NCHS Dataline

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) has published the latest edition of the annual assessment of the nation's health, *Health, United States, 2008*. The current edition features a special chartbook on the health of young adults aged 18–29 years. The first data from the National Survey of Ambulatory Surgery, conducted in 2006, have been released. The report shows a substantial increase in outpatient surgery. The national teen birth rate rose in 2006 for the first time in 15 years, and teen birth rates increased in more than half of the states, according to the latest final report of birth statistics. These reports and virtually all of the NCHS data resources are available on the center's website, which was recently redesigned to provide easier access to NCHS data and information.

HEALTH, UNITED STATES, 2008

Health, United States, 2008 is the 32nd annual report on the nation's health.[1] It is a compilation of health data from a number of sources both within the federal government and in the private sector to create a wide-ranging profile of the current health status and health trends in the U.S. This year's edition features a special section on adults aged 18–29 years, a group making many life choices including decisions about education, marriage, childbearing, and health behaviors (e.g., tobacco and alcohol use), all of which affect their future economic and health status.

The report found that young adults in the U.S. face a number of health challenges, including increases in obesity, high injury rates, and lack of insurance coverage compared with other adults. Obesity rates have tripled among young adults in the past three decades, rising from 8% in 1971–1974 to 24% in 2005–2006. In 2006, 29% of young men were current cigarette smokers compared with 21% of young adult women. Between 1997 and 2006, the percentage of women aged 18–29 years who currently smoked cigarettes declined nearly 20%, but current smoking did not decline significantly among young men. In 2005, unintentional injuries (accidents), homicides, and suicides accounted for 70% of deaths among young adults aged 18–29 years. Three-quarters of the 47,000 deaths in this age group occurred among young men.

Young adults also had one of the highest rates of injury-related emergency department visits of all age groups. In 1999–2004, almost 9% of young adults 20–29 years of age had major depression, generalized anxiety disorder, or panic disorder in the past 12 months. In 2006, young adults aged 20–24 years were more likely to be uninsured (34%) than those aged 18–19 years (21%) and those aged 25–29 years (29%). Young adult men were more likely to be uninsured than young adult women. In 2004–2006, 17% of young adults aged 18–29 years reported needing but not receiving one or more of the following services in the past year because they could not afford them: medical care, prescription medicines, mental health care, or eyeglasses.

The full report contains 151 data tables in addition to the special feature on young adults. The tables cover the full spectrum of health topics, serving as a comprehensive snapshot of the nation's health. In 2006, American men could expect to live 3.6 years longer, and women 1.9 years longer, than they did in 1990. Death rates from heart disease, stroke, and cancer have continued to decline in recent years. Infant mortality, a major component of overall life expectancy, declined through 2001 and has changed little since then. Sixty-five percent of men and 80% of women aged 75 years and older either had high blood pressure or took antihypertensive medication in 2003–2006, compared with about 36% of adults aged 45–54 years.

The proportion of the population with high cholesterol has dropped in large part due to increased use of cholesterol-lowering drugs. In 2003–2006, 16% of adults had high serum cholesterol. Women aged 55 years and older were much more likely to have high cholesterol than their male counterparts. Nearly one-quarter of adults aged 60 years and older had diabetes in 2003–2006. Obesity rates do not appear to be increasing as rapidly as they did in past decades, but still remain high, with more than one-third of adults aged 20 years and older considered to be obese in 2005–2006.

OUTPATIENT SURGERY ON THE RISE

The number of outpatient surgery visits in the U.S. increased during the past decade; it now accounts for nearly two-thirds of all surgery visits, according to *Ambulatory Surgery in the United States, 2006*.[2] The report presents the first data on outpatient surgery visits since 1996, when the National Survey of Ambulatory Surgery (NSAS) was last conducted, and credits the rise in outpatient surgery visits to advances in medical technology and changes in payment arrangements. The NSAS is a

nationally representative survey that covers procedures performed in both hospital-based and freestanding surgery centers, but excludes federal, military, and Veterans Administration hospitals.

Data were collected from a sample of medical records in 142 hospitals and 295 freestanding centers. The outpatient surgery visits to freestanding centers increased threefold from 1996 to 2006, whereas the rate for outpatient surgery visits to hospital centers remained relatively unchanged. Visits to hospital centers, at 19.9 million (57%), continued to outnumber visits to freestanding clinics, at 14.9 million (nearly 43%).

Other findings from the report included:

- An estimated 57.1 million surgical and nonsurgical procedures were performed during 34.7 million outpatient surgery visits in 2006.
- Females had significantly more ambulatory surgery visits (20 million) than males (14.7 million).
- The procedures performed most often during outpatient surgery visits included endoscopies of the large intestine (5.8 million) and small intestine (3.5 million) and extraction of lens (3.1 million).
- The leading diagnoses for outpatient surgery visits were cataract (3.0 million), benign tumors (2.0 million), and malignant tumors (1.2 million).
- The mean time spent in the operating room during a visit varied from nearly 62 minutes at hospital-based centers to about 43 minutes at freestanding centers. Hospital-based centers also recorded longer time spent in recovery and longer overall visit time.
- The mean total length of time varied widely based on the type of diagnosis. For example, surgeries for patients with chronic diseases of the tonsils and adenoids took more than twice as long (155 minutes) as those for patients with cataracts (70 minutes). The total time was measured from the time the patient entered the operating room to the time he or she left postoperative care.
- Most outpatient surgeries (53%) used private insurance as the principal source of payment.

TEEN BIRTH RATES INCREASE

Nationally, the U.S. teen birth rate increased for the first time in 15 years in 2006, from 40.5 births per 1,000 women aged 15–19 in 2005 to 41.9 births per 1,000 women in 2006. Teen birth rates increased in more than half of the states nationwide in 2006, with the rate still highest in the South and Southwest, according to the latest report, *Births: Final Data for 2006*, which includes final birth statistics for the nation.[3] The highest teen birth rate occurred in Mississippi, with 68.4 births per 1,000 girls aged 15–19 years. New Mexico and Texas rounded out the top three states, with teen birth rates of 64.1 and 63.1 per 1,000 girls aged 15–19 years, respectively.

The report features the first state-by-state data on teen birth rates for 2006, and shows that the Northeast had the lowest rates: 18.7 in New Hampshire, 20.8 in Vermont, and 21.3 in Massachusetts. The only states with a decrease in teen birth rates between 2005 and 2006 were North Dakota, Rhode Island, and New York. Other states had no change in the teen birth rate. The birth data were from the National Vital Statistics System. The report covers the latest U.S. birth statistics, including state-based and national information on teen, unmarried, and multiple births, as well as health data such as smoking during pregnancy, cesarean deliveries, preterm births, and low birthweight births.

In 2006, a total of 4,265,555 births were registered in the United States, a 3% increase from 2005. The birth rate was 14.2 live births per 1,000 people in 2006, also up from 2005. The mean age of mothers giving birth for the first time decreased from 25.2 years in 2005 to 25.0 years in 2006, the first decline in the age since the measure became available. Previously, the mean age at first birth had increased 3.8 years from 1970 to 2003. The birth rate for unmarried women increased 7% between 2005 and 2006, reaching 50.6 births per 1,000 unmarried women aged 15–44 years.

Induced labor occurred in 22.5% of births in 2006, a slight increase from 2005 (22.3%) but double the rate for 1990 (9.5%). The cesarean delivery rate rose 3% to 31.1% of all births; the cesarean rate has climbed 50.0% since a 1996 low. Women were less likely to receive timely prenatal care in 2006. Prenatal care utilization rose steadily from 1990 to 2003, but remained flat in 2004 and 2005. The low birthweight rate continued to rise, climbing to 8.3% in 2006—the highest level in four decades. The preterm birth rate also rose in 2006, to 12.8% of all births. The 2006 twin birth rate remained unchanged from 2005, at about three twin births per every 100 births. The rate for triplet and higher-order multiple births declined 5.0% from 2005 to 2006 to 15 births per every 1,000 births. The rate soared more than 400.0% between 1980 and 1998, but has been down 21.0% since then. In 2006, Wednesday was the most common day to deliver; since 1990, the most common day had been Tuesday. In 2006, the most births occurred in the month of August.

NCHS WEBSITE OFFERS MORE SERVICES, EASIER ACCESS

The NCHS website has been redesigned to provide easier access to NCHS data resources and information. The home page has user-friendly menus that give users more choices and direct access to some of the most frequently used resources. Users can explore the website's new features at http://www.cdc.gov/nchs/index_demo.htm. Some of the features are left navigational bars, a featured data section, an expanded resources and tools section, and the FastStats index of data by topic. There is also direct access to the top 10 resources on the website. Users can set up audience-specific information on NCHS data and programs and adjust text size from small to extra large. The NCHS home page is http://www.cec.gov/nchs.

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