



NCHS Research Agenda Brainstorming

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Reports Published in 2023

- 87 total which include—
 - 31 Data Briefs
 - 19 NHSRs
 - 14 NVSRs
 - 9 Series reports
 - 9 Rapid releases
 - 3 Health E-stats
 - 1 *HUS Annual Perspectives*
 - 1 VSRGs



National Health Statistics Reports
Number 197 ■ January 18, 2024

Trends in Emergency Department Visits Among People Younger Than Age 65 by Insurance Status: United States, 2010–2021
by Loredana Santo, M.D., M.P.H., Susan M. Schappert, M.A., and Jill J. Ashman, Ph.D.

Abstract
Purpose—This report describes trends in emergency department visits among people younger than age 65 from 2010 through 2021, by health insurance status and selected demographic and hospital characteristics.
Methods—Estimates in this report are based on data collected in the 2010–2021 National Hospital Ambulatory Medical Care Survey. Data were weighted to produce annual national estimates. Patient and hospital characteristics are presented by primary expected source of payment.
Results—Private insurance and Medicaid were the most common primary expected sources of payment at emergency department visits by people younger than age 65 from 2010 through 2021. Medicaid was the most common primary expected source of payment from 2014 through 2021. Among children younger than age 18 years, the most common primary expected source of payment was Medicaid across the entire period. The percentage of visits by children with no insurance decreased from 7.4% in 2010 to 3.0% in 2021. Among adults, the percentage of visits with Medicaid increased from 25.5% in 2010 to 38.9% in 2021, and the percentage of visits by those with no insurance decreased from 24.6% to 11.1% during this period. Among Black non-Hispanic and Hispanic people, Medicaid was the most frequent primary expected source of payment during the entire period. Among White non-Hispanic people, private insurance was the most frequent primary expected source of payment through 2015, while private insurance and Medicaid were the most frequent primary expected sources of payment from 2016 through 2021.
Keywords: hospital visits • public insurance • private insurance • uninsured • National Hospital Ambulatory Medical Care Survey (NHAMCS)

Introduction
Changes in health insurance coverage have impacted emergency department (ED) use in the past decade (1–8). The passage of the Affordable Care Act (commonly known as ACA) in 2010 was designed to increase access to health care, including access to primary care, and reduce potentially preventable ED visits and hospitalizations (2,3,6,7,9). The percentage of uninsured people in the United States decreased from late 2013 through 2020 (10). A study using data from the National Hospital Ambulatory Care Survey (NHAMCS) and the Healthcare Cost and Utilization Project showed that the proportions of ED visits by uninsured people decreased by 2.1 percentage points per year from 2014 through 2016, and the percentage of annual ED visits by people with Medicaid increased from 26% in 2013 to 34% in 2016 (5).
To further examine health insurance coverage for ED visits, this report describes trends in ED visits by primary expected source of payment from 2010 through 2021. Estimates of ED visits are presented as percentages by primary expected source of payment and by selected demographic and hospital characteristics.

Methods
Data sources
NHAMCS data on ED visits during 2010–2021 were used for this analysis. NHAMCS is a nationally representative survey of nonfederal general and short-stay hospitals conducted by the National Center for Health Statistics. NHAMCS


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

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National Vital Statistics Reports
Volume 72, Number 14
December 15, 2023

Mortality in Adults Age 65 and Older: United States, 2000–2019
by Ellen A. Kramarow, Ph.D., and Betzaida Tejada-Vera, M.S.

Abstract
Objectives—This report presents data on trends in mortality before the COVID-19 pandemic for adults age 65 and older. Death rates are presented by age group, sex, race and Hispanic origin, urban–rural status, and leading causes of death.
Methods—Mortality statistics in this report are based on death certificates filed in all 50 states and the District of Columbia during 2000–2019. The 10 leading causes of death reported are based on numbers of deaths for adults age 65 and older in 2019. Trends are evaluated using the National Cancer Institute's Joinpoint Regression Program, and annual percent changes in death rates are reported along with the years marking the inflection points where significant changes occurred in trends over time.
Results—From 2000 through 2019, age-adjusted death rates for adults age 65 and older decreased from 5,169.0 deaths per 100,000 U.S. standard population to 4,073.8, with a slower rate of decline from 2009 onward compared with earlier years. Among women, declines occurred in all age groups (65–74, 75–84, and 85 and older). Among men, declines occurred for those ages 75–84 and 85 and older. Overall, for men ages 65–74, death rates were stable from 2012 through 2019; however, death rates for Black non-Hispanic men ages 65–74 increased by 0.3% annually. Age-adjusted death rates were higher in rural areas than urban areas and declined more slowly in rural areas. Age-adjusted death rates for heart disease, cancer, chronic lower respiratory diseases, stroke, diabetes, kidney disease, and influenza and pneumonia were lower in 2019 than 2000, with varying rates of change over time.
Conclusions—Before the COVID-19 pandemic, mortality was declining among the population age 65 and older, although the pace of decline had slowed in the decade before the pandemic. Trends varied by age group, sex, race and Hispanic origin, and urban–rural status.
Keywords: deaths • older adults • National Vital Statistics System

Introduction
Before the COVID-19 pandemic, research on U.S. mortality documented periods of decline and stagnation in life expectancy at birth and increases in some cause-specific death rates among working-age adults (ages 25–64). These trends are attributed to a rise in drug- and alcohol-related and suicide deaths, along with a slowing of decline in deaths due to cardiovascular diseases (1–7). Mortality patterns among older age groups for recent decades have not been as thoroughly investigated, although research has shown disparities in life expectancy at age 65 by geographic location (8,9). Older adults have been disproportionately affected by COVID-19, with about 75% of all COVID-19-related deaths since 2020 occurring in people age 65 and older (10). A description of mortality for the older population before the pandemic contributes to a comprehensive picture of U.S. mortality trends and provides context for changes that have occurred since 2020. This report examines trends in mortality for the population age 65 and older from 2000 through 2019 by age group, sex, race and Hispanic origin, urban–rural status, and cause of death.

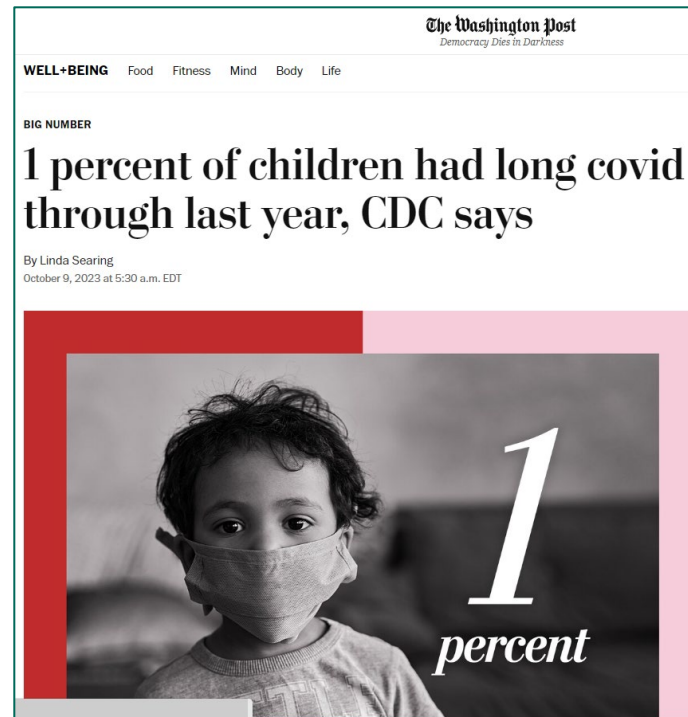
Data and Methods
Data
Mortality data in this report are from the National Center for Health Statistics 2000–2019 multiple cause-of-death mortality files (11). Trends are described from 2000 onward, highlighting changes in the 2000s and 2010s before the COVID-19 pandemic that coincide with changes in mortality for working-age adults (ages 25–64) (6). Data are based on information from death certificates filed in the 50 U.S. states and the District of Columbia from 2000 through 2019. Death certificates are generally completed by funeral directors, attending physicians, medical examiners, or coroners. Age, sex, and race and ethnicity of the decedent are demographic variables on the death certificate


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NCHS reports can be downloaded from: <https://www.cdc.gov/nchs/products/index.htm>

NCHS in the News Media (2023)

- 377 unique media articles tracked
 - Many syndicated to multiple outlets
 - 141% increase over 2022
- Biggest stories included—
 - Infant mortality
 - 2022 life expectancy
 - Maternal mortality
 - Births
 - Overdose and Suicide
 - Long COVID



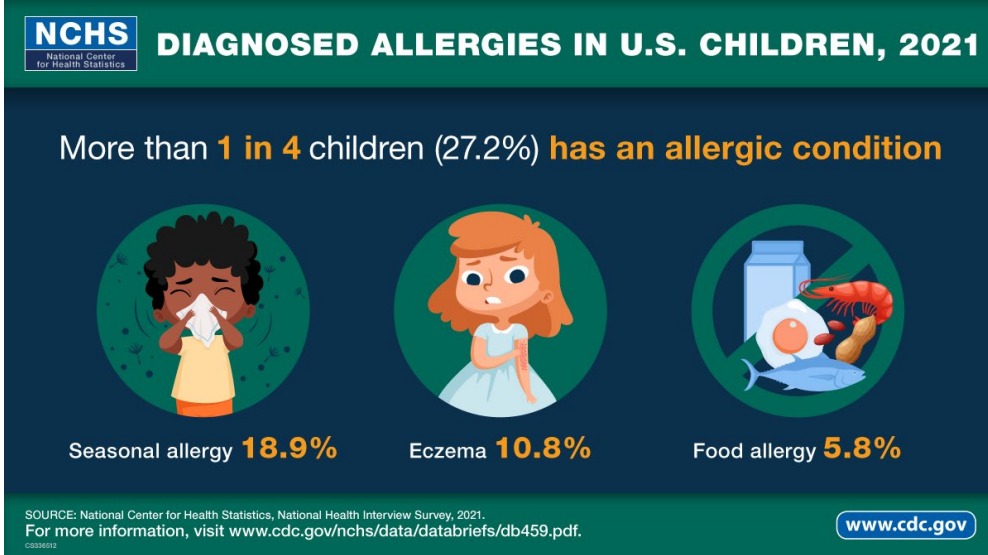
Products to support reports



Women were more likely than men to have arthritis in 2022

bit.ly/NCHS1044

www.cdc.gov/nchs



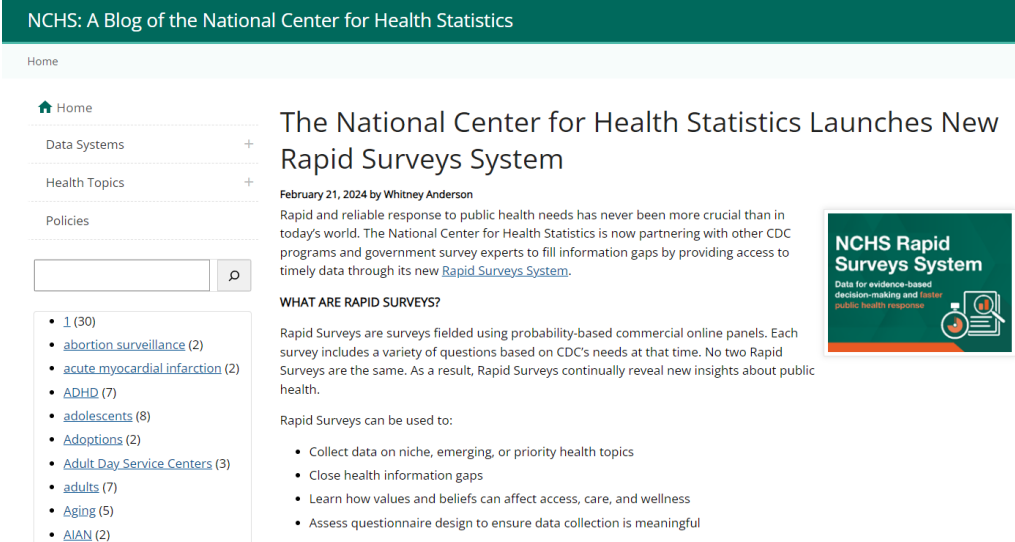
NCHS National Center for Health Statistics **DIAGNOSED ALLERGIES IN U.S. CHILDREN, 2021**

More than **1 in 4** children (27.2%) has an allergic condition

Allergy Type	Percentage
Seasonal allergy	18.9%
Eczema	10.8%
Food allergy	5.8%

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021. For more information, visit www.cdc.gov/nchs/data/databriefs/db459.pdf.

www.cdc.gov



NCHS: A Blog of the National Center for Health Statistics

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The National Center for Health Statistics Launches New Rapid Surveys System

February 21, 2024 by Whitney Anderson

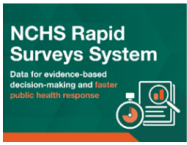
Rapid and reliable response to public health needs has never been more crucial than in today's world. The National Center for Health Statistics is now partnering with other CDC programs and government survey experts to fill information gaps by providing access to timely data through its new [Rapid Surveys System](#).

WHAT ARE RAPID SURVEYS?

Rapid Surveys are surveys fielded using probability-based commercial online panels. Each survey includes a variety of questions based on CDC's needs at that time. No two Rapid Surveys are the same. As a result, Rapid Surveys continually reveal new insights about public health.

Rapid Surveys can be used to:


- Collect data on niche, emerging, or priority health topics
- Close health information gaps
- Learn how values and beliefs can affect access, care, and wellness
- Assess questionnaire design to ensure data collection is meaningful




Data visualizations

Interactive Summary Health Statistics for Adults

Interactive Summary Health Statistics for Adults provide annual estimates of selected health topics for adults aged 18 years and over based on final data from the National Health Interview Survey. Estimates can be grouped by characteristics such as age, race, or sex by clicking on the "Group by" dropdown menu.



After you select the available health topics, the table will automatically be updated. The data can be viewed as a plot under the "Charts" tab, with line graphs for trends over time and grouped bar graphs for the cross-sectional view. The "Technical Notes" tab displays links to previous data releases as well as technical documentation on the measures and methodology used to produce the estimates. The generated table and graph can be downloaded with the download button  under each tab. To view the Korn-Graubard confidence intervals, select the "95% confidence intervals" checkbox.



Select topic:
Diagnosed hypertension 

Show 95% confidence intervals

Select data view:
 Trends over time
 Single Year

Year: 2019  to: 2022 




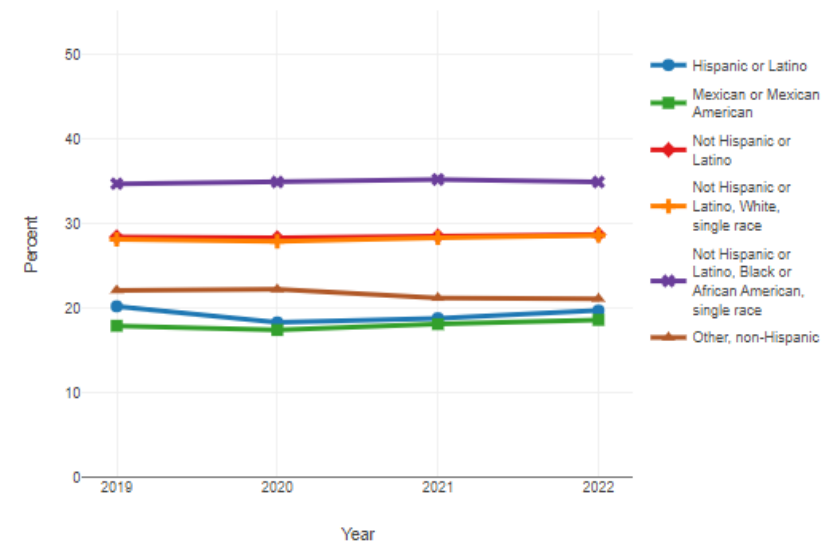
Group by:
Hispanic or Latino origin and race 
 Select Levels 

 Table  Charts  Technical Notes

 Percentage of diagnosed hypertension for adults aged 18 and over, United States, 2019—2022



Questions for the BSC



Given the diversity in both the topics and type of products we produce is NCHS hitting the right balance?



Are there suggestions about whether NCHS should be focusing publication efforts differently in terms of types of reports or products (e.g., producing shorter reports vs. longer)?



Does the Board use NCHS products currently, or find them useful?



Are there gaps in scientific content that NCHS could play a role in providing?



Should we consider incorporating more provisional data in key NCHS report types, such as Data Briefs?



Should NCHS consider other avenues of information dissemination beyond reports?