NCHS Dataline

New reports from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) look at the role of international medical graduates in providing ambulatory medical care in the United States and the continuing increase in delayed childbearing. The provisional vital statistics for 2008 are also now available. These new publications and other data resources are available on the NCHS website at http://www.cdc.gov/nchs.

ROLE OF INTERNATIONAL MEDICAL GRADUATES

The National Ambulatory Medical Care Survey (NAMCS) conducted by NCHS produces data on the patients and providers of office-based physician care in the U.S. NAMCS collects data on a sample of encounters with a nationally representative sample of nonfederal office-based physicians providing patient care. The survey is conducted annually and produces a wide range of data to monitor the use of and changes in medical care. It includes data on the volume of patient visits and on the characteristics of patients, such as age, gender, race/ethnicity, symptoms and diagnoses, and treatments and medications received. The survey also analyzes physician use by characteristics of the physicians, including age, gender, specialty, type of practice and, for the latest study, whether the respondents are U.S. or international medical graduates.

The latest survey, "Role of International Medical Graduates in Providing Office-Based Medical Care: United States, 2005–2006,"[1] provides information to assess the availability and accessibility of physician care for various population groups. The survey found that in 2005–2006, international medical graduates comprised 24.5% of all office-based physicians. International medical graduates were more likely to be of Asian/Pacific Islander (API) (31.6% vs. 4.9% of U.S. medical graduates) and Hispanic or Latino (6.7% vs. 1.5% of U.S. medical graduates) descent. International medical graduates were more likely to have a primary care specialty than U.S. medical graduates (57.0% vs. 46.2% of U.S. graduates). The survey also found differences in board certification: 90.0% of U.S. medical graduates were board certified compared with 78.0% of international medical graduates. International medical graduates were more likely to practice in primary care shortage areas outside of metropolitan statistical areas (67.8%) than U.S. medical graduates (39.8%). Many international medical graduates entered the U.S. on visas that allowed them to remain in the U.S. if they agreed to work in an underserved area for three years following residency.

During the past 30 years, the number of international medical graduates in the physician workforce has steadily increased. However, during the last decade, the number of international medical graduates on visas requiring service in medically underserved areas has declined by 47.0%, as use of less-restrictive temporary specialized worker visas has increased. The declining number of international medical graduates serving in underserved areas has made recruiting physicians in these areas more difficult.

The survey also found notable differences in the characteristics of patients of U.S. and international medical graduates. Overall, about one-quarter (24.6%) of all visits to office-based physicians were to international medical graduates. Hispanic or Latino and API patients made about twice as many visits to international medical graduates (24.9%) than to U.S. medical graduates (12.4%). International medical graduates also saw a higher percentage of visits made by patients expecting to use Medicaid or State Children's Health Insurance Program as their primary payment source (17.6%) compared with U.S. medical graduates (10.2%).

DELAYED CHILDBEARING STILL INCREASING

A new NCHS report, "Delayed Childbearing: More Women Are Having Their First Child Later in Life,"[2] examines the mean age at which women have a child, by race and Hispanic origin, including patterns in the U.S. and other countries. Age at first birth influences the total number of births that a woman might have in her life, which impacts the size, composition, and future growth of the population. The age of the mother plays an important role in a wide range of birth outcomes (e.g., birthweight, multiple births, and birth defects). Data on births in the U.S. come from the National Vital Registration System. Births filed in state vital statistics offices are reported to NCHS, which produces national and local data.

The report showed that delayed childbearing is still increasing in the U.S., but more slowly in the last decade than in the 1970s and 1980s. The mean age of first-time mothers increased 3.6 years from 1970 to 2006—from 21.4 to 25.0 years of age. From 1970 to 2006, the proportion of first births to women aged 35

years and older increased nearly eightfold. In 2006, about one out of 12 first births was to a woman aged 35 years and older compared with one out of 100 in 1970. According to preliminary data, the proportion for 2007 was the same as in 2006. In 2006, only 21% of first births were to mothers younger than age 20—down from 36% in 1970.

Another important finding was that the mean age at first birth increased for all racial/ethnic groups between 1990 and 2006, with increases ranging from 0.6 years for American Indian/Alaska Native (AIAN) women to 1.7 years for API women. In 2006, API women had the oldest mean age at first birth (28.5 years), whereas AIAN women had the youngest mean age at first birth (21.9 years)—a difference of 6.6 years. The mean age at first birth for non-Hispanic white women (26.0 years) was older than the mean for the U.S. population (25.0 years), while the mean age at first birth for non-Hispanic black women (22.7 years) and Hispanic women (23.1 years) was younger.

During the past 30 years, the mean age at first birth increased in all states and the District of Columbia (DC). DC (5.5 years) and Massachusetts (5.2 years) had the largest increases since 1970, and the increase was lowest for women in New Mexico (2.0). There were significant differences in mean age at first birth among the states. In 1970, the mean age at first birth was lowest (20.2 years) in Arkansas and highest (22.5 years) in Connecticut, Massachusetts, and New York. In 2006, Massachusetts had the highest mean age at first birth (27.7 years) and Mississippi had the lowest mean age at first birth (22.6 years).

The mean age at first birth has also been increasing in many developed nations. According to the latest data for selected countries, the mean age at first birth in 2006 ranged from 25.0 years in the U.S. to 29.4 years in Switzerland.

PROVISIONAL 2008 VITAL STATISTICS RELEASED

Provisional 2008 birth, marriage, divorce, and death statistics have been released. The report, "Births, Marriages, Divorces, and Deaths: Provisional Data for 2008,"[3] presents annual and monthly frequencies and rates of births, deaths, infant deaths, and marriages for the nation, as well as annual counts of births, deaths, marraiges, and divorces by state reported to NCHS through the National Vital Registration System. The report includes comparisons with the previous 12-month period. Data are provisional and include only events occurring within the U.S. (the 50 states and DC).

Provisional birth, death, and infant death data in the report are based on a combination of counts of events provided by each reporting area and registered vital events processed into NCHS data files. Monthly provisional birth, death, and infant death data may be updated during the course of a data year. Updates based on registered events are included in the month the event occurred. However, updates based on counts received from the states may include the event in the month it was processed rather than the month in which it occurred. Marriage and divorce data in this report are counts of all events occurring in the state that were received in the registration offices during the one-month period. Divorce figures include reported annulments. There is considerable variability among the states in the procedures that are used to submit the counts of marriages and divorces to NCHS and in the extent to which the states update their counts of marriages and divorces as new information is received. Provisional reports are followed by preliminary and final reports of birth and death data. More information on the reports and the process by which the data are collected can be found at http://www.cdc.gov/nchs/nvss.htm.

The provisional report shows 4,247,000 births in 2008 in the United States, for a rate of 13.9 births per 1,000—down slightly from the provisional 2007 data. An estimated 2,453,000 deaths, 27,600 infant deaths, and 2,162,000 marriages were reported nationwide.

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