NCHS Dataline

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) is conducting a new survey to assess the health and fitness of children in the United States. During 2012, the National Youth Fitness Survey (NYFS) is collecting data on a nationally representative sample of children aged 3–15 years through interviews in the home and measurements of physical activity and fitness taken in mobile examination centers. Data will be released in 2013. A new report tracks the latest data and trends in asthma prevalence, health-care utilization, and mortality. The National Death Index (NDI) now has expanded its database with 2010 death records for death ascertainment searches. NCHS releases new estimates that show a continued decline in the percentage of Americans with high cholesterol levels.

NATIONAL YOUTH FITNESS SURVEY

The NYFS is the first nationwide survey in more than 20 years designed specifically to collect data on exercise and the nutrition habits of the nation's young people (aged 3–15 years) through interviews and fitness tests. Modeled after the National Health and Nutrition Examination Survey (NHANES, the NCHS's long-standing survey of the health and nutritional status of the U.S. population), the NYFS was created in response to the specific need for data on physical activity and fitness in children and teens, and was designed to provide information needed to develop policy and program recommendations to improve youth fitness and dietary behaviors.

In October 2008, the federal government issued its first-ever Physical Activity Guidelines for Americans[1] to provide science-based guidance on the types and amounts of physical activity that provide substantial health benefits for Americans. Guidelines for children and teens call for 60 minutes or more of aerobic, muscle-strengthening, or physical activity daily. While the number of children in the U.S. who meet the Physical Activity Guidelines is unknown, other studies have shown that the percentage of children who are physically active in the U.S. is declining. The inclusion of fitness tests in the NYFS for children aged 3–15 years will provide additional information with which to evaluate the health of this age group. In addition, the rise in obesity and type II diabetes among children has demonstrated the need for more and better data on young people to identify behavioral aspects of these and other lifestyle-related conditions.

Children who participate in the survey will receive their results as well as statistical reports from the survey when it is completed. The NYFS is administered in a specially equipped mobile examination center, which will travel along with the NHANES mobile examination centers to approximately 15 locations across the country in 2012 to reach the children selected to participate in the survey.

The NYFS tests are administered by a trained team consisting of interviewers, laboratory and medical technicians, and other medical personnel. Children of all ages will have their height and weight and other measures of growth and development taken, will be asked to wear a physical activity monitor for seven days to be mailed back to the survey for analysis, and will have their abdominal or core muscle strength tested. Children aged 3–5 years will have an assessment of their coordination and balance, and adults accompanying the child will be asked about the child's eating habits. Children aged 6–11 and 12–15 years will have additional tests such as a measurement of grip strength, lower- and upper-body muscle strength, treadmill fitness measure of walking or running, and questions about eating habits. For those aged 12–15 years, some additional questions regarding smoking, alcohol use, and drug use will be administered on a touchscreen computer that offers privacy when providing responses.

Approximately 1,500 children will be selected to participate in the survey. The NYFS divides the U.S. into communities and communities into neighborhoods selected at random. From each neighborhood, housing units are also selected at random. Selected households are approached by survey interviewers who ask residents a few short questions to determine if their household is eligible for the study. Results from the survey will be released on the NCHS website at http://www.cdc.gov/nchs about a year after data collection ends.

ASTHMA TRENDS

A new report—"Trends in Asthma Prevalence, Health Care Use, and Mortality"[2]—presents data on asthma in the U.S. from 2001–2010. The report shows that asthma reached its highest rate in 2010 when 8.4% of the population had asthma, up from 7.3% in 2001. An estimated 25.7 million people had asthma in 2010—

18.7 million adults aged ≥18 years and 7.0 million children aged 0–17 years. For the period 2008–2010, asthma prevalence was higher among children, females, and those with family income below the poverty level, and among multiracial, black, and American Indian or Alaska Native people compared with white people. From 2001 to 2009, health-care visits for asthma per 100 people with asthma declined in primary care settings, while asthma emergency department (ED) visits and hospitalization rates were stable. For the period 2007–2009, black people had higher rates for asthma ED visits and hospitalizations per 100 people with asthma than white people, as well as a higher asthma death rate per 1,000 people with asthma. Compared with adults, children had higher rates for asthma primary care and ED visits, similar hospitalization rates, and lower death rates.

Prevalence data for this report come from the National Health Interview Survey, a large-scale household interview survey based on interviews with a nationally representative sample of the civilian, noninstitutionalized population. Utilization data come from the National Health Care Surveys of visits to office-based physicians, EDs, outpatient departments, and inpatient hospitalizations. The National Vital Statistics System is the source of mortality data.

NATIONAL DEATH INDEX NOW HAS 2010 DEATH INFORMATION

Death records for 2010 have now been added to the NDI, a central computerized index of death record information on file in the state vital statistics offices in the U.S. The NDI is a national file of identifying death record information (beginning with 1979 deaths) compiled from computer files submitted by state vital statistics offices. Working with these state offices, NCHS established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities. The NDI assists investigators in determining whether people in their studies have died and, if so, provides the names of the states in which those deaths occurred, the dates of death, and the corresponding death certificate numbers. The NDI is available to investigators solely for statistical purposes in medical and health research and is not accessible to organizations or the general public for legal, administrative, or genealogy purposes. Death records are added to the NDI file annually and are now available through 2010.

To use the system, investigators first must submit an NDI application form to NCHS. Applicants should allow about two months for their applications to be reviewed and approved. Once approved, users may submit their study subjects' names, Social Security numbers, dates of birth, and related information to NCHS electronically. The NDI contains a standard set of identifying information on each death to be used in searches of the file to identify and locate death records in the state offices. NDI users are encouraged to submit as many of the following data items as possible for each study subject: first and last name, middle initial, father's surname, Social Security number, month/day/year of birth, race, sex, marital status, state of residence, and state of birth. Investigators can then make arrangements with the appropriate state offices to obtain copies of death certificates or specific statistical information such as cause of death. Investigators can also obtain cause-of-death codes using the NDI Plus service, an enhanced option added to the initial system. There is a fee for the NDI service. Complete information on the NDI process, how to submit an application, and fees involved is available at the NDI website at http://www.cdc.gov/nchs/data_access/ndi/about_ndi.htm.

LATEST CHOLESTEROL DATA

The latest data from NHANES show that 13.4% of U.S. adults had high total cholesterol (serum total cholesterol ≥240 milligrams per deciliter [mg/dL]) in 2009–2010, down 27% from 18.3% in 1999. The percentage of U.S. adults with high total cholesterol was greater in women (14.3%) than in men (12.2%) overall and greater in non-Hispanic white women (15.4%) than in non-Hispanic white men (11.4%). A larger percentage of Hispanic men had high total cholesterol (15.4%) compared with both non-Hispanic white (11.4%) and non-Hispanic black (10.2%) men. Overall, the Healthy People 2010 objective of 17% or less for high total cholesterol was met, but the objective was not achieved by women aged ≥40 years. Among adults aged 40–59 years, a decreasing trend was observed in the percentage of men with high total cholesterol during 1999–2010, but not for women. For men, the percentage with high total cholesterol declined from 24.8% for 1999–2000 to 16.7% for 2009–2010. For adults aged ≥60 years, a decreasing trend in high total cholesterol was observed in both men and women, with women having consistently higher percentages of high total cholesterol than men.

A new report from NCHS, "Total and High-Density Lipoprotein Cholesterol in Adults: National Health and Nutrition Examination Survey, 2009–2010,"[3] tracks trends in total cholesterol and presents the latest data on high-density lipoprotein (HDL) cholesterol levels. Along with high total cholesterol levels, low levels of

HDL cholesterol (<40 mg/dL) are a major risk factor for coronary heart disease. For 2009–2010, 21.3% of adults aged ≥20 years had low HDL cholesterol. The percentage of adults with low HDL cholesterol was higher for men (31.4%) than for women (11.9%). For men, the percentage with low HDL cholesterol was lower among non-Hispanic black men than non-Hispanic white or Hispanic men. No racial/ethnic differences were found among women in the percentage with low HDL cholesterol. The report also provides the percentage of adults who had had cholesterol screening, as recommended by the Adult Treatment Panel of the National Cholesterol Education Program.[4] Overall, more than two-thirds of adults were screened for cholesterol in the preceding five years. However, screening rates ranged from 71% in non-Hispanic white women to 50% in Hispanic men. Hispanic men were less likely to be screened than non-Hispanic white or non-Hispanic black men.

Data from the report are based on results from the continuing NHANES conducted by NCHS and collected through health interviews, standardized physical examinations, and laboratory testing with a nationally representative sample of the civilian, noninstitutionalized population.

NCHS Dataline was prepared by Sandra S. Smith, MPH, Communications Consultant at the National Center for Health Statistics, Centers for Disease Control and Prevention.

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