A new study by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) tracks the trends in the use of autopsies and finds that far fewer are performed now than 30 years ago and most are done for external causes of death. Women are more likely than men to use the Internet to get health information, NCHS finds in its National Health Interview Survey, which gathers a wide range of health information on the general U.S. population. The 2009 National Ambulatory Medical Care Survey reports on the use of nurse practitioners, certified nurse midwives, and physician assistants in office-based physician practices. The final phase of a tutorial to aid users of the dietary data from the National Health and Nutrition Examination Survey is now available. QuickStats from NCHS appear regularly in the issues of Morbidity and Mortality Weekly Report and cover the range of data collected and published by NCHS.

AUTOPSIES LESS LIKELY TO BE PERFORMED

In 2007, autopsies were performed for 8.5% of deaths in the United States, down from 19.3% in 1972. A new report, "The Changing Profile of Autopsied Deaths in the United States, 1972-2007,"1 examines the trends. From the 1950s to the early 1970s, the rate of autopsies was relatively stable; however, over the past 30 years, the rate for autopsies has steadily declined. Two types of autopsies are performed in the U.S.: hospital or clinical autopsies, which family or physicians request to clarify cause of death or assess care; and medicolegal autopsies, which legal officials order to further investigate the circumstances surrounding a death. In 1972, most autopsies (79%) were performed to learn more about disease-related causes of death. By 2007, the focus had shifted to external causes, with half of all autopsies being performed to examine such causes of death as accidents, suicides, and homicides. External causes accounted for nine of the 10 most frequently autopsied causes of death. The report also showed that the percentage of deaths autopsied declined with age after ages 15–24 years: from 60% at 15–24 years to 11%at 55-64 years, to less than 5% percent at 65-74 years. The report is available on the NCHS website (http:// www.cdc.gov/nchs/data/databriefs/db67.htm).

USING THE INTERNET FOR HEALTH INFORMATION

The National Health Interview Survey (NHIS), a largescale health survey based on household interviews with a sample of the nation's civilian, noninstitutionalized population, has published estimates on the use of the Internet for health information.² Overall, in 2009, some 45.5% of adults aged 18 years and older had used the Internet for health information in the past 12 months. The NHIS found that, among adults aged 18 years and older, women were more likely than men to have used the Internet for health information. The highest rate of use was among women aged 25-34 years (65.8%), and the lowest was among adults aged 65years and older (less than 25%). Among those aged 18-64 years, non-Hispanic white people were almost twice as likely (57.3%) as Hispanic people (28.8%) to have used the Internet for health information in the past 12 months. Some 47.8% of non-Hispanic Asian and 38.3% of non-Hispanic black people had obtained health information through the Internet. The survey also found other differences in the use of the Internet by income level and employment status. Adults aged 18-64 years with higher incomes were more likely to have used the Internet for health information than adults with lower incomes, and employed adults were more likely to have done so than unemployed adults or those not in the workforce. Another difference noted was higher usage among those with insurance coverage.

In 2009, the NHIS became the first nationally representative household survey to collect data on the use of health information technology when the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation sponsored 10 questions that asked about use of the Internet to look up health information, refill a prescription, schedule a medical appointment, learn about health topics in online chat groups, and e-mail a health-care provider. This report provides estimates, using 2009 NHIS data, about adult use of the Internet for health information in the past 12 months, by selected sociodemographic characteristics and is available on the NCHS website (http://www.cdc.gov/nchs/ data/databriefs/db66.htm).

NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN PHYSICIAN OFFICES

In 2009, about 50% of physicians were in practices where nurse practitioners (NPs), certified nurse midwives (CNMs), or physician assistants (PAs) were employed, according to a report on the use of NPs, CNMs, and PAs. The report is based on data from the 2009 National Ambulatory Medical Care Survey of a national sample of office-based private physicians.³ Primary care practices were more likely to have NPs, CNMs, and PAs than either surgical or medical care specialty practices. Large groups or multispecialty groups were also more likely to employ NPs, CNMs, and PAs. Physicians in multispecialty group practices were most likely to have NPs, CNMs, or PAs (68.3%), compared with those in single-specialty group practices (53.8%) and solo practices (31.1%). Older physicians (aged 55 years and older) were less likely to work in practices with NPs, CNMs, and PAs than physicians aged 45–54 years. Revenue sources for the physician practice also affected the use of these personnel. Physicians in practices with more revenue from Medicare were less likely (45.4%) to work with NPs, CNMs, or PAs than those in practices with less revenue from Medicare (52.3%). Conversely, higher revenues from Medicaid were associated with greater use of NPs, CNMs, and PAs.

NEW DIETARY TUTORIAL AVAILABLE

NCHS conducts the National Health and Nutrition Examination Survey (NHANES) to provide data on the health of the civilian, noninstitutionalized population. Based on data from direct, standardized physical examinations conducted in mobile examination centers, laboratory testing, and personal health interviews, NHANES has been conducted in periodic cycles since the early 1970s and continuously since 1999. It has generated extensive and complex datasets with findings on the extent of disease and illness, physiological measurements, environmental exposures, behavioral risk factors, and nutritional status. Data from the surveys are available in public use data files, and tutorials have been developed to better understand the surveys and use the data (http://www.cdc.gov/nchs/tutorials/ NHANES/index.htm). There are separate tutorials for each survey period and the continuous NHANES, as well as guides to the environmental data and the dietary findings.

The final course of the NHANES dietary tutorial is now available. The dietary tutorial is a major supple-

ment to the existing NHANES Web Tutorial and provides information and instructions specific to dietary data and analyses. The first course, Dietary Data Orientation, provides an overview of the dietary data, as well as roadmaps to the complex data structure and contents, and orients users to the NHANES website and its resources for dietary data analysis. The second course, Preparing a Dietary Analytic Dataset, provides step-by-step instruction, from locating and downloading variables to merging, appending, formatting, and saving datasets. Basic Dietary Analyses demonstrates how to perform some of the most frequently requested analyses of NHANES dietary data. The latest addition, Advanced Dietary Analyses, describes techniques for estimating usual dietary and supplement intake, how dietary intakes vary among individuals, and how individual intakes relate to other factors. The tutorials website has more information on how the tutorials work, how best to use them, and the technical and software requirements.

QUICKSTATS FROM NCHS

For more than five years, QuickStats from NCHS has been a regular feature in CDC's *Morbidity and Mortality Weekly Report*. A series of weekly charts that give a snapshot of some aspect of health in the U.S., QuickStats presents data from the full range of NCHS data systems and highlights a topic of current or continuing interest. Each QuickStats chart includes a reference for more information, along with the data source. An archive of all published QuickStats can be found in the Press Room section of the NCHS website (http://www.cdc.gov/nchs/pressroom/quickstats .htm).

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