The U.S. has a wealth of high quality data collection systems providing ongoing national and state data on the structure, processes, and use of health services. These include, among others, the National Health Care Survey, the Annual Survey of Hospitals, the Healthcare Cost and Utilization Project, the National Medical Expenditure Survey, and the National Immunization Survey, which collect data through population, provider, client, and institutional surveys and ongoing administrative data systems. Studies by the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, CDC, and others periodically assess the status of the public health infrastructure and the preparedness of state and local public health organizations. Ongoing data on health practices are collected by such national surveys as the National Health Interview Survey, while at the state level, the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Survey collect health practices data in each state.

Data are available from Federal and state agencies. Of note, continuously collected data on land use, housing, air quality, and urbanization from the U.S. Department of Housing and Urban Development, the Census Bureau, and the U.S. Environmental Protection Agency. Ongoing national, state, and local data are generated through monitoring efforts of the natural environment, especially through systems maintained by the National Oceanographic and Atmospheric Administration, the National Weather Service, the U.S. Geological Survey, and the U.S. Environmental Protection Agency. These systems provide data on such influences on health as climate, topography, and air and water quality.

Since 1790, the U.S. has collected decennial census data describing the age and sex distribution of the population at all geopolitical levels. Since the early 20th century, states have collected and reported data on births and deaths; again, these data are available at all geopolitical levels. The National Health and Nutrition Examination Survey, conducted by NCHS, continuously collect detailed biological data pertaining to the health status of Americans.

Younger beneficiaries represent a substantially different population from aged beneficiaries; they tend to be more ethnically diverse, have lower levels of education attainment, have greater SES challenges, are more likely to report fair to poor health, and are considered more clinically diverse. Overall, the under 65 beneficiary is more likely to have conditions that make health care priority. Because they are less independent in their daily lives, many needs require the fusing of medical and support services; help with household chores, transportation, or personal care.

Most Impoverished Census Tracts Among all Tracts with Income in the Last 12 Months Below Poverty Level

The mechanisms by which poverty affects health are complex, adverse health outcomes can be due to limited access to health care, greater exposure to environmental hazards and less favorable neighborhood characteristics. A large majority of older Americans report a preference for remaining as long as possible in their current home and community, known as “aging in place”. Because of this desire, neighborhood risks and amenities become increasingly important. Access to public transportation, well-maintained and accessible sidewalks, easy access to grocery and drug stores contribute to the ability of older people to successfully age in place. Although urban settings, where most low-income older adults in subsidized or unsubsidized housing reside, may be more likely to offer many of these attributes in principle, that often is not the case in impoverished or low-income areas where public and other low-cost housing is located.

Housing Choice Voucher Programs by Census Tract and Federally Qualified Health Center Locations

Poor-quality housing has a direct relationship to poor mental health, developmental delay, heart disease, and post-operative recovery. Housing Choice Voucher Programs (Section 8) may play a significant role in mitigating poor health outcomes. Section 8 has been shown to improve the socio-economic diversity of a neighborhood and may contribute to decreasing youth and adult risk taking behaviors. Federally Qualified Health Centers (FQHC) are non-profit comprehensive primary care providers charged with caring for low income working families and individuals. 17 FQHCs operate more than 130 community, migrant, homeless and school based clinics across Colorado; providing a wide variety of medical services. The FQHC benefit under Medicare became effective 10/1991.

Ongoing and periodic data on employment, individual and household income, income inequality, and educational attainment are collected by the decennial Census of Population, the ongoing American Community Survey, and the Current Population Survey.

At the national level, the General Social Survey, a personal interview survey of U.S. households conducted since 1972 by the National Opinion Research Center, provides data on various cultural, political, and economic aspects of society, such as political viewpoints, sociopolitical participation, and social trends.