

## Nationwide Immunization Coverage Being Surveyed in Telephone Interviews

The most detailed assessment of existing levels of childhood immunization in the United States will begin to be available this year. The first in a series of quarterly reports of data from a new nationwide telephone survey of households will be published as part of the national childhood immunization initiative.

The State and Local Area Immunization Coverage and Health Survey (SLICHS) is designed to provide data for determining the levels of immunization among children ages 19–35 months. The extremely large random digit dialing survey is a joint project of the National Center for Health Statistics (NCHS) and the National Immunization Program, both part of the Public Health Service's Centers for Disease Control and Prevention (CDC).

SLICHS interviewing began in April with a computer-assisted telephone system being used in screening about 900,000 households and in conducting about 35,000 more detailed interviews annually. Data collection is scheduled to continue through December 1997.

CDC has set up 78 Immunization Action Plan (IAP) administrative areas to support local efforts to improve child immunization levels. SLICHS will provide data for monitoring vaccination levels in IAP areas. An IAP area may cover a State, a city or metropolitan area, or the area of a State outside a metropolitan IAP area. The 78 IAP areas cover the country. Survey data will be made available for analysis by officials on the State and the IAP level.

In addition to the immunization component, the survey's design permits optional surveys to be conducted, using the same methodology and taking advantage of the large-scale screening effort of the immunization survey. The optional surveys could cover, for example, various aspects of health status and utilization of health services related to issues in health reform. Depending on program priorities, data needs, and available funding, a health survey component could be in the field in early 1995.

NCHS is the Federal Government's

principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care.

## AIDS Knowledge Varies

A survey of public knowledge and attitudes about acquired immunodeficiency syndrome (AIDS) shows that levels of knowledge about the major modes of human immunodeficiency virus (HIV) transmission remained high among all sociodemographic groups examined. Levels of knowledge about other aspects of AIDS varied widely, with older or less educated adults generally being less knowledgeable. The survey was conducted as part of the National Health Interview Survey in 1992. A recent report presents major findings (1).

The survey found an increase in the period 1991–92 in the proportion of the population who had heard the AIDS virus referred to as "HIV" and an increase in the proportion of young adults who planned to be tested in the next year. There was an increase from 13 to 17 percent in the proportion of adults who knew of a coworker, relative, or friend with AIDS. In 1992, 75 percent of parents of children 10–17 years old had ever discussed AIDS with their children, up from 69 percent in 1991.

The percent of adults who believed that there was no chance that they themselves had the AIDS virus declined from 80 percent to 73 percent in 1991–92. The proportion of those who believed that they had no chance of contacting HIV in the future also declined, from 72 percent in 1991 to 64 percent a year later. Perception of personal risk increased with level of education. Those younger than 30 years were more likely to report having a chance of getting AIDS than those 50 years or older.

## Outpatient Care Surveyed

The first analysis of findings from the outpatient department (OPD) component of the 1992 National Hospital Ambulatory Medical Care Survey

shows that Medicaid was the expected source of payment for almost a third of the estimated 56.6 million visits to OPDs that year (2). Medicaid accounted for 31.2 percent of the visits, private or commercial insurance for 23.8 percent, and Medicare for 16.3 percent. Patient-paid visits were 13.7 percent and HMO- or other-prepaid visits were 7.7 percent of all OPD visits. The patient-paid category includes patients' contributions toward copayments and deductibles.

Data on visits to OPDs collected in the survey include patient characteristics, OPD visit characteristics, reasons for the visit, principal diagnosis, ambulatory surgical procedures, diagnostic and screening services, therapeutic services, medical therapy, disposition of the visits, providers seen, and expected sources of payment. A previous report from the survey described visits to hospital emergency departments. The OPD survey complements earlier NCHS surveys of hospital inpatient care, visits to physicians' offices, and use of nursing home care, expanding coverage of health care through the full range of settings.

The survey determined the rate of OPD visits to be about 22.5 per 100 persons in 1992. There were no significant differences in OPD visit rates between age groups. Females made 61.4 percent of all OPD visits and had a higher visit rate than males. White persons made 74.3 percent of the visits, but the visit rate for black persons was significantly higher than for whites overall and in most age categories.

By region, the largest proportion of OPD visits were made in the Northeast where visit rates also were highest. About 11.3 percent of OPD visits were referrals by physicians. Most OPD visits were made by patients who had been seen at a clinic previously. More than half of all visits were made by persons returning to a clinic for care of a previously treated problem.

The survey records in the patient's own words the reason for the OPD visit, such as the patient's symptom, complaint, or another reason, such as for a diagnostic test or examination. A progress visit was the most frequently reported reason for a visit, reflecting the large number of repeat patients.

The categories of general medical examination, routine prenatal examination, and well baby examination together accounted for about 13 percent of visits. Cough, stomach or abdominal pain, earache or ear infection, sore throat, and back pain were among the most frequently reported symptoms (see table).

Surgical procedures were performed in about 8 percent of all OPD visits. About 70 percent of all OPD visits included one or more diagnostic or screening services. The most frequently mentioned diagnostic service was blood pressure check, which was recorded in almost half of all visits. Other frequently mentioned services were other laboratory test (20.2 percent) and urinalysis (11.4 percent).

More than a third of all OPD visits included some form of counseling, education, or other nonmedication therapy. Diet counseling took place in about 10 percent of all visits and was the most frequently recorded counseling or education service ordered or provided. There was a total of 63.3 million drug mentions, or an average of 1.1 drugs prescribed or ordered at each OPD visit.

A staff physician was seen during most OPD visits, a registered nurse was seen at 38.3 percent of visits, and a resident or intern was seen at 32.4 percent. The majority of OPD visits resulted in an appointment to return to the clinic. That finding, and data showing that most OPD patients had been seen at the clinic previously, are indications of the continuous nature of care provided in the OPD setting.

#### NHANES Research Topics Solicited for 1997

NCHS solicits suggestions for topics to be considered in planning the National Health and Nutrition Examination Survey (NHANES) scheduled for 1997. NHANES is the large-scale health examination survey conducted by NCHS to monitor the health and nutrition status of the population. The survey consists of adult, youth, and family questionnaires and data from standard physical examinations in mobile examination centers.

NCHS has conducted the health examination surveys since the early 1960s, producing data on the prevalence of specific conditions or chronic diseases, such as diabetes, heart disease, and hypertension, and on risk

#### Outpatient department visits, by most frequently mentioned reasons for visit, United States, 1992

<i>Reason for visit</i>	<i>Number of visits (thousands)</i>	<i>Percent distribution</i>
All visits .....	56,605	100.0
Progress visit.....	4,216	7.4
General medical examination.....	3,036	5.4
Routine prenatal examination.....	2,981	5.3
Well baby examination.....	1,497	2.6
Cough .....	1,169	2.1
Postoperative visit.....	1,037	1.8
Stomach or abdominal pain, cramps, or spasms.....	884	1.6
Earache or infection.....	844	1.5
Throat symptoms.....	836	1.5
Back symptoms.....	763	1.3
Medication, other or unspecified.....	727	1.3
Skin rash.....	687	1.2
Diabetes mellitus.....	668	1.2
Chest pain and related symptoms.....	641	1.1
Depression.....	639	1.1
Fever.....	638	1.1
Pain and related symptoms, generalized site unspecified.....	632	1.1
Hypertension.....	556	1.0
Knee symptoms.....	535	0.9
Headache or pain in head.....	496	0.9
All other.....	33,124	58.5

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 1992. Reference 2.

factors for those conditions. The survey is the source of data on such physiologic measurements as blood pressure and serum cholesterol, nutrition status and deficiencies, and exposure to environmental toxicants.

NHANES III is to be completed by the end of 1994. Data from the first phase, 1988-91, continue to be published. One of the goals of the survey is to meet health data needs of other agencies, and many components are designed in collaboration with other PHS agencies, for example. NHANES is the most authoritative source for standardized clinical, physical, and physiologic data on the population. Its combination of interview and examination phases permits many types of analyses. NHANES replicates tests from previous surveys to produce trend data, but incorporates the latest technology in its mobile examination centers to address new topics and utilize improved methodologies.

Suggestions for NHANES research should include a brief description of the importance to public health and describe available data collection methodologies. Submit by October 1, 1994, to Vicki Burt, Chief, Survey Planning and Development Branch,

Division of Health Examination Statistics, NCHS, Room 1000, 6525 Belcrest Rd., Hyattsville, MD, 20782.

*NCHS publications, as well as assistance in obtaining printed and electronic data products, are available from the NCHS Data Dissemination Branch, Room 1064, Hyattsville, MD, 20782; tel. (301) 436-8500.*

—SANDRA S. SMITH, MPH, NCHS Public Affairs Officer

#### References.....

1. Schoenborn, C., and Marsh, S.: AIDS knowledge and attitudes for 1992: data from the National Health Interview Survey. Advance Data from Vital and Health Statistics, No. 243. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, Feb. 23, 1994.
2. McCaig, L. F.: National Hospital Ambulatory Medical Care Survey: 1992 Outpatient Department Summary. Advance Data from Vital and Health Statistics, No. 248. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, Mar. 9, 1994.