



TRENDWATCH CHARTBOOK 2011

Trends Affecting Hospitals and Health Systems



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American Hospital
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Trends Affecting Hospitals and Health Systems

2011
Prepared by Avalere Health
for the American Hospital Association

TrendWatch, produced by the American Hospital Association, highlights important trends in the hospital and health care field. Avalere Health supplies research and analytic support. TrendWatch products include a series of reports, released each year, that provide up-to-date information on health and hospital trends, and this Chartbook.

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 institutional, 600 associate, and 40,000 personal members come together to form the AHA.

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CHAPTER 1

Trends in the Overall
Health Care Market

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CHAPTER 1.0: Trends in the Overall Health Care Market

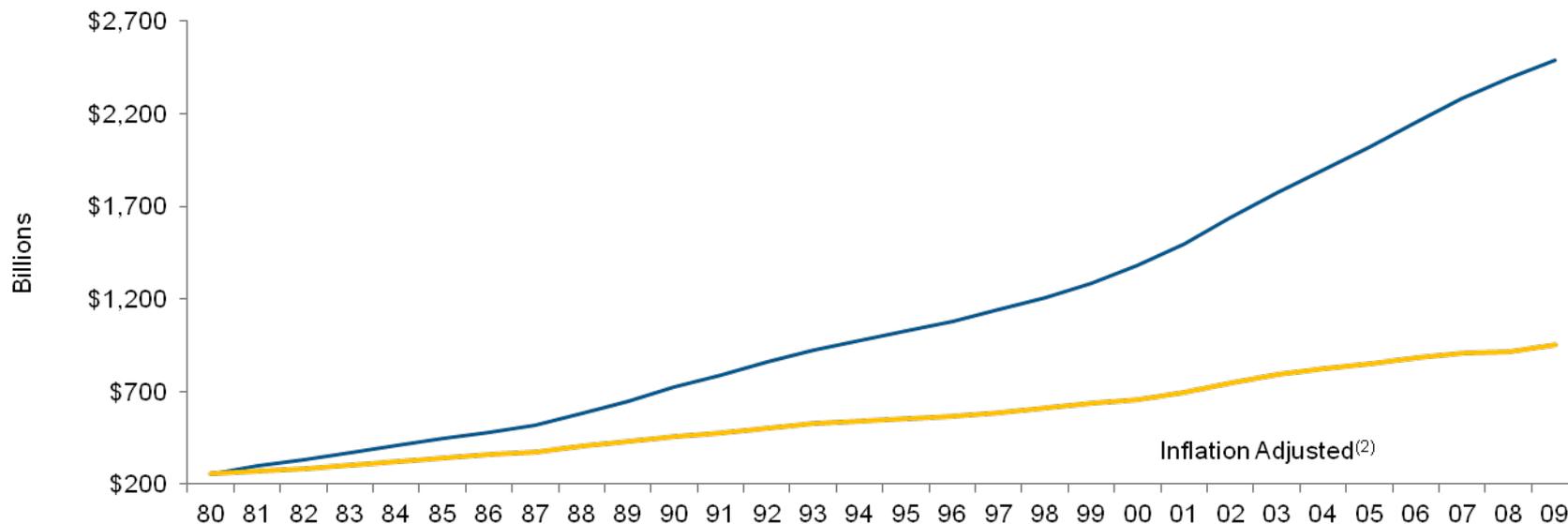
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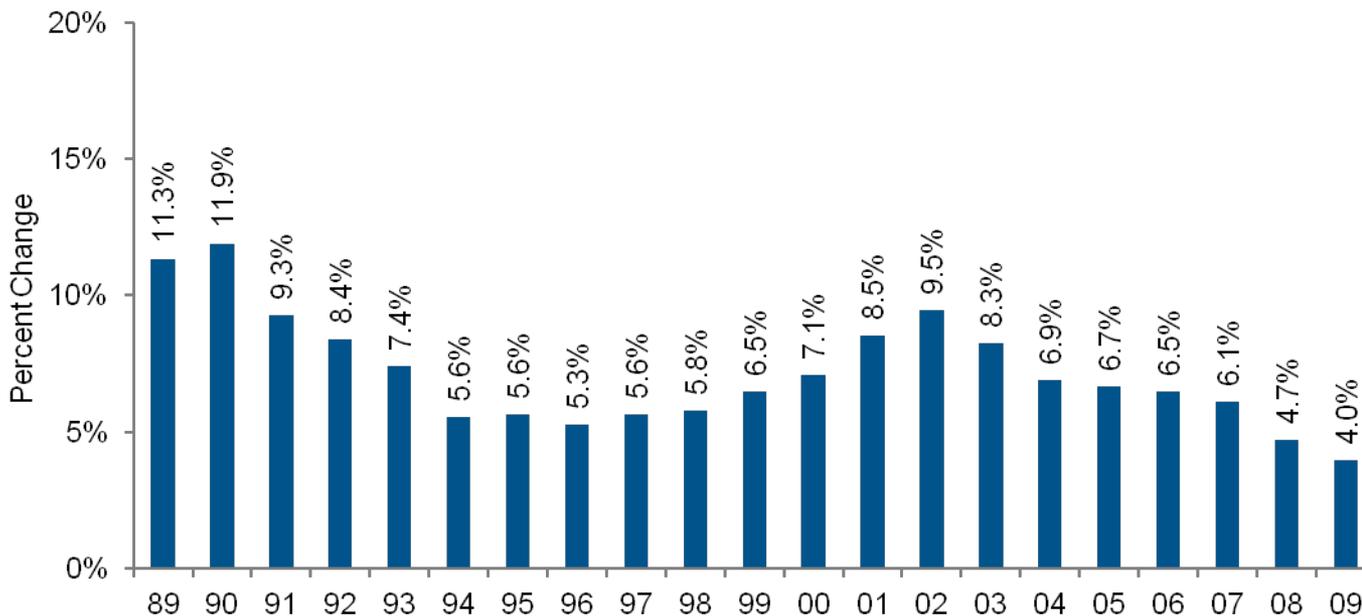


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

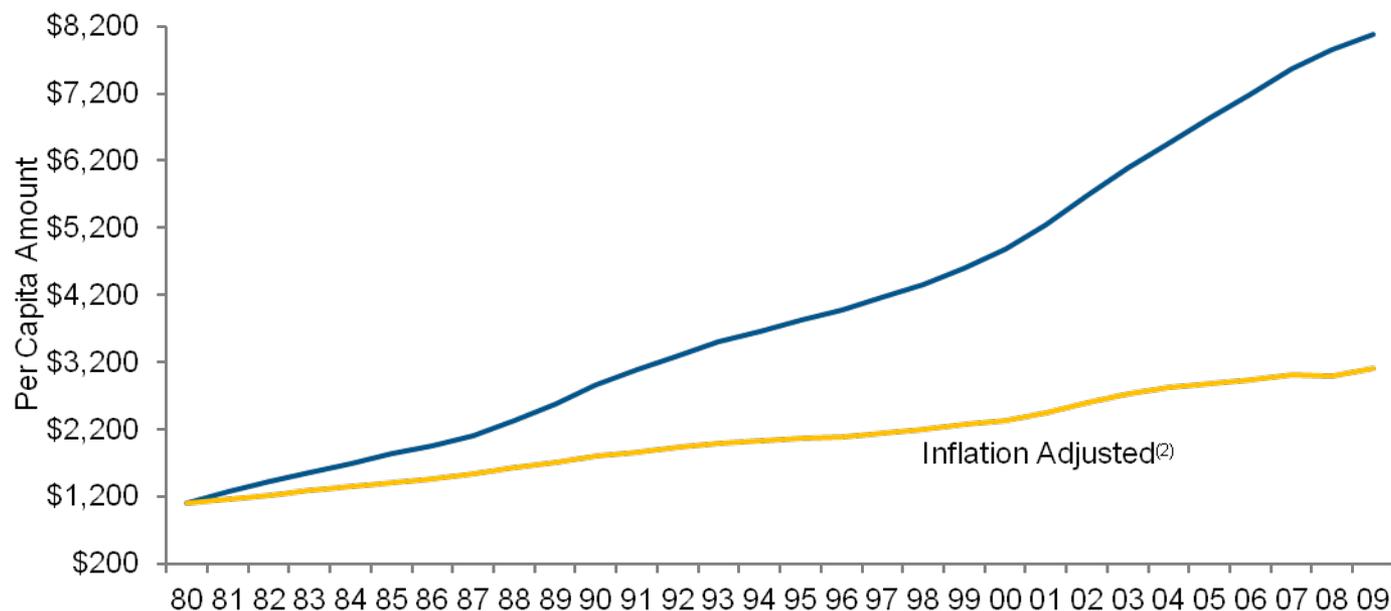
Chart 1.2: Percent Change in Total National Health Expenditures, 1989 – 2009⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

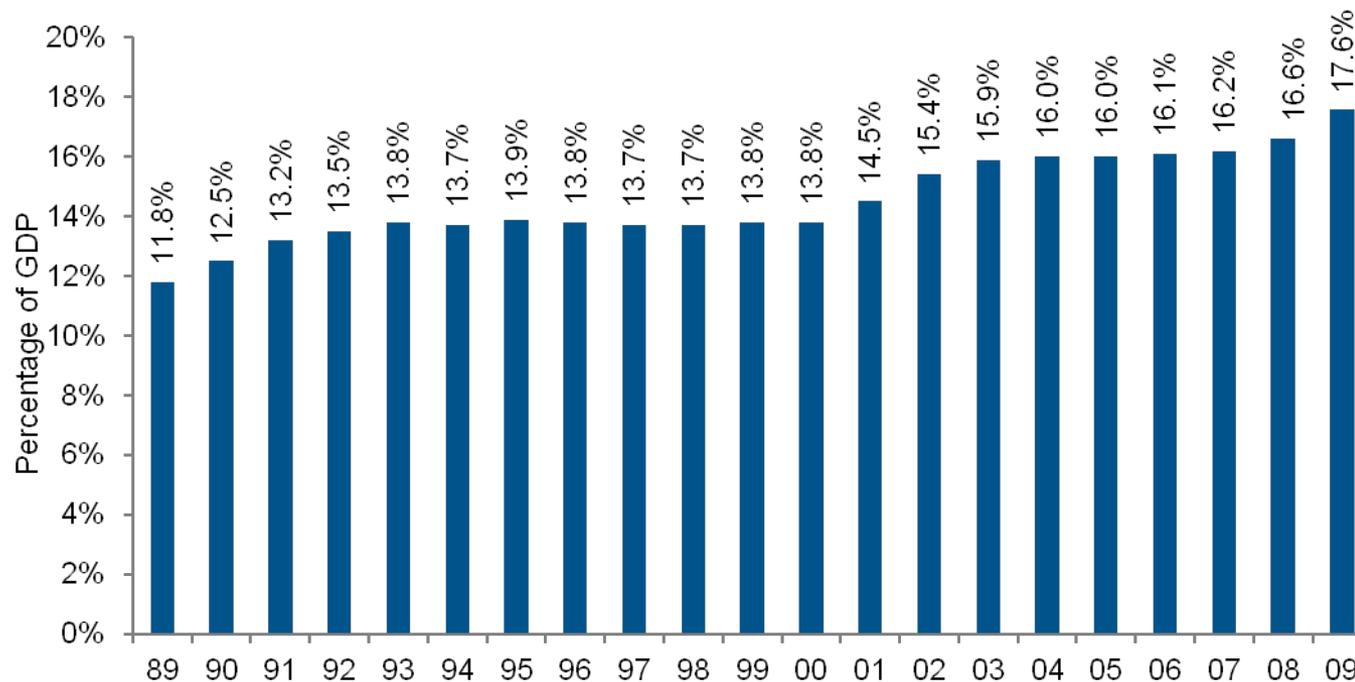
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

- (1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.
- (2) Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

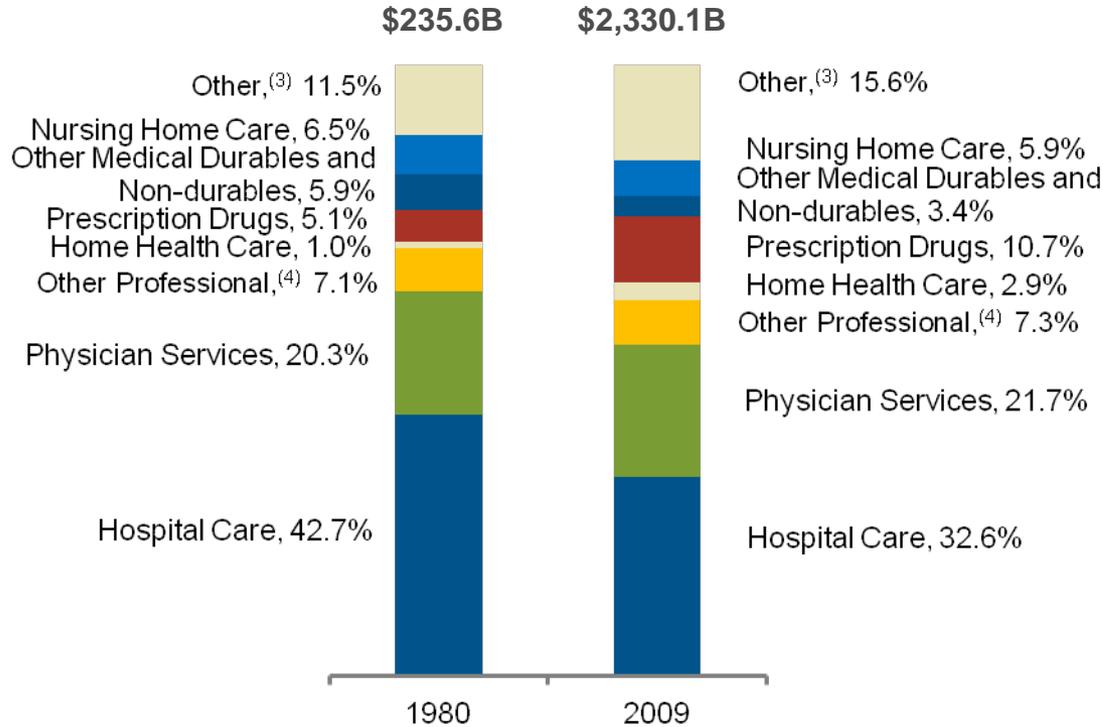
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.5: National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 1980 and 2009⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

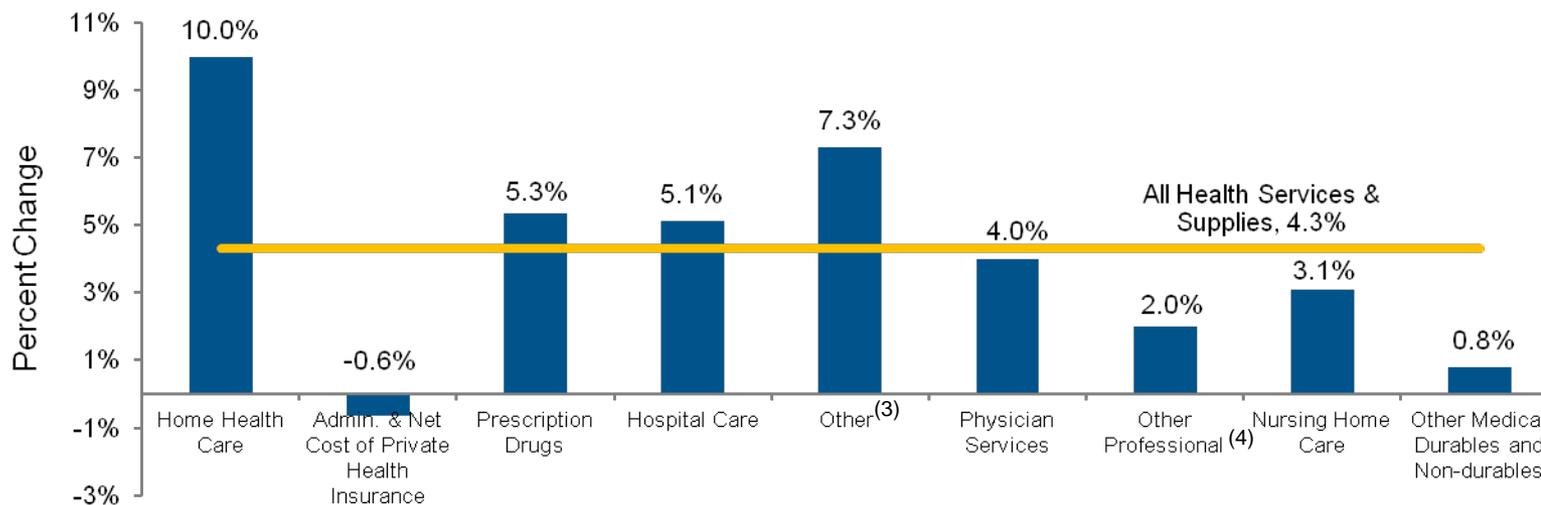
(1) Excludes medical research and medical facilities construction.

(2) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

(3) "Other" includes net cost of insurance and administration, government public health activities, and other personal health care.

(4) "Other professional" includes dental and other non-physician professional services.

Chart 1.6: Percent Change in National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 2008 – 2009⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

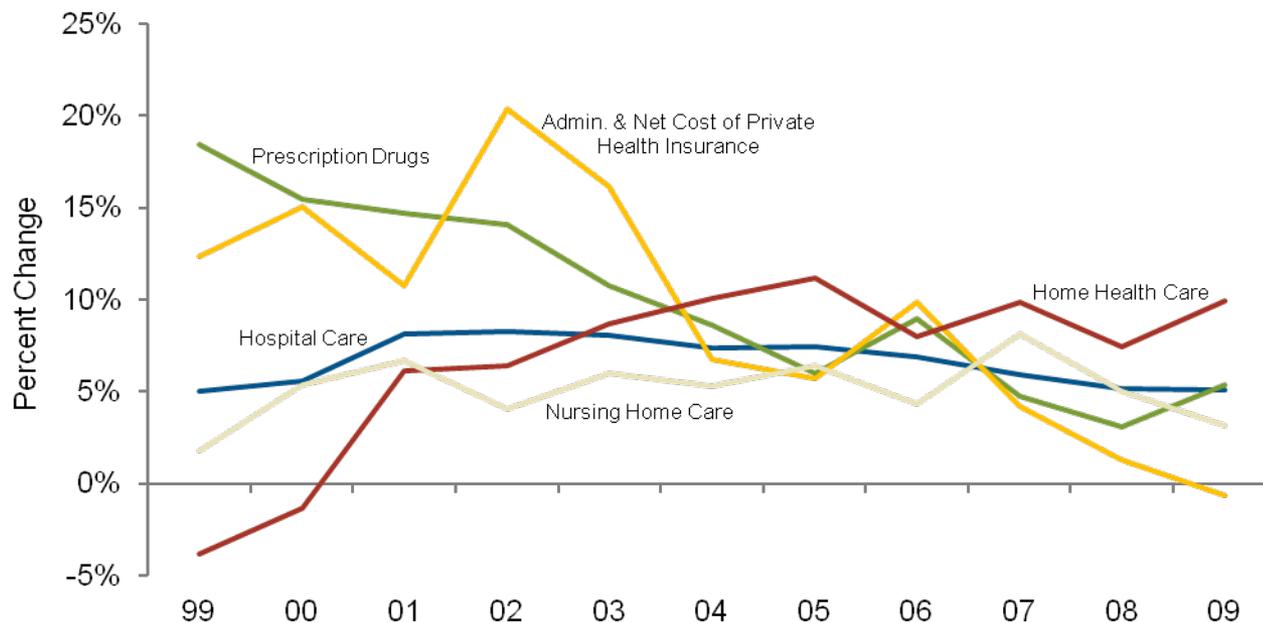
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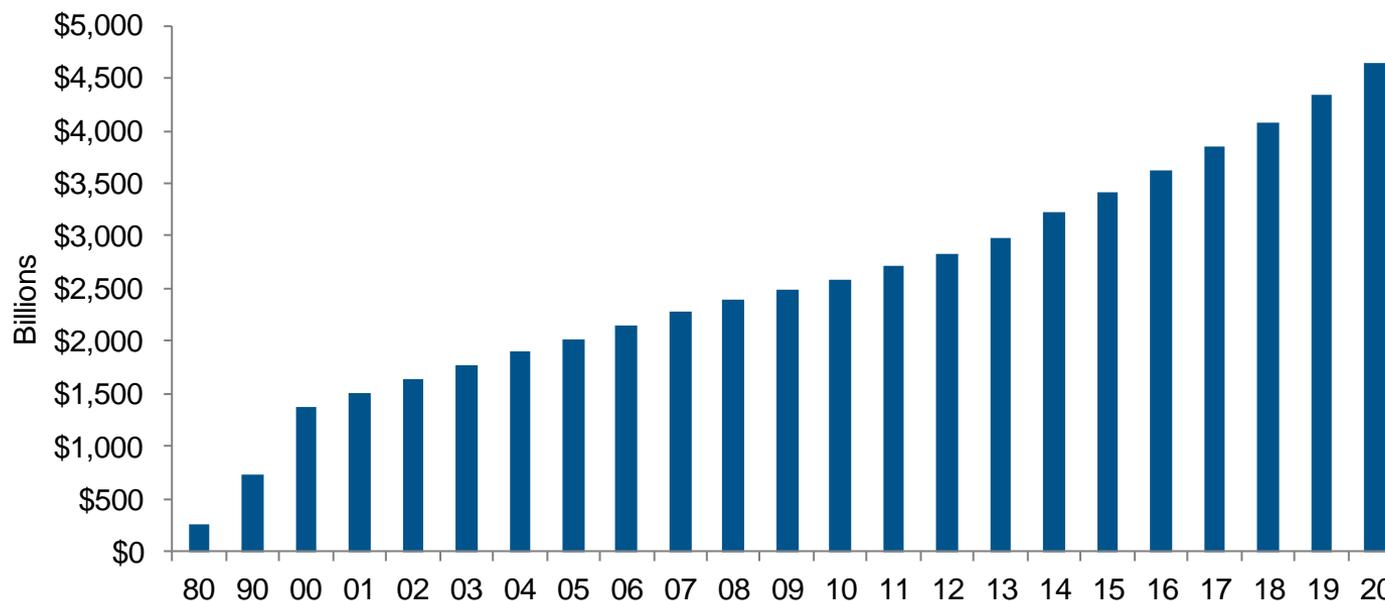
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

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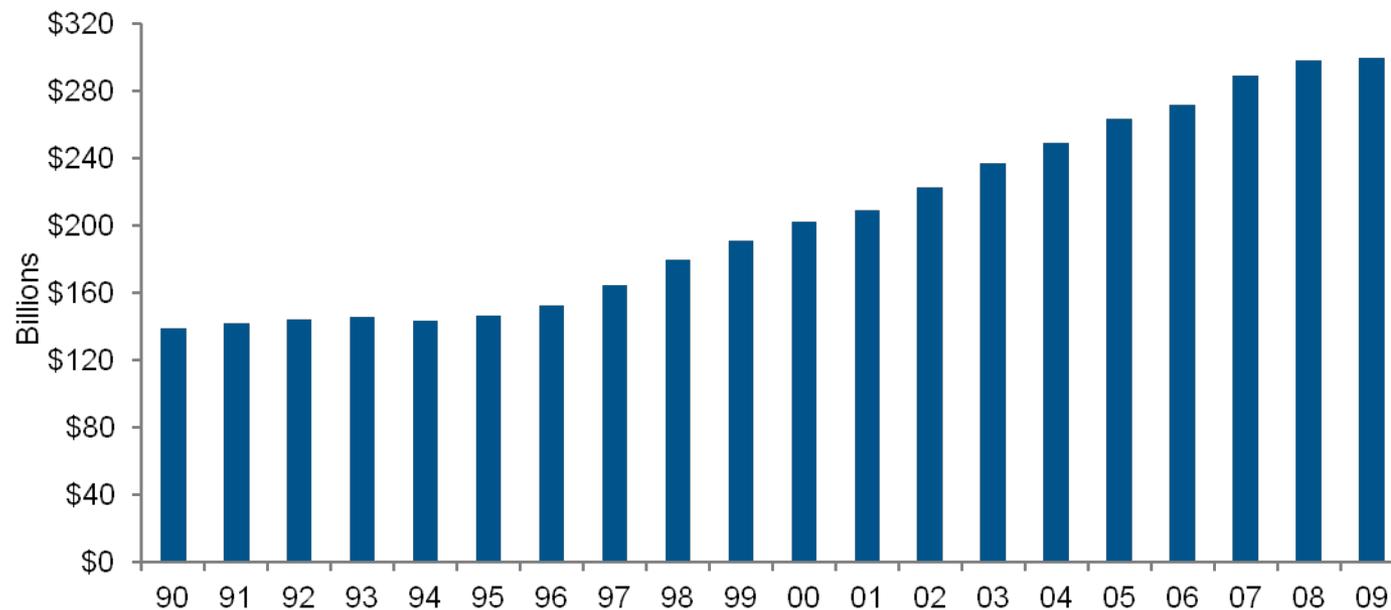


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released July 2011.

(1) Years 2010 – 2020 are projections.

(2) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

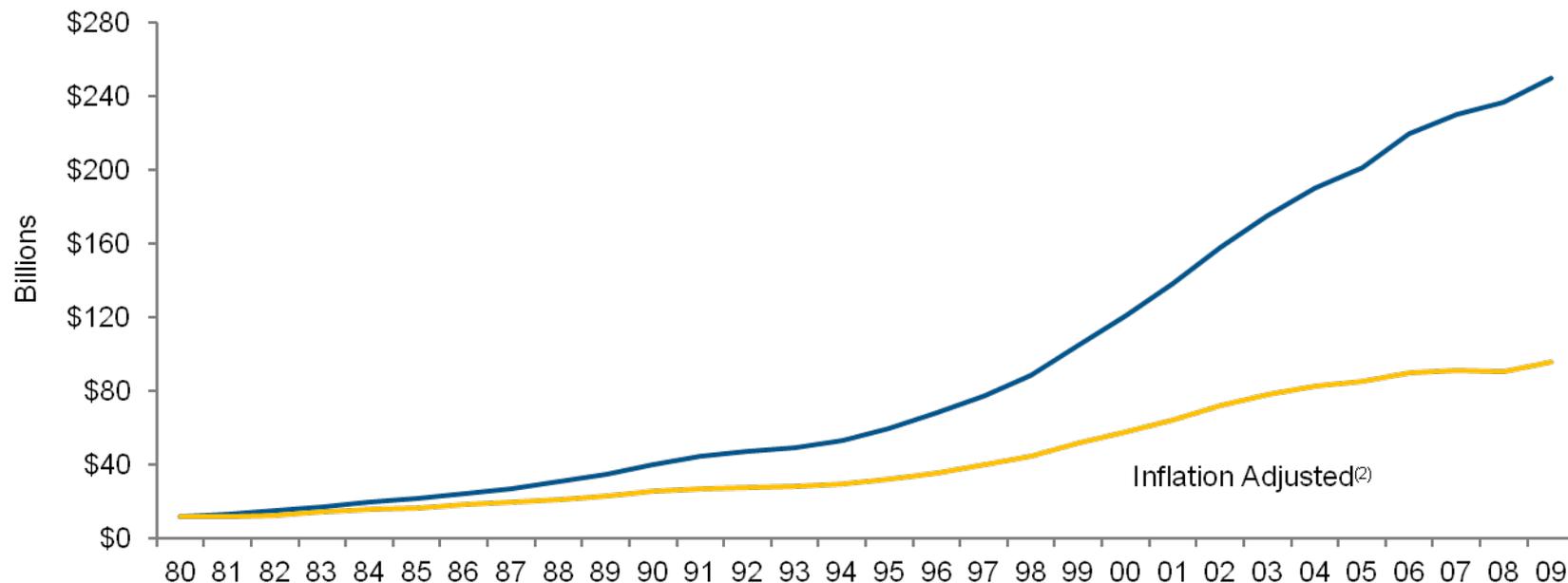
Chart 1.9: Consumer Out-of-pocket Payments for National Health Expenditures, 1990 – 2009⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.10: Total Prescription Drug Spending, 1980 – 2009⁽¹⁾

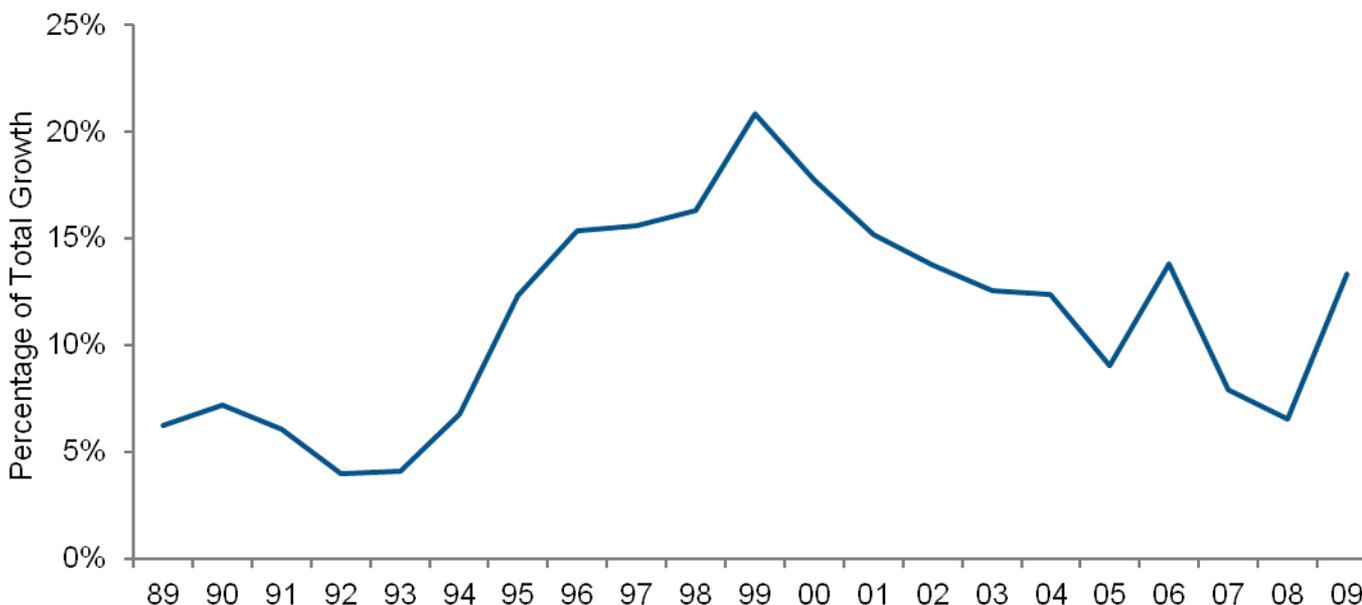


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for All Urban Consumers.

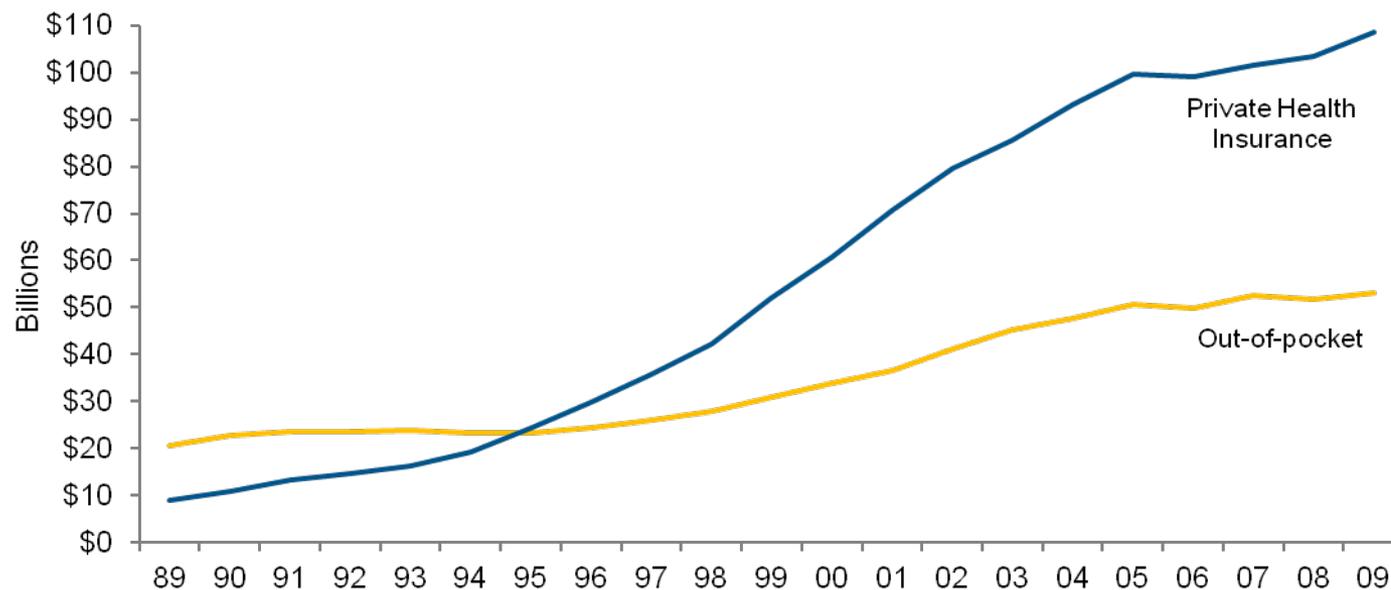
Chart 1.11: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1989 – 2009⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

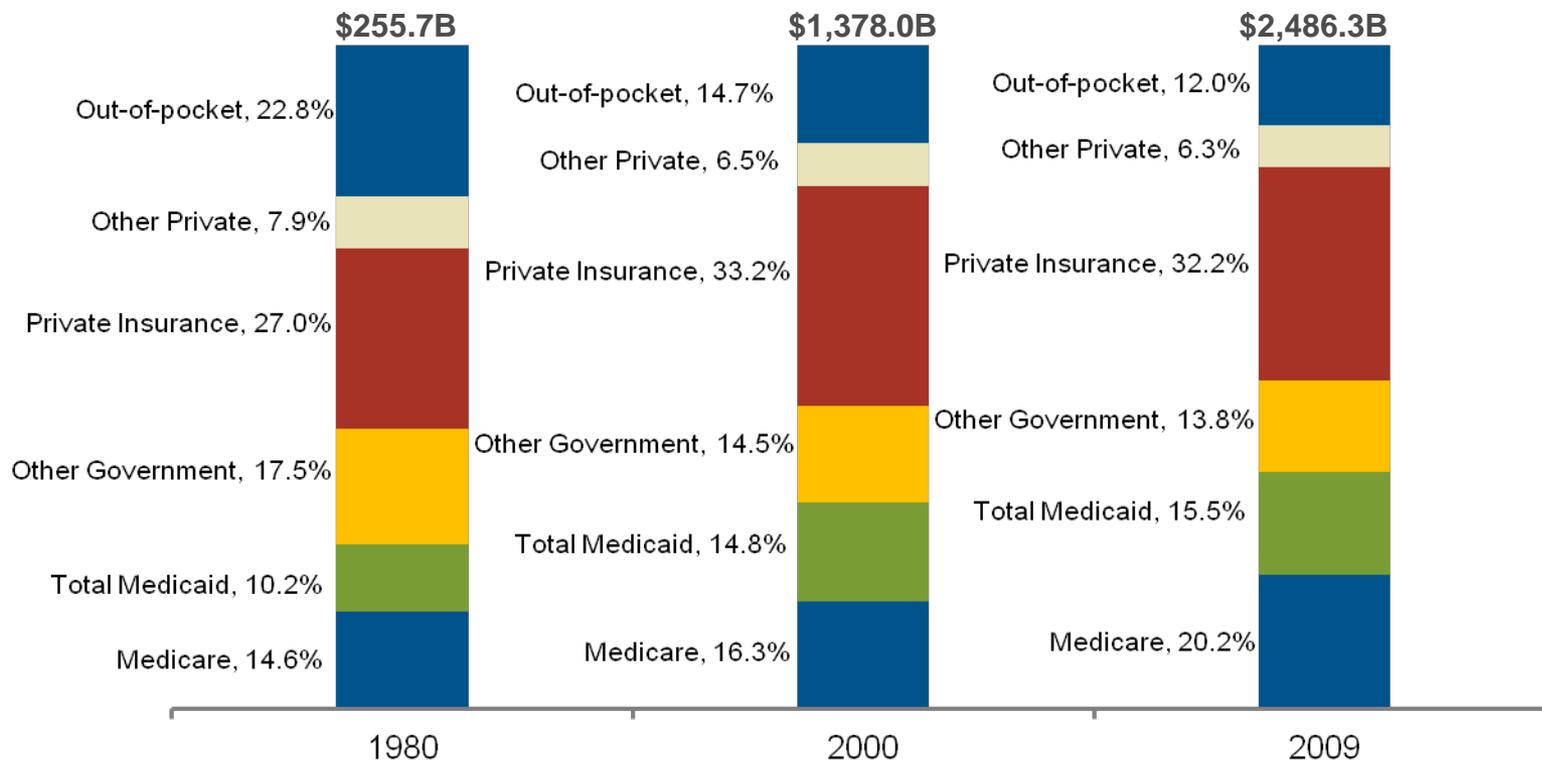
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

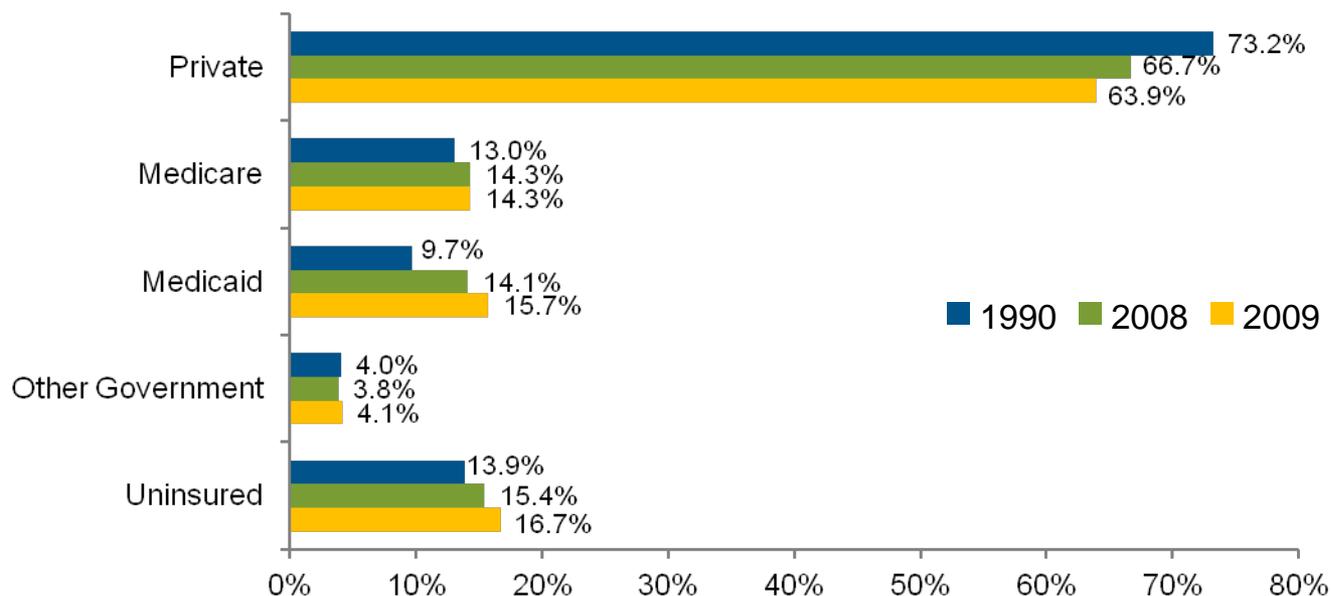
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

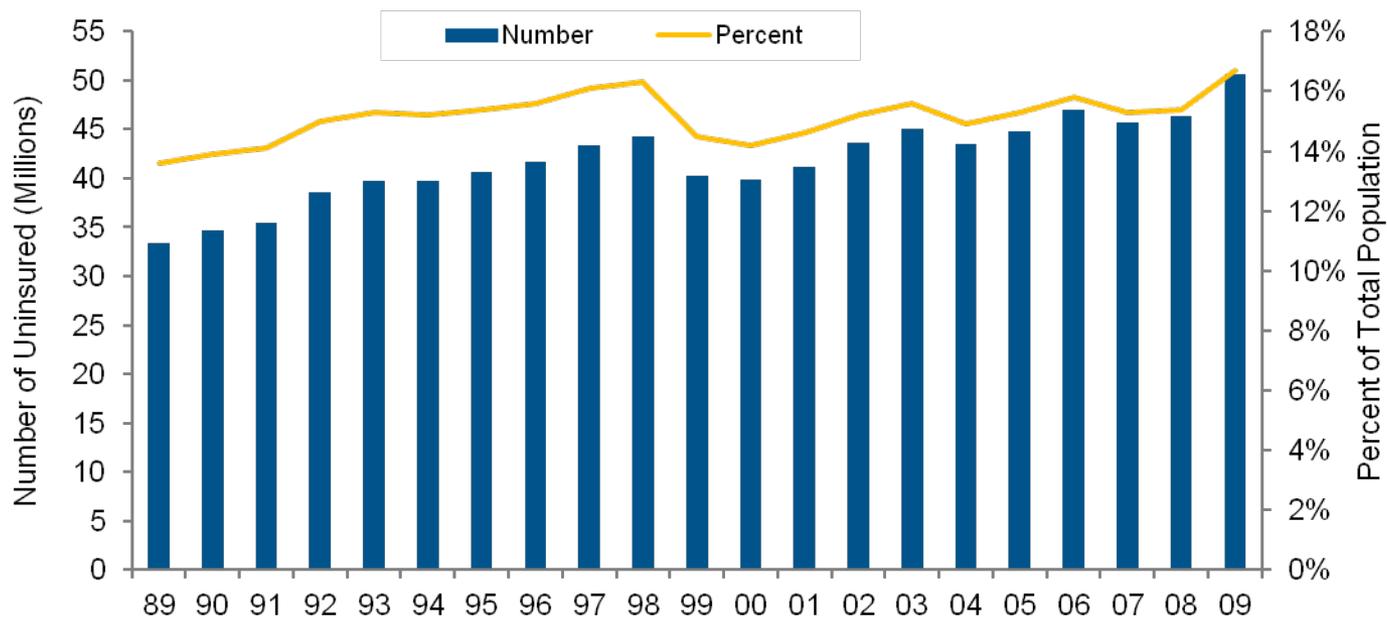
⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

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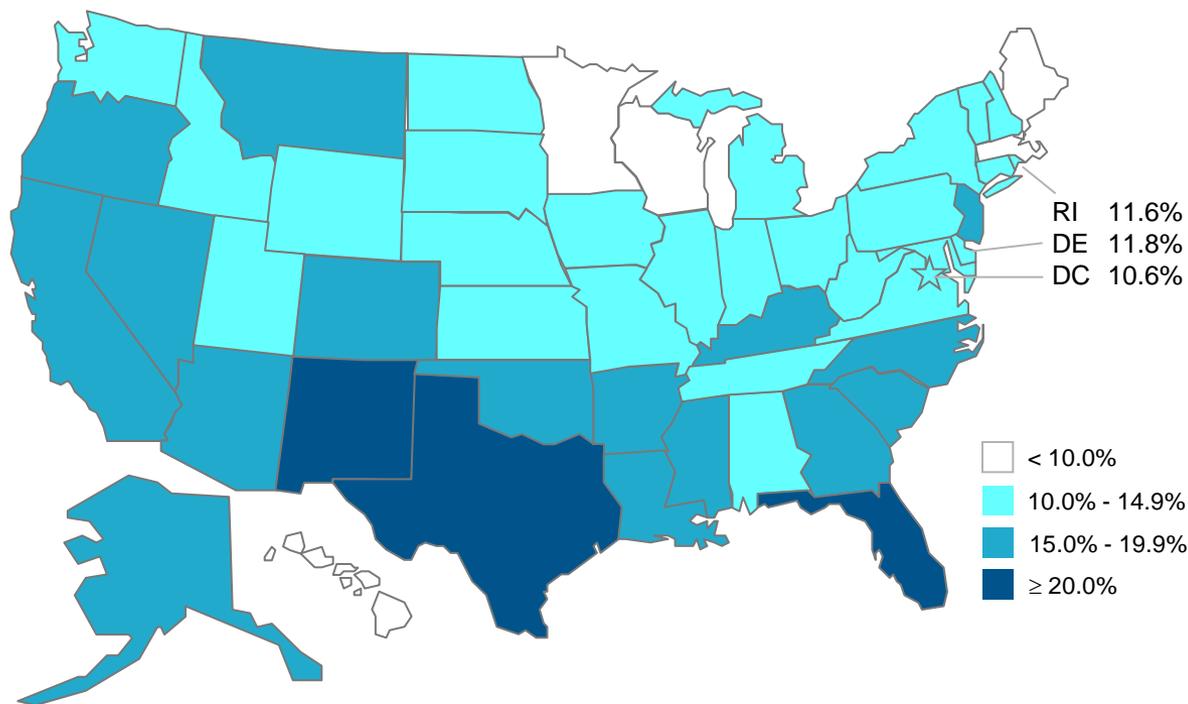
Source: US Census Bureau, Current Population Survey, 2010 Annual and Social Economic Supplement. Data released March 2010. Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2009. Link: http://www.census.gov/hhes/www/cpstables/032010/health/h05_000.htm.

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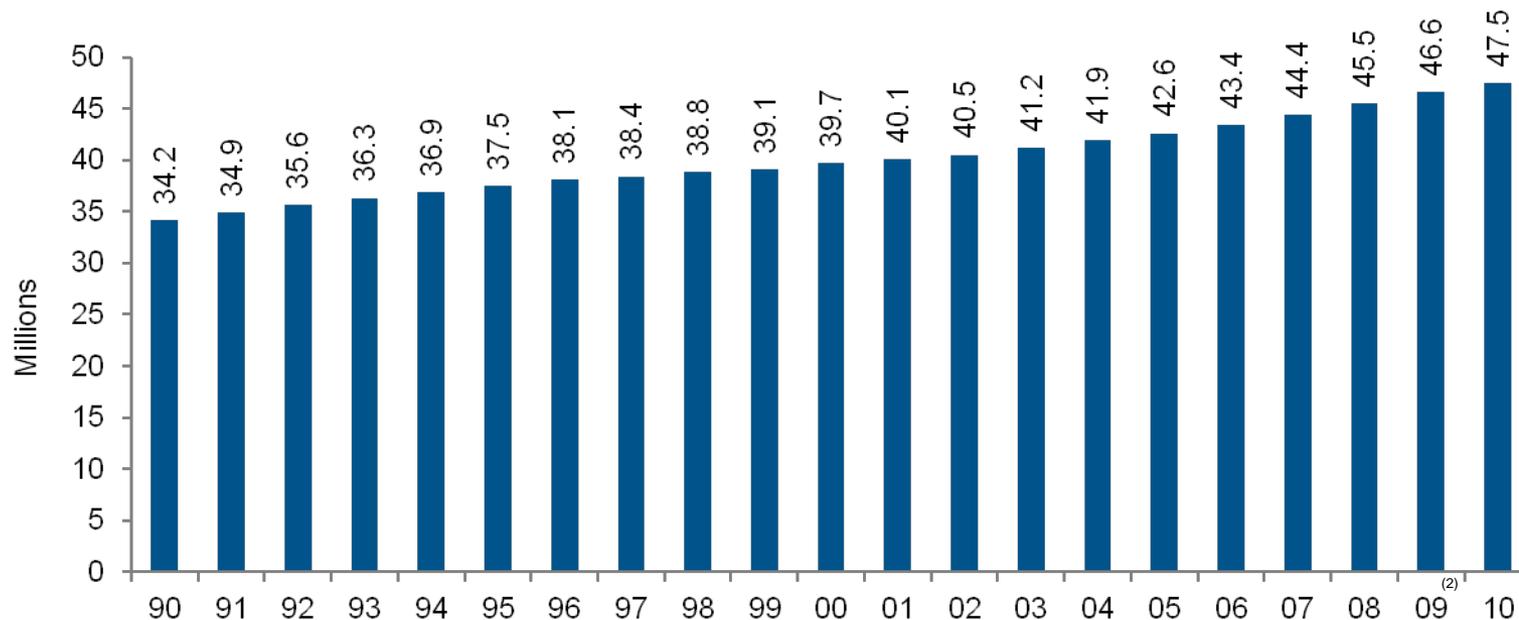
Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009. Data released September 2010. Table 8. People Without Health Insurance Coverage by Selected Characteristics: 2008 and 2009.
Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2009/tab8.pdf>.

Chart 1.16: Average Percent Uninsured by State, 2007 – 2009



Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009. Data released August 2010. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2009/state.xls>.

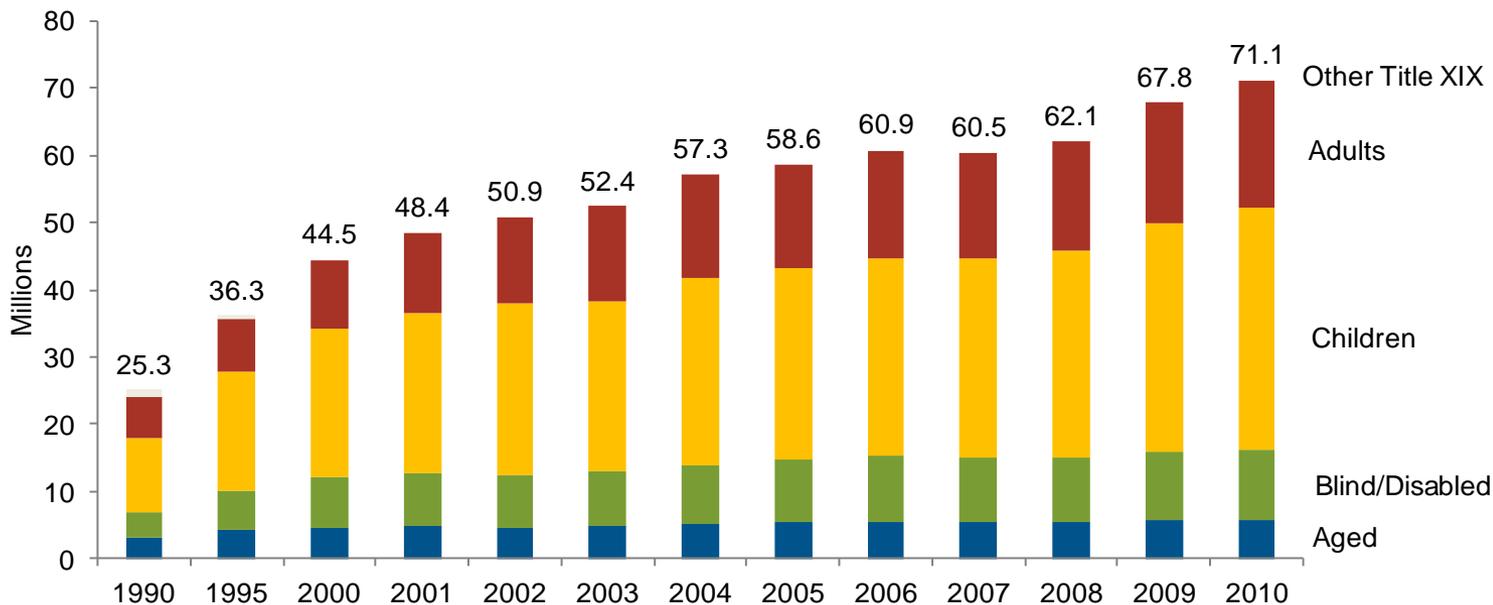
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Source: Centers for Medicare & Medicaid Services. Medicare Enrollment: National Trends, 1966 – 2005; Medicare Aged and Disabled Enrollees by Type of Coverage. Link: <http://www.cms.hhs.gov/MedicareEnRpts/Downloads/HISMI05.pdf> (for years 1988 – 2000). CMS, Office of the Actuary. Email correspondence with CMS staff (for years 2001 – 2010).

- (1) Hospital insurance (Part A) enrollees and/or Supplementary Medical Insurance (Part B) enrollees; includes all persons (aged and disabled).
- (2) 2009 figure reflects revised data obtained through email correspondence.

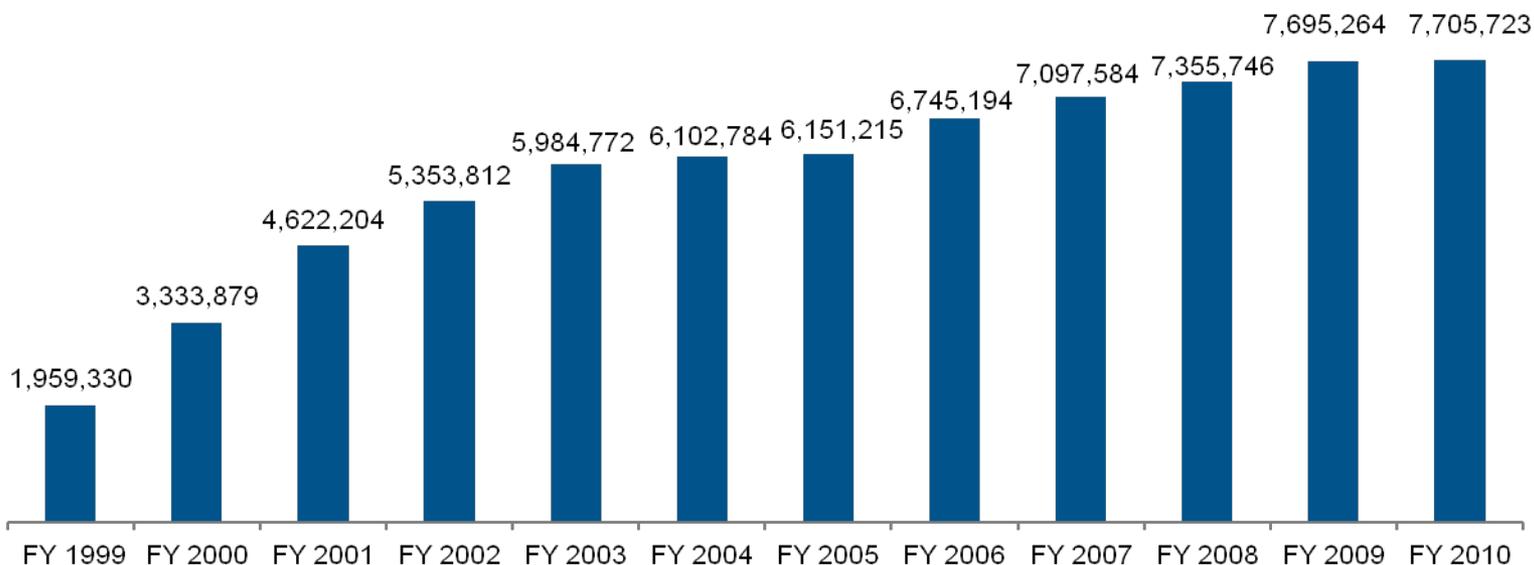
Chart 1.18: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2010



Source: Congressional Budget Office. Data released February 2010. Spending and Enrollment Detail for CBO's March 2010 Baseline: Medicaid. Link: <http://www.cbo.gov/budget/factsheets/2010b/medicaidBaseline.pdf>.

⁽¹⁾ Does not include CHIP Enrollees.

Chart 1.19: National CHIP Enrollment,^(1, 2) FY 1999 – FY 2010

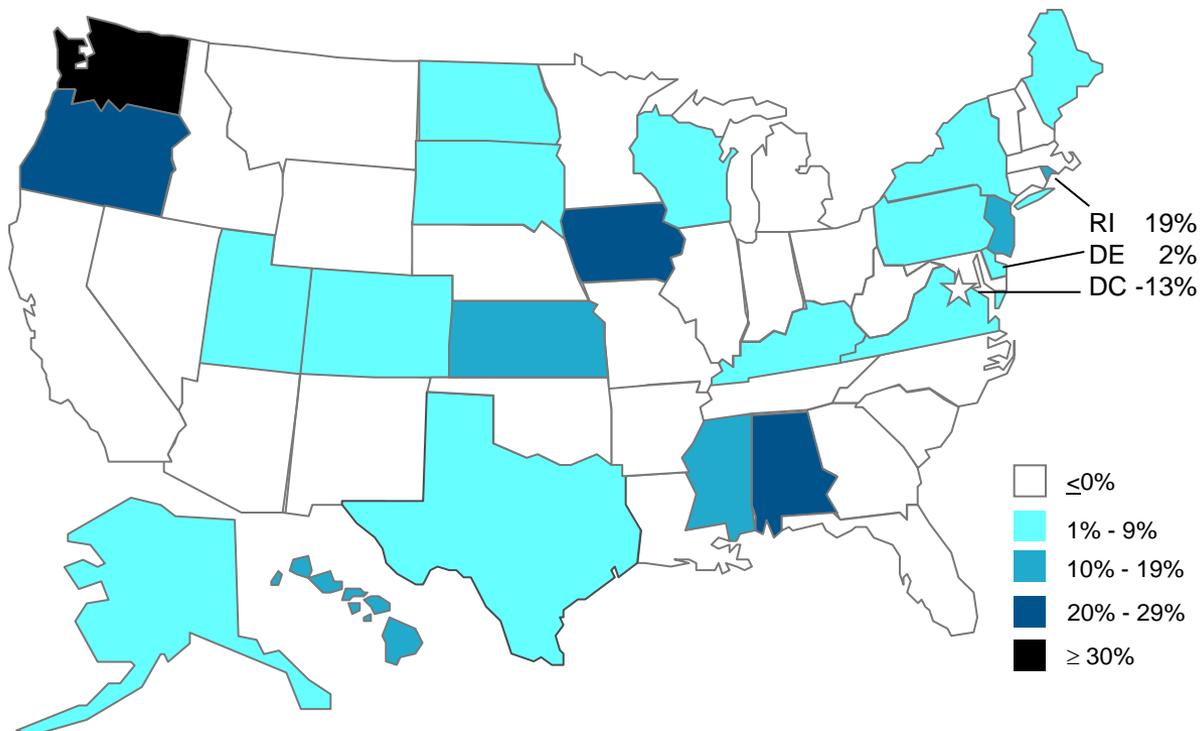


Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. Link: <http://www.cms.hhs.gov/NationalCHIPPolicy/downloads/CHIEverEnrolledYearGraph.pdf>.

⁽¹⁾ Number of children enrolled at any point in the year.

⁽²⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

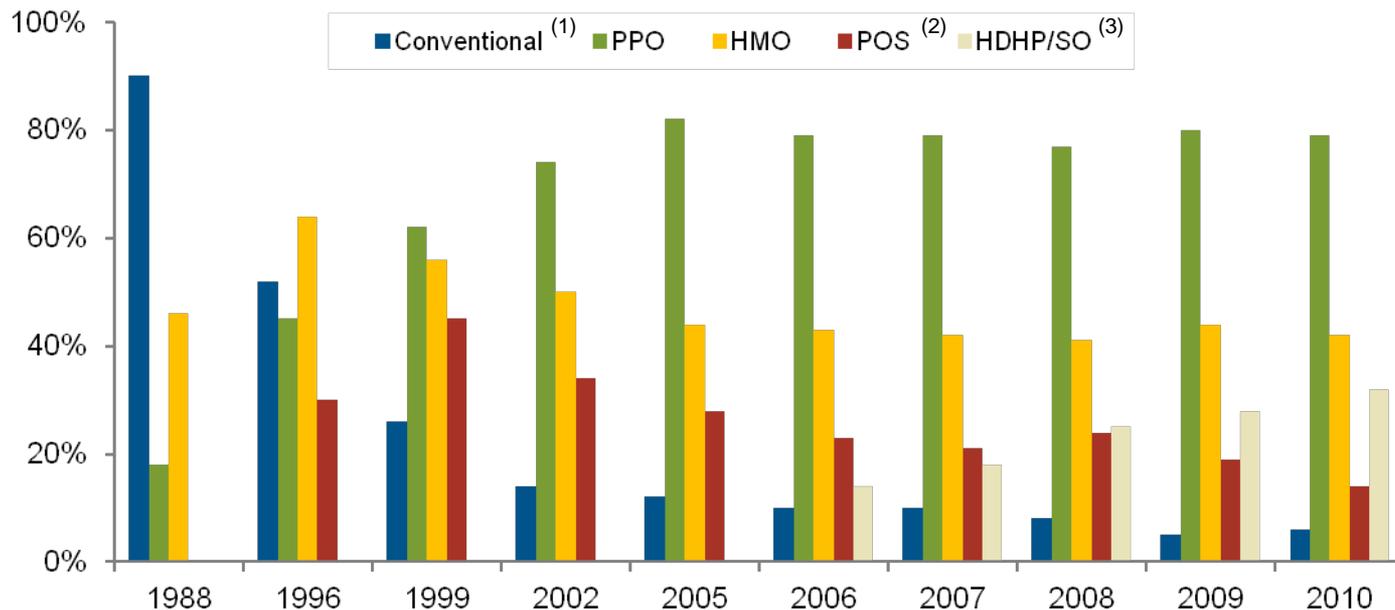
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Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. Link: http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateCHIPTotalTable_020111_FINAL.pdf.

⁽¹⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

Chart 1.21: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2010



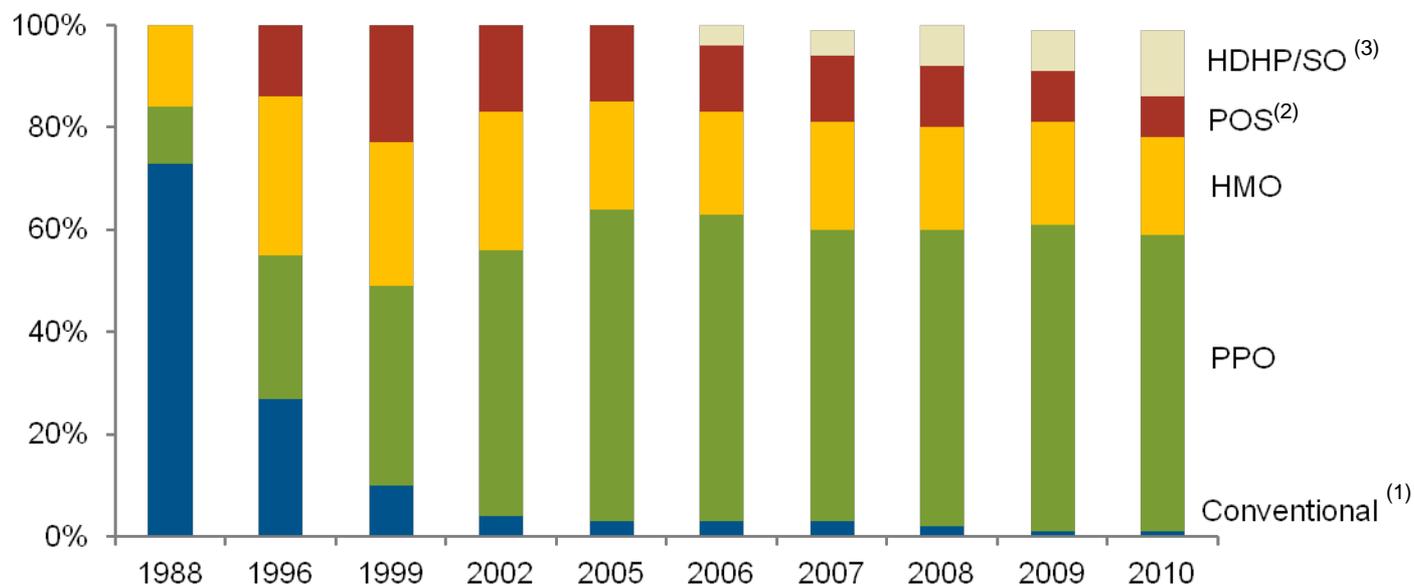
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2010. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010. Link: <http://ehbs.kff.org/pdf/2010/8085.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.22: Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2010



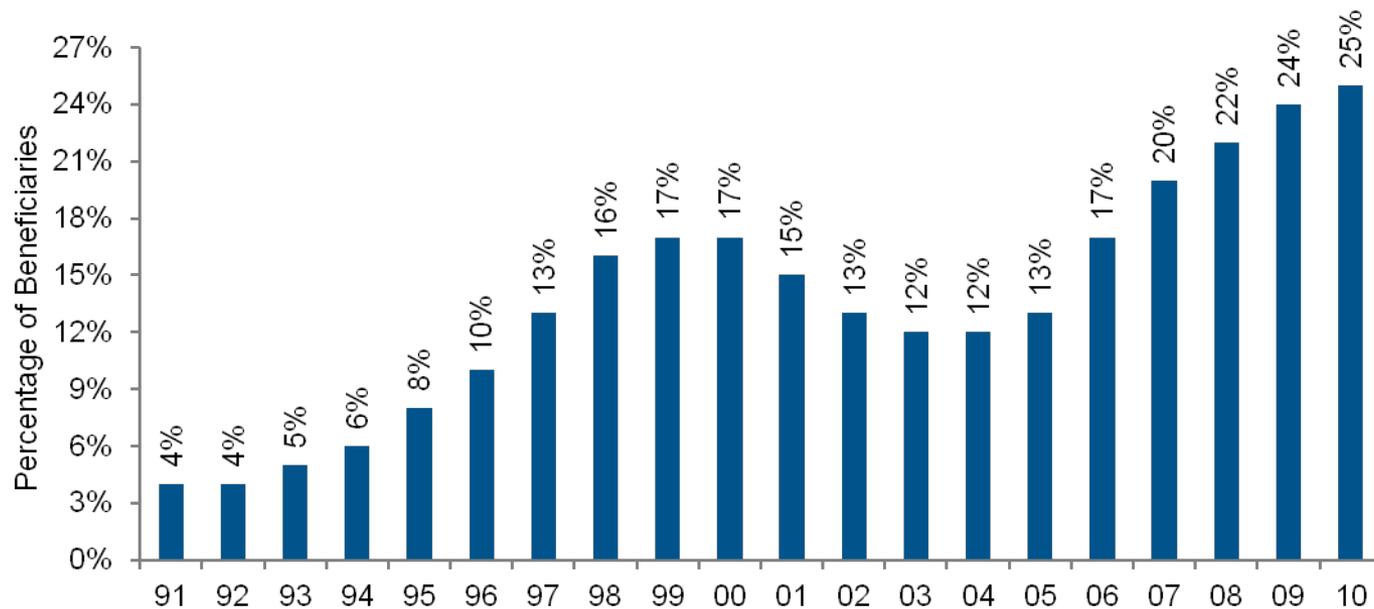
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2010. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010. Link: <http://ehbs.kff.org/pdf/2010/8085.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

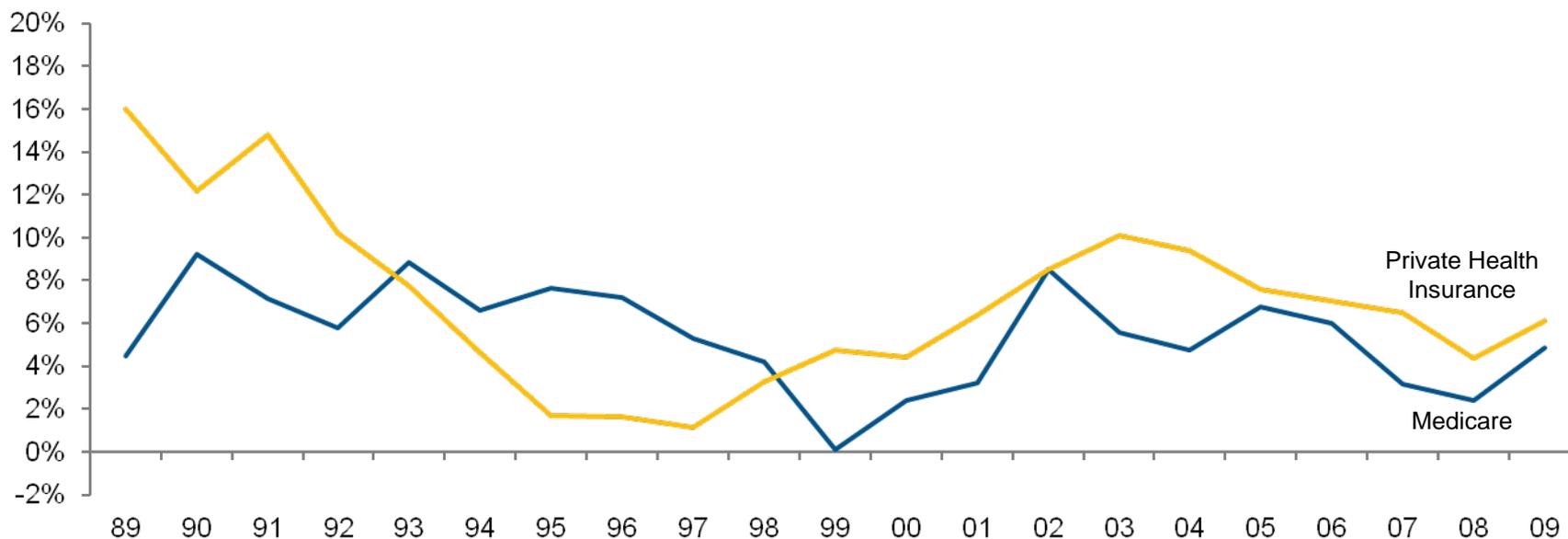
(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.23: Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1991 – 2010



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Email correspondence with CMS staff in January 2011.

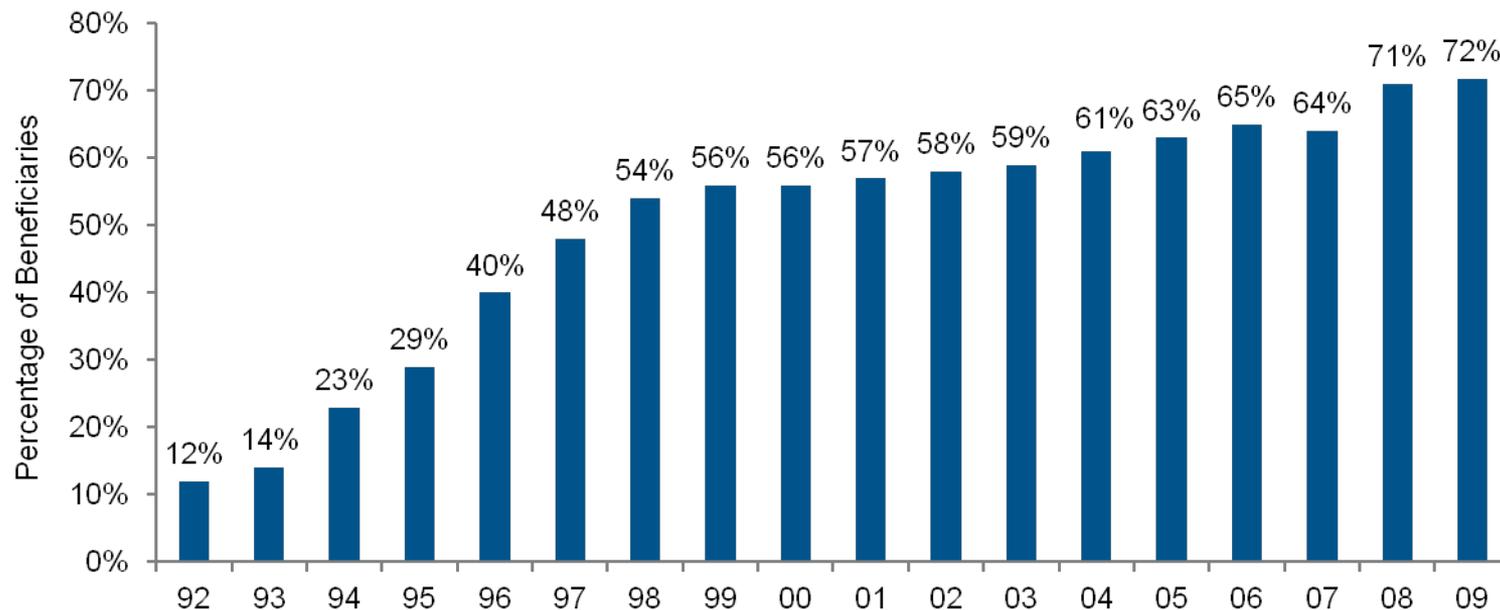
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

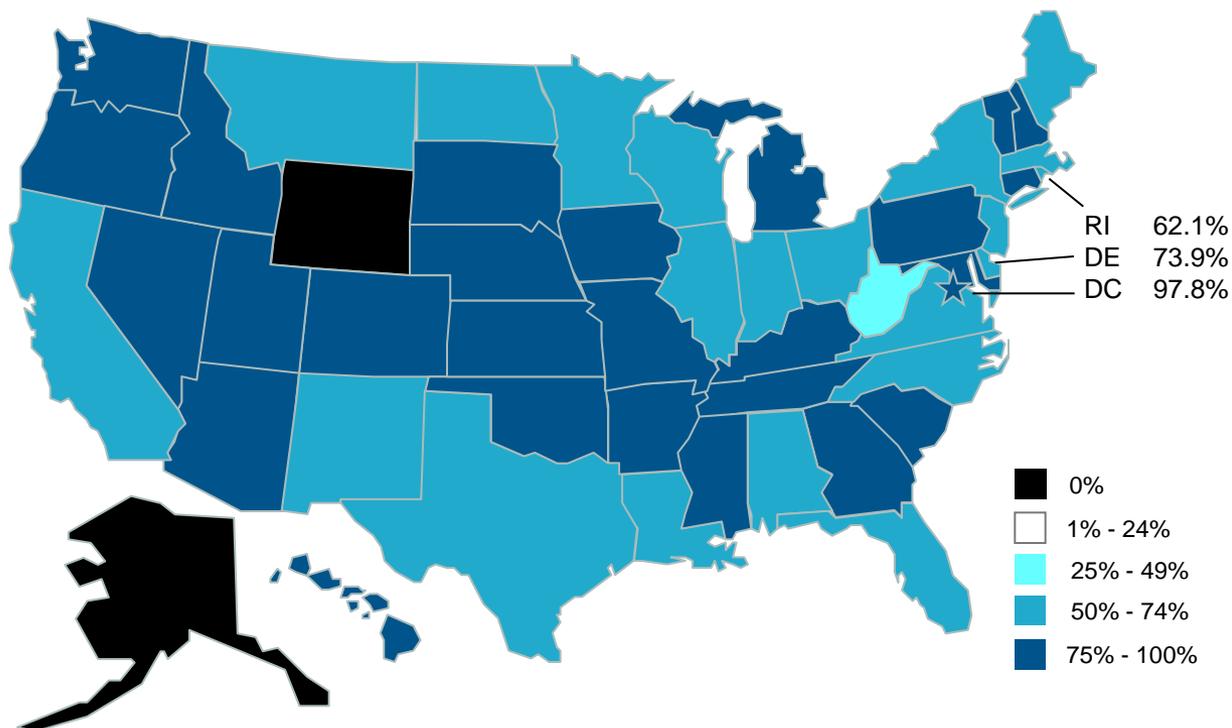
- (1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.
- (2) Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

Chart 1.25: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care, 1992 – 2009



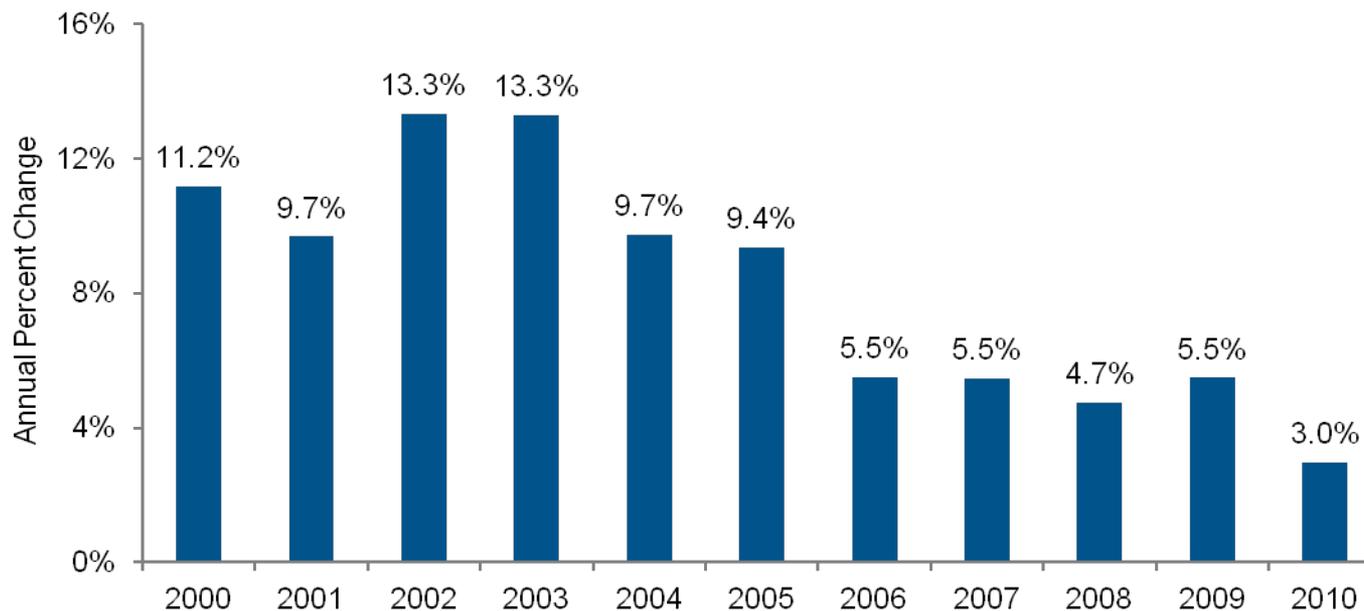
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2009.

Chart 1.26: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2009



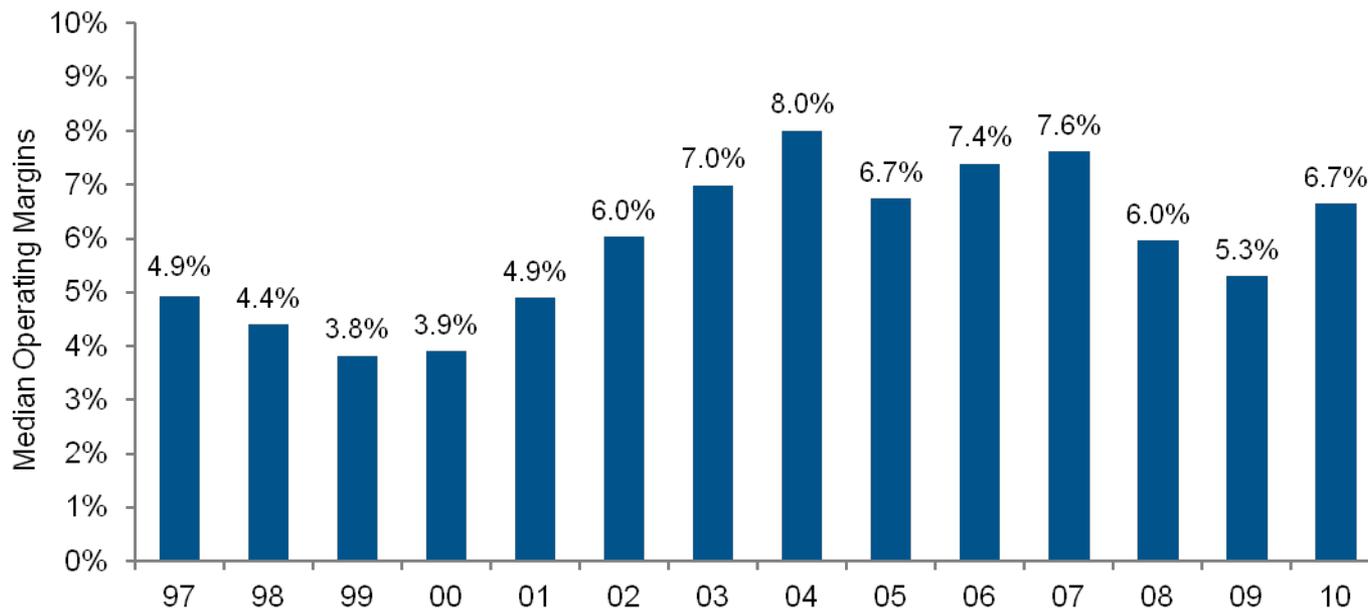
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2009.

Chart 1.27: Annual Change in Health Insurance Premiums, 2000 – 2010



Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2010. Employer Health Benefits: 2010. Link: <http://ehbs.kff.org/pdf/2010/8085.pdf>.

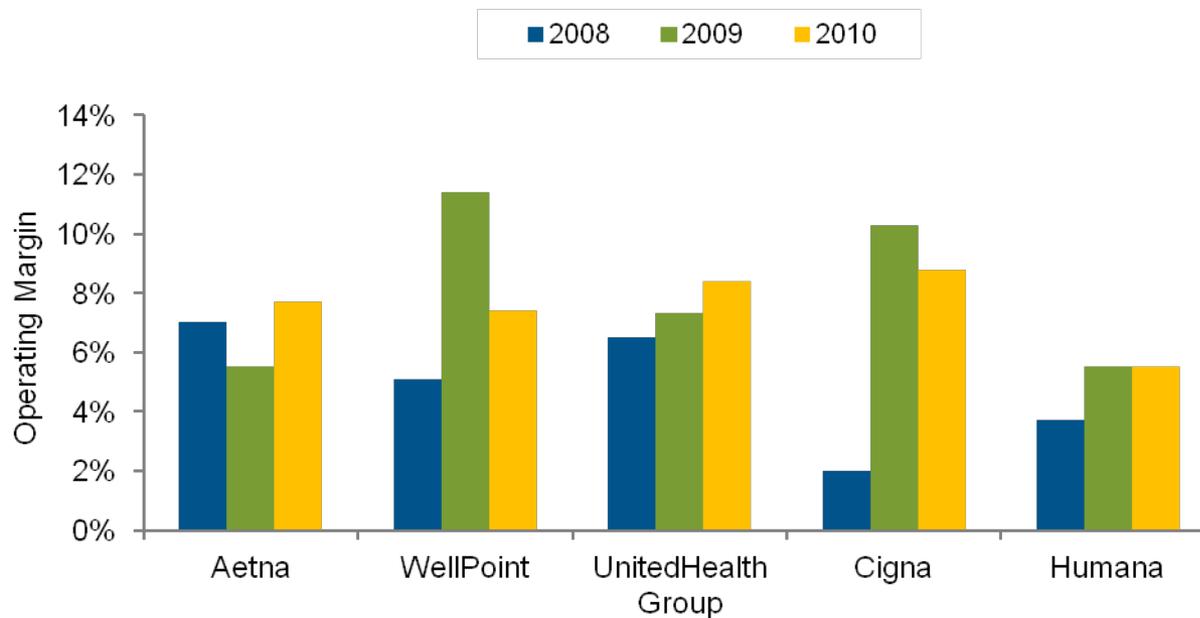
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Source: Company documents of publicly traded managed care plans.

⁽¹⁾ Represents earnings before interest and taxes over net revenues for the total service lines of the 12 largest publicly traded managed care plans.

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Source: Hoovers. Data for all years updated as of March 2011. Link: www.hoovers.com.



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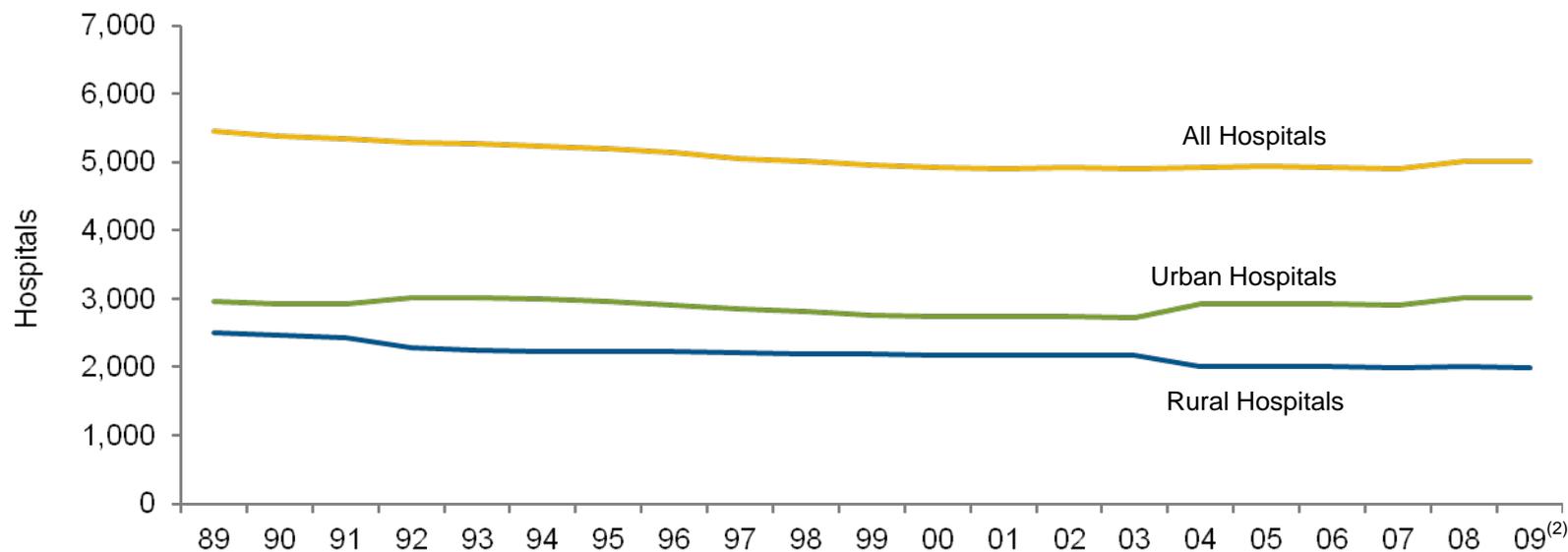
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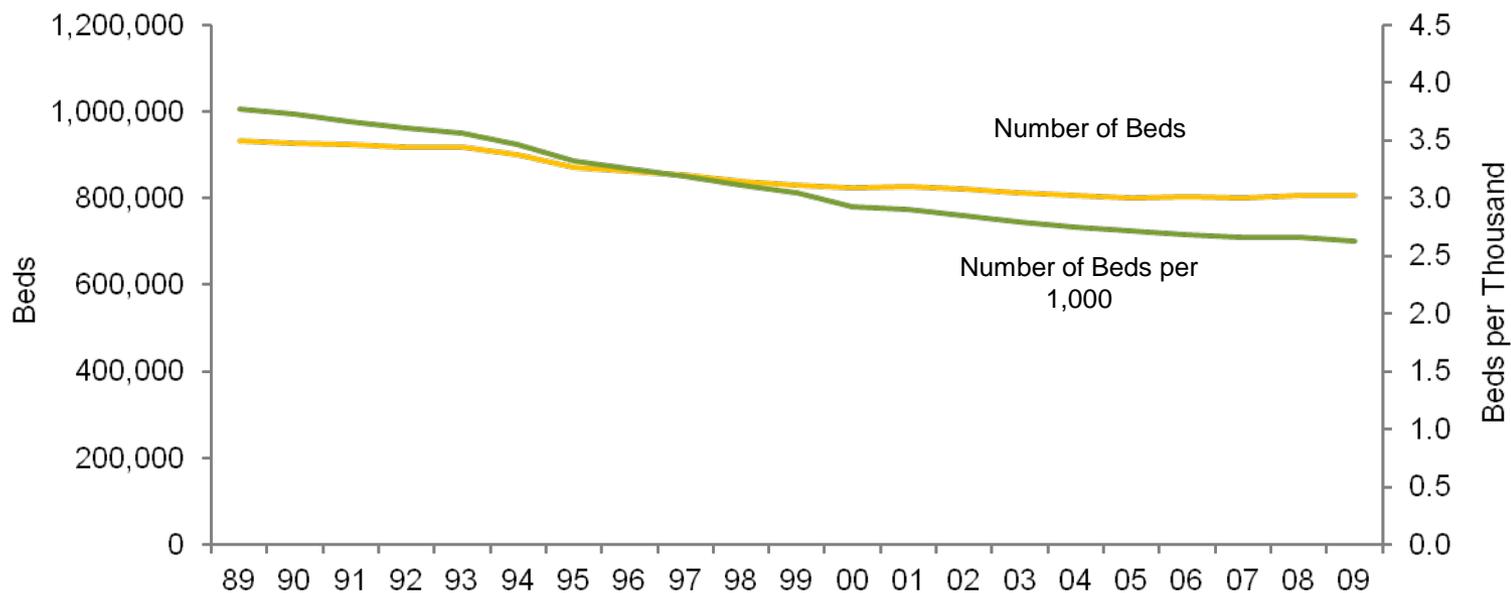
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

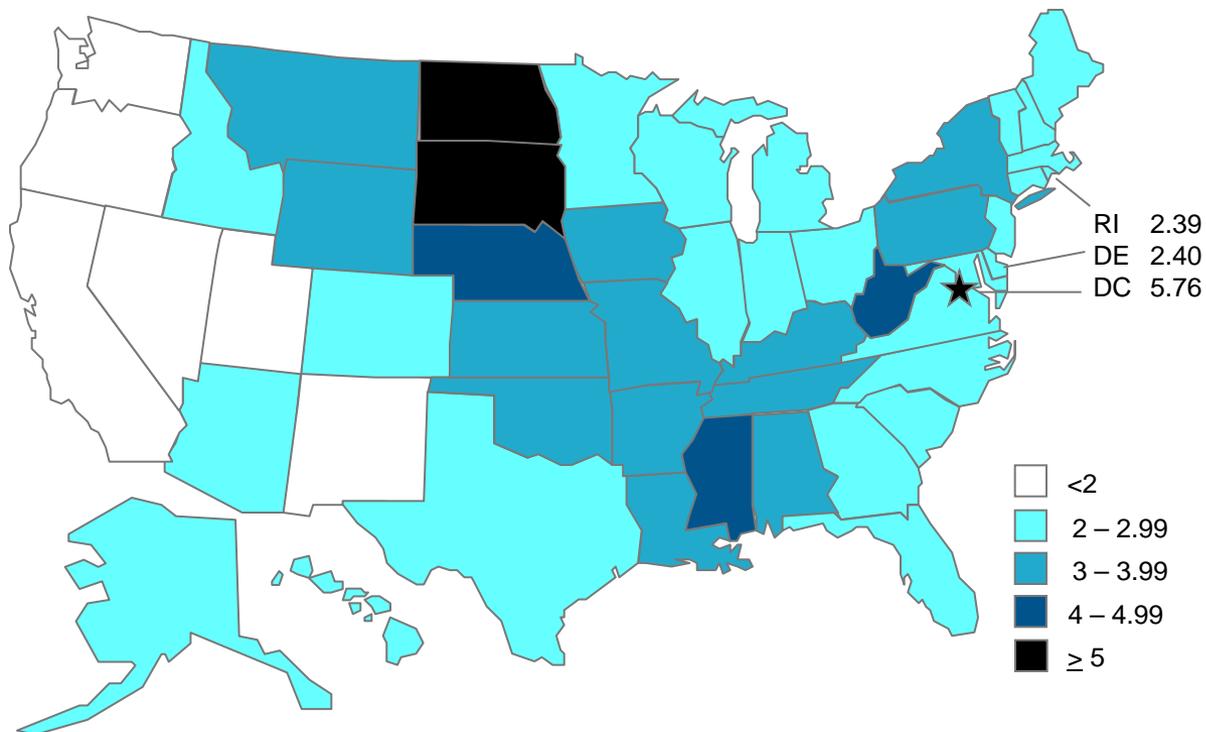
- (1) All nonfederal, short-term general, and specialty hospitals whose facilities and services are available to the public.
- (2) Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Chart 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1989 – 2009



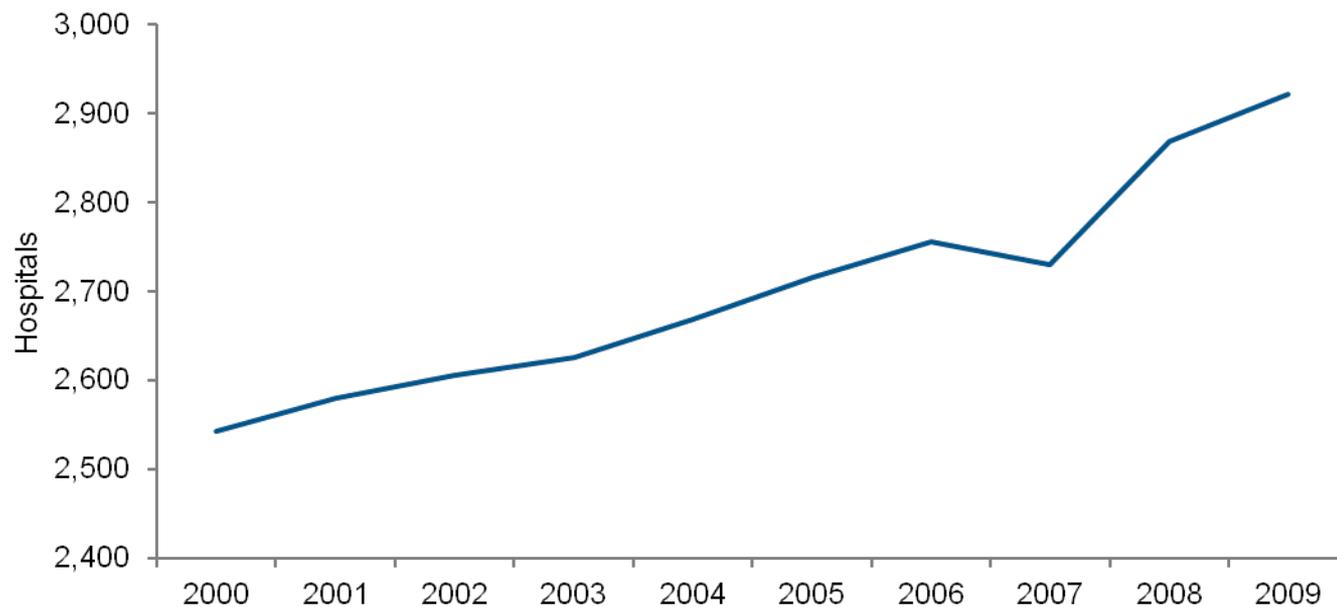
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Chart 2.3: Beds per 1,000 by State, 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009.
Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

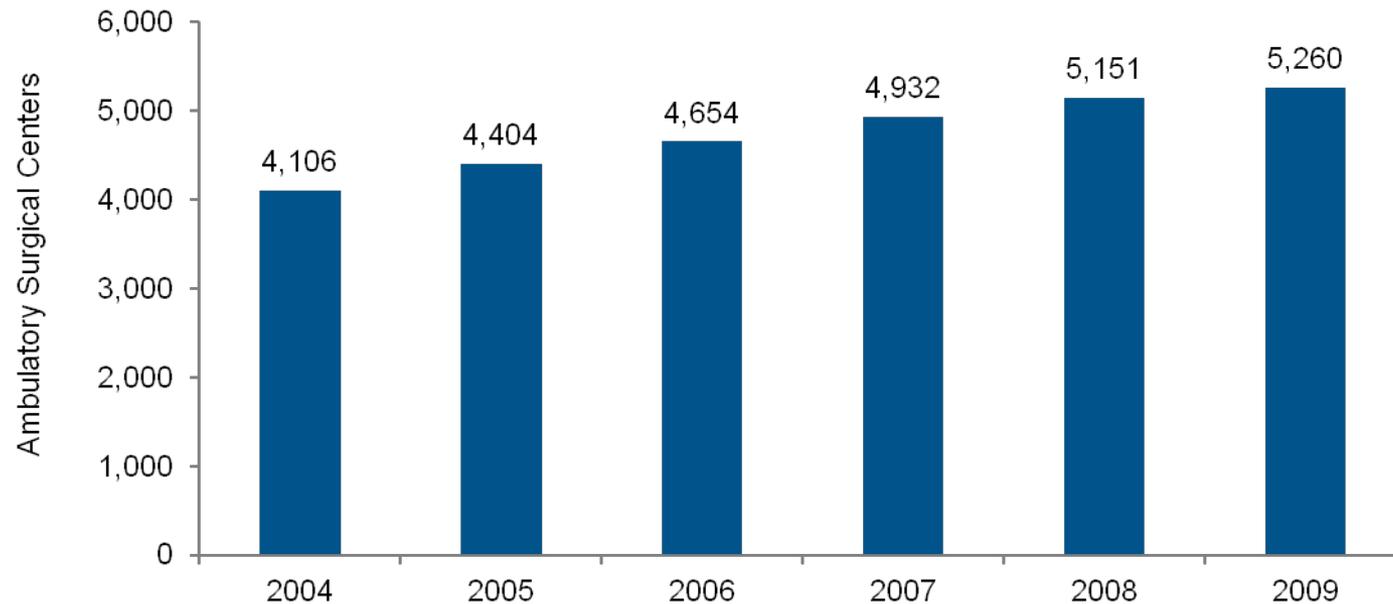
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

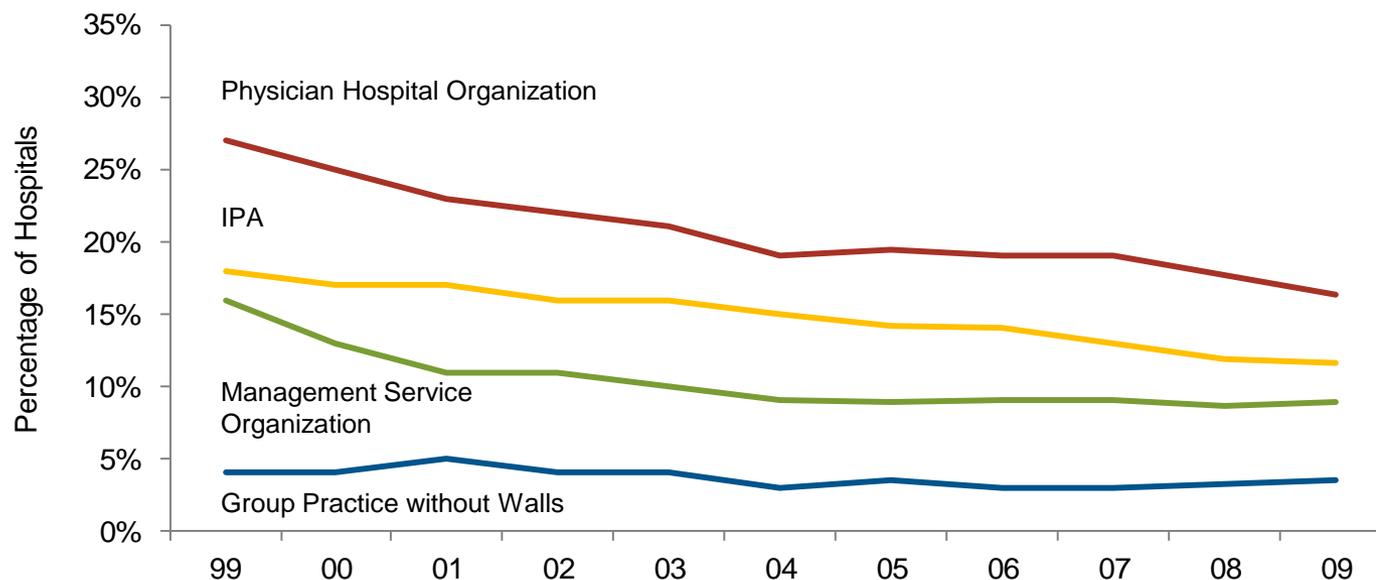
⁽¹⁾ Hospitals that are part of a corporate body that may own and/or manage health provider facilities or health-related subsidiaries as well as non-health-related facilities including freestanding and/or subsidiary corporations.

Chart 2.5: Number of Medicare-certified Ambulatory Surgical Centers, 2004 – 2009



Source: Medicare Payment Advisory Commission. (March 2011). *Report to Congress: Medicare Payment Policy*.
Link: http://www.medpac.gov/documents/Mar11_EntireReport.pdf.

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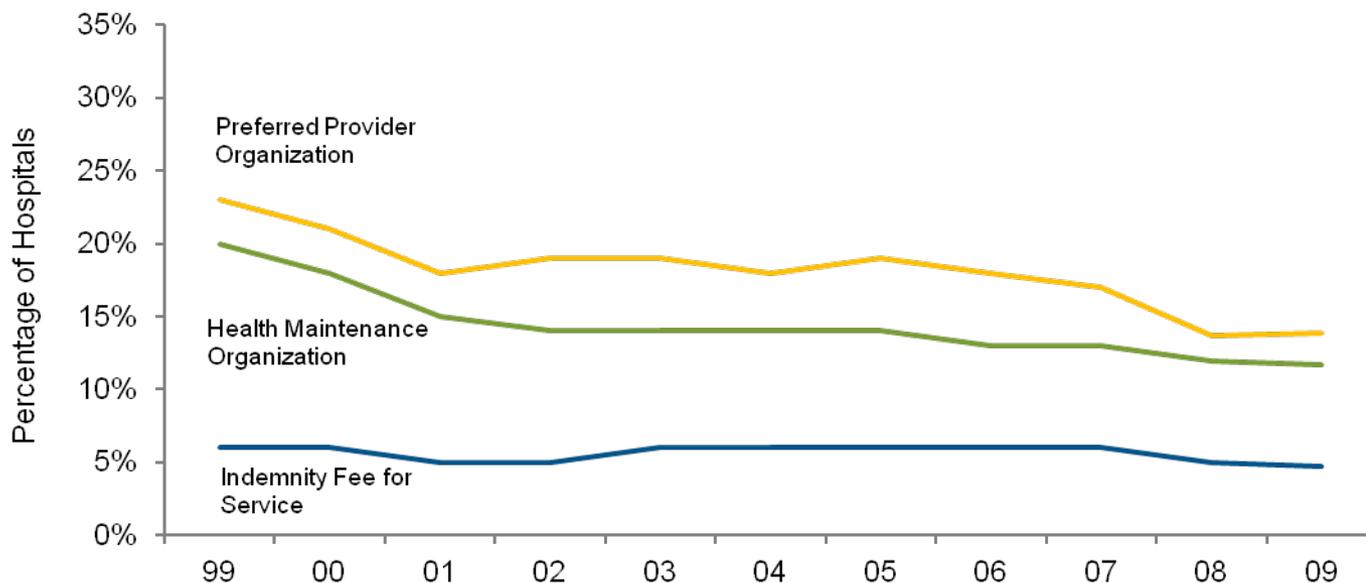


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

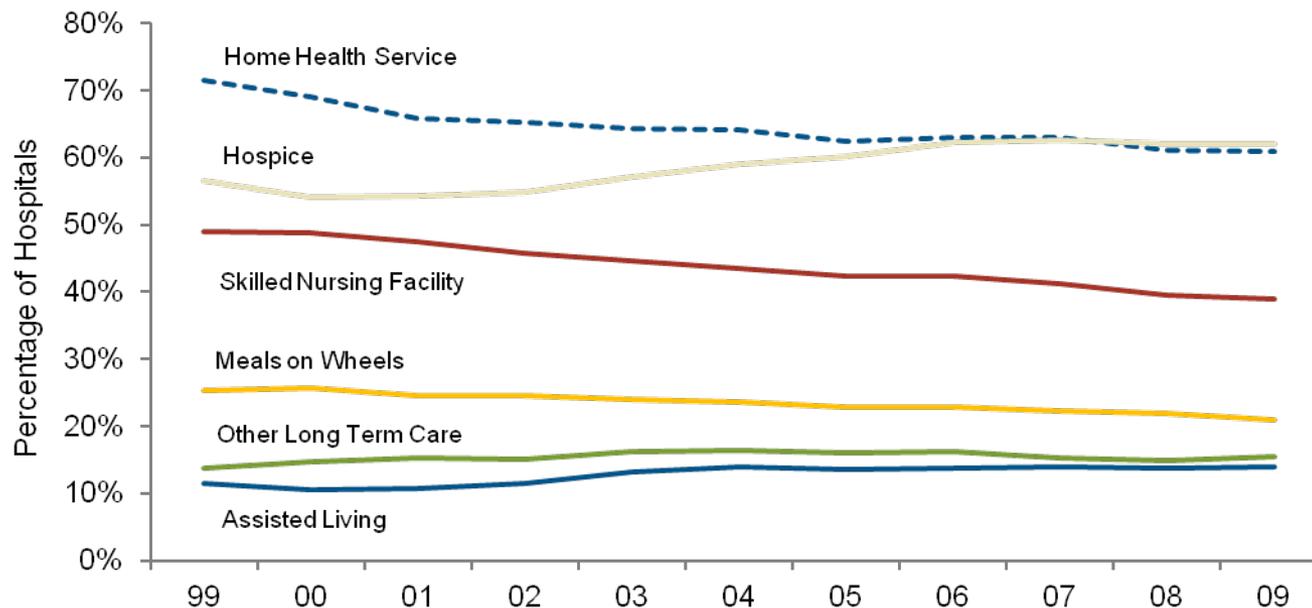
Previously Chart 2.7 in 2009 and earlier years' Chartbooks.

Chart 2.7: Percentage of Hospitals with Insurance Products by Type of Insurance, 1999 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. Previously Chart 2.8 in 2009 and earlier years' Chartbooks.

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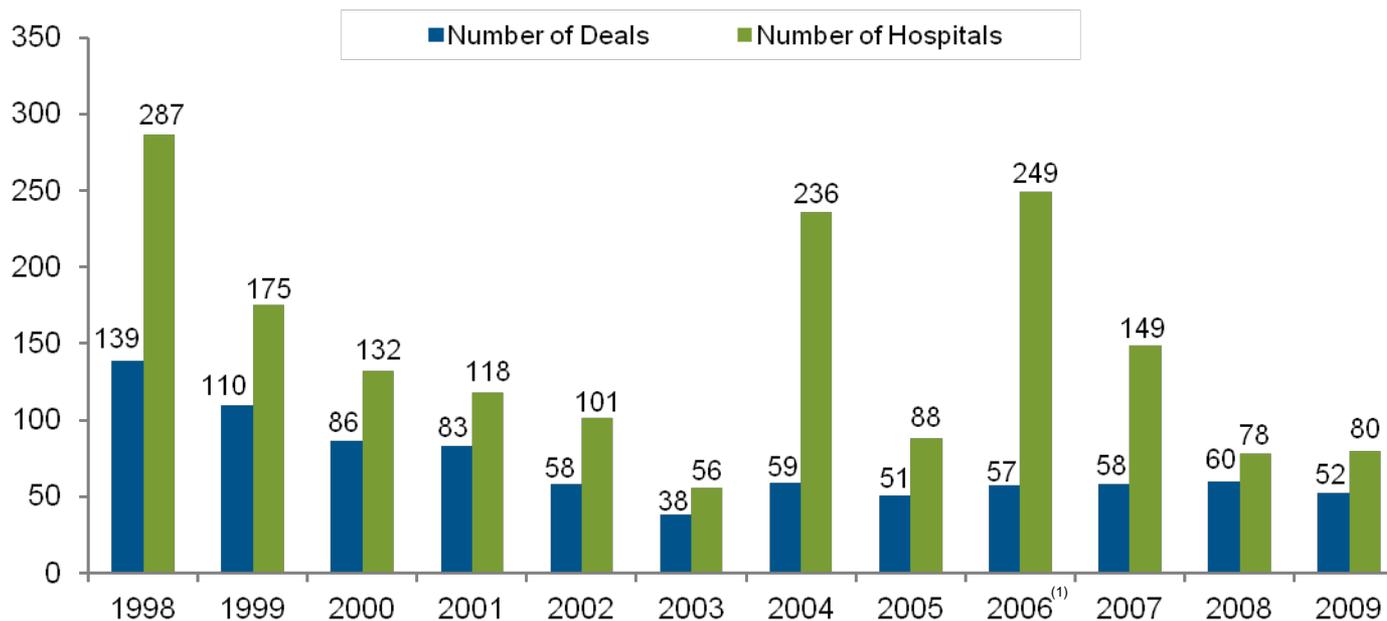


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.

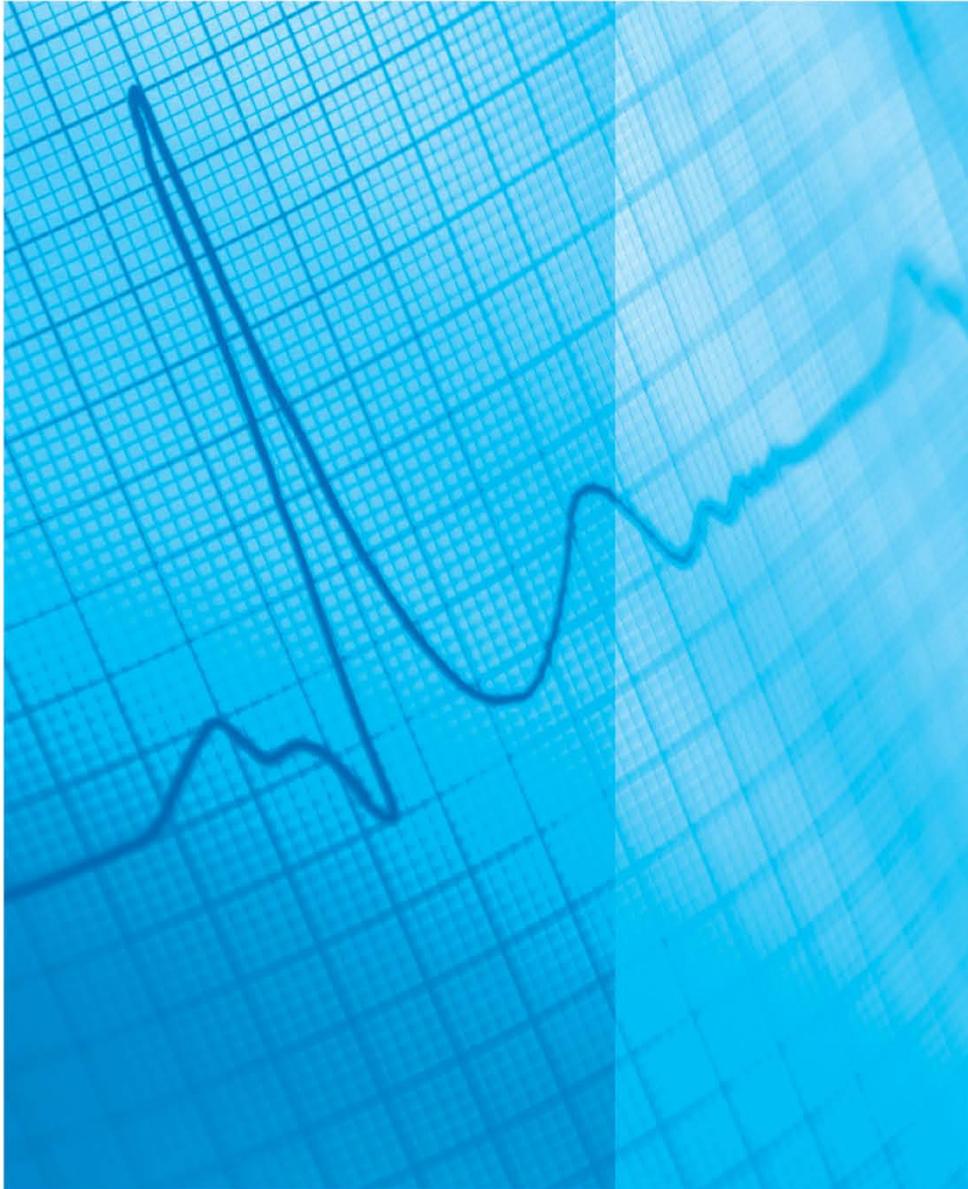
Previously Chart 2.9 in 2009 and earlier years' Chartbooks.

Chart 2.9: Announced Hospital Mergers and Acquisitions, 1998 – 2009



Source: Irving Levin Associates, Inc., *The Health Care Acquisition Report*, Sixteenth Edition, 2010.

⁽¹⁾ In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.



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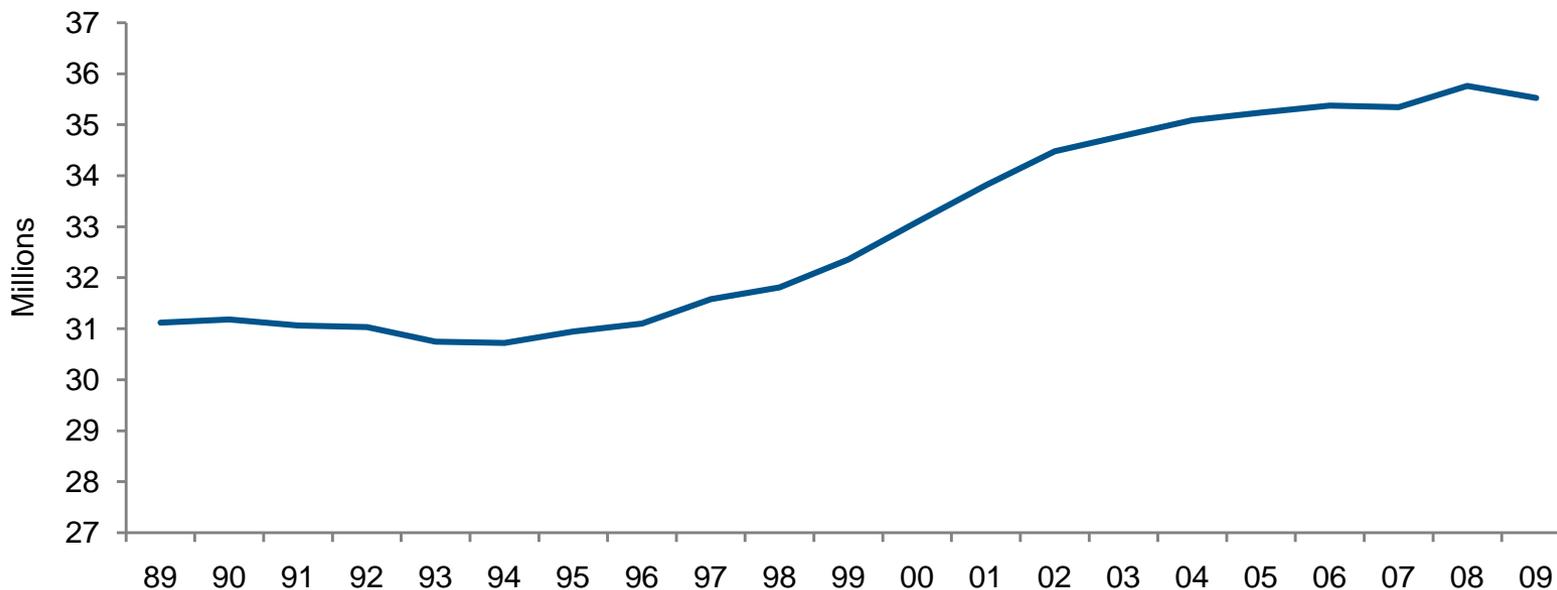
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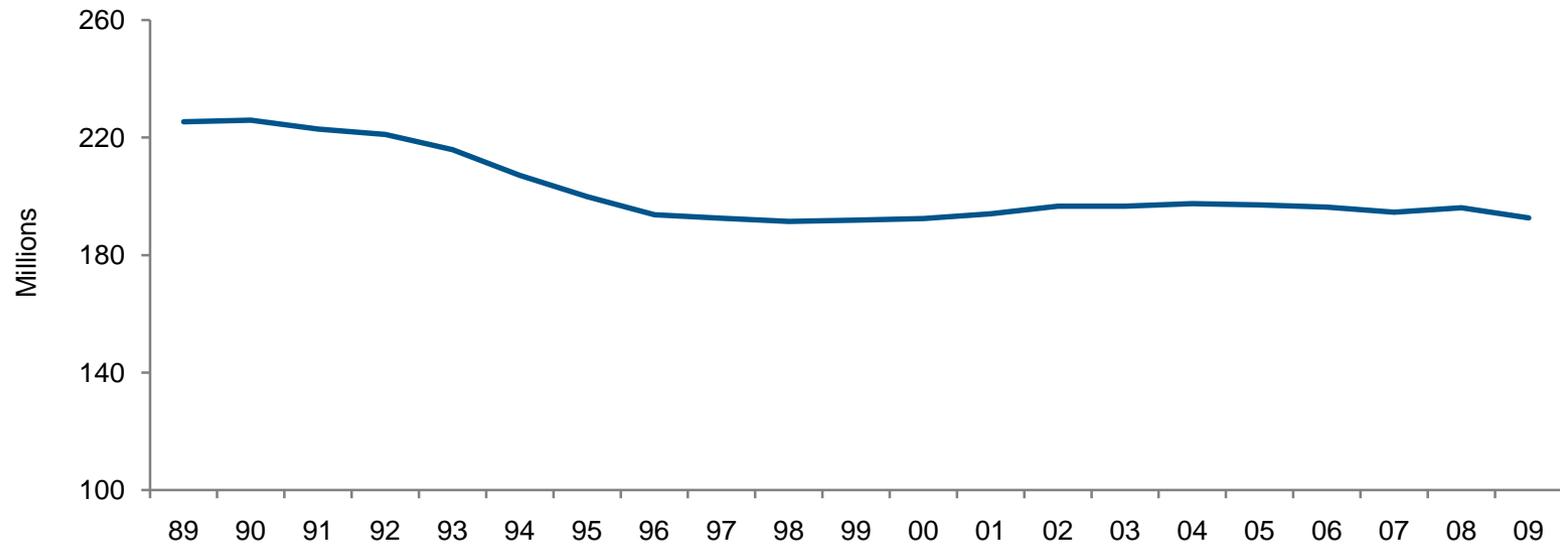
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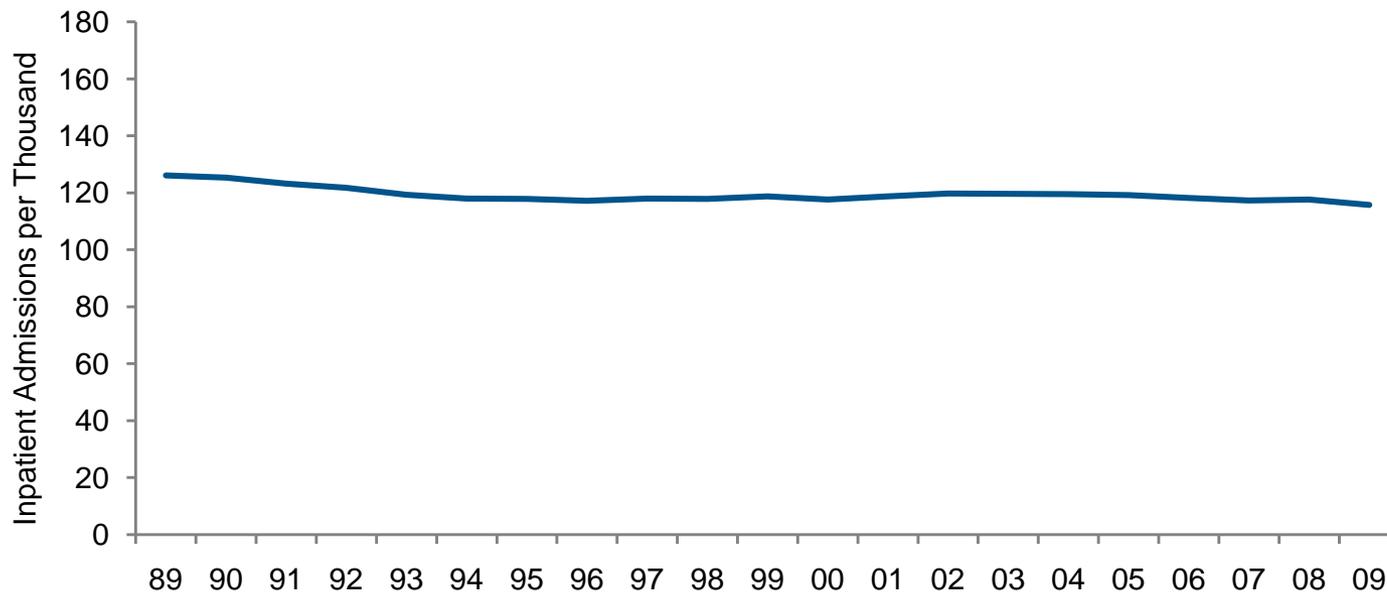
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

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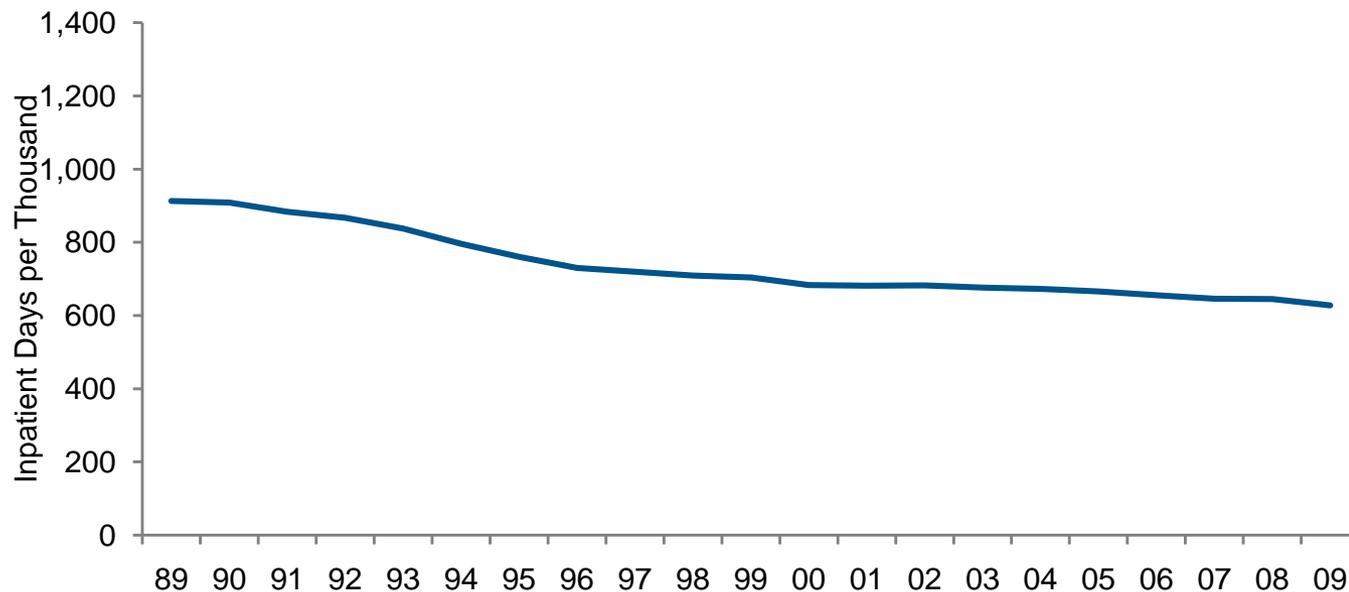
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

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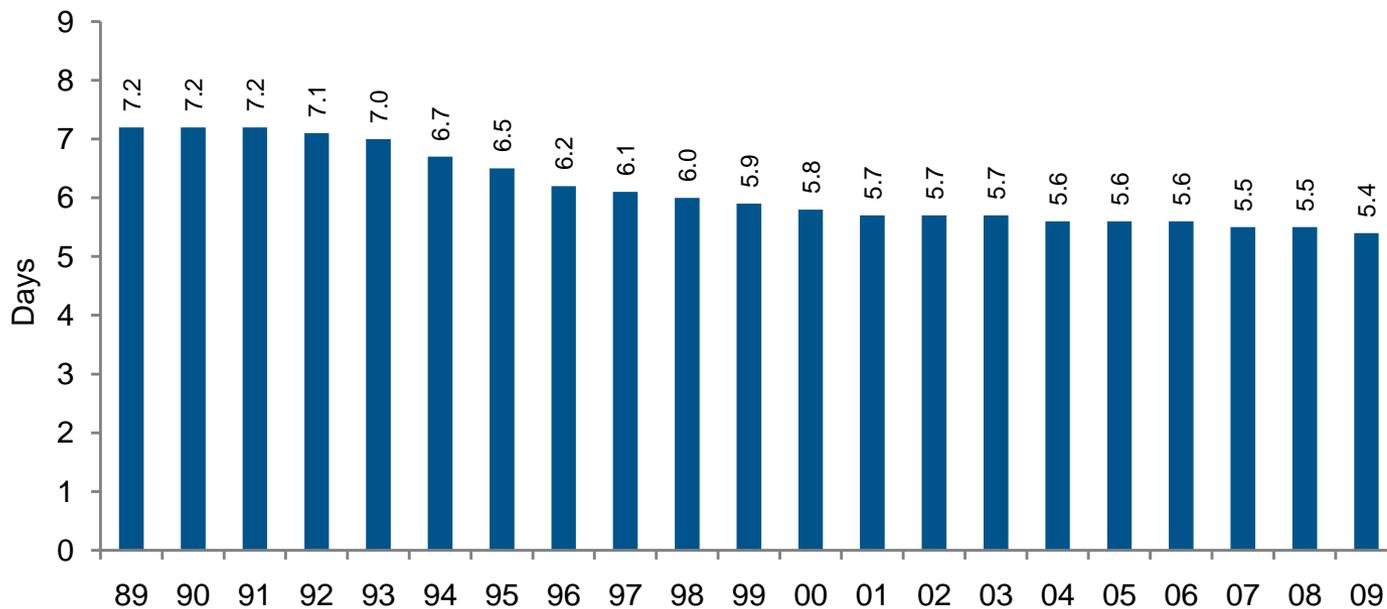
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009.
Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

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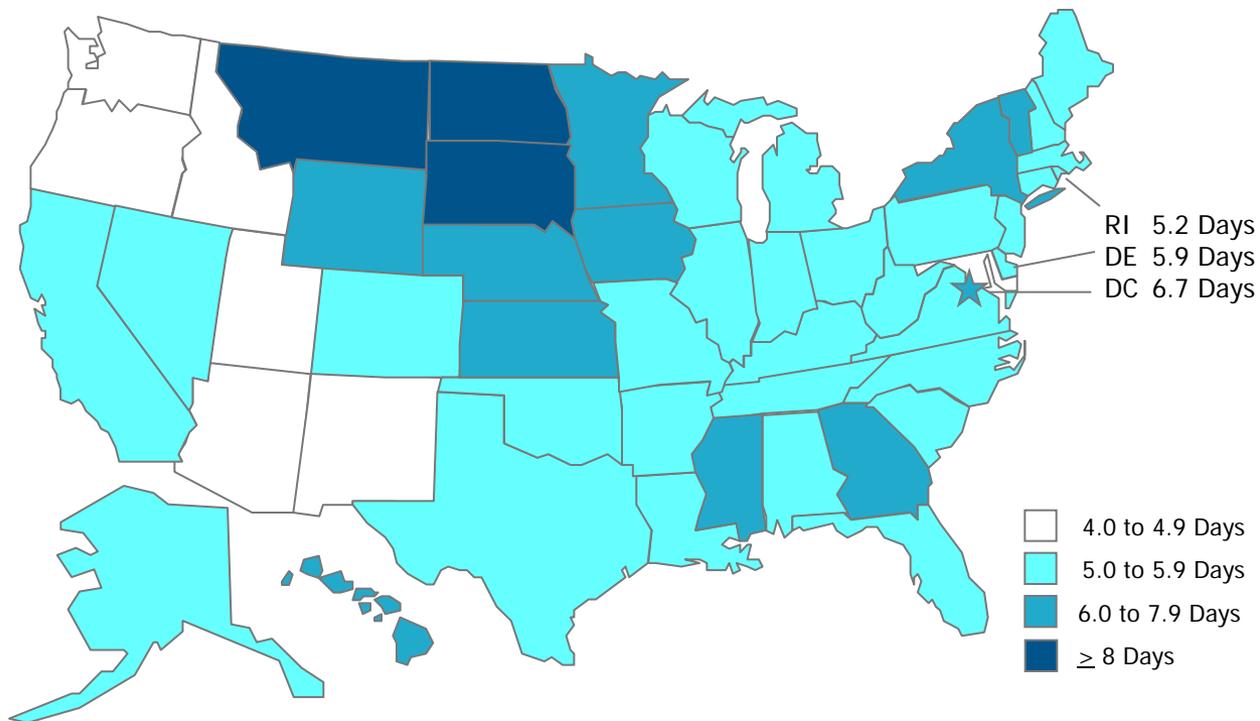
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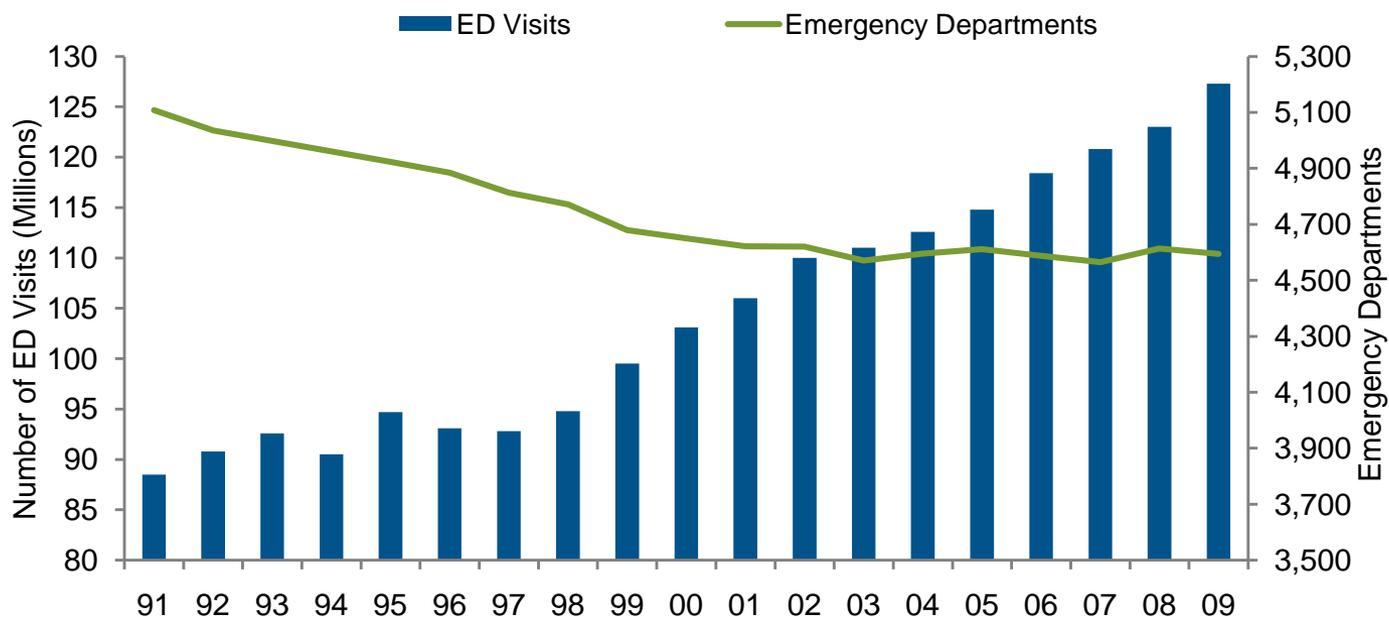
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

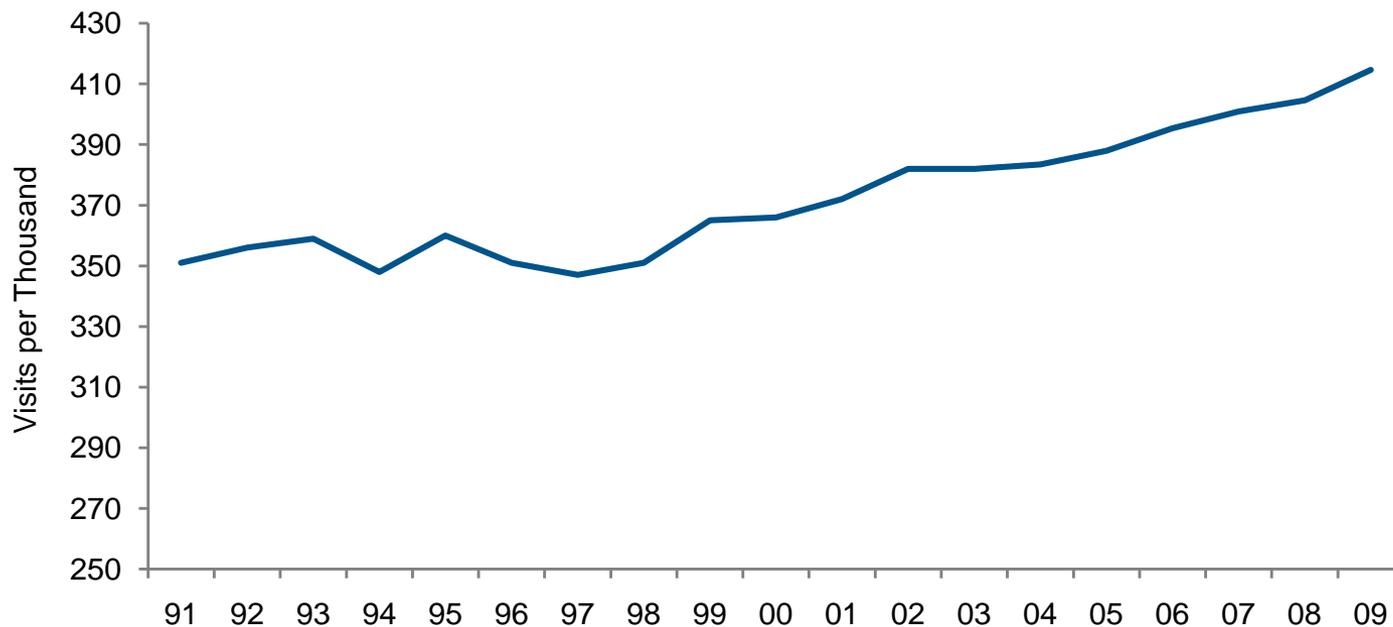
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

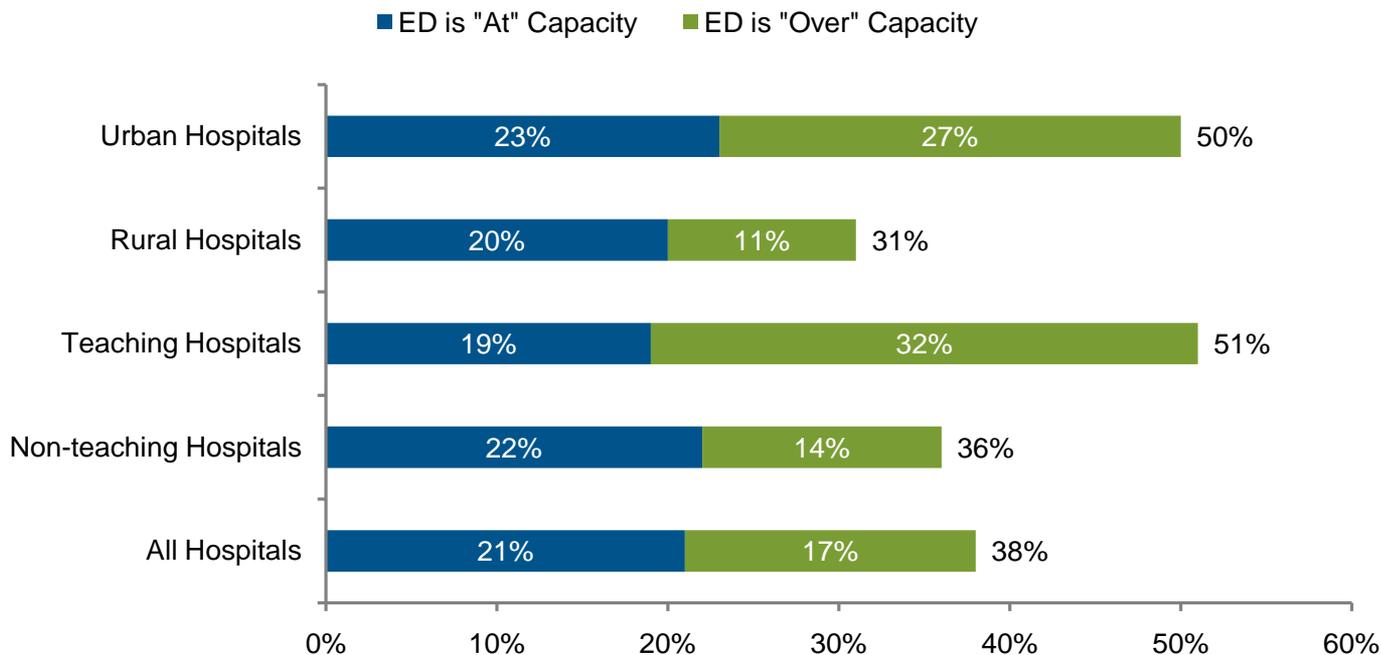
⁽¹⁾ Defined as hospitals reporting ED visits in the AHA Annual Survey.

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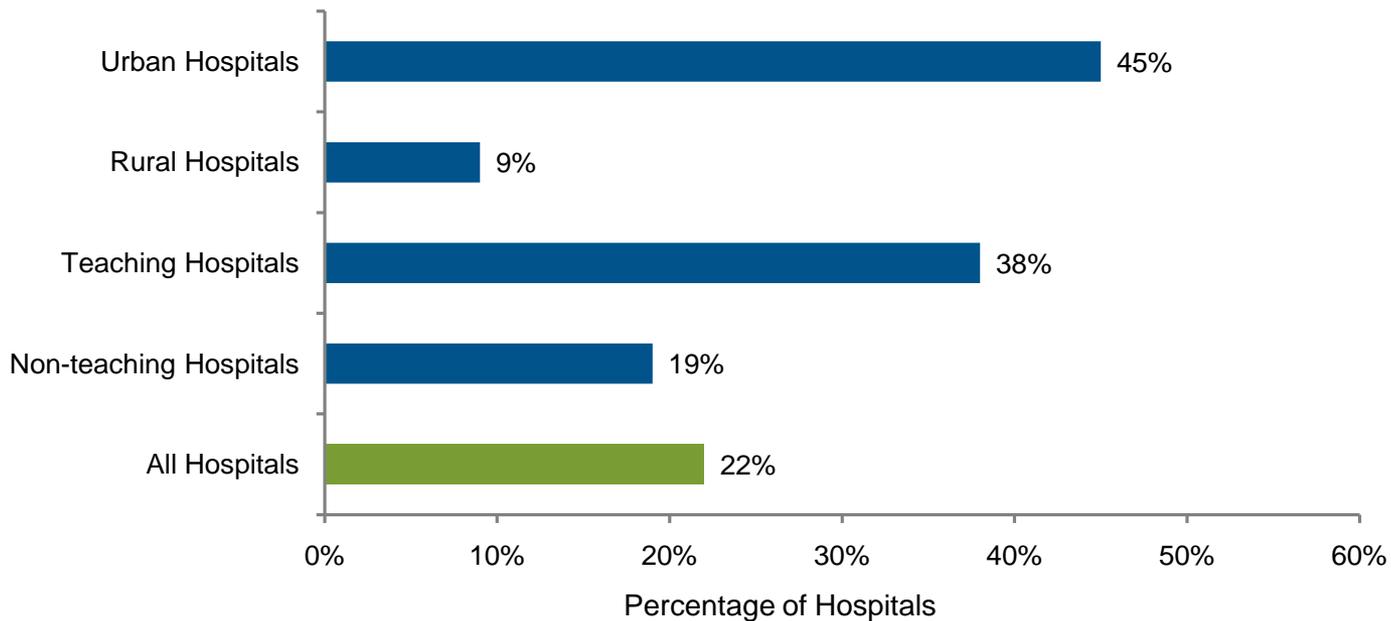
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009.
Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

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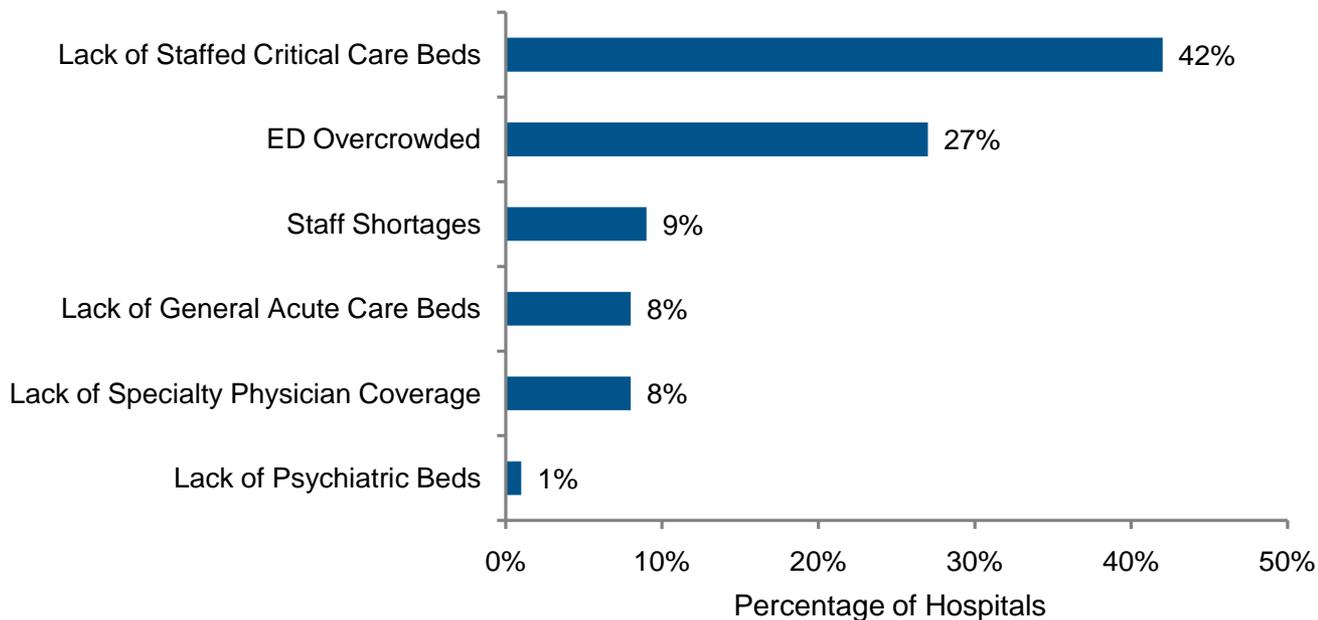
Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.

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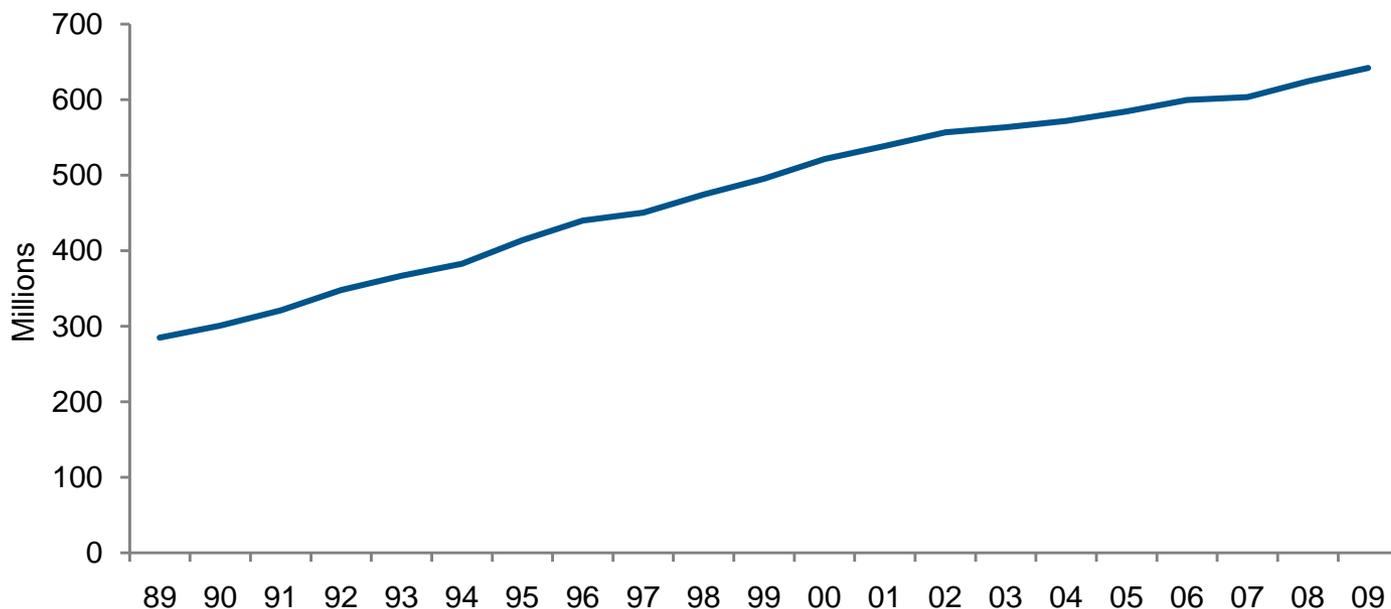
Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.

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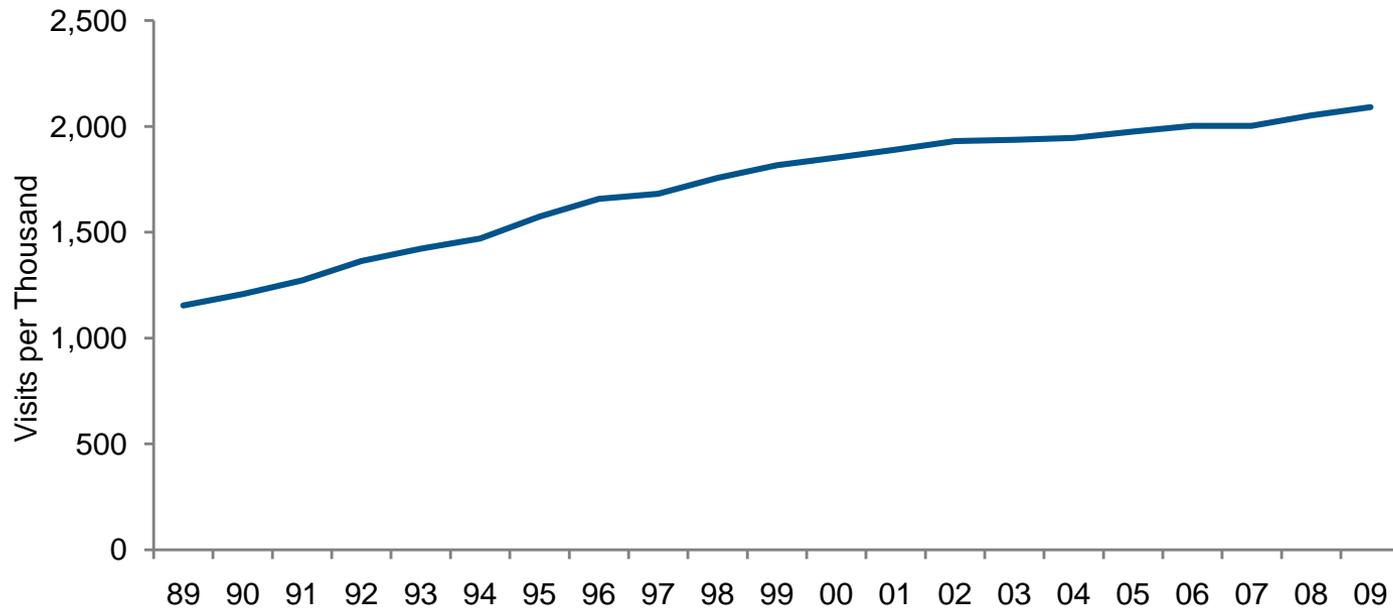
Source: American Hospital Association 2010 Rapid Response Survey: Telling the Hospital Story.

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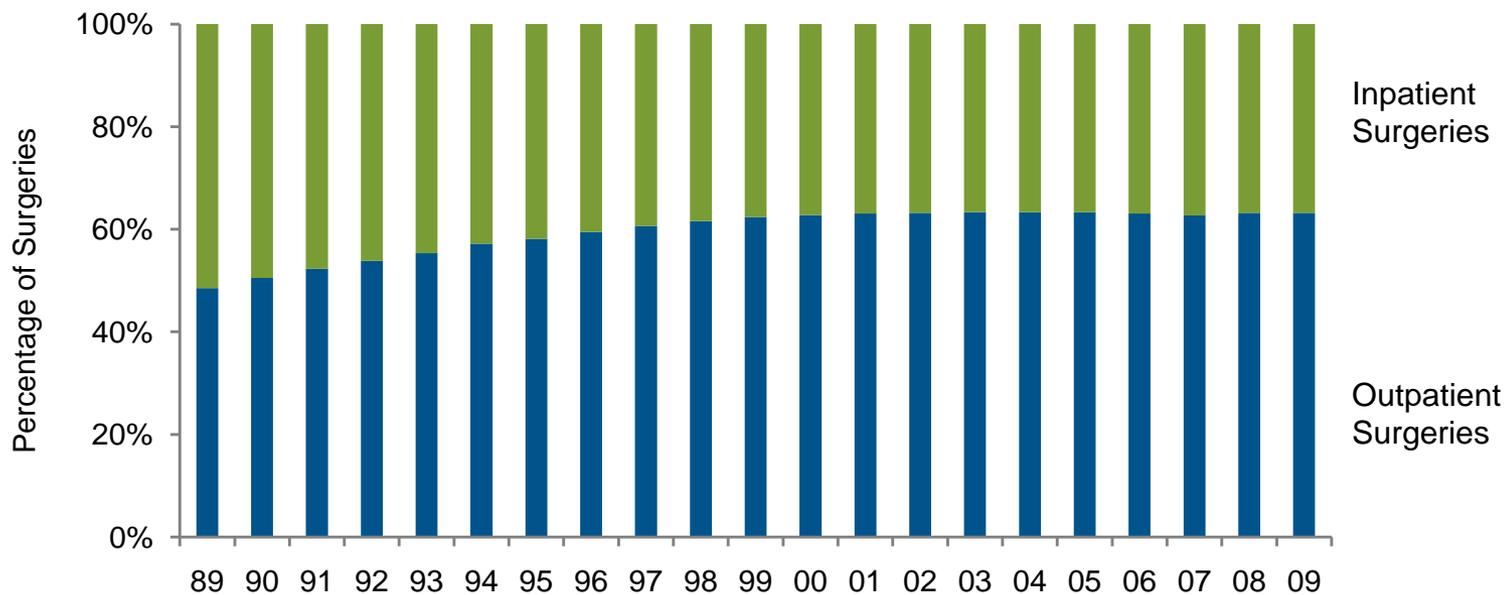
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Chart 3.13: Hospital Outpatient Visits per 1,000 Persons, 1989 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009.
Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.



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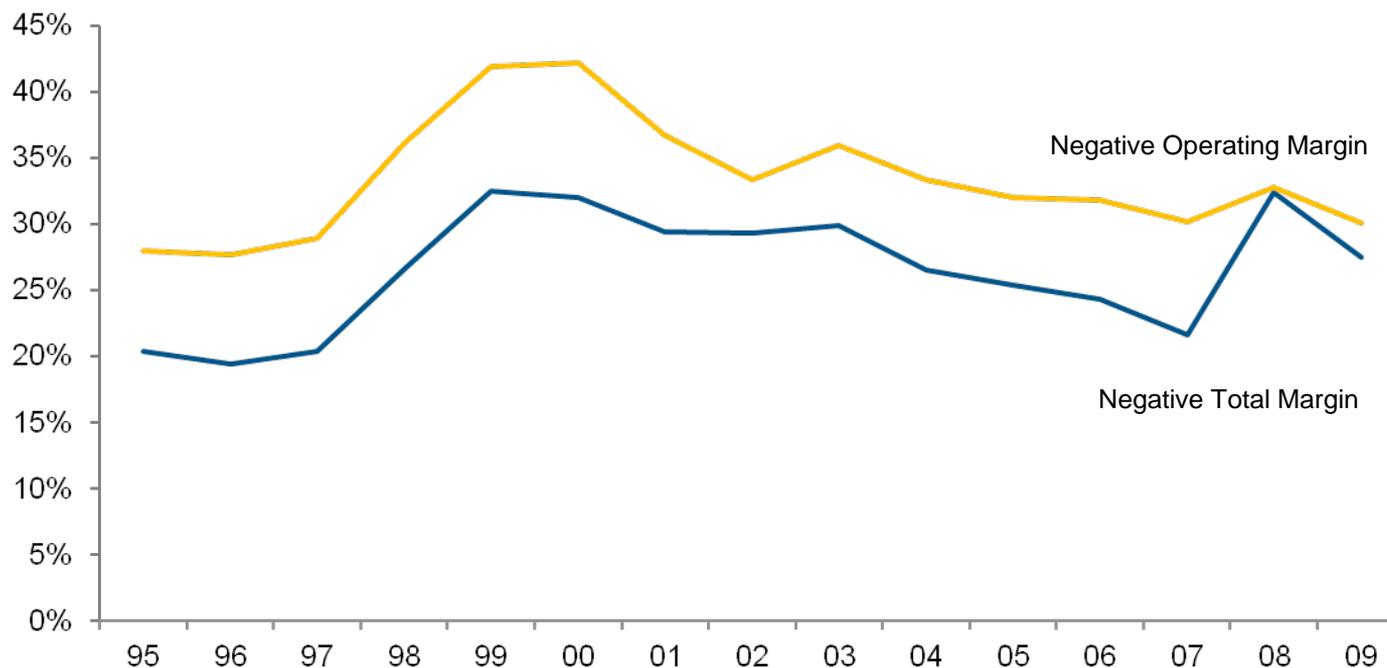
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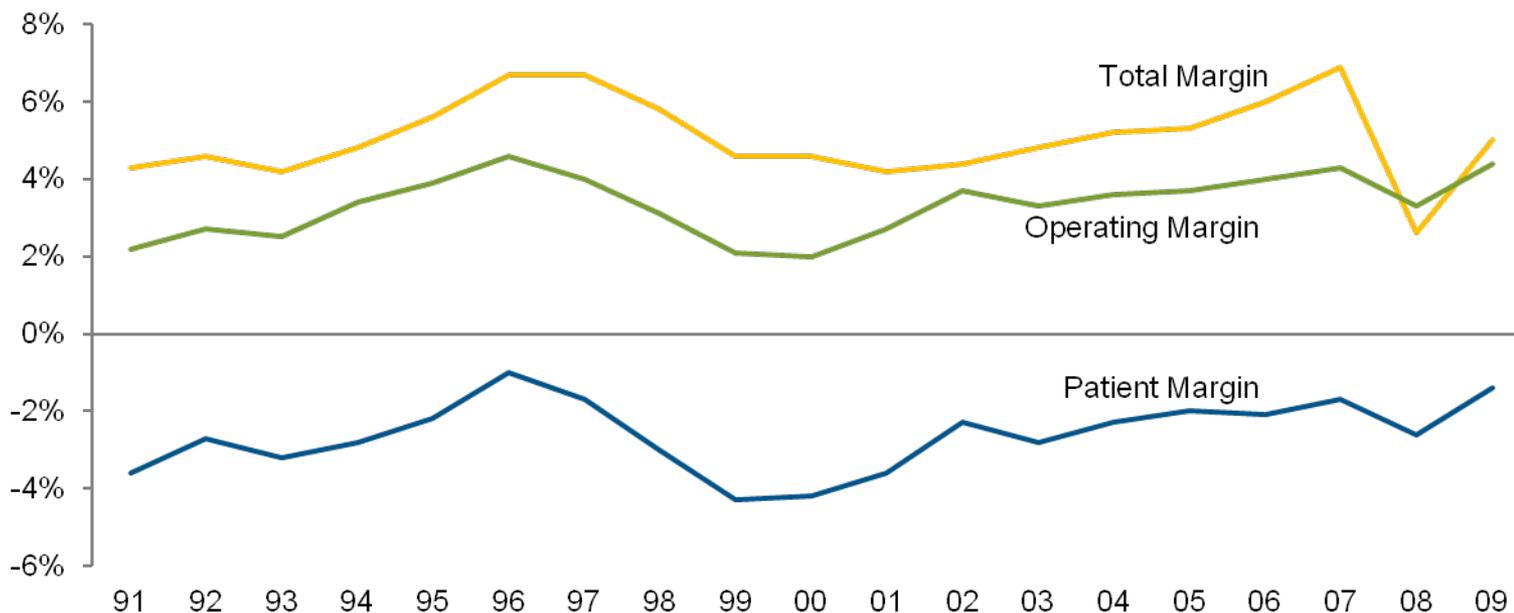
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

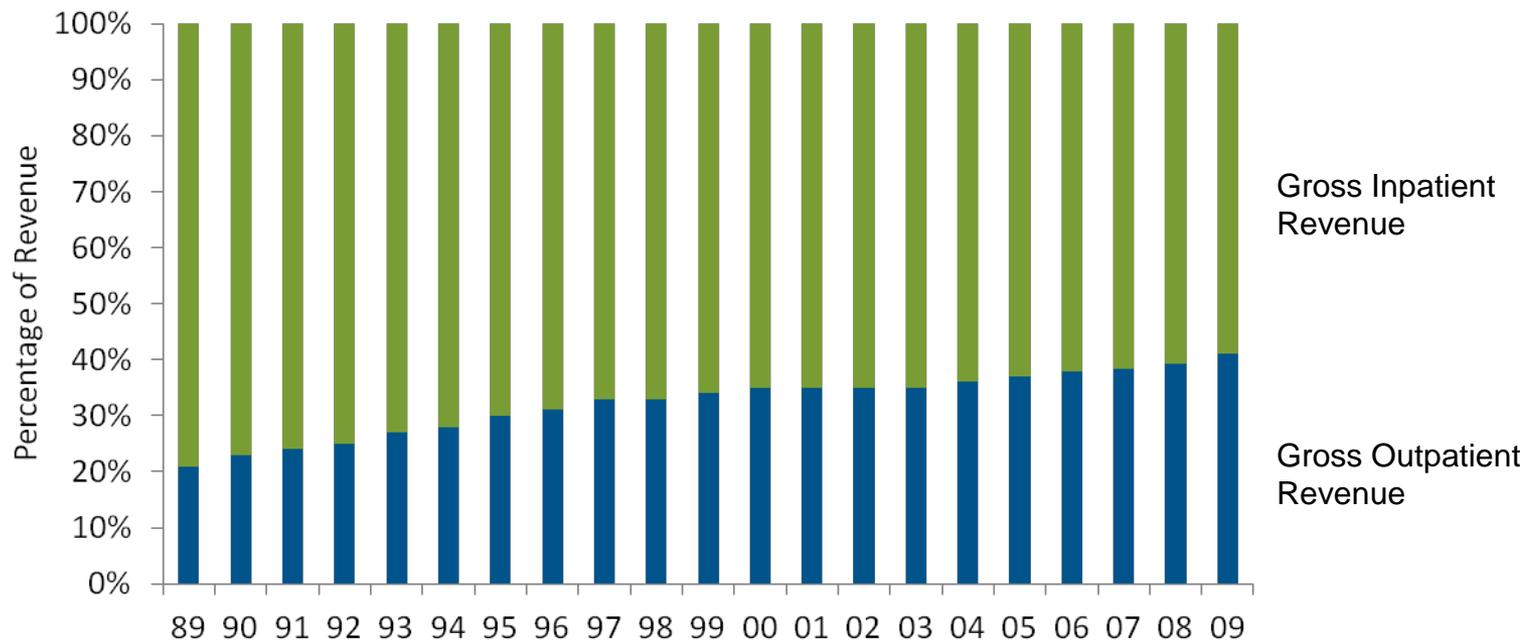
Chart 4.2: Aggregate Total Hospital Margins,⁽¹⁾ Operating Margins,⁽²⁾ and Patient Margins,⁽³⁾ 1991 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

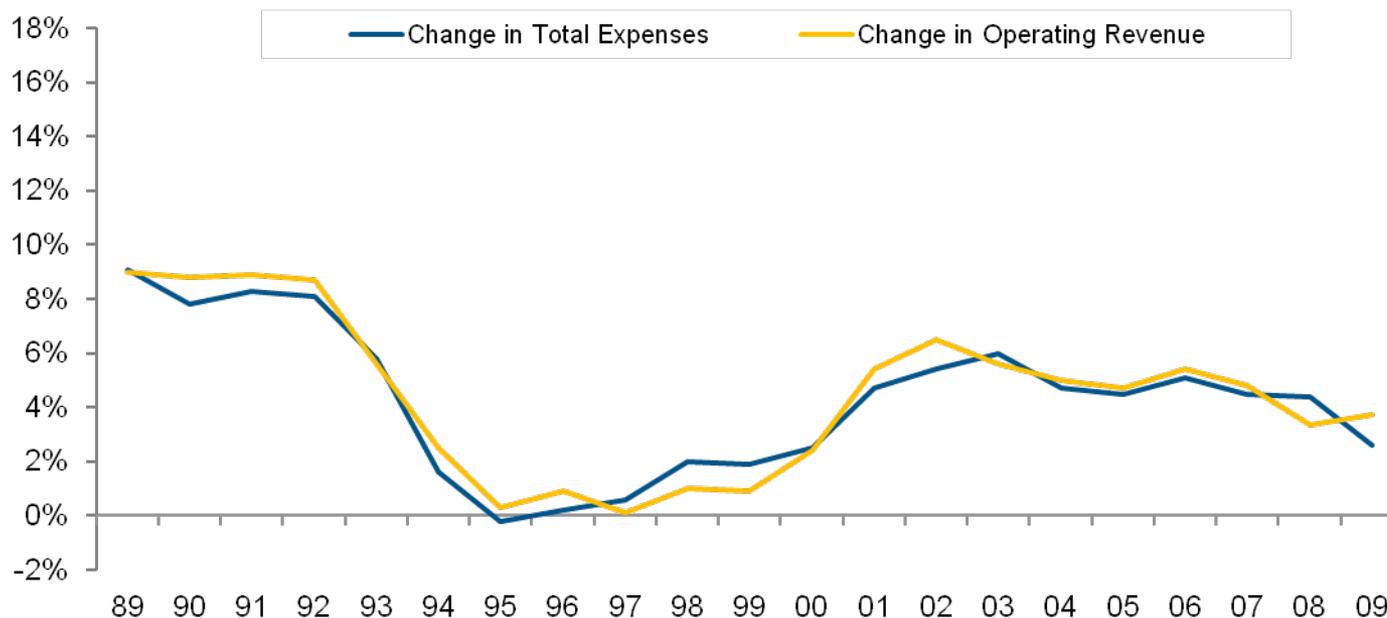
- (1) Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.
- (2) Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.
- (3) Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

Chart 4.3: Distribution of Outpatient vs. Inpatient Revenues, 1989 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

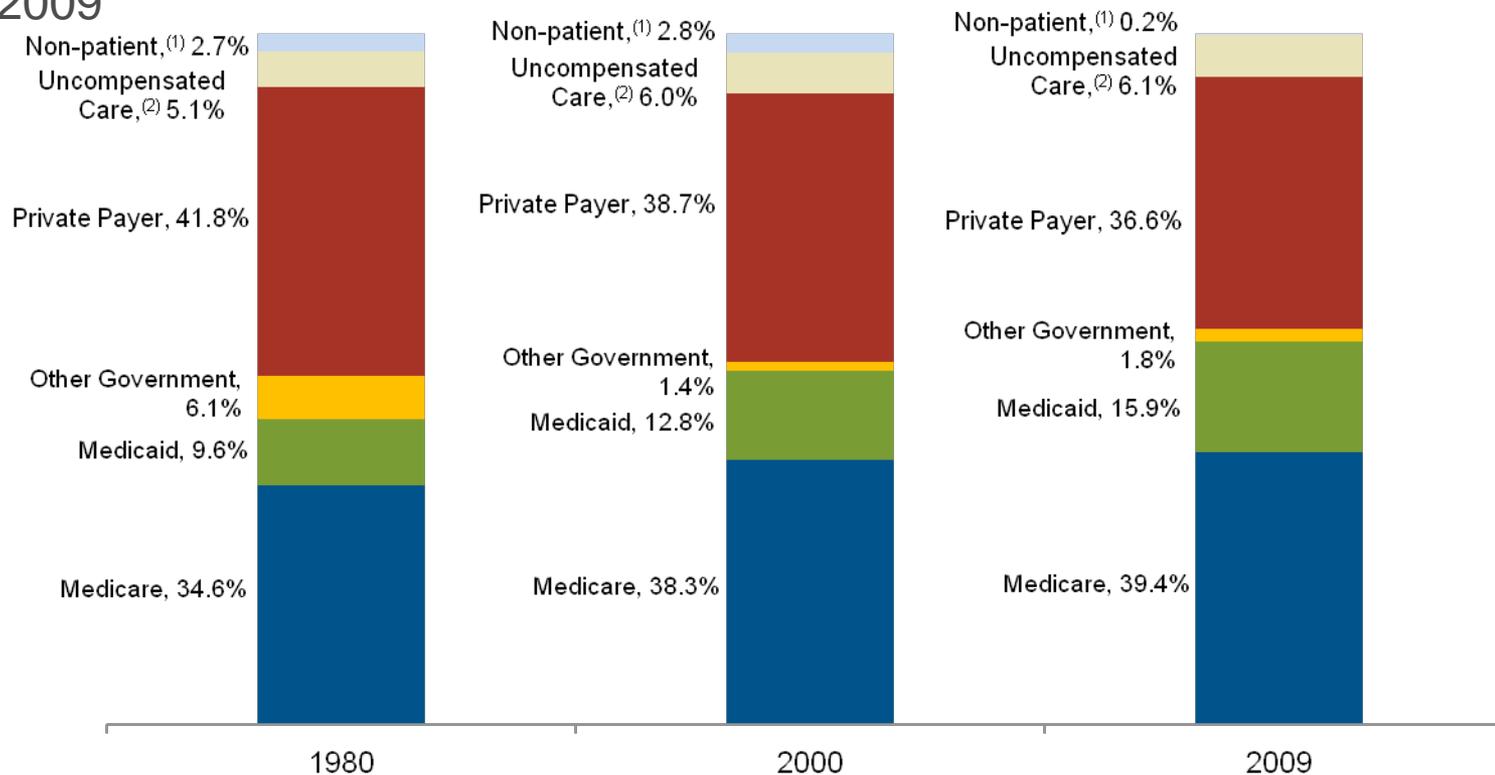
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Chart 4.5: Distribution of Hospital Cost by Payer Type, 1980, 2000, and 2009

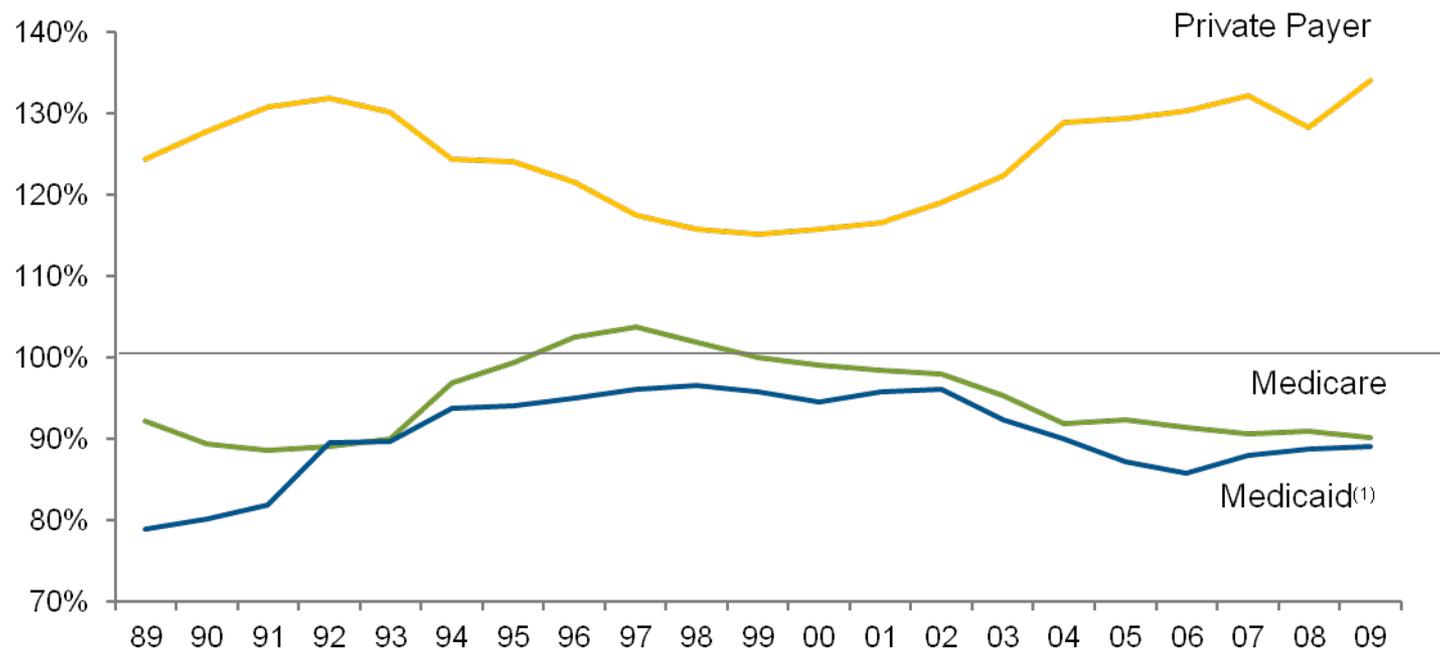


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

(1) Non-patient represents costs for cafeterias, parking lots, gift shops and other non-patient care operating services and are not attributed to any one payer.

(2) Uncompensated care represents bad debt expense and charity care, at cost.

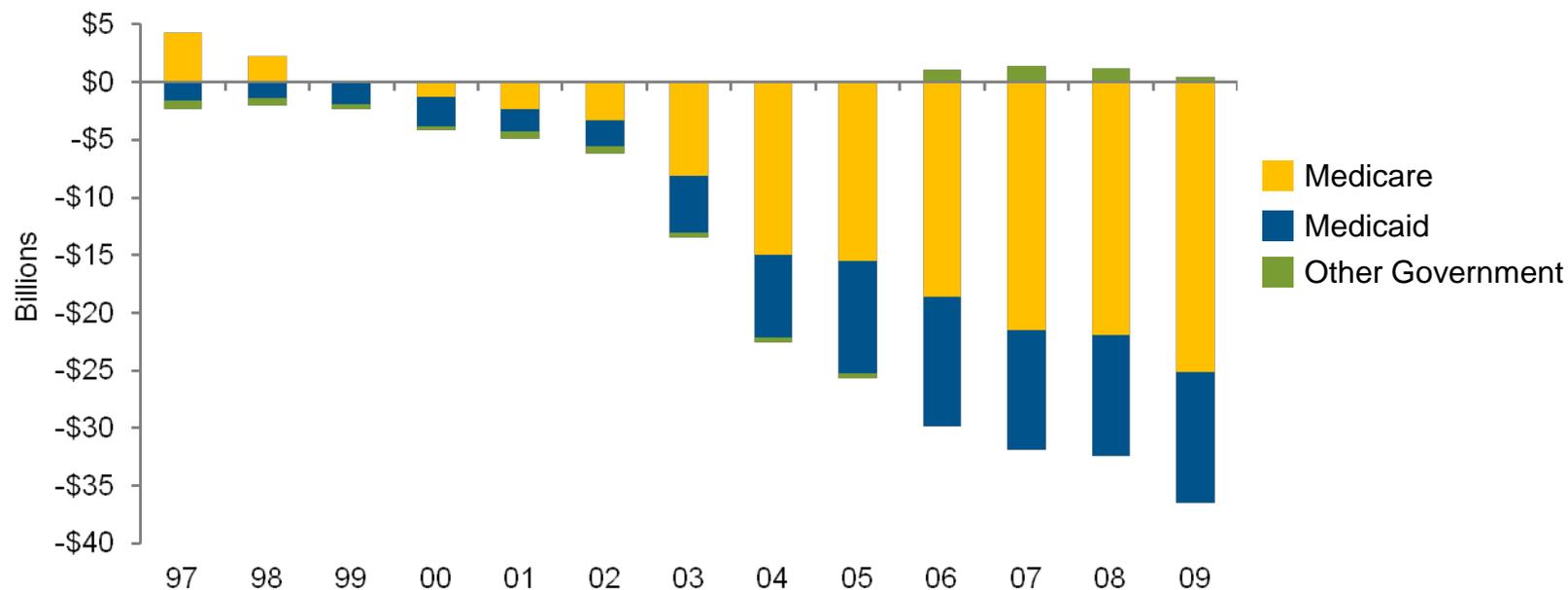
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Includes Medicaid Disproportionate Share payments.

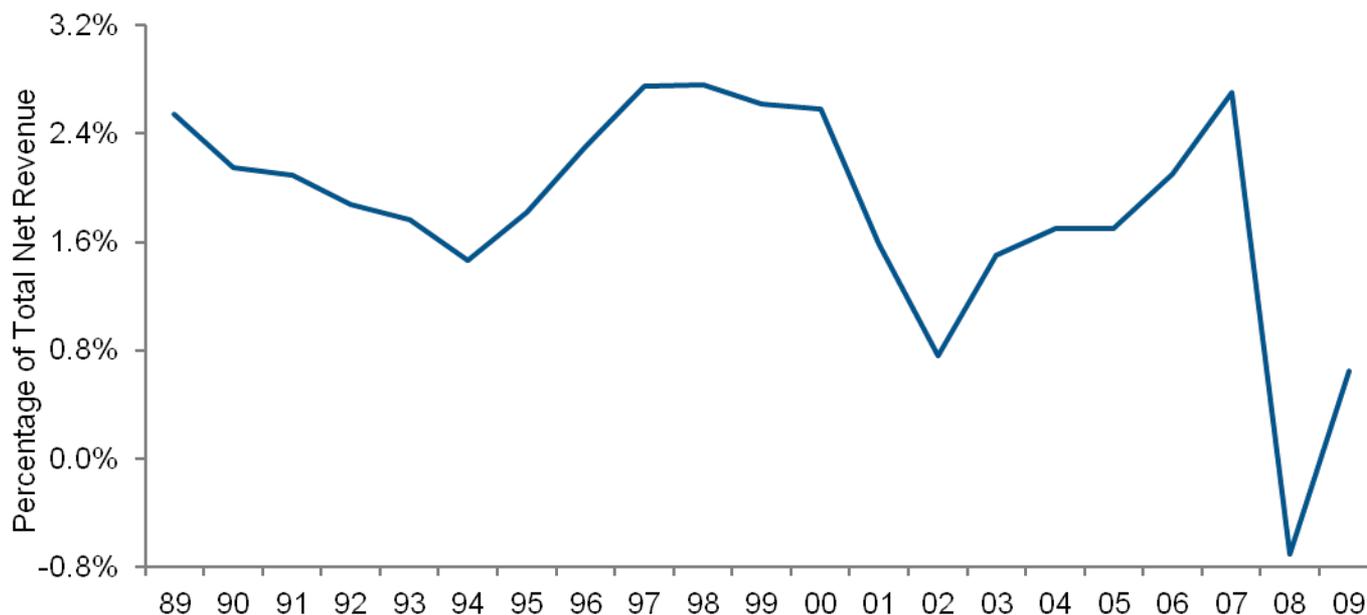
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Costs reflect a cap of 1.0 on the cost-to-charge ratio.

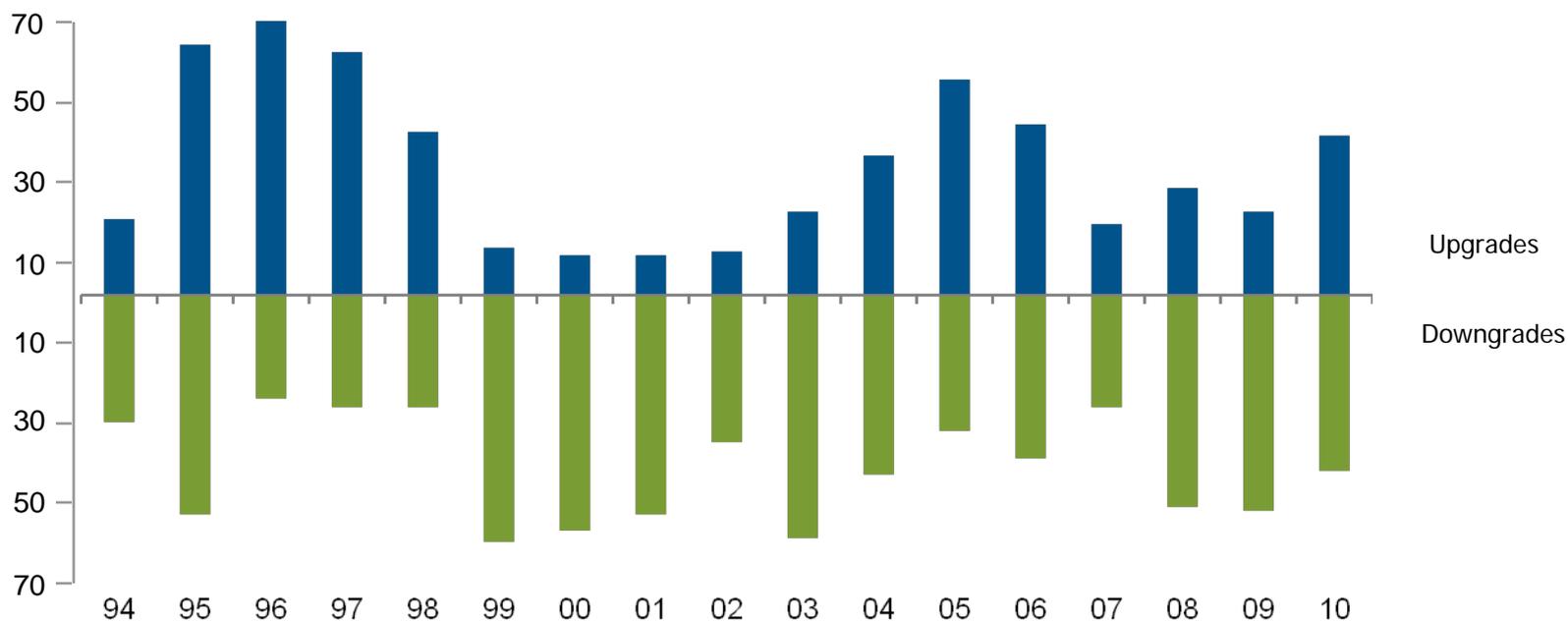
Chart 4.8: Income from Investments and Other Non-operating Gains⁽¹⁾ as a Percentage of Total Net Revenue, 1989 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

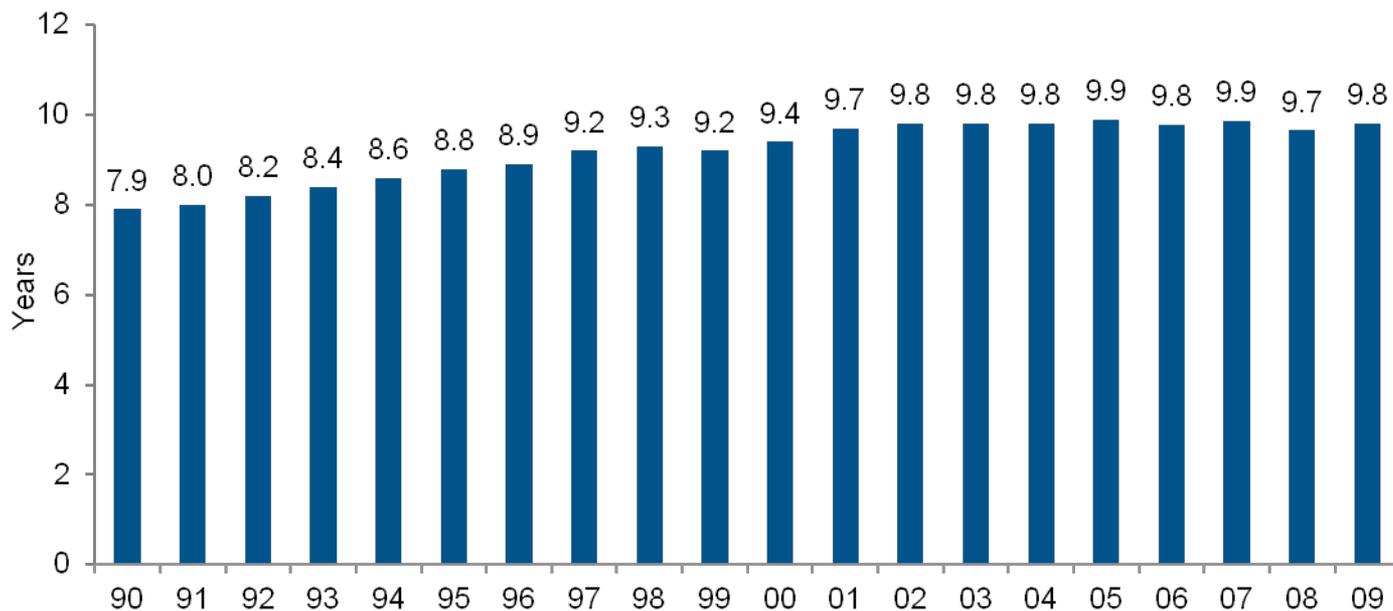
⁽¹⁾ Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

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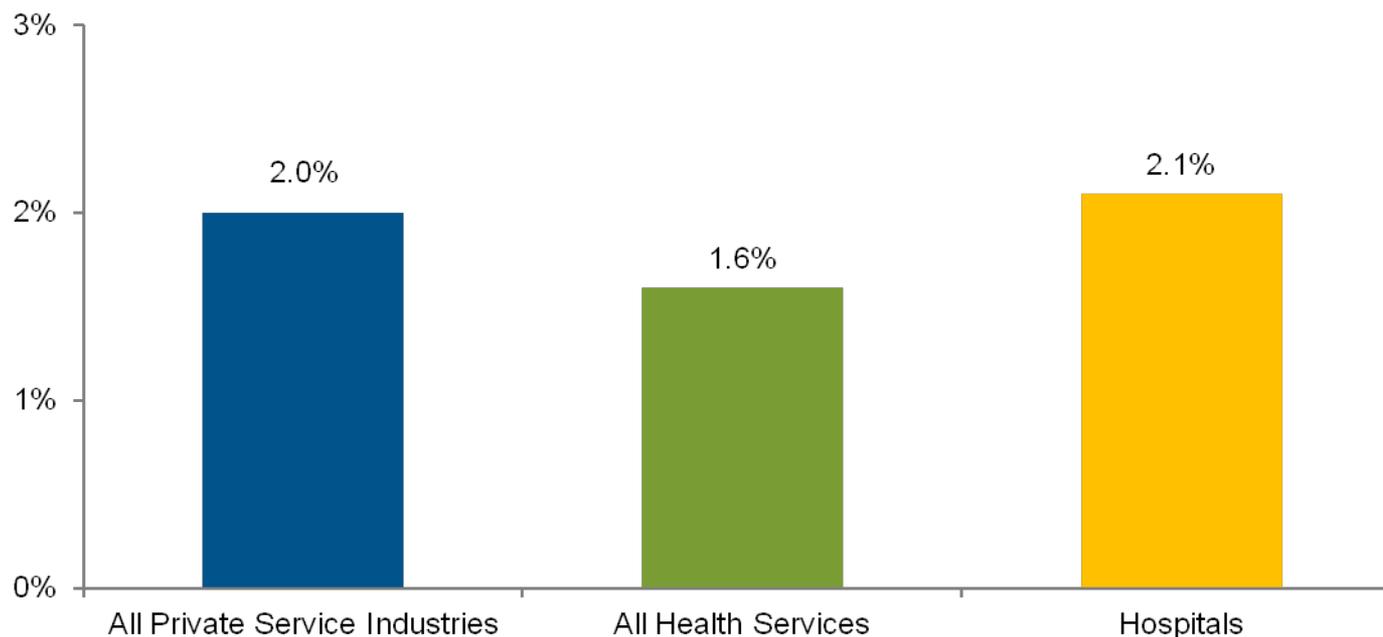
Source: Healthcare Financial Management Association. *Moody's Says Downgrades Have Surpassed Upgrades for Five Years.* March 18, 2011.

Chart 4.10: Median Average Age of Plant, 1990 – 2009



Source: Ingenix, *Almanac of Hospital Financial and Operating Indicators*, 2005, 2008, 2009, 2010, and 2011 and CHIPS, *The Almanac of Hospital and Financial Operating Indicators*, 1994 and 1996-7.

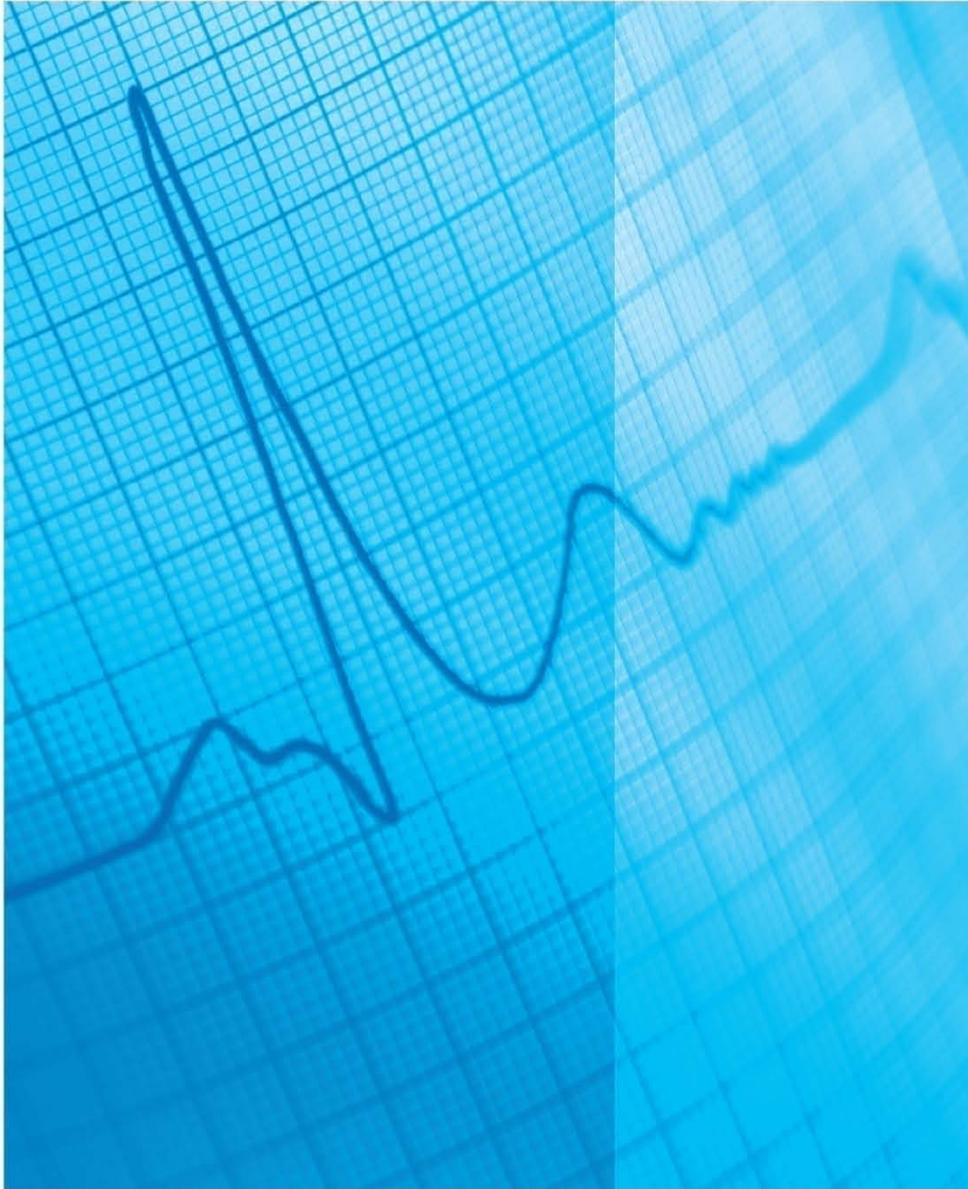
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Source: Bureau of Labor Statistics, Employment Cost Index, 12 months ending December 2010. Link: www.bls.gov.

⁽¹⁾ Total compensation.

⁽²⁾ Data are for 12 months ending December 2010.



CHAPTER 5

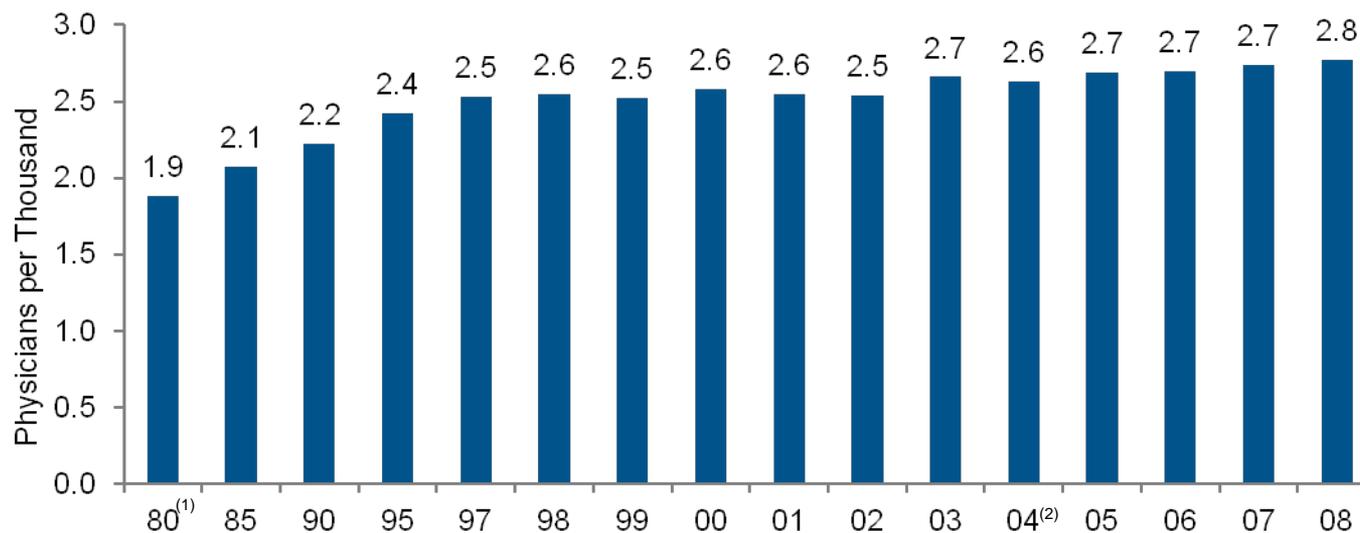
Workforce

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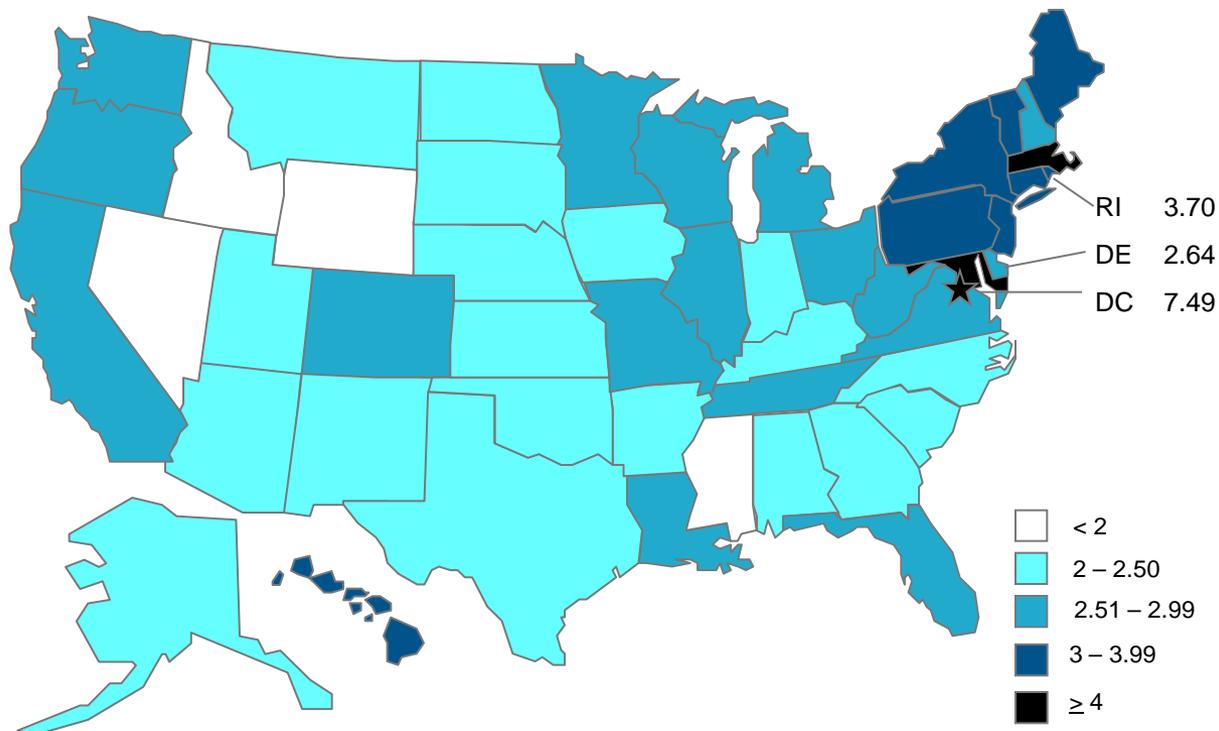


Source: National Center for Health Statistics. *Health, United States, 1982, 1996-97, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, and 2010*. Hyattsville, MD.

⁽¹⁾ 1980 does not include doctors of osteopathy.

⁽²⁾ 2004 and later years include both federal and non-federal physicians. Prior to 2003, data included non-federal physicians only.

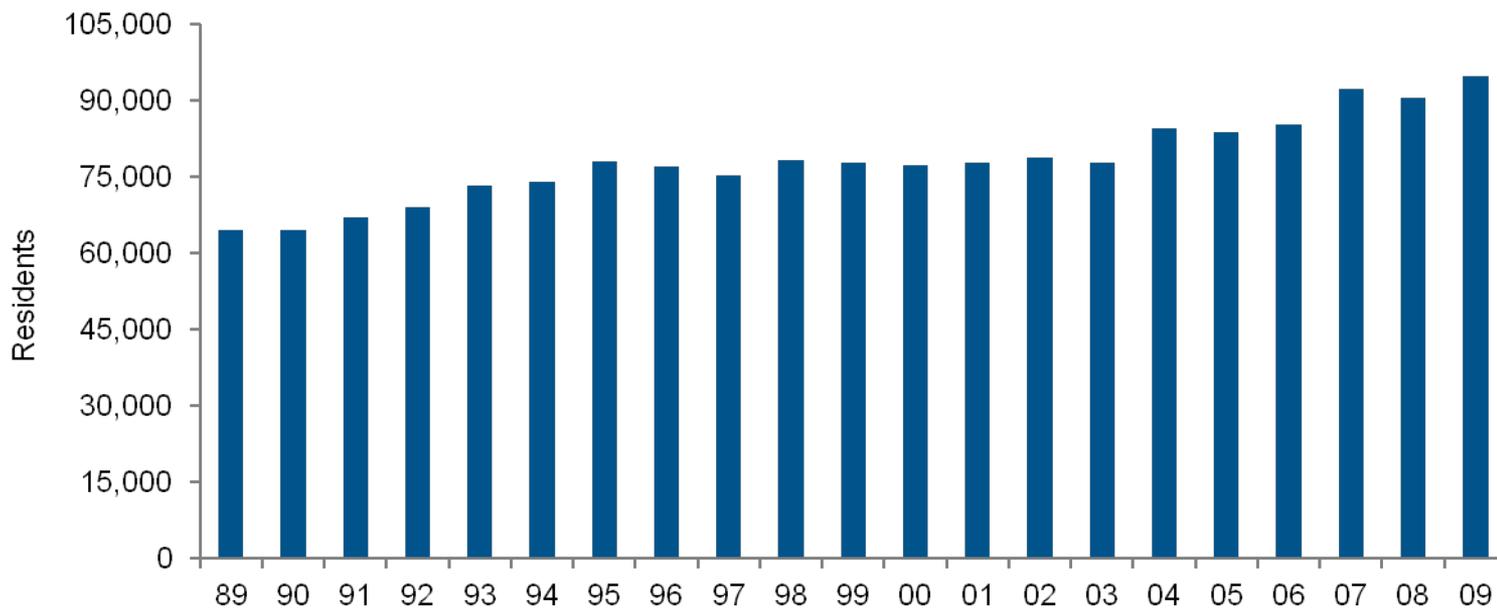
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Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

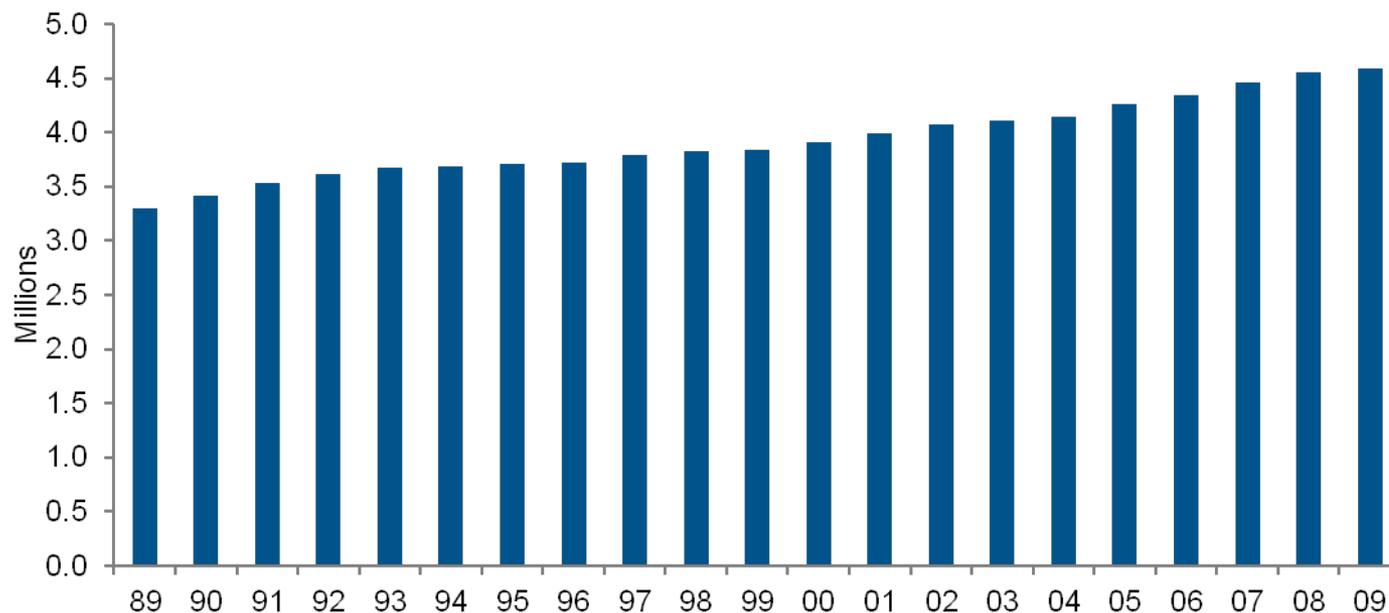
⁽¹⁾ Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.

Chart 5.3: Medical and Dental Residents in Training in Community Hospitals, 1989 – 2009



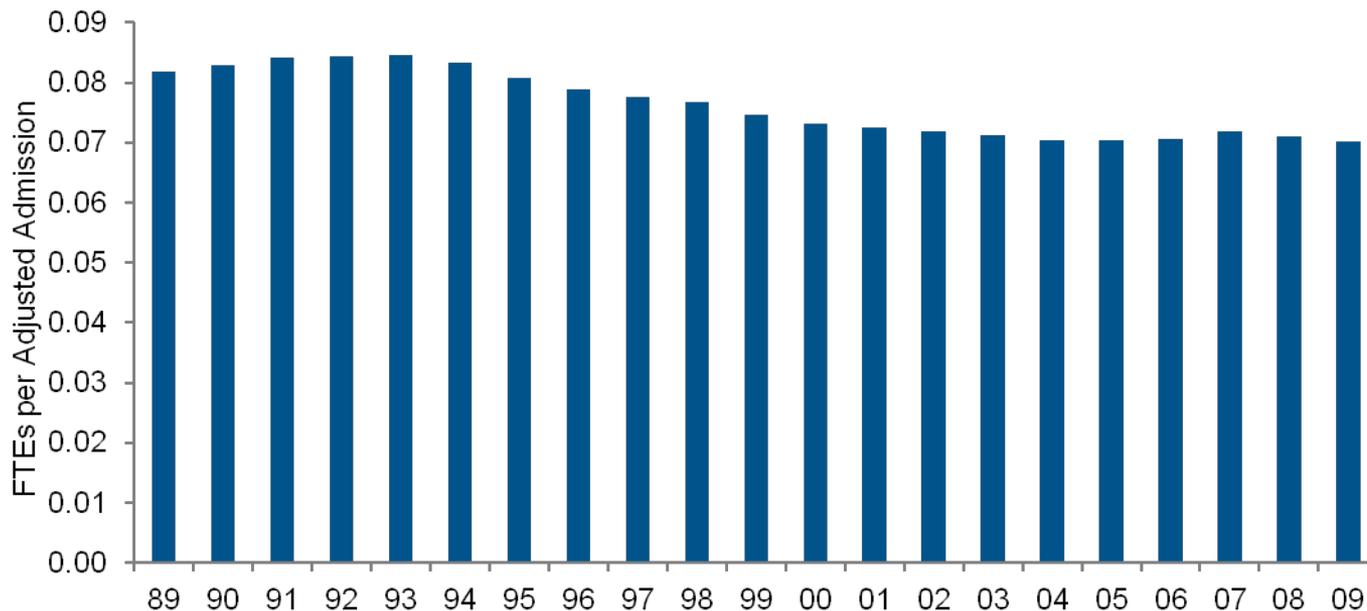
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Chart 5.4: Total Full-time Equivalent Employees Working in Hospitals, 1989 – 2009



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

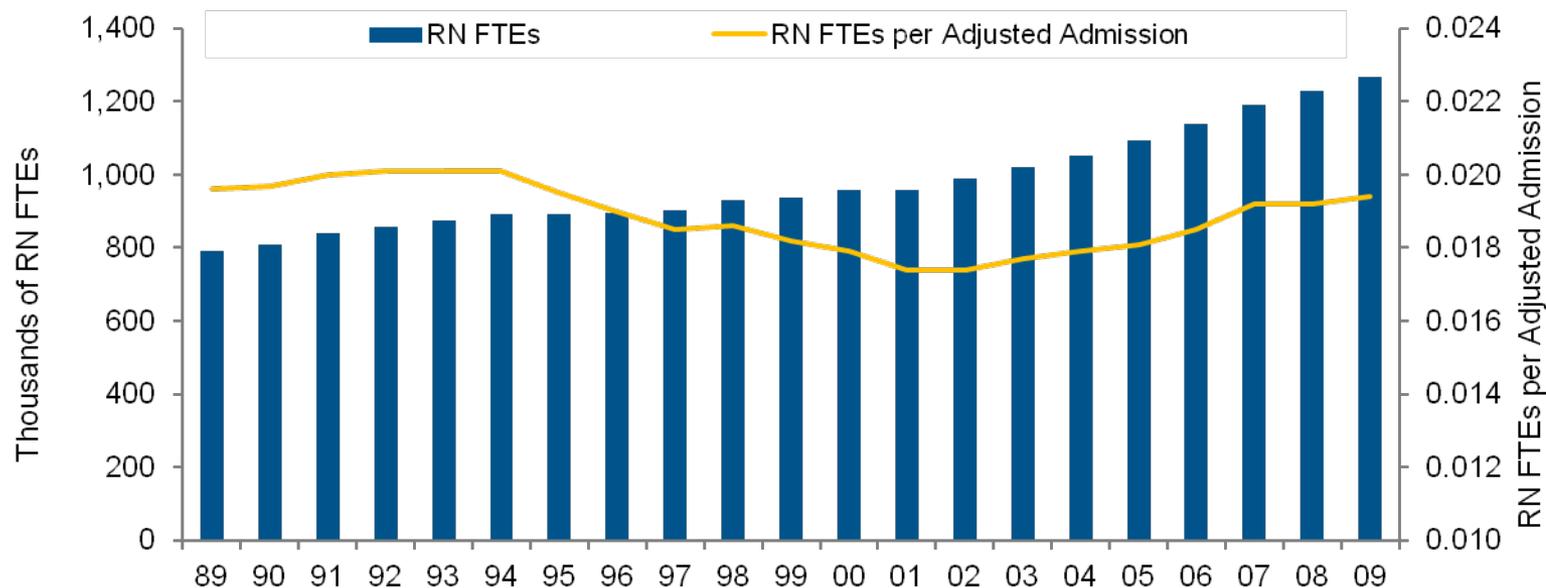
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

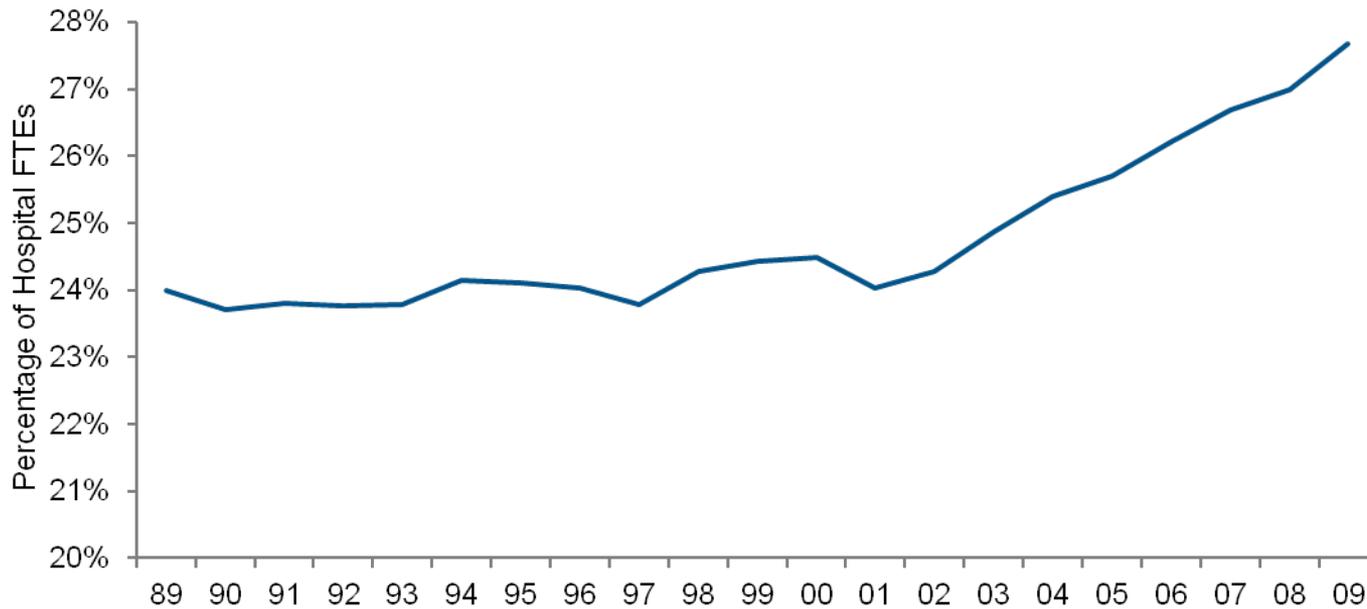
⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Chart 5.6: Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1989 – 2009



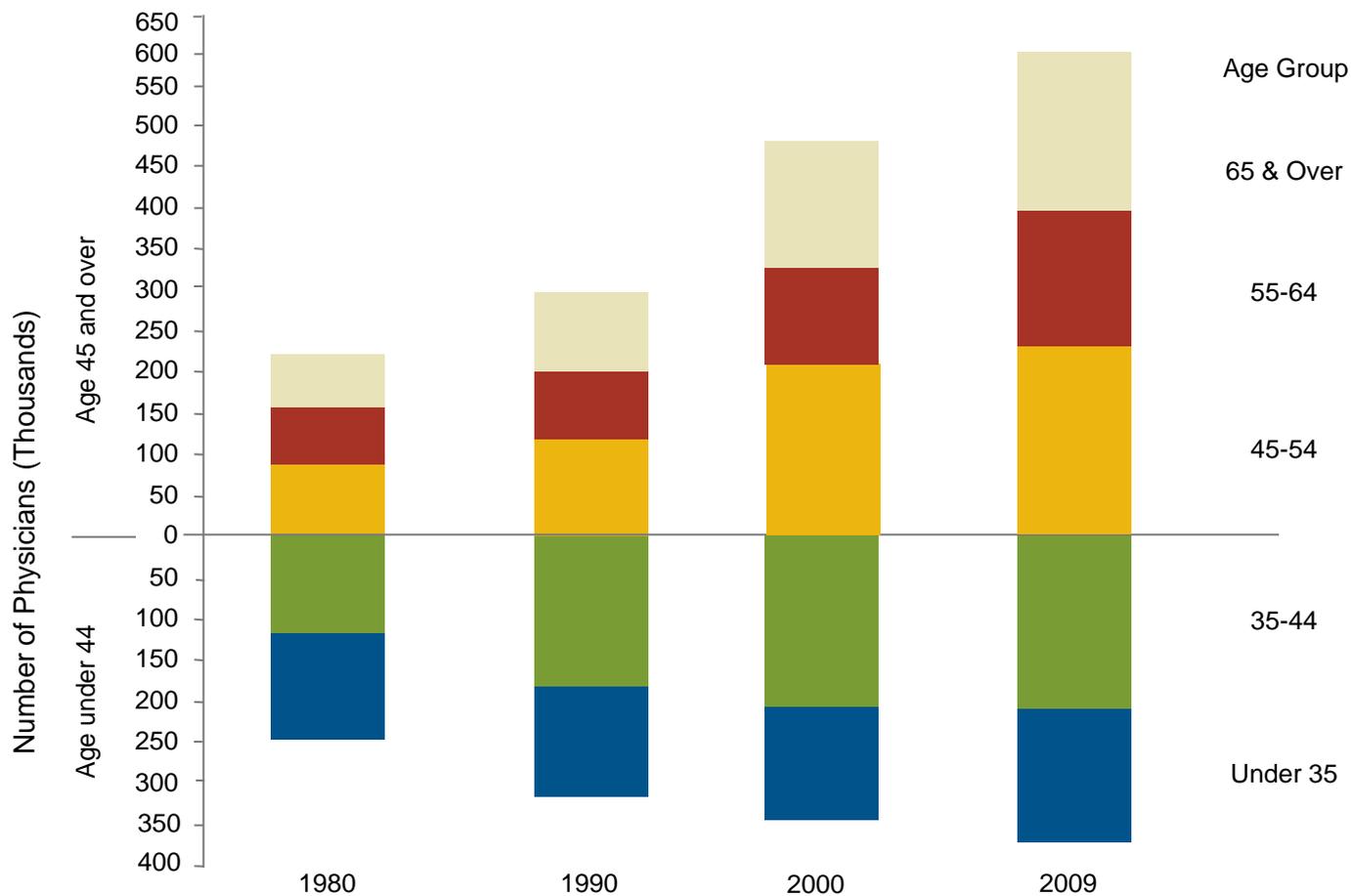
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

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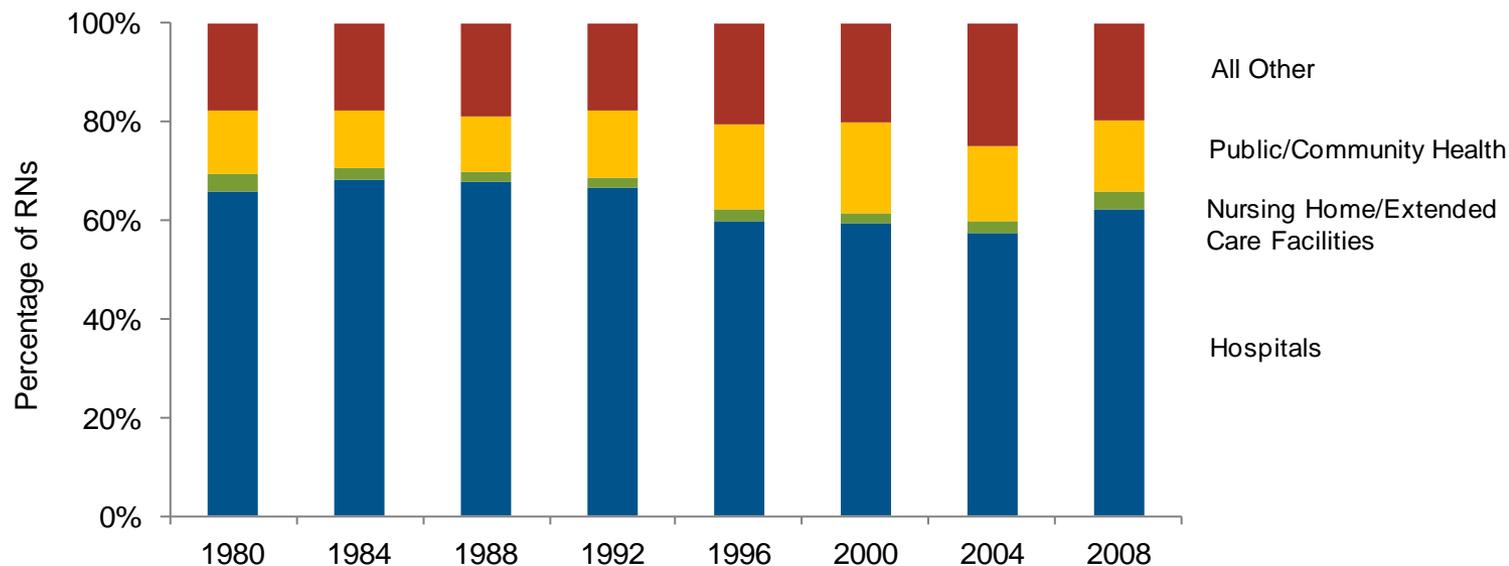
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Chart 5.8: Number of Physicians by Age, 1980, 1990, 2000, and 2009



Source: American Medical Association. (2011 Edition). *Physician Characteristics and Distribution in the US*.

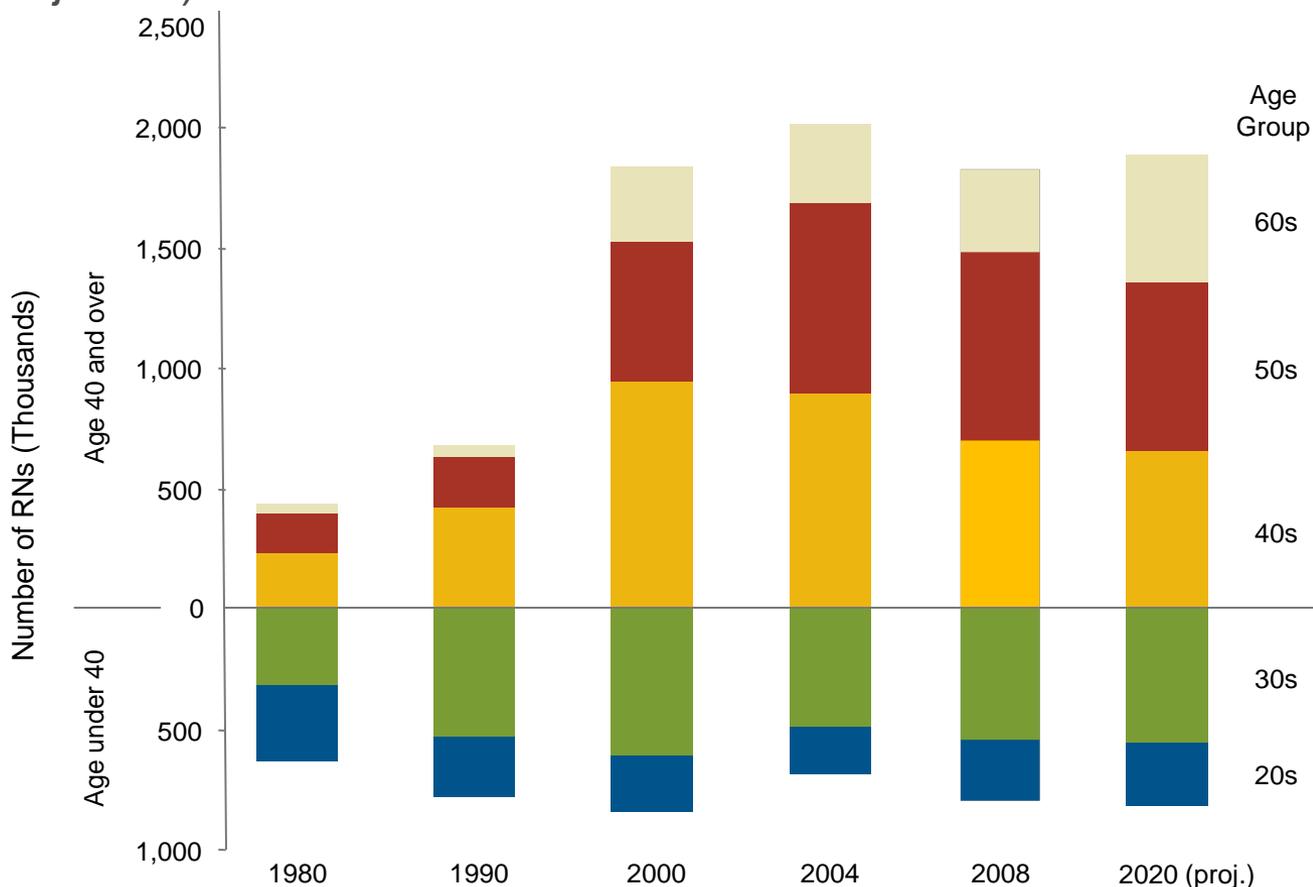
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Source: Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>.

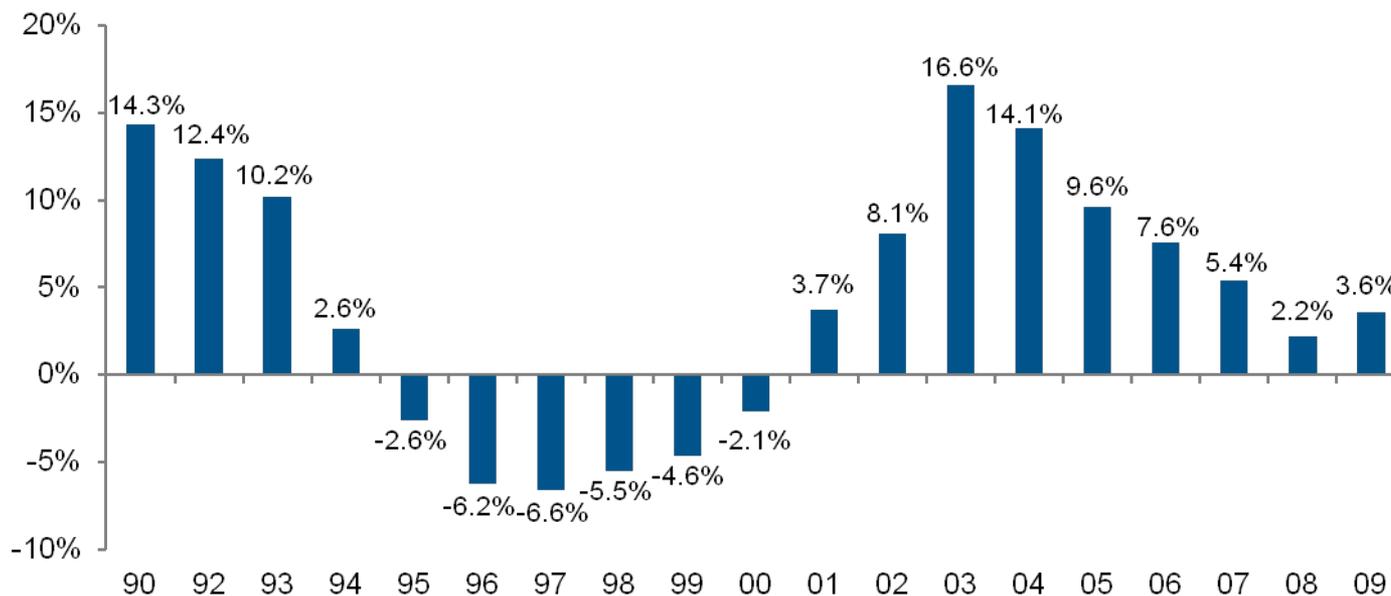
⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.

Chart 5.10: Distribution of RN Workforce by Age Group, 1980 – 2020 (Projected)



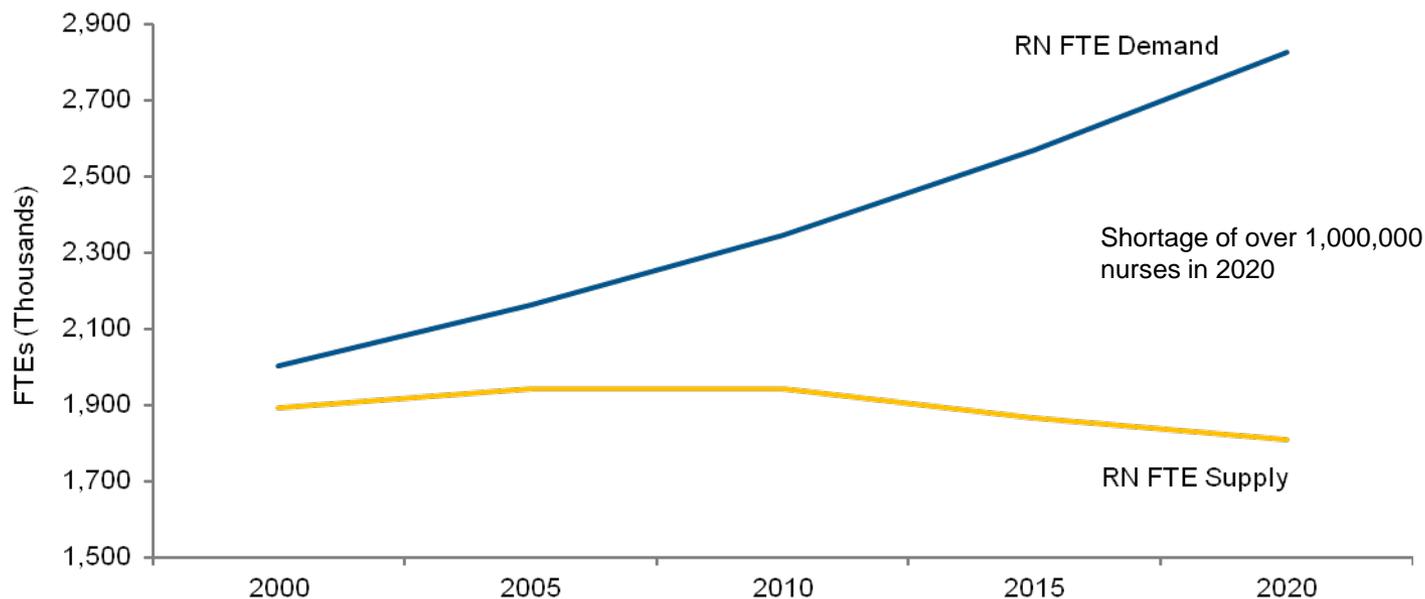
Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/nmsurvey04/2.htm#age>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/nmsurvey/2008/nssrn2008.pdf>. 2020 projections derived from The Lewin Group analysis of the *National Sample Survey of Registered Nurses, 2000*.

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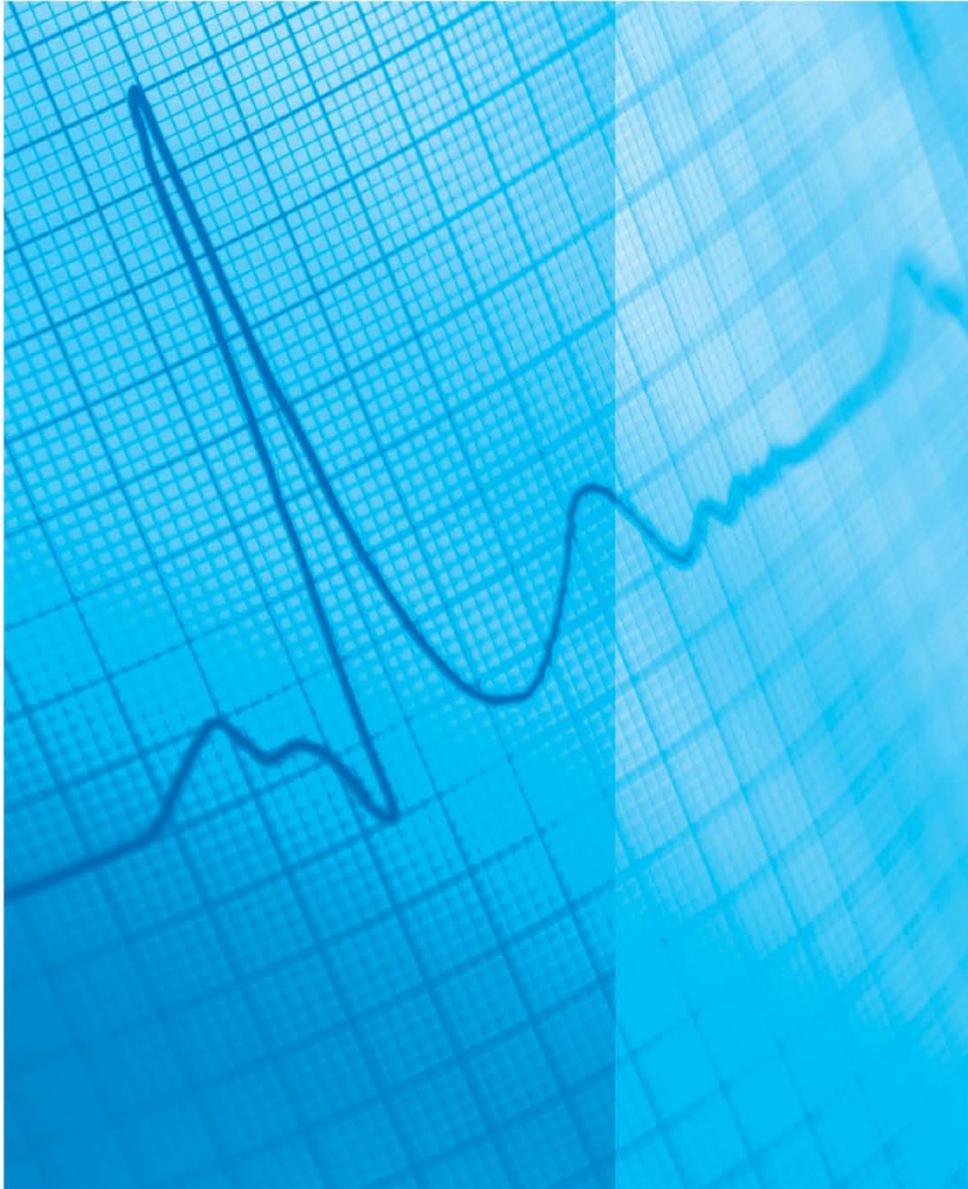


Source: American Association of Colleges of Nursing. (1994-2009). *Percent Change in Enrollments in Entry-Level Baccalaureate Nursing Programs: 1994-2009*. Link: <http://www.aacn.nche.edu/Media/pdf/EnrollChanges.pdf>, and Berlin, L.E. et al. *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

Chart 5.12: National Supply and Demand Projections for FTE RNs, 2000 – 2020



Source: National Center For Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration. (2004). *What Is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* Link: http://dwd.wisconsin.gov/healthcare/pdf/behind_the_shortage.pdf.



CHAPTER 6

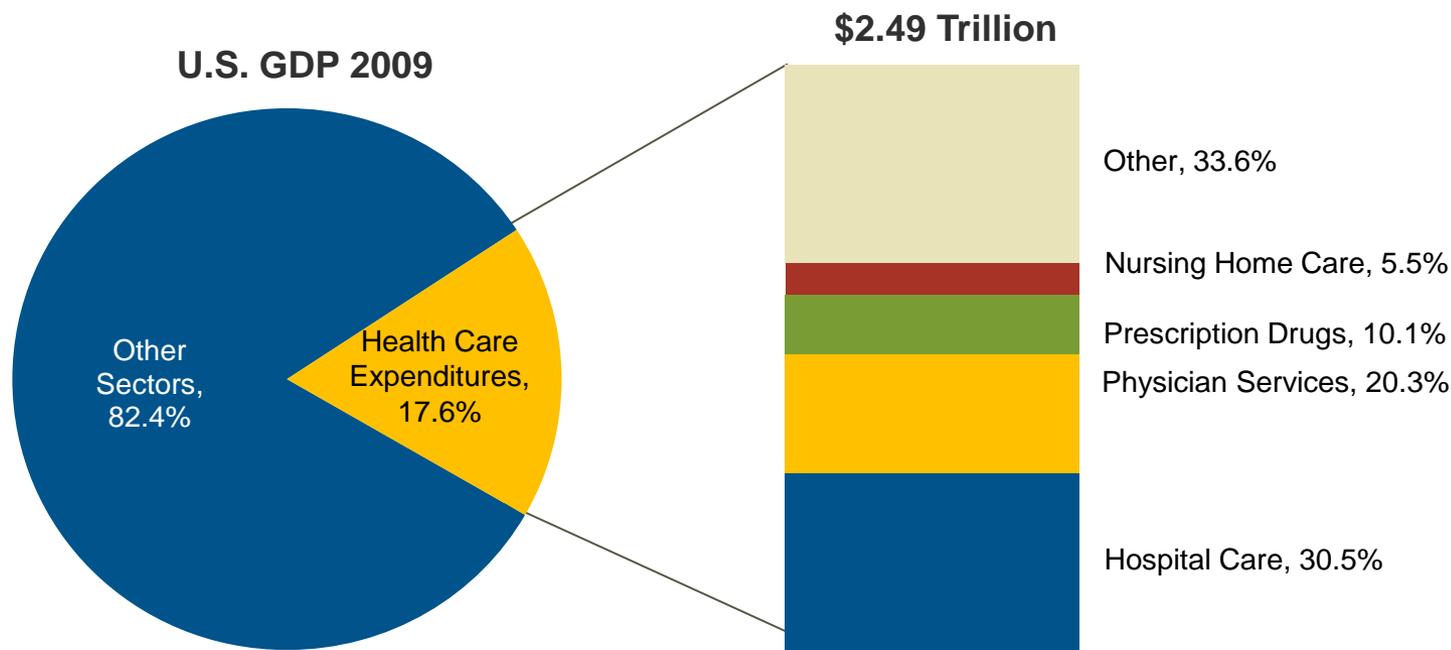
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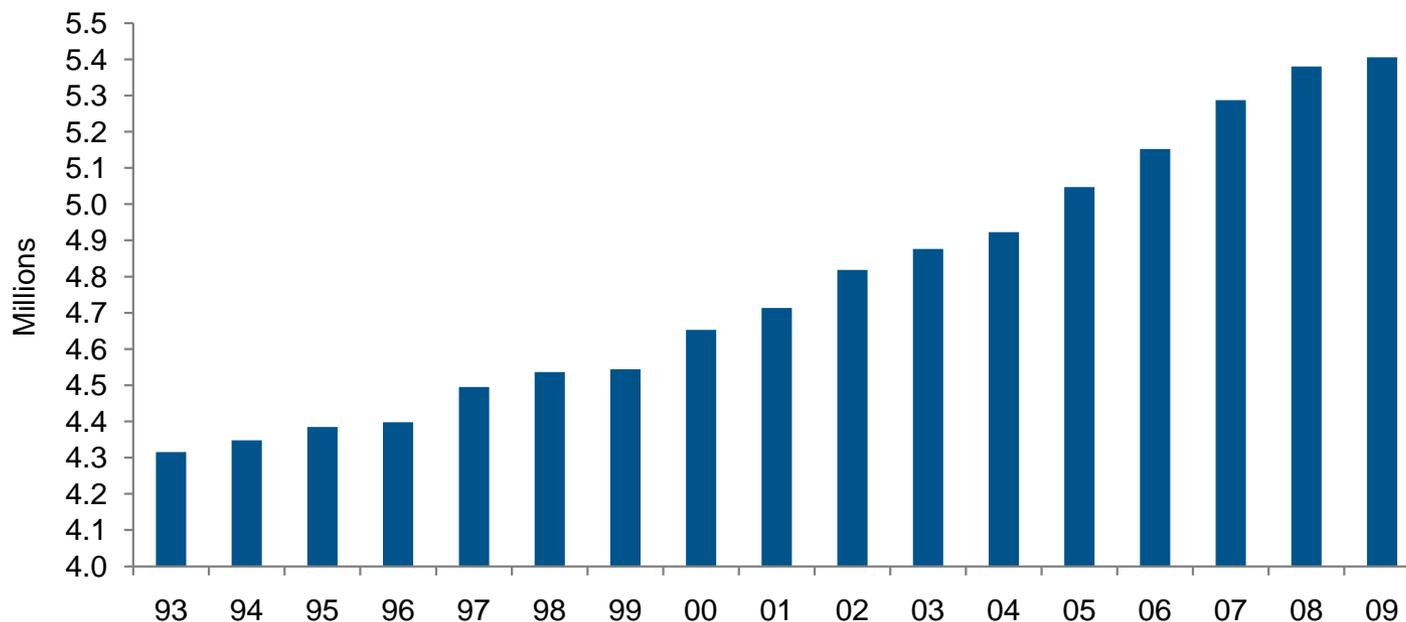
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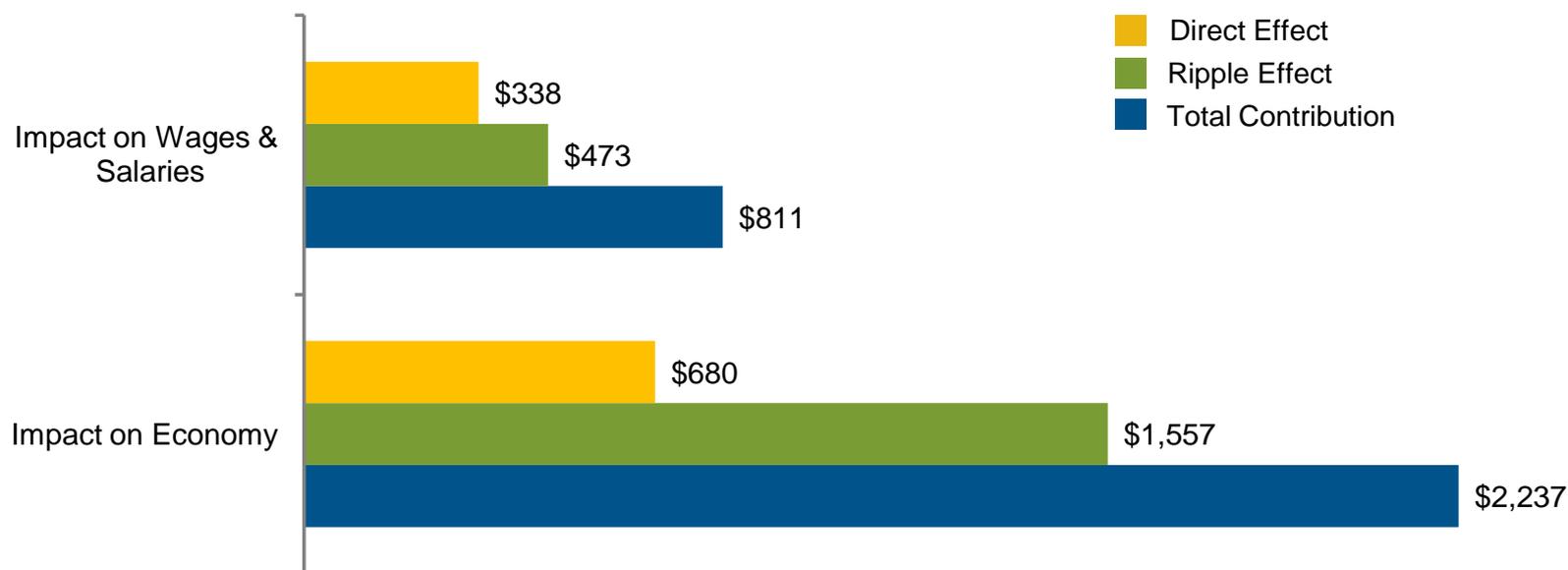
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

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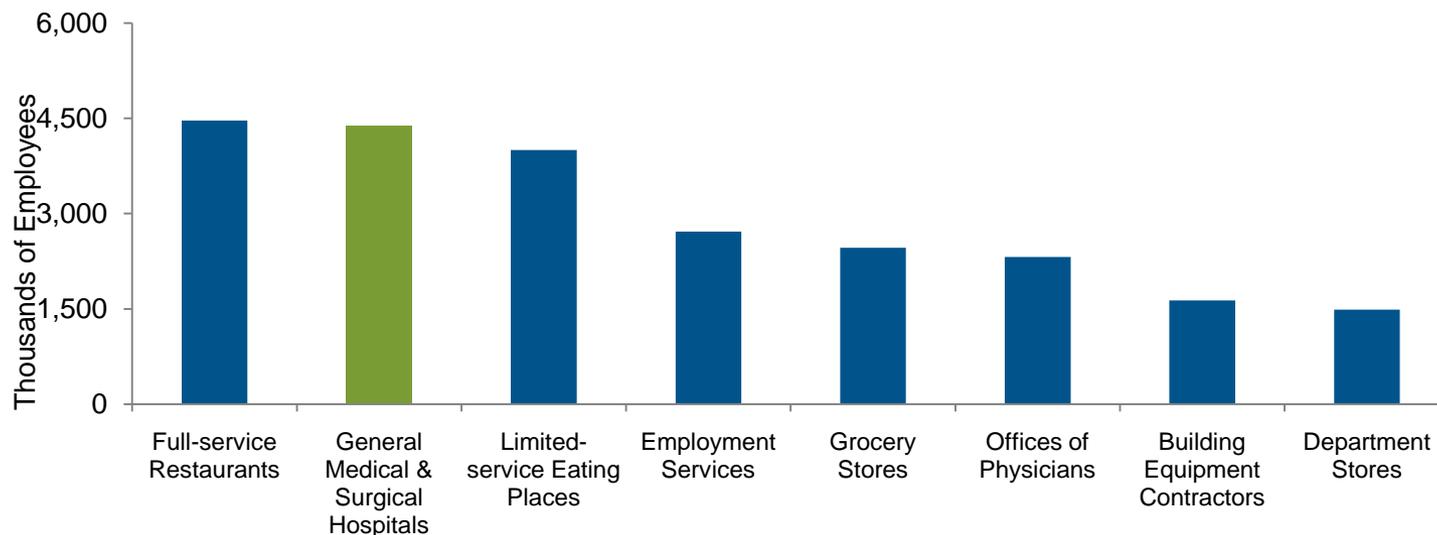
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

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Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2009 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

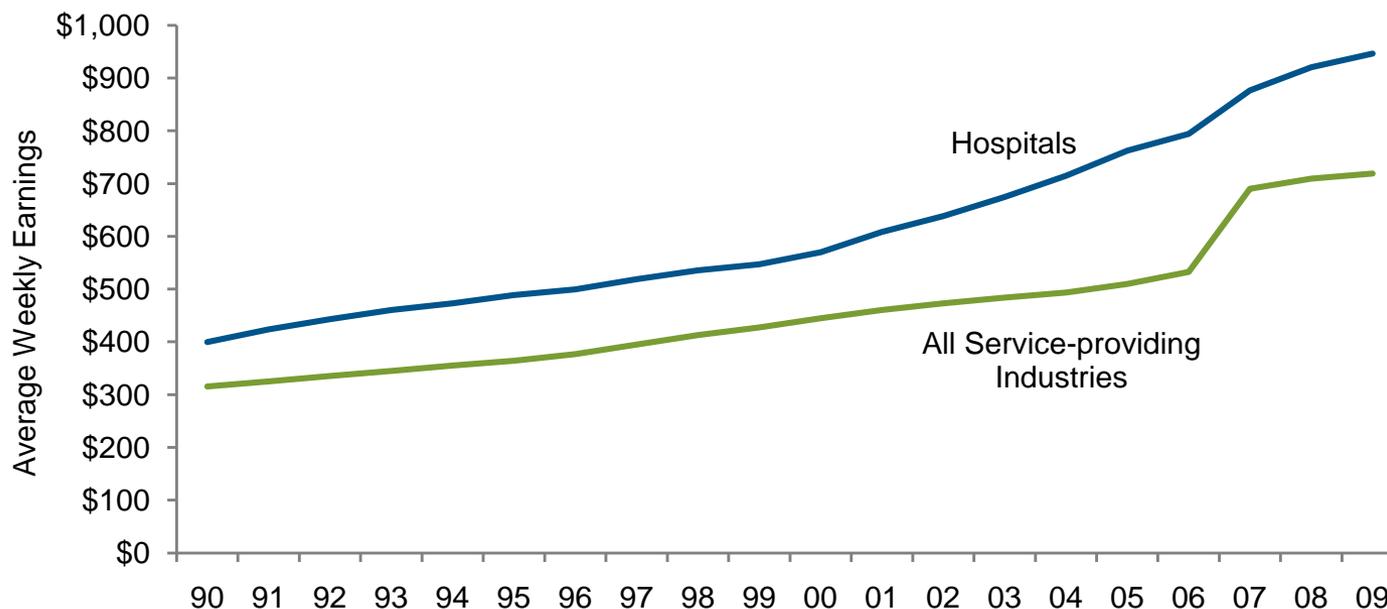
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Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2011.
Link: <http://www.bls.gov/ces>.

⁽¹⁾ 2010 figures reflect annual projections.

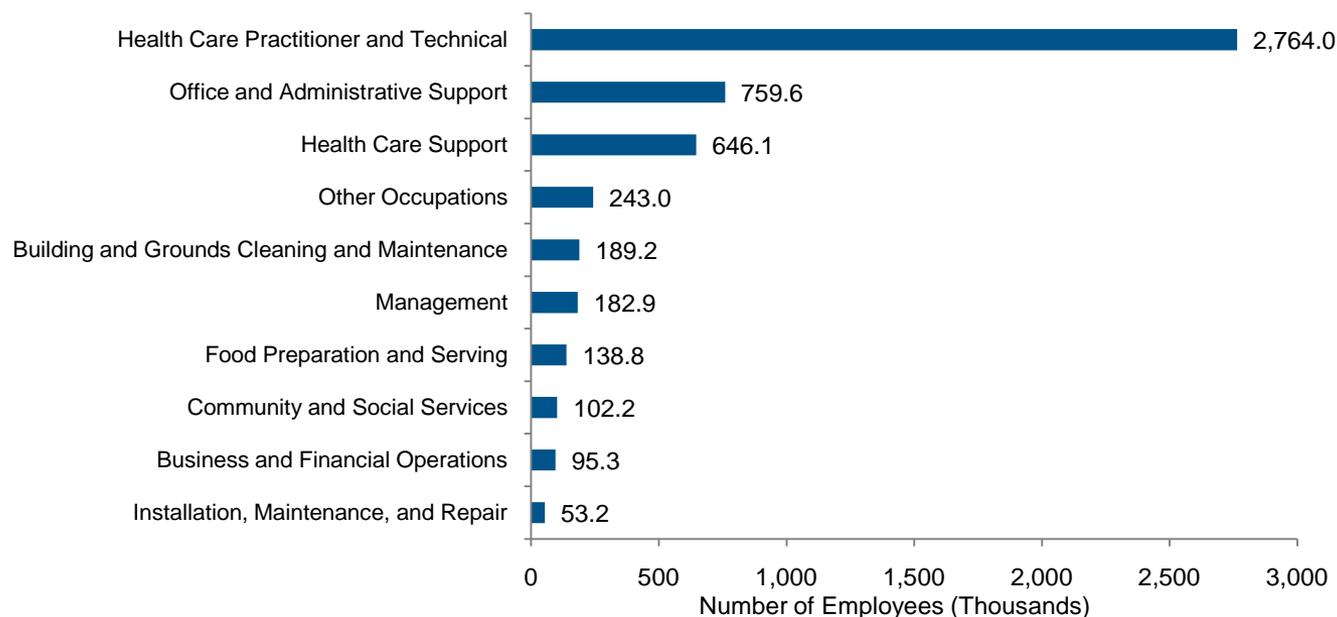
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Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2011.
Link: <http://www.bls.gov/ces>.

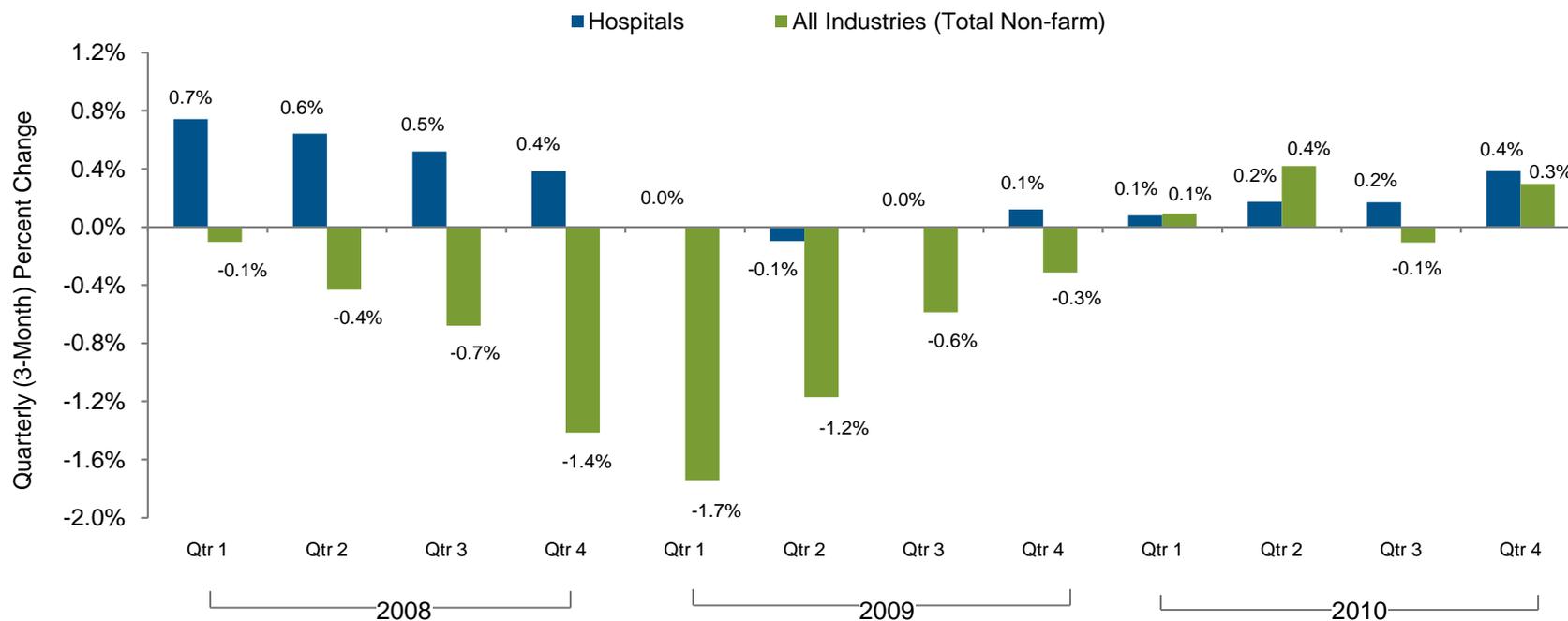
⁽¹⁾ Includes physicians employed by hospitals.

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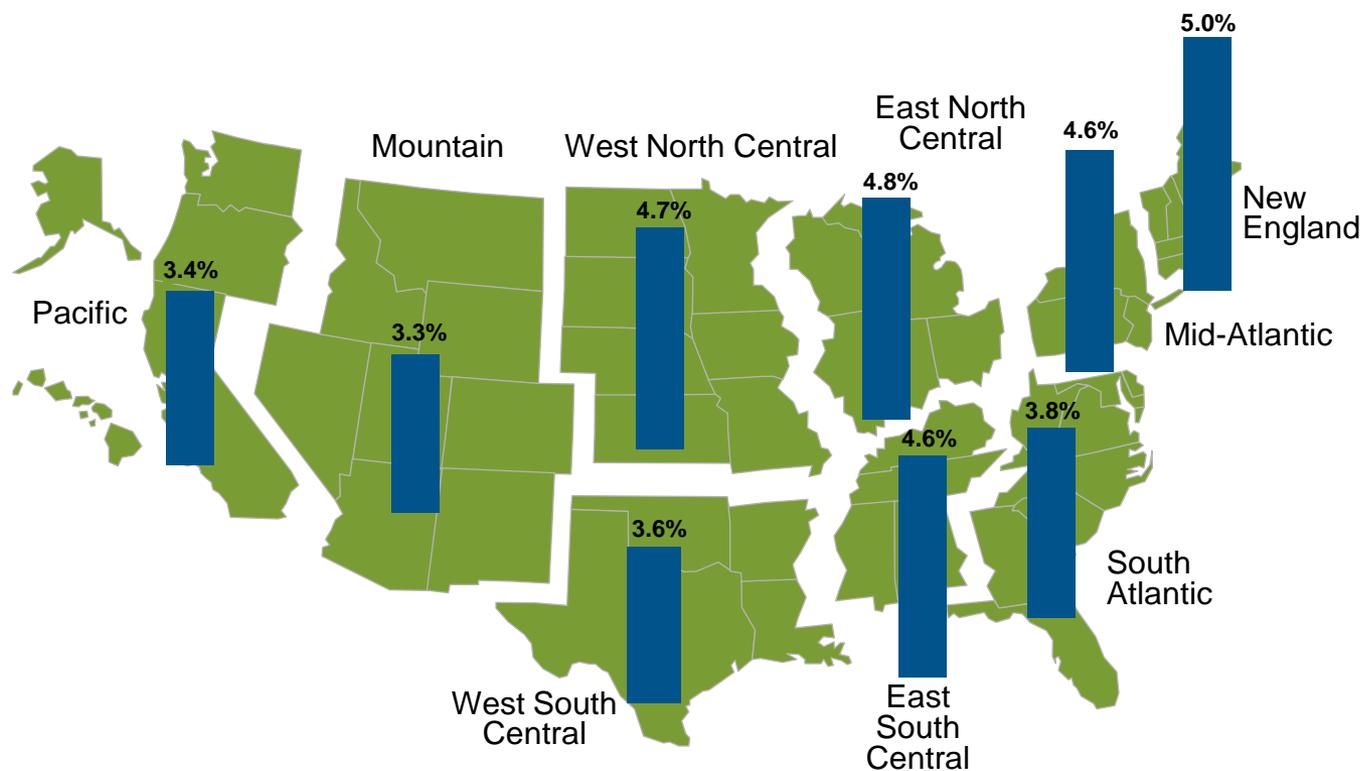
Source: Department of Labor, Bureau of Labor Statistics, 2009 National Industry-specific Occupational Employment and Wage. Data released February 2011. Link: http://www.bls.gov/oes/2009/may/naics4_622100.htm.

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Source: Department of Labor, Bureau of Labor Statistics. Data released February 2011. Link: <http://www.bls.gov/bls/employment.htm>.

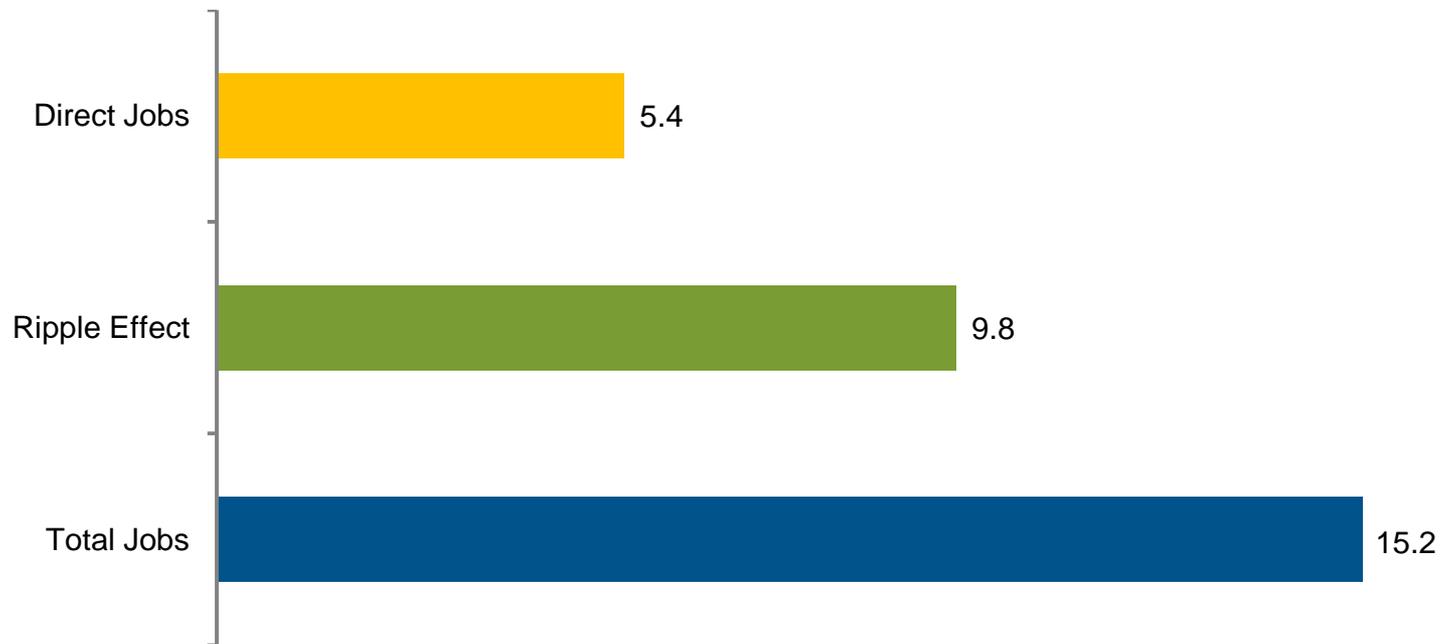
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Source: Avalere Health analysis of American Hospital Association 2009 Annual Survey data and 2009 total non-farm employment data from the Bureau of Labor Statistics.

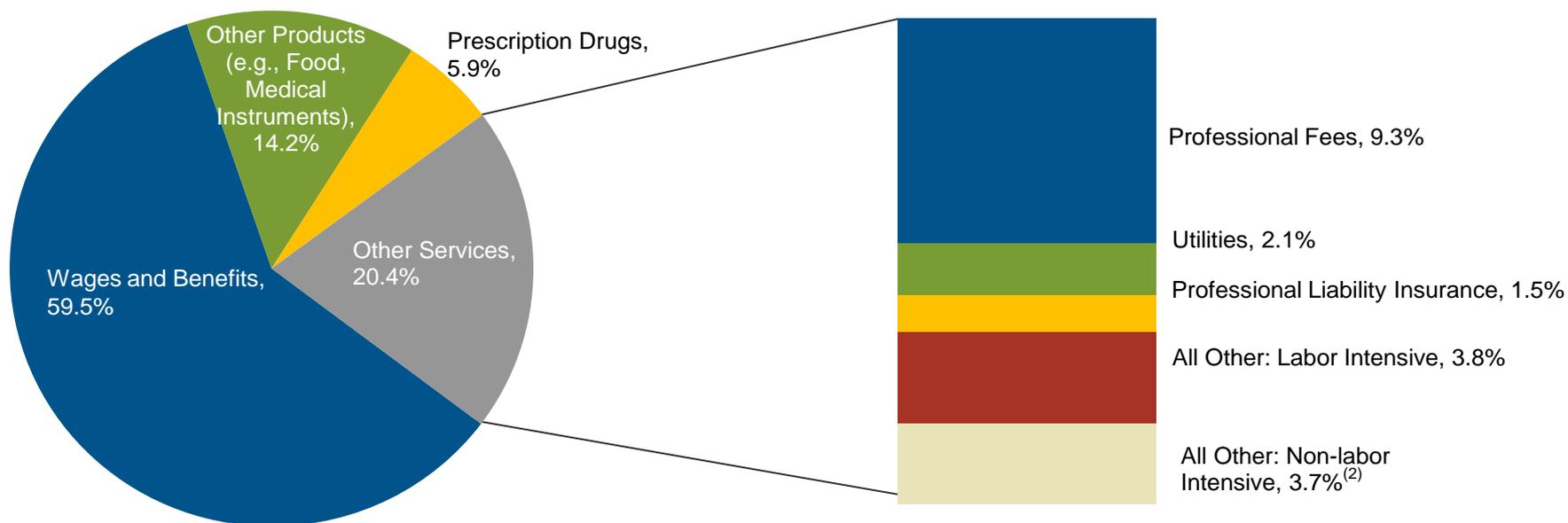
⁽¹⁾ Does not include farm employment.

Chart 6.9: Impact of Community Hospitals on U.S. Jobs (in millions), 2009



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2009 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

Chart 6.10: Percent of Hospital Costs⁽¹⁾ by Type of Expense, 4Q09



Source: AHA analysis of Centers for Medicare and Medicaid Services data, using base year 2006 weights.

(1) Does not include capital.

(2) Includes postage and telephone expenses.

Chart 6.11: Hospital Impact on Sectors of the U.S. Economy
(in \$ billions), 2009

Industry	Economic Impact
Health care and social assistance	\$786.8
Manufacturing	335.0
Real estate and rental and leasing	211.8
Finance and insurance	142.9
Professional, scientific and technical services	93.0
Retail trade	91.4
Wholesale trade	73.2
Information	73.2
Transportation and warehousing	69.6
Administrative and waste management services	69.3
Accommodation and food services	57.5
Other services	56.0
Management of companies and enterprises	45.0
Utilities	39.8
Agriculture, forestry, fishing and hunting	32.9
Educational services	18.0
Arts, entertainment, and recreation	16.0
Mining	14.1
Construction	11.1
Total	\$2,236.6

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2009 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

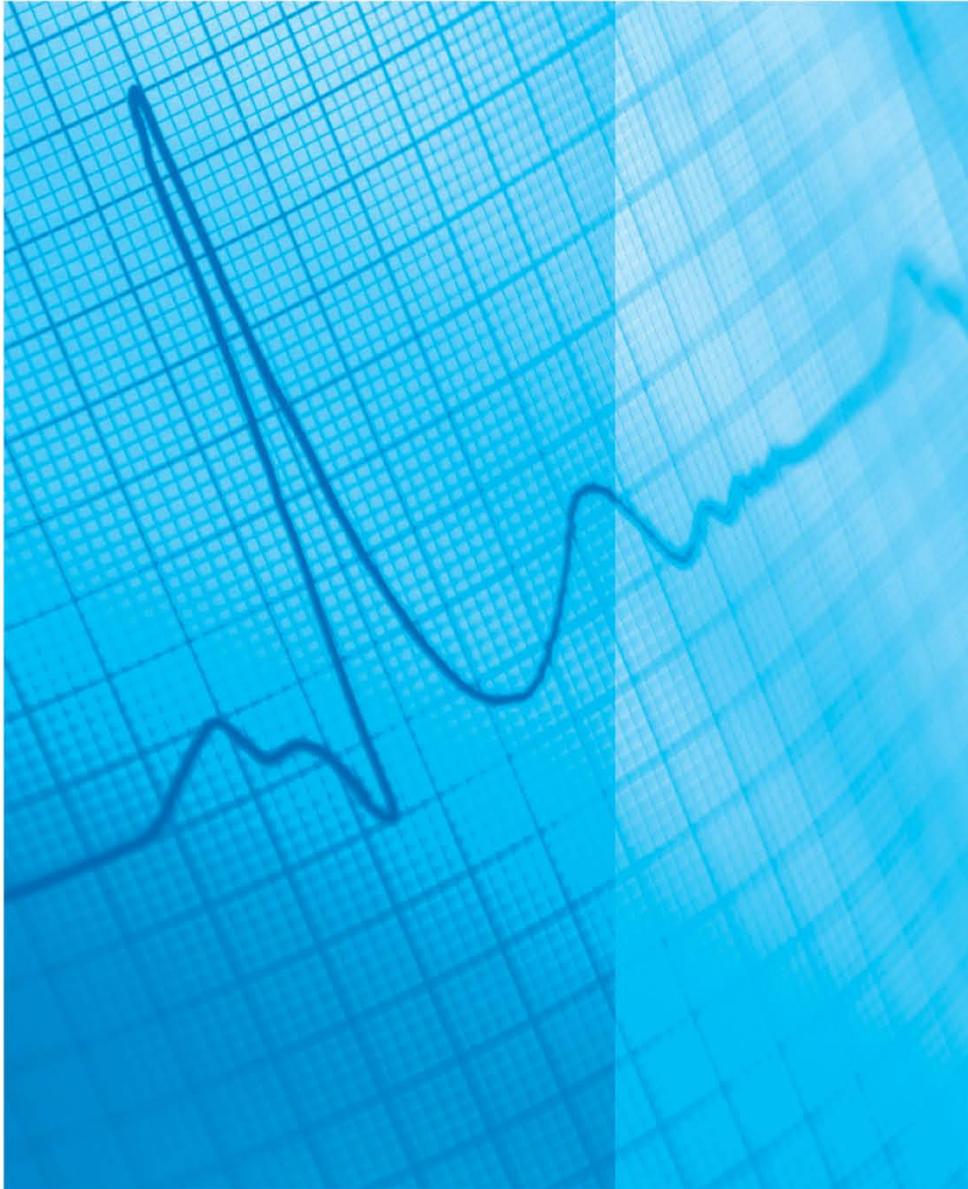
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State Name	Number of Hospital Jobs (FT and PT)	Multiplier for Employment	Effect of Total Jobs on State Economy	Percent of Total (Non-farm) Employment Supported by Hospital Employment	Hospital Payroll and Benefits (\$ millions)	Multiplier for Earnings	Effect of Hospital Payroll and Benefits on Total Labor Income (\$ millions)	Hospital Expenditures (\$ millions)	Multiplier for Output	Effect of Hospital Expenditures on Total Output in State Economy (\$ millions)
Alabama	81,887	1.9758	161,792	8.58%	\$4,138	1.6621	\$6,879	\$8,436	1.9923	\$16,807
Alaska	11,546	1.7814	20,568	6.40%	\$911	1.4677	\$1,337	\$1,734	1.7088	\$2,963
Arizona	85,156	2.2149	188,612	7.77%	\$5,437	1.7314	\$9,414	\$11,438	2.0687	\$23,662
Arkansas	50,552	1.8300	92,510	7.94%	\$2,519	1.5637	\$3,939	\$5,233	1.8487	\$9,674
California	483,488	2.3042	1,114,053	7.91%	\$36,425	1.8965	\$69,081	\$68,484	2.3420	\$160,390
Colorado	70,093	2.2496	157,681	7.03%	\$4,711	1.8891	\$8,899	\$10,198	2.3169	\$23,628
Connecticut	64,933	2.0244	131,450	8.08%	\$4,720	1.7086	\$8,065	\$8,793	2.0617	\$18,128
Delaware	20,113	2.1103	42,444	10.21%	\$1,274	1.6031	\$2,043	\$2,375	1.9111	\$4,539
District of Columbia	27,037	1.5922	43,048	6.12%	\$1,891	1.3291	\$2,513	\$3,597	1.3437	\$4,834
Florida	279,185	2.1443	598,656	8.25%	\$17,077	1.7878	\$30,530	\$36,678	2.1511	\$78,899
Georgia	143,973	2.2096	318,123	8.21%	\$7,925	1.8840	\$14,931	\$16,474	2.3070	\$38,005
Hawaii	18,019	2.1596	38,914	6.58%	\$1,320	1.6612	\$2,193	\$2,494	1.9817	\$4,941
Idaho	23,002	1.7692	40,695	6.67%	\$1,313	1.4977	\$1,967	\$2,756	1.7388	\$4,793
Illinois	238,243	2.1686	516,654	9.13%	\$14,334	1.9107	\$27,388	\$29,688	2.3663	\$70,250
Indiana	127,205	2.0287	258,061	9.26%	\$7,296	1.7202	\$12,550	\$15,714	2.0906	\$32,851
Iowa	67,704	1.6647	112,707	7.62%	\$3,542	1.4545	\$5,152	\$6,947	1.7000	\$11,810
Kansas	53,418	1.7464	93,289	6.94%	\$2,934	1.5257	\$4,476	\$5,817	1.8124	\$10,543
Kentucky	79,843	2.0280	161,922	9.15%	\$4,453	1.6979	\$7,560	\$9,864	2.0379	\$20,102
Louisiana	89,385	1.9313	172,629	9.09%	\$4,687	1.6381	\$7,677	\$9,366	1.9072	\$17,864
Maine	34,218	2.1742	74,397	12.50%	\$2,012	1.6875	\$3,396	\$3,827	2.0071	\$7,682
Maryland	95,537	2.0864	199,328	7.91%	\$5,857	1.7282	\$10,122	\$12,254	2.0812	\$25,502
Massachusetts	177,004	2.1357	378,027	11.91%	\$10,974	1.8160	\$19,928	\$22,744	2.2082	\$50,224
Michigan	207,010	2.0748	429,504	11.08%	\$12,533	1.7804	\$22,315	\$24,818	2.1424	\$53,171
Minnesota	116,363	2.1561	250,890	9.47%	\$7,004	1.7948	\$12,571	\$13,683	2.1924	\$29,998
Mississippi	58,107	1.8351	106,632	9.72%	\$3,140	1.5370	\$4,826	\$6,295	1.8097	\$11,392
Missouri	135,639	2.1313	289,087	10.75%	\$7,728	1.7859	\$13,802	\$16,515	2.1623	\$35,711
Montana	22,091	1.8161	40,119	9.35%	\$1,213	1.4847	\$1,801	\$2,336	1.7194	\$4,016
Nebraska	42,373	1.6845	71,377	7.56%	\$2,285	1.4916	\$3,408	\$4,909	1.7363	\$8,523
Nevada	24,022	2.1203	50,934	4.43%	\$1,975	1.6122	\$3,185	\$3,977	1.9068	\$7,583
New Hampshire	31,340	2.0348	63,771	10.22%	\$2,057	1.7251	\$3,549	\$3,849	2.0025	\$7,707
New Jersey	139,965	2.2187	310,540	7.98%	\$9,678	1.8620	\$18,021	\$17,885	2.3043	\$41,212
New Mexico	28,177	2.0270	57,115	7.03%	\$1,857	1.5556	\$2,888	\$3,744	1.7998	\$6,738
New York	420,310	1.8859	792,663	9.26%	\$31,048	1.6499	\$51,225	\$54,035	2.0272	\$109,540
North Carolina	165,210	2.1035	347,519	8.88%	\$9,523	1.7307	\$16,482	\$19,584	2.0936	\$41,001
North Dakota	21,235	1.5349	32,594	8.90%	\$1,218	1.3810	\$1,682	\$2,174	1.5739	\$3,422
Ohio	274,840	2.2110	607,671	11.98%	\$16,129	1.8354	\$29,603	\$32,612	2.2319	\$72,786
Oklahoma	56,136	1.9909	111,761	7.26%	\$3,048	1.6495	\$5,028	\$6,869	1.9567	\$13,441
Oregon	55,093	2.2605	124,538	7.73%	\$3,882	1.7341	\$6,731	\$7,565	2.0741	\$15,690
Pennsylvania	277,675	2.1776	604,665	10.78%	\$16,064	1.8813	\$30,221	\$34,005	2.3041	\$78,351
Rhode Island	20,635	2.0352	41,996	9.15%	\$1,580	1.7029	\$2,691	\$2,821	2.0299	\$5,726
South Carolina	73,265	2.1454	157,183	8.63%	\$4,260	1.7331	\$7,382	\$9,695	2.1226	\$20,579
South Dakota	22,476	1.5567	34,988	8.67%	\$1,131	1.3813	\$1,562	\$2,286	1.5912	\$3,638
Tennessee	117,504	2.1469	252,269	9.63%	\$6,095	1.8124	\$11,047	\$13,290	2.2204	\$29,509
Texas	341,719	2.2410	765,792	7.43%	\$21,357	1.8786	\$40,122	\$44,920	2.3321	\$104,757
Utah	40,525	2.3212	94,067	7.89%	\$2,158	1.8421	\$3,975	\$5,039	2.2688	\$11,433
Vermont	13,658	1.9945	27,241	9.18%	\$981	1.5422	\$1,514	\$1,700	1.7754	\$3,019
Virginia	110,415	2.0191	222,939	6.13%	\$7,024	1.7358	\$12,193	\$15,562	2.1314	\$33,169
Washington	101,646	2.2898	232,749	8.24%	\$7,431	1.7538	\$13,032	\$14,570	2.1359	\$31,120
West Virginia	42,833	1.8533	79,382	10.67%	\$2,280	1.5288	\$3,485	\$4,716	1.7493	\$8,250
Wisconsin	114,403	2.0515	234,698	8.54%	\$6,624	1.7331	\$11,481	\$14,534	2.0768	\$30,185
Wyoming	9,404	1.6113	15,153	5.29%	\$569	1.3621	\$775	\$990	1.5494	\$1,533
United States*	5,405,610	2.8048	15,161,655	11.61%	\$337,624	2.4031	\$811,343	\$679,890	3.2896	\$2,236,567

Source: Avalere Health, using BEA RIMS-II (2002/2008) multipliers for hospital NAICS Code 622, released 2011, applied to American Hospital Association Annual Survey data for 2009. Hospital jobs are total part time and full time jobs. Hospital labor income is defined as payroll plus benefits. The percent of total employment supported by direct and indirect hospital employment is based on 2009 BLS data. Expenditures are defined as net patient revenue + other operating revenue.

*Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for the U.S. summary row. BEA RIMS-II (1997/2006) multipliers released in 2008 and applied to 2009 AHA annual survey data were used instead.





CHAPTER 7

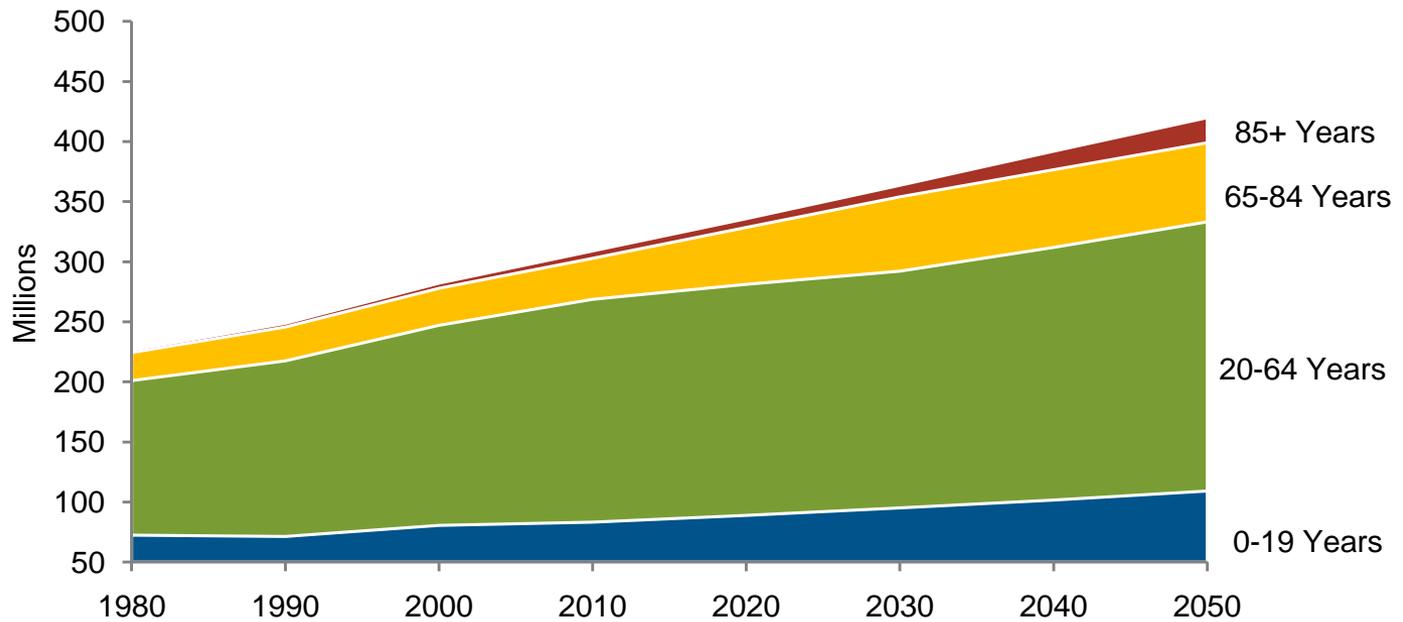
Community Health
Indicators

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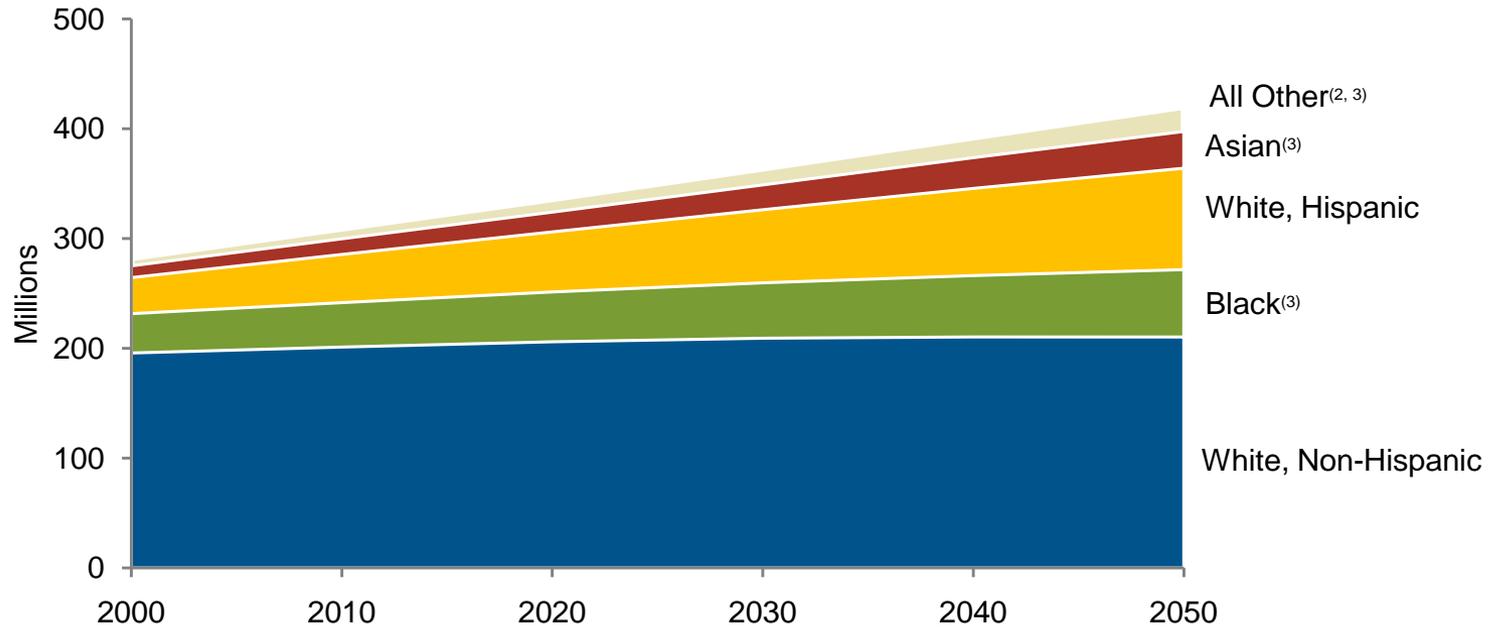
Chart 7.1: U.S. Population Trends and Projections by Age, 1980 – 2050⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. Figures updated based on 2009 estimates.

⁽¹⁾ Years 2010 through 2050 are projections. Projections updated biannually.

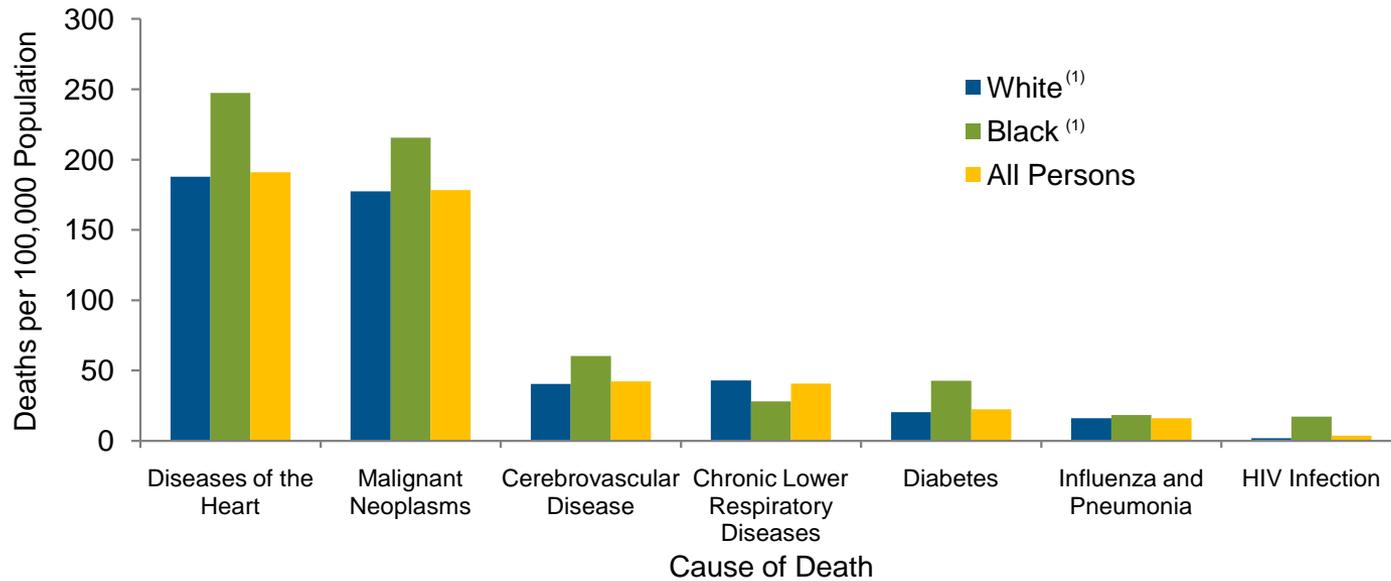
Chart 7.2: U.S. Population Trends and Projections by Race, 2000 – 2050⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. Figures updated based on 2009 estimates.

- (1) Years 2010 through 2050 are projections. Projections updated biannually.
- (2) All other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander, and two or more races.
- (3) Black, Asian, and all other categories include Hispanic and non-Hispanic individuals. 2.8 million individuals of Hispanic origin are included in these groups.

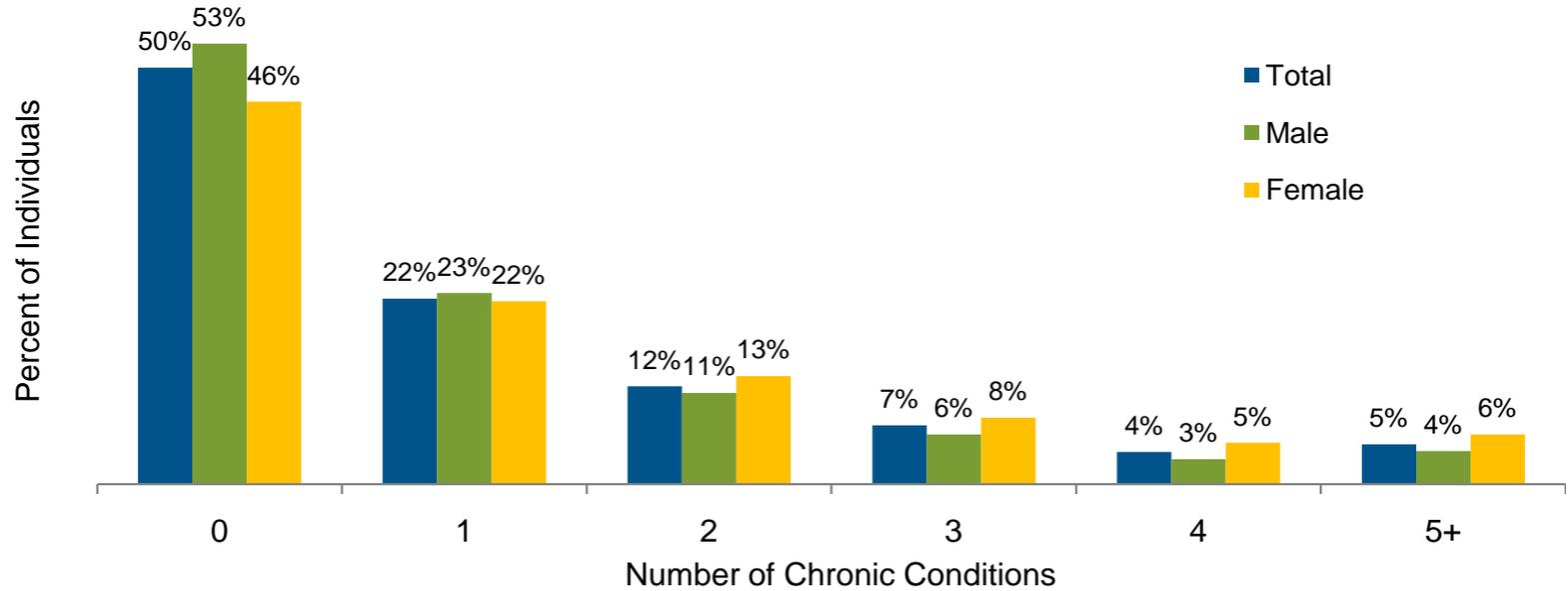
Chart 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2007



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

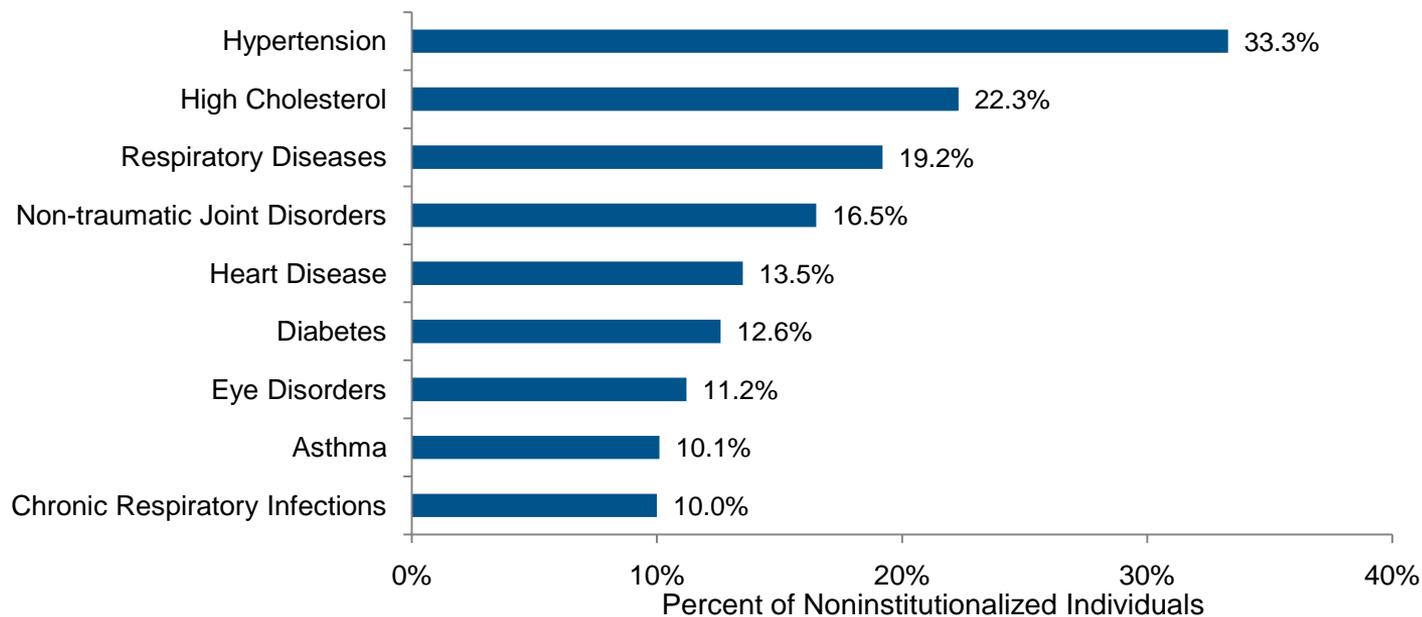
⁽¹⁾ Racial categories include individuals of both Hispanic and non-Hispanic origin.

Chart 7.4: Percent of People with Chronic Conditions by Number and Sex, 2006



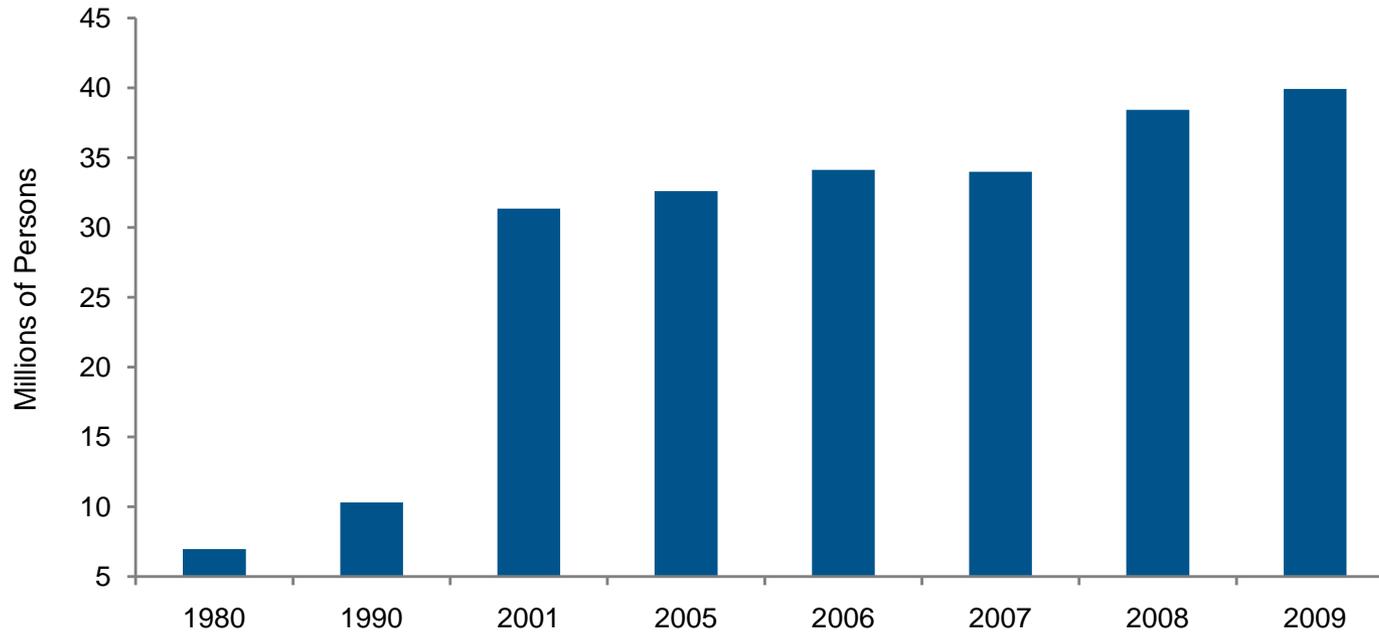
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.5: Percent of People with Chronic Conditions by Type, 2006



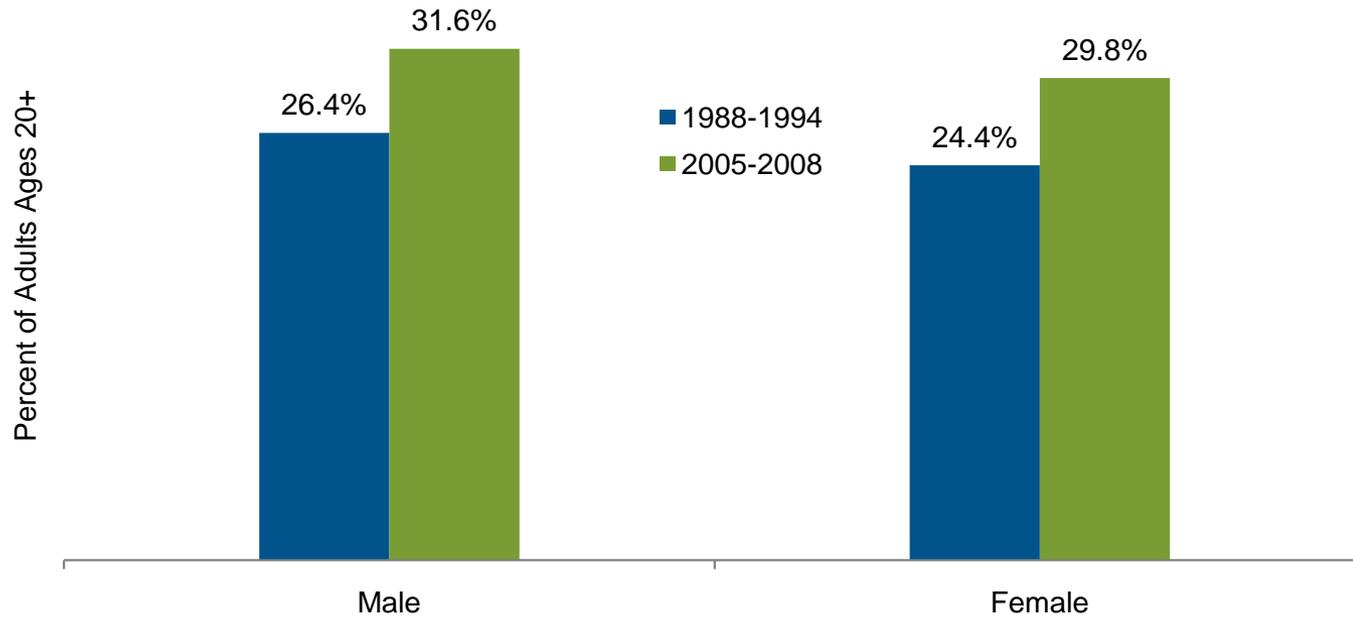
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.6: Number of Persons with Asthma, 1980 – 2009



Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009.

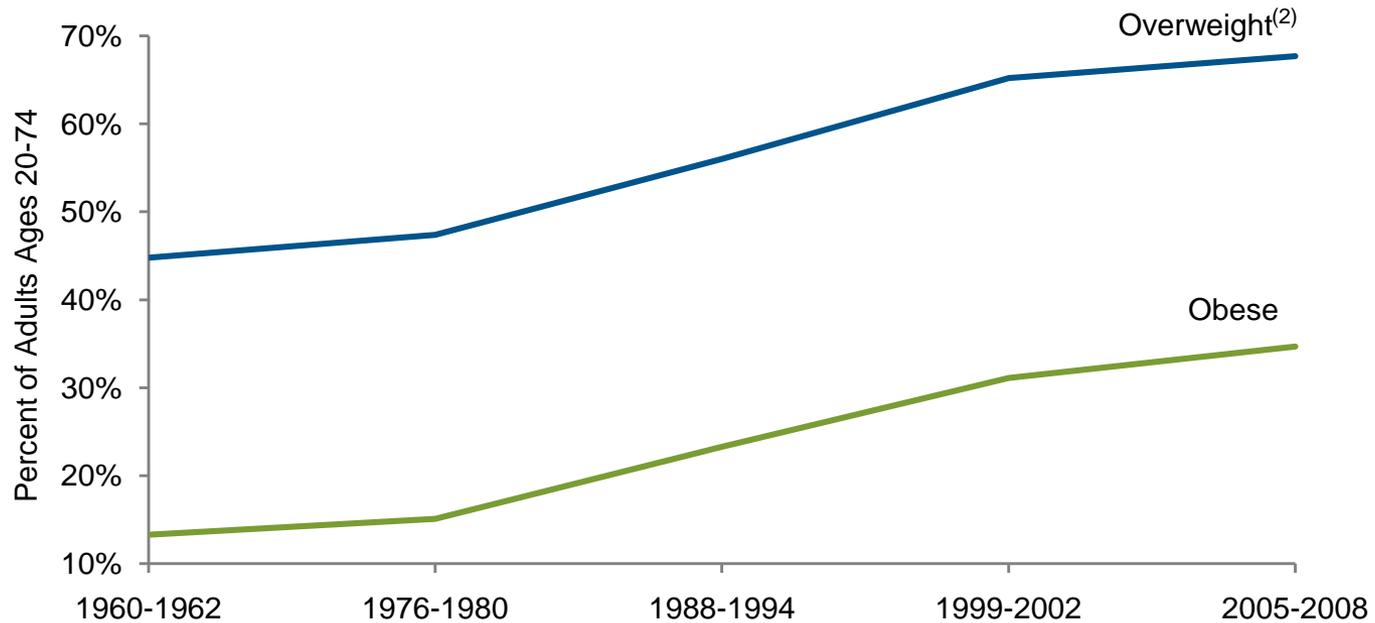
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Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Data are age-adjusted to 2000 standard population.

Chart 7.8: Percent of Adults Who Are Overweight and Obese,⁽¹⁾ 1960 – 2008

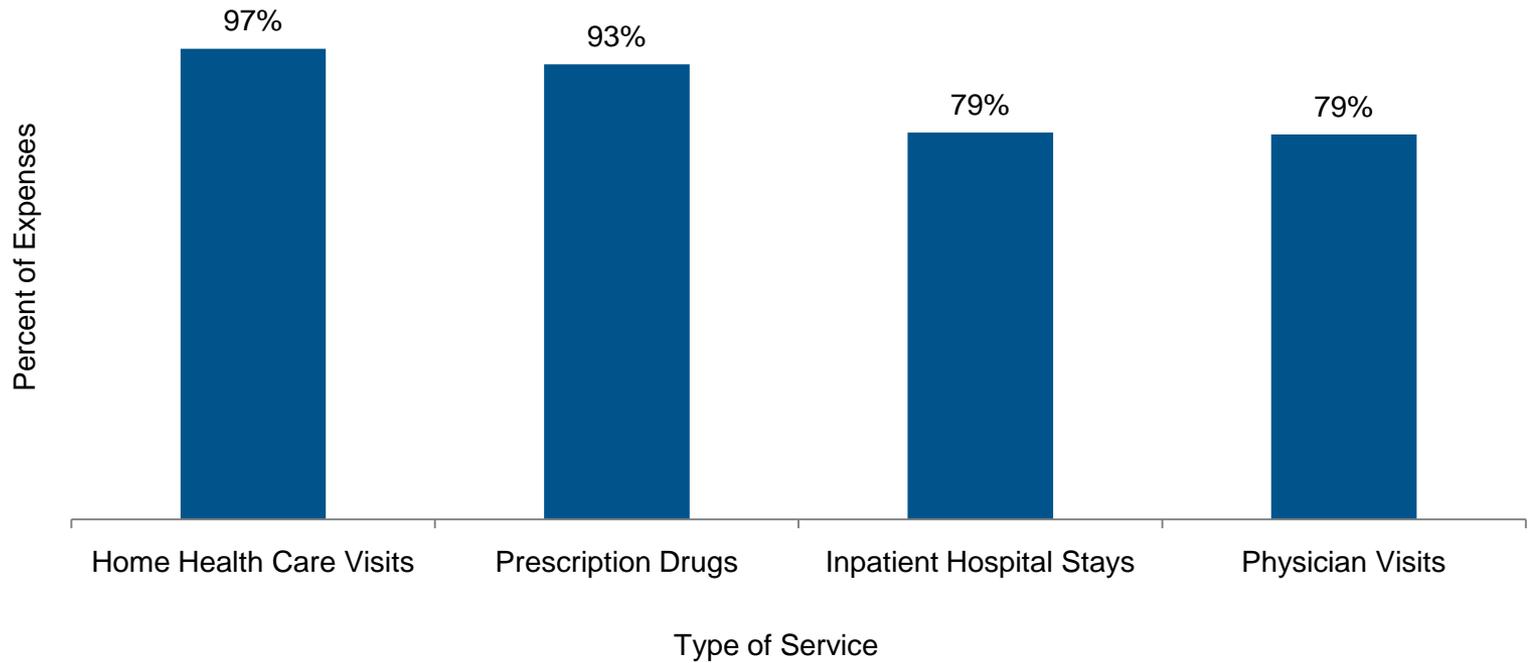


Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Data are age-adjusted to 2000 standard population.

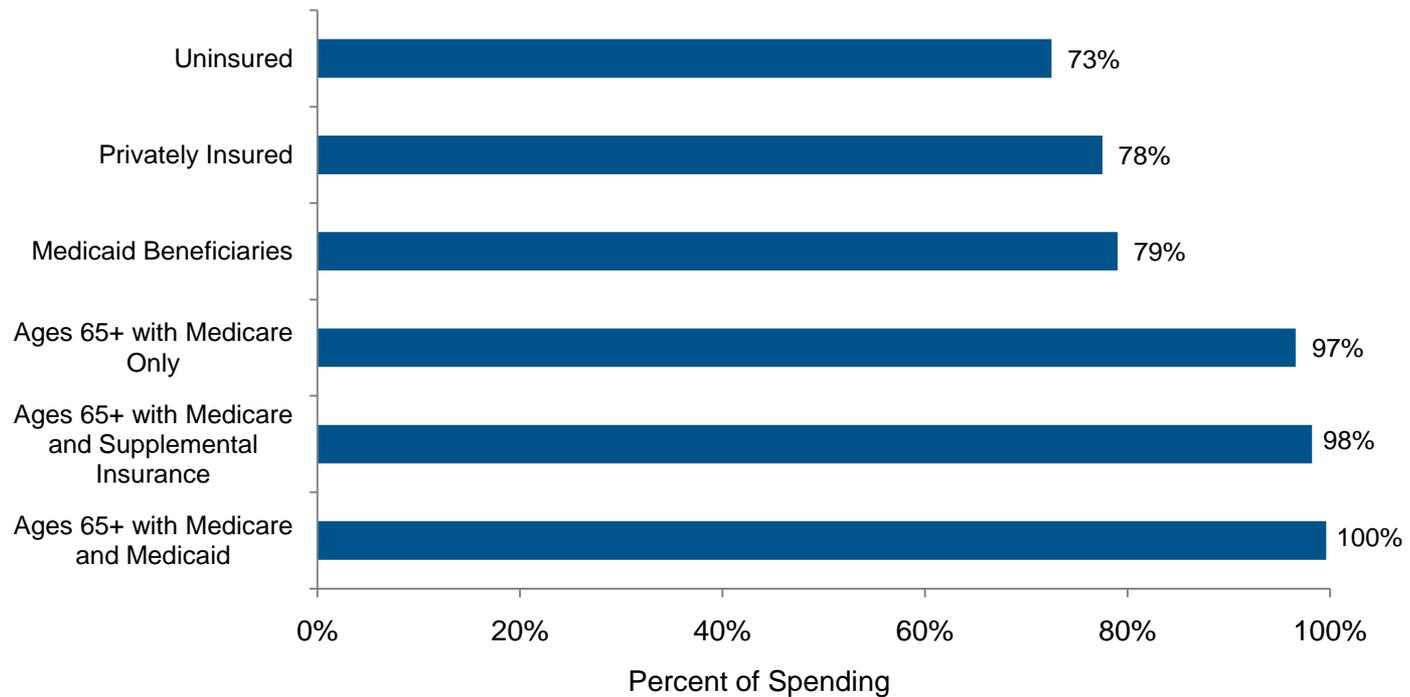
(2) Overweight includes obese.

Chart 7.9: Percent of Services Used by People with Chronic Conditions, 2006



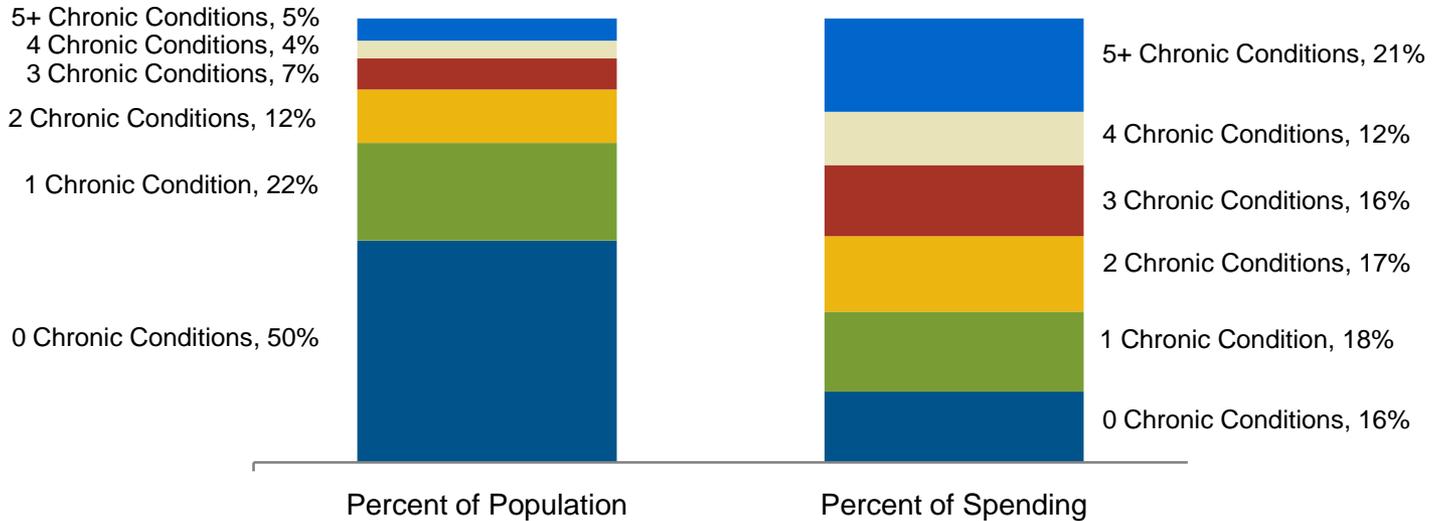
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.10: Percent of Spending for Individuals with Chronic Conditions by Insurance Status, 2006



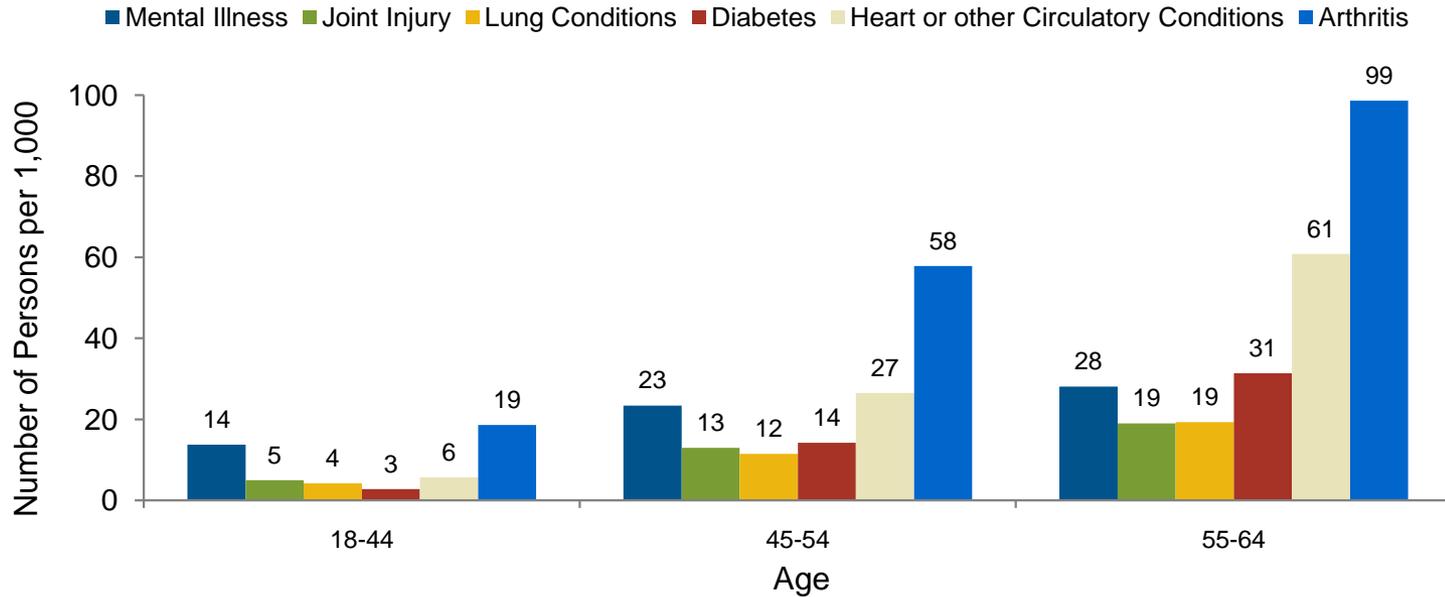
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.11: Percent of Population vs. Percent of Spending, by Number of Chronic Conditions, 2006



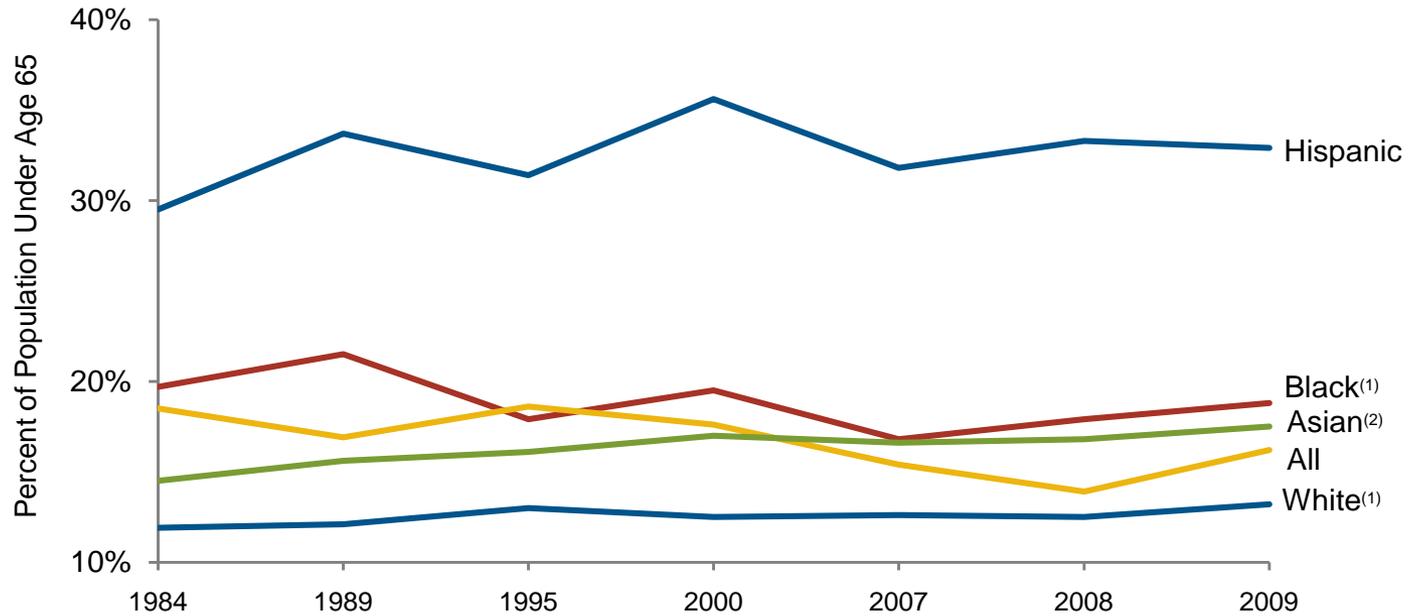
Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.12: Working Age Adults with Activity Limitations Due to Chronic Conditions, by Condition and Age, 2006 – 2007



Source: National Center for Health Statistics. (2010). *Health, United States, 2009*. Hyattsville, MD.

Chart 7.13: Percent Uninsured by Race, 1984 – 2009

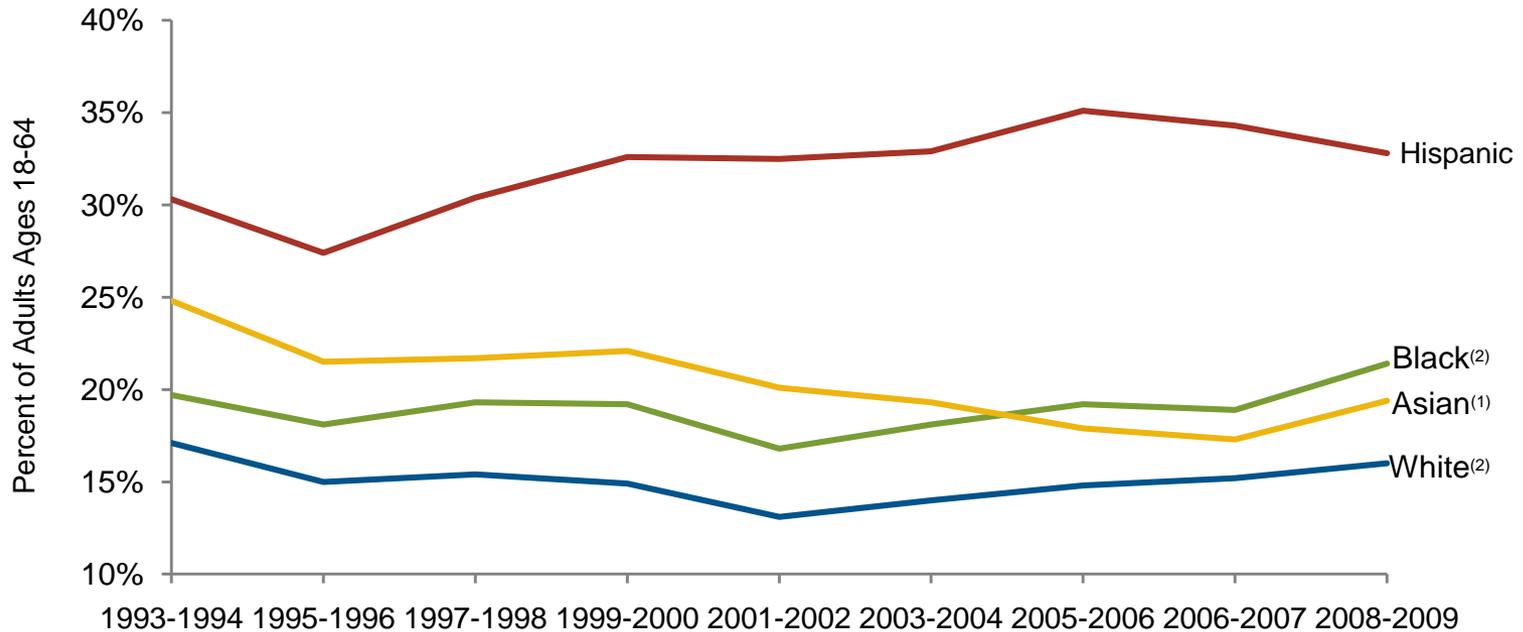


Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Includes individuals of non-Hispanic origin only.

(2) Includes individuals of Hispanic and non-Hispanic origin.

Chart 7.14: Percent of Adults with No Usual Source of Care by Race, 1993 – 2009

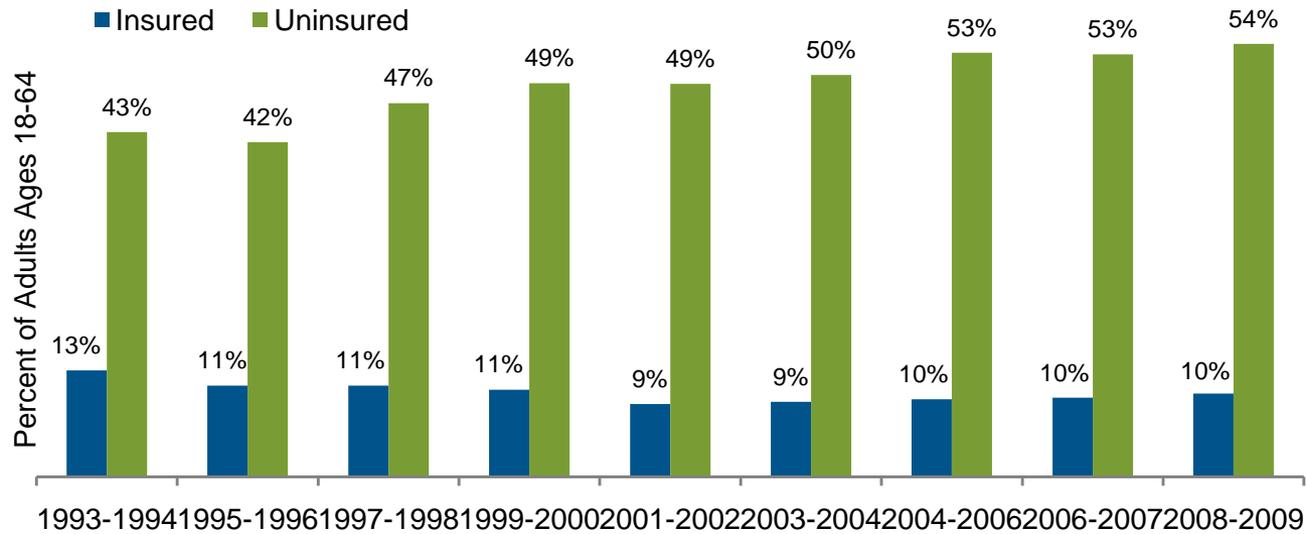


Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ Includes individuals of Hispanic and non-Hispanic origin.

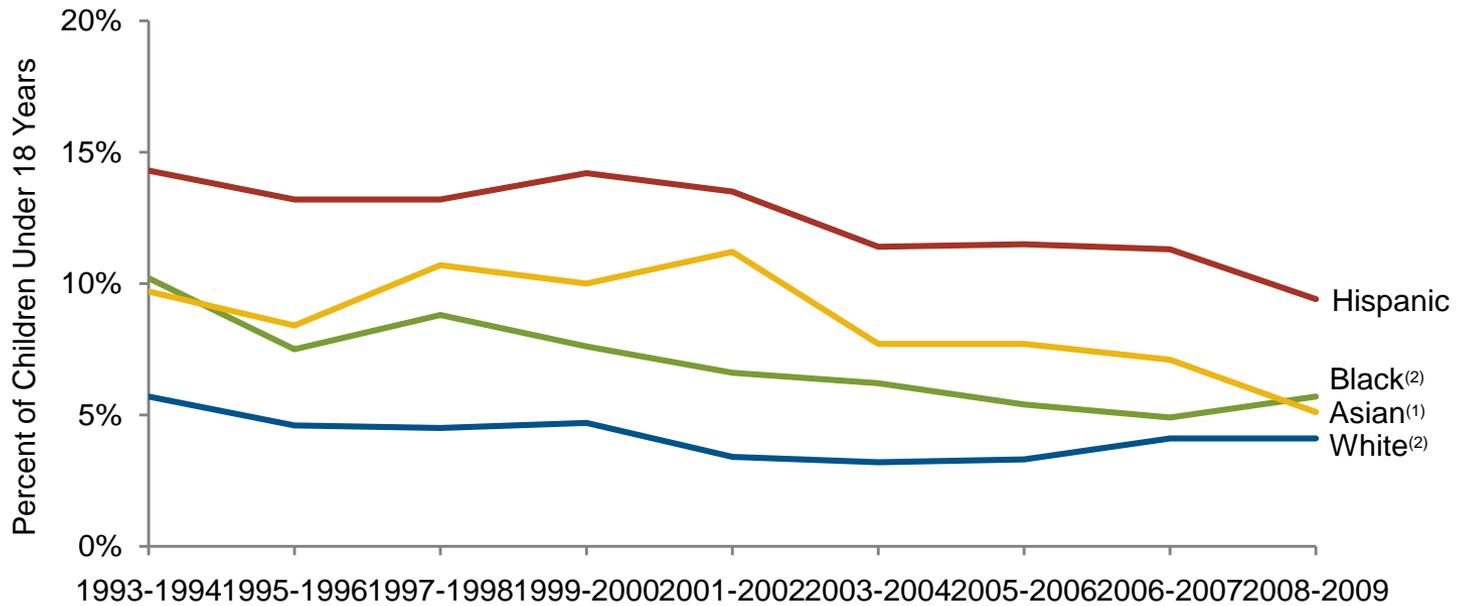
⁽²⁾ Includes individuals of non-Hispanic origin only.

Chart 7.15: Percent of Adults with No Usual Source of Care by Insurance Status, 1993 – 2009



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

Chart 7.16: Percent of Children with No Usual Source of Care by Race, 1993 – 2009

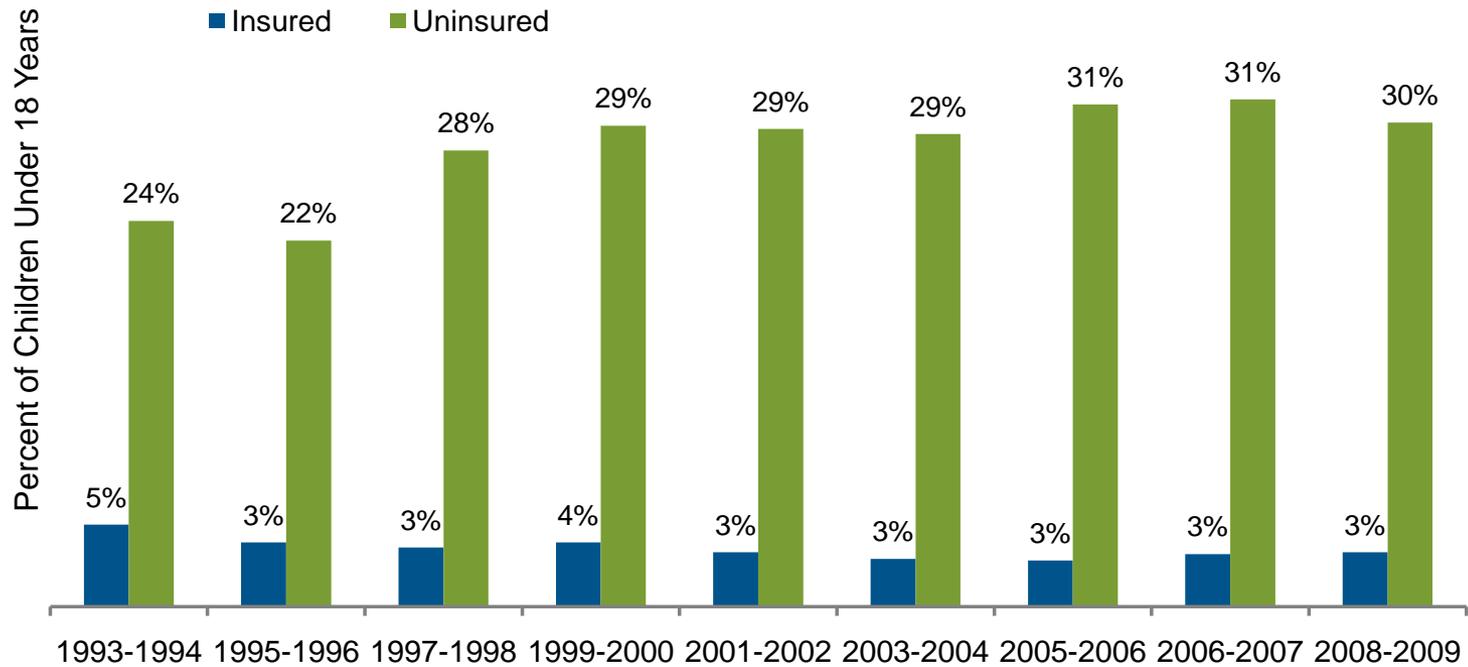


Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Includes individuals of Hispanic and non-Hispanic origin.

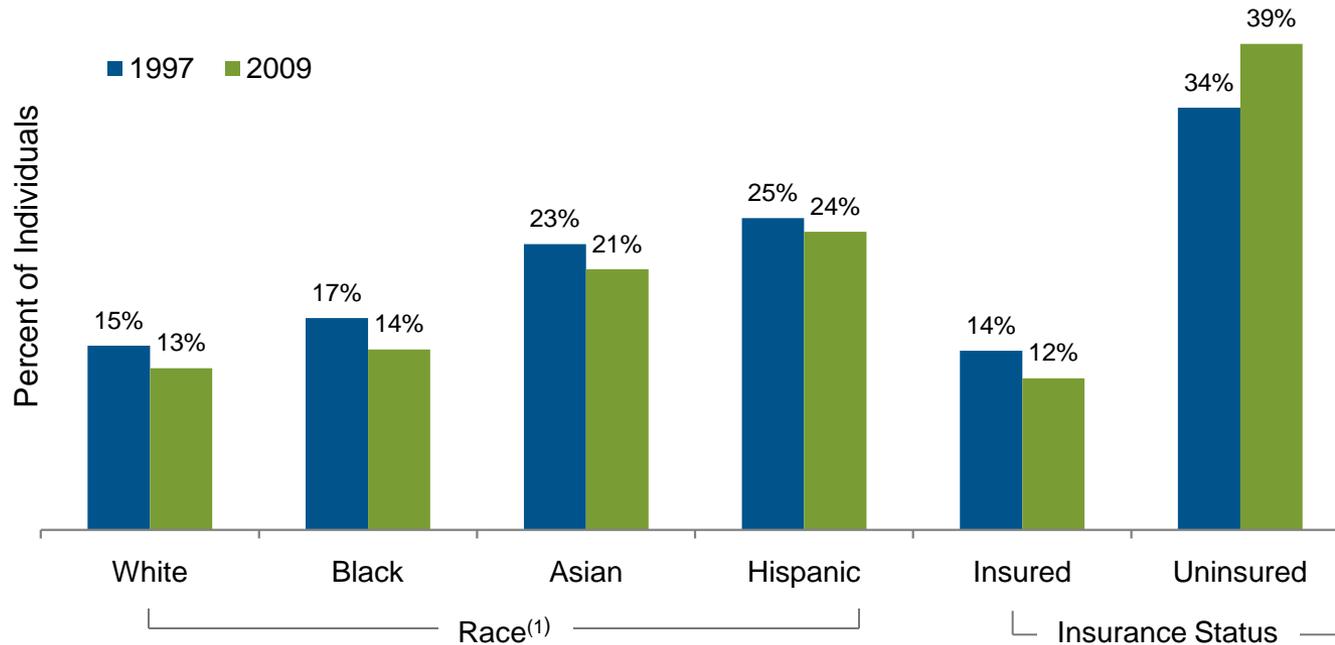
(2) Includes individuals of non-Hispanic origin only.

Chart 7.17: Percent of Children with No Usual Source of Care by Insurance Status, 1993 – 2009



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

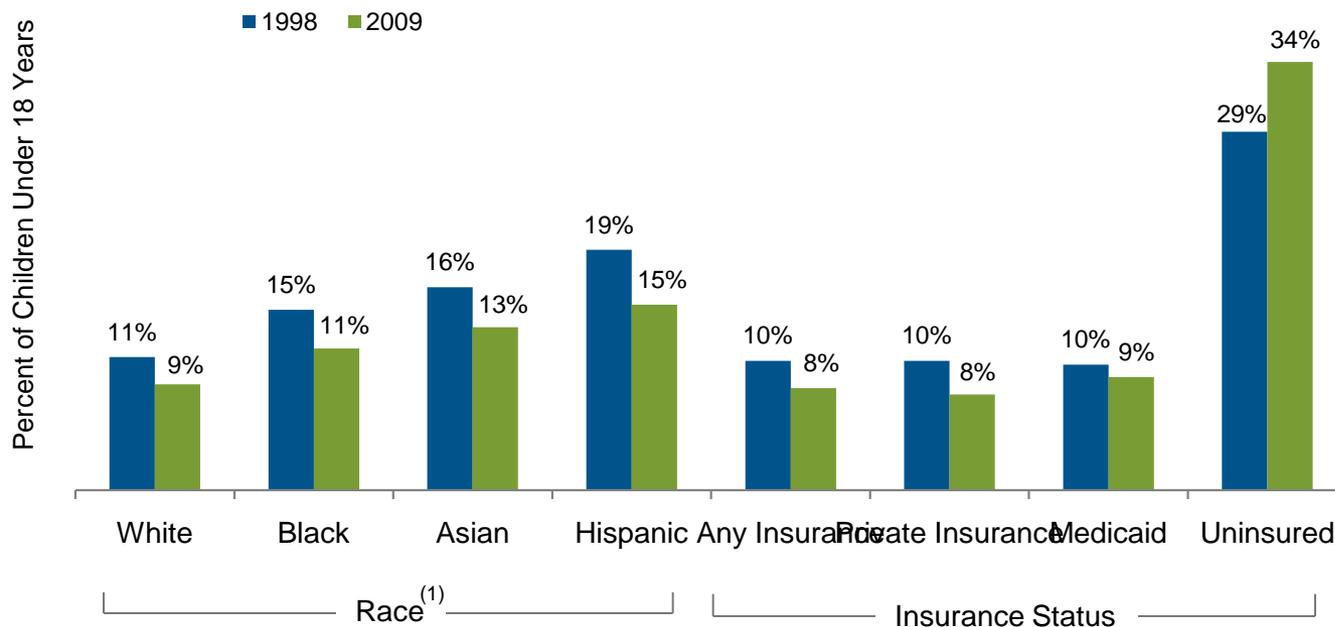
Chart 7.18: Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2009



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

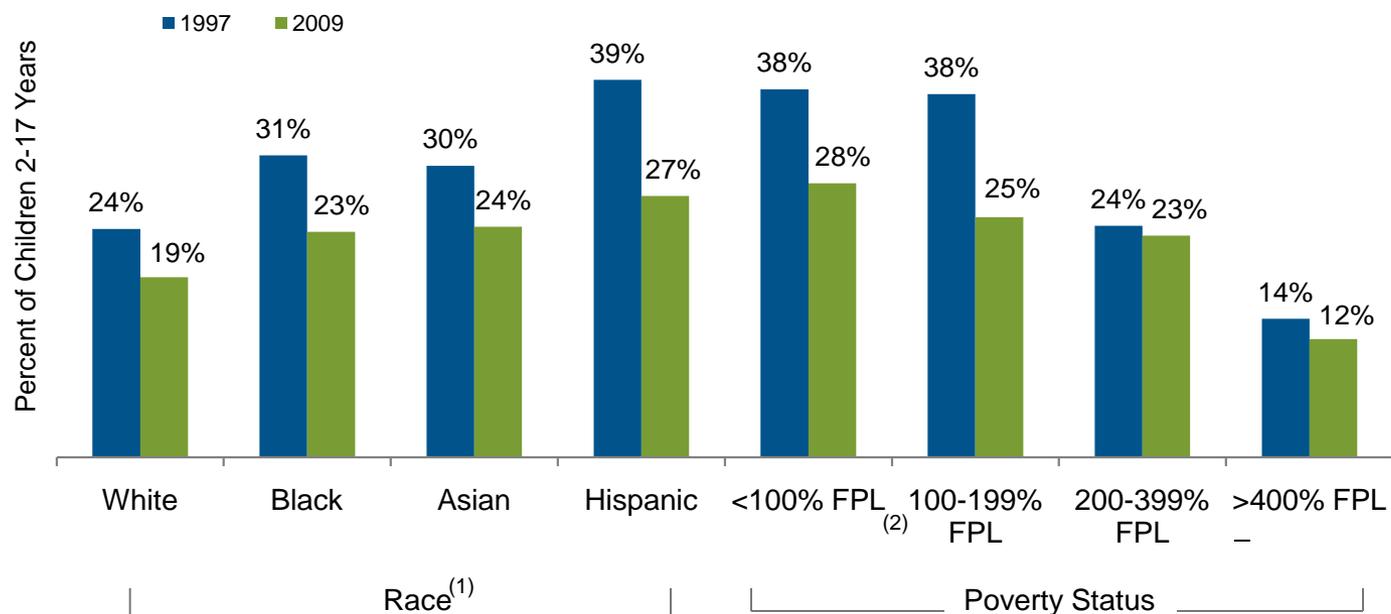
Chart 7.19: Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2009



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Chart 7.20: Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2009

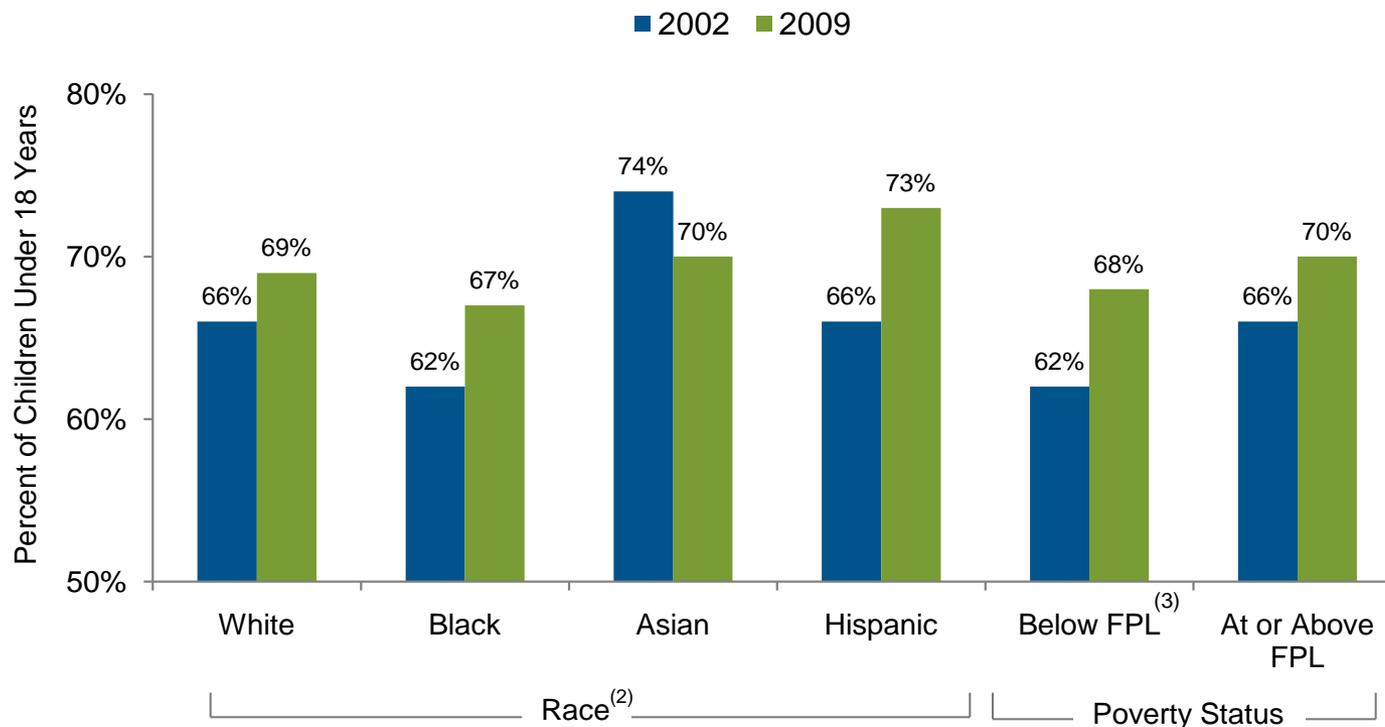


Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(2) FPL = federal poverty limit.

Chart 7.21: Percent of Children Vaccinated⁽¹⁾ by Race, Poverty Status, 2002 and 2009



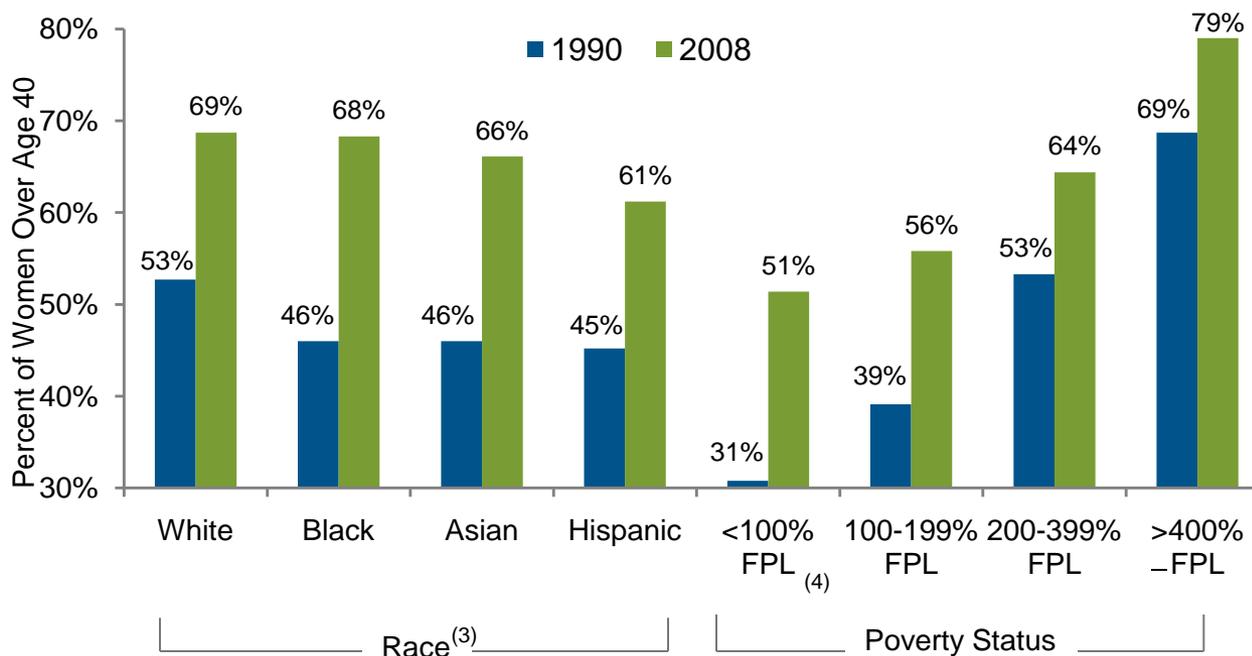
Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Vaccinations include DTP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV.

(2) White, Black, and Asian include individuals of non-Hispanic origin only.

(3) FPL = federal poverty limit.

Chart 7.22: Percent of Women⁽¹⁾ Receiving Mammography⁽²⁾ by Race, Poverty Status, 1990 and 2008



Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

(1) Women over 40 years of age.

(2) Indicates use of mammography in two years prior to 1990 and 2008.

(3) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(4) Note: FPL = federal poverty limit.



APPENDIX 1

Supplementary Data Tables
Trends in the Overall
Health Care Market

Table 1.1: Total National Health Expenditures, 1980 – 2009⁽¹⁾

Year	Total National Health Expenditures				Prescription Drugs Total	
	Total		Per Capita		Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)
	Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)	Nominal Dollars	Real Dollars ⁽²⁾		
1980	\$255.7	\$255.7	\$1,110	\$1,110	\$12.0	\$12.0
1981	\$296.6	\$268.9	\$1,275	\$1,156	\$13.4	\$12.1
1982	\$334.6	\$285.7	\$1,424	\$1,216	\$15.0	\$12.8
1983	\$368.8	\$305.1	\$1,555	\$1,287	\$17.3	\$14.3
1984	\$406.3	\$322.2	\$1,697	\$1,346	\$19.6	\$15.6
1985	\$444.4	\$340.3	\$1,839	\$1,408	\$21.8	\$16.7
1986	\$476.7	\$358.4	\$1,954	\$1,469	\$24.3	\$18.3
1987	\$518.9	\$376.4	\$2,108	\$1,529	\$26.9	\$19.5
1988	\$581.5	\$405.0	\$2,340	\$1,630	\$30.6	\$21.3
1989	\$647.2	\$430.1	\$2,580	\$1,714	\$34.8	\$23.1
1990	\$724.0	\$456.5	\$2,853	\$1,799	\$40.3	\$25.4
1991	\$791.2	\$478.7	\$3,081	\$1,864	\$44.4	\$26.9
1992	\$857.7	\$503.7	\$3,299	\$1,938	\$47.0	\$27.6
1993	\$921.3	\$525.4	\$3,502	\$1,997	\$49.6	\$28.3
1994	\$972.5	\$540.7	\$3,657	\$2,033	\$53.1	\$29.5
1995	\$1,027.3	\$555.4	\$3,823	\$2,067	\$59.8	\$32.3
1996	\$1,081.6	\$568.0	\$3,985	\$2,093	\$68.1	\$35.8
1997	\$1,142.4	\$586.5	\$4,166	\$2,139	\$77.6	\$39.9
1998	\$1,208.6	\$611.0	\$4,362	\$2,205	\$88.4	\$44.7
1999	\$1,286.8	\$636.5	\$4,599	\$2,275	\$104.7	\$51.8
2000	\$1,378.0	\$659.4	\$4,878	\$2,334	\$120.9	\$57.9
2001	\$1,495.3	\$695.7	\$5,240	\$2,438	\$138.7	\$64.5
2002	\$1,637.0	\$749.8	\$5,682	\$2,603	\$158.2	\$72.4
2003	\$1,772.2	\$793.7	\$6,098	\$2,731	\$175.2	\$78.4
2004	\$1,894.7	\$826.5	\$6,458	\$2,817	\$190.3	\$83.0
2005	\$2,021.0	\$852.7	\$6,827	\$2,880	\$201.7	\$85.1
2006	\$2,152.1	\$879.6	\$7,198	\$2,942	\$219.8	\$89.8
2007	\$2,283.5	\$907.7	\$7,561	\$3,005	\$230.2	\$91.5
2008	\$2,391.4	\$915.2	\$7,845	\$3,003	\$237.2	\$90.8
2009	\$2,486.3	\$954.9	\$8,086	\$3,106	\$249.9	\$96.0

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers. Data for Charts 1.1, 1.3, and 1.10

Table 1.2: Percent Change in National Expenditures for Selected Health Services and Supplies, 1999 – 2009⁽¹⁾

Year	Hospital Care	Prescription Drugs	Admin. & Net Cost of Private Health Insurance	Home Health Care	Nursing Home Care
1999	5.0%	18.4%	12.3%	-3.8%	1.7%
2000	5.6%	15.4%	15.1%	-1.4%	5.4%
2001	8.1%	14.7%	10.7%	6.2%	6.7%
2002	8.3%	14.0%	20.4%	6.4%	4.1%
2003	8.1%	10.7%	16.1%	8.7%	6.0%
2004	7.4%	8.6%	6.7%	10.1%	5.3%
2005	7.4%	6.0%	5.7%	11.2%	6.4%
2006	6.9%	9.0%	9.9%	8.0%	4.3%
2007	5.9%	4.7%	4.2%	9.9%	8.1%
2008	5.2%	3.1%	1.3%	7.5%	5.0%
2009	5.1%	5.3%	-0.6%	10.0%	3.1%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealththexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.7

Table 1.3: National Health Expenditures,⁽¹⁾ 1980 – 2020⁽²⁾

Year	Expenditures (billions)
1980	\$255.7
1990	\$724.0
2000	\$1,378.0
2001	\$1,495.3
2002	\$1,637.0
2003	\$1,772.2
2004	\$1,894.7
2005	\$2,021.0
2006	\$2,152.1
2007	\$2,283.5
2008	\$2,391.4
2009	\$2,486.3
2010	\$2,584.2
2011	\$2,708.4
2012	\$2,823.9
2013	\$2,980.4
2014	\$3,227.4
2015	\$3,417.9
2016	\$3,632.0
2017	\$3,849.5
2018	\$4,080.0
2019	\$4,346.5
2020	\$4,638.4

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released July 2011.

⁽¹⁾ Years 2010 – 2020 are projections.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthspenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.8

Table 1.4: Consumer Out-of-pocket Payments for National Health Expenditures, 1990 – 2009⁽¹⁾

Year	Payment (billions)
1990	\$138.8
1991	\$141.8
1992	\$144.3
1993	\$145.4
1994	\$143.5
1995	\$146.4
1996	\$152.9
1997	\$164.6
1998	\$180.0
1999	\$190.7
2000	\$202.1
2001	\$209.5
2002	\$222.8
2003	\$237.1
2004	\$248.8
2005	\$263.8
2006	\$272.1
2007	\$289.4
2008	\$298.2
2009	\$299.3

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.9

Table 1.5: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1989 – 2009⁽¹⁾

Year	Percentage
1989	6.26%
1990	7.20%
1991	6.09%
1992	3.95%
1993	4.07%
1994	6.78%
1995	12.32%
1996	15.34%
1997	15.61%
1998	16.32%
1999	20.84%
2000	17.72%
2001	15.17%
2002	13.75%
2003	12.56%
2004	12.36%
2005	9.04%
2006	13.79%
2007	7.92%
2008	6.52%
2009	13.36%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.11

Table 1.6: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1989 – 2009⁽¹⁾

Year	Out-of-pocket Payment (billions)	Private Health Insurance (billions)
1989	\$20.578	\$8.861
1990	\$22.865	\$10.859
1991	\$23.551	\$13.213
1992	\$23.660	\$14.784
1993	\$23.886	\$16.210
1994	\$23.280	\$19.144
1995	\$23.350	\$24.375
1996	\$24.473	\$29.940
1997	\$26.000	\$35.908
1998	\$27.804	\$42.313
1999	\$30.885	\$51.883
2000	\$33.982	\$60.662
2001	\$36.697	\$70.582
2002	\$41.184	\$79.626
2003	\$45.264	\$85.683
2004	\$47.705	\$93.066
2005	\$50.617	\$99.577
2006	\$49.925	\$99.203
2007	\$52.545	\$101.481
2008	\$51.842	\$103.316
2009	\$52.992	\$108.566

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.12

Table 1.7: Number and Percent Uninsured, 1989 – 2009

Year	Number (millions)	Percent
1989	33.4	13.6%
1990	34.7	13.9%
1991	35.4	14.1%
1992	38.6	15.0%
1993	39.7	15.3%
1994	39.7	15.2%
1995	40.6	15.4%
1996	41.7	15.6%
1997	43.4	16.1%
1998	44.3	16.3%
1999	40.2	14.5%
2000	39.8	14.2%
2001	41.2	14.6%
2002	43.6	15.2%
2003	45.0	15.6%
2004	43.5	14.9%
2005	44.8	15.3%
2006	47.0	15.8%
2007	45.7	15.3%
2008	46.3	15.4%
2009	50.7	16.7%

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009. Data released August 2009. Table 8. People Without Health Insurance Coverage by Selected Characteristics: 2008 and 2009. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2009/tab8.pdf>.

Data for Chart 1.15

Table 1.8: Average Percent Uninsured by State, 2007 – 2009

State	Average Percent Uninsured	State	Average Percent Uninsured
Alabama	13.6	Montana	15.7
Alaska	18.6	Nebraska	12.2
Arizona	19.1	Nevada	18.9
Arkansas	17.7	New Hampshire	10.4
California	18.9	New Jersey	15.2
Colorado	15.9	New Mexico	22.6
Connecticut	10.5	New York	14.0
Delaware	11.8	North Carolina	16.6
District of Columbia	10.6	North Dakota	10.8
Florida	20.9	Ohio	12.5
Georgia	18.6	Oklahoma	16.6
Hawaii	7.8	Oregon	16.9
Idaho	14.9	Pennsylvania	10.3
Illinois	13.7	Rhode Island	11.6
Indiana	12.6	South Carolina	16.4
Iowa	10.0	South Dakota	12.0
Kansas	12.7	Tennessee	14.9
Kentucky	15.3	Texas	25.5
Louisiana	18.2	Utah	13.6
Maine	9.8	Vermont	10.1
Maryland	13.2	Virginia	13.4
Massachusetts	5.1	Washington	12.2
Michigan	12.4	West Virginia	14.4
Minnesota	8.6	Wisconsin	9.1
Mississippi	18.1	Wyoming	14.3
Missouri	13.5		

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009 Data released September 2010. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2009/state.xls>.

Data for Chart 1.16

Table 1.9: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2010

Year	Aged (millions)	Blind/Disabled (millions)	Children (millions)	Adults (millions)	Other Title XIX (millions)	Total (millions)
1990	3.2	3.7	11.2	6.0	1.1	25.3
1995	4.2	6.0	17.6	7.8	0.6	36.3
2000	4.6	7.5	22.0	10.4		44.5
2001	4.8	8.0	23.7	12.0		48.4
2002	4.5	7.9	25.5	12.9		50.9
2003	4.8	8.3	25.3	14.0		52.4
2004	5.1	8.9	27.8	15.4		57.3
2005	5.4	9.4	28.3	15.5		58.6
2006	5.5	9.8	29.5	16.0		60.9
2007	5.6	9.6	29.5	15.7		60.5
2008	5.6	9.6	30.6	16.3		62.1
2009	5.8	10.0	34.0	18.0		67.8
2010	5.9	10.4	35.9	19.0		71.1

Source: Congressional Budget Office. Data released February 2010. Spending and Enrollment Detail for CBO's March 2010 Baseline: Medicaid. Link: <http://www.cbo.gov/budget/factsheets/2010b/medicaidBaseline.pdf>.

⁽¹⁾ Does not include CHIP Enrollees.

Data for Chart 1.18

Table 1.10: Percent Change in CHIP Enrollment by State, FY 2009 – FY 2010⁽¹⁾

State	Percent Change FY 09 - FY 10	State	Percent Change FY 09 - FY 10
Alabama	25%	Montana	-2%
Alaska	7%	Nebraska	0%
Arizona	-40%	Nevada	-7%
Arkansas	-1%	New Hampshire	-19%
California	-1%	New Jersey	12%
Colorado	4%	New Mexico	-14%
Connecticut	-4%	New York	1%
Delaware	2%	North Carolina	-2%
District of Columbia	-13%	North Dakota	3%
Florida	-3%	Ohio	-5%
Georgia	-2%	Oklahoma	-1%
Hawaii	10%	Oregon	25%
Idaho	-5%	Pennsylvania	3%
Illinois	-13%	Rhode Island	19%
Indiana	-1%	South Carolina	-14%
Iowa	22%	South Dakota	4%
Kansas	17%	Tennessee	-2%
Kentucky	9%	Texas	7%
Louisiana	-8%	Utah	4%
Maine	5%	Vermont	-1%
Maryland	-5%	Virginia	4%
Massachusetts	-1%	Washington	31%
Michigan	-3%	West Virginia	-2%
Minnesota	-6%	Wisconsin	5%
Mississippi	10%	Wyoming	-6%
Missouri	-17%		

Source: Centers for Medicare & Medicaid Services. Data released February 2011. Number of Children Ever Enrolled by Program Type. http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateCHIPTotalTable_020111_FINAL.pdf.

⁽¹⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

Data for Chart 1.20

Table 1.11: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2010

	1988	1996	1999	2002	2005	2006	2007	2008	2009	2010
Conventional⁽¹⁾	90%	52%	26%	14%	12%	10%	10%	8%	5%	6%
PPO	18%	45%	62%	74%	82%	79%	79%	77%	80%	79%
HMO	46%	64%	56%	50%	44%	43%	42%	41%	44%	42%
POS⁽²⁾		30%	45%	34%	28%	23%	21%	24%	19%	14%
HDHP/SO⁽³⁾						14%	18%	25%	28%	32%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2010. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010. Link: <http://ehbs.kff.org/pdf/2010/8085.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.21

Table 1.12: Percent Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2010

	1988	1996	1999	2002	2005	2006	2007	2008	2009	2010
Conventional⁽¹⁾	73%	27%	10%	4%	3%	3%	3%	2%	1%	1%
PPO	11%	28%	39%	52%	61%	60%	57%	58%	60%	58%
HMO	16%	31%	28%	27%	21%	20%	21%	20%	20%	19%
POS⁽²⁾		14%	24%	18%	15%	13%	13%	12%	10%	8%
HDHP/SO⁽³⁾						4%	5%	8%	8%	13%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2010. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009. Link: <http://ehbs.kff.org/pdf/2010/8085.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.22

Table 1.13: Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1989 – 2009⁽¹⁾

Year	Growth in Medicare Spending per Beneficiary	Growth in Private Health Insurance Spending per Enrollee
1989	9.2%	12.2%
1990	7.2%	14.8%
1991	5.8%	10.2%
1992	8.8%	7.7%
1993	6.6%	4.6%
1994	7.6%	1.7%
1995	7.2%	1.6%
1996	5.3%	1.1%
1997	4.2%	3.3%
1998	0.1%	4.7%
1999	2.4%	4.4%
2000	3.2%	6.4%
2001	8.5%	8.5%
2002	5.6%	10.1%
2003	4.8%	9.4%
2004	6.7%	7.6%
2005	6.0%	7.0%
2006	3.2%	6.5%
2007	2.4%	4.4%
2008	4.9%	6.1%
2009	4.3%	5.8%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2011.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.24

Table 1.14: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2008 and 2009

State	% Enrolled		State	% Enrolled	
	08	09		08	09
Alabama	66.0%	66.5%	Montana	36.0%	66.6%
Alaska	0.0%	0.0%	Nebraska	84.8%	83.6%
Arizona	90.5%	89.6%	Nevada	82.9%	83.7%
Arkansas	80.4%	79.2%	New Hampshire	77.6%	77.6%
California	51.6%	52.2%	New Jersey	72.1%	74.9%
Colorado	96.4%	95.1%	New Mexico	62.0%	74.2%
Connecticut	65.3%	75.2%	New York	65.4%	66.2%
Delaware	63.7%	73.9%	North Carolina	66.9%	70.2%
District of Columbia	63.3%	97.8%	North Dakota	58.3%	67.6%
Florida	63.3%	66.0%	Ohio	71.5%	70.4%
Georgia	91.9%	92.0%	Oklahoma	87.6%	88.5%
Hawaii	79.1%	97.0%	Oregon	91.2%	88.1%
Idaho	83.4%	84.1%	Pennsylvania	81.1%	82.1%
Illinois	55.4%	55.1%	Rhode Island	61.9%	62.1%
Indiana	71.4%	74.0%	South Carolina	93.8%	100.0%
Iowa	81.6%	82.9%	South Dakota	98.8%	79.7%
Kansas	83.8%	86.6%	Tennessee	100.0%	100.0%
Kentucky	90.8%	83.0%	Texas	69.6%	64.6%
Louisiana	68.7%	68.7%	Utah	85.7%	85.9%
Maine	63.1%	63.7%	Vermont	91.0%	87.8%
Maryland	72.7%	78.8%	Virginia	62.7%	63.9%
Massachusetts	60.3%	59.6%	Washington	89.3%	86.0%
Michigan	88.1%	88.8%	West Virginia	44.6%	46.0%
Minnesota	62.4%	63.1%	Wisconsin	52.3%	60.4%
Mississippi	72.4%	76.1%	Wyoming	0.0%	0.0%
Missouri	97.3%	98.7%	Nation	70.9%	71.7%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2008 and June 30, 2009.

Data for Chart 1.26

Table 1.15: Operating Margins of the Top Insurers, 2008 – 2010

	2008	2009	2010
Aetna	7.0%	5.5%	7.7%
WellPoint	5.1%	11.4%	7.4%
United HealthCare	6.5%	7.3%	8.4%
Cigna	2.0%	10.3%	8.8%
Humana	3.7%	5.5%	5.5%

Source: Hoovers. Data for all years updated as of March 2011. Link: www.hoovers.com.

Data for Chart 1.29



APPENDIX 2

Supplementary Data Tables
Organizational Trends

Table 2.1: Number of Community Hospitals,⁽¹⁾ 1989 – 2009

Year	All Hospitals	Urban ⁽²⁾	Rural ⁽²⁾	In Health System
1989	5,455	2,958	2,497	-
1990	5,384	2,924	2,460	-
1991	5,342	2,921	2,421	-
1992	5,292	3,007	2,285	-
1993	5,261	3,012	2,249	-
1994	5,229	2,993	2,236	-
1995	5,194	2,958	2,236	-
1996	5,134	2,908	2,226	-
1997	5,057	2,852	2,205	-
1998	5,015	2,816	2,199	-
1999	4,956	2,767	2,189	2,524
2000	4,915	2,740	2,175	2,542
2001	4,908	2,742	2,166	2,580
2002	4,927	2,749	2,178	2,606
2003	4,895	2,729	2,166	2,626
2004	4,919	2,916	2,003	2,668
2005	4,936	2,927	2,009	2,716
2006	4,927	2,926	2,001	2,755
2007	4,897	2,900	1,997	2,730
2008	5,010	3,012	1,998	2,868
2009	5,008	3,011	1,997	2,921

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ All nonfederal, short-term general, and specialty hospitals whose facilities and services are available to the public.

⁽²⁾ Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Data for Charts 2.1 and 2.4

Table 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1989 – 2009

Year	Number of Beds	Beds per 1,000
1989	932,185	3.78
1990	926,436	3.72
1991	922,822	3.66
1992	919,505	3.61
1993	917,847	3.56
1994	901,056	3.46
1995	871,976	3.32
1996	862,352	3.25
1997	853,287	3.19
1998	839,988	3.11
1999	829,575	3.04
2000	823,560	2.93
2001	825,966	2.90
2002	820,653	2.85
2003	813,307	2.80
2004	808,127	2.75
2005	802,311	2.71
2006	802,658	2.68
2007	800,892	2.66
2008	808,069	2.66
2009	805,593	2.62

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Chart 2.2

Table 2.3: Beds per 1,000 Persons by State, 2008 and 2009

State	Beds per 1,000 Persons		State	Beds per 1,000 Persons	
	08	09		08	09
Alabama	3.27	3.25	Montana	3.89	3.92
Alaska	2.26	2.19	Nebraska	4.07	4.14
Arizona	2.02	2.04	Nevada	1.98	1.94
Arkansas	3.39	3.31	New Hampshire	2.17	2.16
California	1.89	1.86	New Jersey	2.40	2.42
Colorado	2.04	2.06	New Mexico	1.98	1.95
Connecticut	2.26	2.26	New York	3.14	3.09
Delaware	2.37	2.40	North Carolina	2.51	2.43
District of Columbia	5.67	5.76	North Dakota	5.37	5.20
Florida	2.88	2.87	Ohio	2.95	2.95
Georgia	2.64	2.59	Oklahoma	3.02	3.07
Hawaii	2.40	2.29	Oregon	1.80	1.69
Idaho	2.17	2.19	Pennsylvania	3.25	3.11
Illinois	2.67	2.62	Rhode Island	2.34	2.39
Indiana	2.76	2.69	South Carolina	2.79	2.74
Iowa	3.51	3.42	South Dakota	5.11	5.10
Kansas	3.66	3.59	Tennessee	3.40	3.33
Kentucky	3.32	3.27	Texas	2.51	2.50
Louisiana	3.63	3.53	Utah	1.78	1.79
Maine	2.66	2.72	Vermont	2.10	2.08
Maryland	2.13	2.09	Virginia	2.27	2.22
Massachusetts	2.42	2.35	Washington	1.73	1.70
Michigan	2.53	2.59	West Virginia	4.12	4.07
Minnesota	2.99	2.96	Wisconsin	2.44	2.41
Mississippi	4.46	4.36	Wyoming	3.89	3.68
Missouri	3.21	3.19			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.
US Census Bureau: National and State Population Estimates, July 1, 2009.
Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

Data for Chart 2.3

Table 2.4: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 1999 – 2009

	99	00	01	02	03	04	05	06	07	08	09
Physician Hospital Organization	27%	25%	23%	22%	21%	19%	19%	19%	19%	18%	16%
IPA	18%	17%	17%	16%	16%	15%	14%	14%	13%	12%	12%
Management Service Organization	16%	13%	11%	11%	10%	9%	9%	9%	9%	9%	9%
Group Practice without Walls	4%	4%	5%	4%	4%	3%	4%	3%	3%	3%	3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. Previously Table 2.5 in 2009 and earlier years' Chartbooks.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

Data for Chart 2.6

Table 2.5: Percentage of Hospitals with Insurance Products by Type of Insurance, 1999 – 2009

	99	00	01	02	03	04	05	06	07	08	09
Preferred Provider Organization	23%	21%	18%	19%	19%	18%	19%	18%	17%	14%	14%
Health Maintenance Organization	20%	18%	15%	14%	14%	14%	14%	13%	13%	12%	12%
Indemnity or Fee for Service	6%	6%	5%	5%	6%	6%	6%	6%	6%	5%	5%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. Previously Table 2.6 in 2009 and earlier years' Chartbooks.

Data for Chart 2.7

Table 2.6: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 1999 – 2009

	99	00	01	02	03	04	05	06	07	08	09
Home Health Service	72%	69%	66%	65%	64%	64%	63%	63%	63%	61%	61%
Skilled Nursing Facility	49%	49%	48%	46%	45%	43%	42%	42%	41%	40%	39%
Other Long-term Care	11%	11%	11%	12%	13%	14%	14%	14%	14%	14%	14%
Assisted Living	14%	15%	15%	15%	16%	16%	16%	16%	15%	15%	15%
Hospice	57%	54%	54%	55%	57%	59%	60%	62%	63%	62%	62%
Meals on Wheels	25%	26%	25%	25%	24%	24%	23%	23%	22%	22%	21%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. Previously Table 2.7 in 2009 and earlier years' Chartbooks.

⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.

Data for Chart 2.8



APPENDIX 3

Supplementary Data Tables
Utilization and Volume

Table 3.1: Trends in Inpatient Utilization in Community Hospitals, 1989 – 2009

Year	Inpatient Admissions in Community Hospitals	Inpatient Admissions per 1,000	Total Inpatient Days in Community Hospitals	Inpatient Days per 1,000	Inpatient Surgeries	Average Length of Stay
1989	31,116,048	126.1	225,436,505	913.4	10,989,409	7.2
1990	31,181,046	125.3	225,971,653	908.4	10,844,916	7.2
1991	31,064,283	123.2	222,858,470	883.9	10,693,243	7.2
1992	31,033,557	121.7	221,047,104	866.8	10,552,378	7.1
1993	30,748,051	119.3	215,888,741	837.6	10,181,703	7.0
1994	30,718,136	118.0	207,180,278	796.0	9,833,938	6.7
1995	30,945,357	117.8	199,876,367	760.7	9,700,613	6.5
1996	31,098,959	117.2	193,747,004	730.4	9,545,612	6.2
1997	31,576,960	118.0	192,504,015	719.3	9,509,081	6.1
1998	31,811,673	117.8	191,430,450	709.0	9,735,705	6.0
1999	32,359,042	118.7	191,884,270	703.7	9,539,593	5.9
2000	33,089,467	117.6	192,420,368	683.7	9,729,336	5.8
2001	33,813,589	118.7	194,106,316	681.6	9,779,583	5.7
2002	34,478,280	119.7	196,690,099	682.7	10,105,010	5.7
2003	34,782,742	119.6	196,649,769	676.2	9,940,922	5.7
2004	35,086,061	119.5	197,564,172	672.8	10,050,346	5.6
2005	35,238,673	119.2	197,073,770	666.4	10,097,271	5.6
2006	35,377,659	118.2	196,366,512	655.9	10,095,683	5.6
2007	35,345,986	117.3	194,549,348	645.7	10,189,630	5.5
2008	35,760,750	117.6	196,078,468	644.9	10,105,156	5.5
2009	35,527,377	115.7	192,656,804	627.5	10,100,980	5.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009. Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

Data for Charts 3.1, 3.2, 3.3, 3.4, 3.5, and 3.14

Table 3.2: Average Length of Stay in Community Hospitals by State, 2008 and 2009

State	Average Length of Stay		State	Average Length of Stay	
	08	09		08	09
Alabama	5.1	5.2	Montana	8.7	8.6
Alaska	6.0	5.9	Nebraska	7.3	7.4
Arizona	4.5	4.5	Nevada	5.3	5.3
Arkansas	5.3	5.1	New Hampshire	5.4	5.3
California	5.2	5.1	New Jersey	5.2	5.1
Colorado	5.0	5.0	New Mexico	4.7	4.6
Connecticut	5.7	5.8	New York	7.1	6.9
Delaware	5.9	5.9	North Carolina	5.8	5.6
District of Columbia	7.0	6.7	North Dakota	8.3	8.1
Florida	5.1	5.0	Ohio	5.0	5.1
Georgia	6.4	6.3	Oklahoma	5.3	5.4
Hawaii	7.6	6.9	Oregon	4.5	4.4
Idaho	4.7	4.8	Pennsylvania	5.4	5.4
Illinois	5.0	5.0	Rhode Island	5.2	5.2
Indiana	5.2	5.2	South Carolina	5.6	5.6
Iowa	6.0	6.2	South Dakota	9.8	9.8
Kansas	6.3	6.4	Tennessee	5.7	5.6
Kentucky	5.3	5.2	Texas	5.2	5.2
Louisiana	5.3	5.5	Utah	4.5	4.4
Maine	5.7	5.5	Vermont	6.4	6.3
Maryland	4.6	4.5	Virginia	5.6	5.5
Massachusetts	5.2	5.1	Washington	4.6	4.5
Michigan	5.2	5.2	West Virginia	5.9	5.9
Minnesota	6.0	6.0	Wisconsin	5.1	5.1
Mississippi	6.5	6.3	Wyoming	7.9	7.9
Missouri	5.2	5.2			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Chart 3.6

Table 3.3: Emergency Department Visits, Emergency Department Visits per 1,000, and Number of Emergency Departments, 1991 – 2009

Year	ED Visits (millions)	ED Visits per 1,000	Emergency Departments ⁽¹⁾
1991	88.5	351	5,108
1992	90.8	356	5,035
1993	92.6	359	4,998
1994	90.5	348	4,960
1995	94.7	360	4,923
1996	93.1	351	4,884
1997	92.8	347	4,813
1998	94.8	351	4,771
1999	99.5	365	4,679
2000	103.1	366	4,650
2001	106.0	372	4,621
2002	110.0	382	4,620
2003	111.0	382	4,570
2004	112.6	383	4,595
2005	114.8	388	4,611
2006	118.4	395	4,587
2007	120.8	401	4,565
2008	123.0	405	4,613
2009	127.3	415	4,594

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2009.
 Link: <http://www.census.gov/popest/states/tables/NST-EST2009-01.xls>.

⁽¹⁾ Defined as hospitals reporting ED visits in the AHA Annual Survey.

Data for Charts 3.7 and 3.8

Table 3.4: Outpatient Utilization in Community Hospitals, 1989 – 2009

Year	Total Outpatient Visits	Outpatient Visits per 1,000	Outpatient Surgeries
1989	284,815,681	1,153.9	10,350,871
1990	300,514,516	1,208.0	11,069,952
1991	321,044,324	1,273.4	11,711,808
1992	347,847,202	1,364.1	12,307,594
1993	366,533,432	1,422.0	12,624,292
1994	382,780,358	1,470.6	13,154,838
1995	413,748,403	1,574.6	13,462,304
1996	439,863,107	1,658.3	14,023,651
1997	450,140,010	1,681.9	14,678,290
1998	474,193,468	1,756.3	15,593,614
1999	495,346,286	1,816.5	15,845,492
2000	521,404,976	1,852.8	16,383,374
2001	538,480,378	1,890.8	16,684,726
2002	556,404,212	1,931.1	17,361,176
2003	563,186,046	1,936.7	17,165,616
2004	571,569,334	1,946.4	17,351,490
2005	584,428,736	1,976.1	17,445,587
2006	599,553,025	2,002.5	17,235,141
2007	603,300,374	2,002.4	17,146,334
2008	624,098,296	2,052.6	17,354,282
2009	641,953,442	2,091.0	17,357,534

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Charts 3.12, 3.13, and 3.14



APPENDIX 4

Supplementary Data Tables
Trends in Hospital Financing

Table 4.1: Aggregate Total Hospital Margins,⁽¹⁾ Operating Margins,⁽²⁾ and Patient Margins;⁽³⁾ Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1989 – 2009

Year	Aggregate Total Hospital Margins	Aggregate Operating Margins	Aggregate Patient Margins	Percent of Hospitals with Negative Total Margins	Percent of Hospitals with Negative Operating Margins	Aggregate Non-operating Gains as a Percentage of Total Net Revenue
1989	3.4%			30.8%		2.5%
1990	3.8%	1.7%	-4.2%	27.1%		2.1%
1991	4.3%	2.2%	-3.6%	24.7%		2.1%
1992	4.6%	2.7%	-2.7%	23.8%		1.9%
1993	4.2%	2.5%	-3.2%	24.2%		1.8%
1994	4.8%	3.4%	-2.8%	22.4%		1.5%
1995	5.6%	3.9%	-2.2%	20.4%	28.0%	1.8%
1996	6.7%	4.6%	-1.0%	19.4%	27.7%	2.3%
1997	6.7%	4.0%	-1.7%	20.4%	28.9%	2.7%
1998	5.8%	3.1%	-3.0%	26.6%	36.1%	2.8%
1999	4.6%	2.1%	-4.3%	32.5%	41.9%	2.6%
2000	4.6%	2.0%	-4.2%	32.0%	42.2%	2.6%
2001	4.2%	2.7%	-3.6%	29.4%	36.7%	1.6%
2002	4.4%	3.7%	-2.3%	29.3%	33.4%	0.8%
2003	4.8%	3.3%	-2.8%	29.9%	35.9%	1.5%
2004	5.2%	3.6%	-2.3%	26.5%	33.4%	1.7%
2005	5.3%	3.7%	-2.0%	25.4%	32.0%	1.7%
2006	6.0%	4.0%	-2.1%	24.3%	31.8%	2.1%
2007	6.9%	4.3%	-1.7%	21.6%	30.2%	2.7%
2008	2.6%	3.3%	-2.6%	32.4%	32.8%	-0.7%
2009	5.0%	4.4%	-1.4%	27.5%	30.1%	0.6%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

⁽²⁾ Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

⁽³⁾ Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

Data for Charts 4.1, 4.2, and 4.8



Table 4.2: Distribution of Inpatient vs. Outpatient Revenues, 1989 – 2009

Year	Gross Outpatient Revenue	Gross Inpatient Revenue
1989	21%	79%
1990	23%	77%
1991	24%	76%
1992	25%	75%
1993	27%	73%
1994	28%	72%
1995	30%	70%
1996	31%	69%
1997	33%	67%
1998	33%	67%
1999	34%	66%
2000	35%	65%
2001	35%	65%
2002	35%	65%
2003	35%	65%
2004	36%	64%
2005	37%	63%
2006	38%	62%
2007	38%	62%
2008	39%	61%
2009	41%	59%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Chart 4.3

Table 4.3: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1989 – 2009

Year	Expenses per Adjusted Admission	Operating Revenue per Adjusted Admission	Percent Change Expenses	Percent Change Operating Revenue
1989	\$4,588	\$4,628	9.1%	9.0%
1990	\$4,947	\$5,034	7.8%	8.8%
1991	\$5,360	\$5,481	8.3%	8.9%
1992	\$5,794	\$5,958	8.1%	8.7%
1993	\$6,132	\$6,290	5.8%	5.6%
1994	\$6,230	\$6,446	1.6%	2.5%
1995	\$6,216	\$6,466	-0.2%	0.3%
1996	\$6,225	\$6,522	0.2%	0.9%
1997	\$6,262	\$6,526	0.6%	0.1%
1998	\$6,386	\$6,589	2.0%	1.0%
1999	\$6,509	\$6,647	1.9%	0.9%
2000	\$6,668	\$6,806	2.5%	2.4%
2001	\$6,980	\$7,172	4.7%	5.4%
2002	\$7,355	\$7,636	5.4%	6.5%
2003	\$7,796	\$8,065	6.0%	5.6%
2004	\$8,166	\$8,469	4.7%	5.0%
2005	\$8,535	\$8,865	4.5%	4.7%
2006	\$8,970	\$9,345	5.1%	5.4%
2007	\$9,377	\$9,797	4.5%	4.8%
2008	\$9,788	\$10,123	4.4%	3.3%
2009	\$10,045	\$10,503	2.6%	3.7%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Chart 4.4

Table 4.4: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1989 – 2009

Year	Medicare	Medicaid ⁽¹⁾	Private Payer
1989	92.1%	78.8%	124.4%
1990	89.4%	80.1%	127.8%
1991	88.5%	81.9%	130.8%
1992	89.0%	89.5%	131.8%
1993	89.9%	89.6%	130.1%
1994	96.9%	93.7%	124.4%
1995	99.4%	94.0%	124.0%
1996	102.4%	94.9%	121.6%
1997	103.7%	96.0%	117.5%
1998	101.9%	96.6%	115.8%
1999	100.0%	95.7%	115.1%
2000	99.1%	94.5%	115.7%
2001	98.4%	95.8%	116.5%
2002	97.9%	96.1%	119.0%
2003	95.3%	92.3%	122.3%
2004	91.9%	89.9%	128.9%
2005	92.3%	87.1%	129.4%
2006	91.3%	85.8%	130.3%
2007	90.6%	87.9%	132.2%
2008	90.9%	88.7%	128.3%
2009	90.1%	89.0%	134.1%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Includes Medicaid Disproportionate Share payments.

Data for Chart 4.6

Table 4.5: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid, and Other Government, 1997 – 2009⁽¹⁾

Year	Medicare (billions)	Medicaid (billions)	Other Government (billions)
1997	\$4.3	-\$1.6	-\$0.7
1998	\$2.3	-\$1.4	-\$0.6
1999	-\$0.1	-\$1.8	-\$0.4
2000	-\$1.3	-\$2.5	-\$0.4
2001	-\$2.3	-\$2.0	-\$0.6
2002	-\$3.3	-\$2.3	-\$0.6
2003	-\$8.1	-\$4.9	-\$0.5
2004	-\$15.0	-\$7.1	-\$0.5
2005	-\$15.5	-\$9.8	-\$0.4
2006	-\$18.6	-\$11.3	\$1.1
2007	-\$21.5	-\$10.4	\$1.4
2008	-\$21.9	-\$10.5	\$1.2
2009	-\$25.2	-\$11.3	\$0.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ Costs reflect a cap of 1.0 on the cost-to-charge ratio.

Data for Chart 4.7



APPENDIX 5

Supplementary Data Tables
Workforce

Table 5.1: Total Number of Active Physicians⁽¹⁾ per 1,000 Persons by State, 2007 and 2008

State	Physicians per 1,000 Persons		State	Physicians per 1,000 Persons	
	07	08		07	08
Alabama	2.16	2.16	Montana	2.29	2.30
Alaska	2.42	2.42	Nebraska	2.41	2.47
Arizona	2.23	2.23	Nevada	1.96	1.97
Arkansas	2.04	2.04	New Hampshire	2.77	2.86
California	2.61	2.62	New Jersey	3.30	3.29
Colorado	2.66	2.66	New Mexico	2.38	2.39
Connecticut	3.61	3.66	New York	3.82	3.78
Delaware	2.62	2.64	North Carolina	2.47	2.50
District of Columbia	7.32	7.49	North Dakota	2.45	2.47
Florida	2.55	2.58	Ohio	2.80	2.82
Georgia	2.14	2.14	Oklahoma	2.07	2.09
Hawaii	3.17	3.18	Oregon	2.73	2.78
Idaho	1.79	1.79	Pennsylvania	3.29	3.31
Illinois	2.77	2.78	Rhode Island	3.68	3.70
Indiana	2.21	2.22	South Carolina	2.29	2.28
Iowa	2.14	2.15	South Dakota	2.24	2.28
Kansas	2.36	2.38	Tennessee	2.59	2.60
Kentucky	2.30	2.31	Texas	2.14	2.15
Louisiana	2.55	2.53	Utah	2.09	2.08
Maine	3.15	3.11	Vermont	3.60	3.60
Maryland	4.00	4.02	Virginia	2.69	2.72
Massachusetts	4.32	4.36	Washington	2.68	2.70
Michigan	2.81	2.85	West Virginia	2.55	2.57
Minnesota	2.84	2.88	Wisconsin	2.61	2.62
Mississippi	1.81	1.82	Wyoming	1.95	1.99
Missouri	2.62	2.62			

Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.

Data for Chart 5.2



Table 5.2: Medical and Dental Residents in Training in Community Hospitals, 1989 – 2009

Year	Residents
1989	64,478
1990	64,530
1991	67,189
1992	69,111
1993	73,377
1994	74,027
1995	78,137
1996	77,160
1997	75,398
1998	78,345
1999	77,796
2000	77,411
2001	77,731
2002	78,715
2003	77,813
2004	84,628
2005	83,823
2006	85,320
2007	92,311
2008	90,543
2009	94,729

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Chart 5.3

Table 5.3: Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission,⁽¹⁾ 1989 – 2009

Year	FTE Personnel	FTE per Adjusted Admission
1989	3,297,947	0.082
1990	3,415,622	0.083
1991	3,530,623	0.084
1992	3,615,145	0.084
1993	3,674,250	0.085
1994	3,690,905	0.083
1995	3,707,958	0.081
1996	3,724,843	0.079
1997	3,789,752	0.078
1998	3,831,068	0.077
1999	3,837,964	0.075
2000	3,911,412	0.073
2001	3,987,274	0.073
2002	4,069,495	0.072
2003	4,108,628	0.071
2004	4,147,941	0.070
2005	4,256,899	0.070
2006	4,343,480	0.071
2007	4,465,028	0.072
2008	4,549,560	0.071
2009	4,584,624	0.070

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Charts 5.4 and 5.5

Table 5.4: Number of RN Full-time Equivalent Employees, RN Full-time Equivalent Employees per Adjusted Admission, and RN Full-time Equivalents as a Percentage of Total FTEs, 1989 – 2009

Year	RN FTEs (thousands)	RN FTEs per Adjusted Admission	RN FTEs as a Percent of Total FTEs
1989	791.5	0.0196	24.0%
1990	809.9	0.0197	23.7%
1991	840.5	0.0200	23.8%
1992	858.9	0.0201	23.8%
1993	874.1	0.0201	23.8%
1994	890.9	0.0201	24.1%
1995	893.7	0.0195	24.1%
1996	895.1	0.0190	24.0%
1997	901.2	0.0185	23.8%
1998	929.7	0.0186	24.3%
1999	938.1	0.0182	24.4%
2000	957.6	0.0179	24.5%
2001	958.0	0.0174	24.0%
2002	988.1	0.0174	24.3%
2003	1,021.3	0.0177	24.9%
2004	1,053.1	0.0179	25.4%
2005	1,094.2	0.0181	25.7%
2006	1,138.6	0.0185	26.2%
2007	1,191.2	0.0192	26.7%
2008	1,228.4	0.0192	27.0%
2009	1,268.7	0.0194	27.7%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Charts 5.6 and 5.7

Table 5.5: Number of Physicians by Age, 1980, 1990, 2000, and 2009

Age Group	1980	1990	2000	2009
Under 35	128,506	134,872	136,704	146,139
35-44	118,840	184,743	211,873	213,479
45-54	88,063	116,803	201,646	220,993
55-64	68,239	83,614	118,608	190,338
65 & Over	64,031	95,389	144,939	201,427
Total # of Physicians	467,679	615,421	813,770	972,376

Source: American Medical Association. (2011 Edition). *Physician Characteristics and Distribution in the US*.

Data for Chart 5.8

Table 5.6: RN Employment by Type of Provider, 1980 – 2008⁽¹⁾

	1980	1984	1988	1992	1996	2000	2004	2008
Percent Employed by Hospitals	65.9%	68.2%	68.0%	66.7%	60.1%	59.3%	57.4%	62.2%
Percent Employed by Nursing Homes/ Extended Care Facilities	3.8%	2.7%	1.8%	2.0%	2.3%	2.1%	2.7%	3.8%
Percent Employed by Public/Community Health	12.5%	11.3%	11.1%	13.5%	17.2%	18.3%	15.2%	14.2%
All Other	17.8%	17.8%	19.0%	17.8%	20.5%	20.2%	24.8%	19.7%

Source: Source: Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/msurvey/2008/nssrn2008.pdf>.

⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.

Data for Chart 5.9

Table 5.7: Distribution of RN Workforce by Age Group, 1980 – 2020 (projected)

Age Group	1980	1990	2000	2004	2008	2020 (proj.)
20s	321,316	252,890	247,123	233,437	288,184	266,514
30s	320,101	536,442	614,728	532,707	613,971	554,090
40s	224,468	419,766	935,866	916,956	791,932	651,459
50s	171,240	206,647	585,497	801,643	892,952	697,039
60s	36,716	46,372	313,675	395,450	389,796	535,371
Total # of RNs	1,073,841	1,462,117	2,696,890	2,880,193	2,976,835	2,704,473

Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/2.htm#age>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>. 2020 projections derived from The Lewin Group analysis of the *National Sample Survey of Registered Nurses, 2000*.

Data for Chart 5.10

Table 5.8: National Supply and Demand Projections for FTE RNs, 2000 – 2020

Year	RN FTE Supply	RN FTE Demand
2000	1,890,700	2,001,500
2005	1,942,500	2,161,300
2010	1,941,200	2,347,000
2015	1,866,100	2,569,800
2020	1,808,000	2,824,900

Source: National Center For Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration. (2004). *What Is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* Link: http://dwd.wisconsin.gov/healthcare/pdf/behind_the_shortage.pdf.

Data for Chart 5.12



APPENDIX 6

Supplementary Data Tables
The Economic Contribution
of Hospitals

Table 6.1: Number of Full-time and Part-time Hospital Employees, 1993 – 2009

Year	Employees (thousands)
1993	4,315.7
1994	4,347.8
1995	4,384.8
1996	4,397.9
1997	4,495.5
1998	4,536.4
1999	4,544.4
2000	4,652.9
2001	4,713.4
2002	4,818.1
2003	4,876.7
2004	4,922.9
2005	5,047.1
2006	5,152.1
2007	5,287.5
2008	5,379.9
2009	5,405.6

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2009, for community hospitals.

Data for Chart 6.2

Table 6.2: Hospital Employment vs. Employment in Other Industries, 2010⁽¹⁾

Title	Employment (thousands)
Full-service Restaurants	4465.5
General Medical & Surgical Hospitals	4374.9
Limited-service Eating Places	4001.5
Employment Services	2716.8
Grocery Stores	2463.3
Offices of Physicians	2315.7
Building Equipment Contractors	1633.4
Department Stores	1487.8

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2011, Link: <http://www.bls.gov/ces>.

⁽¹⁾ 2010 figures reflect projections.

Data for Chart 6.4

Table 6.3: Average Weekly Earnings of Workers, Hospitals⁽¹⁾ vs. All Service-providing Industries, 1990 – 2009

Year	Hospitals	All Service-providing Industries
1990	\$399.45	\$315.49
1991	\$423.51	\$325.31
1992	\$443.18	\$335.46
1993	\$460.29	\$345.03
1994	\$473.34	\$354.97
1995	\$488.68	\$364.14
1996	\$499.54	\$376.72
1997	\$518.48	\$394.77
1998	\$535.47	\$412.78
1999	\$547.33	\$427.30
2000	\$569.90	\$445.00
2001	\$608.41	\$460.32
2002	\$638.23	\$473.10
2003	\$674.34	\$483.89
2004	\$715.12	\$493.67
2005	\$762.07	\$509.58
2006	\$794.24	\$532.84
2007	\$876.80	\$689.95
2008	\$920.70	\$709.65
2009	\$946.11	\$719.10

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2011. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Includes physicians employed by hospitals.

Data for Chart 6.5



APPENDIX 7

Supplementary Data Tables
Community Health Indicators

Table 7.1: U.S. Population Trends and Projections⁽¹⁾ by Age, 1980 – 2050

Year	Population 0-19 Years (thousands)	Population 20-64 Years (thousands)	Population 65-84 Years (thousands)	Population 85+ Years (thousands)
1980	72,416	128,631	23,306	2,193
1990	71,322	146,146	28,162	3,080
2000	80,549	166,515	30,794	4,267
2010	83,236	185,456	34,120	6,123
2020	88,887	192,285	47,363	7,269
2030	95,104	197,027	61,850	9,603
2040	101,625	210,270	64,640	15,409
2050	109,147	224,001	65,844	20,861

Source: U.S. Department of Commerce, Bureau of the Census. *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*.
 Figures updated based on 2009 estimates.

(1) Years 2010 through 2050 are projections. Projections updated biannually.

Data for Chart 7.1

Table 7.2: U.S. Population Trends and Projections⁽¹⁾ by Race,⁽²⁾ 2000 – 2050

Year	White, Non-Hispanic (thousands)	Black (thousands)	White, Hispanic (thousands)	Asian (thousands)	All Other ⁽³⁾ (thousands)
2000	195,729	35,818	35,622	10,684	7,075
2010	201,112	40,454	47,756	14,241	9,246
2020	205,936	45,365	59,756	17,988	11,822
2030	209,176	50,442	73,055	22,580	14,831
2040	210,331	55,876	87,585	27,992	18,388
2050	210,283	61,361	102,560	33,430	22,437

Source: U.S. Department of Commerce, Bureau of the Census. *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. Figures updated based on 2009 estimates.

(1) Years 2010 through 2050 are projections. Projections updated biannually.

(2) Black, Asian, and All Other categories include individuals of Hispanic and non-Hispanic origin.

(3) All Other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander, and two or more races.

Data for Chart 7.2

Table 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2007

Cause of Death	All Persons (per 100,000)	White ⁽¹⁾ (per 100,000)	Black ⁽¹⁾ (per 100,000)
Diseases of the Heart	190.9	187.8	247.3
Malignant Neoplasms	178.4	177.5	215.5
Cerebrovascular Disease	42.2	40.5	60.3
Chronic Lower Respiratory Diseases	40.8	43.0	28.1
Diabetes	22.5	20.5	42.8
Influenza and Pneumonia	16.2	16.0	18.4
HIV Infection	3.7	1.9	17.3

Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ Racial categories include individuals of both Hispanic and non-Hispanic origin.

Data for Chart 7.3

Table 7.4: Number of Persons with Asthma, 1980 – 2009

Year	Total (millions)
1980	6.98
1990	10.31
2001	31.35
2005	32.62
2006	34.13
2007	34.01
2008	38.43
2009	39.93

Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009.

Data for Chart 7.6

Table 7.5: Percent of Adults Who Are Overweight⁽¹⁾ and Obese, 1960 – 2008

Years	Overweight ⁽²⁾	Obese
1960-1962	44.8%	13.3%
1976-1980	47.4%	15.1%
1988-1994	56.0%	23.3%
1999-2002	65.2%	31.1%
2005-2008	67.7%	34.7%

Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ Data are adjusted to 2000 standard population.

⁽²⁾ Overweight includes obese.

Data for Chart 7.8

Table 7.6: Percent Uninsured by Race,⁽¹⁾⁽²⁾ 1984 – 2009

Year	All	White	Black	Asian	Hispanic
1984	14.5%	11.9%	19.7%	18.5%	29.5%
1989	15.6%	12.1%	21.5%	16.9%	33.7%
1995	16.1%	13.0%	17.9%	18.6%	31.4%
2000	17.0%	12.5%	19.5%	17.6%	35.6%
2007	16.6%	12.6%	16.8%	15.4%	31.8%
2008	16.8%	12.5%	17.9%	13.9%	33.3%
2009	17.5%	13.2%	18.8%	16.2%	32.9%

Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

⁽²⁾ Data for population under age 65.

Data for Chart 7.13

Table 7.7: Percent of Persons with No Usual Source of Care by Race,⁽¹⁾ 1993 – 2009

Year	White	Black	Asian	Hispanic
Adults, Ages 18 – 64				
1993-1994	17.1	19.7	24.8	30.3
1995-1996	15.0	18.1	21.5	27.4
1997-1998	15.4	19.3	21.7	30.4
1999-2000	14.9	19.2	22.1	32.6
2001-2002	13.1	16.8	20.1	32.5
2003-2004	14.0	18.1	19.3	32.9
2005-2006	14.8	19.2	17.9	35.1
2006-2007	15.2	18.9	17.3	34.3
2008-2009	16.0	21.4	19.4	32.8
Children Under 18 Years				
1993-1994	5.7	10.2	9.7	14.3
1995-1996	4.6	7.5	8.4	13.2
1997-1998	4.5	8.8	10.7	13.2
1999-2000	4.7	7.6	10.0	14.2
2001-2002	3.4	6.6	11.2	13.5
2003-2004	3.2	6.2	7.7	11.4
2005-2006	3.3	5.4	7.7	11.5
2006-2007	4.0	4.9	7.1	11.3
2008-2009	4.1	5.7	5.1	9.4

Source: National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

Data for Charts 7.14, 7.16



GLOSSARY

Adjusted Admission – An aggregate measure of workload reflecting the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of outpatient revenue to inpatient revenue.

Assisted Living – Special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require assistance in activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbors and friends.

Average Age of Plant – Accumulated depreciation divided by current depreciation expense.

Community Hospitals – Nonfederal, short-term general, and special hospitals whose facilities and services are available to the public (e.g., obstetrics and gynecology; eye; ear, nose, and throat; rehabilitation; orthopedic; and other individually described specialty services).

FTE per Adjusted Admission – The number of full-time equivalent staff, converted to the number of employees who work full-time divided by the number of adjusted admissions.

Group Practice without Walls – Hospital sponsored physician group. The group shares administrative expenses, although the physicians remain independent practitioners.

Health System – Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities.

Home Health Service – Service providing nursing, therapy, and health related home-maker or social services in the patient's home.

Horizontal Integration – Merging of two or more firms at the same level of production in some formal, legal relationship. In hospital networks, this may refer to the grouping of several hospitals, outpatient clinics with the hospital, or a geographic network of various health care services.

Hospice – Program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. This care can be provided in a variety of settings, both inpatient and at home.

Hospital Income from Investments and Other Non-operating Gains – Income not associated with the central operations of the hospital facility. Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

Hospital Total Net Revenue – Net patient revenue plus all other revenue, including contributions, endowment revenue, governmental grants, and all other payments not made on behalf of individual patients.

Hospital Operating Margin – Difference between operating revenue and operating expenses divided by operating revenue; excludes non-operating revenue.

Hospital Patient Margin – Difference between net patient revenue and total expenses divided by net patient revenue.

Hospital Total Margin – Difference between total net revenue and total expenses divided by total net revenue.

Independent Practice Association (IPA) – Legal entity that holds managed care contracts and contracts with physicians to provide care either on a fee-for-service or capitated basis.

Inpatient Surgery – Surgical services provided to patients who remain in the hospital overnight.

Long Term Care – Package of services provided to those who are aged, chronically ill or disabled. Services are delivered for a sustained period to individuals who have a demonstrated need, usually measured by functional dependency.

Management Services Organization (MSO) – Corporation often owned by the hospital or a physician/hospital joint venture that provides management services to one or more medical group practices. As part of a full-services management agreement, the MSO purchases the tangible assets of the practices and leases them back, employs all non-physician staff, and provides all supplies/administrative systems for a fee.

Meals on Wheels – Hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.

Medicaid Margin – Difference between revenue from Medicaid and expenses associated with treating Medicaid patients divided by revenue from Medicaid.

Medicare Margin – Difference between revenue from Medicare and expenses associated with treating Medicare patients divided by revenue from Medicare.

Niche Providers – Providers that focus on a specific set of medical services, a particular population, or a limited set of medical conditions.

Non-patient Hospital Costs – Costs not associated with direct patient care, such as the costs of running cafeterias, parking lots, and gift shops.

Outpatient Surgery – Scheduled surgical services provided to patients who do not remain in the hospital overnight. In the AHA Annual Survey, outpatient surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.

Outpatient Visit – Visit by a patient not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient department makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits.

Payment-to-cost Ratio – Ratio illustrating the relationship between hospital payments and costs; a ratio equal to "1" reflects payments at 100 percent of costs.

Physician Hospital Organization (PHO)

Closed PHO – Joint venture between a hospital and physicians who have been selected on the basis of cost-effectiveness and/or high quality. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Open PHO – Joint venture between a hospital and all members of the medical staff who wish to participate. The open PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Private Pay Margin – Difference between revenue from non-government payers and expenses associated with treating private pay patients divided by revenue from non-government payers.

Skilled Nursing Facility – Institution, or part of an institution, which is primarily engaged in providing to residents a certain level of skilled nursing care and/or rehabilitation services for the injured, disabled, or sick.

Uncompensated Care – Care provided by hospitals for which hospitals do not receive payment.

Underwriting – A health insurer or health plan accepts responsibility for paying the health care services of covered individuals in exchange for dollars, usually referred to as premiums. When a health insurer collects more in premiums than it pays in claim costs and administrative expenses, an underwriting gain is said to occur. If the total expenses exceed the premium dollars collected, an underwriting loss occurs.

Underwriting Cycle – Repeating pattern of gains and losses within the insurance industry.

Vertical Integration – Organization of production whereby one business entity controls or owns all stages of the production and distribution of goods or services. In health care, vertical integration can take different forms but most often refers to physicians, hospitals, and health plans combining their organizations or processes in some manner to increase efficiencies and competitive strength or to improve quality of care. Integrated delivery systems or healthcare networks are generally vertically integrated.