

Preface

The study of morbidity has become a growing focus of demographers for a number of reasons. These include the growing emphasis on population health, the declining significance of mortality, and the shift from an emphasis on acute conditions to chronic conditions, among other developments. The interest in morbidity on the part of demographers, epidemiologists, health planners, and medical scientists steadily increased over the last quarter of the twentieth century as the connection between demographic variables and morbidity differentials became clearer. Although perhaps still lagging behind more traditional spheres of demographic inquiry, the literature available on morbidity has grown and findings from research in this field are driving much of the current thought in healthcare. It is increasingly understood that many advances in our understanding and management of the contemporary health problems reflect a better understanding of the demographic dimensions of morbidity.

This interest in morbidity has developed against a backdrop of increasing demand for health-related data of all types. A diverse set of entities that historically had little interest in or need for health-related data now realize that efficient data gathering and analysis are necessary for carrying out their respective functions. Today's healthcare environment is demanding improvements in the quality, quantity, and specificity of the data used for research, marketing, planning, and business development.

Epidemiologists have expanded our understanding of the relationship between disease incidence and demographic factors. Indeed, the persistent health disparities correlated with demographic attributes have become a major focus of research. Population scientists have increasingly recognized the importance of the study of morbidity rather than mortality as a measure of the health of society. Policy makers grappling with societal-level issues like Medicare's future viability or simply addressing basic healthcare needs at the local level are increasingly relying on morbidity data as a basis for decision making. Healthcare organizations striving to adapt to a rapidly changing environment must understand trends in morbidity for purposes of survival. The passage of the Patient Protection and Affordable Care Act in 2010 served to further underscore the importance of such information.

The demand for morbidity data, in fact, has grown far beyond the organizations directly involved in the provision of healthcare. Health plans, employers, policy

makers, health lawyers, and a variety of other interests increasingly require such data. Entities both inside and outside of healthcare are now using morbidity data not only for understanding disease patterns but also for planning, marketing, and business development, as well as for cost containment, quality monitoring, and legal purposes. Entire issues of scholarly journals have been devoted to debates regarding the management of information for these purposes, and as the population health movement gains momentum, additional resources are likely to be added to this body of knowledge.

Access to quality morbidity data is required not only for those involved in health services research, planning, and evaluation but also for the effective operation of the healthcare system. On a basic level, accurate morbidity data are required for disease tracking and for the implementation of disease management programs. The shift in the burden of disease from acute conditions to chronic conditions has amplified the needs for (and gaps in) critical data. Morbidity data are required for determining the needs for health services, facilities, and personnel. Any planning activities in the healthcare arena rely heavily on incidence and prevalence data for various health conditions. Efforts to evaluate the effectiveness of health interventions rely on the availability of morbidity data. Additionally, recent research highlights significant small-area variability in morbidity patterns indicating the need for high-quality morbidity data at the community level.

While the demand for morbidity data has grown as a result of various trends in healthcare, the availability of quality data has not kept pace. This lack of data, coupled with issues of data quality, accessibility, and usefulness, represents a challenge for health professionals, researchers, and demographers. The increase in demand for morbidity data has exposed the weaknesses in the availability and accessibility of comprehensive and timely data on disease prevalence and disability. This is particularly the case for information on the “true” prevalence of health problems within a population and information on the “known cases” within a population. Since there is no central repository of data on the amount and distribution of health conditions or the use of services within a population, it is impossible to generate actual data on morbidity. The fact that data on hospital admissions are available in some locales but not others allows only a partial view of the level of sickness and disability within the population.

This situation demands a comprehensive review of the state of the art with regard to morbidity data. This book is intended to survey the current state of morbidity data in the US, describe its characteristics and availability, and provide guidance to those who require morbidity data for the variety of uses to which such information might be put. This practical knowledge is supplemented by material that addresses changes in morbidity patterns and their implications for demographic processes and social change. This book does not represent an end to the discussion of morbidity but a beginning as efforts are undertaken to improve the availability, accessibility, and usefulness of data on sickness and disability.

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