



# American Health Care Since 1994

## The Unacceptable Status Quo

Ben Furnas January 2009

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### Introduction

2009 presents a rare opportunity for health care reformers to achieve their goals of affordable, accessible, and effective health care for all. American families and businesses are ready for sweeping changes after years of skyrocketing costs, increasing numbers of uninsured, and inconsistent quality of care. President-elect Barack Obama has promised to make health care a top priority, and congressional majorities are eager to pass reform.

Fifteen years ago, the United States had a similar opportunity to reform health care. But conservatives and insurance industry lobbyists defeated Bill Clinton's efforts by claiming the plan would "socialize medicine," and arguing that there was "no health care crisis."<sup>1</sup> Today, their successors are making the very same arguments against Barack Obama's plan.

If opponents of reform succeed, the next 15 years are likely to resemble the last 15. The result is predictable: higher and higher costs for a health care system that leaves out more and more people. Like today, businesses will be burdened with spiraling costs, states will spend more for safety nets for high-risk populations and the uninsured, and the whole system will encourage excessive and unnecessary spending while leaving millions behind.

Looking back at the last 15 years, we can assess the quality of the American health care system and how we got here. Examining the consequences of the 1994 failure to reform health care should be a stark warning for those who would once again choose to continue our deeply flawed health care system.

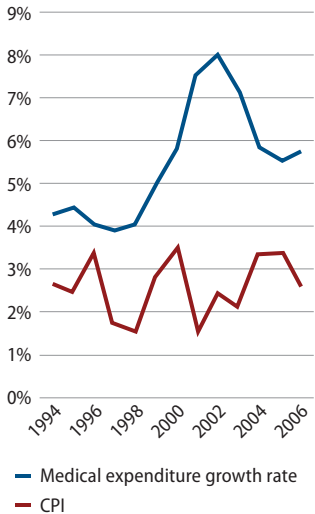
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### Rising costs

Since 1994, the cost per person of American health care has more than doubled, with an annual growth rate regularly more than twice that of inflation. Fueled by rising costs of prescription drugs, inefficient outpatient care, expensive and unnecessary medical

FIGURE 1

**U.S. annual health care cost growth much faster than inflation**



Source: CMS, CBO.

procedures, and ballooning insurance premiums, these costs are a burden on state and federal governments, businesses, and families. (See Figure 1)

Per-person health care expenditures in the United States have risen 6.5 percent per year since 2000, and 5.5 percent per year on average since 1994.<sup>2</sup> In contrast, consumer inflation has averaged just 2.6 percent per year.<sup>3</sup>

Health care costs burden American employers, who are forced to cut back on providing coverage and benefits or suffer a competitive disadvantage against international companies who don't bear health costs. Premiums for employer-provided health care have doubled since 2000 (the earliest year the Medical Expenditures Panel Survey has on record). That year the average family premium was \$6,800. By 2008, it had risen to \$12,700.<sup>4</sup> This premium growth eats away at wages and pressures firms to reduce coverage. (See Figure 2)

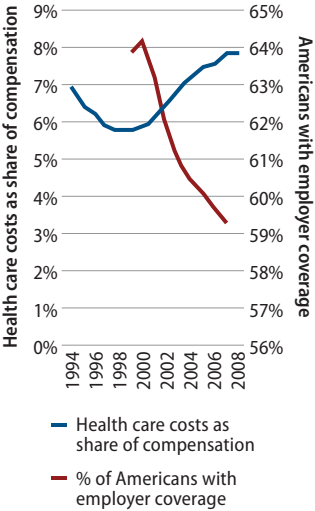
The share of American firms offering health benefits shrank to 60 percent today, from 66 percent in 1999. And the percentage of Americans covered through their employers, where coverage is of a much higher quality than in the individual market, was 59 percent in 2007, down from 64 percent in 1999.<sup>5</sup> Without workplace health insurance, Americans must struggle to find coverage in the unregulated private market (where people with pre-existing conditions find it difficult or impossible to secure coverage), go on public assistance, or become uninsured.

Our productive capacity is suffering, too. The United States spent approximately 16 percent of its 2006 gross domestic product on health care, up from 8 percent in 1975.<sup>6</sup> Without reform, the Congressional Budget Office projects that health expenditures will rise to 25 percent of GDP by 2025.<sup>7</sup> Health care spending among other rich, developed countries in the Organisation for Economic Cooperation and Development averaged just 9 percent of GDP in 2006.<sup>8</sup> (See Figure 3)

These costs are increasingly painful for American families, who face higher premiums, deductibles, and co-pays. According to Bureau of Labor Statistics consumer expenditure data, the share of household income spent on medical expenses has crept up

FIGURE 2

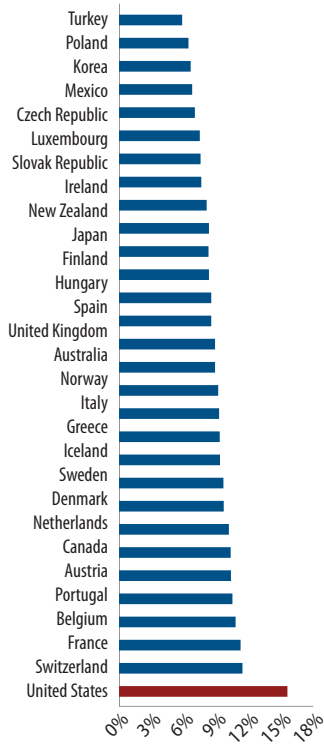
**Employer-based coverage erodes as health insurance costs rise**



Source: BLS, Census Bureau.

**Health care spending as a percent of GDP**

2006 or most recent data

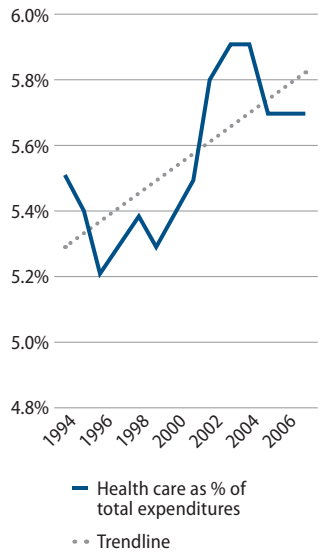


Source: OECD.

FIGURE 3

FIGURE 4

### Household expenditure on health care since 1994



Source: BLS.

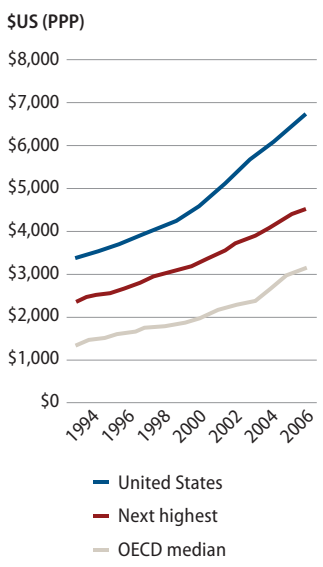
since 1994.<sup>9</sup> A recent study by the Commonwealth Fund found that, “accelerated growth in health care spending has translated into increased burdens on family budgets.” According to the most recent data, an average of 13 million families (11 percent of American families) spent 10 percent or more on out-of-pocket health care expenses in 2000-01. That’s up from 8 percent in 1996-97.<sup>10</sup> (See Figure 4)

American spending on health care is wildly out of sync with other large developed economies. A recent McKinsey study found that the United States spent \$650 billion more on health care than peer OECD countries even after adjusting for wealth.<sup>11</sup> (See Figure 5)

Americans spend well over twice as much as the OECD median in annual per-person health care expenditures, and around 150 percent of the next highest-spending country.<sup>12</sup> In 2006 (the most recent data available), the United States spent \$6,700 per capita on health care, over double the OECD median expenditure of \$3,100. Norway, the second biggest spender, spent \$4,500 per person.

FIGURE 5

### U.S. per-person health care expenditures

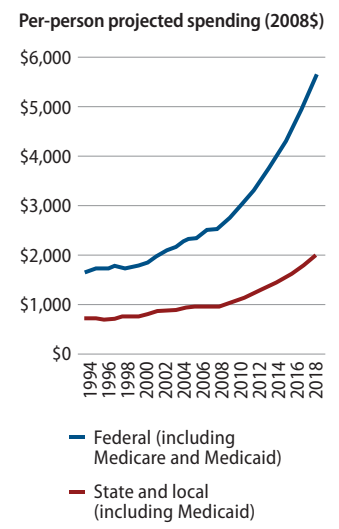


Source: OECD.

Higher medical costs are also taking a toll on America’s fiscal health. As the CBO has warned, “the rate at which health care spending grows relative to the economy is the most important determinant of the country’s long-term fiscal balance.”<sup>13</sup> Federal health care expenditures, including Medicare and Medicaid, have risen to over \$800 billion, or \$2,650 per person, in 2008, from \$300 billion, or \$1,600 per person, in 1994 (in constant 2008 dollars). The burden on states has increased as well, to \$300 billion in health care costs in 2008, from \$190 billion in 1994 (including each state’s share of the Medicaid program).<sup>14</sup> These trends are projected to speed up, with per-person federal expenditure nearing \$6,000 by 2017 and state and local expenditures projected to increase to \$2,000 per-person (in 2008 dollars) over the same period.<sup>15</sup> (See Figure 6)

While some of this increase is attributable to population growth, an aging population, and changes to the policy structures of Medicare and Medicaid (including an expansion of the State Children’s Health Insurance Program), much of it comes from the underlying inefficiencies and excess costs of the American health care system.<sup>16</sup>

### U.S. government health care spending (actual and projected)



Source: CMS.

FIGURE 6

## Vanishing coverage

Despite surging expenditures, the number of Americans going without insurance has risen to 46 million, or 15 percent of the population in 2007, up from 38 million, or 14 percent, in 1999.<sup>17</sup> Among people aged 18-65, the uninsurance rate increased to almost 20 percent in 2007, up from 17 percent in 1999. If the 1999 rate had stayed constant, 4.5 million more American adults would have health insurance today.<sup>18</sup> (See Figure 7)

In 36 states, the percentage of adults aged 18-65 going without health insurance has increased since 1999. Millions more are living with subpar or insufficient coverage. The Commonwealth Fund found that in 2007 there were “an estimated 25 million underinsured adults in the United States, up 60 percent from 2003.”<sup>19</sup> Underinsured adults “have health coverage that does not adequately protect them from high medical expenses,” and they regularly go without needed care, leading to higher medical costs down the road.

The uninsured typically get care in the most expensive way: through hospitals and last-minute emergency care. These additional costs drive up premiums for those with health insurance. A 2005 Families USA study found that, by 2010, \$1,500 of the cost of a family insurance premium will be due to costs associated with uncompensated care for the uninsured.<sup>20</sup>

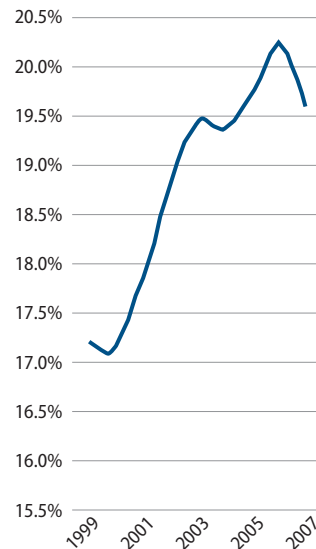
## Declining quality

It would be one thing if America’s massive health care expenditures since 1994 were yielding first-rate results in health outcomes and the quality of care. Unfortunately, this isn’t the case. In practically every international comparative measure of health quality, the United States lags behind other developed nations who spend just a fraction of what America does on health care.<sup>21</sup>

A recent Commonwealth Fund study found that across 37 indicators covering quality, access, efficiency, and equity, the United States achieves “an overall score of 65 out of a possible 100 when comparing national averages with benchmarks of best performance achieved internationally and within the United States.” In other words, the United States as a whole is performing well below the standards of health, efficiency, and care that are realistic and have been achieved in the most successful U.S. states and other developed nations. And the trends are pointing in the wrong direction: “On those indicators for which trend data exist, performance compared with benchmarks more often worsened than improved... between the 2006 and 2008 Scorecards.”<sup>22</sup>

One indicator of America’s declining health care quality is infant mortality. In 1994, America’s infant mortality rate (measured as infant deaths per 1000 births) was 0.8 deaths below the OECD average of 8.8. By 2004, it was more than 1 death above the OECD average.<sup>23</sup> (See Figure 8) Despite enormous per-person health expenditures, the

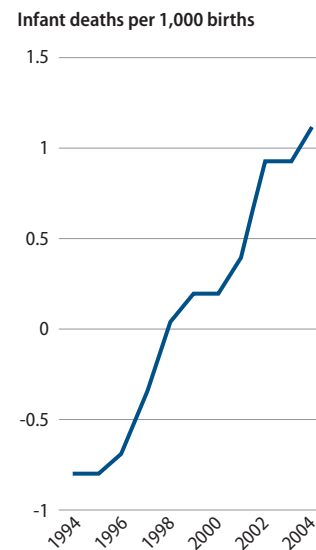
**Percent of Americans uninsured, aged 18-65**



Source: Census Bureau.

FIGURE 7

**U.S. infant mortality rate relative to OECD average**



Source: OECD.

FIGURE 8

United States ranks 26th in the world in infant mortality, behind the Slovak Republic and just ahead of Poland.<sup>24</sup>

Life expectancy at birth shows the same pattern. In 2004 (the most recent data available), the United States ranked 23rd in the world in life expectancy, and it has been falling relative to the OECD average since 1994.<sup>25</sup> In 2003, the United States fell to last place among 19 industrialized nations in mortality from cases that “might have been prevented with timely and effective care,” according to a 2008 wide-reaching study from the Commonwealth Fund.<sup>26</sup> The study found that “101,000 fewer people would die prematurely each year from causes amenable to health care if the U.S. achieved the lower mortality rates of leading countries.”<sup>27</sup> (See Figure 9)

Obesity rates, a key indicator of chronic conditions like heart disease and diabetes,<sup>28</sup> have risen steadily since 1994, too. The percentage of Americans considered obese rose to 26.3 percent in 2007, from 16 percent in 1995.<sup>29</sup> Effective chronic disease management and preventive care have been woefully neglected as a national priority and should be a key piece of any comprehensive and effective reforms.<sup>30</sup> (See Figure 10)

Life expectancy varies wildly within the United States, from region to region, and across racial and class lines. A report by the Harvard School of Public Health found that “the gap between the highest and lowest life expectancies for race-county combinations in the United States is over 35 years.”<sup>31</sup> Working to reduce these disparities would go a long way toward raising overall performance and improving cost-effectiveness and health outcomes.

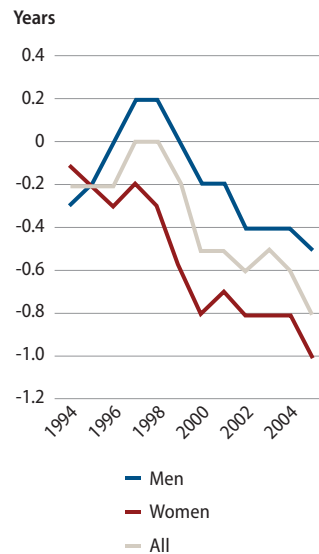
Furthermore, within the United States, standards of care vary widely. Correcting these internal inequities would save the United States billions of dollars and improve the health of millions of Americans. To give just one example, in the typical U.S. state, 40 percent of people over 50 receive the recommended screenings and preventive care. In the top five states, that rate is 50 percent, and in the lowest performing states, that rate is 30 percent. Making the worst states perform as well as the best states in this and the other benchmarks Commonwealth identifies (by improving access to primary care and expanding investment in prevention) would help 70 million more adults get the preventive care they need, which will both save money and improve health.<sup>32</sup>

## Conclusion

The status quo of American health care is spending more money to cover fewer people, yielding disappointing outcomes. Effective reforms, which would invest in measures to improve the quality and delivery of care, reform payment to reward outcomes, and provide affordable, accessible, comprehensive health insurance for all Americans, are long overdue. The best time to fix American health care was over a decade ago. The second best time is now.

U.S. life expectancy at birth relative to OECD average

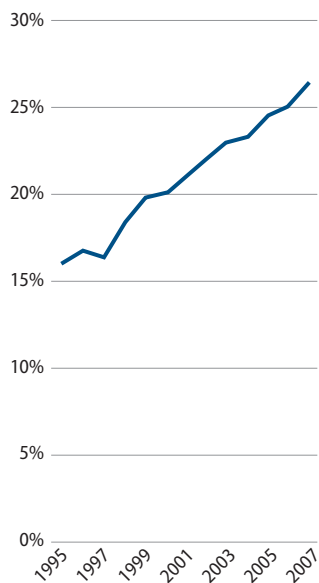
FIGURE 9



Source: OECD.

U.S. obesity rate

FIGURE 10



Source: CDC.

## Appendix: State-by-state tables on costs and the uninsured

### Uninsured rate 1999 vs. 2007

	Under 18			18-65			Increase/decrease in 18-65 uninsured rate
	Total	Uninsured	% Uninsured	Total	Uninsured	% Uninsured	
<b>United States</b>							
2007	74,403	8,149	11.0%	187,913	36,822	19.6%	2.4%
1999	72,281	9,033	12.5%	171,146	29,466	17.2%	
<b>Alabama</b>							
2007	1,123	82	7%	2,836	451	15.9%	-1.2%
1999	1,133	107	9%	2,693	461	17.1%	
<b>Alaska</b>							
2007	185	21	11%	447	101	22.6%	1.6%
1999	205	32	16%	395	83	21.0%	
<b>Arizona</b>							
2007	1,697	234	14%	3,954	911	23.0%	-0.2%
1999	1,421	280	20%	3,071	715	23.3%	
<b>Arkansas</b>							
2007	720	44	6%	1,737	403	23.2%	5.6%
1999	684	77	11%	1,571	277	17.6%	
<b>California</b>							
2007	9,423	1,013	11%	22,899	5,485	24.0%	1.1%
1999	9,559	1,631	17%	20,886	4,764	22.8%	
<b>Colorado</b>							
2007	1,208	157	13%	3,213	635	19.8%	2.4%
1999	1,164	175	15%	2,784	484	17.4%	
<b>Connecticut</b>							
2007	819	43	5%	2,200	280	12.7%	2.4%
1999	910	78	9%	2,017	209	10.4%	
<b>DC</b>							
2007	112	7	6%	404	47	11.6%	-4.7%
1999	114	17	15%	355	58	16.3%	
<b>Delaware</b>							
2007	209	16	8%	544	80	14.7%	2.1%
1999	203	12	6%	482	61	12.7%	
<b>Florida</b>							
2007	4,084	785	19%	11,016	2,797	25.4%	1.8%
1999	3,562	551	15%	9,331	2,198	23.6%	
<b>Georgia</b>							
2007	2,517	289	11%	6,105	1,355	22.2%	4.1%
1999	2,076	228	11%	5,030	912	18.1%	
<b>Hawaii</b>							
2007	291	14	5%	793	79	10.0%	-2.1%
1999	334	29	9%	748	90	12.0%	
<b>Idaho</b>							
2007	415	46	11%	889	161	18.1%	-2.7%
1999	347	69	20%	740	154	20.8%	
<b>Illinois</b>							
2007	3,180	210	7%	8,140	1,467	18.0%	2.3%
1999	3,334	370	11%	7,615	1,194	15.7%	

## Uninsured rate 1999 vs. 2007 (continued)

	Under 18			18-65			Increase/decrease in 18-65 uninsured rate
	Total	Uninsured	% Uninsured	Total	Uninsured	% Uninsured	
<b>Indiana</b>							
2007	1,593	83	5%	3,899	623	16.0%	4.6%
1999	1,494	111	7%	3,706	421	11.4%	
<b>Iowa</b>							
2007	709	34	5%	1,867	241	12.9%	3.7%
1999	725	37	5%	1,734	159	9.2%	
<b>Kansas</b>							
2007	710	54	8%	1,669	287	17.2%	3.7%
1999	668	81	12%	1,606	216	13.4%	
<b>Kentucky</b>							
2007	1,026	82	8%	2,632	481	18.3%	3.4%
1999	910	103	11%	2,507	374	14.9%	
<b>Louisiana</b>							
2007	1,097	137	12%	2,568	637	24.8%	1.4%
1999	1,133	269	24%	2,717	635	23.4%	
<b>Maine</b>							
2007	281	14	5%	830	100	12.0%	-2.3%
1999	307	20	7%	809	116	14.3%	
<b>Maryland</b>							
2007	1,382	146	11%	3,527	606	17.2%	3.5%
1999	1,198	85	7%	3,152	431	13.7%	
<b>Massachusetts</b>							
2007	1,435	43	3%	4,060	285	7.0%	-4.1%
1999	1,535	119	8%	3,931	438	11.1%	
<b>Michigan</b>							
2007	2,419	149	6%	6,158	965	15.7%	3.8%
1999	2,895	245	8%	6,053	716	11.8%	
<b>Minnesota</b>							
2007	1,246	80	6%	3,342	348	10.4%	2.5%
1999	1,334	89	7%	2,965	234	7.9%	
<b>Mississippi</b>							
2007	778	94	12%	1,781	442	24.8%	6.1%
1999	747	109	15%	1,655	309	18.7%	
<b>Missouri</b>							
2007	1,442	150	10%	3,591	571	15.9%	7.3%
1999	1,413	46	3%	3,474	298	8.6%	
<b>Montana</b>							
2007	219	28	13%	597	118	19.8%	-0.7%
1999	238	43	18%	548	112	20.4%	
<b>Nebraska</b>							
2007	452	45	10%	1,109	185	16.7%	5.2%
1999	452	39	9%	1,020	117	11.5%	
<b>Nevada</b>							
2007	660	94	14%	1,600	343	21.4%	0.7%
1999	601	115	19%	1,228	255	20.8%	
<b>New Hampshire</b>							
2007	296	19	6%	862	117	13.6%	1.9%
1999	351	17	5%	771	90	11.7%	

**Uninsured rate 1999 vs. 2007 (continued)**

	Under 18			18-65			Increase/decrease in 18-65 uninsured rate
	Total	Uninsured	% Uninsured	Total	Uninsured	% Uninsured	
<b>New Jersey</b>							
2007	2,091	270	13%	5,358	1,059	19.8%	4.5%
1999	1,989	149	7%	5,180	793	15.3%	
<b>New Mexico</b>							
2007	495	77	16%	1,219	356	29.2%	0.9%
1999	561	146	26%	1,037	294	28.4%	
<b>New York</b>							
2007	4,437	395	9%	12,118	2,070	17.1%	-2.9%
1999	4,813	489	10%	11,711	2,343	20.0%	
<b>North Carolina</b>							
2007	2,247	272	12%	5,783	1,219	21.1%	4.1%
1999	1,890	212	11%	4,926	835	17.0%	
<b>North Dakota</b>							
2007	146	11	8%	391	50	12.8%	-0.9%
1999	152	16	11%	372	51	13.7%	
<b>Ohio</b>							
2007	2,790	239	9%	7,143	1,071	15.0%	2.5%
1999	2,953	232	8%	6,845	854	12.5%	
<b>Oklahoma</b>							
2007	920	116	13%	2,173	512	23.6%	4.4%
1999	802	127	16%	2,013	386	19.2%	
<b>Oregon</b>							
2007	864	92	11%	2,430	530	21.8%	5.5%
1999	879	102	12%	2,154	352	16.3%	
<b>Pennsylvania</b>							
2007	2,775	207	7%	7,651	955	12.5%	2.3%
1999	2,839	178	6%	7,289	742	10.2%	
<b>Rhode Island</b>							
2007	238	21	9%	676	90	13.3%	5.4%
1999	261	15	6%	622	49	7.9%	
<b>South Carolina</b>							
2007	1,070	152	14%	2,733	565	20.7%	3.3%
1999	896	149	17%	2,395	415	17.3%	
<b>South Dakota</b>							
2007	198	16	8%	476	63	13.2%	-0.2%
1999	181	14	8%	433	58	13.4%	
<b>Tennessee</b>							
2007	1,479	135	9%	3,835	742	19.3%	8.0%
1999	1,372	117	9%	3,630	412	11.3%	
<b>Texas</b>							
2007	6,720	1,435	21%	14,524	4,427	30.5%	5.3%
1999	5,643	1,281	23%	12,515	3,155	25.2%	
<b>Utah</b>							
2007	832	87	10%	1,604	247	15.4%	-0.6%
1999	713	70	10%	1,328	213	16.0%	
<b>Vermont</b>							
2007	129	12	9%	400	57	14.3%	0.7%
1999	151	9	6%	391	53	13.6%	



## Uninsured rate 1999 vs. 2007 (continued)

	Under 18			18-65			Increase/decrease in 18-65 uninsured rate
	Total	Uninsured	% Uninsured	Total	Uninsured	% Uninsured	
<b>Virginia</b>							
2007	1,833	187	10%	4,928	923	18.7%	4.3%
1999	1,710	206	12%	4,299	619	14.4%	
<b>Washington</b>							
2007	1,558	106	7%	4,240	620	14.6%	-1.8%
1999	1,406	145	10%	3,733	612	16.4%	
<b>West Virginia</b>							
2007	394	18	5%	1,152	235	20.4%	-0.02%
1999	350	41	12%	1,087	222	20.4%	
<b>Wisconsin</b>							
2007	1,329	77	6%	3,484	372	10.7%	-0.7%
1999	1,546	136	9%	3,287	374	11.4%	
<b>Wyoming</b>							
2007	127	12	9%	328	58	17.7%	0.4%
1999	130	17	13%	301	52	17.3%	

Note: 1999's data is the most recent Census data comparable to 2007 numbers. 18-65 column derived by Center for American Progress Action Fund from Census data.

## Health care expenditures per person (in 2008 Dollars)

State	Per person health care expenditures 1994	Per person health care expenditures 2004	% change
Alabama	\$4,251	\$5,707	34%
Alaska	\$4,109	\$7,169	74%
Arizona	\$3,708	\$4,560	23%
Arkansas	\$3,859	\$5,405	40%
California	\$4,237	\$5,155	22%
Colorado	\$3,845	\$5,243	36%
Connecticut	\$5,383	\$7,051	31%
DC	\$8,038	\$9,219	15%
Delaware	\$4,914	\$7,009	43%
Florida	\$4,825	\$6,094	26%
Georgia	\$4,155	\$5,113	23%
Hawaii	\$4,439	\$5,492	24%
Idaho	\$3,385	\$4,939	46%
Illinois	\$4,521	\$5,883	30%
Indiana	\$4,210	\$5,885	40%
Iowa	\$4,219	\$5,979	42%
Kansas	\$4,288	\$5,982	39%
Kentucky	\$3,996	\$6,083	52%
Louisiana	\$4,471	\$5,602	25%
Maine	\$4,182	\$7,269	74%
Maryland	\$4,609	\$6,213	35%
Massachusetts	\$5,522	\$7,428	35%
Michigan	\$4,318	\$5,622	30%
Minnesota	\$4,397	\$6,441	46%
Mississippi	\$3,735	\$5,623	51%
Missouri	\$4,341	\$6,051	39%
Montana	\$3,727	\$5,646	51%
Nebraska	\$4,054	\$6,223	54%
Nevada	\$3,874	\$5,078	31%
New Hampshire	\$4,091	\$6,037	48%
New Jersey	\$5,025	\$6,454	28%
New Mexico	\$3,621	\$4,969	37%
New York	\$5,381	\$7,263	35%
North Carolina	\$3,933	\$5,769	47%
North Dakota	\$4,407	\$6,455	46%
Ohio	\$4,460	\$6,363	43%
Oklahoma	\$3,932	\$5,465	39%
Oregon	\$3,786	\$5,424	43%
Pennsylvania	\$4,891	\$6,594	35%
Rhode Island	\$4,793	\$6,883	44%
South Carolina	\$3,940	\$5,684	44%
South Dakota	\$4,031	\$5,921	47%
Tennessee	\$4,356	\$6,073	39%
Texas	\$3,879	\$5,114	32%
Utah	\$3,097	\$4,415	43%
Vermont	\$3,940	\$6,745	71%
Virginia	\$3,821	\$5,359	40%
Washington	\$4,044	\$5,659	40%
West Virginia	\$4,551	\$6,617	45%
Wisconsin	\$4,264	\$6,302	48%
Wyoming	\$3,718	\$5,852	57%

Source: Center for American Progress analysis of CMS and BLS data.

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## Endnotes

- 1 See Center for American Progress Action Fund, "The Past Is Prologue: Reviewing the opposition to the last major push for health care reform" (December 2008).
- 2 Health Expenditure Data, Centers for Medicare and Medicaid Services.
- 3 Bureau of Labor Statistics.
- 4 Medical Expenditures Panel Survey.
- 5 Kaiser Family Foundation, "Employer Health Benefits Survey" (2007); Census Bureau.
- 6 CBO, "Key Issues in Analyzing Major Health Insurance Proposals" (December 2008).
- 7 Ibid.
- 8 CBO, "Key Issues in Analyzing Major Health Insurance Proposals."
- 9 Bureau of Labor Statistics.
- 10 Commonwealth Fund, "Rising Out-of-Pocket Spending for Medical Care: A Growing Strain on Family Budgets" (February 2006).
- 11 McKinsey Global Institute, "Accounting for the Cost of U.S. Health Care: A New Look At Why American Spend More" (December 2008).
- 12 OECD.
- 13 Ibid.
- 14 Health Expenditure Data, Centers for Medicare and Medicaid Services.
- 15 Per-person calculations are calculated using projections from Centers for Medicare and Medicaid Services, Census Bureau, and the Congressional Budget Office.
- 16 CBO, "Key Issues in Analyzing Major Health Insurance Proposals."
- 17 Census Bureau. Note: 1999 data is the earliest data to which 2007 Census data is comparable.
- 18 Center for American Progress Action Fund calculation based on Census Bureau data
- 19 Commonwealth Fund, "How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007" (June 2008).
- 20 Families USA, "Paying a Premium: The Average Cost of Care for the Uninsured" (June 2005).
- 21 The Commonwealth Fund Commission on a High Performance Health System. "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance" (July 2008).
- 22 Ibid.
- 23 OECD.
- 24 Ibid.
- 25 Ibid.
- 26 The Commonwealth Fund Commission on a High Performance Health System. "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance."
- 27 Ibid.
- 28 *Journal of the American Medical Association*, "Cause-Specific Excess Deaths Associated With Underweight, Overweight, and Obesity" (November 2007).
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- 30 The Commonwealth Fund Commission on a High Performance Health System. "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance."
- 31 Harvard School of Public Health. "Eight Americas: investigating mortality disparities across races, counties, and race-counties in the United States" (2006).
- 32 The Commonwealth Fund Commission on a High Performance Health System. "Why Not the Best? Results from the National Scorecard on U.S. Health System Performance."