

# NCHS Dataline

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Researchers and clinicians now have an important new resource for assessment of growth and development of children and teenagers in the United States, with the publication of a comprehensive report that details the methodology used in the development of the 2000 CDC Growth Charts and presents new statistical and analytical information. Data for 2000 show an increase in visits to the nation's emergency departments and longer waiting times for patients with non-urgent diagnoses, coupled with a decline in the number of facilities. The 2001 report on births in the United States documents a 10-year decline in the teen birth rate.

## COMPREHENSIVE REPORT ON NEW GROWTH CHARTS NOW AVAILABLE

A comprehensive report on the latest growth charts for the United States is now available. The report, *2000 CDC Growth Charts for the United States: Methods and Development*,<sup>1</sup> includes a number of special features and presentations of the growth charts as well as detailed statistical information to guide users in their analysis and applications. The 2000 CDC Growth Charts are used to assess and compare a child's growth to a nationally representative reference population for both clinical evaluations and research applications. The growth charts consist of a set of charts for infants (birth to 36 months of age) and a set of charts for children and adolescents ages 2 to 20. The charts for infants include sex-specific smoothed percentile curves for weight-for-age, recumbent length-for-age, head circumference-for-age, weight-for-recumbent length, and body mass index (BMI)-for-age; the charts for children and adolescents include weight-for-age and stature-for-age.

The 2000 growth charts are a revised version of the 1977 growth charts and feature a number of improvements. The current charts are representative of the United States population and better reflect the nation's cultural and racial diversity. The 2000 charts now include an assessment for BMI, which is used to evaluate an individual's weight in relation to height and can serve as an early warning signal for children who are at risk of being overweight. In addition, the 2000 charts cover a longer age span.

The new report contains detailed statistical information not previously available that is useful in the

application and interpretation of the charts to individual results or data from selected study populations. The report includes the observed percentile distributions along with means and standard deviations, shown by sex and age. Smoothed percentiles are shown for the 16 age- and sex-specific growth charts. There are also graphical comparisons between the 1977 and 2000 charts, plus a description of the process used to evaluate the 2000 version.

*2000 CDC Growth Charts for the United States: Methods and Development* is available to view and download on the CDC website at URL: <http://www.cdc.gov/growthcharts>. Data for the growth charts come from the National Health and Nutrition Examination Survey, conducted by CDC's National Center for Health Statistics. For more information on the survey, go to URL: <http://www.cdc.gov/nchs/nhanes.htm>.

## EMERGENCY DEPARTMENT VISITS INCREASE IN 2000

The latest national data on the use of hospital emergency departments show that there were 108 million visits in 2000, an increase of 14% from 95 million visits in 1997. The number of hospitals providing emergency care decreased from 4,005 to 3,934 during the same time period, and waiting time for non-urgent visits rose 33%, according to the *National Hospital Ambulatory Medical Care Survey: 2000 Emergency Department Summary*.<sup>2</sup> The most seriously ill or injured patients continued to get care about as quickly in 2000 as in 1997; however, patients on average waited about 68 minutes to see the doctor in 2000 for non-urgent visits, a 17-minute increase over 1997. The increase in visits to the emergency department is a result of overall population growth as well as increases in the number of seniors. Older Americans, those 75 years of age and older, had the highest rate of emergency department visits—65 visits per 100 persons per year—while the national average was 39 visits.

Stomach and abdominal pain, chest pain, and fever were the most commonly recorded reasons for a visit to the emergency department. Since 1997, an increase in visits with a primary diagnosis of chest pain or abdominal pain was found for women ages 45 and older. There were 1.3 million visits due to adverse drug reactions or other complications from medical care in 2000. Individuals ages 15–24 had the highest injury

visit rate. The most frequently recorded injury diagnoses were open wounds (18%) and the most commonly mentioned body site injured was hand/wrist/fingers, at 13% of all injuries. The survey found that medications were used in 74% of all visits, virtually unchanged from 1999. There was an average of 1.6 drugs used or prescribed per emergency department visit. Since 1997, drug prescription rates increased for those 15–44 years old. Medication for pain relief was the most frequent class of drugs administered.

The use of the emergency department varied by age and other patient characteristics. The African-American population used the emergency department at a rate 676% higher than that of the white population in 2000. About 14% of patients arrived at the emergency department by ambulance. About 16% of the visits were deemed to be emergent; that is, the patient should be seen within 15 minutes of arrival; another 31% of the visits were classified as urgent enough for the patient to need to see the doctor within an hour. About 12% of patients seen in the emergency department were admitted to the hospital.

The National Center for Health Statistics conducts the annual National Hospital Ambulatory Medical Care Survey as part of its National Health Care Survey which also covers doctors' offices, hospitals, nursing homes, hospices, and home health care. The survey is based on information from a national probability survey of visits to hospital emergency departments of non-federal, short-stay and general hospitals in the United States. The report can be viewed or downloaded at URL: <http://www.cdc.gov/nchs>. The website also features CD-ROMs with micro-data from the full survey, available for further analysis.

### TEEN BIRTH RATES FALL TO NEW RECORD LOW IN 2001

Teen birth rates declined for the 10th straight year to a new record low in 2001 of 45.9 births per 1,000 females 15–19 years of age. *Births: Preliminary Data for 2001*<sup>3</sup> shows that the teen birth rate dropped 26% from 1991 to 2001, with the sharpest decline for younger teens, ages 15–17. The reduction in teen birthrates was greatest for black teenagers with a drop of 37% since 1991. While the overall number of births to unmarried women rose slightly in 2001, births to unmarried teens continued to decline.

Another major finding in the 2001 report was that cesarean deliveries increased 7% from 2000 to 2001, and increased 17% over the past five years, after a steady decline from 1989 to 1996. In 2001, nearly one-

quarter (24.4%) of all births were delivered by cesarean delivery. Both the overall cesarean rate and the primary cesarean rate are on the rise. Meanwhile, the rate of vaginal births after a previous cesarean decreased 20% between 2000 and 2001 and has decreased 72% since 1996.

Other highlights of the report include:

- A total of 4,040,121 births were reported in the United States in 2001, a slight drop from the 2000 total.
- The birthrate for women ages 20–24 declined 2% in 2001, reversing a slight increase in the rate over the past five years. Birthrates increased among women ages 25 years and older.
- The rate of births per 1,000 unmarried women ages 15–44 years declined slightly between 2000 and 2001. However, the proportion of births to unmarried women rose slightly in 2001—from 33.2% in 2000 to 33.4% in 2001.
- The proportion of women receiving early prenatal care improved to 83.4% in 2001 from 83.2% in 2000. While no change was reported in prenatal care utilization among non-Hispanic white women, improvements were noted for both black and Hispanic women.
- The rate of low birthweight babies held steady at 76%, unchanged since 1998.

Data in the report are based on approximately 96% of birth certificates reported to the states last year and provided to NCHS through the National Vital Statistics System. The report is on the CDC website.

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### REFERENCES

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