



Health, United States

Redesign Update

Speakers

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BSC Meeting

January 27, 2021
Zoom



Health, United States



Legislatively mandated annual report on health to the President and Congress

- Covers four subject areas using 20+ government, private, and global sources
 - Health status and determinants
 - Health care utilization
 - Health care resources
 - Health care expenditures and payers

Health, United States Redesign Goals

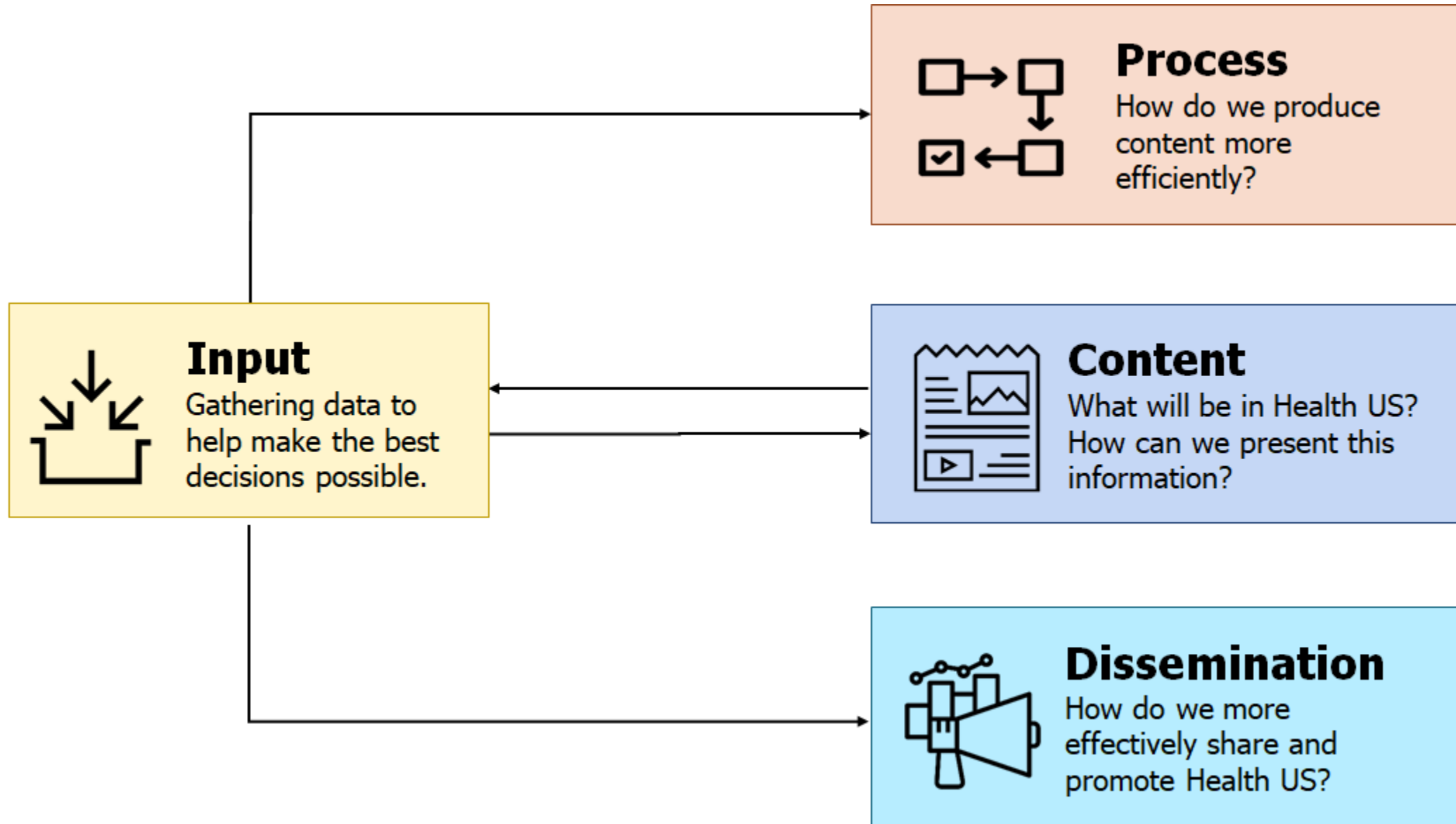


Goals

- Increase timeliness
- Increase relevance to key stakeholders
- Increase audience awareness and use

Design questions

- What formats should be used to share information?
- What does a web-first product look like?
- How do we modernize data access?



May 2019–May 2020



Stakeholder interviews



Web user survey



Literature review



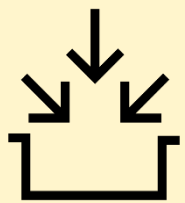
Market analysis



Web analytics



Audience research



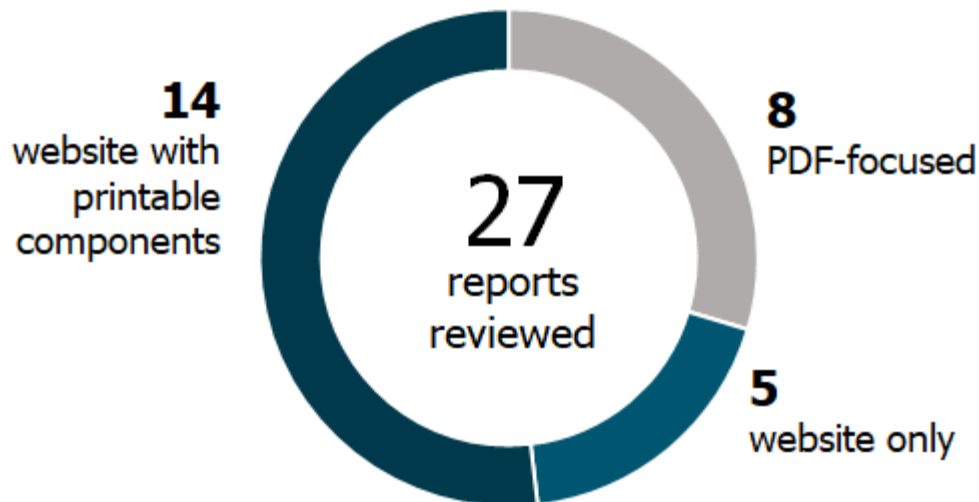
Input

Gathering data to help make the best decisions possible.

What format should be used to share information?

MARKET

Over half of the products with a report component were **optimized for online display**. Many of these still had PDF components.



AUDIENCE

For researchers:

- **PDF is good for in-depth reading** and can be saved later as a lasting resource.
- **HTML is good for immediate discovery** of content (search) and linking to additional information.

—Aalbersberg (2013)

INTERVIEW

“Get away from the PDF format because it’s not searchable and won’t be retrieved in Google searches.”



Design solution

Focus on building an online product



Print and PDF users move through content by section

Highlights

Highlights

This Highlights section focuses on the report subject areas referred to in Section 108 of the Public Health Service Act—health status and determinants, utilization of health resources, health care resources, and health care expenditures and payers. The Highlights section presents trends for the recent 10-year period or examines information for the most recent data year for topics of public health interest. When 10 years of data are not available, the analyses cover a time period as close as possible to 10 years given the constraints of the data source. In the Highlights section, estimates are for the total resident population when based on vital or other administrative or provider records and are for the civilian noninstitutionalized population when based on surveys. Each highlight includes a reference to the figure where definitions of terms and additional data can be obtained.

Health Status and Determinants

Life Expectancy at Birth

- Life expectancy at birth in the United States for the total population was 78.8 years in 2017, 0.5 year higher than in 2007. Despite the higher life expectancy in 2017 compared with 2007, life expectancy at birth has decreased in recent years. Life expectancy at birth decreased 0.2 year between 2014 and 2015, did not change between 2015 and 2016, and then decreased another 0.1 year between 2016 and 2017 (Figure 1).
- In 2017, life expectancy at birth was 76.1 years for males and 81.1 years for females—a difference of 5.0 years (Figure 1).
- Life expectancy at birth was 1.4 years higher in 2017 than in 2007 for non-Hispanic black persons, while life expectancy at birth was 0.1 year higher in 2017 than in 2007 for non-Hispanic white persons, narrowing the gap in life expectancy between these two race and Hispanic-origin groups. In 2007, life expectancy at birth for non-Hispanic white persons was 4.9 years longer than for non-Hispanic black persons; by 2017, the difference had narrowed to 3.6 years (Figure 1).
- From 2007 to 2017, life expectancy at birth was higher for Hispanic persons than for non-Hispanic white persons and non-Hispanic black persons. In 2017, life expectancy at birth for Hispanic persons was 8.9 years—3.3 years longer than for non-Hispanic white persons and 6.9 years longer than for non-Hispanic black persons (Figure 1).

Infant Mortality

- In 2017, the infant mortality rate was 5.79 deaths per 1,000 live births, 14% lower than in 2007 (Figure 2).
- The infant mortality rate in 2017 was 170% higher among infants of non-Hispanic black women than among infants of non-Hispanic Asian or Pacific Islander women (22.88 compared with 4.09 per 1,000 live births) (Figure 2).
- In 2017, the five leading causes of infant deaths were congenital malformations, preterm births and low birthweight, sudden infant death syndrome (SIDS), maternal complications of pregnancy, and unintentional injuries (accidents) (Figure 2).

Mortality

- In 2017, the age-adjusted all-cause death rate among males was 8% lower than in 2007 (864.5 compared with 922.9 deaths per 100,000 resident population). Among females, the age-adjusted all-cause death rate was 8% lower in 2017 than 2007 (629.7 compared with 686.1 deaths per 100,000 resident population) (Figure 3).
- In 2017, the leading causes of death for all ages were heart disease, cancer, unintentional injuries (accidents), chronic lower respiratory diseases, cerebrovascular disease (stroke), Alzheimer's disease, and diabetes (Figure 3).
- From 2007 to 2017, the age-adjusted death rate for drug overdose increased from 11.9 to 21.7 deaths per 100,000. Drug overdose death rates were higher among males than among females throughout the period for all age groups, except for those aged 65 and over (Figure 4).
- Among males aged 15 and over, drug overdose death rates ranged from 8.7 per 100,000 (among men aged 65 and over) to 54.3 per 100,000 (among men aged 25–34) in 2017. Among females aged 15 and over, drug overdose death rates ranged from 5.5 per 100,000 (among women aged 65 and over) to 27.5 per 100,000 (among women aged 45–54) in 2017 (Figure 4).

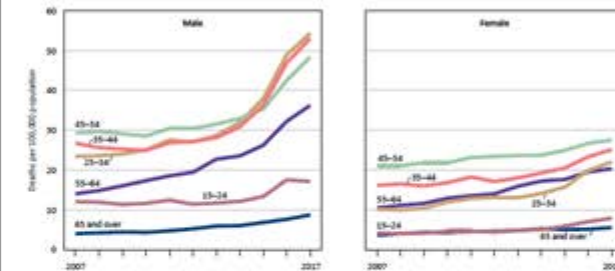
Natality

- From 2007 to 2017, the birth rate among teenagers aged 15–19 years fell by more than one-half, from 41.5 to 19.8 live births per 1,000 teens—a record low for the United States (Figure 5).
- Among males aged 15 years and over, the age-adjusted drug overdose death rate was almost twice as high in 2017 than in 2007 (29.1 compared with 14.9 deaths per 100,000). For the age groups shown, drug overdose death rates increased more rapidly in recent years after a period of either stability or increase. The recent increases were especially pronounced among men aged 25–34 and 35–44. From 2013 to 2017, the drug overdose death rate increased

Charts

Health Status and Determinants Drug Overdose Deaths

Figure 4. Drug overdose death rates among persons aged 15 years and over, by sex and age—United States, 2007–2017



NOTE: Drug overdose deaths are identified using International Classification of Diseases, 10th Revision (ICD-10) underlying cause of death codes T40-T44 (unintentional drug poisoning), T46-T48 (suicide by drug poisoning), T50 (homicide by drug poisoning), and T62-T64 (drug poisoning or undetermined intent). See also Note for Figure 4. SOURCE: NCHS, National Vital Statistics System (NVSS), Mortality, Deaths from Poisoning. https://www.data.gov/dataset/nchs-vital-statistics-2018-figures_004

Rates of drug overdose deaths have increased nationwide since the 1990s, with more rapid increases observed in recent years (9,10). While some drug overdose deaths are classified as suicides (7%) or homicides (less than 1%), the majority (87%) were unintentional in 2017 (9).

In 2017, there were 70,257 deaths from drug overdoses—up from 36,010 deaths in 2007 (9). The age-adjusted drug overdose death rate in 2017 was nearly twice as high as the death rate in 2007 (21.7 compared with 11.9 deaths per 100,000). The death rate increased by an average of 3.2% per year from 2007 to 2014, and then accelerated to an average of 15.5% per year from 2014 to 2017. Increases in the rate of drug overdose deaths involving opioids—particularly heroin and fentanyl, a synthetic opioid—have contributed to the overall acceleration in the drug overdose trend (9,11,12).

Among males aged 15 years and over, the age-adjusted drug overdose death rate was almost twice as high in 2017 than in 2007 (29.1 compared with 14.9 deaths per 100,000). For the age groups shown, drug overdose death rates increased more rapidly in recent years after a period of either stability or increase. The recent increases were especially pronounced among men aged 25–34 and 35–44. From 2013 to 2017, the drug overdose death rate increased

by an average of 18.5% per year among men aged 25–34 and by an average of 18.8% per year among men aged 35–44. In 2017, drug overdose death rates ranged from 8.7 per 100,000 among men aged 65 and over to 54.3 per 100,000 among men aged 25–34. Drug overdose death rates were higher among males than females; however, similarly rapid increases were observed for the younger age groups among women in recent years.

Increases were especially pronounced among females aged 15–24 years and women aged 25–34. From 2014 to 2017, the drug overdose death rate increased by an average of 17.5% per year among females aged 15–24 years and by an average of 16.4% per year among women aged 25–34. Among women aged 55–64 and women aged 65 years and over, the drug overdose death rate increased from 2007 to 2017 by an average of 7.2% per year and 3.6% per year, respectively. The age-adjusted drug overdose death rate for females aged 15 years and over was 64% higher in 2017 than in 2007 (24.4 compared with 8.8 deaths per 100,000). In 2017, drug overdose death rates ranged from 5.5 per 100,000 among women aged 65 and over to 27.5 per 100,000 among women aged 45–54.

Technical Notes

Technical Notes

Data Sources

Data for the United States, 2007–2017, Chartbook come from many surveys and data systems and cover a broad range of years. Some analyses present estimates for the most recent data year for topics of public health interest, while other analyses present trends over 10 years, ending with the most recent data available. When 10 years of data are not available, the analyses cover a time period as close as possible to 10 years given the constraints of the data source. Detailed descriptions of the data sources included in the Chartbook are provided in Appendix I, Data sources. Additional information clarifying and qualifying the data is included in the data table notes and in Appendix I, Definitions and Methods.

Data Presentation

Many measures in the Chartbook are shown for people in specific age groups because of the strong effect of age on most health outcomes. In some cases, age-adjusted rates and age-adjusted percentages are computed to eliminate differences in observed rates that result from age differences in population composition (see Appendix I, Age adjustment). Age-adjusted rates and age-adjusted percentages are noted as such in the text, rates and percentages without this notation are crude rates and percentages. For some charts, data from multiple years are combined to increase the sample size and the statistical reliability of the estimates.

Some charts present time trends; others focus on differences in estimates among population subgroups for the most recent time period available. Trends are generally shown on a linear scale to emphasize absolute differences over time. However, some trends are shown on the log scale so that rates that differ substantially can be shown on the same chart.

One chart presents geographic differences in health resources by state. Data in the state map are categorized using a modification of the Jenks natural breaks classification method. The Jenks method clusters data into groups that minimize the within-group variance and maximize the between-group variance (9), but does not take standard errors into account. The modification rounds the data values in order to assist map reading by a general audience, such that the upper value of each of the first three categories is one-fifth below the first value in the next category.

Point estimates and standard errors for Chartbook figures are available in the Chartbook data tables that follow the figures. Chartbook data tables may include additional data that are not found in the figure.

Statistical Reliability of Estimates

Estimates for the total population generally have relatively small sampling errors and high precision, but estimates for certain population subgroups may be based on small numbers of respondents or events and have relatively large sampling errors or low precision (93). Numbers of deaths obtained from the National Vital Statistics System (NVSS) used in the Chartbook represent complete counts and are not subject to sampling error. They are, however, subject to random variation, which means that the number of events that actually occur in a given year may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events and the probability of such an event are small, estimates may be unreliable.

Estimates that are unreliable because of large sampling errors, low precision, small denominators, or small numbers of events have been noted with an asterisk. The criteria used to designate or suppress statistically unreliable estimates are indicated in the notes of the applicable tables or charts.

For national Center of Health Statistics (NCHS) surveys, point estimates and their corresponding sampling variances were calculated using the SUDAAN software package, which takes into consideration the complex survey design (94). Standard errors for other surveys or data sets were computed using the methodology recommended by the programs providing the data, or were provided directly by those programs. In *Health, United States, 2018*, the reliability of survey percentage estimates was assessed based on a minimum denominator sample size and on the absolute and relative width of the Clopper-Pearson confidence interval (adapted for complex surveys by Kim and Graubard), which determines if the estimate is unreliable and should be suppressed (95).

In the online-only supplementary trend tables, this approach has been applied specifically to estimates from the National Health and Nutrition Examination Survey (NHANES) beginning with the 2013–2014 cycle, and to estimates from the National Health Interview Survey (NHIS) beginning with 2016. The reliability of estimates for prior years was evaluated based on relative standard errors. For more information on each approach, see Appendix I, Data presentation standards for proportions; relative standard error (RSE).

Statistical Testing

Statistical trends can be analyzed in many ways. The approaches used in this Chartbook to analyze trends in health measures over time depend primarily on the data



Current organization of website reflects print and PDF philosophy

The screenshot displays the 'Health, United States' website interface. On the left is a vertical navigation menu with links: Home, Report Description, Getting Started, At-a-Glance Table, Data Finder, Appendixes, Spotlight Infographics, Outreach, Frequently Asked Questions, Electronic Mailing List, Previous Reports, and Suggested Citation. The main content area features the title 'Health, United States' and a sub-header 'Health, United States, 2018'. Below this is a 'Data Finder' section with a search form and a list of popular searches. To the right, there is a 'Spotlight Infographic' section for 'Spotlight on Racial and Ethnic Disparities in Heart Disease' and a 'Related Sites' section at the bottom left.

[Home](#) Health, United States

Report Description

Getting Started

At-a-Glance Table

Data Finder

Appendixes

Spotlight Infographics

Outreach

Frequently Asked Questions

Electronic Mailing List


Previous Reports

Suggested Citation

Health, United States

Health, United States is an annual report on trends in health statistics.

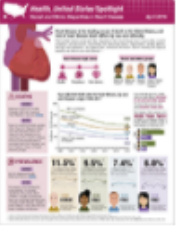
Health, United States, 2018



[Health, United States, 2018](#) [PDF - 10 MB]

- [At-a-Glance Table](#)
- [Highlights](#)
- [Chartbook](#)
- [Trend Tables](#)
- [Appendixes](#)

Spotlight Infographic



[Spotlight on Racial and Ethnic Disparities in Heart Disease \(Posted 4/23/19\)](#)

- Heart disease deaths
- Heart disease prevalence
- Heart disease risk factors

[Click for more infographics](#)

Data Finder

The Data Finder gives you *Health, United States, 2018* trend tables and figures on a subject and/or population subgroup of interest.

Find data on a subject:

All subjects

Find data on a population subgroup:

All population subgroups

Popular Searches

- [Leading causes of death](#)
- [Life expectancy](#)
- [Drug overdose deaths](#)
- [Death rates for selected causes of death](#)
- [Use of selected substances in the past month](#)
- [National health expenditures](#)
- [Health conditions among children](#)
- [Selected notifiable disease rates](#)

Related Sites

[Purchase Health, United States](#)

What does a web-first product look like?

INTERVIEW

Interested in a **“table of contents” of health data by topic**, from which a user can click into topics in any of the health reports, and information would be indexed in a way that one could look at the topic and go straight to the data rather than wading through the PDF reports.

AUDIENCE

“Researchers do not frequently use author names; rather, **keyword searching**, followed by detailed browsing through very long results lists, are more frequent strategies [...] Other social scientists search by **short keyword queries or social construct**.”

—Gregory (2019)

INTERVIEW

Source content was **organized by topic** based on their own market analysis. They suggested we do the same.

INTERVIEW

Public Affairs Office directs reporters to our Data Finder to look at the dropdown menu. They also expressed a desire for a more topic-driven dissemination approach.



Design solution


Organize more by topic, less by report section



Health, United States

Health, United States is an annual report on trends in health statistics.


Health, United States, 2018



[Health, United States, 2018](#) [PDF - 10 MB]

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- [Health conditions among children](#)
- [Selected notifiable disease rates](#)
- [Obesity](#)

Previous Reports

- [Health, United States, 2017 with Special Feature on Mortality](#)
- [Health, United States, 2016 with Chartbook on Long-Term Trends in Health](#)
- [Health, United States, 2015 with Special Feature On Racial and Ethnic Disparities](#)
- [Health, United States, 2014 with Special Feature on Adults Aged 55-64](#)
- [Health, United States, 2013 with Special Feature on Prescription Drugs](#)

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Filter Data By

Table / Figure: Subjects: Population Subgroups:

Table / Figure	Title	PDF	Excel	PPT	Subjects	Population Subgroups
Table 001	Resident population, by age, sex, race, and Hispanic origin: United States, selected years 1950-2016	[PDF - 113 KB]	[XLSX - 39.9 KB]		Population	American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, Child and adolescent, Hispanic or Latino, Men, Older persons, White, Women
Table 002	Persons below poverty level, by selected characteristics, race, and Hispanic origin: United States, selected years 1973-2016	[PDF - 128 KB]	[XLSX - 26 KB]		Poverty	American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, Child and adolescent, Hispanic or Latino, White
Table 003	Crude birth rates, fertility rates, and birth rates, by age, race, and Hispanic origin of mother: United States, selected years 1950-2016	[PDF - 240 KB]	[XLSX - 56.2 KB]		Births	American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, Child and adolescent, Hispanic or Latino, White, Women
Table 004	Nonmarital childbearing, by detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970-2016	[PDF - 109 KB]	[XLSX - 19.7 KB]		Births	American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, Child and adolescent, Hispanic or Latino, White, Women
Table 005	Low birthweight live births, by detailed race and Hispanic origin of mother: United States, selected years 1970-2016	[PDF - 129 KB]	[XLSX - 22 KB]		Births, Health risk factors	American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, Child and adolescent, Hispanic or Latino, White, Women

FastStats

Welcome to FastStats!

Use this index for quick and easy access to:

- Selected statistics on a variety of health topics.
- The latest data in reports, databases, and other resources.
- Additional data and tools.

A

[Access to Health Care](#)
[Accidents/Unintentional Injuries](#)
[ADHD](#)
[Adolescent Health](#)
[Adult Day Services Centers](#)
[AIDS/HIV](#)
[Alcohol Use](#)
[Allergies and Hay Fever](#)
[Alzheimer's Disease](#)
[Ambulatory Care \(Doctor Visits\)](#)
[American Indian or Alaska Native Health](#)
[Anemia](#)
[Arthritis](#)
[Asian or Pacific Islander Health](#)
[Assault/Homicide](#)
[Asthma](#)
[Attention Deficit Hyperactivity Disorder](#)

B

I

[Immunization](#)
[Infant Health](#)
[Infant Mortality](#)
[Infectious Disease](#)
[Infertility](#)
[Influenza](#)
[Injury](#)

K

[Kidney Disease](#)

L

[Leading Causes of Death](#)
[Life Expectancy](#)
[Liver Disease/Cirrhosis](#)
[Lung Diseases Chronic Obstructive](#)

Diabetes

Data are for the U.S.

Morbidity: Adults aged 20 and over

- Percent with diabetes (physician-diagnosed or undiagnosed): 15% (2013-2016)
- Percent with physician-diagnosed diabetes: 10.5% (2013-2016)
- Percent with undiagnosed diabetes: 4.5% (2013-2016)

Source: [Health, United States, 2018, table 14](#) [PDF - 9.8 MB]

Physician office visits

- Percent of visits to physician offices with diabetes indicated on the medical record: 11.5%

Source: [National Ambulatory Medical Care Survey; 2016 National Summary Tables, table 18](#) [PDF - 793 KB]

Mortality

- Number of deaths: 84,946
- Deaths per 100,000 population: 26.0
- Cause of death rank: 7

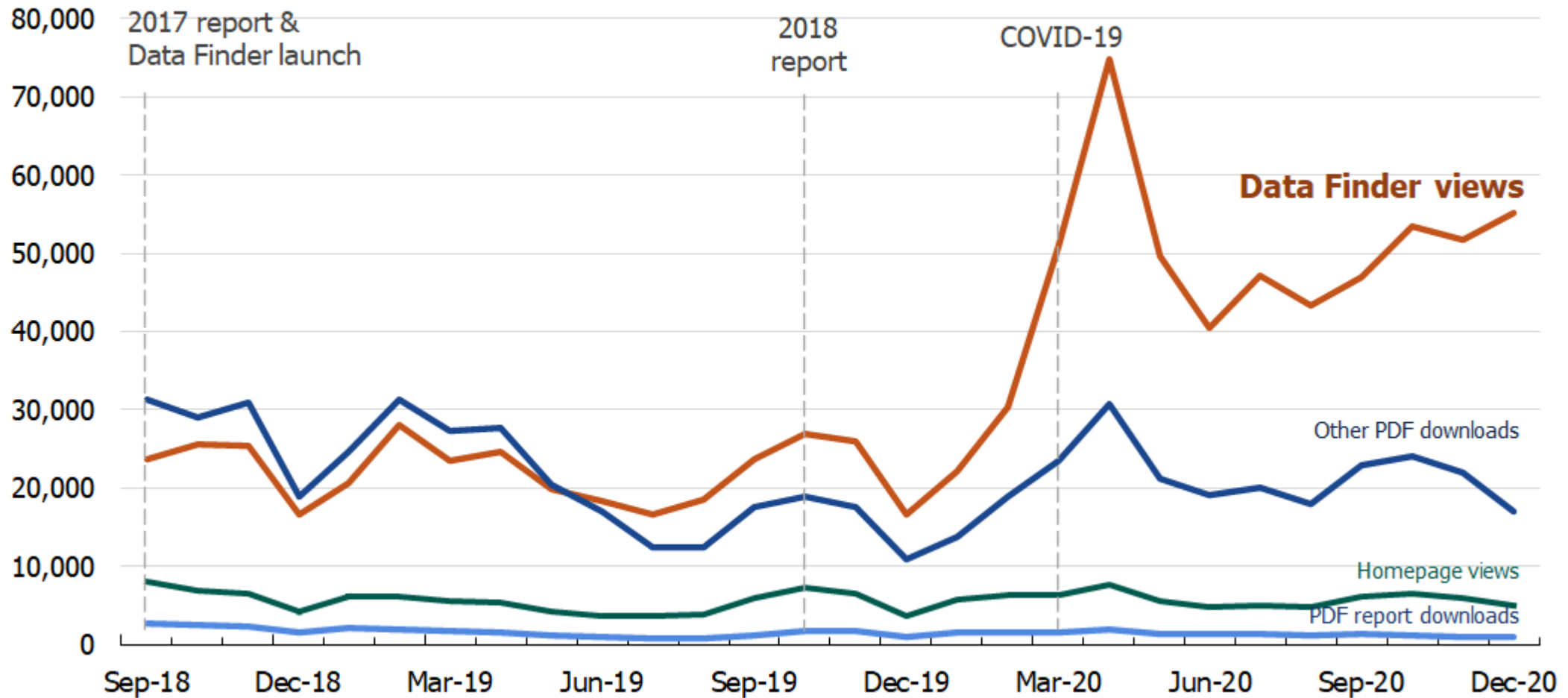
Source: [National Vital Statistics System - Mortality Data \(2018\) via CDC WONDER](#)

More data

- [Early Release of Selected Estimates from the National Health Interview Survey](#)
- [Tables of Summary Health Statistics from the National Health Interview Survey](#)
- [Trends in Diabetes from Health, United States](#)
- [Strategies Used by Adults with Diagnosed Diabetes to Reduce Their Prescription Drug Costs, 2017-2018](#)

Views to topic-based Data Finder outpaced PDF downloads starting with release of Health US 2018.

Page views/file downloads





What's next?

Create a topic-based *Health, United States* website



CURRENT

Health, United States

Health, United States is an annual report on trends in health statistics.

Health, United States, 2018



[Health, United States, 2018](#)  [PDF - 10 MB]

- [At-a-Glance Table](#)
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- [Health, United States, 2013 with Special Feature on Prescription Drugs](#) 

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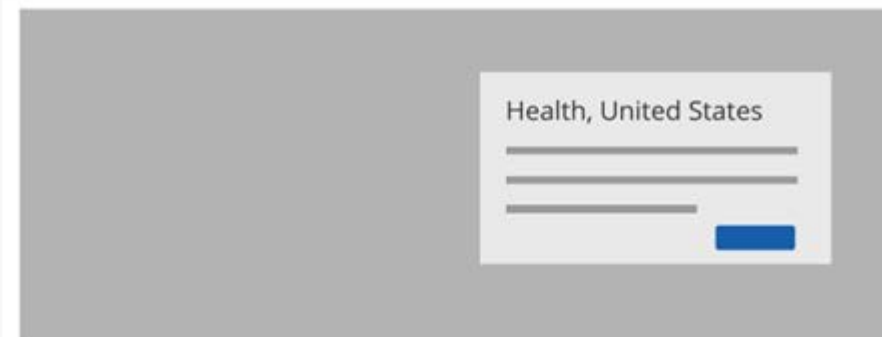
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REDESIGNED

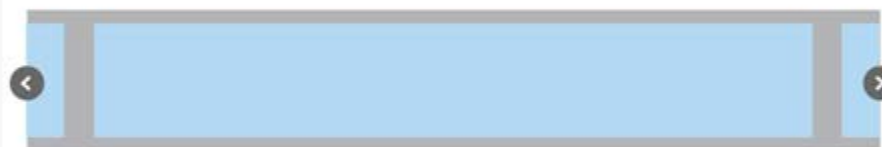


[Executive Summary](#)

[Topics](#) 

[Data Sources & Definitions](#)

[About](#) 



1 Enter a topic

2 Explore by topic cards



How do we modernize data access?

INTERVIEW

Stakeholders mentioned a preference for creating custom views of the data.

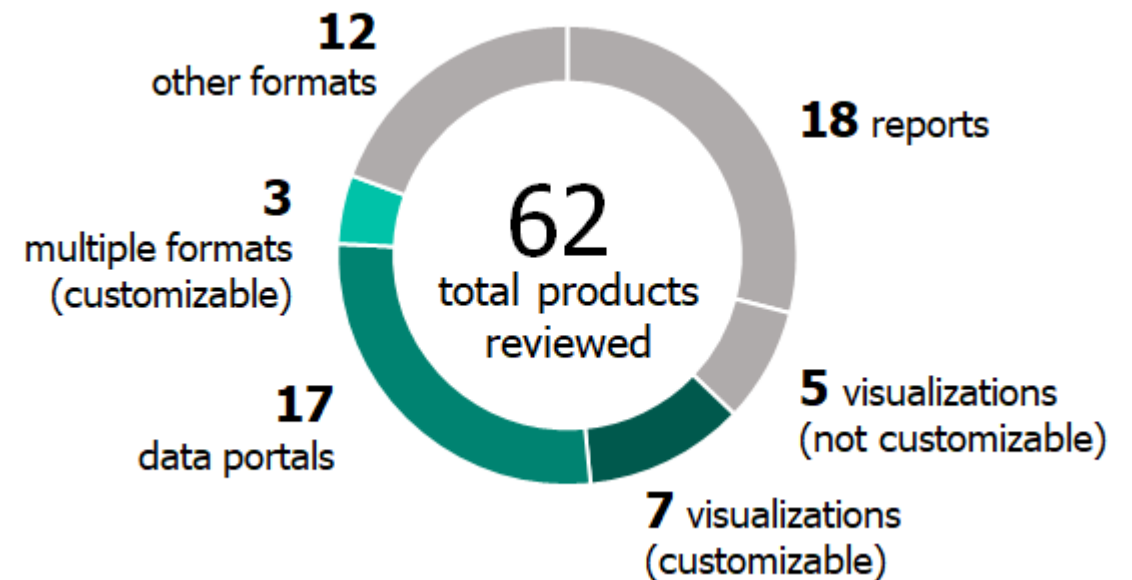
“Website-driven and **interactive**”

“Things that are maximally flexible. **Picking variables** in interactive Excel spreadsheets with details is really useful.”

“Interactivity to create **user-defined tables**, very simple in technical terminology.”

MARKET

~45% of the data products reviewed gave users the ability to **find or explore** the data dynamically.





Design solution

Add interactivity for customized exploration



MARKET

AHRQ MEPS Summary Tables

Use, expenditures, and population

These MEPS summary tables provide statistics on health care utilization and expenditures. Types of data available include number of people, percentage of people with an expense, total expenditures, mean and median expenditures per person, total number of health care events, mean number of events per person, and mean spending per event. Data can be grouped by event type (such as prescription medicines or dental visits), by source of payment (such as Medicare or Medicaid), or by demographic characteristics (such as age, race, or sex).

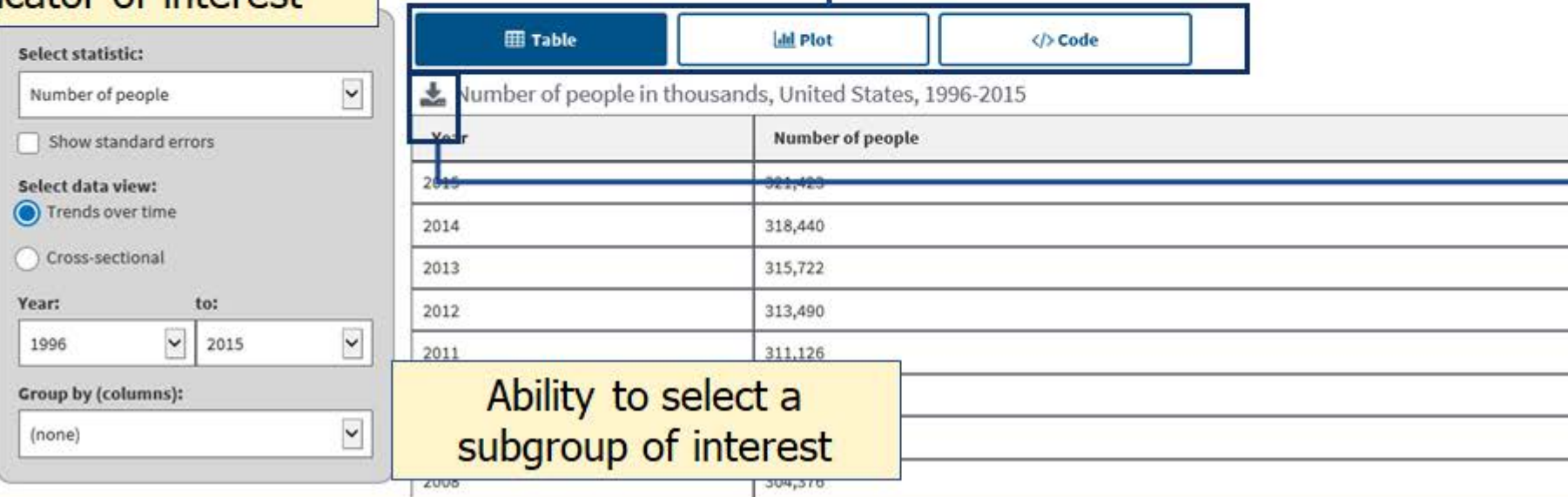


Use the options below to select a statistic of interest, the data view ("Trends over time" or "Cross-sectional"), data years, and grouping variables. If you select "Trends over time", you can choose a range of years. The "Cross-sectional" view displays a single year, which can be stratified by up to two grouping variables. Once a grouping variable is selected, a dropdown menu will appear, enabling selection of specific levels in each group.

After you select the available options, the table will automatically be updated. The data can be viewed as a plot under the "Plot" tab, with line graphs for trends over time and grouped bar graphs for the cross-sectional view. The "Code" tab displays R and SAS code needed to replicate the data shown in the table. The generated table, plot, and codes can be downloaded with the download button under the "Code" tab. In the plot, select the "Show standard errors" checkbox.

Ability to select an indicator of interest

Ability to view as data table or as a chart



The screenshot shows the AHRQ MEPS Summary Tables interface. On the left, there are controls for selecting a statistic, data view, year range, and grouping variables. The main area displays a table with the following data:

Year	Number of people
2015	321,423
2014	318,440
2013	315,722
2012	313,490
2011	311,126
2008	304,378

Ability to download underlying data

Ability to select a subgroup of interest



What's next?

Transform trend tables into machine-readable datasets



Table 33. Use of mammography among women aged 40 and over, by selected characteristics: United States, selected years 1987–2015

Excel version (with more data years and standard errors when available): https://www.cdc.gov/nchs/hus/contents2018.htm#Table_033.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1987	1993	1994	2000	2005	2008	2010	2013	2015
	Percent of women having a mammogram within the past 2 years ¹								
40 years and over, age-adjusted ^{2,3}	29.0	59.7	61.0	70.4	66.6	67.1	66.5	65.7	64.0
40 years and over, crude ²	28.7	59.7	60.9	70.4	66.8	67.6	67.1	66.8	65.3
50 years and over, age-adjusted ^{2,3}	27.3	59.7	60.9	73.7	68.2	70.3	68.8	69.1	67.2
50 years and over, crude ²	27.4	59.7	60.6	73.6	68.4	70.5	69.2	69.5	67.8
Age									
40–49 years	31.9	59.9	61.3	64.3	63.5	61.5	62.3	59.6	58.3
50–64 years	31.7	65.1	66.5	78.7	71.8	74.2	72.6	71.4	71.3
65 years and over	22.8	54.2	55.0	67.9	63.8	65.5	64.4	66.9	63.3
65–74 years	26.6	64.2	63.0	74.0	72.5	72.6	71.9	75.3	72.2
75 years and over	17.3	41.0	44.6	61.3	54.7	57.9	55.7	56.5	51.5
Race ⁴									
40 years and over, crude:									
White only	29.6	60.0	60.6	71.4	67.4	67.9	67.4	66.8	65.3
Black or African American only	24.0	59.1	64.3	67.8	64.9	68.0	67.9	67.1	69.8
American Indian or Alaska Native only	*	49.8	65.8	47.4	72.8	62.7	71.2	62.6	51.5
Asian only	*	55.1	55.8	53.5	54.6	66.1	62.4	66.6	59.7
Native Hawaiian or Other Pacific Islander only	---	---	---	*	*	*	*	*	*
2 or more races	---	---	---	69.2	63.7	55.2	51.4	65.4	62.7

INDICATOR	YEAR	AGE	STUB_NAME	STUB_LABEL	UNIT	ESTIMATE	SE	FLAG	FOOTNOTE_NUM
Use of mammography	1987	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	29	0.7		1,2,3
Use of mammography	1990	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	51.7	0.6		1,2,3
Use of mammography	1991	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	54.7	0.5		1,2,3
Use of mammography	1993	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	59.7	0.7		1,2,3
Use of mammography	1994	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	61	0.7		1,2,3
Use of mammography	1998	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	67	0.5		1,2,3
Use of mammography	1999	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	70.3	0.5		1,2,3
Use of mammography	2000	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	70.4	0.6		1,2,3
Use of mammography	2003	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	69.5	0.5		1,2,3
Use of mammography	2005	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	66.6	0.6		1,2,3
Use of mammography	2008	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	67.1	0.7		1,2,3
Use of mammography	2010	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	66.5	0.6		1,2,3
Use of mammography	2013	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	65.7	0.6		1,2,3
Use of mammography	2015	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	64	0.6		1,2,3
Use of mammography	1987	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	28.7	0.7		1,2
Use of mammography	1990	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	51.4	0.6		1,2
Use of mammography	1991	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	54.6	0.5		1,2
Use of mammography	1993	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	59.7	0.7		1,2
Use of mammography	1994	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	60.9	0.7		1,2
Use of mammography	1998	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	66.9	0.5		1,2
Use of mammography	1999	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	70.3	0.5		1,2
Use of mammography	2000	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	70.4	0.6		1,2
Use of mammography	2003	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	69.7	0.5		1,2
Use of mammography	2005	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	66.8	0.6		1,2
Use of mammography	2008	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	67.6	0.7		1,2
Use of mammography	2010	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	67.1	0.6		1,2
Use of mammography	2013	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	66.8	0.6		1,2
Use of mammography	2015	40 years and over	Total (40 years and over)	40 years and over	Percent of women having a m	65.3	0.6		1,2
Use of mammography	1987	50 years and over	Total (50 years and over)	50 years and over	Percent of women having a m	27.3	0.7		1,2,3
Use of mammography	1990	50 years and over	Total (50 years and over)	50 years and over	Percent of women having a m	49.8	0.7		1,2,3

Make data available via **interactive tool** on the NCHS website

Group

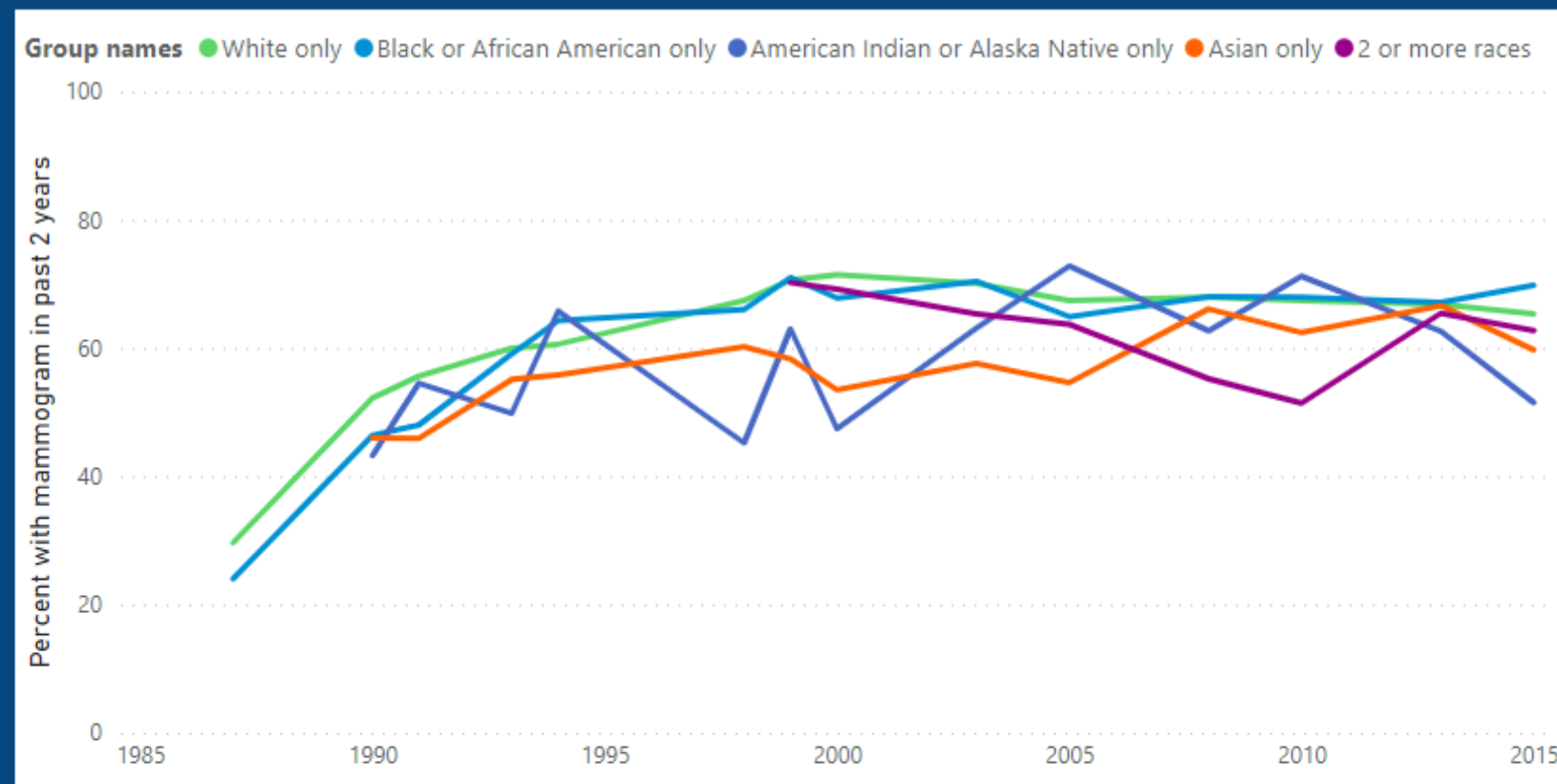
Race

Age adjusted or crude

Crude

Subgroup

- Select all
- White only
- Black or African American only
- American Indian or Alaska Native only
- Asian only
- Native Hawaiian or Other Pacific Islander only
- 2 or more races



Notes

Questions concerning use of mammography differed slightly on the National Health Interview Survey across survey years. See Appendix II, Mammography. Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See Appendix I, National Health Interview Survey (NHIS).

The race groups white, black, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and 2 or more races include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 1999 data, race-specific estimates are tabulated according to the 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single-race categories and multiple-race categories shown in the table conform to the 1997 Standards. Starting with 1999 data, race-specific estimates are for persons who reported only one racial group; the category 2 or more races includes persons who reported more than one racial group. Prior to 1999, data were tabulated according to the 1977 Standards with four racial groups, and the Asian only category included Native Hawaiian or Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race, or if they reported more than one race, identified one race as best representing their race. Starting with 2003 data, race responses of other race and unspecified multiple race were treated as missing, and then race was imputed if these were the only race responses. Almost all persons with a race response of other race were of Hispanic origin. See Appendix II, Hispanic origin; Race.

Make data available on open data platforms (**data.cdc.gov**)

 Use of mammography among women aged 40 and over, by selected characteristics NCHS

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Updated
December 21, 2020

Data Last Updated: December 21, 2020
Metadata Last Updated: December 21, 2020

Date Created
November 23, 2020

Views: **36**
Downloads: **0**

Data Provided by: National Center for Health Statistics
Dataset Owner: NCHS

[Contact Dataset Owner](#)

Common Core

Publisher	National Center for Health Statistics
Contact Name	National Center for Health Statistics
Contact Email	cdcinfo@cdc.gov
Footnotes	Data are based on household interviews of a sample of the civilian noninstitutionalized population
Bureau Code	009:00
Program Code	009:020

Data Quality

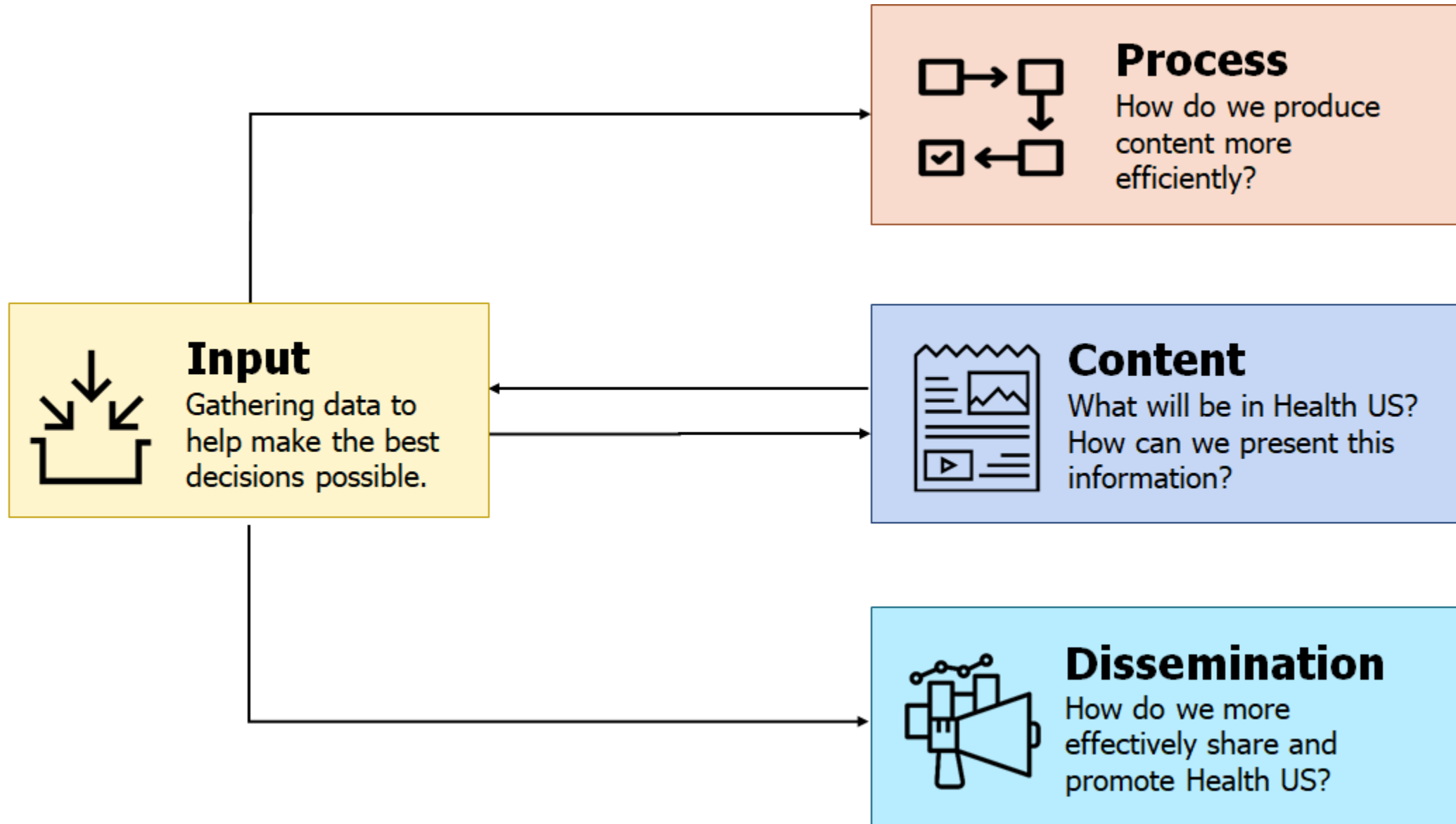
Geographic Coverage	United States
Update Frequency	Annually

Attachments

[mammography-tbl-ftnts.txt](#)

Table Preview

INDICAT...	YEAR	AGE	STUB_N...
Use of mam...	1987	40 years and ...	Total (40 ye
Use of mam...	1990	40 years and ...	Total (40 ye
Use of mam...	1991	40 years and ...	Total (40 ye
Use of mam...	1993	40 years and ...	Total (40 ye
Use of mam...	1994	40 years and ...	Total (40 ye
Use of mam...	1998	40 years and ...	Total (40 ye
Use of mam...	1999	40 years and ...	Total (40 ye
Use of mam...	2000	40 years and ...	Total (40 ye
Use of mam...	2003	40 years and ...	Total (40 ye





Questions?

