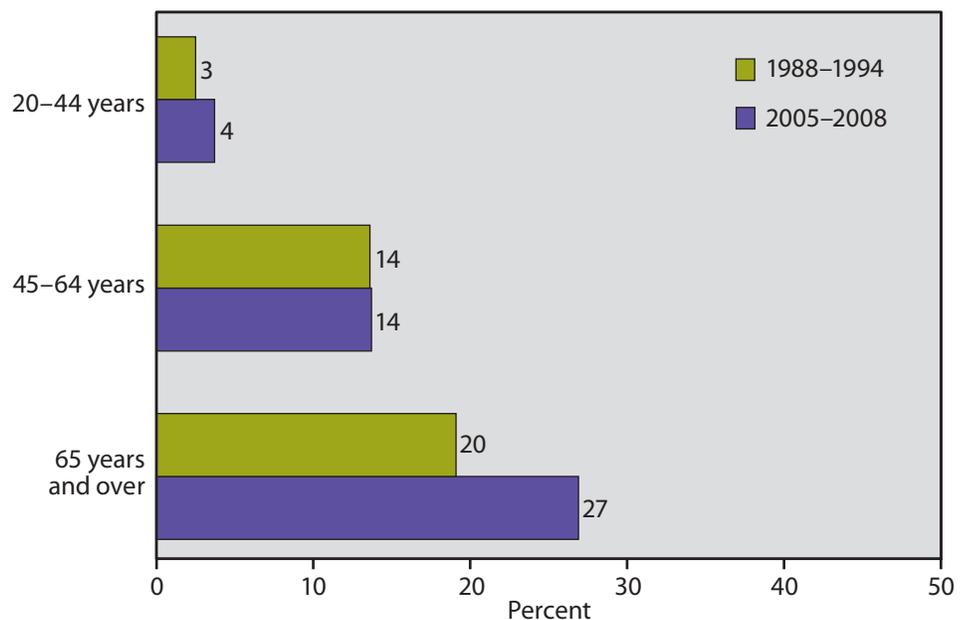
Diabetes prevalence

Diabetes prevalence among adults 20 years of age and over was 11% in 2005–2008, up from 8% in 1988–1994.

Long-term complications of diabetes include cardiovascular disease, renal failure, nerve damage, and retinal damage (1,2). Among adults 20 years of age and over, the prevalence of diabetes (including physician-diagnosed and undiagnosed diabetes) has increased, from 8% in 1988–1994 to 11% in 2005–2008. Diabetes prevalence increased among adults 20–44 years of age and 65 and over and held steady among adults 45–64. It is estimated that in 2007, almost 200,000 persons under age 20 had diabetes (3).

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 5. Data from the National Health and Nutrition Examination Survey.

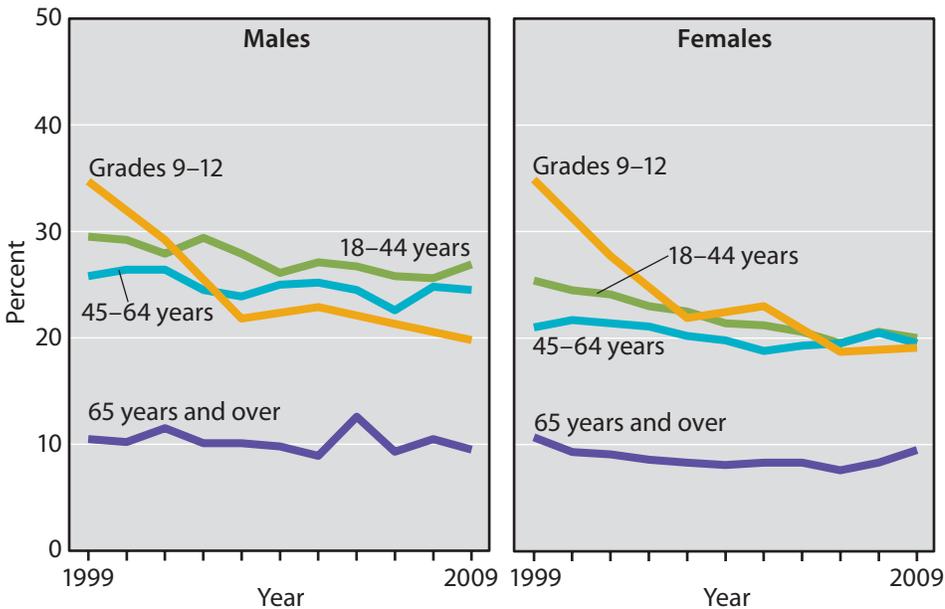
Diabetes prevalence



Health Risk Factors

Cigarette smoking

Cigarette smoking



Since 2004, little progress has been made in lowering the percentage of high school students and adults who smoke cigarettes.

Smoking is associated with an increased risk of heart disease, stroke, lung and other types of cancer, and chronic lung diseases (1). Between 1999 and 2009, cigarette smoking among males and females in grades 9-12 decreased from 35% to 19%-20%. The percentage of adults 18 years of age and over who smoked cigarettes declined between 1999 and 2004 and then stabilized at about 21%. Cigarette smoking decreased the most for younger men and women 18-44 years of age. Men under 65 years of age were more likely to smoke cigarettes than women of a similar age.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 11. Data from the National Health Interview Survey and the Youth Risk Behavior Survey.

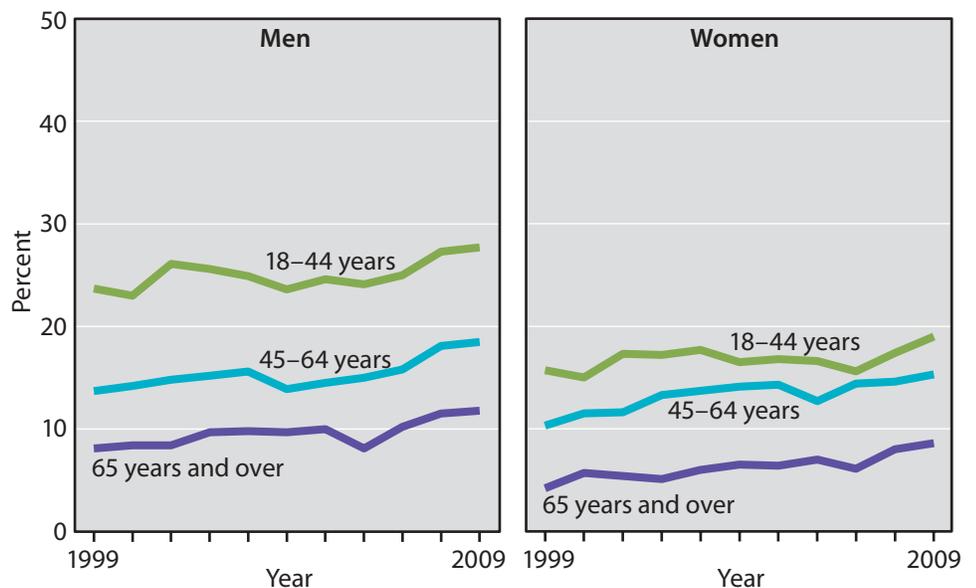
Participation in leisure-time aerobic and muscle-strengthening activities

Between 1999 and 2009, the percentage of men and women who met the 2008 federal guidelines for aerobic activity and muscle strengthening increased among middle-age and older age groups, but the overall level remained below 20%.

Physical activity has been shown to have significant positive health effects (1). Between 1999 and 2009, the percentage of men 18 years of age and over who met the 2008 federal aerobic activity and muscle-strengthening guidelines (1) increased from 19% to 22%. The percentage of women 18 and over who met the guidelines increased during this period from 12% to 16%. Throughout this period, women were generally less likely to meet the guidelines than men in the same age group.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 12. Data from the National Health Interview Survey.

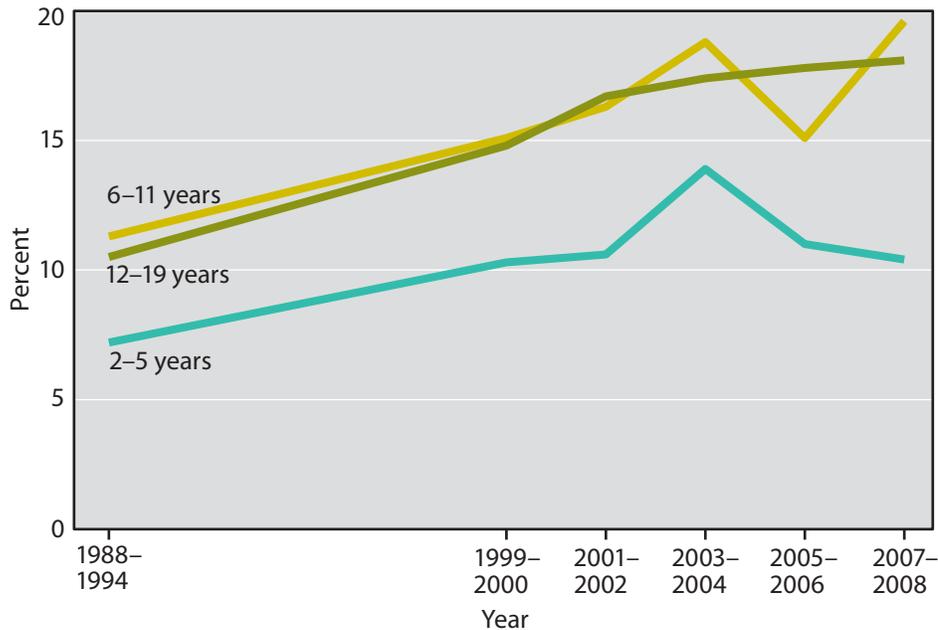
Participation in aerobic and muscle-strengthening activities that meet the 2008 federal guidelines



Health Risk Factors

Obesity among children

Obesity among children



The percentage of children who were obese rose in the 1980s and 1990s and has plateaued since then. In 2007-2008, 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 (1). 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 (2). 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 then leveled off.

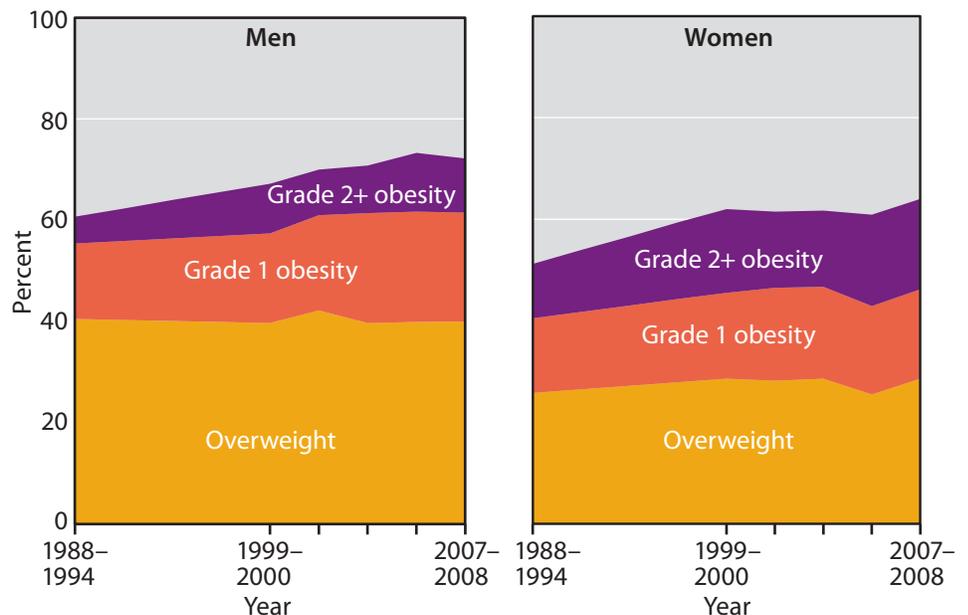
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 13. Data from the National Health and Nutrition Examination Survey.

Overweight and obesity among adults

The proportion of American adults 20 years of age and over who were obese rose in the 1980s and 1990s. In 2007-2008, about one-third of adults were obese and about two-thirds were overweight or obese.

Excess body weight is correlated with excess morbidity and mortality (1,2). Grade 2+ obesity (a body mass index (BMI) of 35.0 or higher) in particular significantly increases the risk of death (3). The proportion of men who were obese grew from 19% in 1988-1994 to 32% in 2007-2008, although there was no increase after 2005-2006. For women, this proportion increased from 25% to 35% during this period; obesity rates did not rise between 1999-2000 and 2007-2008. The proportion of men with Grade 2+ obesity doubled from 5% to 11%; the proportion of women in this category grew from 11% to 18%.

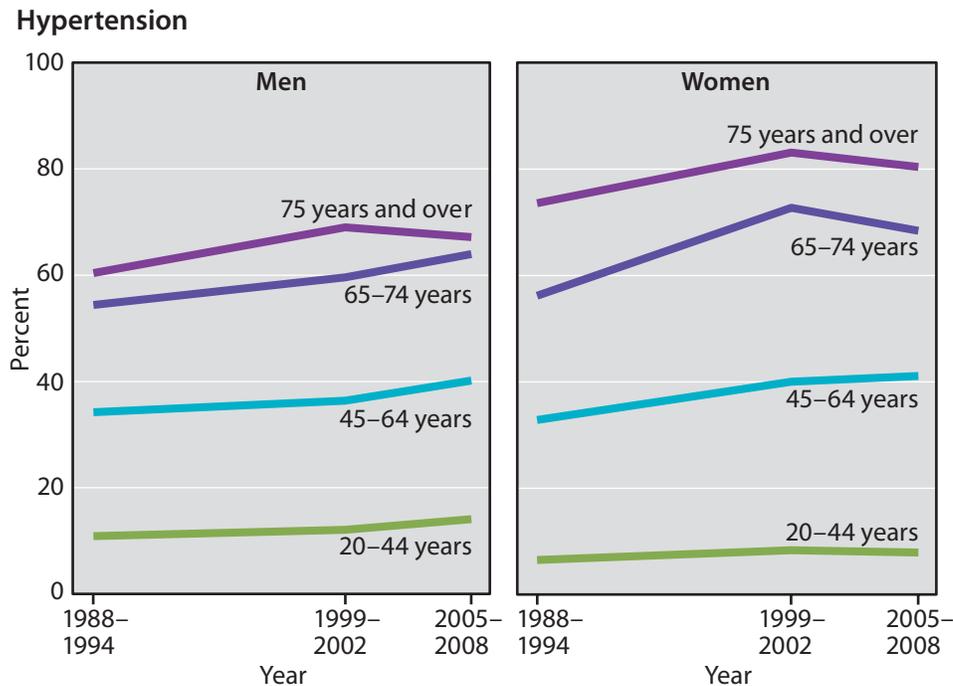
Overweight and obesity among adults 20 years of age and over



SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 14. Data from the National Health and Nutrition Examination Survey.

Health Risk Factors

Hypertension prevalence



Hypertension prevalence increased among all age groups for men and women 45 years of age and over.

Hypertension increases the risk for cardiovascular disease, heart attack, and stroke (1). Between 1988-1994 and 2005-2008, the prevalence of hypertension (defined in this figure as having an average systolic blood pressure reading of at least 140 mmHg, or an average diastolic reading of at least 90 mmHg, or taking antihypertensive medication) was stable among men and women 20-44 years of age. During this period, hypertension prevalence increased among men and women 45-64 years, 65-74 years, and 75 years and over.

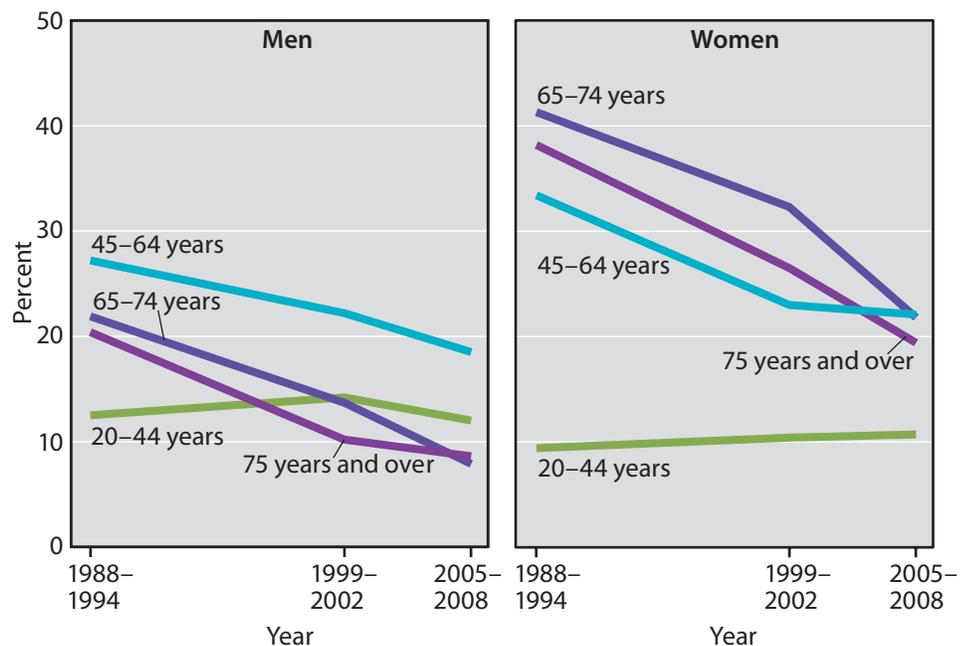
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 15. Data from the National Health and Nutrition Examination Survey.

High serum total cholesterol (240 mg/dL or higher)

Between 1988-1994 and 2005-2008, the percentage of the population 45 years of age and over with high serum total cholesterol levels (240 mg/dL or higher) declined among all age groups of men and women.

High serum (blood) total cholesterol is a major risk factor for heart disease—the leading cause of death in the United States (1,2). The percentage of adults 20 years of age and over with high serum total cholesterol levels (defined as measured serum total cholesterol of 240 mg/dL or higher) decreased from 20% in 1988-1994 to 15% in 2005-2008. During this period, about 10% of men and women 20-44 years of age had high serum total cholesterol. The percentage of men and women with high serum total cholesterol levels declined among those 45-64 years, 65-74 years, and 75 years and over.

High serum total cholesterol (240 mg/dL or higher)

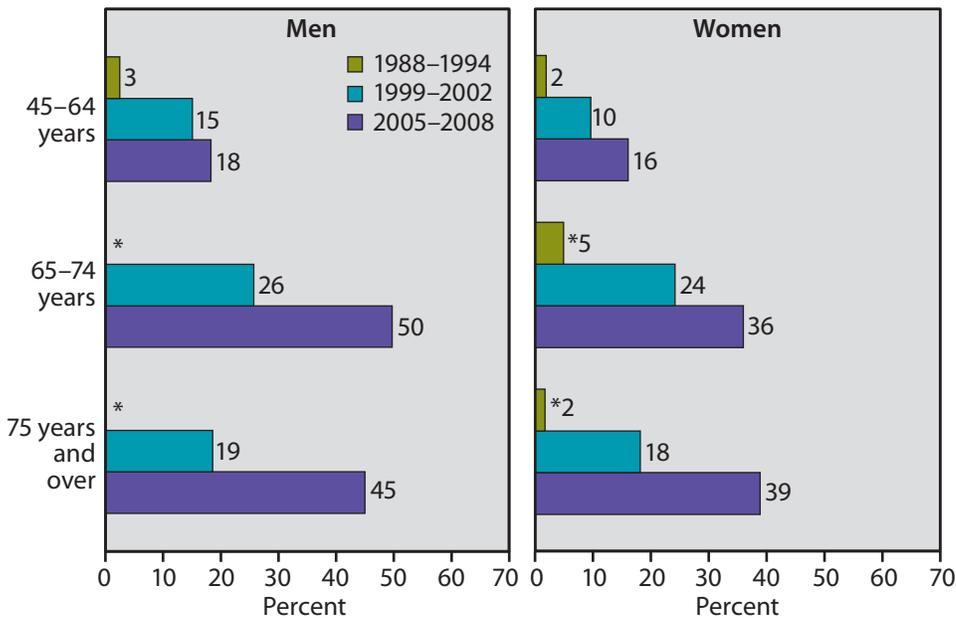


SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 16. Data from the National Health and Nutrition Examination Survey.

Prevention

Statin drug use

Statin drug use in the past 30 days



The percentage of adults 45 years of age and over using statin drugs increased from 2% in 1988-1994 to 25% in 2005-2008.

High cholesterol is a risk factor for heart disease, and the use of cholesterol-lowering medications is often suggested. From 1988-1994 to 2005-2008, the use of statin drugs by adults 45 years of age and over increased 10-fold, from 2% to 25%. Both men and women are increasingly taking statin drugs. However, in 2005-2008 one-half of men 65-74 years of age had taken a statin drug in the past 30 days, compared with just over one-third of women in that age group.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20%-30%. Data not shown have an RSE greater than 30%. SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 17. Data from the National Health and Nutrition Examination Survey.

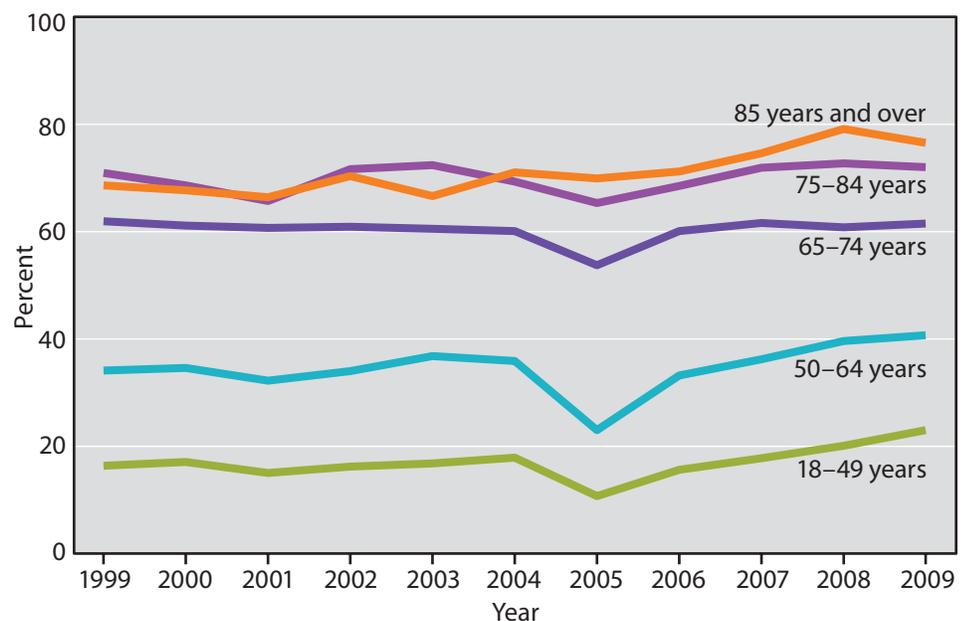
Influenza vaccination

Between 1999 and 2009, influenza vaccination increased among adults 50-64 years of age and those 85 and over.

Vaccination of persons at risk for complications from influenza is an important public health strategy. Between 1999 and 2009, influenza vaccination in the past 12 months among noninstitutionalized adults increased among those 50-64 years of age and among those 85 and over and was stable among other age groups. Among those under age 85, a decrease in coverage in 2005 was related to an influenza vaccine shortage (1). Receipt of influenza vaccine increased with age.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 18. Data from the National Health Interview Survey.

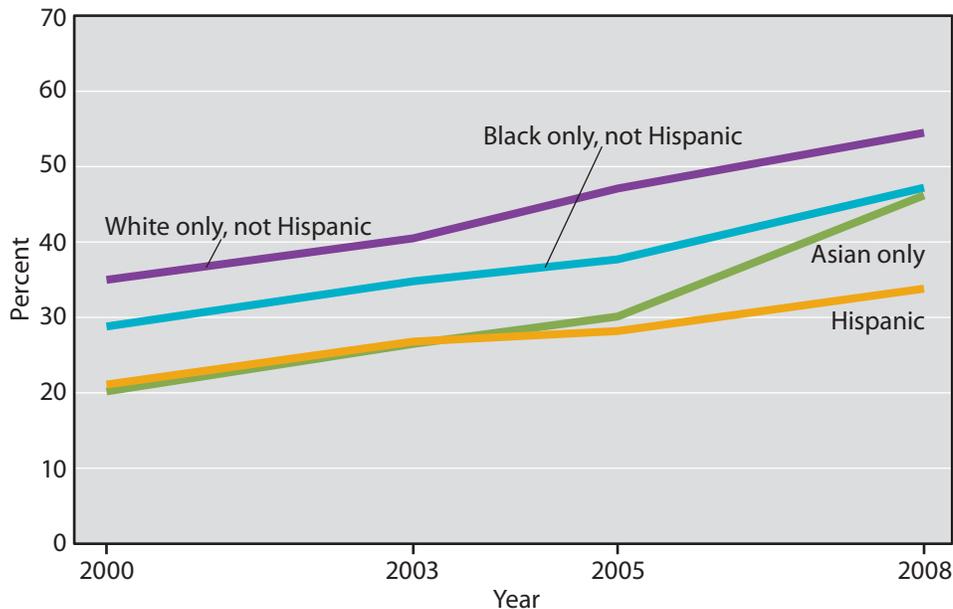
Influenza vaccination in the past 12 months



Access and Utilization

Colorectal tests and procedures

Respondent-reported colorectal tests and procedures, among adults 50–75 years of age



Between 2000 and 2008, reported colorectal tests and procedures increased for adults 50–75 years of age among all racial and ethnic groups.

Colorectal cancer is the third most common cancer (excluding skin cancers) diagnosed in both men and women in the United States, accounting for an estimated 143,000 new cases in 2010 (1). Between 2000 and 2008, the percentage of adults 50–75 years of age who reported having colorectal tests and procedures increased 55%, from 33% to 51%. Colorectal tests and procedures included reports of home fecal occult blood test (FOBT) in the past year, sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or colonoscopy in the past 10 years. Increases were noted among all racial and ethnic groups. However, Hispanic adults were less likely than adults in other racial and ethnic groups to have had colorectal procedures in 2008.

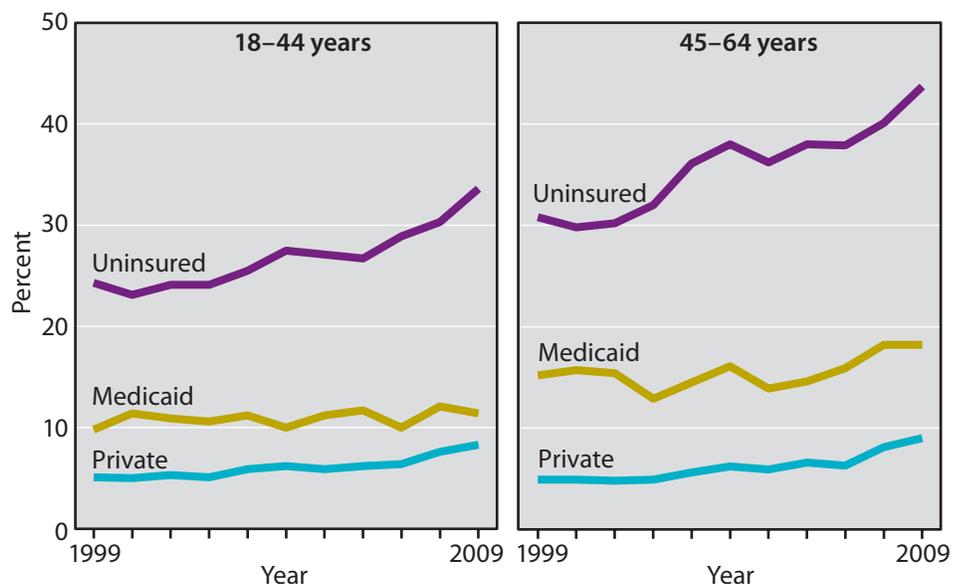
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 9. Data from the National Health Interview Survey.

Delay or nonreceipt of needed medical care due to cost

Between 1999 and 2009, the percentage of working-age adults who delayed or did not receive needed medical care due to cost increased among persons with private coverage and among the uninsured.

Delaying or not receiving needed medical care may result in more serious illness, increased complications, and longer hospital stays (1,2). Between 1999 and 2009, delay or nonreceipt of needed medical care due to cost was highest among the uninsured and lowest among those with private coverage. Older working-age adults 45–64 years of age with Medicaid coverage or without insurance were more likely to report delaying or not receiving needed medical care due to cost than adults 18–44 years of age in the same insurance categories.

Needed medical care delayed or not received in the past 12 months due to cost

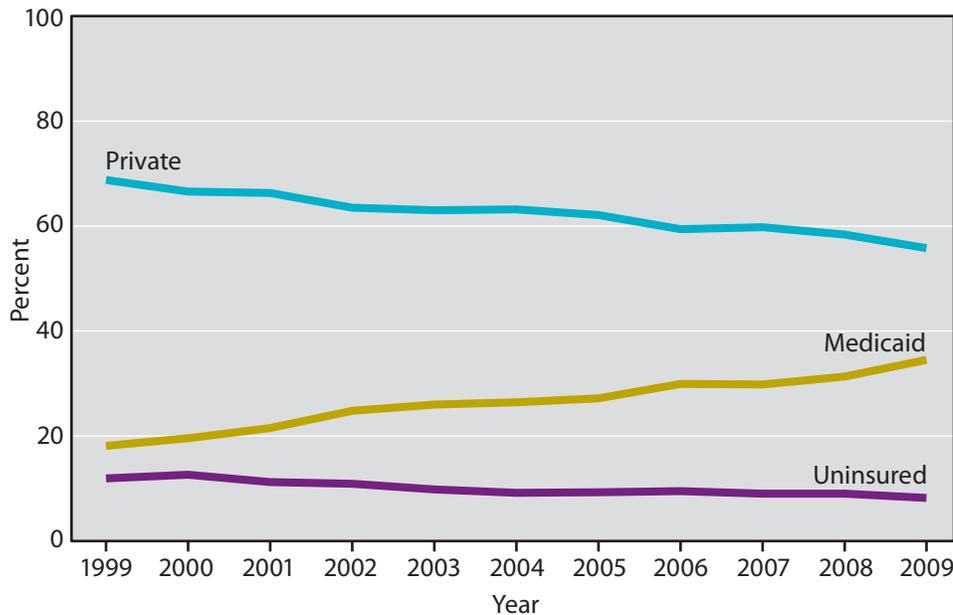


SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 19. Data from the National Health Interview Survey.

Health Insurance

Health insurance coverage among children

Health insurance coverage among children under 18 years of age



Between 1999 and 2009, the percentage of children with private coverage declined but Medicaid coverage grew at a faster rate, resulting in a decline in the percentage who were uninsured.

Health insurance is a major determinant of access to care. Between 1999 and 2009, the percentage of children under 18 years of age with private health insurance declined from 69% to 56%. During this period, Medicaid coverage (which includes the Children’s Health Insurance Program (CHIP) category (1)) increased from 18% to 35%. This led to a decline in the percentage of children who were uninsured from 12% in 1999 to 8% in 2009.

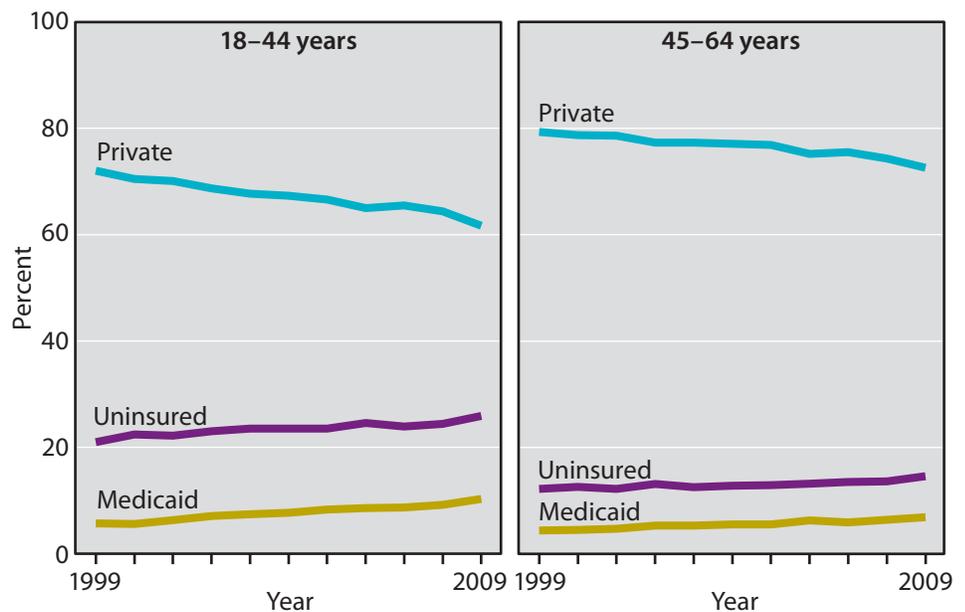
SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 21. Data from the National Health Interview Survey.

Health insurance coverage among working-age adults

Between 1999 and 2009, the percentage of working-age adults with private health insurance coverage decreased while the percentage who were uninsured increased.

Health insurance is a major determinant of access to health care (1). Among adults 18–44 years of age, the percentage with private coverage declined from 72% in 1999 to 62% in 2009, while Medicaid coverage increased from 6% to 10% among this age group, resulting in an increase in the percentage of persons 18–44 years of age who were uninsured. The percentage of adults 45–64 years of age with private coverage declined, Medicaid coverage increased, and the percentage without coverage increased from 1999 to 2009.

Health insurance coverage among adults

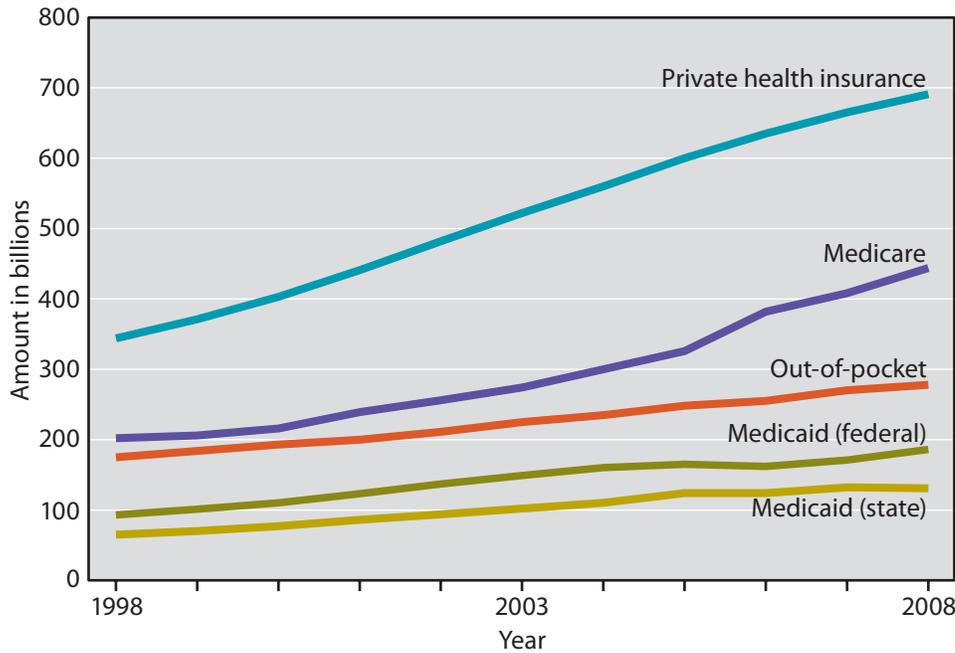


SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 22. Data from the National Health Interview Survey.

Personal Health Care Expenditures

Personal health care expenditures

Personal health care expenditures, by source of funds



Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1998 to 2008.

Between 1998 and 2008, total personal health care expenditures nearly doubled, growing from \$1.0 trillion to nearly \$2.0 trillion. During this period, the average annual growth for Medicare was 9%, for Medicaid and private health insurance was 8%, and for out-of-pocket expenditures was 5%. The share of private spending paid out of pocket declined from 30% in 1998 to 27% in 2008. In 2008, about one-half of government funds spent on personal health care was from Medicare and another one-third was from Medicaid (Table 126).

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 23 and Table 126. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts.

Mortality

Motor-vehicle Traffic Fatalities

1. Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: NCHS; 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf.
2. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. CDC, National Center for Injury Control and Prevention. Available from: <http://www.cdc.gov/injury/wisqars/index.html>.
3. National Highway Traffic Safety Administration (NHTSA). Rural/urban comparison. Traffic Safety Facts, 2007 data. DOT HS 810 996. Washington, DC: NHTSA. Available from: <http://www-nrd.nhtsa.dot.gov/Pubs/810996.pdf>.

Morbidity

Health Conditions Among Children

1. Van Cleave J, Gortmaker SL, Perrin JM. Dynamics of obesity and chronic health conditions among children and youth. JAMA 2010;303(7):623–30.

Diabetes Prevalence

1. Beers MH, Fletcher AJ, Porter R, eds. Merck manual of medical information, 2nd home edition. Whitehouse Station, NJ: Merck Research Laboratories; 2003.
2. Masharani U. Diabetes mellitus and hypoglycemia. In: McPhee SJ, Papadakis MA, eds. Current medical diagnosis and treatment, 49th ed. New York, NY: McGraw-Hill; 2010:1079–117.
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Health Risk Factors

Cigarette Smoking

1. CDC. The health consequences of smoking: A report of the Surgeon General. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Washington, DC: U.S. Government Printing Office; 2004. Available from: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/index.htm.

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1. 2008 Physical activity guidelines for Americans [online]. U.S. Department of Health and Human Services. Available from: <http://www.health.gov/paguidelines/default.aspx>.

Obesity Among Children

1. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. Pediatrics 1998;101(3 pt 2):518–25.
2. Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in U.S. children and adolescents, 2007–2008. JAMA 2010;303(3):242–9.

Overweight and Obesity Among Adults

1. National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH pub no 98–4083. Bethesda, MD: National Institutes of Health; 1998. Available from:

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2. National Task Force on the Prevention and Treatment of Obesity. Overweight, obesity, and health risk. Arch Intern Med 2000;160(7):898–904.

3. Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. JAMA 2005;293(15):1861–7.

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1. National High Blood Pressure Education Program. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: Complete report. NIH pub no 04–5230. Bethesda, MD: National Heart, Lung, and Blood Institute, National Institutes of Health; 2004. Available from: <http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.htm>.

High Serum Total Cholesterol (240 mg/dL or higher)

1. American Heart Association. Heart disease and stroke statistics—2010 update. Circulation 2010;121:e46–e215. Available from: <http://circ.ahajournals.org/cgi/content/full/121/7/e46>.
2. National Cholesterol Education Program. Third Report of the Expert Panel on Detection, Evaluation, and Treatment of the High Blood Cholesterol in Adults (Adult Treatment Panel III): Executive Summary. NIH pub no 01–3670. Bethesda, MD: National Heart, Lung, and Blood Institute, National Institutes of Health; 2001. Available from: <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3xsum.pdf>.

Influenza Vaccination

1. CDC. Experiences with obtaining influenza vaccination among persons in priority groups during a vaccine shortage—United States, October–November, 2004. MMWR 53(49):1153–55. 2004. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5349a2.htm>.

Access and Utilization

Colorectal Tests and Procedures

1. Cancer facts and figures, 2010 [online]. American Cancer Society. Available from: <http://www.cancer.org/acs/groups/content/@nho/documents/document/acspc-024113.pdf>.

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1. Diamant AL, Hays RD, Morales LS, Ford W, Clames D, Asch S, et al. Delays and unmet need for health care among adult primary care patients in a restructured urban public health system. Am J Public Health 2004;94(5):783–9.
2. Baker DW, Shapiro MF, Schur CL. Health insurance and access to care for symptomatic conditions. Arch Intern Med 2000; 160(9):1269–74.

Health Insurance

Health Insurance Coverage Among Children

1. National CHIP policy: Overview [online]. Centers for Medicare & Medicaid Services. Available from: <http://www.cms.hhs.gov/NationalCHIPPolicy>.

Health Insurance Coverage Among Working-age Adults

1. The uninsured and the difference health insurance makes [online]. Kaiser Commission on Medicaid and the Uninsured; 2010. Available from: <http://www.kff.org/uninsured/upload/1420-12.pdf>.

Chartbook Figures Included in *Health, United States, 2010*

The 2010 Chartbook includes 41 charts, with 18 charts on this year's special feature: Death and Dying. 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.

Introduction: Figure 1

- Life expectancy at birth

Morbidity: Figures 2–7

- Health conditions among children
- Heart disease prevalence
- Cancer prevalence
- Diabetes prevalence
- Poor diabetes control (hemoglobin A1c levels above 9%)
- Joint pain

Health Care Utilization: Figures 8–10

- Selected back and joint procedures
- Colorectal tests and procedures
- Antidepressant and antianxiety prescription drug use

Health Risk Factors: Figures 11–16

- Cigarette smoking
- Participation in leisure-time aerobic and muscle-strengthening activities
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- High serum total cholesterol (240 mg/dL or higher)

Prevention: Figures 17 and 18

- Statin drug use
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- Delayed or nonreceipt of needed medical care due to cost
- Dental health services needs unmet due to cost

Health Insurance Coverage: Figures 21 and 22

- Health insurance coverage among children
- Health insurance coverage among adults 18–64 years of age

Personal Health Care Expenditures: Figure 23

- Personal health care expenditures

Special Feature on Death and Dying: Figures 24–41

- Introduction
- Infant mortality
- Child mortality rates by Organisation for Economic Co-operation and Development (OECD) country
- Deaths among children 1–14 years of age
- Deaths among persons 15–24 years of age
- Deaths among persons 25–44 years of age
- Deaths among persons 45–64 years of age
- Deaths among persons 65 years of age and over
- Motor-vehicle traffic fatalities
- Place of death over time
- Place of death by race and Hispanic origin
- ICU days in the last 6 months of life
- Advance directives
- Selected characteristics of discharged hospice care patients
- Primary admission diagnosis of discharged hospice care patients
- Services to hospice care patients' family members or friends
- Hospice care patients' symptoms at the last hospice visit before death
- Hospice care patients' drugs in the last week of life

Trend Tables Included In *Health, United States, 2010*

The Chartbook section of *Health, United States, 2010* is followed by 148 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 2010 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 possible, these additional years of data are available 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](#).

Health Status and Determinants

Population: Tables 1 and 2

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- Low birthweight
- Prenatal care
- Teenage childbearing

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- Life expectancy

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- Alcohol and other substance abuse
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- Cigarette smoking
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- Headache
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- Emergency department visits
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- Health expenditures
- Out-of-pocket health expenditures

Health Care Coverage and Major Federal Programs: Tables 135–145

- Department of Veterans Affairs
- Private coverage
- Medicaid
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- Uninsured

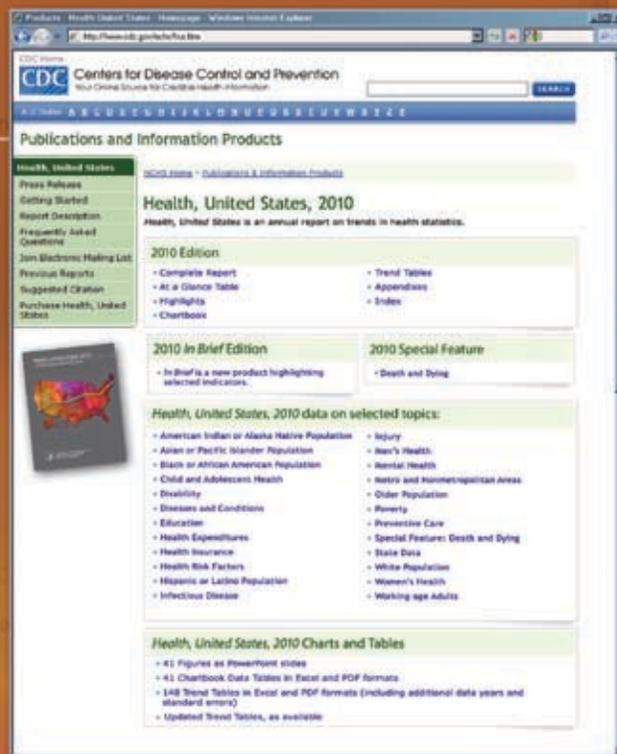
State Health Expenditures and Health Insurance: Tables 146–148

- Medicaid
- Medicare
- Per capita health expenditures
- Uninsured

Health, United States, 2010

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