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Health of the Nation = Health of the National Work Force

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Literature Review:

Health of the Nation = Health of the National Work Force

Janice Clarke, Managing Editor, VBP

Each year, the Secretary of the Department of Health and Human Services submits a report on the health of the Nation¹. Compiled by the National Center for Health Statistics (NCHS) at the Centers for Disease Control (CDC), the report contains national health trends in chart and table form. Data is presented according to race, ethnic detail, socio-economic information (e.g., education, family income), and disability data.

The report for 2006 indicates that the health of the nation is improving overall as evidenced by a continuing upward trend in life expectancy, and a continuing decline in mortality from heart disease, stroke and cancer. Employers are keenly aware that these improvements come at a high price. The US spends more on health per capita than any other country – and the spending continues to increase rapidly. Hospital spending accounted for 30% of total national health expenditures, and spending for prescription drugs accounted for 10% of national health expenditures in 2004.

Much of the nation's health care spending is for care that controls or reduces the impact of chronic diseases and conditions.

Chronic Conditions and Risky Behaviors: The statistics show an increasing prevalence of chronic diseases and behaviors that lead to chronic conditions.

- *Diabetes:* In 2001-2004, 10% of persons aged 20 and over, and more than 20% of adults 60 years and over had diabetes. Diagnosed and undiagnosed diabetes prevalence increased with age from 11% among adults 40-59 years of age to 23% among adults age 60 and over.
- *Hypertension:* In 2001-2004, about 30% of adults age 20 and over had treated or untreated high blood pressure. In the 45-54 age group 30% of men and 33% of women had hypertension.
- *Arthritis and other musculoskeletal conditions* were the leading cause of activity limitation among working-age adults 18-64 years of age in 2003-04.
- *Overweight and obesity:* Recent increases in overweight and obesity are of concern because these are risk factors for many chronic diseases and disabilities including heart disease, hypertension and back pain.

- *Cigarette smoking:* The rapid drop in cigarette smoking over the two decades following the first Surgeon General's Report in 1964 has slowed in recent years. In 2004, 23% of men and 19% of women 18 years or over were current smokers.

Impact of Health Insurance: Adults 18-64 years of age were the most likely to report not receiving needed medical care or delaying their care due to cost. In 2004, 20-21% of people under age 65 years who were uninsured for all or part of the preceding year did not receive needed health care in the previous 12 months due to cost. In contrast, only 2% of people with health insurance for the full year did not receive needed health care due to cost.

Overall, private health insurance paid for 36% of total personal health care expenditures in 2004. The remainder was funded by the Federal government (34%), state and local governments (11%), and "out-of-pocket" by individuals (15%). The percentage of the population with no health insurance fluctuated between 16-18% (1994-2004).

High "cost" of pain: Pain is a major determinant of quality of life that affects both physical and mental functioning. In addition to the direct costs of treating pain (i.e., diagnosis and treatment, drugs, therapies and other medical costs) it results in lost work time and reduced productivity and concentration at work.

Considerable health care resources are devoted to treating pain, and the amount has been increasing. For example, rates of hospitalizations with procedures to replace painful hips and knees have increased substantially in the last decade.

In 1999-2002, 26% of Americans age 20 and over reported that they had a problem with pain of some sort that persisted for more than 24 hours at some time during the previous month. With even greater use of pain relieving medications, surgical interventions and other treatments, in 1999-2002 more than 10% of Americans age 20 and over reported pain that had lasted for more than 1 year.

Consider the impact the following painful conditions have on a typical work force given these recent statistics –

- *Headache:* In 2002-2003, more than \$4 billion was spent on prescribed medicine for headache (not including over-the-counter and inpatient drug expense). Fifteen percent of adults 18 years of age and over reported experiencing migraine or severe headache in the previous 3 months. The percentage of young adults 18-44 years of age who reported migraine or severe headache was almost three times the percentage for older adults.
- *Low back pain:* In 2004, more than ¼ of adults 18 years of age and over reported experiencing low back pain in the previous 3 months. Moreover,

28% of these adults with low back pain said they had a limitation of activity caused by a chronic condition (compared with 10% of adults who did not report recent low back pain). People with recent low back pain were almost five times as likely to have serious psychological distress as people without recent low back pain.

- *Joint pain:* Prevalence of joint pain increased with age in about 20% of adults, age 18-44 years. One-third of adults 18 years of age and over reported joint pain, aching or stiffness. The knee was the site of joint pain most commonly reported in all age groups.
- *Narcotic drug use:* Narcotic drug use for pain has increased from 3.2% in 1988-1994 to 4.2% in 1999-2002, driven largely by an increase in narcotic drug use among white non-Hispanic women and women 45 years of age and over.

¹ National Center for Health Statistics. Health, United States, 2006, with Chartbook on Trends in the Health of Americans. Hyattsville, MD: 2006. Library of Congress Catalog Number 76-641496. For sale by Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.