

# Health, United States: History, Uses, and Future Directions

***Health, US Over the Years:*** Diane Makuc

***Health, US in the 21<sup>st</sup> Century:*** Amy Bernstein

***Media Perspective:*** Christopher Connell

***Academic & Policy Perspective:*** Judy Shinogle

# Health, United States Over the Years

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**National Conference on Health Statistics**

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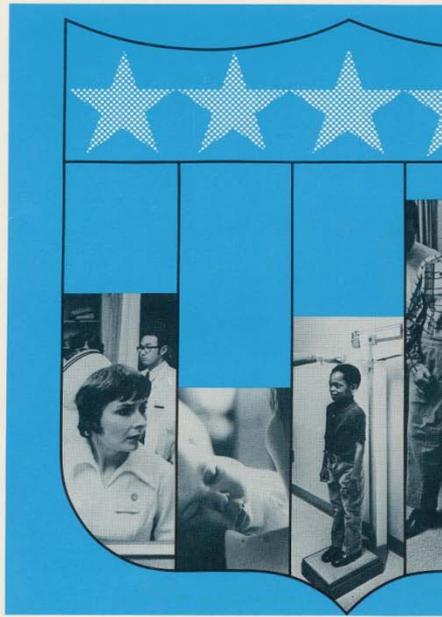
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Disease Control and Prevention**  
**National Center for Health Statistics**



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# HEALTH★United States★1976-1977

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • Public Health Service



# Health, United States, 2009

With Special Feature on Medical Technology



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

# Outline

- Legislation
- Goals / audiences
- Core content over time
- Special focuses over time
- Selected findings

# Health, US is mandated by the Public Health Service Act

Each year the Secretary shall submit to the President and Congress reports on:

- Health care costs and financing trends
- Health resources by geographic area
- Utilization of health resources  
by age, sex, income, geographic area
- The health of the Nation's people  
by age, sex, income, geographic area

# Goals

- Comprehensive source on national trends in health statistics
- Useful to a wide audience
- Timely
- Accurate
- Easy to access

# Audiences

- Policymakers
- Researchers
- Public health professionals
- Educators / students
- Librarians

## Example: Health US and Policymakers

DHHS Secretary Margaret Heckler established a Task Force on Black and Minority Health in Jan. 1984 after releasing Health US 1983.

Health US showed ...”a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans as compared with our nation’s population as a whole.”

Infant mortality rate for black infants was almost twice the rate for white infants in 1980.

# Some core content has remained similar over time

- Focus remains on trends and disparities in health statistics
  - ▣ Highlights summarize findings
  - ▣ Detailed tables present data on 4 areas in legislation
- Statistics are from multiple sources
- Data sources and methods are described in footnotes and technical appendixes

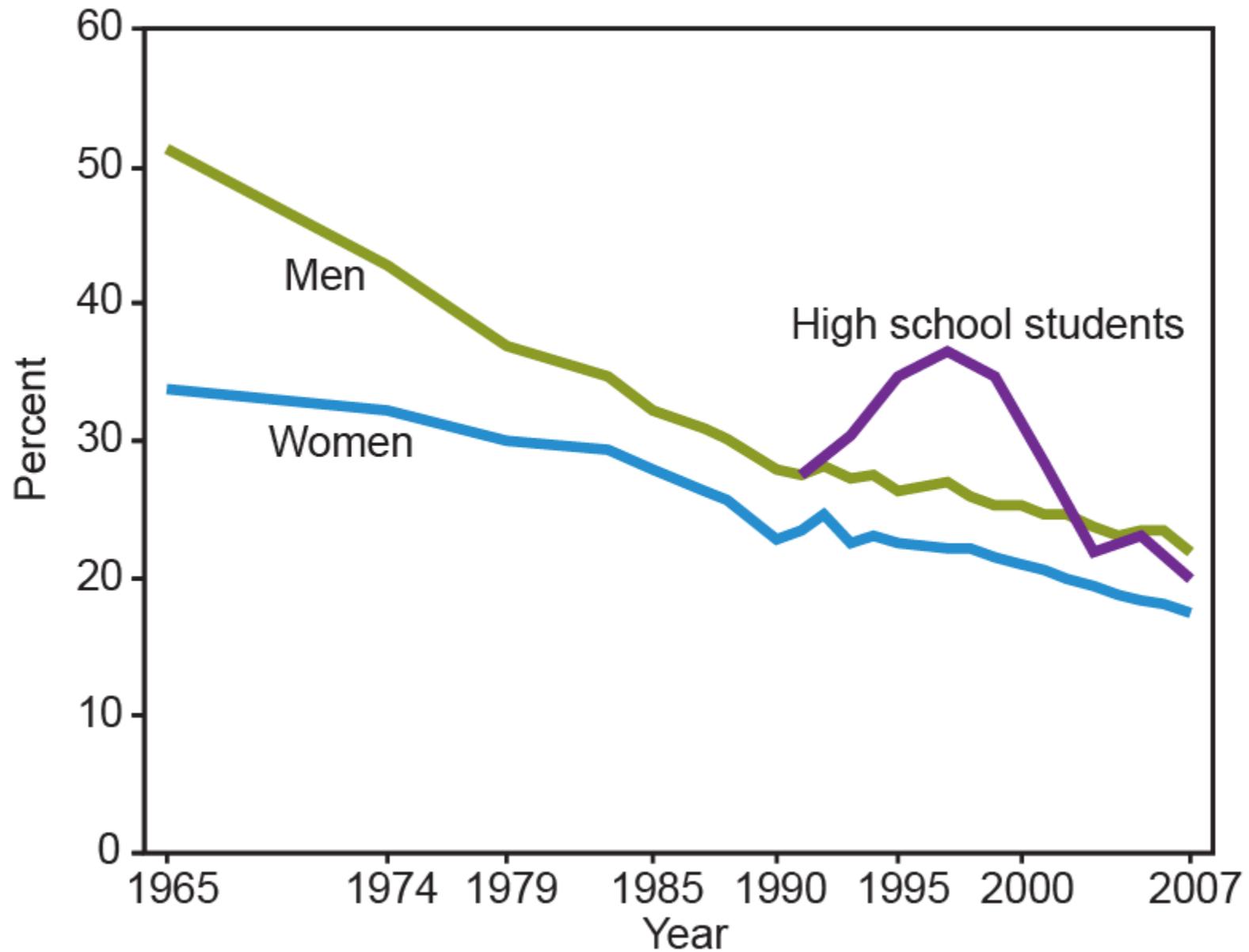
Some of the same variables have been used for tabulations in all years

- Age
- Sex
- Race
- Income / Percent of poverty level
- Geographic area (e.g. State)
- Metropolitan status of residence

# Some health measures have been used in all years

- Birth, death, and infant mortality rates
- Life expectancy
- Low birth weight
- Prenatal care
- Cigarette smoking
- Alcohol consumption
- Obesity
- Physical activity
- Respondent-assessed health status

# Cigarette smoking

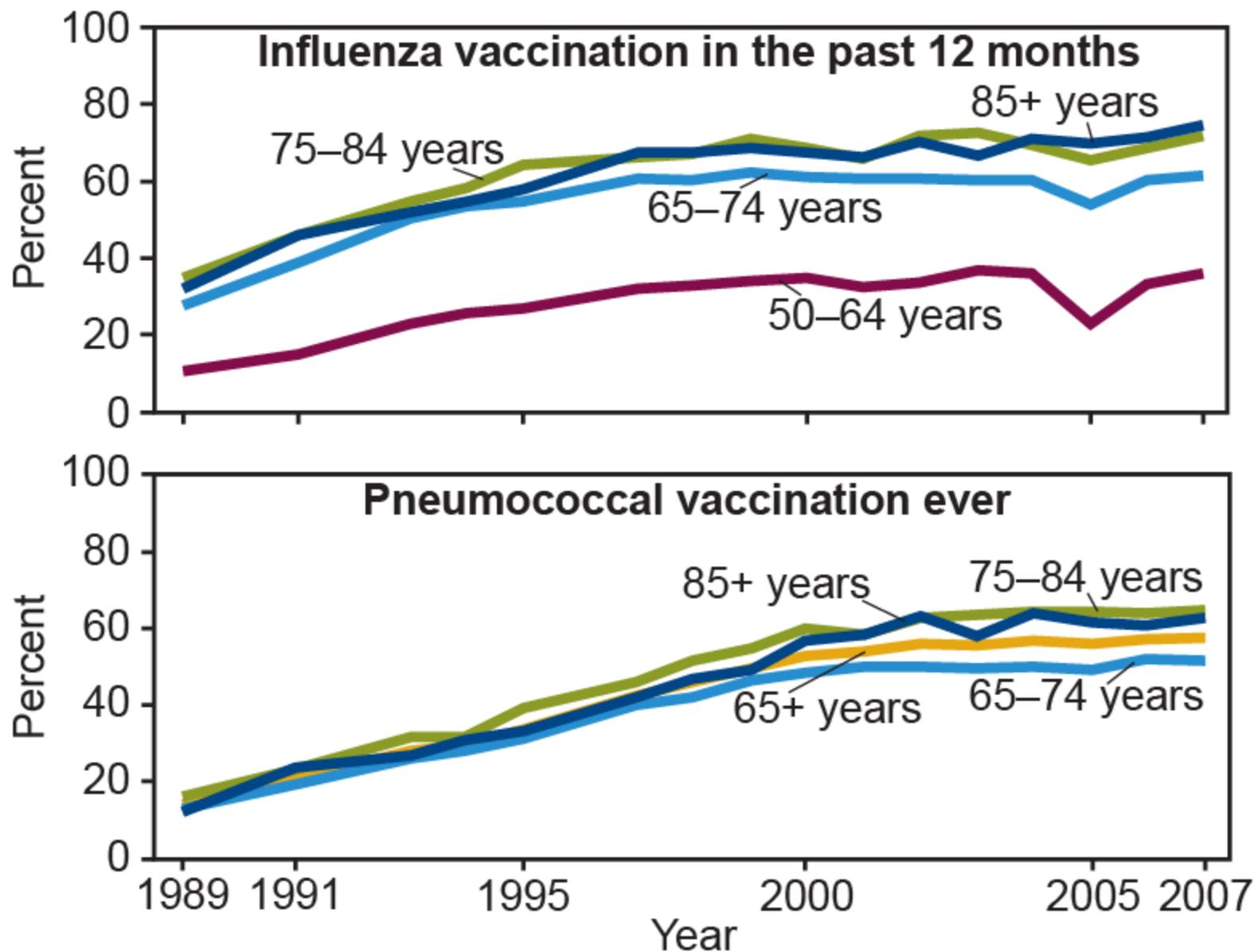


SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 6. Data from the National Health Interview Survey and the Youth Risk Behavior Survey.

# Some health care utilization measures have been used in all years

- Immunization
- Physician office visits
- Hospital outpatient clinic visits
- Emergency department visits
- Dental visits
- Hospital discharges
- Nursing home residents

# Influenza and pneumococcal vaccination



SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 9. Data from the National Health Interview Survey.

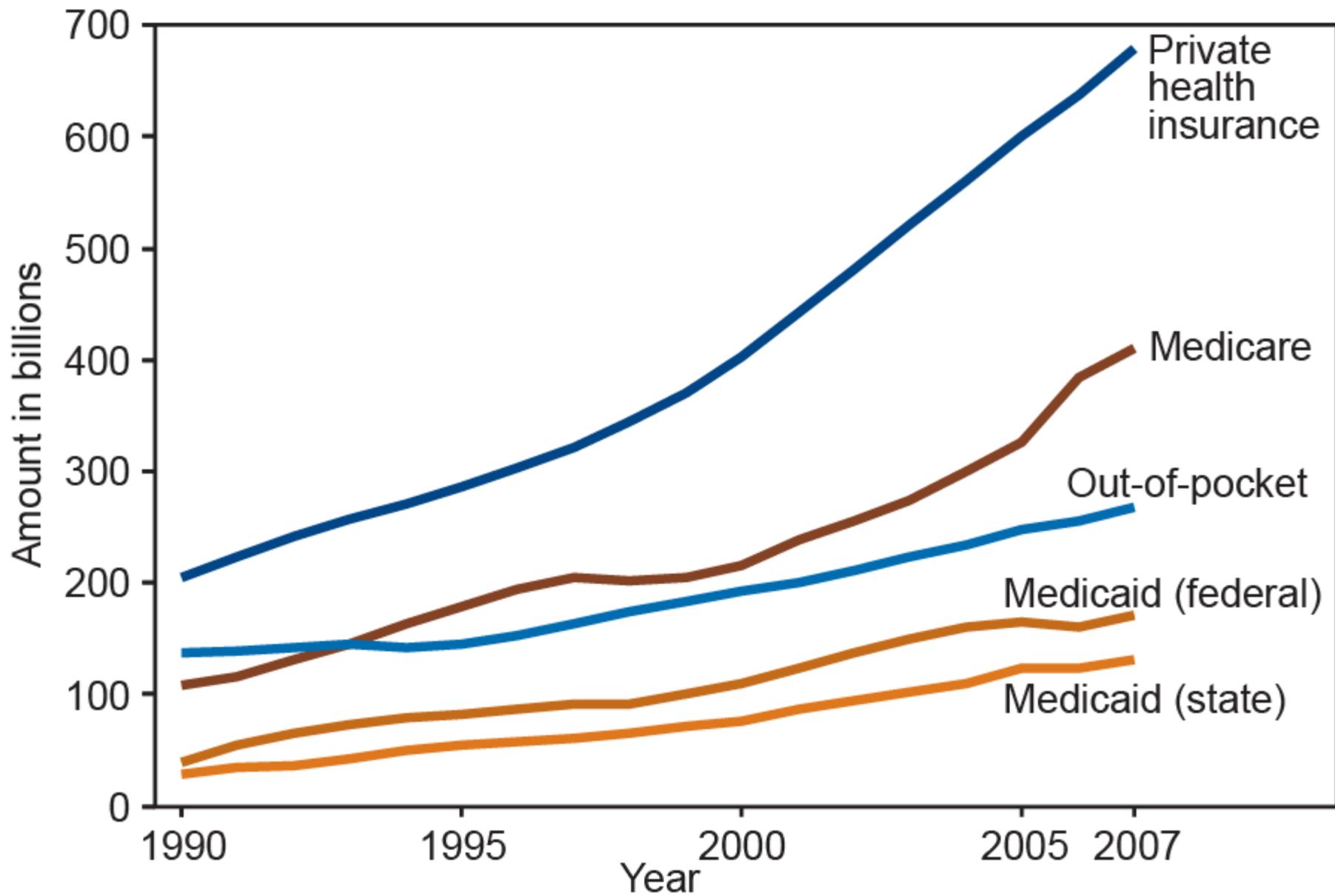
# Some health care resources measures have been used in all years

- Physicians
- Dentists
- Nurses
- Hospitals
- Nursing homes
- Mental health facilities

# Some health care costs/ financing measures have been used in all years

- National health expenditures
- Public program expenditures (Medicare and Medicaid)
- Personal health care expenditures
- Private health insurance coverage
- Medical care component of the Consumer Price Index

# Growth in personal health care expenditures



SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 22. Data from the Centers for Medicare & Medicaid Services.

# Technical appendixes in all reports help interpret the data including:

- Change from 9<sup>th</sup> to 10<sup>th</sup> revision of ICD cause-of-death coding
- Change to 2000 population standard for age adjustment
- Change in OMB standards for race/ethnicity groups
- Change in population estimates
- Changes in survey questionnaires and design

# Example of change in core content: expansion of race/ethnicity groups

1975-1984: white, all other, black

*1985: Heckler Report (Secretary's Task Force on Black and Minority Health)*

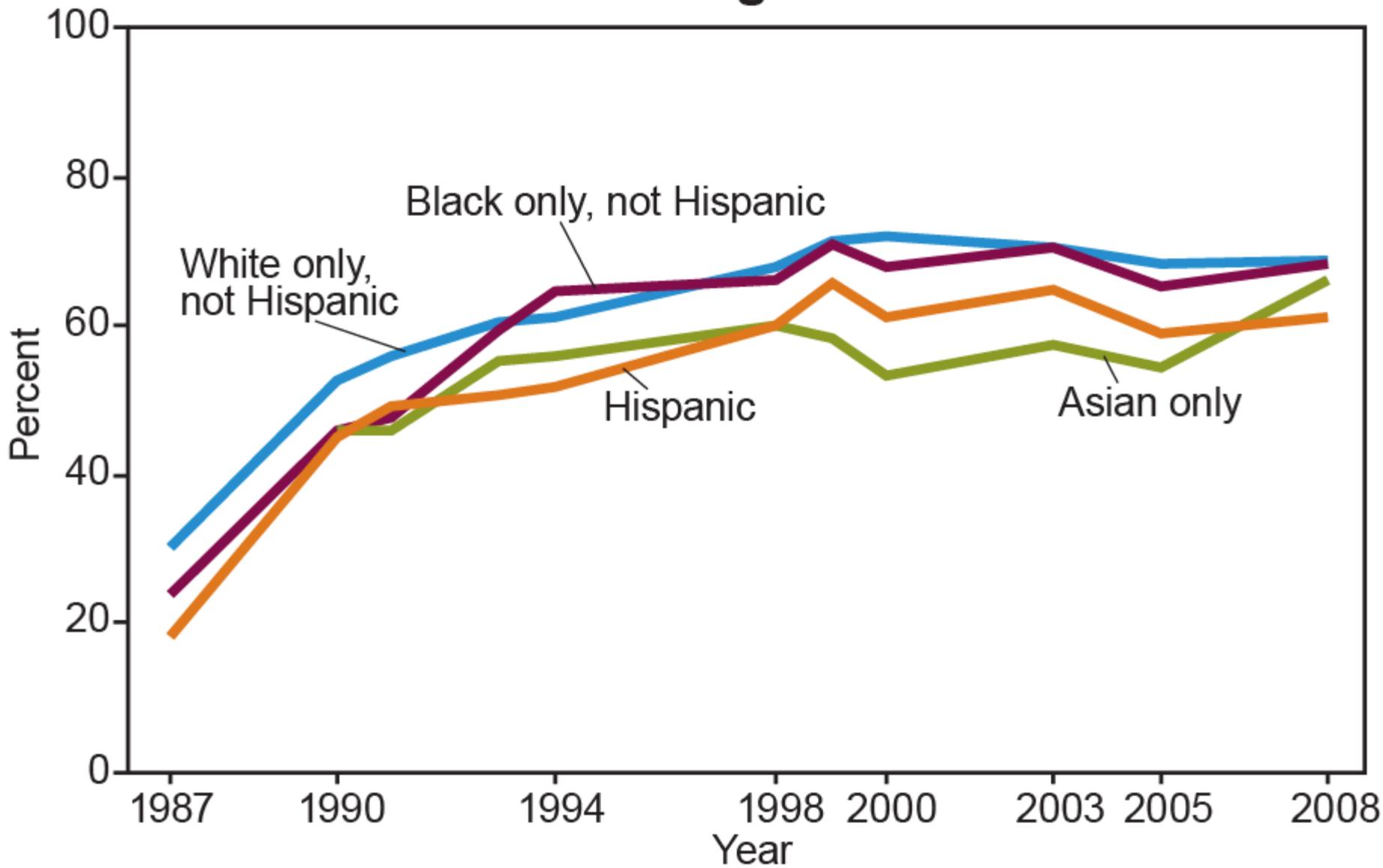
1986-1989: Expanded groups for some tables

1990: Health, US Chartbook on Minority Health

1996: Major expansion of groups throughout

Current: present greatest detail possible taking into account quality and numbers.

# Mammography within the past 2 years among women age 40+



SOURCE: CDC/NCHS, Health, United States, 2009, Figure 26. Data from the National Health Interview Survey.

# Special focuses and their format have varied over time

- 1975-1983:  
Chapters/short articles on selected health topics
- 1984-2001:  
Chartbooks on specific topics
- 2002- 2009:  
Chartbooks on trends with some charts on a special focus

## Selected health topics of articles/ chapters (pre-1984)

1976-77 report had 4 chapters including:

- Elderly people

- Hypertension

- Geographic variation in health, utilization, resources, and expenditures

1983 report had 12 articles including:

- Changes in heart disease risk factors

- C-section delivery

- Use and costs of Medicare services in the last years of life

# Focuses of Selected Chartbooks

- Minority health (1990)
- Women's health (1995)
- Socioeconomic status and health (1998)
- Aging (1999)
- Adolescent health (2000)
- Urban and rural health (2001)
- Prescription drugs (2004)
- Access to health care (2007)
- Medical technology (2009)

# Sources of Input on Content

- NCHS staff / reviewers
- CDC reviewers
- DHHS reviewers
- National Committee on Vital and Health Statistics
- External experts on special focus areas
- Other sources

# Summary

- Goals and some core content have remained similar for consistency with legislative mandate
- Core content has been modified as departmental emphasis and data availability have changed (e.g. expansion of race/ethnicity data)
- New content has been added to address current issues (e.g. medical technology)