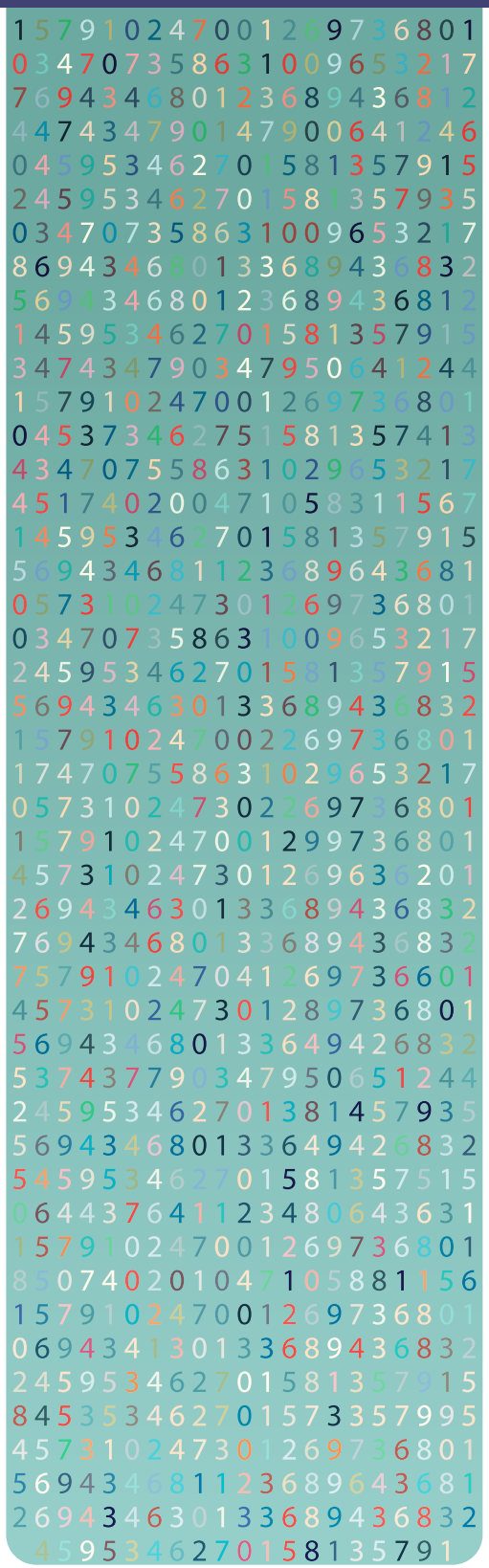
NATIONAL CENTER FOR HEALTH STATISTICS
NCHS Fact Sheet | June 2020

NCHS Data

Answering the Nation's Health Questions



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 2018 show the percentage of persons who had a usual place to go for medical care was 87.6%, which was lower than, but not significantly different from the 2017 estimate of 88.3%. Children under age 18 (95.3%) were more likely than adults aged

18–24 (75.1%), 25–44 (78.4%), and 45–64 (89.4%) to have a usual place to go for medical care. Both Hispanic (82.0%) and non-Hispanic black (85.0%) persons were less likely to have a usual place to go for medical care compared with non-Hispanic white (89.1%) 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 2018, the teen birth rate for females aged 15–19 was 17.4 births per 1,000, down 7% from 2017 (18.8) and another record low. Since 2009, the teen birth rate has fallen to a new low each year. The rate for this group has declined 58% since 2007 (41.5), the most recent high, and 72% since the 1991 high (61.8).

Contraception data—Nearly all women use contraception in their lifetimes, although at any given time, they may refrain from using contraception for reasons such as seeking pregnancy, being pregnant, or being sexually inactive. NCHS data for women aged 15–49 shows that 35.1% of reproductive-age women were not currently using contraception (when interviewed in 2015–2017), and 64.9% were using some contraceptive method, of which, 18.6% were using female sterilization, 12.6% were using the pill, and 10.3% were using long-acting reversible contraception such as intrauterine devices or implants.

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 Centers for Disease Control and Prevention's 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 2018 for those aged 1–54 years and the third leading cause of death for all ages. In 2018, 30.1% of all injury deaths occurred as a result of poisonings. Most poisoning deaths were either unintentional (86.1%) or suicides (8.6%).

Drug overdose deaths—Deaths from drug overdose are an increasing public health burden in the United States. In 2018, the age-adjusted rate of drug overdose deaths in the United States was more than three times the rate in 1999, although the rate declined 4.6% between 2017 and 2018. The age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 standard population in 1999 to 21.7 in 2017, and then declined to 20.7 in 2018. The rate increased on average by 10% per year from 1999 to 2006, by 2% per year from 2006 to 2013, and by 14% per year from 2013 to 2016.

Behavioral health—NCHS data are available on several conditions related to emotional and behavioral health, including attention deficit hyperactivity disorder (ADHD) in children and serious psychological distress in adults. In 2018, 9.8% of children aged 3–17 years had ever been diagnosed with ADHD (6.7% of girls and 12.9% of boys). In 2018, 3.9% of all adults aged 18 years and over had serious psychological distress (4.8% of women and 2.9% of men).

Physical activity—NCHS data are used to examine physical activity levels and compliance with national guidelines. In 2018, 23.2% 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 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. In 2018, the percentage of adults aged 18 and over who were current smokers was 13.8%.