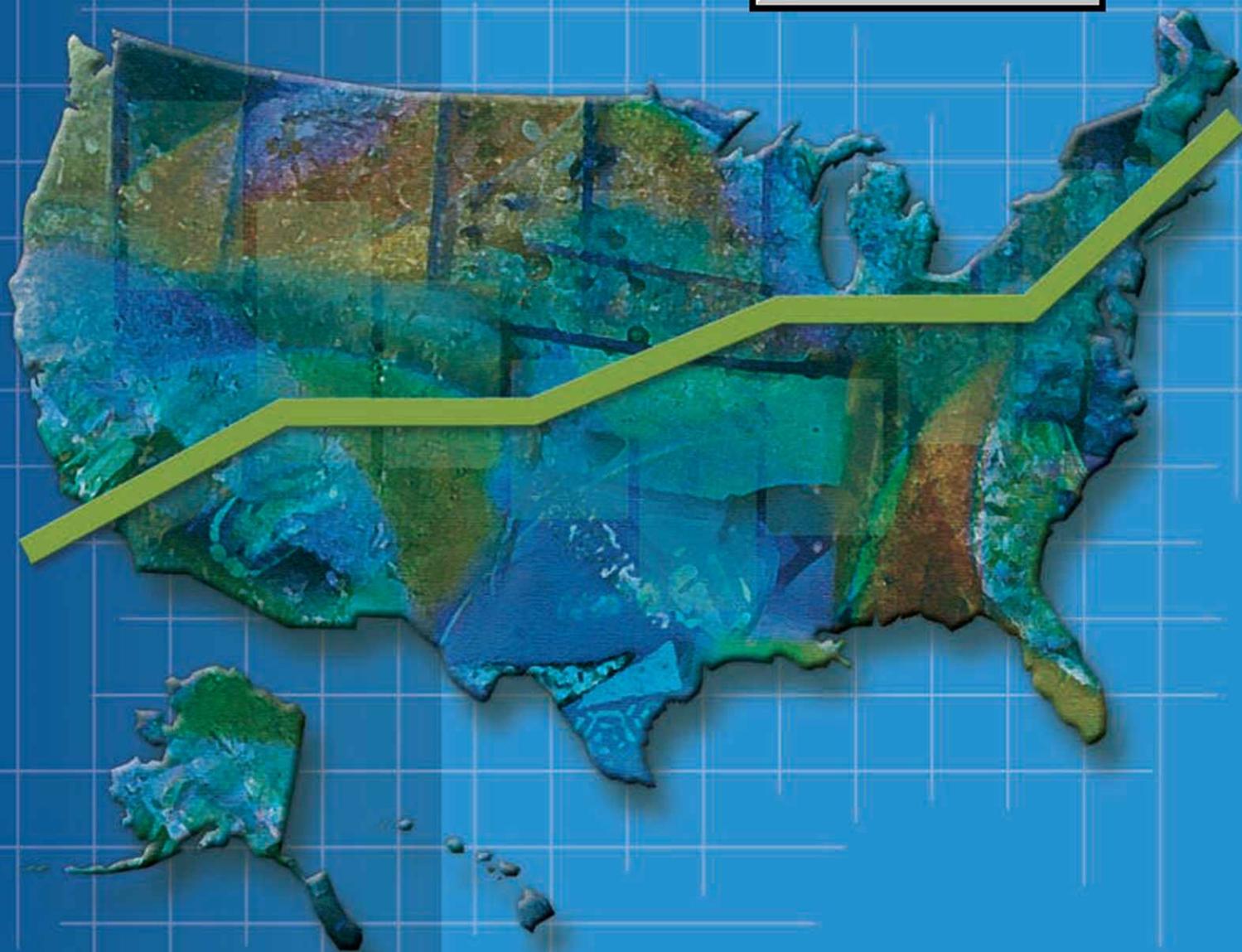


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Health, United States, 2009

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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U.S. Department of Health and Human Services

Kathleen Sebelius
Secretary

Centers for Disease Control and Prevention

Thomas R. Frieden, M.D., M.P.H.
Director

National Center for Health Statistics

Edward J. Sondik, Ph.D.
Director

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 150 detailed tables, *Health, United States* provides an annual picture of the health of the entire Nation. This year it includes a special feature on medical technology. *Health, United States, 2009* is the 33rd 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).

New for the 2009 edition is *Health, United States, 2009: In Brief*, a companion piece to *Health, United States*. This short report is intended to focus attention on trends in key 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/obesity, access to and utilization of health care, 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, 2009* that highlight these topics and provide examples of data contained in the full report.

The full report, *Health, United States, 2009, With Special Feature on Medical Technology* is available at: <http://www.cdc.gov/nchs/hus.htm>. On this website, users can find

- The full searchable 2009 report in Adobe PDF format, consisting of a Preface, Executive Summary and Highlights, Chartbook with 36 charts including a Special Feature on Medical Technology, 150 detailed Trend Tables, Data Sources, Methods, and an Index;
- Chartbook and Trend Tables available as downloadable Excel® spreadsheet files;
- Additional years of data for selected Trend Tables;
- Standard errors for selected estimates;
- Charts in PowerPoint® format;
- Previous editions, starting with *Health, United States, 1975*; and
- Groups of charts and tables on specific topics, such as older adults, racial and ethnic groups, and state data.

Health, United States, 2009 At a Glance

	Value (year)			Health, United States Figure/Table no.
Life Expectancy and Mortality				
Life expectancy in years				Table 24
At birth	76.8 (2000)	77.4 (2005)	77.7 (2006)	
At age 65	17.6 (2000)	18.2 (2005)	18.5 (2006)	
Infant deaths per 1,000 live births				Figure 17
All infants	6.91 (2000)	6.87 (2005)	6.69 (2006)	
Deaths per 100,000, age-adjusted				Figure 18/Table 26
All causes	869.0 (2000)	798.8 (2005)	776.5 (2006)	
Top six causes:				
Heart disease	257.6 (2000)	211.1 (2005)	200.2 (2006)	
Cancer	199.6 (2000)	183.8 (2005)	180.7 (2006)	
Stroke	60.9 (2000)	46.6 (2005)	43.6 (2006)	
Chronic lower respiratory diseases	44.2 (2000)	43.2 (2005)	40.5 (2006)	
Unintentional injuries	34.9 (2000)	39.1 (2005)	39.8 (2006)	
Diabetes	25.0 (2000)	24.6 (2005)	23.3 (2006)	
Morbidity and Risk Factors				
Fair or poor health, percent				Table 57
All ages	8.9 (2000)	9.5 (2006)	9.8 (2007)	
65 years and over	26.9 (2000)	24.8 (2006)	26.8 (2007)	
Diabetes, percent				Table 67
20 years and over	8.3 (1999–2000)	10.3 (2003–2004)	10.2 (2005–2006)	
Hypertension, ¹ percent				Table 67
20 years and over	28.9 (1999–2000)	32.5 (2003–2004)	31.7 (2005–2006)	
High serum cholesterol, percent				Table 67
20 years and over	17.8 (1999–2000)	17.0 (2003–2004)	15.9 (2005–2006)	
Overweight/obese, percent				Table 67
Obese, 20 years and over	29.9 (1999–2000)	32.0 (2003–2004)	34.2 (2005–2006)	
Overweight:				
2–5 years	10.3 (1999–2000)	13.9 (2003–2004)	11.0 (2005–2006)	
6–11 years	15.1 (1999–2000)	18.8 (2003–2004)	15.1 (2005–2006)	
12–19 years	14.8 (1999–2000)	17.4 (2003–2004)	17.8 (2005–2006)	
Cigarette smoking, percent				Table 60
18 years and over	23.2 (2000)	20.8 (2006)	19.8 (2007)	
Regular exercise, percent				Table 71
18 years and over	31.7 (2000)	30.9 (2006)	30.8 (2007)	
Joint pain, percent				Table 54
18 years and over	29.5 (2002)	29.7 (2006)	27.6 (2007)	
65 years and over	47.2 (2002)	48.2 (2006)	43.9 (2007)	
Health Care Utilization				
No health care visit in past 12 months, percent				Table 80
Under 18 years	12.3 (2000)	10.9 (2006)	10.3 (2007)	
18–44 years	23.5 (2000)	25.3 (2006)	24.1 (2007)	

Health, United States, 2009 At a Glance

	Value (year)			Health, United States Figure/Table no.
45–64 years	15.0 (2000)	16.4 (2006)	14.9 (2007)	
65 years and over	7.5 (2000)	6.0 (2006)	7.0 (2007)	
Emergency room visit in past 12 months, percent				Tables 88 and 89
Under 18 years	20.3 (2000)	21.3 (2006)	20.2 (2007)	
18–44 years	20.5 (2000)	20.5 (2006)	20.3 (2007)	
45–64 years	17.6 (2000)	18.4 (2006)	18.3 (2007)	
65 years and over	23.7 (2000)	24.5 (2006)	23.1 (2007)	
Prescription drug use in past month, percent				Table 95
Under 18 years	24.1 (1999–2000)	23.9 (2001–2004)	24.7 (2003–2006)	
18–44 years	34.7 (1999–2000)	37.6 (2001–2004)	37.5 (2003–2006)	
45–64 years	62.1 (1999–2000)	66.2 (2001–2004)	65.2 (2003–2006)	
65 years and over	83.9 (1999–2000)	87.3 (2001–2004)	89.4 (2003–2006)	
Hospitalization in past year, percent				Table 98
18–44 years	7.0 (2000)	6.6 (2006)	6.8 (2007)	
45–64 years	8.4 (2000)	8.1 (2006)	8.3 (2007)	
65 years and over	18.2 (2000)	17.3 (2006)	17.4 (2007)	
Insurance and Access to Care				
Uninsured, percent				Table 140
Under 65 years	17.0 (2000)	17.0 (2006)	16.6 (2007)	
Under 18 years	12.6 (2000)	9.5 (2006)	9.0 (2007)	
18–44 years	22.4 (2000)	24.6 (2006)	23.9 (2007)	
45–64 years	12.6 (2000)	13.2 (2006)	13.5 (2007)	
Did not receive needed medical care due to cost, percent				Table 77
18–64 years	5.7 (2000)	7.8 (2006)	7.8 (2007)	
Health Care Resources				
Physicians in patient care per 10,000 population				Table 107
United States	21.3 (1995)	22.5 (2002)	25.3 (2007)	
Highest state (postal code)	33.2 (MA) (1995)	35.1 (MA) (2002)	39.1 (MA) (2007)	
Lowest state (postal code)	13.0 (MS) (1995)	14.8 (OK) (2002)	17.0 (ID) (2007)	
Dentists per 10,000 population				Table 110
United States	6.1 (2000)	6.0 (2003)	6.0 (2006)	
Highest state (postal code)	8.2 (HI) (2000)	8.2 (HI, MA) (2003)	8.2 (NJ, MA) (2006)	
Lowest state (postal code)	3.8 (NV) (2000)	4.0 (MS) (2003)	4.0 (MS) (2006)	
Expenditures				
Personal health care expenditures, \$				Table 127
Total in \$ trillions	\$1.1 (2000)	\$1.8 (2006)	\$1.9 (2007)	
Per capita	\$4,032 (2000)	\$5,902 (2006)	\$6,219 (2007)	

¹Having elevated blood pressure and/or taking antihypertensive medications.

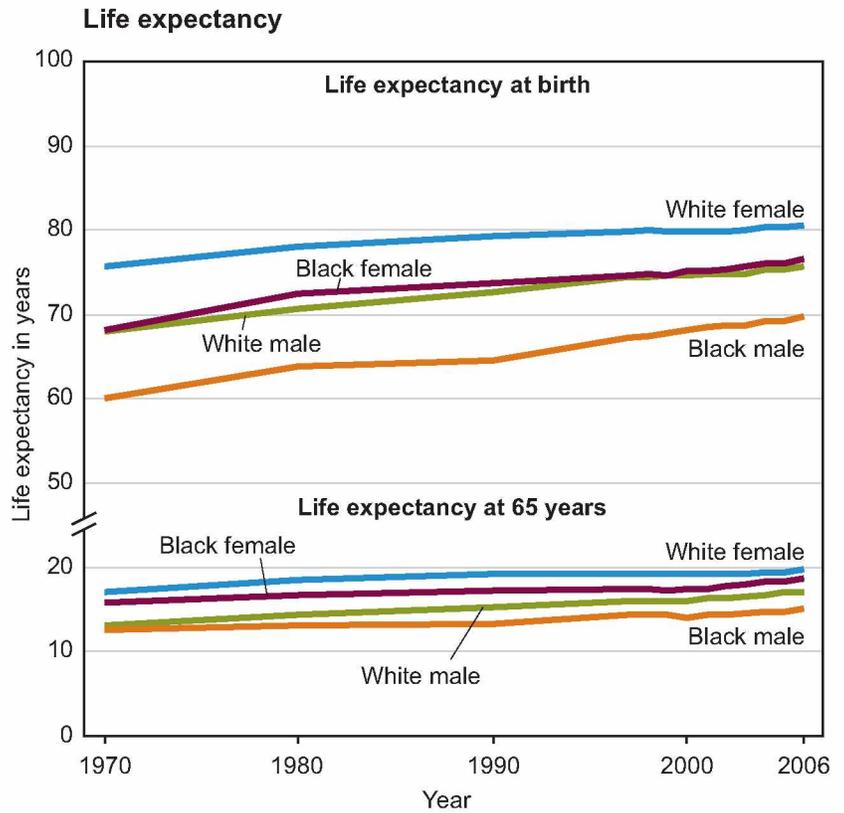
NOTES: Some estimates are from the Excel[®] spreadsheet version of the cited table and are not shown in the PDF version or in the printed version. For more information, data sources, notes, and the Excel[®] version of the spreadsheet, see the complete report, *Health, United States, 2009*, available from: <http://www.cdc.gov/nchs/hus.htm>.

MORTALITY

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 1900 through 2006, life expectancy at birth increased from 46 to 75 years for men and from 48 to 80 years for women. Life expectancy at birth increased more for the black than for the white population between 1990 and 2006. During this period, the gap in life expectancy at birth between white and black men narrowed from 8 years to 6 years. During the same period, the gap in life expectancy at birth between white women and black women decreased from 6 years to 4 years.

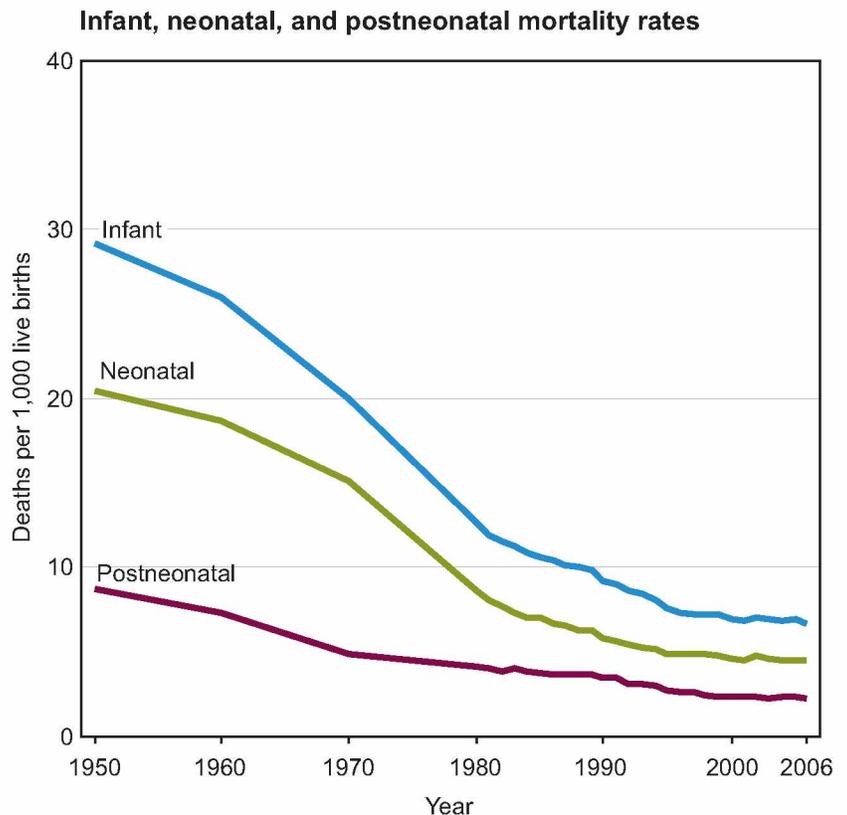
SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 16 and Table 24. Data from the National Vital Statistics System.



After declining substantially between 1950 and 2000, infant, neonatal, and postneonatal mortality rates have remained constant in recent years.

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 the availability and use of appropriate health care for infants and pregnant women. During 2000–2006, there was little progress in lowering the U.S. infant mortality rate. The infant mortality rate decreased 2.6%, from 6.87 per 1,000 live births in 2005 to 6.69 in 2006. Infant mortality rates have declined for most racial and ethnic groups, but large disparities among the groups remain.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 17. Data from the National Vital Statistics System. Also see: Heron M, Hoyer DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: Final data for 2006. National vital statistics reports; vol 57 no 14. Hyattsville, MD: NCHS; 2009. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf.



MORTALITY

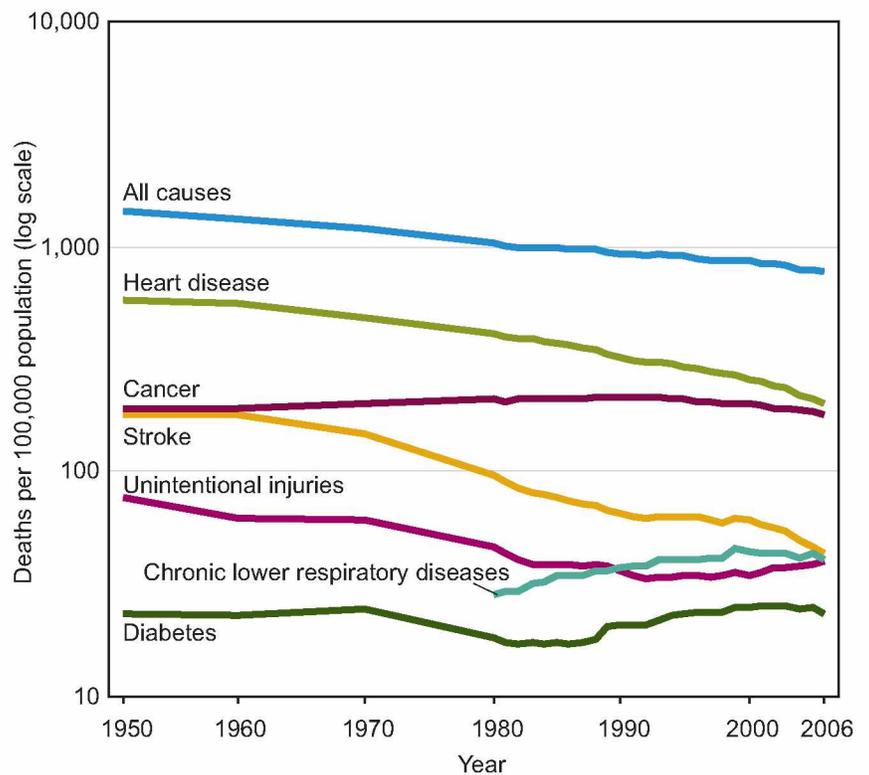
Mortality from heart disease, stroke, and unintentional injuries is substantially lower than in 1950.

In 2006, a total of 2.4 million deaths were reported in the United States. The overall age-adjusted death rate was 46% lower in 2006 than in 1950. The reduction in overall mortality since 1950 was driven mostly by declines in mortality from heart disease, stroke, and unintentional injuries. In 2006, the age-adjusted death rate for heart disease—the leading cause of death—was 66% lower than in 1950. The age-adjusted death rate for stroke (cerebrovascular disease), the third leading cause of death, declined 76% since 1950. Between 1990 and 2006, overall death rates for cancer declined 16%.

NOTE: Rates are age-adjusted.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 18 and Tables 28, 32, and 33. Data from the National Vital Statistics System.

Death rates for leading causes of death: All ages



MORBIDITY AND LIMITATION OF ACTIVITY

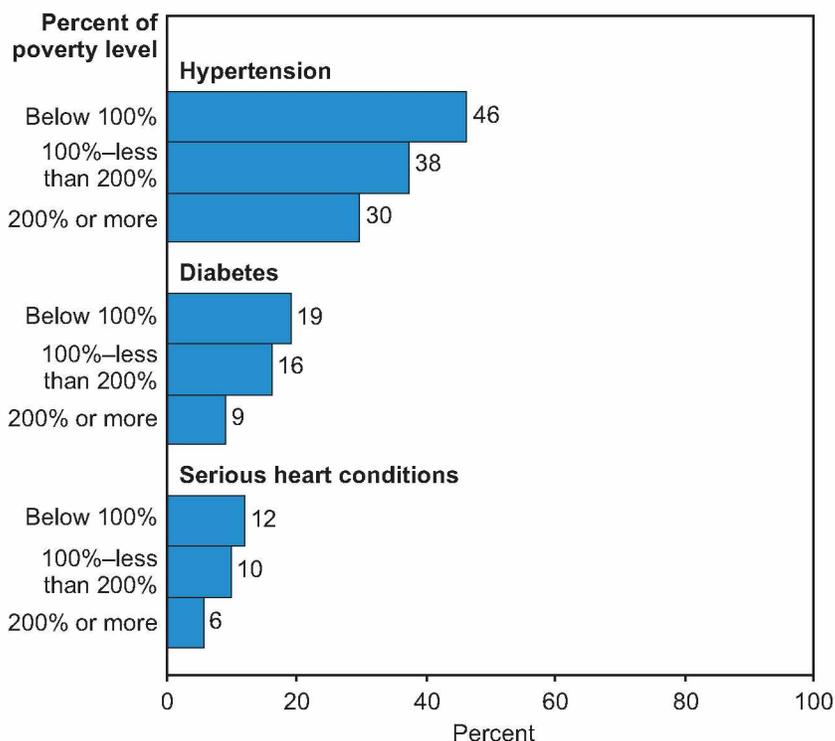
The prevalence of diabetes, serious heart conditions, and hypertension among adults 45–64 years of age is strongly associated with poverty status.

Some modifiable risk factors for hypertension, diabetes, and heart disease are more prevalent in lower income populations. In 2007, poor adults 45–64 years of age were 56% more likely than those with family income more than twice the poverty level to have diagnosed hypertension and more than twice as likely to have diagnosed diabetes or diagnosed serious heart conditions.

The percentage of poor adults in that age group with hypertension was similar to the percentage of higher income persons who were 65–74 years of age (46%–48%).

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 10. Data from the National Health Interview Survey.

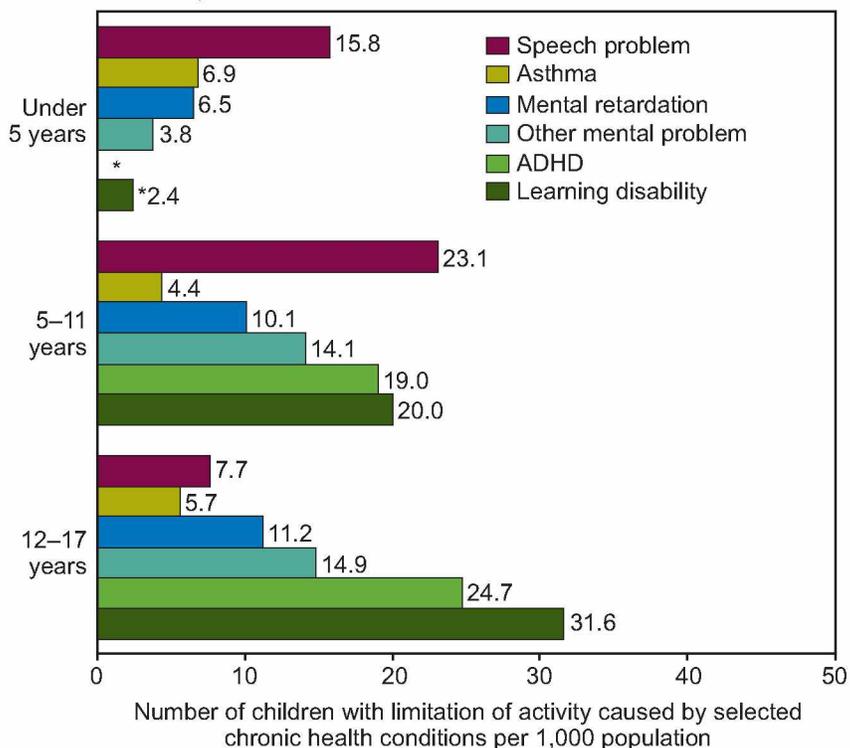
Respondent-reported hypertension, diabetes, and serious heart conditions among persons 45–64 years of age, 2007



Conditions associated with learning, emotional, behavioral, and developmental problems are among the leading causes of activity limitation among children.

Limitation of activity due to chronic physical, mental, or emotional conditions is a broad measure of health and functioning that gauges a child's ability to engage in major age-appropriate activities. A speech problem, mental retardation, and asthma were identified by parents as the leading causes of activity limitation among preschool children. Learning disability and attention-deficit/hyperactivity disorder (ADHD or ADD) were mentioned as important causes of activity limitation among all school-age children. Among older school-age children (12–17 years of age), a mental, emotional, or behavioral problem (other than ADHD, mental retardation, or another developmental problem) was reported as an important condition causing activity limitation.

Activity limitation caused by chronic conditions among children, 2006–2007



* Estimates are considered unreliable. Data shown with an asterisk have a relative standard error of 20%–30%. Data not shown have a relative standard error greater than 30%.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 13. Data from the National Health Interview Survey.

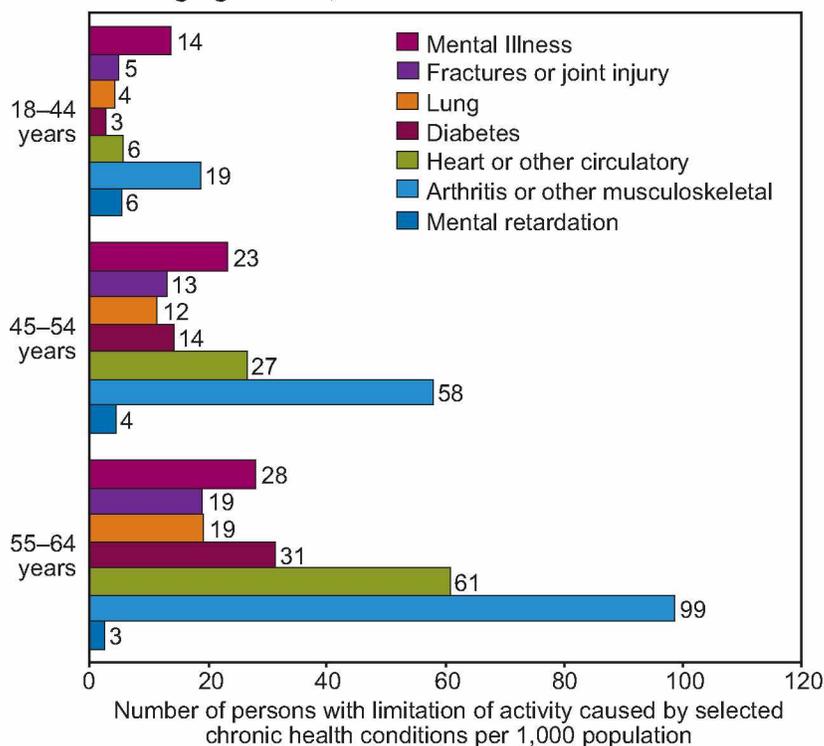
MORBIDITY AND LIMITATION OF ACTIVITY

Arthritis and other musculoskeletal conditions are the most frequently reported cause of activity limitation among working-age adults.

Chronic physical, mental, and emotional conditions can limit the ability of adults to perform important activities, such as working and doing everyday household chores. With advancing age, an increasing percentage of adults experience limitation of activity. Arthritis and other musculoskeletal conditions were the most frequently mentioned conditions causing limitation among working-age adults of all ages in 2006–2007. Among adults 18–44 years of age, mental illness was the second leading cause of activity limitation. Among adults 45–64 years of age, heart and circulatory conditions were the second leading cause of limitation, and mental illness was another frequently mentioned condition.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 14. Data from the National Health Interview Survey.

Activity limitation caused by chronic conditions among working-age adults, 2006–2007

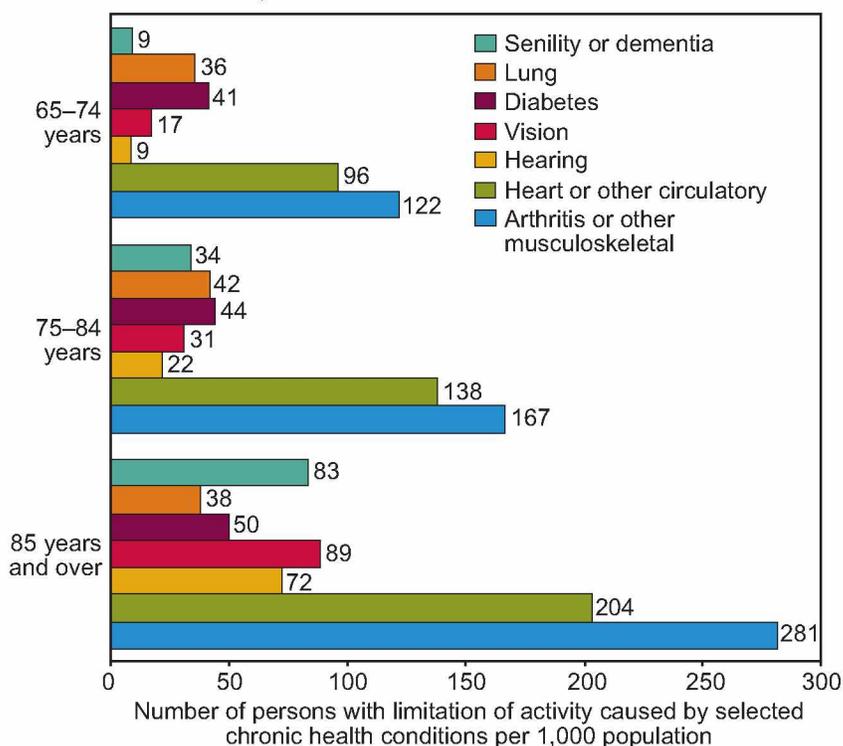


Arthritis and other musculoskeletal conditions were the most frequently mentioned chronic conditions causing limitation of activity among adults 65 years of age and over.

Since 2000, the percentage of noninstitutionalized adults 65 years of age and over with limitation of activity has remained at 34%–35%. In 2006–2007, the percentage of older adults with limitation of activity increased with age from 26% of 65–74 year-olds, to 36% of 75–84 year-olds, and to 62% of adults 85 years of age and over. Arthritis and other musculoskeletal conditions were the most frequently mentioned chronic conditions causing limitation of activity among adults 65 years of age and over. Heart and circulatory conditions were the second leading cause of activity limitation. Among noninstitutionalized adults 85 years of age and over, senility or dementia, vision conditions, and hearing problems were frequently mentioned causes of activity limitation.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 15. Data from the National Health Interview Survey (including unpublished analysis).

Activity limitation caused by chronic conditions among older adults, 2006–2007

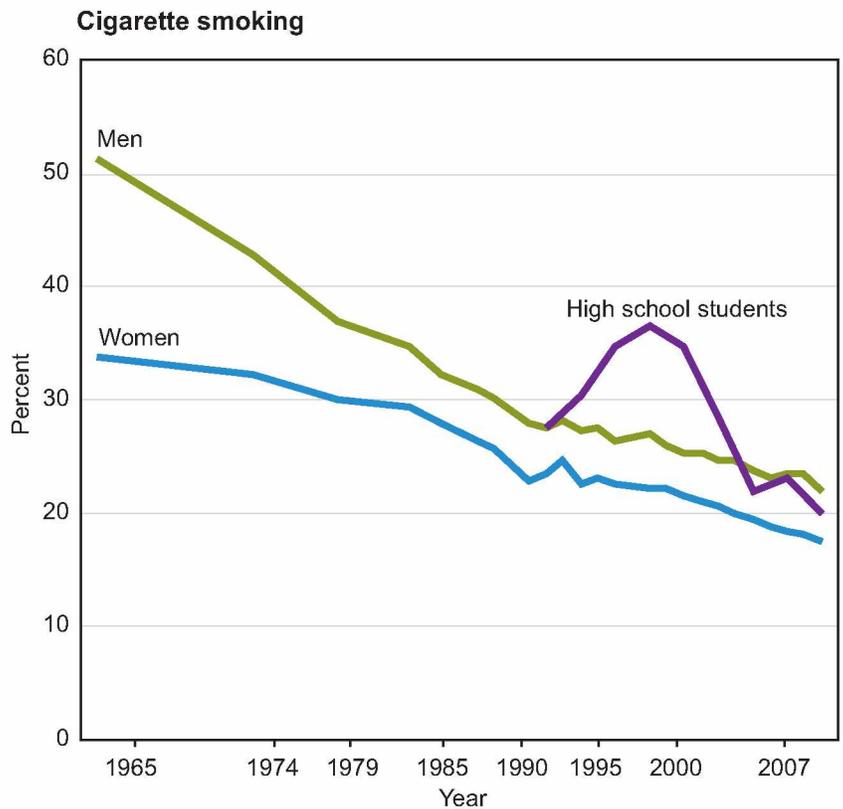


HEALTH RISK FACTORS

In recent years, progress in reducing tobacco use has slowed.

Cigarette smoking remains the Nation's leading cause of premature, preventable death. Following the Surgeon General's report on smoking in 1964, cigarette smoking declined sharply for men and at a slower pace for women, thus narrowing the gap between smoking rates for men and women. Declines in current cigarette smoking over the past two decades have slowed compared with earlier periods. In 2007, 22% of men and 17% of women were current cigarette smokers. In 2007, 20% of high school students in grades 9–12 had smoked cigarettes in the past month.

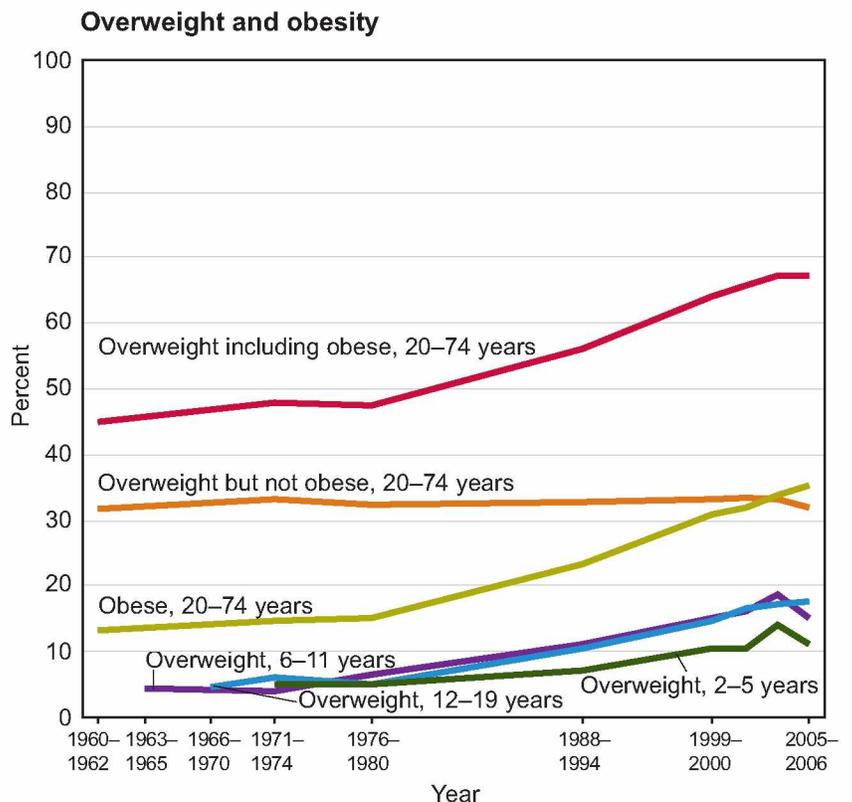
NOTE: Estimates for adults are age-adjusted.
SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 6 and Table 60. Data from the National Health Interview Survey and the Youth Risk Behavior Survey.



The percentage of American adults who are obese has doubled over the past three decades to about one-third of all adults.

The potential health benefits from reducing the prevalence of overweight—and obesity in particular—are of significant public health importance. The percentage of adults 20–74 years of age who are obese (body mass index (BMI) greater than or equal to 30) has more than doubled, from 15% in 1976–1980 to 35% in 2005–2006 (age-adjusted). The sharp increases in the percentage of adults who are obese seen from 1976–1980 to 1999–2000 have tapered off in more recent years. In 2005–2006, 15%–18% of school-age children and adolescents were overweight (defined as a BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts).

NOTE: Estimates for adults are age-adjusted.
SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 7. Data from the National Health Examination Survey and the National Health and Nutrition Examination Survey.

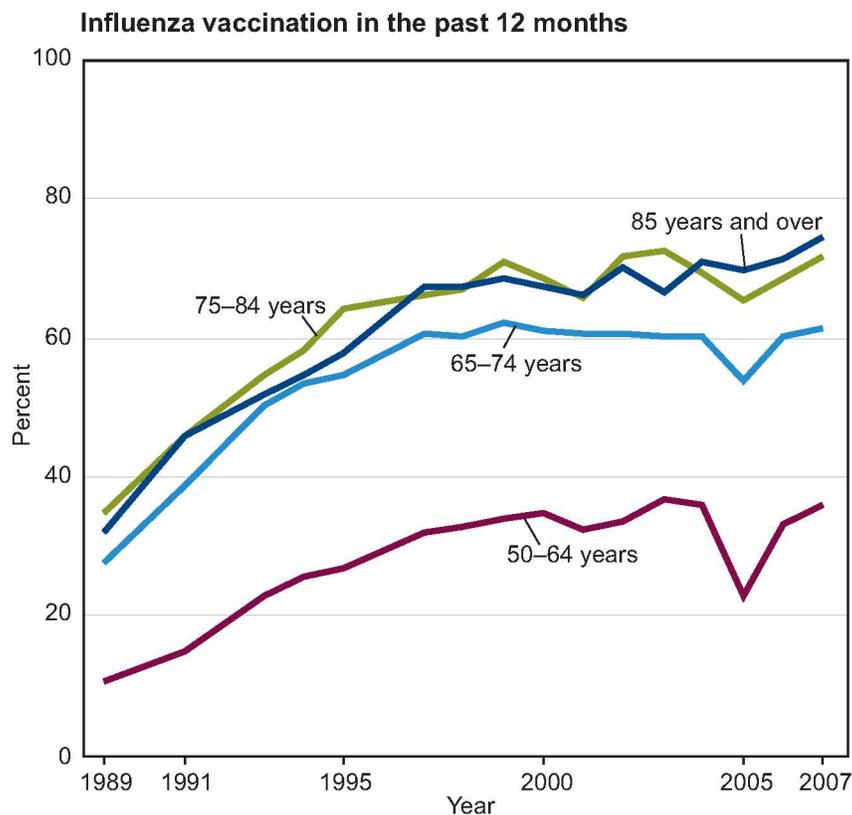


PREVENTIVE SERVICES

Between 1989 and 2007, influenza vaccination levels increased substantially, but differences by age remain.

Vaccination of persons at risk for complications from influenza is a key public health strategy for preventing morbidity and mortality in the United States. Between 1989 and 1997, influenza vaccine coverage among persons living in the community tripled for adults 50–64 years of age and approximately doubled for all age groups of adults 65 years and over. Between 1997 and 2004, influenza vaccine coverage remained essentially stable. Influenza vaccine coverage increases with older age. In 2007, persons 85 years of age and over were twice as likely as those 50–64 years of age to have had a vaccination in the past 12 months.

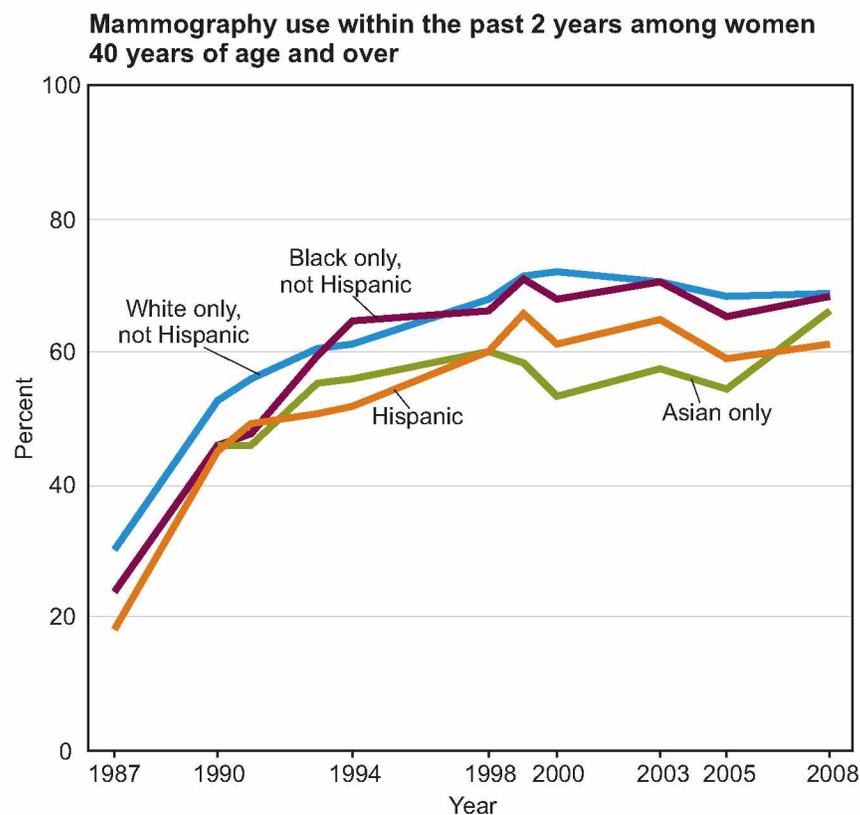
SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 9. Data from the National Health Interview Survey.



Between 1987 and 1999, recent mammography use among women 40 years of age and over in the United States more than doubled but decreased slightly between 1999 and 2008.

Mammography technology has advanced over the past 35 years, becoming progressively more accurate. The percentage of women 40 years of age and over who had a mammogram in the past 2 years increased from 29% in 1987 to 70% in 1999 and then decreased slightly to 68% in 2008. Over time, mammography screening rates have improved among women in all racial and ethnic groups, but disparities persist.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 26 and Table 86. Data from the National Health Interview Survey. Also see: Yaffe MJ, Mainprize JG, Jong RA. Technical developments in mammography. *Health Phys* 2008;95(5):599–611.



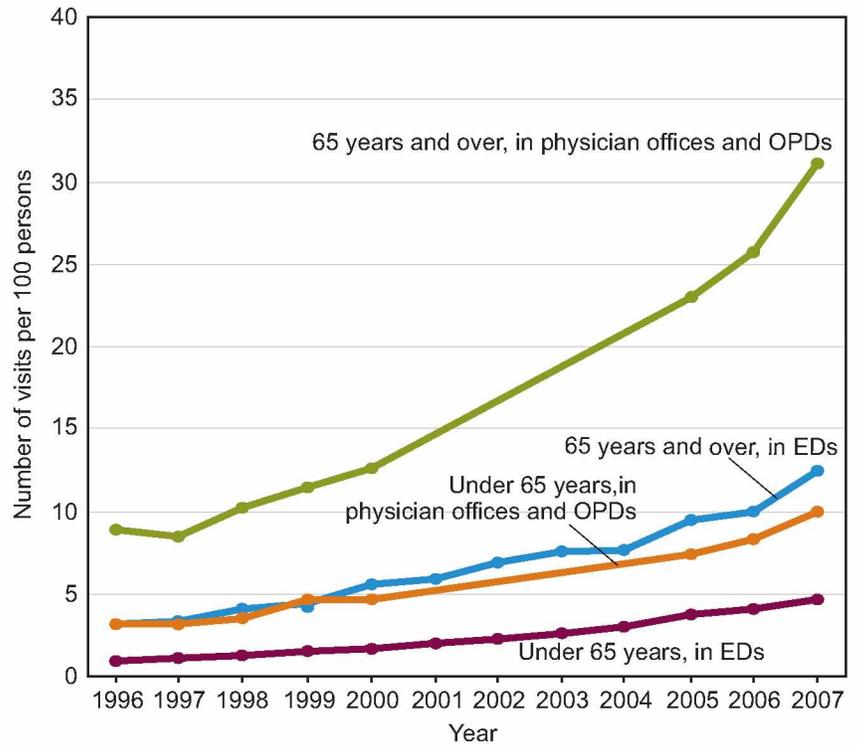
HEALTH CARE UTILIZATION

The use of MRI/CT/PET scans in physician offices and hospital outpatient and emergency department settings has increased dramatically over the past decade.

Advanced diagnostic medical imaging includes such technologies as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET). In 2007, 3%–4% of physician office and hospital outpatient department (OPD) visits included advanced imaging scans ordered or provided during the visit. Advanced imaging scan rates during visits to physician offices and OPDs more than tripled from 1996 to 2007 among persons under 65 years of age and among persons 65 years of age and over. The use of advanced imaging during emergency department (ED) visits increased fivefold among adults under 65 years of age and quadrupled among adults 65 years of age and over.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 25. Data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

Ambulatory care visits with MRI/CT/PET scans ordered/provided during visit

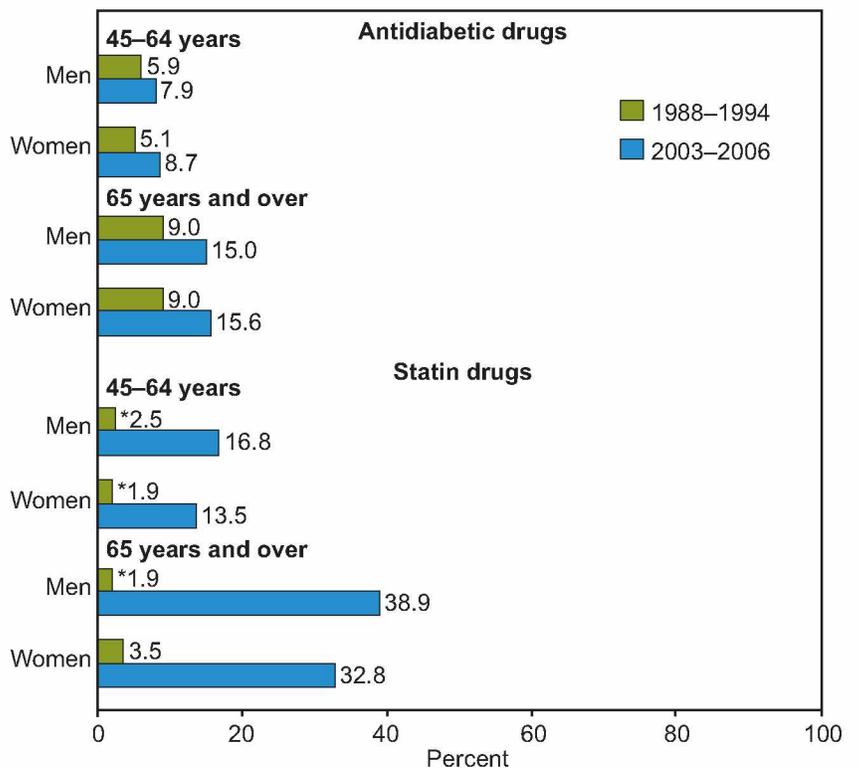


The use of statin drugs increased almost 10-fold from 1988–1994 to 2003–2006; during the same period, the use of antidiabetic drugs increased by 50%.

Some of the most important medical advances have been the development and introduction of pharmacological treatments. Two important classes of drugs—antidiabetics and cholesterol-lowering statins—have continued this pattern of technological advancement. The increase in the use of antidiabetic drugs over time mirrors the increase in diagnosed diabetes. In 1988–1994, 10% of adults 45 years of age and over had been diagnosed by their physician with diabetes. By 2003–2006, this had grown to 13%. From 1988–1994 to 2003–2006, the use of statin drugs by adults 45 years of age and over increased almost 10-fold, from 2% to 22%.

* Estimates are considered unreliable. Data shown with an asterisk have a relative standard error of 20%–30%.
SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 34 and Table 51. Data from the National Health and Nutrition Examination Survey (including unpublished analysis).

Prescription drug use in past month



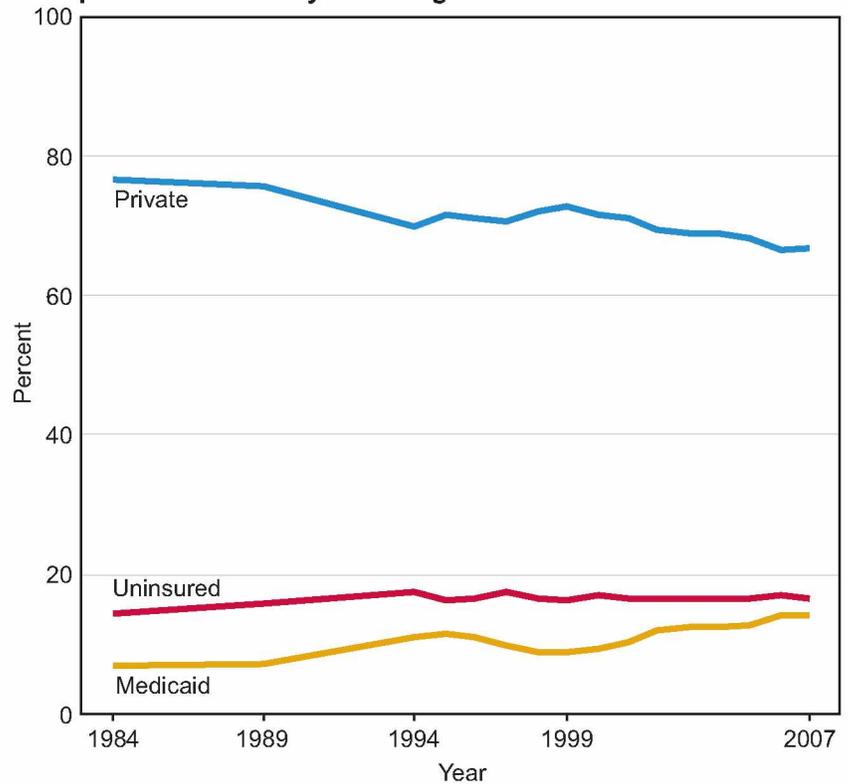
INSURANCE COVERAGE AND HEALTH CARE EXPENDITURES

Between 1999 and 2007, the percentage of people under age 65 years with private insurance declined, while enrollment in public coverage programs expanded.

Health insurance coverage is an important determinant of access to health care. Between 1984 and 1994, private coverage declined among people under 65 years of age, while Medicaid enrollment and the percentage with no health insurance increased. After rising to 73% in 1999, the percentage with private health insurance declined, reaching 67% in 2007. This decrease has been offset by an increase in the percentage with Medicaid or Children's Health Insurance Program, resulting in little change in the percentage of persons under 65 years of age who were uninsured.

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 19. Data from the National Health Interview Survey.

Health insurance coverage at time of interview among persons under 65 years of age

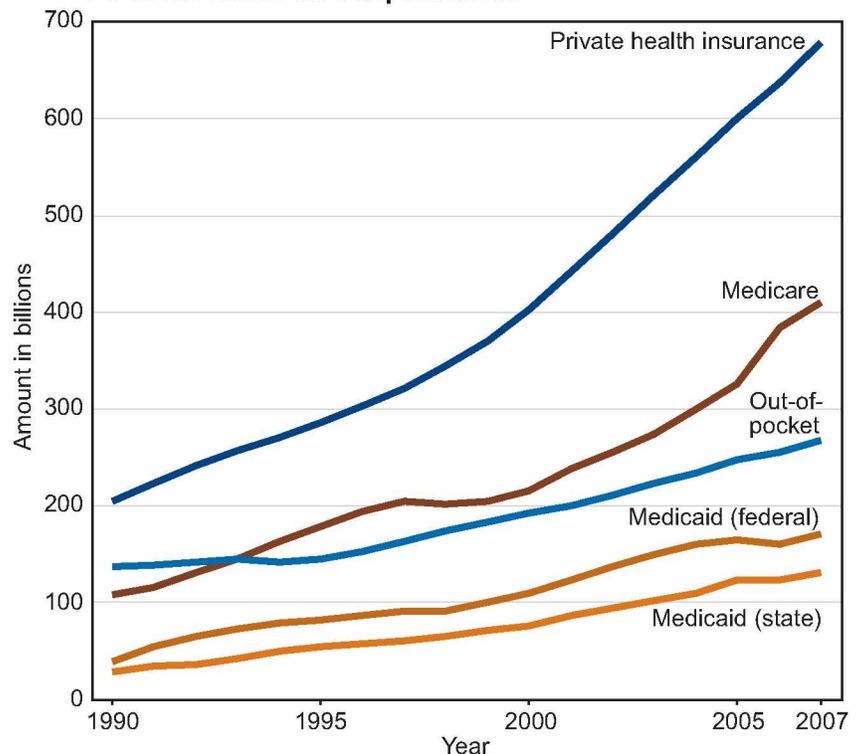


Personal health care expenditures paid by Medicaid have increased on average 9% per year, Medicare 8% per year, private health insurance 7% per year, and out-of-pocket payments 4% per year since 1990.

Between 1990 and 2007, total personal health care expenditures tripled, increasing from \$600 billion to \$1.9 trillion. In 2007, slightly over one-half of personal health care expenditures were paid by private sources, including private health insurance, out-of-pocket payments by consumers, and philanthropy or other privately provided care. Public sources paid the remaining \$850 billion, with the bulk being paid by the Medicare and Medicaid programs.

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

Personal health care expenditures



The 2009 Chartbook includes 36 charts, with 14 charts on this year's special feature, Medical Technology. As advances in medical technologies continue to transform the provision of health care and improve the length and quality of life, questions are raised about their appropriate and equitable use and how to best control their contribution to rising health care expenditures. 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. Many measures are shown separately for persons of different ages because of the strong effect of age on health. Selected figures also highlight differences in determinants and measures of health status and utilization of health care by such characteristics as sex, race, Hispanic origin, education, and poverty level.

Population: Figures 1–5

- Age distribution
- Race/ethnicity
- Living veterans
- Poverty

Health Risk Factors and Disease Prevention: Figures 6–9

- Cigarette smoking
- Overweight and obesity
- Trouble sleeping
- Influenza and pneumococcal vaccination

Morbidity and Limitation of Activity: Figures 10–15

- Hypertension, diabetes, and serious heart conditions
- Nonfatal occupational injuries and illnesses
- Depression
- Limitation of activity

Mortality: Figures 16–18

- Life expectancy
- Infant mortality
- Death rates for leading causes

Health Insurance and Expenditures: Figures 19–22

- Health insurance
- Personal health care expenditures

Special Feature: Medical Technology: Figures 23–36

- History of medical technology
- Federally regulated (CLIA) laboratories
- MRI/CT/PET scans
- Mammography
- Knee and hip replacements
- Coronary stenting
- Gallbladder removal
- Endoscopy and colonoscopy
- ICU/CCU use in last 6 months of life
- Organ transplantation
- Assisted reproductive technology
- Prescription drug use
- HIV mortality
- Hospital costs

The Chartbook section is followed by 150 Trend Tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. A key criterion used in selecting the Trend Tables is the availability of comparable national data over a period of several years. The tables present data for selected years, to highlight major trends in health statistics. 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. Tables with additional data years available are listed in Appendix III.

Health Status and Determinants

Population: Tables 1–3

Fertility and Natality: Tables 4–16

- Birth rates
- Low birthweight
- Prenatal care
- Teenage childbearing

Mortality: Tables 17–45

- Death rates, all causes
- Infant mortality
- Life expectancy

Determinants and Measures of Health: Tables 46–74

- AIDS cases
- Alcohol and other substance abuse
- Cancer
- Cigarette smoking
- Cholesterol
- Dental caries
- Diabetes
- Disability measure
- Headache
- Health status (respondent-assessed)
- Hypertension
- Infectious diseases
- Joint pain
- Occupational injuries
- Overweight and obesity
- Physical activity
- Psychological distress (serious)
- Renal disease (end-stage)

Utilization of Health Resources

Ambulatory Care: Tables 75–97

- Access to care
- Dental visits
- Doctor visits
- Emergency department visits
- Mammography use
- Pap smear use

- Prescription drug use
- Usual source of care
- Vaccinations

Inpatient Care: Tables 98–105

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