



NCHS Data

Answering the Nation's Health Questions

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About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions. Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

Who Uses NCHS Data?

Congress and other policymakers—to understand the complete picture of the effects of major policy initiatives, including implementation of the Affordable Care Act, and track health outcomes to set priorities for research and prevention programs.

Epidemiologists and biomedical and health services researchers—to understand trends in multiple aspects of health and health care and the relationship of observed risk factors to health outcomes.

Businesses—to support health-related activities of pharmaceutical and food manufacturers, market research firms, consulting firms, and trade associations.

Public health professionals—to track rates of diseases and risk factors in order to plan and evaluate interventions designed to improve health.

Individual physicians—to evaluate health and risk factors of their patients, including the norms for indicators such as cholesterol, body weight, and blood pressure, and reference growth charts for children.

Media and advocacy groups—to obtain background information and raise awareness of issues such as heart disease, cancer, diabetes, child nutrition, Alzheimer's disease, and health disparities.

Guiding National Policy and Priorities

Monitoring changes in health insurance coverage and health care use—NCHS provides the most current and complete national and state-specific data available to track health insurance coverage. National estimates include coverage under both traditional and consumer-directed insurance arrangements, as well as private plans obtained through state-based and Federally Facilitated Marketplaces (exchange coverage). Measures are obtained on persons who are currently uninsured, uninsured at any time in the previous year, and uninsured for more than a year. In the first 6 months of 2016, 12.4% of adults aged 18–64 years lacked health insurance coverage, while 5.0% of children under age 18 were uninsured. Additionally, NCHS collects data on access to care, affordability of care, usual source of care, use of emergency care, and use of preventive services. For example, the percentage of persons of all ages who failed to obtain needed medical care due to cost at some time during the past 12 months was 5.2% for Hispanics and 5.7% for non-Hispanic blacks.



Disparities in health—NCHS data have long documented disparities in a wide range of health indicators based on race, gender, and income including life expectancy, infant mortality, a variety of risk factors, health insurance coverage, access to care, and use of health care services.

Nutrition—Data on Americans' nutritional status and dietary intake and behaviors contribute to nutrition policy development and inform nutrition programs. NCHS data are used to recommend and evaluate food fortification decisions, develop and revise the Dietary Guidelines for Americans, and help set recommended intake levels for vitamins, minerals, and other nutrients.

Immunizations—NCHS data are used to monitor compliance with recommended practices such as the timing of childhood and adolescent immunizations and recommendations for influenza, pneumococcal, shingles, and other vaccinations. Data collection also includes testing for immunity to vaccine-preventable diseases such as hepatitis B, HPV, and chicken pox—and the resulting data contribute to improvements in immunization policies that protect society as a whole and target groups at special risk.

Monitoring Health Status and Behaviors

Birth data—NCHS provides a wealth of information on health and demographic trends related to childbirth including trends in the birth rate, teen births, and birth outcomes. Birth rates dropped in 2015 to record lows among women under age 30 and rose for those aged 30–44. The teen birth rate declined 46% since 2007.

Growth Charts—NCHS data are used to create the pediatric growth charts used by pediatricians and parents to monitor children's growth. These charts are available in electronic form directly from the CDC website, and are also repackaged by private sector entities and distributed widely to physicians' offices.

Injuries—NCHS data document that unintentional injuries were the leading cause of death in 2015 for those 1–44 years of age and the 4th leading cause of death for all ages. In 2015, 17.9% of all injury deaths occurred as the result of poisonings. The majority of poisoning deaths were either unintentional (82.5%) or suicides (11.8%). In addition, 43% of drug poisoning deaths involved natural, semi-synthetic, or synthetic opioids (excluding heroin).

Behavioral health—NCHS data are available on a number of conditions related to emotional and behavioral health in children and adults, including ADHD, depression, anxiety, and serious psychological distress. In 2014, 5.5% of children aged 5–17 years had serious emotional and behavioral difficulties and 9.4% of children aged 4–17 years had ever been diagnosed with ADHD. Among adults aged 18 years and over, 2014 data show that 3.1% of all adults had serious psychological distress (3.6% of women and 2.7% of men).

Physical activity—NCHS data are used to examine physical activity levels and compliance with national guidelines. From January through June, 2016, 22.2% of U.S. adults aged 18 and over met the 2008 federal physical activity guidelines for both aerobic and muscle-strengthening activities (based on leisure-time activities).

Obesity—Measured height and weight data collected by NCHS illustrates that the percentage of obese Americans has risen since the 1970s. In 2011–2014, the prevalence of obesity was just over 36% in adults and 17% in youth. Disparities in obesity prevalence show the highest prevalence among non-Hispanic black and Hispanic adults.

Tobacco use—NCHS has chronicled cigarette smoking levels for adults since 1964, the year the first Surgeon General's report on smoking was released. In 1964, over 40% of U.S. adults smoked cigarettes. From January through June, 2016, smoking rates among adults 18 and older was 16.0%, which was higher but not significantly different from the 2015 estimate of 15.1%. In 2014, NCHS began collecting information on e-cigarettes to provide a more complete picture of tobacco and nicotine use among U.S. adults.