NCHS Dataline

More children rely on public health insurance coverage, the 2002 U.S. preliminary birth rate has reached a record low, and visits to the emergency department are up 20% over the past decade according to reports just released by the National Center for Health Statistics, Centers for Disease Control and Prevention.

PUBLIC INSURANCE COVERAGE FOR CHILDREN INCREASES

The percent of American children with health insurance increased from 1997 to 2002, with improvement especially notable for low-income children. The improvement comes as more children rely on public coverage for their health care, including the State Children's Health Insurance Program (SCHIP) created in 1997. SCHIP is designed to help children without health insurance, many of whom come from working families with incomes too high to qualify for Medicaid, but too low to afford private health insurance. Early Release of Selected Estimates Based on Data from the 2002 National Health Interview Survey¹ shows that the percent of children (younger than age 18) without health insurance declined from 13.9% in 1997 to 10.4% in 2002. During this period, reliance on public programs for coverage was fairly constant between 1997 and 2000 at about 21%, but then rose steadily to 26.8% in 2002. Even more dramatic is the increase in coverage for children in low-income families. For poor (below the poverty threshold) and near poor (100% to less than 200% of the poverty threshold), the percent without insurance dropped from about 22% to about 16%. Overall, 14.5% of the population—40.4 million Americans of all ages—was without health insurance coverage in 2002, about the same as in 2001, and down from 15.4% in 1997.

Lack of health insurance coverage is one of the health indicators covered by the early release of selected estimates from the National Health Interview Survey (NHIS), a household survey based on personal interviews conducted annually by NCHS. Other indicators include influenza vaccination, pneumococcal vaccination, obesity, leisure time physical activity, health status, smoking, excessive alcohol consumption, HIV testing, having a usual place to go for medical care, obtaining needed medical care, needing help with personal care, and experiencing serious psychological distress.

This report includes a new measure—the prevalence of diagnosed diabetes—and shows a steady increase in the percent of adults (18 years of age and older) who report that they have diabetes, from 5.1 in 1997 to 6.5 in 2002. The actual prevalence of diabetes may be greater than that presented in this report, since it is estimated that about a third of those with diabetes do not know they have the condition. However, these estimates provide an indicator of the trends in the disease as well as the significant differences by race/ethnicity, age, and gender. Diagnosed diabetes estimates ranged from 5.7% for white adults, to 9.2% for Hispanic and 10% for African American adults. Prevalence rose with age, from about 2% for those 18– 44 to 16% for those 65 and older. Among those 45 and older, men were more likely than women to report having diabetes.

Other highlights from the report include:

- About two-thirds of America's seniors had received a flu shot in the past 12 months, back to
 the level achieved in 1999 and higher than the
 past two years when delays in vaccine were experienced.
- Some 23% of adults were current cigarette smokers, indicating a continued decline in smoking. More men (25.2%) than women (20%) are current smokers.
- In 2002, about 10% of adults had excess alcohol consumption during the past 12 months, about the same as in previous years. For both men and women, younger adults were more likely to drink excessively.
- In 2002, 67.6% of Americans assessed their health as excellent or very good, down slightly from 68.6% in 2001. African Americans were less likely than other groups to view their health as excellent or very good

Early Release of Selected Estimates Based on Data from the 2002 National Health Interview Survey can be viewed or downloaded from the CDC website at http://www.cdc.gov/nchs.

2002 BIRTH RATE REACHES RECORD LOW

The 2002 U.S. birth rate fell to the lowest level since national data have been available and at the same time

the rate of teen births continued the decline begun in 1991. The birth rate was 13.9 per 1,000 persons in 2002, a decline of 1% from the rate of 14.1 posted in 2001, down 17% from the recent peak in 1990, and about half the rate of the record high birth rate achieved in 1947, according to a new report, Births: Preliminary Data for 2002.2 The current low birth rate primarily reflects the smaller proportion of women of childbearing age in the U.S. population as baby boomers age, and as rising life expectancy means more older citizens. There has also been a recent downturn in the birth rate for women in the peak childbearing ages. Birth rates for women in their 20's and early 30's were generally down, while births to older mothers (35-44) were still on the rise. Rates were stable for women older than age 45.

The report also noted that birth rates among teenagers were down in 2002, continuing a decline that began in 1991. The birth rate fell to 43 births per 1,000 females 15–19 years of age in 2002, a 5% decline from 2001 and a 28% decline from 1990. The decline in the birth rate for younger teens, 15–17 years of age, is even more substantial, dropping 38% from 1990 to 2002 compared to a drop of 18% for teens 18–19.

The report documents another important finding—the increase in the cesarean delivery rate. More that one-fourth of all children born in 2002 were delivered by cesarean; the 2002 total cesarean delivery rate of 26.1% reached the highest level ever reported in the United States. The primary cesarean rate—that is, cesarean births to women with no previous cesarean birth—jumped 7%, and the rate of vaginal births after previous cesarean delivery plummeted 23%. The cesarean delivery rate declined during the late 1980s through the mid 1990s, but has been on the rise since 1996.

Among other significant findings:

- There were 4,019,280 births in the United States in 2002, a 1% decrease from 2001 (4,025,933).
- The percent of low birthweight babies (infants born weighing less than 2,500 grams) increased to 7.8%, up from 7.7% in 2001 and the highest level in more than 30 years. In addition, the percent of preterm births (infants born at less than 37 weeks of gestation) increased slightly over 2001, from 11.9% to 12%.
- The birth rate for unmarried women was down slightly in 2002 to 43.6 per 1,000 unmarried women, reflecting the growing number of unmarried women in the population. More than one-third (33.8%) of all births were to unmar-

- ried women, up from 33.5% in 2001. Births to unmarried teens were down 4%.
- Prenatal care continued to improve slowly in 2002, with 83.8% of women starting prenatal care in the first trimester of pregnancy.

Data on births are based on information reported on birth certificates filed in state vital statistics offices and reported to CDC through the National Vital Statistics System. The report is available on CDC's National Center for Health Statistics website at www.cdc .gov/nchs.

ED VISITS INCREASE DURING THE 1990S

Visits to America's emergency departments are up 20% over the past decade, says the latest annual report from CDC's National Hospital Ambulatory Medical Care Survey. Continuing a growing trend, there were an estimated 107.5 million visits to hospital emergency departments in 2001, compared to 90 million in 1992. This increase is due, in part, to overall population growth in the United States, as well as to an increase in the number of older adults, who tend to visit hospital emergency departments more often than younger people. During the same period, the number of emergency departments in the United States decreased by about 15%.

This year's report includes new information about emergency departments. Hospitals in metropolitan areas and those affiliated with medical schools tend to have a larger volume of emergency department visits. Larger emergency departments are more likely to have an automated drug dispensing system to reduce medication errors. About half of hospitals with 24-hour emergency departments also have outpatient department clinics offering physician services. Injury, poisoning, and adverse effects of medical care account for more than a third of all visits, with falls the leading injury. About 6% of injuries are intentional—either self-inflicted or the result of an assault. Patients experiencing an adverse effect of medical treatment, such as an allergic drug reaction or complication of surgery, accounted for 1.4 million visits.

Abdominal pain, chest pain, and fever are the most commonly recorded principal reasons (patient symptoms) for the visit. The most frequent primary diagnoses are contusions, acute upper respiratory infections, and open wounds. In approximately 30% of all visits, patients came to the emergency department with an elevated blood pressure (greater than 140 mmHg/90 mmHg).

About three-quarters of emergency department patients receive medications during the visit; on average, about two drugs each. Pain relief medications were the most frequently prescribed in 2001, accounting for just over a third of medicines used during emergency department visits. Antibiotics are the second most frequently prescribed, followed by medications designed to treat respiratory tract ailments.

Older Americans have the highest rate of visits to the emergency department, with about 60 visits for every 100 people 75 years of age or older (compared to 38 visits per 100 for people of all ages). For the first time, the survey can identify visits made by nursing home residents. In 2001, about 3% of emergency department visits were made by patients residing in a nursing home or other institution. One-third of these visits were for injuries.

Three million emergency department visits involved patients who had been seen previously in the ED within the last 72 hours, and almost 6% of all visits were for follow-up of the same problem. No follow-up was planned for about 10% of visits. For 40% of visits, the patient was referred to another physician or clinic, and patients were admitted to the hospital for approximately 12% of the visits.

Other key findings from the survey show that:

- Patients spent, on average, three hours in the emergency department, but length of visit varied by hospital size and geographic region.
- Imaging was provided at approximately 40% of all visits; use of MRI/CAT scan has increased by over 160% from 1992 to 2001.
- Private insurance was listed as the dominant expected source of payment, accounting for 40%

- of ED visits, followed by Medicaid at 18%, and Medicare at 15%.
- Only 10% of patient visits were classified as nonurgent.
- Arrival times for elderly patients in the emergency department peak at 11 a.m, while those for children peak between 7 to 8 p.m.

CDC's National Center for Health Statistics conducts this annual survey of visits to the emergency department as part of its National Health Care Survey, which also covers doctors' offices, hospitals, nursing homes, hospices, and home health care. The survey examines health care across a range of settings, and monitors patterns and shifts in the way health care services are provided and used.

National Hospital Ambulatory Medical Care Survey: 2001 Emergency Department Summary is on the NCHS website, which also has additional information about the survey based on records from a representative sample of the nation's emergency departments.

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REFERENCES

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