NCHS Dataline

A new report on how well the nation's hospitals are prepared to deal with pediatric emergencies was just published by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Another new NCHS analysis compares the health of foreign-born adults with their U.S.-born counterparts, and a comprehensive report on injury deaths is now available.

PEDIATRIC EMERGENCY PREPAREDNESS

Children account for about 30 million visits a year to hospital emergency departments. Although the majority of the children who need emergency medical care are brought to hospitals that have appropriate emergency care specialists and equipment, a significant number are treated at facilities that lack the recommended pediatric equipment and a fully trained staff, according to a new NCHS report. The survey, conducted in 2002–03, found the vast majority of children who need emergency care are brought to hospitals that see more than 10,000 pediatric patients each year. The survey found that these larger hospitals are more likely to have a pediatric ward and a pediatric intensive care unit, and are also more likely to have a board-certified pediatric emergency physician on staff.

The American Academy of Pediatrics and the American College of Emergency Physicians set new pediatric emergency guidelines in 2001 calling for more pediatric services, medical expertise, and supplies and equipment that are small enough for children. The guidelines followed a 1998 study of hospital emergency services for children conducted by the Consumer Product Safety Commission, which found that emergency and critical care of infants and children varied widely in different regions of the country and by different types of hospitals. To learn how well hospitals were able to implement the 2001 guidelines, the Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau arranged for questions to be added to NCHS's National Hospital Ambulatory Medical Care Survey in 2002–03 to measure hospital preparedness for pediatric emergencies.

Findings of the 2002–03 survey:

• Ninety percent of all U.S. hospitals admitted pediatric patients, but less than half (40%) had separate inpatient pediatric wards.

- Half the hospitals surveyed had on hand more than 85% of the recommended medical supplies for pediatric patients. However, less than 6% had on hand all the supplies in the full range of sizes
- Seventy-one percent of U.S. emergency departments had board-certified emergency medicine physicians available and 25% had access to a physician board-certified in pediatric emergency medicine.
- Sixty-two percent of emergency departments had board-certified pediatric physicians on-call or available elsewhere within the hospital, but only 25% of the emergency departments had written protocols outlining when to call in the specialist.
- From 1998 to 2002–03, the percentage of hospitals with a pediatric intensive care unit was unchanged at 10%.

The National Hospital Ambulatory Medical Care Survey is conducted annually by NCHS to gather detailed data from a sample of the nation's emergency departments. More information about hospital preparedness for pediatric emergencies will be gathered in the 2006 National Hospital Ambulatory Medical Care Survey, which will include a larger number of children's hospitals.

NEW STUDY COMPARES HEALTH OF U.S.- AND FOREIGN-BORN ADULTS

There are significant differences in physical and mental health status among U.S.-born and foreign-born adults. Despite limited access to health care—as measured by insurance coverage and usual source of care—and unfavorable sociodemographic characteristics, foreignborn adults enjoy considerable advantages over their U.S.-born counterparts for many health measures. "Physical and Mental Health Characteristics of U.S. and Foreign-born Adults, United States, 1998-2003"2 compares a number of health indicators: self-assessed health status, disability, prevalence of chronic conditions and health behavior. The report covers four race/ethnic groups (non-Hispanic white, black, Asian, and Hispanic) and compares those who are U.S.-born and foreign-born in each group. Although, U.S.-born adults rated their overall health more favorably than those who were foreign-born, they had higher rates of obesity, smoking, hypertension, and cardiovascular diseases than their immigrant counterparts. The report also analyzed the health characteristics of those born outside the United States by the length of time they have been living in the United States. Data are from the National Health Interview Survey conducted annually by NCHS and based on household interviews with a sample of the nation's civilian, non-institutionalized population.

COMPREHENSIVE ANALYSIS OF INJURY DEATH STATISTICS

"Deaths: Injuries, 2002" presents a comprehensive analysis from various perspectives of injury death statistics for 2002. While final data for 2003 and preliminary data for 2004 with summary injury statistics have been published, this is the latest detailed compilation. The report presents injury mortality data using the external-cause-of-injury mortality matrix for the International Classification of Diseases, Tenth Revision (ICD).4 The external cause matrix is a detailed and comprehensive framework for tabulating and presenting injury deaths by mechanism and intent of death. For example, statistics on deaths by external causes such as motor vehicle traffic, poisoning, or firearm deaths are tabulated by intent, including unintentional (accidental), suicide, homicide, or undetermined. The data are also tabulated by age, sex, race, Hispanic origin, and state. In addition, trend data are shown for 1999-2002 by age, sex, and mechanism and intent of injury. In 2002, there were 161,269 injury deaths in

the United States. Of these injury deaths, 66.2% were classified as unintentional, 19.6% were suicides, 10.9% were homicides, 3.0% were of undetermined intent, and 0.3% involved legal intervention. The five leading mechanisms of injury death were motor vehicle traffic, firearm, poisoning, falls, and suffocation, accounting for 81% of all injury deaths.

The report also introduces the injury mortality diagnosis matrix, which categorizes the nearly 1,200 injury diagnosis codes from ICD according to body region and nature of the injury. This type of analysis indicates that in 2002, 30% of fatal injuries were to the head and neck region, with the vast majority of these classified as traumatic brain injury. Injuries involving the whole body system accounted for 28% of all injuries. The ability to examine injury deaths using various classifications and analytical approaches enhances the value of these mortality statistics for use in prevention, health care, and health policy endeavors. Data are based on information from all death certificates filed in the 50 states and the District of Columbia in 2002.

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