

RESTRUCTURING *HEALTH, UNITED STATES* & ANALYZING OPIOID DEATHS

National Center for Health Statistics

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PROJECTS



Centers for Disease
Control and Prevention
National Center for
Health Statistics

- 1) Restructuring ***Health, United States*** data
- 2) Analyzing **Opioid Death Certificates + Hospitalizations**
based on linked data

HEALTH, UNITED STATES

- Annual report mandated by Congress since 1975

Health, United States, 2016

With Chartbook on Long-term Trends in Health



HEALTH, UNITED STATES

- Annual report mandated by Congress since 1975
- 2016: 114 trend tables, 474 pages
- ***Health, United States may be moving to a digital format. How can the data be presented more effectively?***

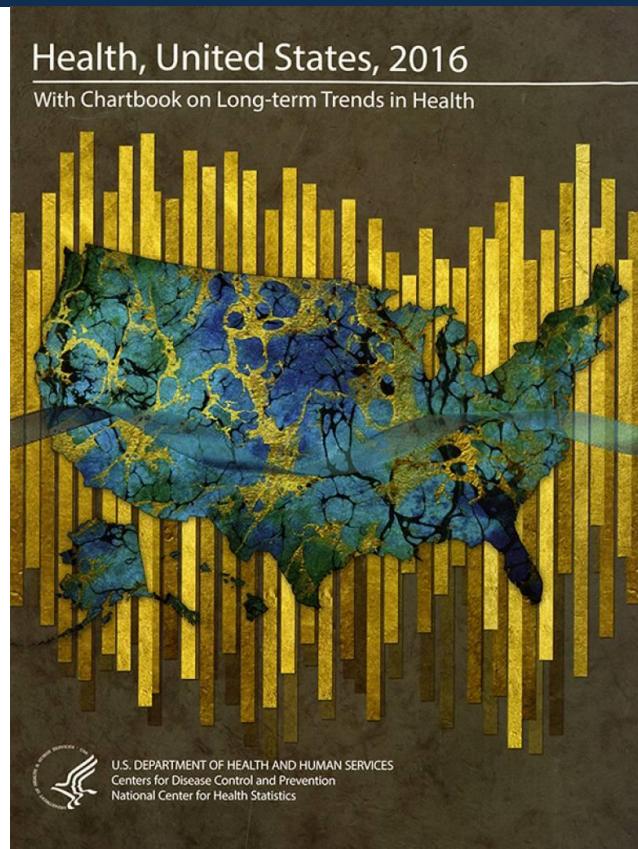


Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Percent												
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	8.3	5.2	8.6	10.7	13.5	9.4
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	2.8	1.6	6.0	7.3	6.6	4.1
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.7	1.6	6.0	7.3	6.6	4.1
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	1.4	3.9	3.7	3.9	1.9
6–17 years	4.9	4.7	4.8	2.9	2.4	3.1	2.8	1.7	6.8	8.4	7.5	4.9
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	11.2	6.9	10.6	13.0	17.3	11.8
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	11.2	6.2	11.7	14.1	17.9	11.6
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.7	4.5	11.6	13.7	17.4	9.4
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	12.0	6.6	12.3	15.1	18.3	12.4
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	11.3	6.9	11.2	13.3	17.8	12.4
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.9	5.5	13.1	14.8	18.9	10.9
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	11.3	8.0	8.4	11.5	16.5	12.1
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	11.5	8.0	9.4	12.1	17.8	12.1
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	11.0	8.0	7.0	10.7	14.9	12.2
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	4.7	3.9	3.5	5.2	6.9	7.0
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.3	4.8	4.2	6.2	9.0	7.8
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	2.8	2.8	2.6	4.0	4.3	5.8
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	8.8	5.4	8.8	10.8	15.2	10.0
Female	12.0	12.1	15.7	10.7	7.4	11.4	13.5	8.4	12.4	15.2	19.4	13.6
Race ⁵												
White only	10.8	11.1	14.5	9.9	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.8	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4

Notes: Not available. Other Pacific Islander.

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Percent												
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	8.3	5.2	8.6	10.7	13.5	9.4
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	2.8	1.6	6.0	7.3	6.6	4.1
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.7	1.6	6.0	7.3	6.6	4.1
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	1.4	3.9	3.7	3.9	1.9
6–17 years	4.9	4.7	4.8	2.9	2.4	3.1	2.8	1.7	6.8	8.4	7.5	4.9
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	11.2	6.9	10.6	13.0	17.3	11.8
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	11.2	6.2	11.7	14.1	17.9	11.6
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.7	4.5	11.6	13.7	17.4	9.4
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	12.0	6.6	12.3	15.1	18.3	12.4
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	11.3	6.9	11.2	13.3	17.8	12.4
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.9	5.5	13.1	14.8	18.9	10.9
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	11.3	8.0	8.4	11.5	16.5	12.1
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	11.5	8.0	9.4	12.1	17.8	12.1
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	11.0	8.0	7.0	10.7	14.9	12.2
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	4.7	3.9	3.5	5.2	6.9	7.0
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.3	4.8	4.2	6.2	9.0	7.8
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	2.8	2.8	2.6	4.0	4.3	5.8
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	8.8	5.4	8.8	10.8	15.2	10.0
Female	12.0	12.1	15.7	10.7	7.4	11.4	13.5	8.4	12.4	15.2	19.4	13.6
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4

Notes: Not available. Other = Pacific Islander.

11.0

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	10.8	7.2	11.4	11.4	11.4	11.4
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	3.0	2.5	3.0	3.0	3.0	3.0
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.9	2.5	2.9	2.9	2.9	2.9
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	2.1	2.5	2.5	2.5	2.5
6–17 years	4.9	4.7	4.8	2.9	2.4	3.7	3.7	3.1	3.7	3.7	3.7	3.7
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	9.4	7.7	10.3	10.3	10.3	10.3
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	9.8	8.2	10.3	10.3	10.3	10.3
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.6	7.9	10.2	10.2	10.2	10.2
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	10.2	8.6	11.4	11.4	11.4	11.4
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	9.6	8.0	10.2	10.2	10.2	10.2
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.3	8.7	11.4	11.4	11.4	11.4
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	8.7	7.1	10.3	10.3	10.3	10.3
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	9.2	7.5	10.3	10.3	10.3	10.3
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	8.0	6.4	9.2	9.2	9.2	9.2
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	5.1	4.1	5.7	5.7	5.7	5.7
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.4	5.0	7.1	7.1	7.1	7.1
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	3.6	2.7	4.3	4.3	4.3	4.3
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	7.2	5.7	8.7	8.7	8.7	8.7
Female	12.0	12.1	15.7	10.7	7.4	11.4	11.4	9.7	12.1	12.1	12.1	12.1
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4

Notes: Not available. Other Pacific Islander.

(1) 11 percent

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	10.8	7.2	7.2	7.2	7.2	7.2
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	3.0	2.5	2.5	2.5	2.5	2.5
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.9	2.5	2.5	2.5	2.5	2.5
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	2.0	2.0	2.0	2.0	2.0
6–17 years	4.9	4.7	4.8	2.9	2.4	3.7	3.7	3.0	3.0	3.0	3.0	3.0
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	9.4	7.5	7.5	7.5	7.5	7.5
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	9.8	7.8	7.8	7.8	7.8	7.8
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.6	7.5	7.5	7.5	7.5	7.5
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	10.2	8.5	8.5	8.5	8.5	8.5
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	9.6	7.5	7.5	7.5	7.5	7.5
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.3	8.0	8.0	8.0	8.0	8.0
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	8.7	6.5	6.5	6.5	6.5	6.5
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	9.2	7.0	7.0	7.0	7.0	7.0
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	8.0	6.0	6.0	6.0	6.0	6.0
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	5.1	3.5	3.5	3.5	3.5	3.5
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.4	4.5	4.5	4.5	4.5	4.5
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	3.6	2.5	2.5	2.5	2.5	2.5
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	7.2	5.5	5.5	5.5	5.5	5.5
Female	12.0	12.1	15.7	10.7	7.4	11.4	11.4	9.0	9.0	9.0	9.0	9.0
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4
Native Hawaiian or Other Pacific Islander only												

(1) 11 percent

(2) of Black or African Americans

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	7.2	7.2	Per cent	Per cent	Per cent	Per cent
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	2.9	2.9				
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.9	2.9				
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	2.5				
6–17 years	4.9	4.7	4.8	2.9	2.4	3.7	3.7	3.7				
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	9.4	9.4				
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	9.8	9.8				
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.6	9.6				
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	10.2	10.2				
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	9.6	9.6				
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.3	10.3				
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	8.7	8.7				
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	9.2	9.2				
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	8.0	8.0				
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	5.1	5.1				
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.4	6.4				
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	3.6	3.6				
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	7.2	7.2				
Female	12.0	12.1	15.7	10.7	7.4	11.4	11.4	11.4				
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4
Native Hawaiian or Other Pacific Islander only												

(1) 11 percent

(2) of Black or
African Americans

(3) aged 18–64 years

18–64 years

Sex

Race⁵

White only
Black or African American only
American Indian or Alaska Native only
Asian only
Native Hawaiian or Other Pacific Islander only

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	7.2	7.2	7.2	7.2	7.2	7.2
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.9	2.9	2.9	2.9	2.9	2.9
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	2.5	2.5	2.5	2.5	2.5
6–17 years	4.9	4.7	4.8	2.9	2.4	3.7	3.7	3.7	3.7	3.7	3.7	3.7
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	9.4	9.4	9.4	9.4	9.4	9.4
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	9.8	9.8	9.8	9.8	9.8	9.8
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	10.2	10.2	10.2	10.2	10.2	10.2
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	9.6	9.6	9.6	9.6	9.6	9.6
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.3	10.3	10.3	10.3	10.3	10.3
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	8.7	8.7	8.7	8.7	8.7	8.7
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	9.2	9.2	9.2	9.2	9.2	9.2
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	5.1	5.1	5.1	5.1	5.1	5.1
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	3.6	3.6	3.6	3.6	3.6	3.6
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	7.2	7.2	7.2	7.2	7.2	7.2
Female	12.0	12.1	15.7	10.7	7.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4
Native Hawaiian or Other Pacific Islander only												

(1) 11 percent

(2) of Black or African Americans

(3) aged 18–64 years

(4) had a delay or nonreceipt of needed medical care due to cost

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³			
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	7.2	7.2	7.2	7.2	7.2	7.2
Age												
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.9	2.9	2.9	2.9	2.9	2.9
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	2.5	2.5	2.5	2.5	2.5
6–17 years	4.9	4.7	4.8	2.9	2.4	3.7	3.7	3.7	3.7	3.7	3.7	3.7
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	9.4	9.4	9.4	9.4	9.4	9.4
18–44 years	11.0	11.3	14.5	9.5	6.9	9.8	9.8	9.8	9.8	9.8	9.8	9.8
18–24 years	10.2	11.3	13.5	7.5	6.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	10.2	10.2	10.2	10.2	10.2	10.2
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	9.6	9.6	9.6	9.6	9.6	9.6
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.3	10.3	10.3	10.3	10.3	10.3
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	8.7	8.7	8.7	8.7	8.7	8.7
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	9.2	9.2	9.2	9.2	9.2	9.2
55–64 years	9.3	10.4	14.6	10.2	4.2	8.0	8.0	8.0	8.0	8.0	8.0	8.0
65 years and over	4.6	4.6	5.0	4.1	2.8	5.1	5.1	5.1	5.1	5.1	5.1	5.1
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	3.6	3.6	3.6	3.6	3.6	3.6
18–64 years												
Sex												
Male	9.3	10.0	13.5	8.9	5.1	7.2	7.2	7.2	7.2	7.2	7.2	7.2
Female	12.0	12.1	15.7	10.7	7.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Race ⁵												
White only	10.8	11.1	14.5	9.0	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7
Black or African American only	10.8	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6
American Indian or Alaska Native only	14.5	13.2	*15.7	9.6	*10.1	*14.1	18.6	*13.4	18.8	19.2	23.1	17.7
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4
Native Hawaiian or Other Pacific Islander only												

(1) 11 percent

(2) of Black or African Americans

(3) aged 18–64 years

(4) had a delay or nonreceipt of needed medical care due to cost

(5) in 2015

A32 : 65-74 years.....

	A	B	C	D	E	F	G	H	I	
1	Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed home health care due to cost, by selected characteristics: United States, 1997-2000									
2										
3										
4	(Data are based on household interviews of a sample of the civilian noninstitutionalized population)									
5										
6		Delay or nonreceipt of needed medical care due to cost ¹								
7										
8										
9	Characteristic	1997	SE	1998	SE	1999	SE	2000	SE	
10										
11		Percent								
12										
13	Total ⁴	8.3	0.1	7.4	0.1	7.3	0.1	7.4	0.1	
14										
15										
16	Age									
17										
18	Under 19 years.....	4.5	0.2	4.4	0.2	4.3	0.2	4.7	0.2	
19	Under 18 years.....	4.4	0.2	4.3	0.2	4.2	0.2	4.6	0.2	
20	Under 6 years.....	3.3	0.2	3.4	0.2	4.1	0.3	3.6	0.3	
21	6-17 years.....	4.9	0.2	4.8	0.2	4.3	0.2	5.0	0.2	
22	18-64 years.....	10.7	0.2	9.5	0.2	9.2	0.2	9.2	0.2	
23	18-44 years.....	11.0	0.2	9.8	0.2	9.4	0.2	9.5	0.2	
24	18-24 years.....	10.2	0.4	9.6	0.4	9.6	0.4	10.4	0.4	
25	25-34 years.....	11.4	0.3	10.6	0.3	10.0	0.3	9.4	0.3	

A	B	C	F	G
1	Year Metric	Group	Characteristic	Percent
1158	2013 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18-64 Years	Black or African American only	14.6
1159	2014 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18-64 Years	Black or African American only	13.3
1160	2015 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18-64 Years	Black or African American only	11
1161	1997 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	10.8
1162	1998 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	10.2
1163	1999 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	10.5
1164	2000 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	10.1
1165	2001 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	10.4
1166	2002 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	12.4
1167	2003 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	12.9
1168	2004 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	14.2
1169	2005 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	15.2
1170	2006 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	16
1171	2007 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	13.6
1172	2008 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	18.6
1173	2009 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	19
1174	2010 Nonreceipt of Needed Dental Care Due to Cost	Race, 18-64 Years	Black or African American only	20.7

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³				
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015	
Percent													
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	8.3	5.2	8.6	10.7	13.5	9.4	
Age													
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	2.8	1.6	6.0	7.3	6.6	4.1	
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.7	1.6	6.0	7.3	6.6	4.1	
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	1.4	3.9	3.7	3.9	1.9	
6–17 years	4.9	4.7	4.8	2.9	2.4	3.1	2.8	1.7	6.8	8.4	7.5	4.9	
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	11.2	6.9	10.6	13.0	17.3	11.8	
18–24 years	11.0	11.3	14.5	9.5	6.9	8.8	11.2	6.2	11.1	14.1	17.9	11.6	
25–24 years	11.2	11.3	15.5	9.7	7.5	8.7	10.0	6.5	11.6	13.1	17.4	11.4	
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	12.0	6.6	12.3	15.1	18.3	12.4	
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	11.3	6.9	11.2	13.3	17.8	12.4	
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.9	5.5	13.1	14.8	18.9	10.9	
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	11.3	8.0	8.4	11.5	16.5	12.1	
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	11.5	8.0	9.4	12.1	17.8	12.1	
55–64 years	10.3	10.4	14.6	10.2	5.2	8.0	11.0	8.0	10.7	14.9	12.2	12.2	
65 years and over	4.6	4.6	5.0	4.1	2.8	5.6	5.7	3.9	5.5	5.2	6.9	7.0	
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.3	4.8	4.2	6.2	9.0	7.8	
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	2.8	2.8	2.6	4.0	4.3	5.8	
18–64 years													
Sex													
Male	9.3	10.0	13.5	8.9	5.1	7.2	8.8	5.4	8.8	10.8	15.2	10.0	
Female	12.0	12.1	15.7	10.7	7.4	11.4	13.5	8.4	12.4	15.2	19.4	13.6	
Race ⁵													
White only	10.8	11.1	14.5	9.9	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.7	
African American only	12.0	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.6	
American Indian or Alaska Native only	14.5	13.2	*15.7	9.8	*10.1	14.1	18.6	*13.4	18.8	19.2	23.1	17.7	
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.4	
Native Hawaiian or Other Pacific Islander only	—	—	—	—	—	—	—	—	—	—	—	—	
2 or more races	—	—	19.9	24.0	15.2	—	22.9	16.6	10.9	—	23.0	25.6	14.3
Hispanic origin and race ⁶													
Hispanic or Latino	10.5	11.5	15.4	10.8	6.7	11.2	13.0	8.3	11.5	15.5	21.6	14.5	
Mexican	9.7	11.4	15.6	11.0	6.5	12.0	13.5	8.6	11.3	16.3	22.0	16.0	
Not Hispanic or Latino	10.7	11.0	14.5	9.6	6.3	9.0	10.9	6.6	10.5	12.6	16.6	11.3	
White only	10.0	11.1	14.2	9.7	6.0	9.7	10.2	6.1	10.6	12.2	16.2	11.1	

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

		Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015								
		A	B	C	D	E	F	G	H	I
Total*										
	Age	1								
Under 19 years		2								
Under 18 years										
Under 6 years		3								
6–17 years										
18–64 years		4	(Data are based on household interviews of a sample of the civilian noninstitutionalized population)							
18–24 years										
18–24 years		5								
25–34 years		6								
35–44 years										
19–25 years		7	Delay or nonreceipt of needed medical							
care due to cost ¹										
45–64 years		8								
45–54 years										
55–64 years										
65 years and over		9	Characteristic	1997	SE	1998	SE	1999	SE	
65–74 years										
75 years and over		10								
18–64 year		11								
Sex		12								
Male		13	Total ⁴	8.3	0.1	7.4	0.1	7.3	0.1	
Female		14								
Race ⁵										
White only		15								
Non-Hispanic African America		16	Age							
American Indian or Alaskan Native only		17								
Native Hawaiian or Other Islander only		18	Under 19 years	4.5	0.2	4.4	0.2	4.3	0.2	
2 or more races		19	Under 18 years	4.4	0.2	4.3	0.2	4.2	0.2	
Hispanic origin ⁶		20	Under 6 years	3.3	0.2	3.4	0.2	4.1	0.3	
Hispanic or Latino		21	6–17 years	4.9	0.2	4.8	0.2	4.3	0.2	
Mexican		22	18–64 years	10.7	0.2	9.5	0.2	9.2	0.2	
Not Hispanic or Latino White only		23	18–44 years	11.0	0.2	9.8	0.2	9.4	0.2	
		24	18–24 years	10.2	0.4	9.6	0.4	9.6	0.4	
		25	25–34 years	11.4	0.3	10.6	0.3	10.0	0.3	

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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



Characters

Total ⁴	A	B	C	D	E	F	G	H	I
Age	1	Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015							
Under 19 years	2	(Data are based on household interviews of a sample of the civilian noninstitutionalized population)							
Under 18 years	3								
Under 6 years	4								
6–17 years	5								
18–64 years	6								
18–24 years	7								
25–34 years	8								
35–44 years	9								
19–25 years	10								
45–64 years	11								
45–54 years	12								
65 years and over	13								
65–74 years	14								
75 years and over	15								
18–64 years	16								
Sex	17								
Male	18								
Female	19								
Race ⁵	20								
White only	21								
Black or African American	22								
American Indian or Alaskan Native	23								
Asian only	24								
Native Hawaiian or Other Islander only	25								
2 or more races	26								
Hispanic origin ⁶	27								
Hispanic or Latino	28								
Mexican	29								
Not Hispanic or Latino	30								
White only	31								
Age	32								
Under 19 years	33								
Under 18 years	34								
Under 6 years	35								
6–17 years	36								
18–64 years	37								
18–24 years	38								
25–34 years	39								
Characteristic	40								
Total ⁴	41	Year	Metric	Group	Characteristic	Percent			
Age	42	1157	2012 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	Black or African American only	14.8			
Under 19 years	43	1158	2013 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	Black or African American only	14.6			
Under 18 years	44	1159	2014 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	Black or African American only	13.3			
Under 6 years	45	1160	2015 Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	Black or African American only	11			
6–17 years	46	1161	1997 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	10.8			
18–64 years	47	1162	1998 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	10.2			
18–24 years	48	1163	1999 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	10.5			
25–34 years	49	1164	2000 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	10.1			
35–44 years	50	1165	2001 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	10.4			
45–54 years	51	1166	2002 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	12.4			
55–64 years	52	1167	2003 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	12.9			
65 years and over	53	1168	2004 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	14.2			
75 years and over	54	1169	2005 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	15.2			
65–74 years	55	1170	2006 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	16			
75 years and over	56	1171	2007 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	13.6			
65–74 years	57	1172	2008 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	18.6			
75 years and over	58	1173	2009 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	19			
65–74 years	59	1174	2010 Nonreceipt of Needed Dental Care Due to Cost	Race, 18–64 Years	Black or African American only	20.7			

Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristics		Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, 1997–2015								
Total ⁴	Age	A	B	C	D	E	F	G	H	I
Under 19 years	1	Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, 1997–2015								
Under 18 years	2									
Under 6 years	3									
6–17 years	4	(Data are based on household interviews of a sample of the civilian noninstitutionalized population)								
18–64 years	5									
18–24 years	6									
25–34 years	7									
35–44 years	8									
45–64 years	9									
65 years and over	10									
65–74 years	11									
75 years and over	12									
Sex	13	Total ⁴								
Male	14									
Female	15									
Race ⁵	16	Age								
White only	17									
Black or African American	18	Under 19 years								
American Indian or Alaska Native	19	Under 18 years								
Asian only	20	Under 6 years								
Native Hawaiian or Other Pacific Islander only	21	6–17 years								
2 or more races	22	18–64 years								
Hispanic origin ⁶	23	18–44 years								
Hispanic or Latino	24	18–24 years								
Mexican	25	25–34 years								
Not Hispanic or Latino White only										

Characteristic	Year	Metric
1157	2012	Delay or Nonreceipt of Needed Medical Care Due to Cost
1158	2013	Delay or Nonreceipt of Needed Prescription Drugs Due to Cost
1159	2014	Delay or Nonreceipt of Needed Dental Care Due to Cost
1160	2015	Delay or Nonreceipt of Needed Medical Care Due to Cost
1161	1997	Nonreceipt of Needed Medical Care Due to Cost
1162	1998	Nonreceipt of Needed Prescription Drugs Due to Cost
1163	1999	Nonreceipt of Needed Dental Care Due to Cost
1164	2000	Nonreceipt of Needed Medical Care Due to Cost
1165	2001	Nonreceipt of Needed Prescription Drugs Due to Cost
1166	2002	Nonreceipt of Needed Dental Care Due to Cost
1167	2003	Nonreceipt of Needed Medical Care Due to Cost
1168	2004	Nonreceipt of Needed Prescription Drugs Due to Cost
1169	2005	Nonreceipt of Needed Dental Care Due to Cost
1170	2006	Nonreceipt of Needed Medical Care Due to Cost
1171	2007	Nonreceipt of Needed Prescription Drugs Due to Cost
1172	2008	Nonreceipt of Needed Dental Care Due to Cost
1173	2009	Nonreceipt of Needed Medical Care Due to Cost
1174	2010	Nonreceipt of Needed Prescription Drugs Due to Cost

table63 - Excel

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Fan, Amy (CDC/OHHS/NCHS) Share

A32 65-74 years...

Table 63. Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, 1997–2015

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Fan, Amy (CDC/OHHS/NCHS) Share

A1160 2015

ca

1 Year Metric

1157 2012 Delay or Nonreceipt of Needed Medical Care Due to Cost

1158 2013 Delay or Nonreceipt of Needed Prescription Drugs Due to Cost

1159 2014 Delay or Nonreceipt of Needed Dental Care Due to Cost

1160 2015 Delay or Nonreceipt of Needed Medical Care Due to Cost

1161 1997 Nonreceipt of Needed Medical Care Due to Cost

1162 1998 Nonreceipt of Needed Prescription Drugs Due to Cost

1163 1999 Nonreceipt of Needed Dental Care Due to Cost

1164 2000 Nonreceipt of Needed Medical Care Due to Cost

1165 2001 Nonreceipt of Needed Prescription Drugs Due to Cost

1166 2002 Nonreceipt of Needed Dental Care Due to Cost

1167 2003 Nonreceipt of Needed Medical Care Due to Cost

1168 2004 Nonreceipt of Needed Prescription Drugs Due to Cost

1169 2005 Nonreceipt of Needed Dental Care Due to Cost

1170 2006 Nonreceipt of Needed Medical Care Due to Cost

1171 2007 Nonreceipt of Needed Prescription Drugs Due to Cost

1172 2008 Nonreceipt of Needed Dental Care Due to Cost

1173 2009 Nonreceipt of Needed Medical Care Due to Cost

1174 2010 Nonreceipt of Needed Prescription Drugs Due to Cost

Select metric:

Delay or Nonreceipt of Needed Medical Care Due to Cost

Nonreceipt of Needed Dental Care Due to Cost

Nonreceipt of Needed Prescription Drugs Due to Cost

Select category

Race, 18–64 Years

Select subcategory

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

Download selected data (.csv)

Year Metric Group Characteristic Percent

1997 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 10.80

1998 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 9.50

1999 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 9.30

2000 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 9.30

2001 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 9.40

2002 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 9.60

2003 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 10.80

2004 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 11.50

2005 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 11.10

2006 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 11.90

2007 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 12.00

2008 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 13.80

2009 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 15.20

2010 Delay or Nonreceipt of Needed Medical Care Due to Cost Race, 18–64 Years White only 14.50

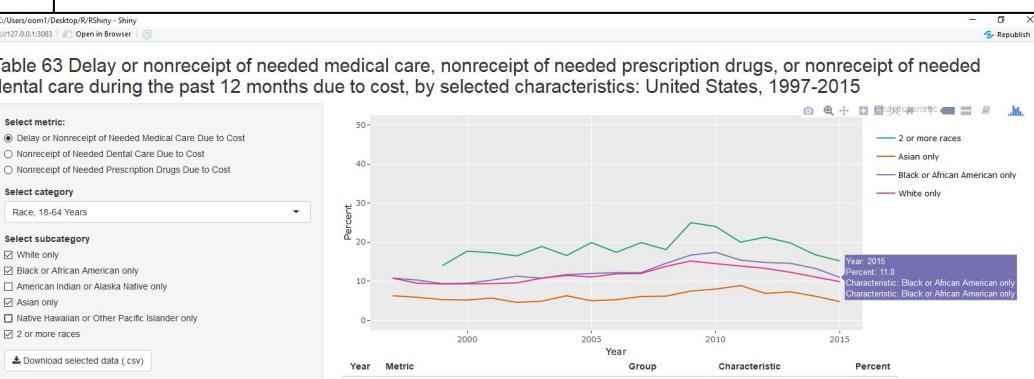
Table 63 (page 1 of 3). Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, selected years 1997–2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#063>.

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

Characteristic	Delay or nonreceipt of needed medical care due to cost ¹				Nonreceipt of needed prescription drugs due to cost ²				Nonreceipt of needed dental care due to cost ³				
	1997	2005	2010	2015	1997	2005	2010	2015	1997	2005	2010	2015	
Percent													
Total ⁴	8.3	8.5	10.9	7.3	4.8	7.2	8.3	5.2	8.6	10.7	13.5	9.4	
Age													
Under 19 years	4.5	4.3	4.5	2.8	2.1	3.0	2.8	1.6	6.0	7.3	6.6	4.1	
Under 18 years	4.4	4.2	4.4	2.7	2.2	2.9	2.7	1.6	6.0	7.3	6.6	4.1	
Under 6 years	3.3	3.3	3.7	2.2	1.6	2.5	2.5	1.4	3.9	3.7	3.9	1.9	
6–17 years	4.9	4.7	4.8	2.9	2.4	3.1	2.8	1.7	6.8	8.4	7.5	4.9	
18–64 years	10.7	11.0	14.7	9.8	6.3	9.4	11.2	6.9	10.6	13.0	17.3	11.8	
18–24 years	11.0	11.3	14.5	9.5	6.9	8.8	11.2	6.2	11.1	14.1	17.9	11.6	
18–24 years	11.0	11.3	13.5	9.5	6.7	8.0	11.5	5.7	11.6	13.0	17.4	11.4	
25–34 years	11.4	11.8	15.3	10.3	6.9	10.2	12.0	6.6	12.3	15.1	18.3	12.4	
35–44 years	11.0	10.8	14.4	10.1	7.1	9.6	11.3	6.9	11.2	13.3	17.8	12.4	
19–25 years	11.1	12.5	14.8	8.4	7.7	10.3	10.9	5.5	13.1	14.8	18.9	10.9	
45–64 years	10.1	10.6	14.9	10.3	5.1	8.7	11.3	8.0	8.4	11.5	16.5	10.5	
45–54 years	10.6	10.8	15.0	10.3	5.6	9.2	11.5	8.0	9.4	12.1	17.8	10.7	
55–64 years	10.3	10.4	14.6	10.2	5.2	8.0	11.0	8.0	9.0	10.7	14.9	10.7	
65 years and over	4.6	4.6	5.0	4.1	2.8	5.7	3.9	5.5	5.2	6.9	7.1	5.1	
65–74 years	5.0	5.4	6.3	4.9	3.4	6.4	6.3	4.8	4.2	6.2	9.0	5.1	
75 years and over	4.1	3.7	3.4	3.0	2.0	3.6	2.8	2.8	2.6	4.0	4.3	5.1	
18–64 years													
Sex													
Male	9.3	10.0	13.5	8.9	5.1	7.2	8.8	5.4	8.8	10.8	15.2	10.2	
Female	12.0	12.1	15.7	10.7	7.4	11.4	13.5	8.4	12.4	15.2	19.4	13.3	
Race ⁵													
White only	10.8	11.1	14.5	9.9	5.9	9.1	10.8	6.5	10.6	12.8	17.1	11.1	
African American only	12.0	12.0	17.4	11.0	9.5	11.6	15.6	10.1	10.8	15.2	20.7	13.3	
American Indian or Alaska Native only	14.5	13.2	*15.7	9.8	*10.1	14.1	18.6	*13.4	18.8	19.2	23.1	17.7	
Asian only	6.3	5.0	8.0	4.8	*2.8	*3.5	4.2	3.4	7.8	6.8	8.7	7.7	
Native Hawaiian or Other Pacific Islander only	—	—	—	—	—	—	—	—	—	—	—	—	
2 or more races	—	—	19.9	24.0	15.2	—	22.9	16.6	10.9	—	23.0	25.6	14.1
Hispanic origin and race ⁵													
Hispanic or Latino	10.5	11.5	15.4	10.8	6.7	11.2	13.0	8.3	11.5	15.5	21.6	14.0	
Mexican	9.7	11.0	15.6	9.6	6.5	12.0	13.5	8.6	11.3	16.3	22.0	16.2	
Not Hispanic or Latino White only	10.7	11.0	14.5	9.6	6.3	9.0	10.9	6.6	10.5	12.6	16.6	11.0	

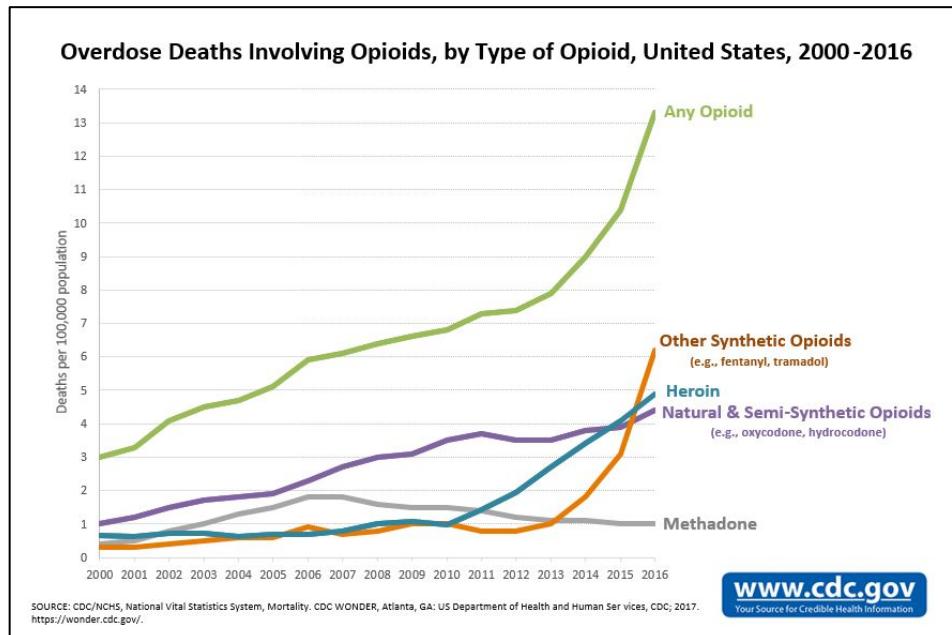
Table 63 Delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost, by selected characteristics: United States, 1997–2015



Year	Metric	Group	Characteristic	Percent
1997	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	10.80
1998	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	9.50
1999	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	9.30
2000	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	9.30
2001	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	9.40
2002	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	9.60
2003	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	10.80
2004	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	11.50
2005	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	11.10
2006	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	11.90
2007	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	12.00
2008	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	13.80
2009	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	15.20
2010	Delay or Nonreceipt of Needed Medical Care Due to Cost	Race, 18–64 Years	White only	14.50

OPIOID CRISIS

What kinds of healthcare do people receive prior to an opioid death?



DEATH CERTIFICATE DATA

U.S. STANDARD CERTIFICATE OF DEATH			
LOCAL FILE NO.	STATE FILE NO.		
1. DECEDENT'S LEGAL NAME (include Avta & Fst. Name, Middle, Last)	2. SEX	3. SOCIAL SECURITY NUMBER	
4a. AGE AT DEATH Month Day Year	4b. UNDER 1 YEAR Month Day Year	5. DATE OF BIRTH Month Day Year	6. BIRTHPLACE (City and State or Foreign Country)
7. RESIDENCE ADDRESS 8. COUNTY		9. CITY OR TOWN	
10. STREET AND NUMBER	11. APT. NO.	12. ZIP CODE	13. INSIDE CITY LIMITS (Check one) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14. EVER IN AN ARMED FORCES Enlisted <input type="checkbox"/> Commissioned <input type="checkbox"/> Unknown <input type="checkbox"/>	15. MARITAL STATUS AT TIME OF DEATH Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/>	16. SURVIVING SPOUSE'S NAME (If wife, give her name prior to the marriage)	
17. PARENT'S NAME (First, Middle, Last)		18. MOTHER'S NAME FROM FIRST MARRIAGE (First, Middle, Last)	
19a. INFORMANT'S NAME <small>Indicate relationship to deceased</small>	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street Number, City, State, Zip Code)	
20. PLACE OF DEATH (Check any line - see instructions)			
21. IF DECEASED IN A HOSPITAL OR MEDICAL CENTER, GIVE NAME AND ADDRESS Emergency Room/Outpatient <input type="checkbox"/> Bed in Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Medical Center <input type="checkbox"/> Clinic <input type="checkbox"/> Other <input type="checkbox"/> Name _____ Other <input type="checkbox"/> Name _____			
22. FACILITY NAME (If not in section 19c, give street number) City or Town, State, and Zip Code _____ County of Death _____			
23. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/>	24. PLACE OF DISPOSITION (name of cemetery, cemetery, other place)	25. DATE OF DEATH (Or Date of Interment)	
26. LOCATION OF FUNERAL SERVICE LICENSE OR OTHER AGENT Name _____ Address _____ City _____ State _____ Zip _____			
27. FUNERAL SERVICE LICENSE OR OTHER AGENT Name _____ Address _____ City _____ State _____ Zip _____	28. DATE FUNERAL SERVICES HELD (Read McDeath)	29. DATE OF DEATH Name _____ Address _____ City _____ State _____ Zip _____	30. DATE OF DEATH Name _____ Address _____ City _____ State _____ Zip _____
EMR 24a MUST BE COMPLETED BY PERSON WHO PROMULGATES OR CERTIFIES DEATH			
31. DATE FUNERAL SERVICES HELD (Any time after death)	32. LICENSE NUMBER	33. DATE OF DEATH McDeath (Any time after death)	34. DATE OF DEATH McDeath (Any time after death)
35. DATE OF DEATH (McDeath or short Month)	36. ACTUAL OR PRESUMED DATE OF DEATH (McDeath or short Month)	37. MEDICAL EXAMINER OR CORoner CONTRACTED TO V.E. <input type="checkbox"/> No	38. MEDICAL EXAMINER OR CORoner CONTRACTED TO V.E. <input type="checkbox"/> No
CAUSE OF DEATH (See instructions and examples)			
39. DETERMINATE CAUSE (Indicate the primary cause of death. Do not combine causes, even if multiple causes are present. Do not abbreviate. Enter only one cause in a line. Add additional lines if necessary.) Primary Cause _____ Due to (or as a consequence of) _____ Intermediate Cause _____ Due to (or as a consequence of) _____ Final Cause _____ Due to (or as a consequence of) _____ Other Causes _____ Due to (or as a consequence of) _____ Injury _____ Due to (or as a consequence of) _____ Disease _____ Due to (or as a consequence of) _____ Other _____ Due to (or as a consequence of) _____ Unknown _____			
40. If you have any significant conditions contributing to death, but not resulting in the underlying cause given in Part I 41. Were all appropriate procedures followed to determine cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
42. DEATH OCCURRED OUTSIDE OF UNITED STATES TO OVERSEAS 1. Yes <input type="checkbox"/> Privately 2. Yes <input type="checkbox"/> At the request of another 3. Yes <input type="checkbox"/> During military service 4. Yes <input type="checkbox"/> During the course of employment 5. Yes <input type="checkbox"/> During a vacation 6. Yes <input type="checkbox"/> During a business trip 7. Yes <input type="checkbox"/> During travel for pleasure 8. Yes <input type="checkbox"/> During a medical treatment 9. Yes <input type="checkbox"/> During a visit to relatives 10. Yes <input type="checkbox"/> During a visit to friends 11. Yes <input type="checkbox"/> During a visit to the deceased 12. Yes <input type="checkbox"/> During a visit to the deceased's residence 13. Yes <input type="checkbox"/> During a visit to a hospital 14. Yes <input type="checkbox"/> During a visit to an office 15. Yes <input type="checkbox"/> During a visit to a place of worship 16. Yes <input type="checkbox"/> During a visit to a place of business 17. Yes <input type="checkbox"/> During a visit to a place of recreation 18. Yes <input type="checkbox"/> During a visit to a place of entertainment 19. Yes <input type="checkbox"/> During a visit to a place of leisure 20. Yes <input type="checkbox"/> During a visit to a place of work 21. Yes <input type="checkbox"/> During a visit to a place of study 22. Yes <input type="checkbox"/> During a visit to a place of travel 23. Yes <input type="checkbox"/> During a visit to a place of business or pleasure 24. Yes <input type="checkbox"/> During a visit to a place of work or leisure 25. Yes <input type="checkbox"/> During a visit to a place of study or leisure 26. Yes <input type="checkbox"/> During a visit to a place of business or study 27. Yes <input type="checkbox"/> During a visit to a place of work or study 28. Yes <input type="checkbox"/> During a visit to a place of leisure or study 29. Yes <input type="checkbox"/> During a visit to a place of work or leisure			
43. DATE OF DEATH Month Day Year City or Town, State _____			
44. PLACE OF DEATH Address _____ Zip Code _____			
45. DEATH OCCURRED IN A VEHICLE Vehicle Type _____ Vehicle Identification Number _____			
46. CERTIFIED (Check only one) 1. Declining physician(s) to the best of my knowledge, death occurred due to the disease and manner stated. 2. Declining physician(s) to the best of my knowledge, death occurred at the time, date, and place, and due to the disease and manner stated. 3. Medical Examiner/Coroner to the best of my knowledge, death occurred at the time, date, and place, and due to the disease and manner stated. Signature of certifier _____			
47. NAME, ADDRESS, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 35)			
48. TITLE OF CERTIFIER 49. LICENSE NUMBER 50. DATE CERTIFIED (McDeath) 51. FOR REGISTRAR ONLY - DATE FILED (McDeath)			
52. DECEDENT'S EDUCATION Check the box that best describes the highest degree or level of education attained by the decedent. If the decedent is not literate, check the box that best describes whether the decedent is able to read and write. 1. High school graduate 2. High school graduate with some college 3. High school graduate with some college plus postsecondary 4. High school graduate with no college 5. Postsecondary graduate 6. No formal education 7. No formal education, but has higher degree (e.g., AA, BA, etc.) 8. No formal education, but has some college (e.g., AA, BA, etc.) 9. No formal education, but has some college plus postsecondary 10. No formal education, but has some college plus postsecondary (Specify) _____ 11. No formal education, but has some college plus postsecondary (Specify) _____ 12. No formal education, but has some college plus postsecondary (Specify) _____ 13. No formal education, but has some college plus postsecondary (Specify) _____ 14. No formal education, but has some college plus postsecondary (Specify) _____ 15. No formal education, but has some college plus postsecondary (Specify) _____ 16. No formal education, but has some college plus postsecondary (Specify) _____			
53. DECEDENT'S RACE Check one or more boxes to indicate what the decedent considered himself or herself to be. Black or African American _____ Asian _____ American Indian _____ American Alaskan Native _____ White _____ Other _____ Hispanic _____ Latino _____ Mexican _____ Puerto Rican _____ Cuban _____ Dominican _____ Other Hispanic or Latino _____ Other _____			
54. DEATH OCCURRED DUE TO OR WHILE DURING VARIOUS ACTIVITIES Do NOT List All Items			
55. BUSINESS OCCUPATION (Indicate type of work done during year of death) Do NOT List All Items			
56. BUSINESS OCCUPATION (Indicate type of work done during year of death) Do NOT List All Items			

DEATH CERTIFICATE DATA

ICD-10 Codes

U.S. STANDARD CERTIFICATE OF DEATH			STATE FILE NO.
1. DECEDENT'S LEGAL NAME (Include Akas/Fam/Pref. Middle, Last)		2. SEX	3. SOCIAL SECURITY NUMBER
4a. ADDRESSEES DECEASED Month Day Year 5a. DATE OF BIRTH Month Day Year		4b. UNDER 1 YEAR 5b. PLACE (City and State or Foreign Country)	
6. RESIDENCE/PLACE 6a. STATE 6b. COUNTY 6c. CITY OR TOWN		7. SURVIVING SPOUSE'S NAME (If wife, give her name prior to the marriage) 8. DATES IN WHICH MARRIED Martial Status at time of death Divorced - Yes Deceased - No Never Married - Unknown	
9. STREET ADDRESS 9a. APT. NO. 9b. ZIP CODE		10. SURVIVING SPOUSE'S CITY, STATE, ZIP CODE	
11. PARENT'S NAME (First, Middle, Last)		12. MOTHER'S NAME FROM FIRST MARRIAGE (First, Middle, Last)	
13. INFORMANT'S NAME 13a. RELATIONSHIP TO DECEDENT		14. MAILING ADDRESS (Street Number, City, State, Zip Code)	
15. INFORMATION CONCERNING DECEASED		16. PLACE OF DEATH (Check any line; see instructions) 16a. Hospital 16b. Nursing Care Facility 16c. Private Residence 16d. Emergency Room/Outpatient - Based on Ambulance 16e. Other 16f. Other place 16g. Death in home	
17. METHOD OF DISPOSITION 17a. Burial - Cremation 17b. Place of Disposition (name of cemetery, cemetery, other place)		18. CITY OR TOWN, STATE, AND ZIP CODE 19. COUNTY OF DEATH	
20. LOCATION 20a. Name and Complete Address of Funeral Facility		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. FURNITURE SERVICE LICENSE OR OTHER AGENT		23. DATE OF DEATH 23a. Date of Death 23b. Date of Death 23c. Date of Death	
24. EMS 24a. MUST BE COMPLETED BY PERSON WHO PROVOCES OR CERTIFIES DEATH		25. DATE PROVOCED/READ (McGraw) 25a. Date Provoced 25b. Date Read 25c. Date Read	
26. DATE PROVOCED READ (McGraw) (Any time after item 25c)		27. LICENSE NUMBER 27a. License Number 27b. License Number	
28. DATE OF DEATH 28a. Month, Year 28b. Day of Month		29. MEDICAL EXAMINER'S NAME 29a. Name 29b. Title	
30. CAUSE OF DEATH (See Instructions and Examples)		31. MEDICAL EXAMINER'S SIGNATURE 31a. Signature 31b. Signature 31c. Signature 31d. Signature 31e. Signature 31f. Signature 31g. Signature 31h. Signature 31i. Signature 31j. Signature 31k. Signature 31l. Signature 31m. Signature 31n. Signature 31o. Signature 31p. Signature 31q. Signature 31r. Signature 31s. Signature 31t. Signature 31u. Signature 31v. Signature 31w. Signature 31x. Signature 31y. Signature 31z. Signature	
32. IMMEDIATE CAUSE (Final cause of death; not a contributing cause. Indicate if death resulted from a disease, condition, or external agent. List in order of causation, starting with the final cause.) 32a. Due to (or as a consequence of) 32b. Due to (or as a consequence of) 32c. Due to (or as a consequence of) 32d. Due to (or as a consequence of) 32e. Due to (or as a consequence of) 32f. Due to (or as a consequence of) 32g. Due to (or as a consequence of) 32h. Due to (or as a consequence of) 32i. Due to (or as a consequence of) 32j. Due to (or as a consequence of) 32k. Due to (or as a consequence of) 32l. Due to (or as a consequence of) 32m. Due to (or as a consequence of) 32n. Due to (or as a consequence of) 32o. Due to (or as a consequence of) 32p. Due to (or as a consequence of) 32q. Due to (or as a consequence of) 32r. Due to (or as a consequence of) 32s. Due to (or as a consequence of) 32t. Due to (or as a consequence of) 32u. Due to (or as a consequence of) 32v. Due to (or as a consequence of) 32w. Due to (or as a consequence of) 32x. Due to (or as a consequence of) 32y. Due to (or as a consequence of) 32z. Due to (or as a consequence of)		33. MEDICAL EXAMINER'S SIGNATURE 33a. Signature 33b. Signature 33c. Signature 33d. Signature 33e. Signature 33f. Signature 33g. Signature 33h. Signature 33i. Signature 33j. Signature 33k. Signature 33l. Signature 33m. Signature 33n. Signature 33o. Signature 33p. Signature 33q. Signature 33r. Signature 33s. Signature 33t. Signature 33u. Signature 33v. Signature 33w. Signature 33x. Signature 33y. Signature 33z. Signature	
34. DEATH DOCUMENTS 34a. DEATH DOCUMENTS 34b. DEATH DOCUMENTS		35. MEDICAL RECORDS 35a. Medical Record 35b. Medical Record 35c. Medical Record 35d. Medical Record 35e. Medical Record 35f. Medical Record 35g. Medical Record 35h. Medical Record 35i. Medical Record 35j. Medical Record 35k. Medical Record 35l. Medical Record 35m. Medical Record 35n. Medical Record 35o. Medical Record 35p. Medical Record 35q. Medical Record 35r. Medical Record 35s. Medical Record 35t. Medical Record 35u. Medical Record 35v. Medical Record 35w. Medical Record 35x. Medical Record 35y. Medical Record 35z. Medical Record	
36. DATE OF DEATH 36a. Month, Year 36b. Day of Month		37. PLACE OF DEATH 37a. City or Town 37b. Street or Route 37c. Apartment No. 37d. Zip Code 37e. DEATH FROM INJURY 37f. DEATH FROM INJURY	
38. CERTIFIED (Check only one) 38a. Certified physician 38b. Death occurred due to the natural disease process 38c. Death occurred due to the natural disease process 38d. Death occurred due to the natural disease process 38e. Death occurred due to the natural disease process 38f. Death occurred due to the natural disease process		39. MEDICAL EXAMINER'S SIGNATURE 39a. Physician 39b. Physician 39c. Physician 39d. Physician 39e. Physician 39f. Physician	
40. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)		41. DATE CERTIFIED 41a. Date Certified (Month/Year) 41b. Date Certified (Month/Year)	
42. DECEASED'S EDUCATION 42a. Grade in school 42b. Grade in school 42c. Grade in school 42d. Grade in school 42e. Grade in school 42f. Grade in school 42g. Grade in school 42h. Grade in school 42i. Grade in school 42j. Grade in school 42k. Grade in school 42l. Grade in school 42m. Grade in school 42n. Grade in school 42o. Grade in school 42p. Grade in school 42q. Grade in school 42r. Grade in school 42s. Grade in school 42t. Grade in school 42u. Grade in school 42v. Grade in school 42w. Grade in school 42x. Grade in school 42y. Grade in school 42z. Grade in school		43. DECEASED'S RACE 43a. Race (Check one or more boxes to indicate what the decedent considered himself or herself to be) 43b. Black or African American 43c. Asian 43d. American Indian or Alaskan Native 43e. Native Hawaiian/Pacific Islander 43f. White 43g. Two or more races 43h. American Indian or Alaskan Native 43i. Asian 43j. Black or African American 43k. Native Hawaiian/Pacific Islander 43l. White 43m. Two or more races 43n. American Indian or Alaskan Native 43o. Asian 43p. Black or African American 43q. Native Hawaiian/Pacific Islander 43r. White 43s. Two or more races	
44. DECEASED'S OCCUPATION 44a. Occupation 44b. Occupation 44c. Occupation 44d. Occupation 44e. Occupation 44f. Occupation 44g. Occupation 44h. Occupation 44i. Occupation 44j. Occupation 44k. Occupation 44l. Occupation 44m. Occupation 44n. Occupation 44o. Occupation 44p. Occupation 44q. Occupation 44r. Occupation 44s. Occupation 44t. Occupation 44u. Occupation 44v. Occupation 44w. Occupation 44x. Occupation 44y. Occupation 44z. Occupation		45. DECEASED'S GENDER 45a. Gender (Male/Female) 45b. Male 45c. Female	

DEATH CERTIFICATE DATA

U.S. STANDARD CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (Include Alias/Family Name, Middle, Last)	2. SEX	3. SOCIAL SECURITY NUMBER	
4. ADDITIONAL DEATH DATE	5. UNDER 1 YEAR	6. DATE OF BIRTH (Month/Day/Year)	7. MEDIUM/PLACE (City and State or Foreign Country)
8. RESIDENCE/STATE	9. COUNTY	10. CITY OR TOWN	
11. STREET AND NUMBER	12. APT. NO.	13. ZIP CODE	14. INSIDE CITY LIMITS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. EVER IN AN ARMED FORCES	16. MARITAL STATUS AT TIME OF DEATH	17. SURVIVING SPOUSE'S NAME (If wife, give her name prior to the marriage)	
18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Last)		
20. INFORMANT'S NAME	21. RELATIONSHIP TO DECEDENT	22. MAILING ADDRESS (Street Number, City, State, Zip Code)	
23. PLACES OF BURIAL	14. PLACE OF DEATH (Check any line; see instructions)		
24. PLACES OF BURIAL	IF DECEASED IN HOSPITAL: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Private Residence <input type="checkbox"/> Other Health Facility	15. FACILITY NAME (If not institution, give street number) CITY OR TOWN, STATE, AND ZIP CODE	16. COUNTY OF DEATH
25. PLACES OF BURIAL	17. PLACES OF BURIAL (name of cemetery, cemetery, other place)	18. PLACES OF BURIAL (name of cemetery, cemetery, other place)	
26. LOCATION	27. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	19. PLACES OF BURIAL (name of cemetery, cemetery, other place)	
28. FUNERAL SERVICE LICENSE OR OTHER AGENT	29. DATE FURNISHED DEAD (McGraw)	30. DATE DETERMINED DEAD (McGraw)	31. DATE RECEIVED DEAD (McGraw)
32. DATE FURNISHED DEAD (McGraw) (Any time when known)	33. LICENSE NUMBER	34. DATE RECEIVED DEAD (McGraw)	
35. DATE OF DEATH (McGraw) (Any time)	36. ACTUAL OR PRESUMED DATE OF CORPSE DISCOVERY (McGraw)	37. MEDICAL EXAMINER'S NAME OR CORONER CONTRACTED TO VIEW (McGraw)	
38. CAUSE OF DEATH (See instructions and examples.)			
a. Primary: Due to [or as a consequence of] _____ b. Secondary: Due to [or as a consequence of] _____ c. Tertiary: Due to [or as a consequence of] _____ d. Quaternary: Due to [or as a consequence of] _____ e. Quinary: Due to [or as a consequence of] _____ f. Quaternary cause of death g. Quinary cause of death h. Quaternary cause of death			
39. PLATE: Enter the following information correctly to assist in finding the decedent's vital signs given in Part I			
40. PLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partially	41. PLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partially		
42. DEATH OCCURRED ON THE SAME DAY AS THE DATE OF DEATH TO QUOTED TO QUOTED	43. IF PREGNANT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	44. MEDICAL OR FETAL TESTS RESULTS:	45. INJURY AT MORTIC
46. DATE OF DEATH: <input type="checkbox"/> Death certificate issued <input type="checkbox"/> Death certificate signed	47. DATE OF DEATH: <input type="checkbox"/> Death certificate issued <input type="checkbox"/> Death certificate signed	48. DATE OF DEATH: <input type="checkbox"/> Death certificate issued <input type="checkbox"/> Death certificate signed	49. DATE OF DEATH: <input type="checkbox"/> Death certificate issued <input type="checkbox"/> Death certificate signed
50. LOCATION OF DEATH: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Funeral home <input type="checkbox"/> Other	51. PLATE: <input type="checkbox"/> Driver/Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Cyclist <input type="checkbox"/> Other Occupant	52. PLATE: <input type="checkbox"/> Driver/Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Cyclist <input type="checkbox"/> Other Occupant	53. PLATE: <input type="checkbox"/> Driver/Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Cyclist <input type="checkbox"/> Other Occupant
54. CERTIFIED (Check only one): <input type="checkbox"/> Declining physician to do my best to know the cause of death <input type="checkbox"/> Declining physician to do my best to know the cause of death <input type="checkbox"/> Medical Examiner/Coroner on the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated Signature of certifier: _____	55. DATE OF DEATH: <input type="checkbox"/> Death certificate issued <input type="checkbox"/> Death certificate signed		
56. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 38)	57. TITLE OF CERTIFIER	58. LICENSE NUMBER	59. DATE CERTIFIED (Month/Year) 50/2020
60. DECEASED'S PROFESSION (Check the box that best describes the highest degree or level of achievement in the deceased's occupation): <input type="checkbox"/> High school <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college or technical school <input type="checkbox"/> College (e.g., AA, AS, BS) <input type="checkbox"/> Postgraduate studies <input type="checkbox"/> Doctorate (e.g., PhD, MD, DDS, etc.) <input type="checkbox"/> Other Spanish/Spanish/Creativo (Specify): _____	61. DECEASED'S RACE (Check one or more boxes to indicate what the deceased considered himself or herself to be): <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (check if applicable) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cuban <input type="checkbox"/> Other Latino (Specify): _____ <input type="checkbox"/> European or Caucasian <input type="checkbox"/> Middle Eastern (Specify): _____ <input type="checkbox"/> Other (Specify): _____		
62. DECEASED OCCUPATION (Leave blank if work was during time of death): <input type="checkbox"/> Non-occupant			

ICD-10 Codes

Opioid codes:

T40.1 heroin

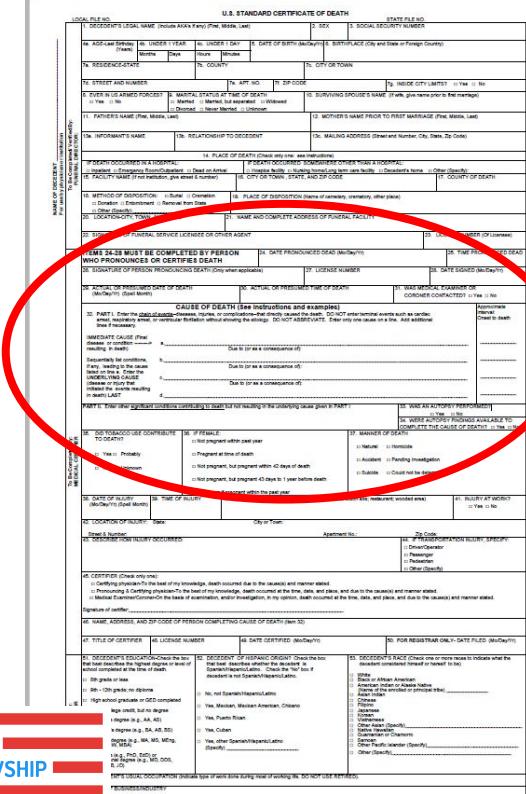
T40.2 other opioids

T40.3 methadone

T40.4 other synthetic narcotics

T40.6 other and unspecified narcotics

DEATH CERTIFICATE DATA



A US Standard Certificate of Death form. The cause of death section is highlighted with a red circle. The section title is 'CAUSE OF DEATH (See instructions and examples)'. It includes fields for 'IMMEDIATE CAUSE' (e.g., Due to (or as a consequence of) _____) and 'INTERVENING CAUSES' (e.g., Due to (or as a consequence of) _____). Below this is a section for 'DRUGS' with fields for 'DEATH-RELATED DRUGS' (e.g., Cocaine, Heroin, Methadone), 'DRUGS ASSOCIATED WITH DEATH' (e.g., Fentanyl), and 'DRUGS ASSOCIATED WITH DEATH AND MENTIONED IN THE DEATH CERTIFICATE' (e.g., Cocaine, Heroin, Methadone).

ICD-10 Codes

Opioid codes:

T40.1 heroin

T40.2 other opioids

T40.3 methadone

T40.4 other synthetic narcotics

T40.6 other and unspecified narcotics

Drug Mentioned with Involvement (DMI)

Searches literal free text for mention of drugs.

Fentanyl → Fentanyl

DEATH CERTIFICATE DATA

ICD-10 Codes

Opioid codes:

T40.1 heroin

T40.2 other opioids

T40.3 methadone

T40.4 other synthetic narcotics

T40.6 other and unspecified narcotics

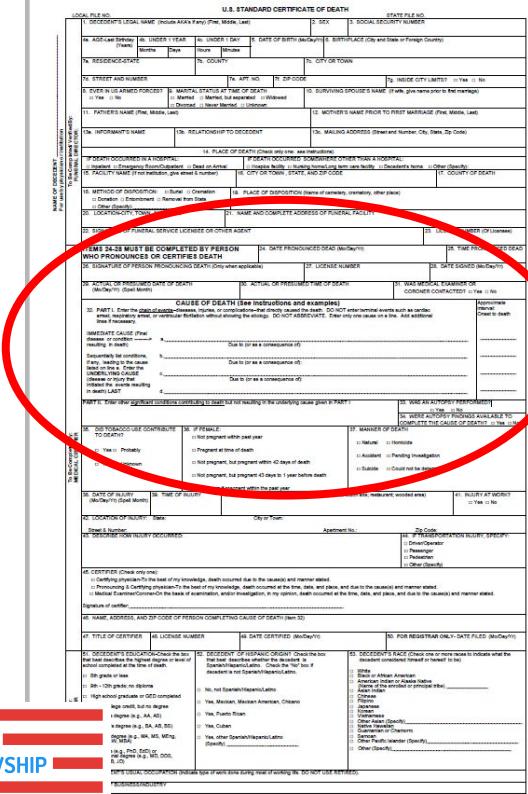
Drug Mentioned with Involvement (DMI)

Searches literal free text for mention of drugs.

Fentanyl Heroin

- > Fentanyl
- > Diamorphine

DEATH CERTIFICATE DATA



U.S. STANDARD CERTIFICATE OF DEATH
STATE FILE NO.

1. DECEDENT'S LEGAL NAME (First, Middle, Last) 2. SEX 3. SOCIAL SECURITY NUMBER

4. ADDITIONAL DEATHS: 4a. UNDER 1 YEAR 4b. UNDER 1 DAY 4c. DATE OF BIRTH (day/mo/yr) 4d. BIRTHPLACE (City and State or Foreign Country)

5. RESIDENCE/STATE: 5a. STATE 5b. CITY 5c. ZIP CODE 5d. CITY OR TOWN

6. STREET AND NUMBER 7a. APT. NO. 7b. ZIP CODE 7c. INSIDE CITY LIMITS? (Yes or No)

8. EVER IN AN ARMED FORCES? (Yes or No) 9. MARRITAL STATUS AT TIME OF DEATH (Married, Separated, Divorced, Widowed, Unknown) 10. SURVIVING SPOUSE'S NAME (If wife, give her name prior to the marriage)

11. PARENT'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

13. INFORMANT'S NAME 14. RELATIONSHIP TO DECEDENT 15. MAILING ADDRESS (Street Number, City, State, Zip Code)

16. PLACE OF DEATH (Check any line; see instructions):
 a. Hospital b. Home c. Nursing home d. Other e. Other (Specify) _____

17. IF DECEASED OCCURRED IN A HOSPITAL: Emergency Room/Operating Room Intensive Care Unit Other _____

18. CITY OR TOWN, STATE, AND ZIP CODE 19. COUNTY OF DEATH

20. METHOD OF DISPOSITION: 20a. Burial 20b. Cremation 20c. PLACE OF DISPOSITION (name of cemetery, cemetery, other place)

21. LOCATION: 21a. Name and Complete Address of Funeral Facility 21b. Name and Complete Address of Cemetery

22. FUNERAL SERVICE LICENSE OR OTHER AGENT 23. DATE FURNISHED DEAD (Mo/Year) 24. DATE DECEASED (Mo/Year)

EMR 34a MUST BE COMPLETED BY PERSON WHO PROVOKES DEATH 25. DATE FURNISHED DEAD (Mo/Year) 26. DATE DECEASED (Mo/Year)

27. DATE OF DEATH PROVOKING DEATH (Any time before): 28. LICENSE NUMBER 29. DATE ISSUED (Mo/Year)

30. CAUSE OF DEATH (Check all that apply):
 a. Accidental b. Disease c. Suicide d. Homicide e. Other (Specify) _____
 f. Natural g. Drug h. Environmental i. Other (Specify) _____
 j. Ingestion k. Inhalation l. Injection m. Intravenous n. Other (Specify) _____
 o. Fever p. Hypertension q. Hypoglycemia r. Hypotension s. Other (Specify) _____

31. CAUSE OF DEATH (See Instructions and Examples):
 a. Accidental: Due to a fall, drowning, electrocution, etc. (DO NOT ASPIRATE). Enter only one cause on a line. Add additional lines if necessary.
 b. Disease: Due to heart disease, cancer, stroke, etc.
 c. Suicide: Due to suicide, homicide, etc.
 d. Homicide: Due to homicide, suicide, etc.
 e. Natural: Due to natural causes, aging, etc.
 f. Drug: Due to drug use, drug overdose, etc.
 g. Environmental: Due to environmental causes, such as weather, etc.
 h. Other: Due to other causes, such as drowning, etc.

32. DRUGS/TOXIC SUBSTANCES CONSIDERED TO BE THE CAUSE OF DEATH IN THIS CASE:
 a. Yes b. No

33. DRUGS/TOXIC SUBSTANCES CONSIDERED TO BE THE CAUSE OF DEATH IN THIS CASE: 34. WAS ANY DRUG/TOXIC SUBSTANCE CONSIDERED TO BE THE CAUSE OF DEATH? (Yes or No)
 a. Yes b. No

35. DEATH OCCURRED DUE TO:
 a. If female: pregnancy or postpartum
 b. If male: natural causes
 c. If infant: natural causes
 d. If child: natural causes
 e. If adolescent: natural causes
 f. If young adult: natural causes
 g. If middle aged: natural causes
 h. If elderly: natural causes
 i. If death occurred within 48 hours of birth
 j. If death occurred within 1 year before death
 k. If death occurred during pregnancy
 l. If death occurred during the year before death
 m. If death occurred within the past year
 n. If death occurred after delivery

36. DATE OF DEATH: 37. PLACE OF DEATH: 38. INJURY AT WORK? (Yes or No)
 a. Hospital b. Home c. Work d. Other
 e. Death at work f. Death away from work
 g. Death at home h. Death at work and home
 i. Death at home and away from work

39. LOCATION OF DEATH: Date: City/ Town: Apartment No.: Zip Code:
 a. Death at home b. Death at work c. Death at other location
 d. Death at hospital e. Death at nursing home
 f. Death at other facility

40. CERTIFIED (Check one):
 a. Death certificate is my personal opinion of the cause of death and manner death
 b. Death certificate is based on information given to me by the deceased, their family, friends, and associates
 c. Death certificate is based on information given to me by the deceased, their family, friends, and associates, and due to the deceased's and manner stated
 d. Medical Examiner/Coroner on the basis of examination, autopsy, investigation, in my opinion, death occurred on the time, date, and place, and due to the deceased's and manner stated
Signature of certifier:

41. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (line 30)

42. TITLE OF CERTIFIER 43. LICENSE NUMBER 44. DATE CERTIFIED (Mo/Year) 45. FOR REGISTRATION ONLY - DATE FILED (Mo/Year)

46. DECEASED'S EDUCATION: Check the line that best describes the highest degree or level of education completed by the decedent:
 a. High school or less
 b. High school graduate
 c. High school graduate plus GED completed
 d. High school graduate but no degree (e.g., AA, AS, BS, MS, etc.)
 e. Some college (e.g., BA, MA, etc.)
 f. College graduate (e.g., PhD, DDS, MD, etc.)
 g. Post-graduate (e.g., PhD, MD, DDS, etc.)

47. DECEASED'S LANGUAGE: Check the line that best describes whether the decedent is able to speak English or Spanish, or both:
 a. Not Spanish/Spanish
 b. Yes, Minimal, Western American, Chilean
 c. Yes, Fluent, English
 d. Yes, Fluent, Spanish
 e. Yes, Other (Specify): _____

48. DECEASED'S RACE: Check one or more boxes to indicate what the decedent considered himself or herself to be:
 a. Black or African American
 b. White or Caucasian
 c. American Indian
 d. Asian
 e. Pacific Islander
 f. American, Latin American, Hispanic
 g. Other (Specify): _____

49. DECEASED'S ETHNICITY: Check the line that best describes the ethnicity of the decedent:
 a. Mexican
 b. Puerto Rican
 c. Cuban
 d. Other Latin American
 e. Other (Specify): _____

50. DECEASED'S NATIONALITY: Check the line that best describes the nationality of the decedent:
 a. U.S. Citizen
 b. Non-U.S. Citizen
 c. Foreign
 d. Other (Specify): _____

51. DECEASED'S RELIGION: Check the line that best describes the religion of the decedent:
 a. Protestant
 b. Catholic
 c. Jewish
 d. Muslim
 e. Hindu
 f. Buddhist
 g. Mormon
 h. Other (Specify): _____

52. DECEASED'S MIGRATION STATUS: Check the line that best describes the migration status of the decedent:
 a. Native
 b. Non-native
 c. Non-native
 d. Non-native
 e. Non-native
 f. Non-native
 g. Non-native
 h. Non-native
 i. Non-native
 j. Non-native
 k. Non-native
 l. Non-native
 m. Non-native
 n. Non-native
 o. Non-native
 p. Non-native
 q. Non-native
 r. Non-native
 s. Non-native
 t. Non-native
 u. Non-native
 v. Non-native
 w. Non-native
 x. Non-native
 y. Non-native
 z. Non-native

53. DECEASED'S OCCUPATION: Indicate type of work done during year of death (e.g., Doctor, Nurse, Lawyer, Teacher, etc.).

REVERSE SIDE

ICD-10 Codes

Opioid codes:

T40.1 heroin

T40.2 **other opioids**

T40.3 methadone

T40.4 **other synthetic narcotics**

T40.6 **other and unspecified narcotics**

Drug Mentioned with Involvement (DMI)

Searches literal free text for mention of drugs.

Fentanyl -> Fentanyl

Heroin -> Diamorphine

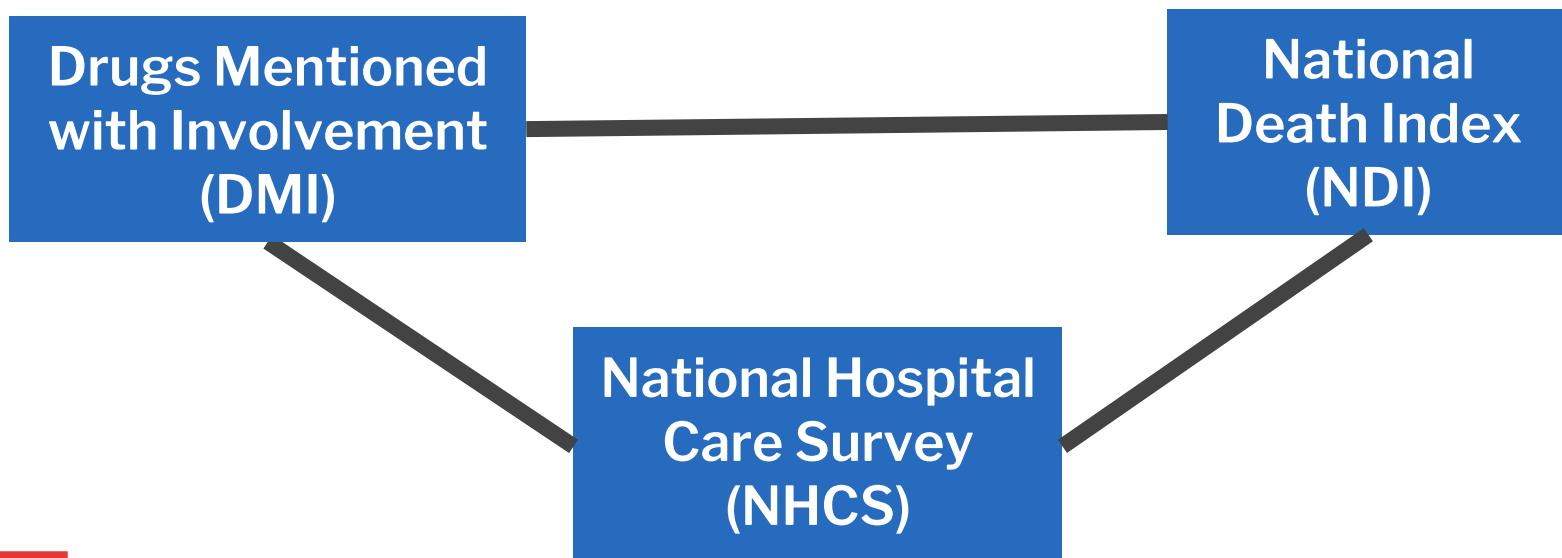
Jungle juice -> ??? (Ambiguous)

LINKED DATA FILES

Drugs Mentioned
with Involvement
(DMI)

National
Death Index
(NDI)

LINKED DATA FILES



QUESTIONS TO ASK

How many hospitalizations or ED visits do people have before an opioid death?* What kind of hospitals (rural versus large metropolitan, number of beds) do people visit? * Do people visit the same hospitals for repeat visits? * **What diagnoses are most common among people who die of poisoning?*** What procedures are most common? * **What are predictors of who is likely to die of poisoning?*** Does mental health/alcohol abuse play a role in predicting who will die? * **What combination of opioids are the most common?***

How many people die in the hospital? * Are healthcare patterns different for users of different drugs? * What are the differences in sex for users of various drugs? * **Do the drugs mentioned in the DMI match up with the corresponding ICD codes?*** What underlying causes of death codes are most common? * How much more information does the DMI add to understanding opioid deaths? * **When opioids are involved, are they the primary cause of death?*** What is the discharge status of opioid-related hospitalizations? *

What was the time between the last hospital/ED visit and a person's death?

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- **Ernest Moy**, for answering all the questions I had about anything and everything and making sure I had a great experience at NCHS
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 - **Holly Hedegaard**
 - **Geoffrey Jackson**
 - **Marianne Spencer**
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