NCHS Dataline

A new report from the Centers for Disease Control and Prevention's National Center for Health Statistics takes a current look at the status of emergency departments (EDs) in the United States and finds that almost half of all hospitals experience crowded ED's. Another recent release presents the final 2004 birth statistics for the nation. The 2006 NCHS Urban-Rural Classification Scheme for Counties helps data users analyze county-specific data.

OVERCROWDING IN EMERGENCY DEPARTMENTS

From 40% to 50% of U.S. hospitals experience crowded conditions in the emergency department (ED), with almost two-thirds of metropolitan EDs experiencing crowding at times, according to a new NCHS report. "Staffing, Capacity, and Ambulance Diversion in Emergency Departments: United States, 2003–04,"[1] presents the latest data from the National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS collects data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments. Findings are based on a national sample of visits to the emergency departments of non-institutional general and short-stay hospitals (exclusive of federal, military, and Veterans Administration hospitals) located in the 50 States and the District of Columbia.

Key findings of the report show that:

- An average of 4,500 EDs operated in the United States during 2003 and 2004.
- More than half the EDs saw fewer than 20,000 patients annually, but one out of 10 had an annual visit volume of more than 50,000 patients.
- Most EDs used outside contracts to provide physicians (64.7%).
- Half of EDs in metropolitan statistical areas (MSAs) had more than 5% of their nursing positions vacant.
- Of all on-call specialists, the services of plastic and hand surgeons were most frequently reported as somewhat or very difficult to obtain (49.4%).
- Approximately one-third of U.S. hospitals reported going on ambulance diversion sometime in the previous year. About 12% of hospitals in MSAs reported having spent between 5% and 19% of their operating time in diversion status.

The report is available on the CDC/NCHS web site at www.cdc.gov/nchs/.

MULTIPLE BIRTHS CONTINUED TO DECLINE IN 2004

Triplet and other higher-order multiple births in the U.S. continued to decline in 2004, but twin births rose by 2%, according to a new report presenting final birth data for 2004. The triplet/+ birth rate declined 6% in 2004, to 176.9 per 100,000 total births. After a 400% increase from 1980 to 1998, the rate of triplet/+ births has trended downward. Meanwhile, the rate for twin births rose to another record high (3.2% of all births). The twin rate has climbed 42% since 1990 and 70% since 1980. Twins and triplets/+ are at greater risk than single births of early death and long-term disability.

"Births: Final Data for 2004,"[2] is based on 100% of birth certificates recorded in the U.S. and contains the latest complete information on teen births, delayed and out-of-wedlock childbearing, average age of mother at first birth, method of delivery, low birthweight, and multiple births. Some of the other key findings include:

- The preterm birth rate rose 2% in 2004, to 12.5% of all births. The percent of infants delivered preterm has climbed 18% since only 1990. Although multiple births have contributed to this recent rise, preterm rates for singletons have also risen since 1990. Nearly all of the increase in the singleton preterm rate is among late preterm (34–36 weeks) births.
- The low birthweight rate rose to 8.1% in 2004, the highest level reported since 1969 and a 16% increase since 1990. The low birthweight rate for infants born in single deliveries (multiple births have a large influence on overall low birthweight levels) also rose for 2003–2004, and is up 7% since 2000.
- The rate of induction of labor continued to rise; 21.2% of all births were induced in 2004, more than double the 1990 rate.

The report is on the CDC/NCHS website at www.cdc.gov/nchs/.

NEW ANALYTICAL TOOL HELPS DATA USERS

NCHS has developed a six-level urban-rural classification schedule for the more than 3,100 counties and county equivalents in the United States. This classification schedule will assist users in studying the association between urbanization level of residence and health and monitoring the health of urban and rural residents. This new classification scheme separates large metropolitan counties into two categories: large metro central and large metro fringe. These two categories—previously not available—were created because of the striking differences between the metropolitan areas and the large metro fringe. To create the classification, NCHS used Office of Management and Budget definitions; the rural-urban codes were developed by the Economic Research Service, and the county-level data on several variables form the Census population estimates.

The urban-rural codes should be used only on data files where all counties are identified. Standard NCHS natality and mortality data files don't provide separate codes for counties of less than 100,000 population for confidentiality purposes, so it is not possible to produce birth and death rates by urbanization level using these standard files. Users can request access to files with all counties identified. This requires NCHS approval and the signing of a data user's agreement. For more information contact the NCHS Office of Analysis and Epidemiology at popest@cec.gov.

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