



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 health insurance coverage and access to care, and to track health outcomes and 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 and 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.

Physicians—to evaluate patient health and risk factors, including the norms for indicators, such as cholesterol, body weight, and blood pressure, and to reference growth charts for children.

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

Guiding national policy and priorities

Monitoring access to health care—NCHS provides the most current data available to track access to health care. Although health insurance coverage levels provide a strong indication of Americans' access to health care, other measures enhance understanding of this issue and point to solutions to improve access. Clinical experts note that with access to timely and appropriate ambulatory care, patients may be able to prevent illness, control acute episodes, or manage chronic conditions to avoid exacerbating or complicating those conditions. NCHS data for January–September 2017, show the percentage of persons who had a usual place to go for medical care was 88.5%, which was not significantly different from the 2016 estimate of 88.1%. Children under age 18 (95.3%) were more likely than adults aged 18–24 (77.3%), 25–44 (79.9%), and 45–64 (90.5%) to have a usual place to go for medical care. Both Hispanic and non-Hispanic black persons were



less likely to have a usual place to go for medical care compared with non-Hispanic white persons.

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, human papillomavirus, 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 birth rates, teen births, and birth outcomes. In 2016, the teen birth rate for women aged 15–19 was 20.3 per 1,000 women, down 9% from 2015 (22.3) and another record low. The rate for this group has declined 51% since 2007, which was the most recent high at 41.5 per 1,000 women. The birth rate for women aged 30–34 was 102.7 births per 1,000 women in 2016, up 1% from 2015 (101.5), which was the highest rate for this group since 1964.

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 2016 for those aged 1–44 years and the third leading cause of death for all ages. In 2016, 29.7% of all injury deaths occurred as the result of poisonings. The majority of poisoning deaths were either unintentional (84.5%) or suicides (9.7%).

Drug overdose deaths—Deaths from drug overdose are an increasing public health burden in the United States. In 2016, the age-adjusted rate of drug overdose deaths in the United States was more than three times the rate in 1999. The age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 standard population in 1999 to 19.8 in 2016. The rate increased on average by 10% per year from 1999 to 2006, by 3% per year from 2006 to 2014, and by 18% per year from 2014 to 2016.

Behavioral health—NCHS data are available on a number of conditions related to emotional and behavioral health in children and adults, including attention deficit hyperactivity disorder (ADHD), depression, anxiety, and serious psychological distress. In 2016, 5.2% of children aged 5–17 years had serious emotional and behavioral difficulties, and 9.9% of children aged 4–17 years had ever been diagnosed with ADHD. Among adults aged 18 and over, 2016 data show that 3.6% of all adults had serious psychological distress (4.2% of women and 2.9% of men).

Physical activity—NCHS data are used to examine physical activity levels and compliance with national guidelines. From January through September 2017, 23.7% 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 illustrate that the percentage of obese Americans has risen since the 1970s. In 2015–2016, the prevalence of obesity was 39.8% in adults and 18.5% among youth aged 2–19 years. Disparities in obesity prevalence among adults show the highest prevalence among Hispanic and non-Hispanic black 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, more than 40.0% of U.S. adults smoked cigarettes. From January through September 2017, the percentage of adults aged 18 and over who were current smokers was 14.1%, which was lower than the 2016 estimate of 15.8%.