

# CHRONIC DISEASE EPIDEMIOLOGY US

**CHRONIC DISEASE EPIDEMIOLOGY US** IS A CRITICAL FIELD DEDICATED TO UNDERSTANDING THE DISTRIBUTION, PATTERNS, AND DETERMINANTS OF NON-COMMUNICABLE DISEASES ACROSS THE UNITED STATES. THIS DISCIPLINE IS FUNDAMENTAL TO PUBLIC HEALTH, PROVIDING THE EVIDENCE BASE FOR PREVENTION STRATEGIES, POLICY DEVELOPMENT, AND RESOURCE ALLOCATION. BY METICULOUSLY TRACKING THE PREVALENCE, INCIDENCE, AND MORTALITY RATES OF CONDITIONS LIKE HEART DISEASE, CANCER, DIABETES, AND RESPIRATORY ILLNESSES, EPIDEMIOLOGISTS IDENTIFY AT-RISK POPULATIONS AND EMERGING HEALTH THREATS. THIS ARTICLE DELVES INTO THE MULTIFACETED LANDSCAPE OF CHRONIC DISEASE EPIDEMIOLOGY IN THE US, EXPLORING KEY TRENDS, THE IMPACT OF SOCIAL DETERMINANTS, SURVEILLANCE METHODS, AND THE FUTURE DIRECTIONS SHAPING THIS VITAL AREA OF STUDY.

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## THE SCOPE OF CHRONIC DISEASES IN THE US

CHRONIC DISEASES REPRESENT THE LEADING CAUSE OF DEATH AND DISABILITY IN THE UNITED STATES, PROFOUNDLY IMPACTING THE HEALTH AND WELL-BEING OF MILLIONS OF AMERICANS. THESE LONG-LASTING CONDITIONS, WHICH GENERALLY CANNOT BE CURED BUT CAN OFTEN BE MANAGED, NECESSITATE ONGOING MEDICAL ATTENTION AND SIGNIFICANTLY LIMIT DAILY ACTIVITIES. THE ECONOMIC BURDEN ASSOCIATED WITH CHRONIC DISEASES IS SUBSTANTIAL, ENCOMPASSING DIRECT MEDICAL COSTS, LOST PRODUCTIVITY, AND PREMATURE MORTALITY. UNDERSTANDING THE SHEER SCALE OF THIS PROBLEM IS THE FIRST STEP IN DEVELOPING EFFECTIVE PUBLIC HEALTH INTERVENTIONS.

THE PERSISTENT AND GROWING BURDEN OF CHRONIC ILLNESSES IS A DEFINING CHARACTERISTIC OF THE US HEALTH LANDSCAPE. UNLIKE ACUTE INFECTIOUS DISEASES THAT CAN OFTEN BE RESOLVED WITH SHORT-TERM TREATMENT, CHRONIC CONDITIONS REQUIRE LIFELONG MANAGEMENT, PRESENTING UNIQUE CHALLENGES FOR BOTH INDIVIDUALS AND THE HEALTHCARE SYSTEM. THIS EVER-PRESENT THREAT NECESSITATES A CONTINUOUS AND RIGOROUS APPROACH TO MONITORING AND UNDERSTANDING THEIR EPIDEMIOLOGICAL PROFILES.

## MAJOR CHRONIC DISEASES AND THEIR EPIDEMIOLOGICAL TRENDS

SEVERAL CHRONIC DISEASES STAND OUT DUE TO THEIR HIGH PREVALENCE AND SIGNIFICANT MORTALITY RATES IN THE UNITED STATES. THESE CONDITIONS, OFTEN INTERRELATED AND SHARING COMMON RISK FACTORS, REQUIRE FOCUSED EPIDEMIOLOGICAL INVESTIGATION TO INFORM TARGETED PUBLIC HEALTH EFFORTS.

### CARDIOVASCULAR DISEASES (CVDs)

CARDIOVASCULAR DISEASES, INCLUDING HEART DISEASE AND STROKE, REMAIN THE LEADING CAUSE OF DEATH IN THE US. EPIDEMIOLOGICAL DATA REVEAL SIGNIFICANT TRENDS IN RISK FACTORS SUCH AS HYPERTENSION, HIGH CHOLESTEROL, OBESITY, AND DIABETES, ALL OF WHICH CONTRIBUTE TO CVD INCIDENCE. GEOGRAPHIC DISPARITIES AND RACIAL/ETHNIC VARIATIONS IN CVD MORTALITY ARE ALSO WELL-DOCUMENTED, HIGHLIGHTING THE NEED FOR TAILORED PREVENTION PROGRAMS.

## CANCER

CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE US. EPIDEMIOLOGICAL STUDIES TRACK THE INCIDENCE, MORTALITY, AND SURVIVAL RATES OF VARIOUS CANCER TYPES, IDENTIFYING TRENDS RELATED TO AGE, SEX, RACE, ETHNICITY, AND GEOGRAPHIC LOCATION. THE IMPACT OF LIFESTYLE FACTORS LIKE DIET, PHYSICAL ACTIVITY, TOBACCO USE, AND ENVIRONMENTAL EXPOSURES ARE CONTINUOUSLY BEING INVESTIGATED TO UNDERSTAND CANCER ETIOLOGY AND INFORM SCREENING AND PREVENTION STRATEGIES.

## DIABETES MELLITUS

THE PREVALENCE OF DIABETES, PARTICULARLY TYPE 2 DIABETES, HAS RISEN DRAMATICALLY IN RECENT DECADES, BECOMING A MAJOR PUBLIC HEALTH CONCERN. EPIDEMIOLOGICAL RESEARCH HIGHLIGHTS THE STRONG LINKS BETWEEN OBESITY, PHYSICAL INACTIVITY, AND THE DEVELOPMENT OF TYPE 2 DIABETES. UNDERSTANDING THE PROGRESSION OF DIABETES COMPLICATIONS, SUCH AS CARDIOVASCULAR DISEASE, KIDNEY DISEASE, AND VISION LOSS, IS CRUCIAL FOR MANAGING ITS OVERALL IMPACT.

## CHRONIC RESPIRATORY DISEASES

CONDITIONS SUCH AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, AND EMPHYSEMA SIGNIFICANTLY AFFECT THE RESPIRATORY SYSTEM AND ARE MAJOR CONTRIBUTORS TO MORBIDITY AND MORTALITY. TOBACCO SMOKE IS A PRIMARY RISK FACTOR FOR COPD, AND EPIDEMIOLOGICAL STUDIES CONTINUE TO MONITOR ITS IMPACT, ALONGSIDE AIR POLLUTION AND OCCUPATIONAL EXPOSURES, ON RESPIRATORY HEALTH OUTCOMES. TRENDS IN ASTHMA PREVALENCE AND SEVERITY ARE ALSO CLOSELY WATCHED, PARTICULARLY IN RELATION TO ENVIRONMENTAL TRIGGERS AND SOCIOECONOMIC FACTORS.

## OTHER SIGNIFICANT CHRONIC CONDITIONS

BEYOND THESE MAJOR CATEGORIES, OTHER CHRONIC DISEASES LIKE ALZHEIMER'S DISEASE, ARTHRITIS, AND CHRONIC KIDNEY DISEASE ALSO PRESENT SUBSTANTIAL PUBLIC HEALTH CHALLENGES. EPIDEMIOLOGICAL SURVEILLANCE OF THESE CONDITIONS HELPS TO UNDERSTAND THEIR BURDEN ON AGING POPULATIONS, THEIR IMPACT ON QUALITY OF LIFE, AND THE ASSOCIATED HEALTHCARE COSTS.

## DETERMINANTS OF CHRONIC DISEASE PREVALENCE

THE PREVALENCE OF CHRONIC DISEASES IS NOT SOLELY A MATTER OF INDIVIDUAL BIOLOGY; IT IS DEEPLY INFLUENCED BY A COMPLEX INTERPLAY OF SOCIAL, ENVIRONMENTAL, AND BEHAVIORAL FACTORS. EPIDEMIOLOGISTS ACTIVELY INVESTIGATE THESE DETERMINANTS TO IDENTIFY ROOT CAUSES AND DEVELOP MORE EFFECTIVE PREVENTION AND INTERVENTION STRATEGIES.

## SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH—THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE—PLAY A PROFOUND ROLE IN CHRONIC DISEASE EPIDEMIOLOGY. FACTORS SUCH AS SOCIOECONOMIC STATUS, EDUCATION LEVEL, ACCESS TO HEALTHCARE, FOOD SECURITY, HOUSING QUALITY, AND EXPOSURE TO DISCRIMINATION ARE DIRECTLY LINKED TO HIGHER RATES OF CHRONIC CONDITIONS. FOR INSTANCE, COMMUNITIES WITH LIMITED ACCESS TO HEALTHY FOODS OR SAFE PLACES FOR PHYSICAL ACTIVITY OFTEN EXHIBIT HIGHER RATES OF OBESITY AND RELATED CHRONIC DISEASES.

## LIFESTYLE AND BEHAVIORAL RISK FACTORS

A SIGNIFICANT PORTION OF CHRONIC DISEASE BURDEN IS ATTRIBUTABLE TO MODIFIABLE LIFESTYLE AND BEHAVIORAL RISK FACTORS. THESE INCLUDE:

- **TOBACCO USE:** A LEADING PREVENTABLE CAUSE OF DEATH, STRONGLY LINKED TO VARIOUS CANCERS, CVDs, AND RESPIRATORY DISEASES.
- **UNHEALTHY DIET:** HIGH INTAKE OF PROCESSED FOODS, SATURATED FATS, SUGAR, AND SODIUM CONTRIBUTES TO OBESITY, HYPERTENSION, AND DIABETES.
- **PHYSICAL INACTIVITY:** SEDENTARY LIFESTYLES ARE A MAJOR DRIVER OF OBESITY AND INCREASE THE RISK OF NUMEROUS CHRONIC CONDITIONS.
- **EXCESSIVE ALCOHOL CONSUMPTION:** LINKED TO LIVER DISEASE, CERTAIN CANCERS, AND CARDIOVASCULAR PROBLEMS.

## ENVIRONMENTAL EXPOSURES

EXPOSURE TO ENVIRONMENTAL HAZARDS CAN ALSO CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC DISEASES. AIR POLLUTION, FOR EXAMPLE, IS A KNOWN RISK FACTOR FOR RESPIRATORY AND CARDIOVASCULAR DISEASES. EXPOSURE TO CERTAIN CHEMICALS, PESTICIDES, AND INDUSTRIAL AGENTS IN OCCUPATIONAL OR RESIDENTIAL SETTINGS CAN ALSO INCREASE THE RISK OF SPECIFIC CANCERS AND OTHER CHRONIC CONDITIONS.

## DATA SOURCES AND SURVEILLANCE METHODS

ROBUST CHRONIC DISEASE EPIDEMIOLOGY RELIES ON COMPREHENSIVE DATA COLLECTION AND SOPHISTICATED SURVEILLANCE METHODS. THESE SYSTEMS ARE ESSENTIAL FOR MONITORING TRENDS, IDENTIFYING OUTBREAKS, AND EVALUATING THE EFFECTIVENESS OF PUBLIC HEALTH INTERVENTIONS.

## NATIONAL HEALTH SURVEYS

LARGE-SCALE NATIONAL HEALTH SURVEYS, SUCH AS THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) AND THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), COLLECT VITAL DATA ON HEALTH STATUS, HEALTH BEHAVIORS, AND RISK FACTORS FROM REPRESENTATIVE SAMPLES OF THE US POPULATION. THESE SURVEYS PROVIDE CRUCIAL INSIGHTS INTO THE PREVALENCE OF CHRONIC DISEASES AND THEIR ASSOCIATED DETERMINANTS.

## DISEASE REGISTRIES

SPECIFIC DISEASE REGISTRIES, LIKE CANCER REGISTRIES AND DIABETES REGISTRIES, SYSTEMATICALLY COLLECT INFORMATION ON DIAGNOSED CASES OF PARTICULAR CHRONIC CONDITIONS. THESE REGISTRIES ARE INVALUABLE FOR TRACKING INCIDENCE, MORTALITY, SURVIVAL PATTERNS, AND THE GEOGRAPHIC DISTRIBUTION OF DISEASES, ENABLING DETAILED EPIDEMIOLOGICAL ANALYSIS.

## ELECTRONIC HEALTH RECORDS (EHRs) AND CLAIMS DATA

THE INCREASING AVAILABILITY OF ELECTRONIC HEALTH RECORDS AND HEALTHCARE CLAIMS DATA OFFERS NEW OPPORTUNITIES FOR REAL-TIME MONITORING OF CHRONIC DISEASE TRENDS. ANALYZING THESE DATA SOURCES CAN HELP IDENTIFY PATTERNS IN DISEASE ONSET, TREATMENT UTILIZATION, AND PATIENT OUTCOMES, THOUGH PRIVACY AND STANDARDIZATION REMAIN IMPORTANT CONSIDERATIONS.

## MORBIDITY AND MORTALITY DATA

DATA FROM DEATH CERTIFICATES (MORTALITY DATA) AND HOSPITAL DISCHARGE RECORDS (MORBIDITY DATA) ARE FUNDAMENTAL FOR UNDERSTANDING THE BURDEN OF CHRONIC DISEASES. THESE DATA PROVIDE INFORMATION ON THE LEADING CAUSES OF DEATH AND HOSPITALIZATION, ALLOWING EPIDEMIOLOGISTS TO ASSESS THE IMPACT OF CHRONIC CONDITIONS ON PUBLIC HEALTH.

## THE IMPACT OF CHRONIC DISEASES ON THE US HEALTHCARE SYSTEM

THE PERVASIVE NATURE OF CHRONIC DISEASES PLACES AN IMMENSE STRAIN ON THE US HEALTHCARE SYSTEM. THE LONG-TERM AND OFTEN COMPLEX NATURE OF THESE CONDITIONS NECESSITATES SUBSTANTIAL RESOURCES, FROM PRIMARY CARE MANAGEMENT TO SPECIALIZED TREATMENTS AND LONG-TERM CARE SERVICES.

DIRECT MEDICAL COSTS ASSOCIATED WITH CHRONIC DISEASES ARE STAGGERING, ENCOMPASSING PHYSICIAN VISITS, HOSPITALIZATIONS, PRESCRIPTION MEDICATIONS, AND MEDICAL DEVICES. THESE COSTS ARE BORNE BY INDIVIDUALS, INSURANCE PROVIDERS, AND GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID. BEYOND DIRECT COSTS, INDIRECT COSTS STEMMING FROM LOST PRODUCTIVITY DUE TO ILLNESS, DISABILITY, AND PREMATURE DEATH FURTHER COMPOUND THE ECONOMIC BURDEN. EPIDEMIOLOGICAL DATA ARE CRITICAL FOR FORECASTING FUTURE HEALTHCARE DEMANDS AND PLANNING FOR THE SUSTAINABILITY OF THE HEALTHCARE SYSTEM IN THE FACE OF AN AGING POPULATION AND RISING CHRONIC DISEASE RATES.

## PREVENTION AND INTERVENTION STRATEGIES BASED ON EPIDEMIOLOGICAL DATA

EPIDEMIOLOGICAL RESEARCH SERVES AS THE CORNERSTONE FOR DEVELOPING AND IMPLEMENTING EFFECTIVE PREVENTION AND INTERVENTION STRATEGIES AIMED AT REDUCING THE BURDEN OF CHRONIC DISEASES IN THE US. BY IDENTIFYING RISK FACTORS AND VULNERABLE POPULATIONS, PUBLIC HEALTH PROFESSIONALS CAN DESIGN TARGETED PROGRAMS THAT PROMOTE HEALTHIER LIFESTYLES AND MITIGATE DISEASE DEVELOPMENT.

## PUBLIC HEALTH CAMPAIGNS AND EDUCATION

EVIDENCE FROM EPIDEMIOLOGY INFORMS THE DESIGN OF PUBLIC HEALTH CAMPAIGNS FOCUSED ON SMOKING CESSATION, HEALTHY EATING, PHYSICAL ACTIVITY PROMOTION, AND RESPONSIBLE ALCOHOL CONSUMPTION. THESE CAMPAIGNS AIM TO RAISE AWARENESS, CHANGE INDIVIDUAL BEHAVIORS, AND FOSTER SUPPORTIVE COMMUNITY ENVIRONMENTS.

## POLICY AND ENVIRONMENTAL CHANGES

EPIDEMIOLOGICAL FINDINGS ALSO DRIVE POLICY CHANGES AT LOCAL, STATE, AND FEDERAL LEVELS. EXAMPLES INCLUDE POLICIES ON TOBACCO TAXATION AND REGULATION, FOOD LABELING REQUIREMENTS, ZONING LAWS THAT PROMOTE ACCESS TO HEALTHY FOODS AND OPPORTUNITIES FOR PHYSICAL ACTIVITY, AND REGULATIONS AIMED AT REDUCING ENVIRONMENTAL EXPOSURES LINKED TO CHRONIC DISEASES.

## SCREENING AND EARLY DETECTION PROGRAMS

UNDERSTANDING THE INCIDENCE AND PROGRESSION OF DISEASES ALLOWS FOR THE DEVELOPMENT OF TARGETED SCREENING PROGRAMS FOR CONDITIONS LIKE CANCER, DIABETES, AND HYPERTENSION. EARLY DETECTION THROUGH THESE PROGRAMS OFTEN LEADS TO BETTER TREATMENT OUTCOMES AND CAN PREVENT OR DELAY THE ONSET OF SEVERE COMPLICATIONS.

## COMMUNITY-BASED INTERVENTIONS

EPIDEMIOLOGICAL STUDIES HIGHLIGHT GEOGRAPHIC AND DEMOGRAPHIC DISPARITIES IN CHRONIC DISEASE PREVALENCE. THIS UNDERSTANDING GUIDES THE DEVELOPMENT OF COMMUNITY-BASED INTERVENTIONS TAILORED TO THE SPECIFIC NEEDS OF AT-RISK POPULATIONS, OFTEN FOCUSING ON IMPROVING ACCESS TO HEALTHCARE, NUTRITION EDUCATION, AND PHYSICAL ACTIVITY RESOURCES.

## FUTURE DIRECTIONS IN CHRONIC DISEASE EPIDEMIOLOGY

THE FIELD OF CHRONIC DISEASE EPIDEMIOLOGY IS CONTINUOUSLY EVOLVING, DRIVEN BY ADVANCEMENTS IN TECHNOLOGY, DATA SCIENCE, AND A DEEPER UNDERSTANDING OF DISEASE ETIOLOGY. FUTURE DIRECTIONS ARE POISED TO ENHANCE OUR ABILITY TO PREVENT, DETECT, AND MANAGE THESE PERVASIVE HEALTH CHALLENGES.

THE INTEGRATION OF 'OMICS' TECHNOLOGIES (GENOMICS, PROTEOMICS, METABOLOMICS) WITH TRADITIONAL EPIDEMIOLOGICAL APPROACHES PROMISES TO UNRAVEL THE COMPLEX GENETIC AND MOLECULAR UNDERPINNINGS OF CHRONIC DISEASES, LEADING TO MORE PERSONALIZED PREVENTION AND TREATMENT STRATEGIES. FURTHERMORE, THE APPLICATION OF BIG DATA ANALYTICS, ARTIFICIAL INTELLIGENCE, AND MACHINE LEARNING TO LARGE, DIVERSE DATASETS WILL ENABLE MORE SOPHISTICATED MODELING OF DISEASE PATTERNS, RISK PREDICTION, AND THE IDENTIFICATION OF NOVEL PUBLIC HEALTH INTERVENTIONS. EMPHASIS WILL CONTINUE TO BE PLACED ON ADDRESSING HEALTH INEQUITIES AND THE SOCIAL DETERMINANTS OF HEALTH, ENSURING THAT PREVENTION EFFORTS REACH ALL SEGMENTS OF THE POPULATION AND REDUCE THE DISPROPORTIONATE BURDEN OF CHRONIC DISEASES ON MARGINALIZED COMMUNITIES.







## **Q: WHAT ARE THE MOST COMMON CHRONIC DISEASES TRACKED IN THE US?**

A: THE MOST COMMONLY TRACKED CHRONIC DISEASES IN THE US INCLUDE CARDIOVASCULAR DISEASES (HEART DISEASE, STROKE), VARIOUS TYPES OF CANCER, DIABETES MELLITUS, CHRONIC RESPIRATORY DISEASES (COPD, ASTHMA), AND INCREASINGLY, NEURODEGENERATIVE DISEASES LIKE ALZHEIMER'S, AS WELL AS ARTHRITIS AND CHRONIC KIDNEY DISEASE.

## **Q: HOW DOES CHRONIC DISEASE EPIDEMIOLOGY HELP IN PUBLIC HEALTH POLICY?**

A: CHRONIC DISEASE EPIDEMIOLOGY PROVIDES THE EVIDENCE BASE FOR PUBLIC HEALTH POLICY BY IDENTIFYING DISEASE TRENDS, RISK FACTORS, AND THE BURDEN OF DISEASE ON POPULATIONS. THIS DATA INFORMS THE DEVELOPMENT OF LEGISLATION, REGULATIONS, AND PROGRAMS AIMED AT PREVENTION, EARLY DETECTION, AND MANAGEMENT OF CHRONIC CONDITIONS.

## **Q: WHAT ARE SOME OF THE KEY RISK FACTORS THAT CHRONIC DISEASE EPIDEMIOLOGISTS STUDY?**

A: KEY RISK FACTORS STUDIED INCLUDE BEHAVIORAL FACTORS SUCH AS TOBACCO USE, UNHEALTHY DIET, PHYSICAL INACTIVITY, AND EXCESSIVE ALCOHOL CONSUMPTION. THEY ALSO INVESTIGATE SOCIAL DETERMINANTS OF HEALTH (SOCIOECONOMIC STATUS, EDUCATION, ACCESS TO CARE) AND ENVIRONMENTAL EXPOSURES (AIR POLLUTION, TOXINS).

## **Q: HOW HAS THE PREVALENCE OF OBESITY IMPACTED CHRONIC DISEASE EPIDEMIOLOGY IN THE US?**

A: THE RISING PREVALENCE OF OBESITY IN THE US HAS SIGNIFICANTLY IMPACTED CHRONIC DISEASE EPIDEMIOLOGY BY INCREASING THE INCIDENCE OF RELATED CONDITIONS SUCH AS TYPE 2 DIABETES, CARDIOVASCULAR DISEASES, CERTAIN CANCERS, AND MUSCULOSKELETAL DISORDERS. IT HAS BECOME A CENTRAL FOCUS FOR PUBLIC HEALTH INTERVENTIONS.

## **Q: WHAT ROLE DO NATIONAL HEALTH SURVEYS PLAY IN UNDERSTANDING CHRONIC DISEASE EPIDEMIOLOGY IN THE US?**

A: NATIONAL HEALTH SURVEYS LIKE NHANES AND BRFSS ARE CRUCIAL BECAUSE THEY COLLECT DATA ON HEALTH STATUS, BEHAVIORS, AND RISK FACTORS FROM REPRESENTATIVE SAMPLES OF THE US POPULATION. THIS ALLOWS EPIDEMIOLOGISTS TO ESTIMATE THE PREVALENCE OF CHRONIC DISEASES, MONITOR TRENDS OVER TIME, AND IDENTIFY DISPARITIES.

## **Q: ARE THERE SPECIFIC POPULATIONS THAT ARE DISPROPORTIONATELY AFFECTED BY CHRONIC DISEASES IN THE US?**

A: YES, CERTAIN POPULATIONS ARE DISPROPORTIONATELY AFFECTED BY CHRONIC DISEASES IN THE US, OFTEN DUE TO SOCIAL DETERMINANTS OF HEALTH. THESE CAN INCLUDE RACIAL AND ETHNIC MINORITIES, INDIVIDUALS WITH LOWER SOCIOECONOMIC STATUS, RURAL POPULATIONS, AND OLDER ADULTS, WHO MAY EXPERIENCE HIGHER RATES OF CONDITIONS LIKE DIABETES, HEART DISEASE, AND CERTAIN CANCERS.

## **Q: WHAT ARE THE MAIN DATA SOURCES USED FOR CHRONIC DISEASE SURVEILLANCE IN THE US?**

A: THE MAIN DATA SOURCES FOR CHRONIC DISEASE SURVEILLANCE INCLUDE NATIONAL HEALTH SURVEYS, DISEASE-SPECIFIC REGISTRIES (E.G., CANCER REGISTRIES), MORTALITY DATA FROM DEATH CERTIFICATES, MORBIDITY DATA FROM HOSPITALIZATIONS, AND INCREASINGLY, DATA FROM ELECTRONIC HEALTH RECORDS AND INSURANCE CLAIMS.

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