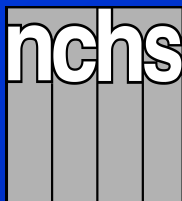


# Board of Scientific Counselors --State of the Center--



## National Center for Health Statistics

---



# **National Center for Health Statistics Mission**

- **Principal health statistics agency**
- **The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.**

# **The Secretary acting through the Center--shall collect statistics on:**

- **Extent and nature of illness and disability including life expectancy, incidence of acute and chronic illnesses and infant and maternal morbidity and mortality**
- **Impact of illness and disability on the economy and other aspects of well-being**
- **Environmental, social, and other health hazards**
- **Determinants of health**

# **The Secretary acting through the Center--shall collect statistics on:**

- **Health resources: Health professionals and services and facilities**
- **Utilization of health care: Ambulatory and facility-based**
- **Health care costs and financing**
- **Family formation, growth and dissolution**



# **Additional Activities**

- **Methodological research on data collection**
- **Epidemiological research, demonstrations, and evaluation**
- **Conduct related research for public and nonprofit private entities**

# Topics

- **NCHS Mission**
- **NCHS Programs**
  - **Field Operations**
  - **Research and analysis**
  - **Support**
- **Dissemination**
- **Building for the future**
- **NCHS Budget**
- **Challenges**

# Challenges

- **Program – Meeting needs for new data and greater efficiency**
  - **Meeting national and state and local needs**
- **Assessing and assuring quality**
- **Efficient survey/administrative data designs**
- **Dissemination vs. Disclosure**
- **Maintaining response rates**
- **Budget**
- **Planning and Evaluation**

# Planning and Evaluation and GPRA (1993)

- **Government Performance and Results Act (GPRA)**
  - **Program Assessment Rating Tool (PART)**
- **Evaluates consistency of program outcomes to budget**
- **Four key program characteristics:**
  - **Program purpose/Federal role**
  - **Strategic planning**
  - **Program management**
  - **Results**
- **External review is a key to better programs**

# **NCHS Data and Analyses**

## **Uses of NCHS Statistics**

## **Examples**

**Setting national priorities**

- **Data focuses us on health problems of greatest importance**
- **Identification of health disparities and target action**
- **Recognizing emerging trends, e.g., obesity**

**Monitoring performance**

- **Health outcome measures for GPRA, PART, Healthy People**

**Understanding what's ahead**

- **Projecting the impact of aging population on Medicare, Social Security trust funds**

# **NCHS Data and Analyses**

## **Uses of NCHS Statistics**

## **Examples**

**Guiding health improvement**

- **Targeting immunization messages**
- **Guiding and monitoring NIH cholesterol, hypertension, cancer control programs**

**Guiding national policy**

- **Revising dietary guidelines and food fortification policy**
- **Assessing initiatives on kids' health insurance/SCHIP**

# **NCHS Data and Analyses**

## **Uses of NCHS Statistics**

## **Examples**

### **Assessing the health care system**

- **Trends in prescription drugs and drug marketing**
- **Long term care trends and needs**
- **Emergency room crowding and preparedness**
- **Measurements of health care quality**

### **Research**

- **Linking risk behaviors to health outcomes**
- **Depth and size of surveys permits analysis of subgroups and determinants of health**
- **Hypotheses for HSR and biomedical research**

# **Board of Scientific Counselors Charge**

- **Provide scientific guidance to NCHS**
- **Review intramural research**
- **Assist in guiding extramural research**
- **Provide guidance in setting priorities**



# **NCHS Board of Scientific Counselors and the National Committee on Vital and Health Statistics**

- **Complementary roles**
  - **BSC**
    - **Advice to NCHS on the statistical and science base of health data**
  - **NCVHS**
    - **Advice to the Secretary on data policy issues**

# **Guidance to NCHS From Data Users and Data Contributors**

- **Workshops, forums**
- **National Association of Public Health Statistics and Information Systems (NAPHSIS)**
- **Interagency Council on Statistical Policy and related forums**
- **HHS Data Council**
- **Other organizations ...**

# **NCHS Programs**

## **--Field Operations--**

- **Vital Statistics**
- **Health Status**
  - **National Health Interview Survey (NHIS)**
  - **National Health and Nutrition Examination Survey (NHANES)**
- **Health System**
  - **National Health Care Survey (NHCS)**

# **NCHS Programs**

## **--Research, Analysis and Support--**

- **Office of Analysis and Epidemiology**
- **Office of Research and Methodology**
- **Office of Information and Technology Services**
- **International activities**

# **A Sampling of NCHS Initiatives**

## **Drawn from the Web Site**

- **Data base for Healthy People 1990-2010**
- **Questionnaire Development Research Laboratory**
- **Research Data Center**
- **Disease classification [North American Collaborative Center (WHO)]**
- **National Immunization Survey**
- **National Survey of Family Growth**
- **State and Local Area Integrated Telephone Survey (SLAITS)**
- **Aging**
- **Summary Measures of Health**
- **Disability**
- **Children's and Aging Statistics Interagency Forums**
- **Data dissemination: 20/20, SETS, Ferret, Fast Stats, Fed Stats...**

# Dissemination

- Web site  
([www.cdc.gov/nchs](http://www.cdc.gov/nchs))
- NCHS Publications
- CDC Publications
- Journal articles
- Research Data Center
- Data Users Conference

National Center for Health Statistics



# Tools to Access NCHS Data



**CDC**  
SAFER • HEALTHIER • PEOPLE™

 **CDC WONDER**  
[Contact Us](#)



**DATA2010**  
...the Healthy People 2010 Database



## **Statistical Export and Tabulation System**

[NCHS Home](#) | [SETS Home](#) | [Interface](#) | [Designer Kit](#) | [Download Rev 805](#)  
[What's New](#) | [Available Data](#) | [Ordering Instructions](#)  
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[Data Definitions](#) | [Contact us](#)



## **Data FERRETT**

*Federal Electronic Research and Review Extraction Tool*



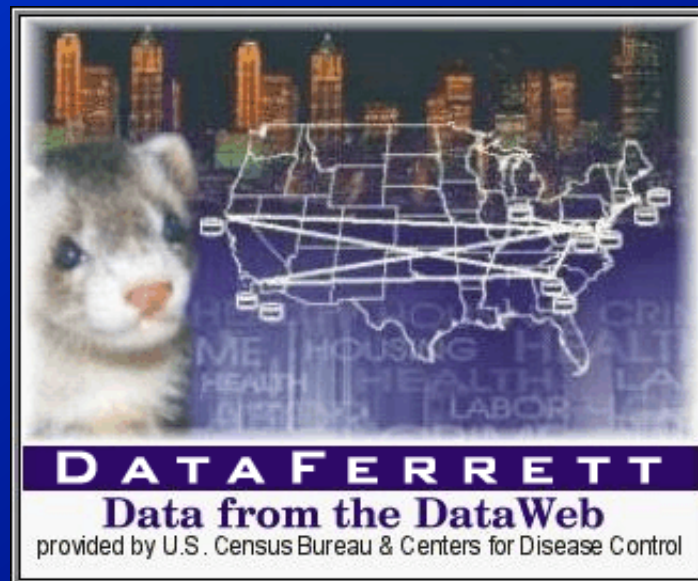
### Trends in Health and Aging

a database, which provides up-to-date information on national trends and key variables that depict the health status of older Americans.



### Healthy Women: State Trends in Health and Mortality

[Overview](#) | [Using the Tables](#)  
[Tables](#) | [Technical Notes](#)  
[Let Us Know](#) | [Join Listserv](#)  
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[Data Definitions](#) | [NCHS Home](#)



**DATA FERRETT**  
**Data from the DataWeb**  
provided by U.S. Census Bureau & Centers for Disease Control



# Health, United States, 2003

With Chartbook on Trends in the Health of Americans



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics





# National Center for Health Statistics



...Monitoring  
the Nation's  
Health

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[What's New](#)

[Coming Events](#)

[Surveys and Data  
Collection Systems](#)

[NHANES](#)

[NHCS](#)

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[Classification of  
Diseases](#)

■ [Trends in  
Pregnancies and  
Pregnancy Rates by  
Outcome: Estimates for  
the United States,  
1976-96](#)

[Consortium for Political  
and Social Research](#)

## Tabulated State Data

- [Births](#)
- [Deaths](#)
- [Deaths, Infant](#)
- [Health, United States](#)
- [Healthy People 2000,  
State Data](#)
- [2000 State Health  
Profiles](#)
- [State Health Statistics  
by Sex and  
Race/Ethnicity](#)
- [Trends in Health and  
Aging](#)



Healthy People  
2010

### Volume I

- Understanding and Improving Health
- Objectives for Improving Health  
(Part A: Focus Areas 1-14)

HEALTHY  
PEOPLE  
2010

Tracking  
Healthy People  
2010

Healthy People  
2010

### Volume II

- Objectives for Improving Health  
(Part B: Focus Areas 15-28)
- Appendices

HEALTHY  
PEOPLE  
2000

*National Health Promotion and  
Disease Prevention Objectives*

*Healthy People  
2000  
Final Review*

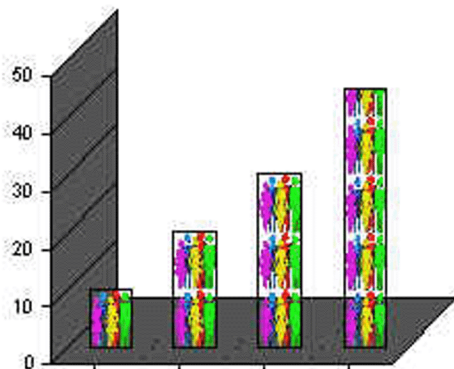


# Research and Development

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[National Death Index](#) | [Research Fellowship Program](#)  
[CDC/NCHS Privacy Policy Notice](#) | [Accessibility](#) | [Search NCHS](#)  
[Data Definitions](#) | [Contact us](#)

## Research Data Center

[NCHS Research Data Center Opens](#) | [Details](#) | [Operations](#)  
[RDC Facilities](#) | [Data](#)



### NCHS Research Data Center

The continuing demand for analyses that require restricted data with lower levels of geography such as States, counties, and

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[FASTATS A to Z](#)

[Site Index](#)

[Coming Events](#)

[Surveys and Data Collection Systems](#)

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[NHCS](#)

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[Aging](#)

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[Microsoft PowerPoint Viewer 97®](#)





# National Center for Health Statistics

...Monitoring the Nation's Health

About NCHS ■

What's New ■

Coming Events ■

Surveys and Data Collection Systems ■

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Classification of Diseases ■

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Publications and ■



## State Health Statistics by Sex and Race/Ethnicity

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## Overview

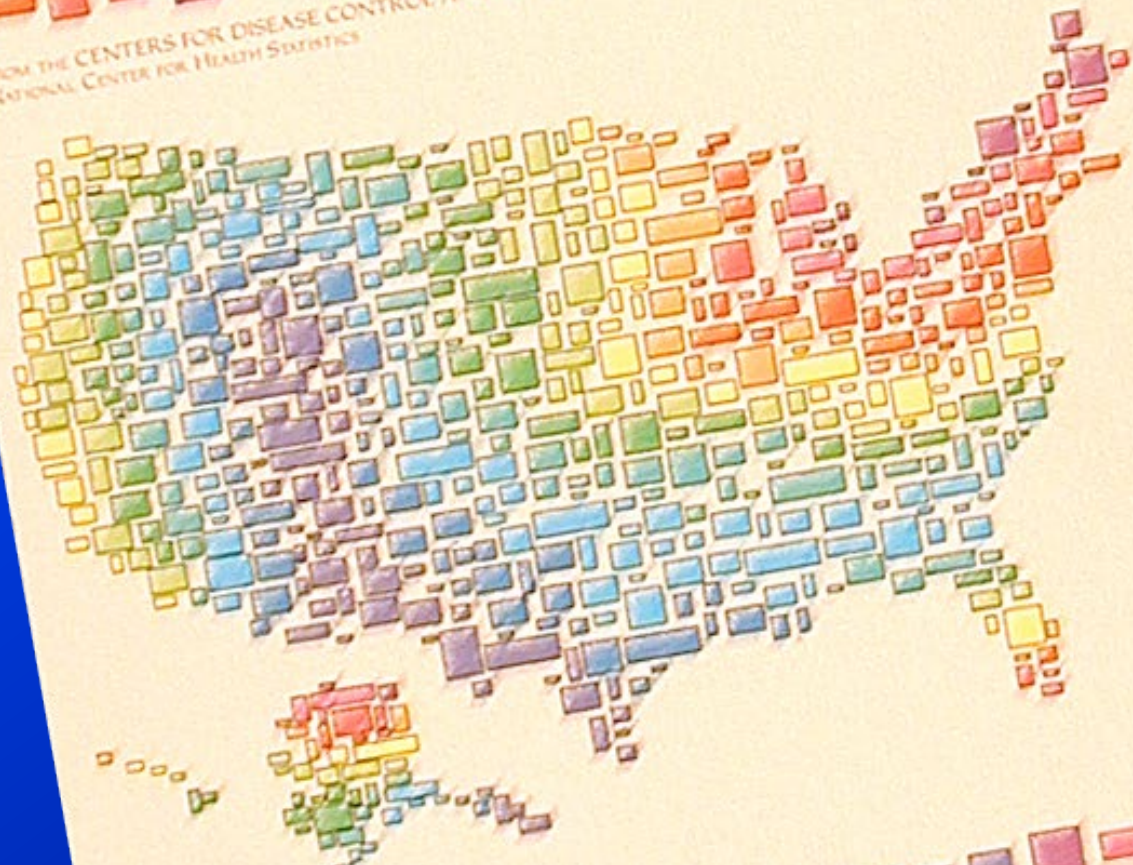
Welcome to the NCHS electronic data warehouse on minority and women's health. This site was developed by NCHS with support from the [Office of Women's Health](#) and the [Office of Minority](#)



# ATLAS OF UNITED STATES MORTALITY



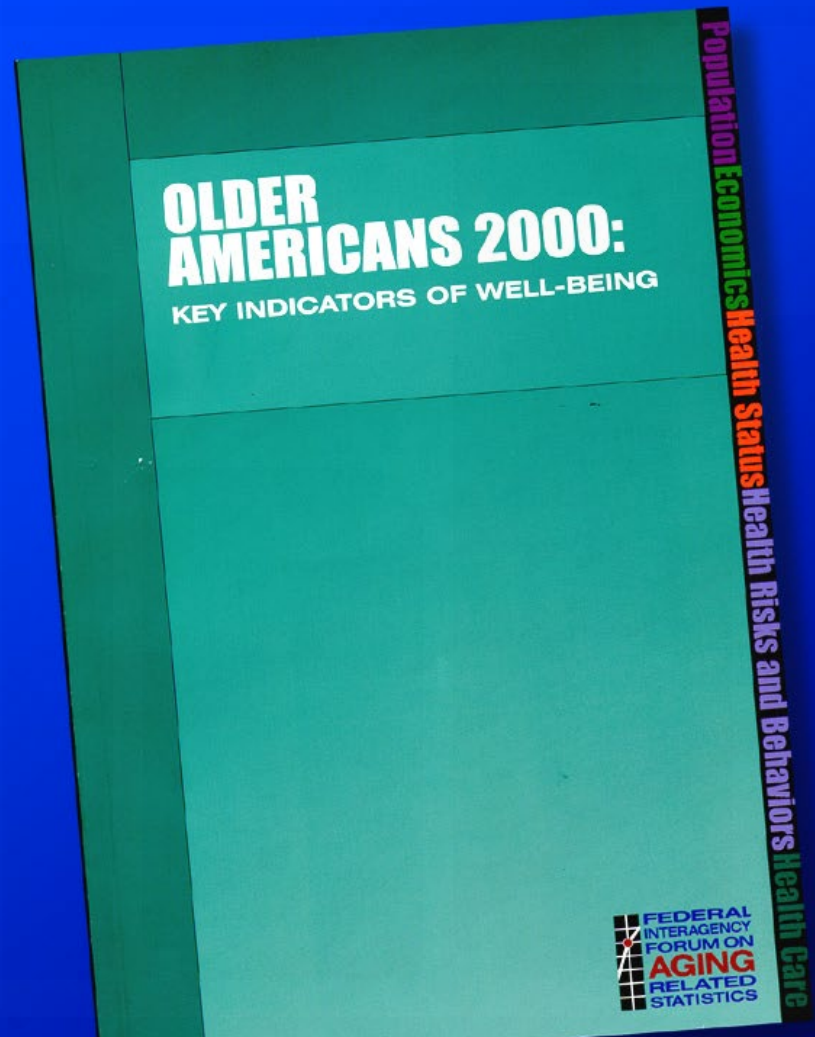
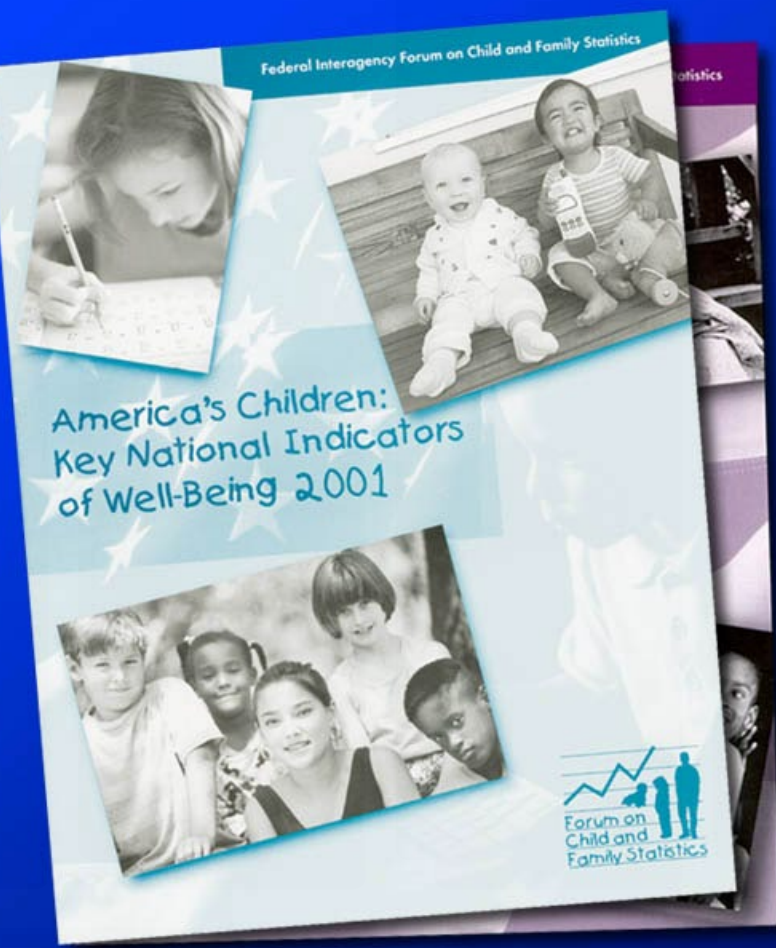
FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS



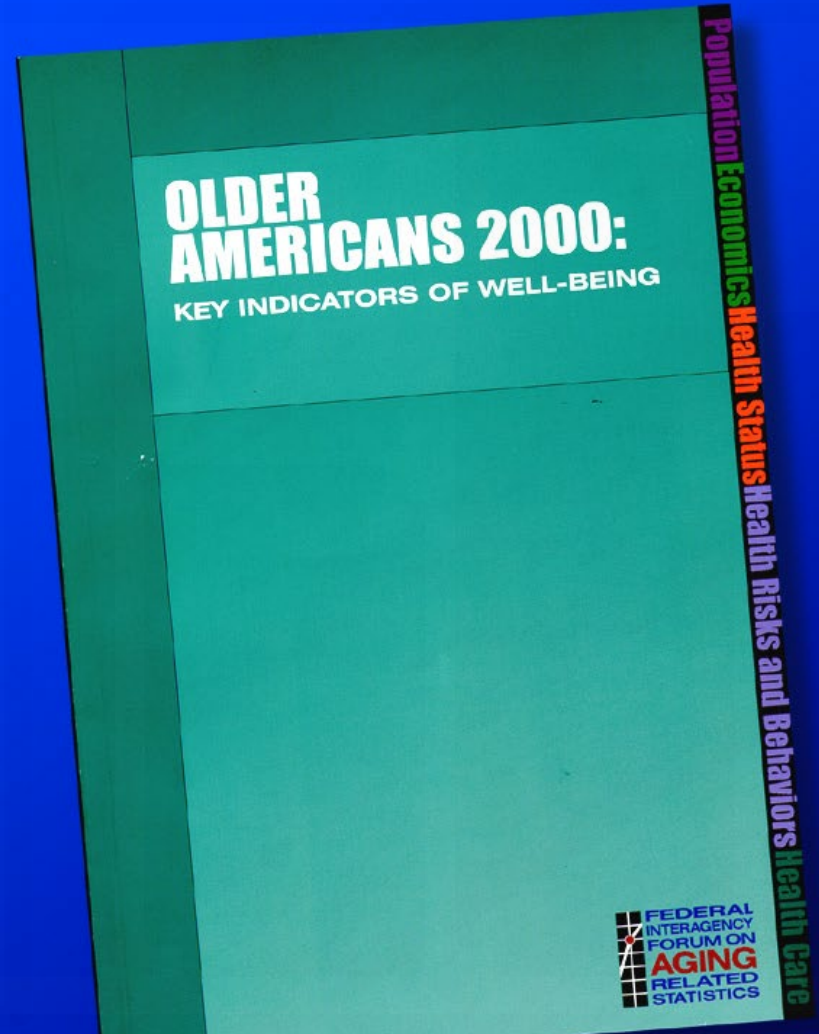
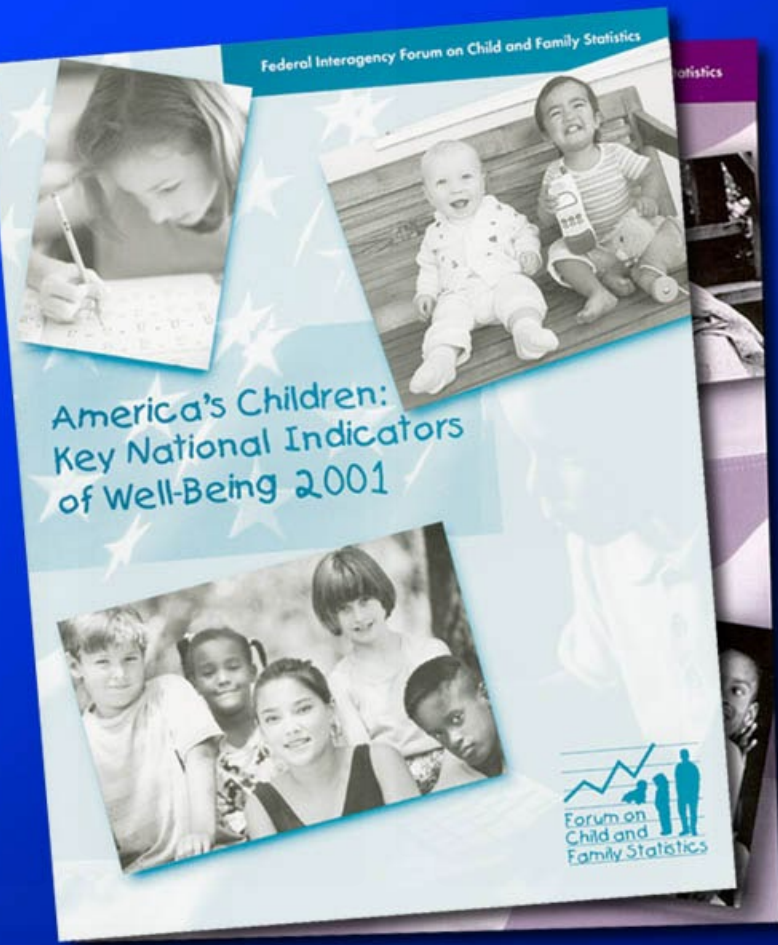
CDC



# Integrated Topical Reports



# Health, housing, criminal justice, education, labor, other measures

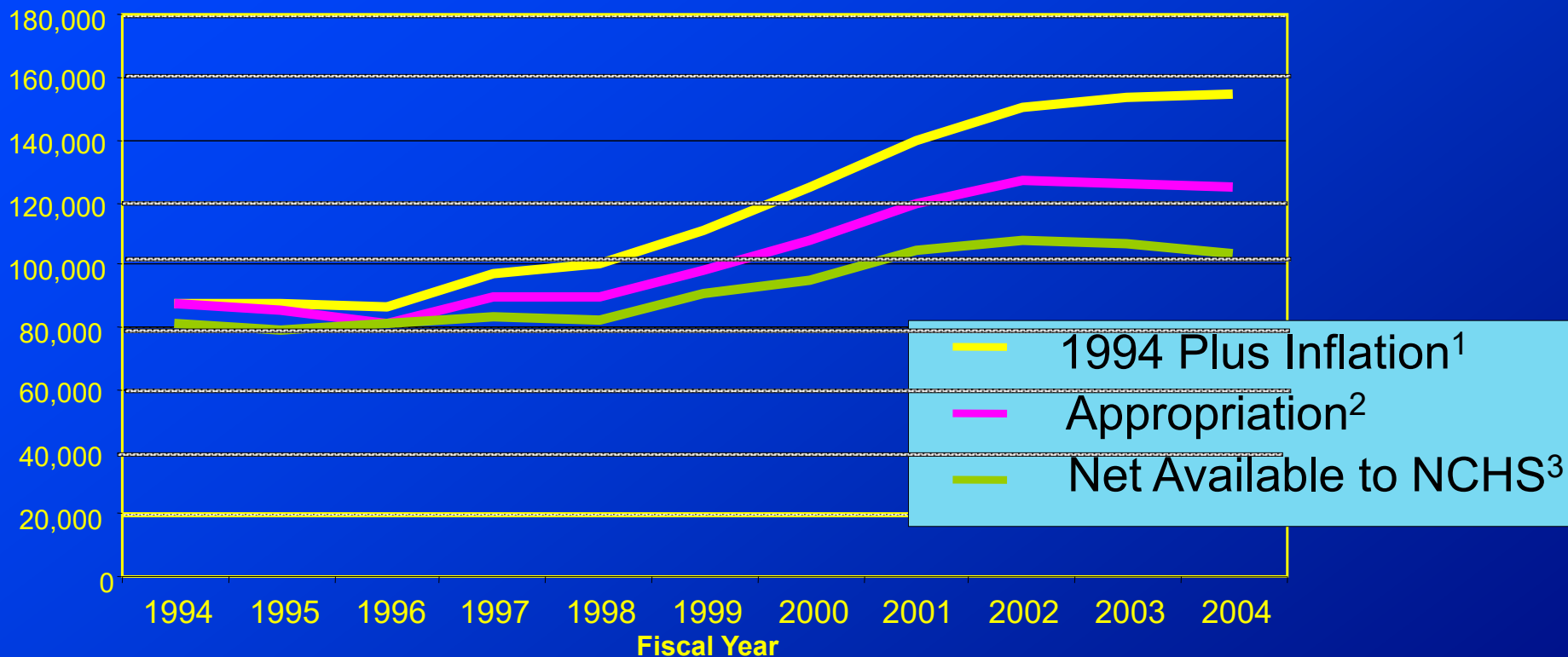


# Budget



# National Center for Health Statistics Budget Trends

\$ in Thousands



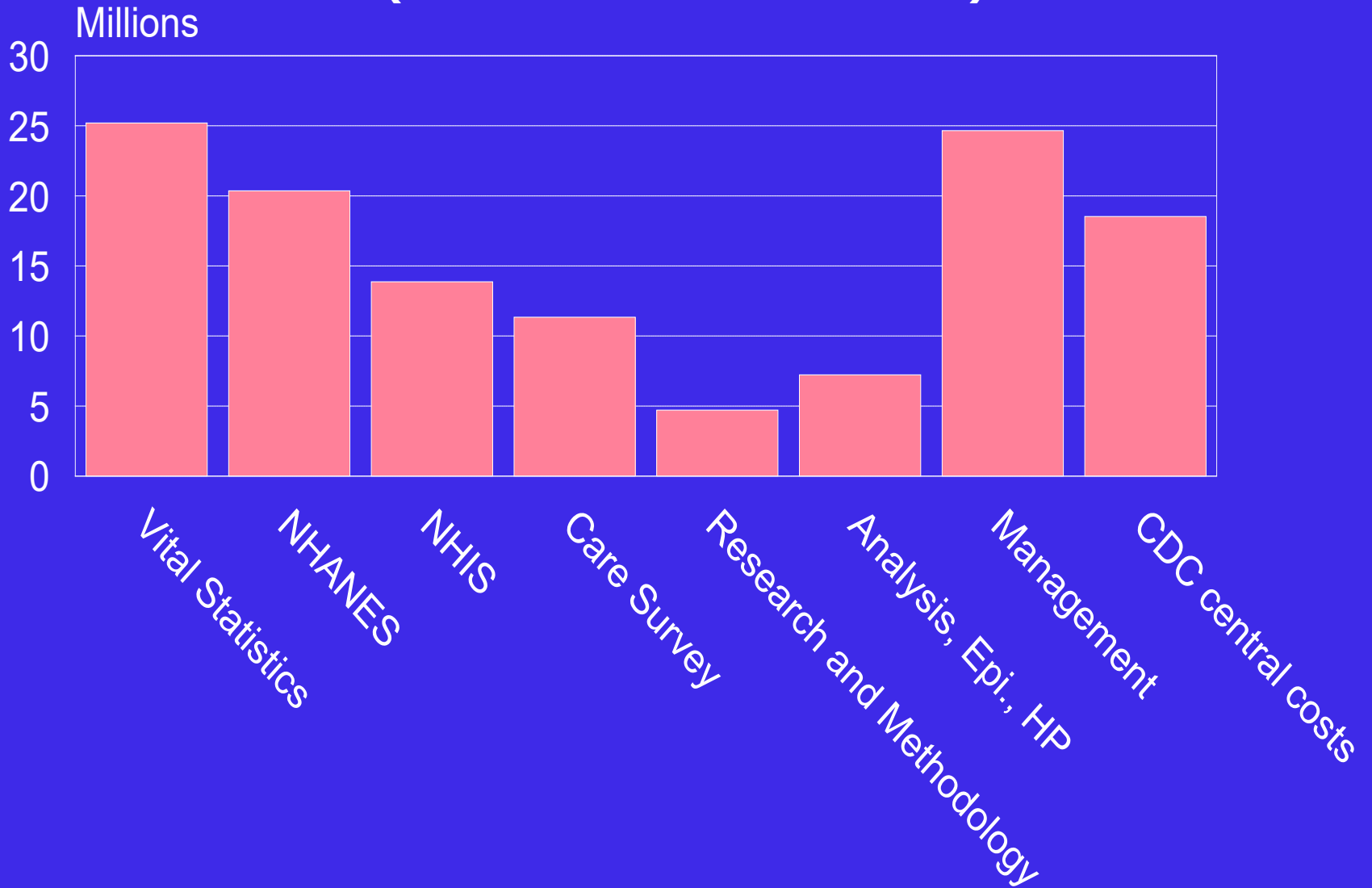
<sup>1</sup>Inflation as revised by the NIH Biomedical Research and Development Price Index

<sup>2</sup>Adjusted to be comparable to the current budget format.

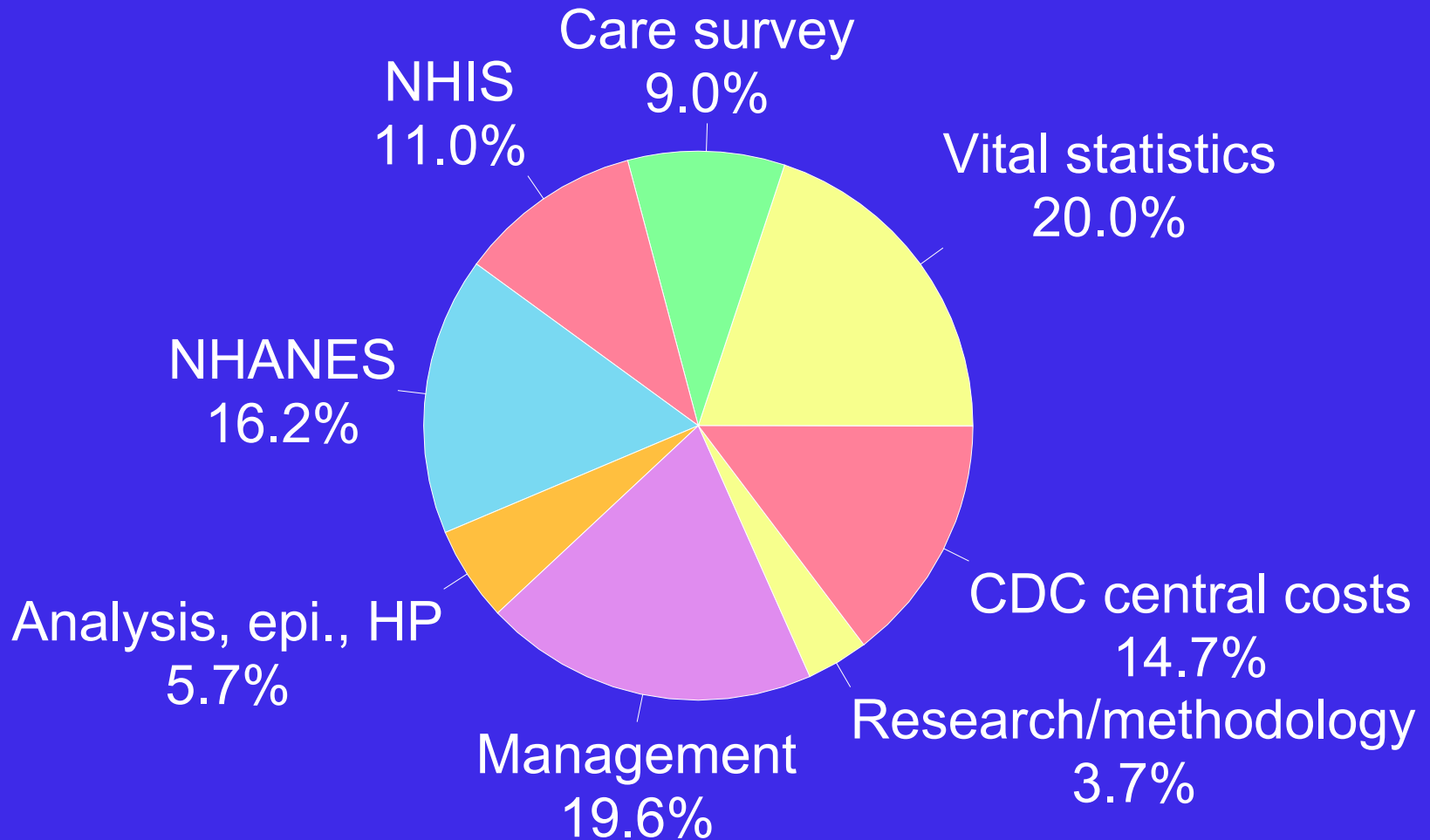
<sup>3</sup>Appropriated funds minus added costs for CDC central costs and NCHS buildings

# NCHS Total Obligations, FY 2003

(Excludes reimbursable funds)



# NCHS Total Obligations, FY 2003



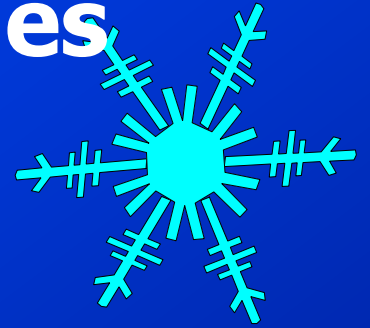
# Staffing

- **Government employees 537**
  - **Contractors (on-site) 113**
- Total 650**

# Facilities



# Washington Post Headlines



**Area Closed on Account of Snow**

**Blizzard of '03 Overwhelms Roads, Rails**

February 17, 2003



**'This Could Be the Biggest Storm Ever'**

February 17, 2003



**Digging Out**

February 18, 2003















# Training/Staff Development

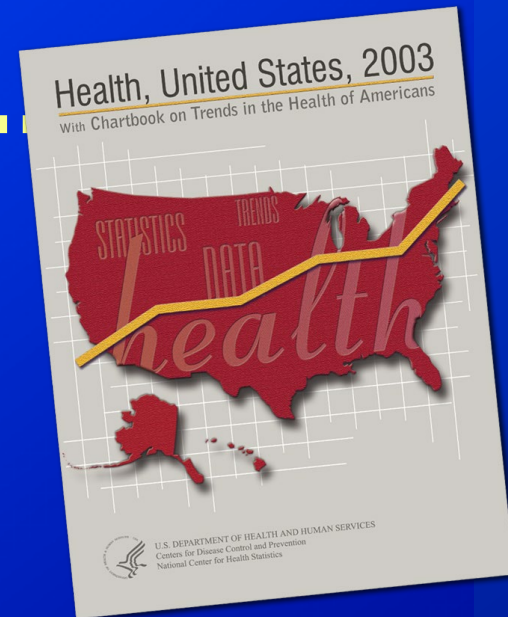
- **Training programs**
- **Degree programs**
- **Joint Program on Survey Methodology (JPSM)**
- **Fellows programs**
  - **Academy Health**
  - **ASA**
  - **ASPH**

# Collaborations

- **Across Health and Human Services**
- **Between Departments**
- **With Academe**
- **With Industry (through the CDC Foundation)**
- **Fellowship Programs**

# In Summary NCHS is ...

- **Highly productive**
  - **More data, widely distributed**
  - **More timely**
  - **Progress in reengineering**
- **Planning for future health data needs**
- **Meeting challenge of limited resources**
- **And other challenges...**





# Statistical Science Issues

- **Quality control**
- **Using multiple sampling frames**
- **Response rates**
- **Linking data sources**
- **Security**
- **Privacy and Confidentiality**

# Long-term

- **Moving in directions from the CDC “Futures” initiative**
- **Dissemination vs. Disclosure**
  - **Research Data Centers**
- **Reengineered data programs**
- **Extramural Research Program**
- **Expanding links to health policy community**

# **Initiatives**

- **Realizing the Vision for Health Statistics in the 21<sup>st</sup> Century--Responsive to information needs**
- **Meeting State, regional, and specific population needs**
- **More information on health care**
- **More information on race and other factors**
- **Cost, role of**
- **Understanding of the factors underlying health status and health systems operation**
- **Advance the sciences supporting health statistics**

Final Report  
November 2002

Shaping a  
**Health Statistics  
Vision**  
for the  
**21st Century**



Department of Health and  
Human Services Data Council



Centers for Disease Control  
and Prevention  
National Center for Health Statistics



National Committee on  
Vital and Health Statistics



# Vision for 21<sup>st</sup> Century Health Statistics Influences on the Population's Health

## Place & Time

### Context

### Community Attributes

Natural  
Environment

Built Environment

Biological  
Characteristics

Social

Health Services

**The Population's Health**

Level      Distribution

Disease  
Functioning  
Well-being

Economic

Political  
Context

Population-based  
Health Programs

Collective  
Lifestyles  
and Health  
Practices

Cultural Context

# The Population's Health

Level

Distribution

Disease

Functioning

Well-being

# Initiatives

- **Realizing the Vision for Health Statistics in the 21<sup>st</sup> Century--Responsive to information needs**
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- **More information on race and other factors**
- **Cost, role of**
- **Understanding of the factors underlying health status and health systems operation**
- **Advance the sciences supporting health statistics**

# **Initiatives: Infrastructure and Staff**

- **Assurance of requisite skills**
- **Staff development**
- **New tools for dissemination**
- **Genetic research tools**
- **Applications to anti-bioterrorism**



# Challenges

- **Reengineering**
- **Response rates**
- **Staff development**
- **Meeting our needs**
- **→Sufficient resources for research and development to support Health Statistics**

# Challenges

- Meeting our mission with limited funding—accommodations:
  - Vital statistics
    - Contract year adjustments
  - NHIS
    - Reducing sample size

# Challenges

- **Meeting our mission with limited funding—accommodations**
  - **NHANES**
    - **Changing field procedures and reducing field staff**
  - **Health Care Surveys**
    - **Reducing the number of surveys in the field**

# Life Expectancy in U.S. Reaches a Record High

By ROB STEIN  
Washington Post Staff Writer

Although the nation's life expectancy reached an all-time high in 2001, the Sept. 11 attacks caused a sharp rise in the

arately, Anderson said.

"We decided that it was important to be able to distinguish the 9/11 deaths from other homicides so we could continue to

death, there was a decline of 4 percent for heart disease, 2 percent for cancer, nearly 5

cent, continuing a

## Government Report Finds Births to Teenaged Moms are Down

WASHINGTON (AP)—The percentage of babies born prematurely in the United States reached a decade high last year, driven by an increase in twins and triplets. The government also found a rise in prenatal and a drop in smoking during pregnancy.

Births to teenagers fell for the 10th year in a row, abortion on the decline, too. At the same time, birthing women in their 30s and 40s continued a steady climb.

# American women giving birth later

## College, careers defer motherhood

By Cheryl Wetzstein

Still American women

# Midlife mothers share a wisdom that grows with age

### BALANCING ACT



Ellen Miller

of motherhood, says Jann Blackstone-Ford, whose new book, "Midlife Motherhood" (\$15.95, St. Martin's Griffin), covers concerns from Down syndrome to caring for an elderly parent and a newborn at the same time.

These issues are on the minds of millions of

women ages 35 to 39; 90,013 to women 40 to 44; 4,349 to those 45 to 49; and 255 to mothers ages 50 to 54.

Blackstone-Ford, who had a baby at 39, says the top worry of women pregnant after 35 is delivering a child with a genetic defect. But while it's true that pregnancy after 35 carries more risks for mother and child, the chances of having a healthy baby are good.

That's confirmed by Dr. Mary Soper

other women. The report said women who lived to at least 100 were four times as likely to have had children in their 40s than women who lived to 73.

I left a management role to work part time after my son's birth and am intrigued by Blackstone-Ford's finding that the older a midlife mom, the more likely she'll alter or quit her job.

When her baby was about a year old, she left the corporate career she had

people with fancy titles and are entrepreneurial in their approach. Letting go of her corporate work was tough, she admits. "But I found there were far more facets to my personality and more desires for me."

That kind of perspective, which might call wisdom, is an advantage older mothers have, even if the energy they had at 25.

These days, running after

...de were positive. The percentage of ... climb, reaching nearly ... since data ... rate has ... C-section ... hs carry a ... rs. But the ... never had a ... prematurely ... of gestation ... e to nearly 1 ... can tracking





# A BABY ON OSCAR NIGHT?

## Debate Rages Over the Value Of C-Sections for Mothers, Babies

CAESAREAN, From A1

both sides of the debate," said Judith Walzer Leavitt, a professor of medical history and women's studies at the University of Wisconsin Medical School. "But there's also some things that . . . we might look on as less scientific—like training and experience, like religious beliefs and mind-sets, like political issues of the day."

cine at Massachusetts General Hospital in Boston. By 1996, the Caesarean rate started creeping back up. Last year, the percentage of women who had a vaginal delivery after a previous C-section plummeted 20 percent, dropping to an all-time low of 16.5 percent, according to preliminary data from the National Center for Health Statistics. The final numbers, being released on Wednesday, are not expected to

venience, perhaps the biggest motivation is growing concern about the effects of labor and delivery on their bodies. Specifically, concern has been increasing about "pelvic floor" disorders—ills that result when muscles, ligaments and other tissues become damaged during labor and childbirth. That can cause problems later in life, most notably urinary and fecal incontinence and other complications that can occur when organs shift out of place. "It's a big problem," said Linda

## Caesarean Births Hit High Mark

### A Quarter of Babies Delivered Surgically

By ROB STEIN  
Washington Post Staff Writer

The number of American women giving birth by Caesarean section has reached an all-time high, with nearly one-quarter of babies being delivered through the surgical procedure, according to government statistics.



# ER visits, trauma cases at all-time high

More falls among elderly, car crashes account for much of boost in metro area

By **MARILYNN MARCHIONE**  
mmarchione@journalsentinel.com

Trauma cases and hospital emergency department visits reached all-time highs in the Milwaukee area this year, largely because of more car crashes and falls among the elderly.

Flight for Life transports also are ahead of last year's pace.

"Overall volume is up pretty significantly," said Daniel DeBehnke, a Medical College of Wisconsin professor and clinical director of Froedtert Memorial Lu-

theran Hospital's emergency department. "We'll see this year's patients, up about 2,000, which was a record."

Froedtert logged 40,926 emergency department visits in 2000.

The situation with the population and prompted Froedtert architects about emergency department beyond he said.

The problem is other hospitals in the nation are setting record numbers of emergency care.

Please

## USA TODAY Snapshots®

### Many patients receiving medication

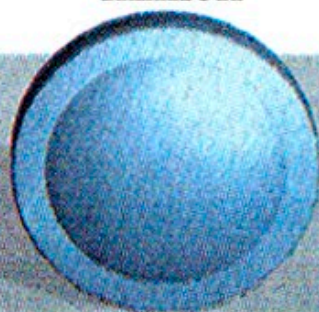
In the USA, 66% of doctor office visits in 2000 involved medication:

**823.5  
million**



Total office visits

**545  
million**



Visits involving medication therapy

Source: National Center for Health Statistics



FORM **NHAMCS-905**  
(4-21-2003)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS DATA COLLECTION AGENT FOR THE  
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics

**NATIONAL HOSPITAL AMBULATORY  
MEDICAL CARE SURVEY  
BIOTERRORISM AND MASS CASUALTY  
PREPAREDNESS SUPPLEMENT  
2003 PANEL**

**Assurance of confidentiality** - All information which would permit identification of an individual held confidential, will be used only by persons engaged in and for the purpose of the survey and persons or used for any other purpose without consent of the individual or the establishment in Health Service Act (42 USC 242m).

**NOTICE**  
information  
response,  
searching  
the data r  
collection  
sponsor,  
collection  
OMB con  
burden e  
informati  
to CDA/A  
Road, M  
(0920-02

**BACKGROUND INFORMATION**

**A.** Hospital name

**B.** Hospital number

**C.** Hospital contact name

**D.** Hospital contact telephone



This year we are conducting a special survey supplement on bioterrorism and mass casualty preparedness in hospitals. Please answer the following questions. We appreciate your time on this important public health concern.

1. Has your hospital's emergency/bioterror response plan been revised since September 11, 2001?

1  Yes

2  No

3  Mark (X) this box if hospital has no emergency/bioterror response plan and SKIP to item 5.

2. Does your emergency/bioterror response plan specifically address each of the following types of incidents?

If "No" - Indicate whether or not your hospital is currently developing a response for the type of incident. Mark (X) one box for each type of incident.

a. Biological

b. Chemical

c. Nuclear/Radiologic

d. Explosive/Incendiary

e. Natural disaster

f. Other - Please specify

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your plan address this type of incident?

(1)

1  Yes

2  No →

1  Yes

2  No →

1  Yes

2  No →

1  Yes

2  No →

1  Yes

2  No →

1  Yes

2  No →

Are you currently developing a response for the incident?

(2)

1  Yes

2  No

1  Yes

2  No

1  Yes

2  No

1  Yes

2  No

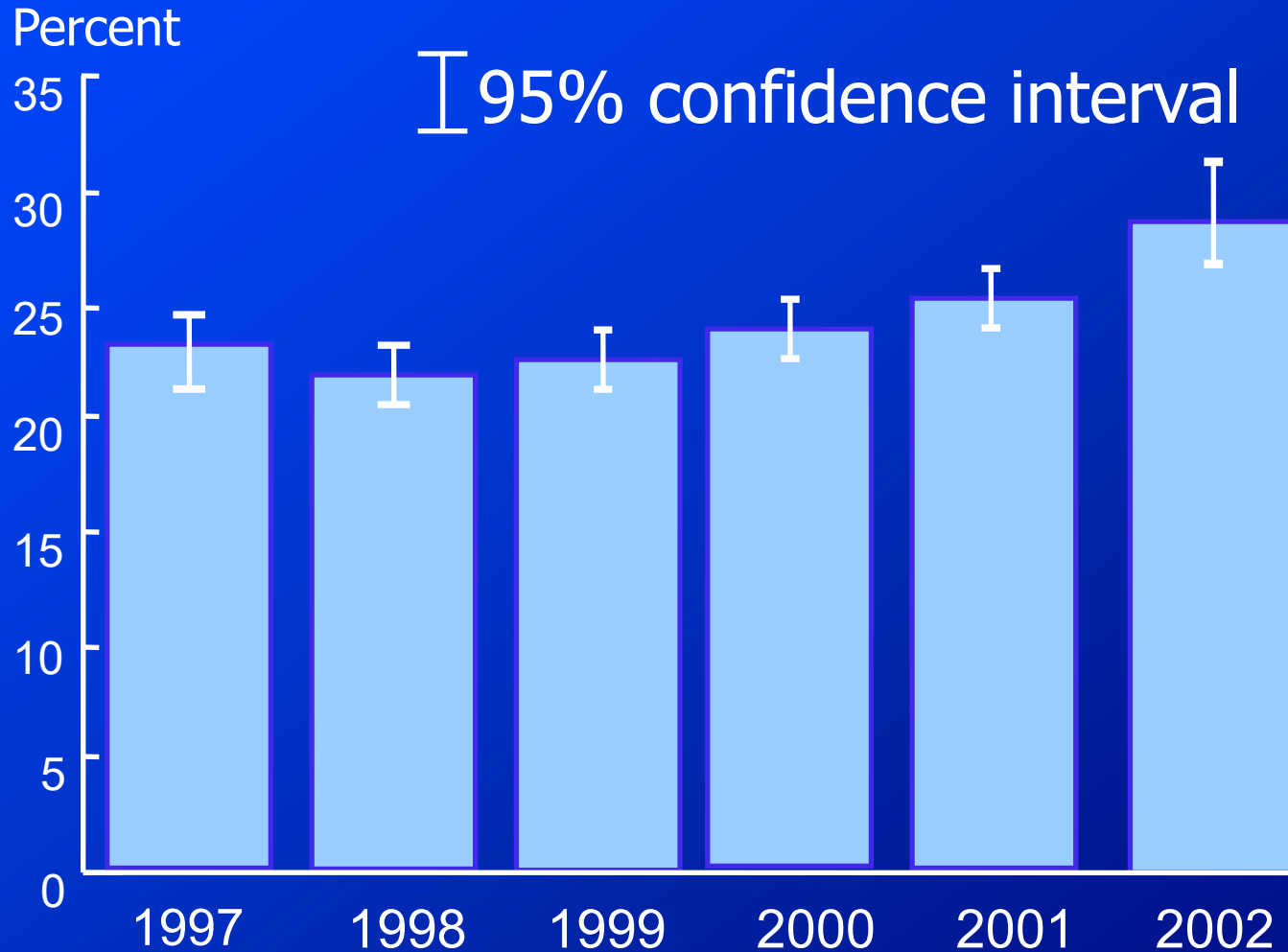
1  Yes

2  No

1  Yes

2  No

# Children with Public Health Insurance United States, 1997- 2002





# NUMBER OF INSURED YOUTH RISES

Report covering the first half of 2002 credits government health programs

Staff and wire reports

The number of children without health insurance continued to fall nationwide and in South Carolina in the first half of 2002 even though fewer were covered through private employers.

The decrease is thanks largely to the growth in government-sponsored health programs, according to a report released this week.

"More and more children are getting the health care they need, thanks in large measure to our success in working with states to expand health coverage," Health and Human Services Secretary Tommy Thompson said in a statement.

According to the National Center for Health Statistics report, 7.2 million children were without insurance the first half of 2002. That's down from 9.9 million in 1997.

That's the year the government began the state Children's Health Insurance Program, which allows states to cover children at a higher income level than Medicaid — the government insurance program for the poor. Enrollment in CHIP reached 3.8 million early

in the past two years. Meanwhile, between 2001 and 2002 the percent of children covered by private plans dropped to 64.5 percent from 67.1 percent.

Since South Carolina instituted CHIP in 1997, promotion of the program and its expanded eligibility requirements have brought in many children who would have already been eligible for Medicaid under the old standards.

As a result, the number of children enrolled in the program nearly doubled.

The program has also grown locally. According to the S.C. Department of Health and Human Services, there are 55,835 children enrolled in Medicaid in Charleston and Berkeley and Dorchester counties. That's up from 35,051 in 1997.

"They found out they really haven't done a good job of outreach or to the expansion," said Michael, the director of the for Advocacy and Development at the Medical University of South Carolina. "They sent out letters and picked up a lot of them eligible under the income rules. It's just a matter of Medicaid."

People without health insurance are less likely to get needed aid when t

# Fifth of Americans report exercise in daily routines

By Nanci Hellmich  
USA TODAY

Finally, someone is giving us credit for all the exercise we get by just going about our daily routines at work and home.

About 19% of Americans in a new government survey say they have a high level of activity at work and during their time off. And people who do more walking, lifting or carrying during their regular daily activities are more likely to be active in their leisure time than people who are couch potatoes.

This is the first large government study to examine Americans' overall daily activities, including what they do at both work and play. Previous reports have focused on physical activities during leisure time.

The new survey found that 32% of people say they engage in regular leisure time activities of moderate or vigorous intensity such as walking, running, biking or playing basketball. "We're doing something; at least we've got a good start," says Pat Barnes, a health statistician with U.S. Centers for Disease Control and Prevention's National Center for Health Statistics.

But with obesity continuing to increase, "it looks like we need to do more." Plenty of Americans are doing little but lifting the remote control. About 10% admit they sit most of the day and do almost nothing. Another 16% say they do very little.

Right now, 120 million Americans weigh too much. The government recommends that people do at least 30 minutes of moderate activity most days of the week.



# Data in the News

## A safe night's sleep for baby

Keep SIDS at bay by placing infant on back

By KARYN MILLER-MEDZON

Although Sudden Infant Death Syndrome continues to claim the lives of 2,000 American infants



## Americans are eating themselves to death

The condition of being overweight results in 300,000 deaths per year. Between Thanksgiving and New Year's day, Americans gain between five to ten pounds and consume two pounds of fat. Research says 65 percent of all adults are overweight. If this trend continues, experts say that within a few generations virtually every U.S. adult will be overweight plus one-third of all children.

Before. Based on the fact that one of America's favorite pastimes is dieting, combined with the supermarket barrage of nonfat and other diet foods, obesity appears to be an unlikely trend. The problem is that many of these so-called "health" foods are misleading. "It is the fat substitutes themselves. Many of them are made from sugar and other ultra-refined carbohydrates," states Rick Handel, a nutritional scientific researcher and member of the Institute of Food Technologists. "The many empty carbohydrate

eat into reserved fuel, or fat. When your body goes into fat storage mode, you quickly go back to your original weight, but a greater percentage is fat and a lesser percentage is lean muscle tissue. Since only lean muscle tissue burns calories, any future diet become more difficult. The National Institute of Health states that caloric restriction alone are not good as a long-term strategy for weight loss, some people cutting back on calories can be a major health risk. The safe way to lose weight is not come from using a diet. Drugs have become an uncomfortable based on the fact that they are loaded with stimulants. Dr. Earl M. Jones, a nutritional scientist, says the best solution is to eat a diet that requires a multi-pronged approach. The diet is healthy but simple exercises, behavior change and goal setting. For education on healthy weight loss, call 1-800-525-7710.

## Pregnancy rates increasing for women in their 30s and 40s

By DEBORAH L. SHELTON

Sociomedical trends are giving new meaning to the phrase "dear old mom." Statistics confirm that first-time births to women in their 30s and 40s are fast becoming the norm.

Massachusetts has become the first state in which there are more births to women 30 and older than to those younger than 30, according to new statistics from the Department of Public Health. Of the 81,406 births in the state in 1998 — the most recent year for which data are available — women 30 and older accounted for 42,749 births, and women younger than 30 accounted for 38,657.

Nationally, birth rates for women 30 to 34 rose 2 percent between 1994 and 1998.

trends: it's the wave of the future." But there are risks.

Older patients

## Long study ties depression, risk of stroke

### Rate 160 percent greater for blacks

By August Gribbin  
THE WASHINGTON TIMES

Researchers have determined that depressed persons run a high risk of suffering a stroke, but that the risk for depressed blacks is a huge 160 percent higher than for others.

The findings come in an unusually comprehensive study of 6,095 persons whose medical and psychological histories were tracked for 16 to 22 years. It shows

levels. For white women, the figure was 52 percent — roughly a third of the risk experienced by depressed blacks. The study does not separate percentages for black men and black women.

Bruce S. Jonas, a behavioral scientist with the Centers for Disease Control and Prevention, did the investigation, which was funded by nine federal health agencies. It is considered significant for several

And as Mr. Jones sees it, the study "tells us that reduction of depression is important for everyone. It has clinical implications." However, he cautions, "We can't look at these results and say depression causes stroke — the survey design doesn't permit that."

Yet it does add credence to past indicators that depression in America is widespread. Here's why

Participants had high levels of depression. Nearly a third (32.7 percent) were moderately depressed. But among blacks, 15.7 percent reported high levels of depression.

The symptoms of depression survey participants recorded and that the study refers to have scant relation to occasional "attacks of the blues." Depression is a mood disorder, the symptoms of which include the inability to concentrate or make decisions, decreased energy, feelings of worthlessness and



# Teen Birth, Poverty At Record Low

## But child study says rate of smoking, drug use still high

By Jenn Abelson  
STAFF WRITER

Despite drops in teen birth and child poverty rates, significant portions of America's youth are still smoking and drinking, and more than a quarter of high school seniors use illicit drugs, according to a government study released yesterday.

"From toddlers to teens, there's some good news in this report, but we have a long way to go in other areas," said Dr. Duane Alexander, director of the National Institute of Child Health and Human Statistics.

The birth rate for teenagers hit a record low of 30 births per 1,000 girls ages 15 to 17 in 1998, reflecting a steady decline from the rate of 39 per 1,000 in 1991. Rates among black and Hispanic girls decreased nearly one-third from 1991 to 1998, according to the annual report monitoring the status of America's children.

"We've made major progress. It's the combined educational efforts of federal, state, public, private and religious groups to change the culture,"

# Screening for breast cancer up

BY YVETTE CRAIG  
Star-Telegram Staff Writer

FORT WORTH — Nearly seven out of 10 women 50 years old and older say they've had a mammogram in the past two years, according to a report recently released by the Centers for Disease Control and Prevention's National Center for Health Statistics.

In the report, Health United States: 2000, 69 percent of the women in that age group reported a recent mammography in 1998, up from 61 percent in 1994.

## SENIOR NOTES

# Growth charts undergo a makeover

Newsday

Growth charts, that staple of the pediatrician's office, are coming of age. The newly revised charts better reflect our diversity and should be better predictors of when a child is at risk for being overweight.

Growth charts don't seem like such a big deal, but they are one concrete way a doctor can track a child's change in health.

Weight over the other children with the rising among children need a shot when a child is being overweight to help maintain

## To learn more...

You can look at the new growth charts via the Internet at: <http://www.cdc.gov/growthcharts>.

ier to pick up the risk of obesity earlier."

A BMI of 25 is generally regarded as overweight, while 30 or above is considered obese.

Greenstein, clinical assistant professor of pediatrics at New York University Medical Center in Manhattan.

The new charts for birth to 36 months are based on national data and should be a more accurate reflection nationally of all children, Greenstein

# Life expectancy at new U.S. high

## Fewer children dying from firearms

By David Pitt  
Associated Press

ATLANTA — Firearm deaths among children dropped 10 percent in 1998 and were down 35 percent from the high reached in 1994, the government reported yesterday.

Overall, Americans are managing to elude death a little bit longer, with life expectancy rising to a record 76.7 years.

The annual report on death rates, issued by the Centers for Disease Control and Prevention and the National Center for Health Statistics, led falling rates for eight of the leading causes of death.

The report shows 3,792 children 18 years old and under died from firearms, down from 5,797 in 1997. That is also down 35 percent from the record high of 8,880 in 1994, the report said.

The report also said that 10 children and teens

why, but we think there are a number of possibilities including heightened awareness, the strong economy and stronger law enforcement," she said.

President Clinton used the release of the report to call for full congressional funding of his \$280 million National Gun Enforcement Initiative and passage of his gun-safety legislation.

Government officials said administration policies, including hiring more police officers and strict enforcement of gun laws, have helped reduce gun deaths.

Patricia Gregory, a spokeswoman for the National Rifle Association, disagreed, saying education, safety and prevention programs should be credited for the decline.

The life expectancy for all Americans climbed from 76.5 in 1997 to 76.7, the result of declining homicide and death rates for heart disease, cancer, stroke, suicide, liver disease, and Alzheimer's disease.

arts do not use BMIs, BMIs are calculated on. This is because of a lot of bouncing around of growth in the early months of development, which correlate particularly with BMI, said Robert Anderson of the National Center for Health Statistics and the growth charts. "The growth charts for children make it more accurate measure of BMI use BMI you're ignoring the length, which is the error,"

ing to mean for? Probably not, Zmarski said. But, there are some charts, as in the 1970s - given that was based on the biggest difference between the two charts among the for-age higher than this will not classify as under-



# U.S. life expectancy highest ever

By ERIN McCLAM  
The Associated Press

ATLANTA — Life expectancy in the United States has climbed to an all-time high of nearly 77 years, while infant mortality has dropped to the lowest level on record, the government reported Wednesday.

A government study of death certificates

*"It shows if you follow what's generally deemed a good lifestyle, and you have good genes, you can beat a lot of stuff that can get in your way."*

Ari Minino

National Center for Health Statistics

health risks and demographics. The number does not take into account medical breakthroughs that might happen years from now to extend those lives even further.

Among whites, life expectancy was put at 77.4 last year, compared with 71.8 among blacks. Both races had higher life expectancies than they did in 1999,

NATIONAL NEWS

THE WASHINGTON POST

## Child Welfare Improving, Study Says

Teen Death, Youth Poverty Rates Drop to Lowest Levels in 20 Years

By GLENDA COOPER  
Washington Post Staff

The teen death rate has declined in the latest report released to the public. The report, from the National Indicator of Child Welfare, found that the country has created a generation that is better off and healthier than the one that preceded it.

## Minorities' health improving, but gap persists, report shows

By Joyce Howard Price  
THE WASHINGTON TIMES

Federal health officials yesterday released a new report that shows significant improvement in the health of racial and ethnic minorities even though major ethnic disparities persist.

The good news, said Surgeon General Douglas Costello, is that the

measuring children's well-being

## Teen births drop to new low in 2001

Babies born out of wedlock up again

By Cheryl Wetzstein  
THE WASHINGTON TIMES

The teen birthrate reached a record low in 2000, continuing a trend that began in 1991, the government said yesterday.

The birthrate for teens fell to 62.1 per 1,000 teens ages 15-19, the National Center for Health Statistics (NCHS) said in its report on births in 2000. This represents a nearly 22 percent decline from 1991, when the rate was 76.1 births per 1,000.

The decline is "very encouraging news," said Tommy G. Thompson, secretary of Health and Human Services.

At the same time, the number of babies born to single women rose to a new record high in 2000, reported. In 2000, 1,308,560 babies were born out of wedlock. In 2000, the number of out-of-wedlock births rose to 345,917. The portion of babies born out of wedlock rose from 33.1 percent in 1999 to 33.4 percent in 2000, a slight uptick from 1999.

The decline is "very encouraging news," said Health and Human Services Secretary Tommy G. Thompson.

NCHS report released last October. With the exception of four years — 1942, 1948, 1995 and 1997 — the number of unwed births has risen every year since 1940, when 89,500 babies were born out of wedlock, the NCHS said in its October report, "Nonmarital Childbearing in the United States, 1940-99."

Other highlights from yesterday's NCHS report on births in 2000:

- Total U.S. births reached 4,064,948, a 3 percent increase from 1999 and one of the highest birthrates in a decade.
- Birthrates for high school teens fell 4 percent from 1999, compared with 18- and 19-year-olds, whose birthrates rose 1 percent.

### DEATH DISPARITY

Age-adjusted U.S. death rates for selected causes of death by race and Hispanic origin (per 100,000 population)

	All	White	Black	Hispanic	Asian*
Total deaths, 1990:	518	483.7	785.2	395.2	285.5
Total deaths, 1998:	471.7	452.7	710.7	342.8	264.6
Percent change, 1990-98:	-8.9	-6.4	-9.5	-13.3	-7.3

# Fewer Antibiotics Are Prescribed

DRUGS, From A1

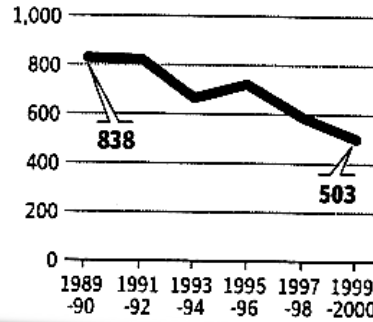
antibiotics use in Knoxville, Tenn., the American city with the highest per capita use of prescription drugs in the country.

That design featured a number of changes, including lectures and handouts to doctors. It produced a 40 percent decline in antibiotic prescription over the next two years. In Tennessee, the rate of antibiotic use can double that of other states. In Tennessee, the rate of antibiotic use can double that of other states. In Tennessee, the rate of antibiotic use can double that of other states.

## A Drop in Scripts

Fewer antibiotic prescriptions are being written for children and adolescents.

Number of antibiotic prescriptions per 1,000 children under 15



temptation to go back to the old behavior. So, reminders will be needed."

In the National Ambulatory Medical Care Survey, about 3,000 office practitioners are asked to record patient visits, and what they prescribe, for a week. The sample is chosen to represent the country statistically.

In the 1989-1990 survey, the average annual number of antimicrobial drugs prescribed in offices to children under age 15 was 45.5 million. In 1999-2000, it was 30.3 million. The rate of prescription per 1,000 visits fell from 838 to 503—a decrease of 40 percent. The rate at which trips to the doctor by children resulted in antibiotic prescriptions fell from 330

# Fewer Antibiotics Are Prescribed to Children

## 40 Percent Decline Reverses a Trend

By DAVID BROWN  
Washington Post Staff Writer

Antibiotic prescriptions for children fell by 40 percent over the course of the 1990s, reversing an upward trend that had fueled the emergence of hard-to-treat, drug-resistant bacteria, researchers reported yesterday.

The dramatic reversal was seen across the spectrum of common ailments of childhood, including ear infections, sore throats, bronchitis and miscellaneous respiratory infections. It was seen in all ways that drug prescribing is gauged—total number of prescriptions, prescriptions

doctors and parents, widespread media coverage of "super-bugs" and a few documented deaths from bacterial infection once would have been expected.

"It's a dramatic change," said Linda F. McCaig, an epidemiologist at the National Center for Health Statistics, the organization that regularly surveys the behavior of American physicians. "It's encouraging because it suggests that physicians may be changing their behavior appropriately."

The national survey appears in today's issue of the American Medical Association's journal. The survey is a successful 19

## The NATION'S HEALTH

June/July 2002

American Public Health Association

## Most adults shun exercise during leisure time

**D**ESPITE the narrowing fact that physical inactivity contributes to more than 300,000 deaths each year in the United States, 70 percent of American adults are not active in their leisure time—and 40 percent are not active at all, according to an April report from the National Center for Health Statistics.

and/or vigorous physical activity at least three times a week for a minimum of 20 minutes each time."

Those most likely to exercise were young white males, according to the report, which was based on more than 68,000 interviews with adults age 18 and older as part of the National Health Interview

times the poverty level were twice as likely to engage in regular leisure-time physical activity than adults with incomes below the poverty line.

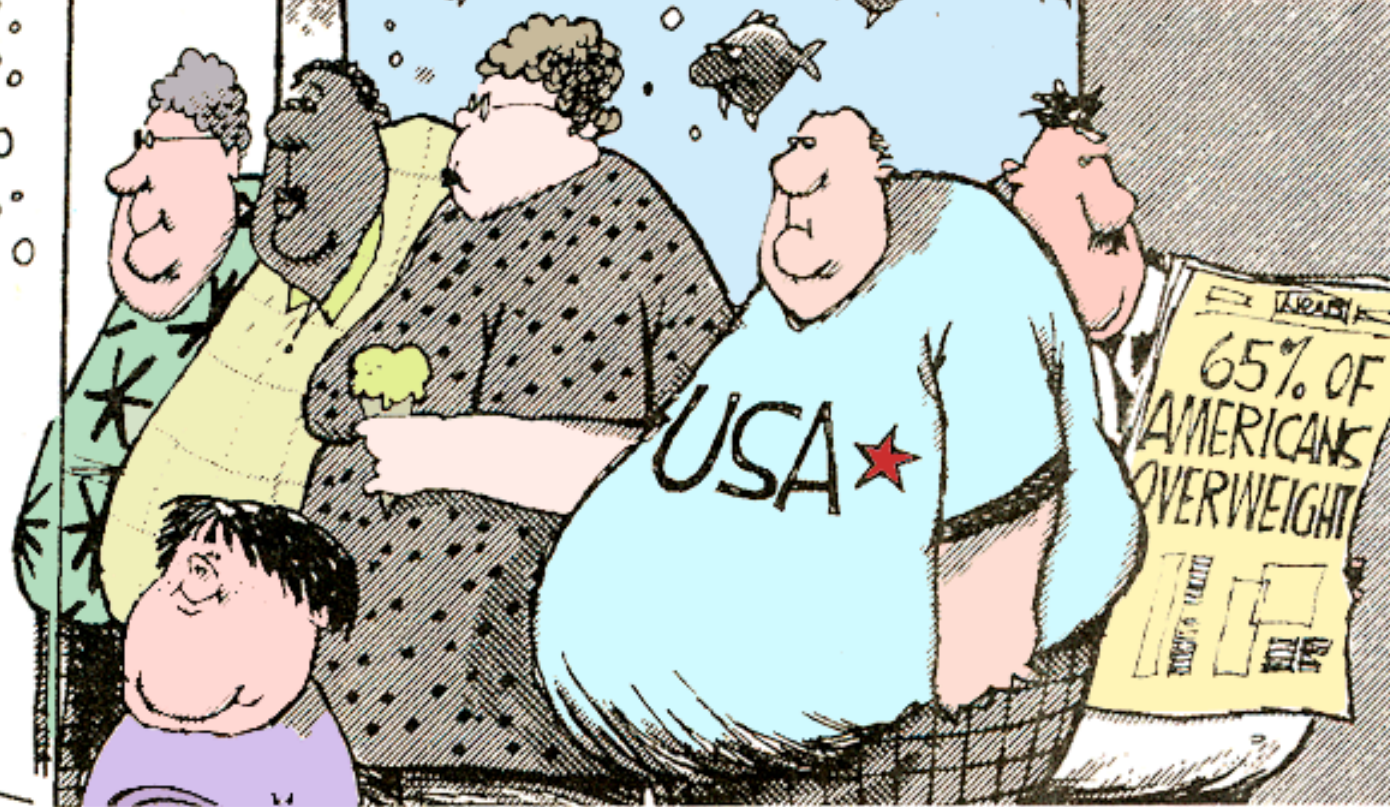
◆ **Marital status:** Married men and women were most likely to be physically active, but never-married adults were

per 1,000 9 percent. is the best happening in here a combination of the physician's age, and the determines

campaign began in a day-care town devastated by multiple pneumonias. One died. the Centers and Prevention to 150 key



...LOOK AT  
THE SIZE OF  
THOSE THINGS!...







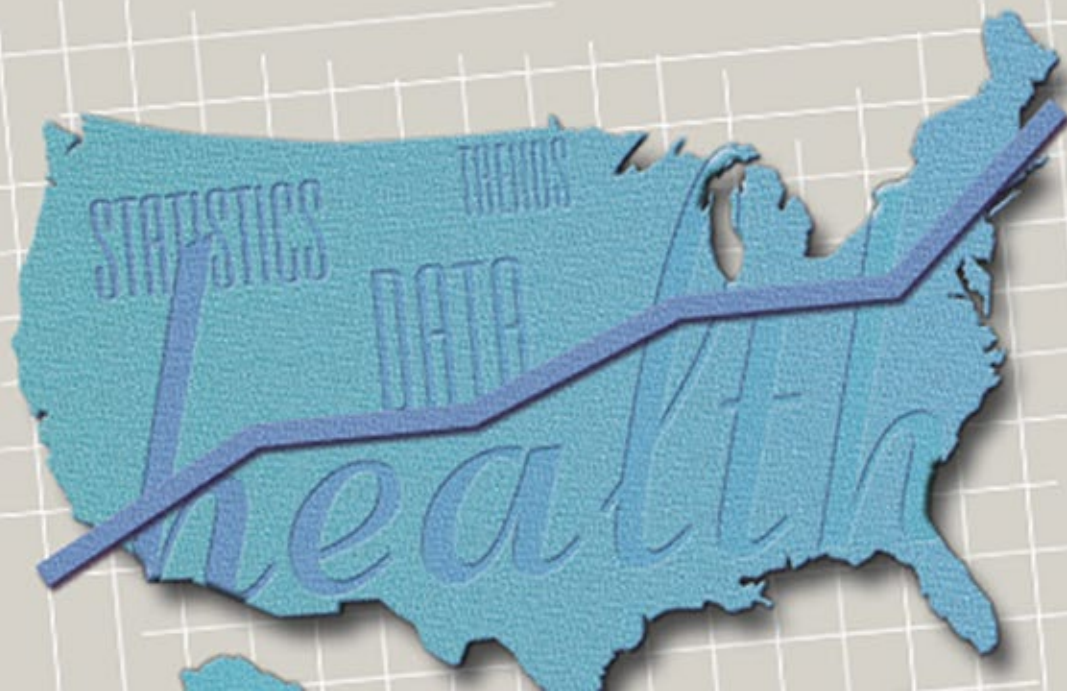
# Statistical Science Issues

- **Small area statistics**
- **Disability statistics**
- **International programs**
- **Minority and geographic specificity in NCHS programs**
  - **Community-based research**

Health, United States, 2000  
Adolescent Health Chartbook

Health, United States, 2001  
with Urban and Rural Health Chartbook

Health, United States, 2002  
with Chartbook on Trends in the Health of Americans



nchs



## AGE-ADJUSTED DEATH RATES BY HSA, 1988-92

LUNG CANCER  
WHITE FEMALE