

The Health of Nutrition in America

Although Americans are slowly adopting healthier diets, too many are still overweight and some report not having enough to eat, raising the risk of diet-related health problems, according to the latest report on health and nutrition in America. The U.S. Departments of Agriculture and Health and Human Services have released the Third Report on Nutrition Monitoring in the United States, a comprehensive 2-volume report which reviews the dietary and nutritional status of the U.S. population, as well as the factors that determine and affect that status.¹ The report includes the latest trend data on nutrition and health; food and nutrient consumption; knowledge, attitudes and behavior; food composition and the food supply. The report profiles the nutritional status of Americans in general, as well as groups at high risk.

The report authors present and interpret data from the National Center for Health Statistics, as well as other data sources participating in the National Nutrition Monitoring and Related Research Program. That program includes surveys, surveillance systems, and other monitoring activities that provide information about the dietary, nutritional, and nutrition-related health status of Americans as well as the relationship between diet and health. This is the third report issued jointly by USDA and HHS, in compliance with a statutory requirement to publish a report at least every five years on these topics. The Life Sciences Research Office, Federation

of American Societies for Experimental Biology prepared the report under the direction of the Interagency Board for Nutrition Monitoring and Related Research, co-chaired by USDA and HHS.

Among the report's findings:

—Americans are slowly changing their eating patterns toward more healthful diets, but a considerable gap remains between public health recommendations and consumer practices.

—About one-third of adults and one-fifth of adolescents in the United States are overweight. These results represent increases in the prevalence of overweight since the 1970s.

—Despite significant progress, 20 percent of Americans still have high serum cholesterol levels.

—Hypertension remains a major public health problem in middle-aged and elderly people. Nonhispanic blacks have a higher age-adjusted prevalence of hypertension than nonhispanic whites and Mexican Americans.

—Many Americans are not getting the calcium they need to maintain optimal bone health and prevent age-related bone loss, particularly adolescents, adult females, elderly people and nonhispanic black males.

—Less than one-third of American adults meet the recommendation to consume five or more servings of fruits and vegetables per day.

—While the availability of food, on a per capital basis, is generally adequate to prevent undernutrition and deficiency-related diseases, the data show that some Americans report not always getting enough to eat. Approximately one in 10 people living in low-income households or families experi-

ence some degree of food insufficiency.

Both the full report and the Executive Summary are available from the Government Printing Office; stock number for the full report is 001-000-04619-2; price, \$40. The Executive Summary is also available from GPO; stock number 001-000-04620-9, price \$3.75. The Executive Summary may also be accessed on the NCHS Home Page on the Internet.

Ambulatory Medical Care Update—Survey of Ambulatory Surgery Nears Completion

Two new reports update statistics on ambulatory medical care utilization in the United States and a third analyzes the patterns of care in prepaid plans. "National Ambulatory Medical Care Survey: 1993 Summary" reports on an estimated 717 million visits to nonfederally employed office-based physicians in the United States.² The annual visit rate of 2.8 visits per person, is not significantly different from office visit rates observed over the past two decades. The largest share of visits was made to physicians in general and family practice (27.8%). Persons 75 years of age and over had the highest visit rate at just over 6 visits per year.

Private/commercial insurance was most frequently mentioned as the expected source of payment (38.7), followed by Medicare (22.1%); and HMO/other prepaid plan (19.3).

General medical examination was the most frequently mentioned reason

for visiting the physician and cough was the most frequent illness-related reason. The most frequent diagnosis at office visits was essential hypertension.

Medication therapy was the most frequently mentioned therapeutic service—467 million visits of 65.2% of the total. Cardiovascular-renal drugs, antimicrobial agents, and drugs used for pain relief were listed most frequently. Two-thirds of office visits resulted in a scheduled followup visits or telephone call, and 63.5% of visits lasted 15 minutes or less time spent with the physician.

The National Hospital Ambulatory Medical Care Survey reports on visits to hospital emergency and outpatient departments. The survey was established as part of the National Health Care Survey, joining the office-based physician survey to profile ambulatory medical care in the United States. The latest report covers visits to hospital emergency departments.³ In 1993, there were 90.3 million visits to hospital emergency departments—about 35.5 visits per 100 persons. As in office-based visits, persons over 75 years of age had the highest visit rate compared to other age groups. Black persons had a higher visit rate than white persons.

Injury-related visits (36.5 million) accounted for two-fifths of all emergency department visits. For more than one-third of injury-related visits, the injury occurred in the home. Injuries at work accounted for one-fifth of injury-related visits for persons 25–44 years of age. Four percent of emergency department visits were alcohol and/or drug-related.

Stomach and abdominal pain, cramps, and spasms was the most fre-

quently mentioned reason for visit to the emergency department. Otitis media was the most frequent principal diagnosis for emergency department visits. Intravenous fluids were administered at 14% of visits to the emergency department and medication was administered or prescribed at three-quarters of all visits. Thirteen percent of visits resulted in hospital admission.

NCHS has profiled ambulatory care delivered in the growing number of physician visits under prepaid health insurance plans. Between 1985 and 1991, the proportion of physician office visits by persons under age 65 that had an expected source of payment of prepaid plan almost doubled (10 to 18%). "Characteristics of Prepaid Plan Visits to Office-Based Physicians: United States, 1991,"⁴ analyzes prepaid plan visits and nonprepaid plan visits for people under age 65 and notes several significant differences. A significantly higher proportion of prepaid plan visits had at least one diagnostic or screening test ordered or performed (76%) compared to nonprepaid visits (70%).

Prepaid plan patients were more likely to see a primary care physician than a specialist, more likely to see a specialist by referral from another physician, more likely to live in the West and to be slightly younger on average than nonprepaid visit patients.

Some aspects of care did not seem affected by expected source of payment. Prepaid and nonprepaid plan visits were similar with respect to the principal reason for visit, physician's principal diagnosis, and medications prescribed. The average duration of visit was similar for prepaid and nonprepaid plan visits.

The report presents findings from the National Ambulatory Medical Care Survey on visits to private office-based physicians at which the expected source of payment was a health maintenance organization or other prepaid health care plan. Since medical care patterns for older Americans differ significantly, this analysis includes patients under 65 years of age.

The National Survey of Ambulatory Surgery (NSAS) is the latest component of the National Health Care Survey. It was designed and implemented to provide data on a rapidly growing segment of health care delivery: hospital-based and free-standing ambulatory surgery. While the National Health Care Survey's National Hospital Discharge Survey has provided data on inpatient procedures annually since 1965, ambulatory surgery now accounts for about 60% of all procedures. The first release of data from this survey is expected in mid-1996. Data from these two surveys will provide a comprehensive picture of surgery in the United States.

Public Health Conference Proceedings

The Proceedings of the 25th National Meeting of the Public Health Conference on Records and Statistics (PHCRS) held jointly with the 45th Anniversary Symposium of the National Committee on Vital and Health Statistics are now available. The theme of the July 1995 conference was "Data Needs in an Era of Health Reform" and focused on health statistics needed for health reform relative to emerging public health issues.

The National Committee on Vital and Health Statistics' 45th Anniversary Symposium—Partnerships in Improving Health Information—addressed the critical and growing role of data in the changing health care system.

Since 1958 NCHS has sponsored the Public Health Conference on Records and Statistics as a biennial national meeting. This 25th PHCRS was a forum for Federal, State, and local government representatives as well as universities and professional associations to share their statistical knowledge and experience. Plenary sessions and concurrent workshops provided the opportunity to address data needs on specific topics such as injuries and violence, small area analysis, mental health issues, childhood immunization, international health, and emergent care. In looking at the potential of health reform on selected populations, there were presentations on mothers and infants, children and families, the elderly, those chronically ill or disabled, and people with AIDS. Other sessions dealt with monitoring health care access and utilization, prevention strategies and measuring the effects of race and class on various aspects of health.

The National Committee on Vital and Health Statistics advises the Secretary of Health and Human Services on national systems of health data collection, on coordination of Federal health data requirements, and on many issues related to data policies, plans, and standards. The Committee oversees data-related activities in the Department, working through the Assistant Secretary for Health. At the symposium, presentations addressed the issues related to integrating data

systems, developing standards, data integrity, and meeting the needs of multiple users.

To obtain a copy of the Proceedings please contact Barbara Hetzler, (301) 436-7122, NCHS, 6525 Belcrest Road, Hyattsville, Maryland 20782.

Women's Health Highlighted in Series of Brochures

A series of brochures highlights and describes the data on women's health available from each of the NCHS data systems. "Measuring the Health of Women in America"⁵ illustrates and provides examples of the data produced by NCHS interview, health examination, medical records surveys, and the national vital statistics system, covering health status, illness and disability, use of health services, health behaviors and attitudes, reproductive health, and natality and mortality patterns. The brochures provide an introduction and overview of each data system and instructions on how to obtain the data.

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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, exposure to unhealthful influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Services' Centers for Disease Control and Prevention. NCHS

publications and assistance in obtaining printed and electronic data products are available from the NCHS Data Dissemination Branch, room 1064, 6525 Belcrest Road, Hyattsville, MD 20782; tel. 301-436-8500. Publications are listed and can be downloaded directly from the NCHS Home Page on the Internet; the URL address through the CDC Home Page is <http://www.cdc.gov>.

References

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