

# NCHS Update

## Board of Scientific Counselors

February 9, 2012



Edward J. Sondik

# Today's Update

- **Budget Update**
- **NCHS Activities and Program Highlights**

# NCHS Budget

- **FY 2011:** \$138.7M, same as FY 2010, plus \$30M ACA funding
- **FY 2012:** \$138.7M, same as FY 2011. Amount of ACA funding is uncertain
- **FY 2013:** Release of President's budget request on February 13

# **Activities and Program Highlights**

# On Our Minds ...

- **Timeliness of data**
- **Policy**
  - **Health Reform**
  - **Million Hearts and the ABCS**
- **Producing information to evaluate and manage the ACA and other health reform initiatives**
  - **ACA Section 4302: Data collection standards for race, ethnicity, sex, primary language and disability status**
  - **Testing LGB data collection**
- **Expanding the content of data systems**
- **Examples:**
- **CVD care follow-back**
  - **Sodium levels**
  - **Children's Fitness**
  - **Children's mental health**
  - **Infant mortality**
  - **Longevity**
- **ICD10-CM implementation**
- **Efficient designs for our survey programs**
- **Dissemination**

# National Health and Nutrition Examination Survey

- Released NHANES 2009-2010 within nine months of completion of survey cycle
- Published latest data on obesity – no change in 2009-2010 for adults and children
- And...

# Latest trans fat NHANES findings in JAMA – trans-fatty acids drop by 58% in white adults

The screenshot shows a web browser window displaying a CDC newsroom page. The page title is "CDC study finds levels of trans-fatty acids in blood of U.S. white adults has decreased". The main content area includes a date "For Immediate Release: February 8, 2012" and contact information for the CDC Division of News and Electronic Media. The text of the press release states that blood levels of trans-fatty acids (TFAs) in white adults in the U.S. population decreased by 58 percent from 2000 to 2009. It also mentions that CDC researchers selected participants from the National Health and Nutrition Examination Survey (NHANES) years 2000 and 2009 to examine trans-fatty acid blood levels before and after the Food and Drug Administration's 2003 regulation. A quote from Christopher Portier, Ph.D., director of CDC's National Center for Environmental Health Studies, is also present. The page features a left sidebar with navigation links, a right sidebar with utility options like "Text size" and "Email page", and a bottom taskbar with various application icons.

**Media Relations**

**Newsroom Home**

- African-American Media Resources
- Audio/Video Resources
- Autism Spectrum Disorders Resources
- Calendar Resources
- Contact Us
- Executive Leadership & Expert Bios
- EID Summaries
- CDC Fast Facts
- Formatted Articles
- Frequently Asked Questions
- Have You Heard?
- Hispanic Media Resources
- Hookup to Health
- Media Kit
- MMWR Summaries
- Newsroom Image Library
- Press Release Archive

[Newsroom Home](#) > [Press Release Archive](#)

## Press Release

For Immediate Release: February 8, 2012  
Contact :[CDC Division of News and Electronic Media](#)  
(404) 639-3286

### CDC study finds levels of trans-fatty acids in blood of U.S. white adults has decreased

Blood levels of trans-fatty acids (TFAs) in white adults in the U.S. population decreased by 58 percent from 2000 to 2009 according to a Centers for Disease Control and Prevention study published in the Feb. 8 edition of the Journal of the American Medical Association. This is the first time CDC researchers have been able to measure *trans* fats in human blood.

CDC researchers selected participants from the National Health and Nutrition Examination Survey (NHANES) years 2000 and 2009 to examine trans-fatty acid blood levels before and after the Food and Drug Administration's 2003 regulation, which took effect in 2006, requiring manufacturers of food and some dietary supplements to list the amount of TFAs on the Nutrition Facts panel of the product label. During this period, some local and state health departments took steps to help consumers reduce their daily consumption by requiring restaurants to limit their use of TFAs in food and increase public awareness campaigns about the health risks associated with TFAs.

"The 58 percent decline shows substantial progress that should help lower the risk of cardiovascular disease in adults," said Christopher Portier, Ph.D., director of CDC's National Center for Environmental Health Studies. "This is the first time CDC researchers have been able to measure *trans* fats in human blood."

**Text size:** [S](#) [M](#) [L](#) [XL](#)

- [Email page](#)
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- [Newsroom Site Map](#)

**View Press Releases in**  
[Español \(Spanish\)](#)

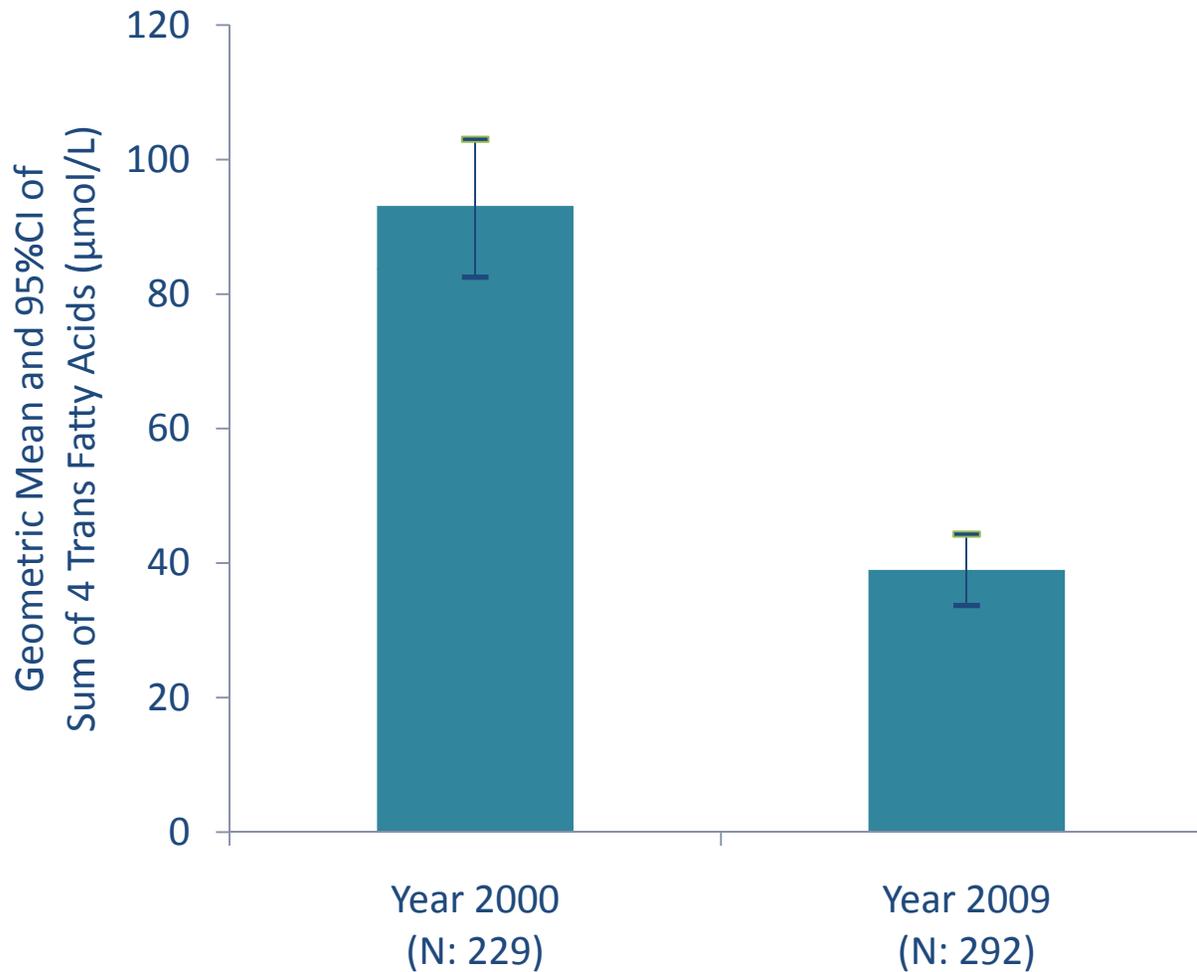
**CDC 24/7**  
Saving Lives. Protecting People. Saving Money through Prevention.  
[LEARN MORE ABOUT HOW CDC WORKS FOR YOU.](#)

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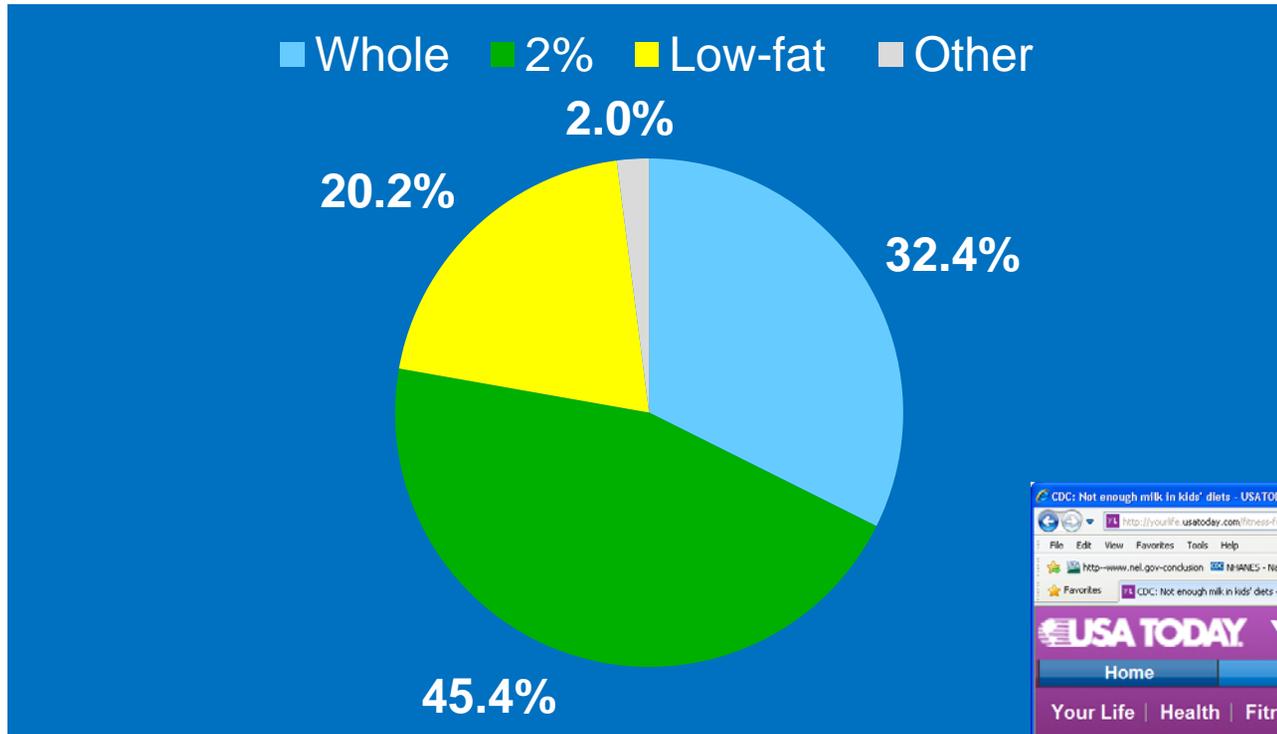
Trusted sites 100%

start | Incho... | Presentation1... | slides for San... | CDC Online N... | 9:19 A

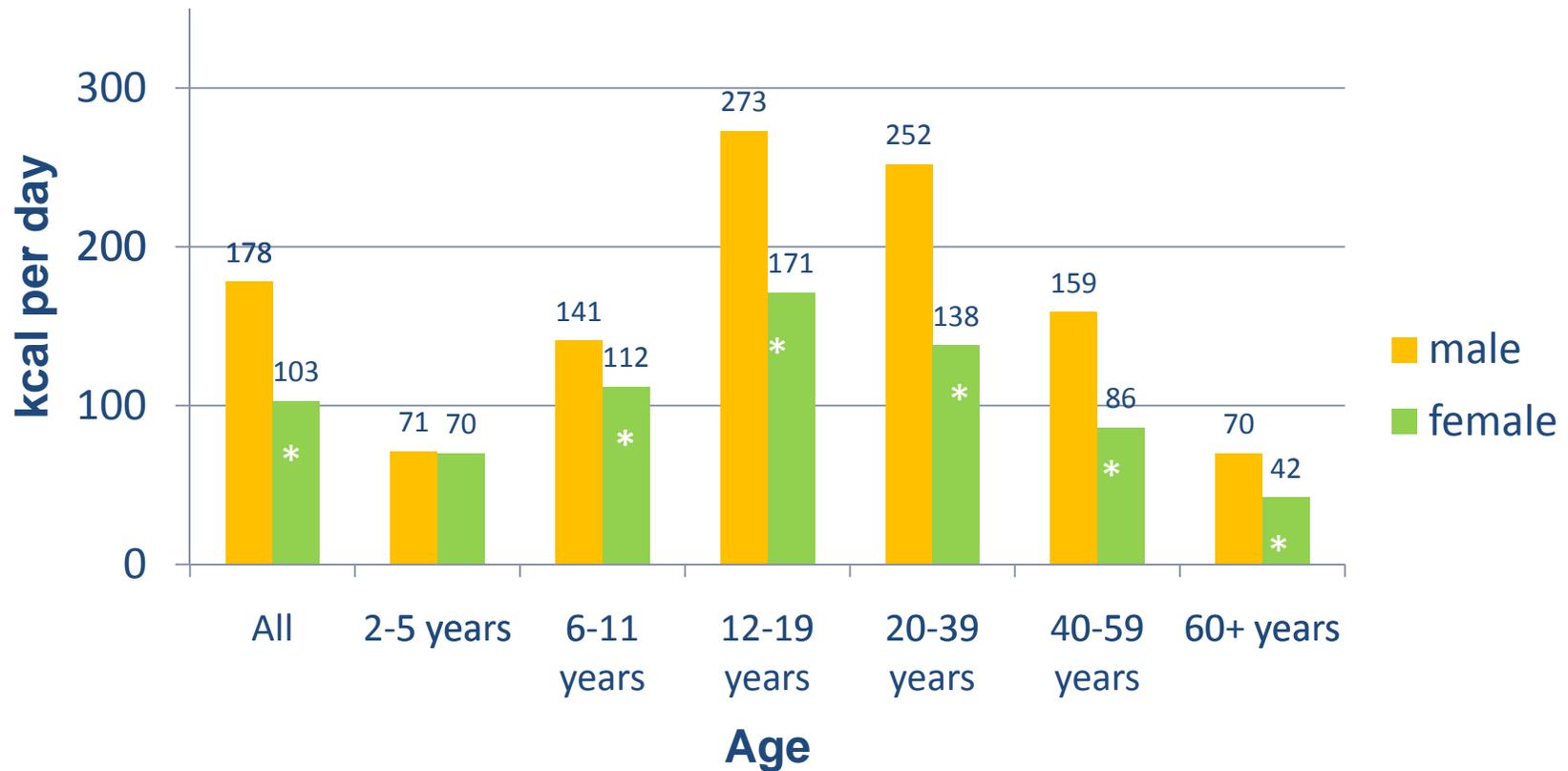
**In Non-Hispanic Whites the Mean Level of the Sum of Four Major TFAs Was 58% Lower in Samples Collected in 2009 as Compared to 2000**



# Usual type of milk consumed among youth, 2-19 years, 2007-2008



# Mean Kilocalories from Sugar Drinks Ages 2+, 2005-08



Data was published as a Data Brief August 2011

# NHANES Asian Oversample

- 2011-2014, successfully implemented.
- Survey materials in Korean, Vietnamese, Chinese simplified and traditional languages.
- Publicity in SF.

## San Francisco Chronicle

### SF health team to ask diet questions, take samples

Victoria Colliver, Chronicle Staff Writer

Saturday, November 12, 2011

PRINT E-MAIL SHARE COMMENTS (8)

FONT | SIZE: - +



Brant Ward / The Chronicle

Phlebotomist Vicki Pietz (left) prepares to draw blood in her trailer for the federal survey.

In four 50-foot white trailers located near the Embarcadero in San Francisco, federal researchers will begin examining, measuring, testing and querying selected residents today about virtually every aspect of their health and what they eat.

49

Tweet

24

share

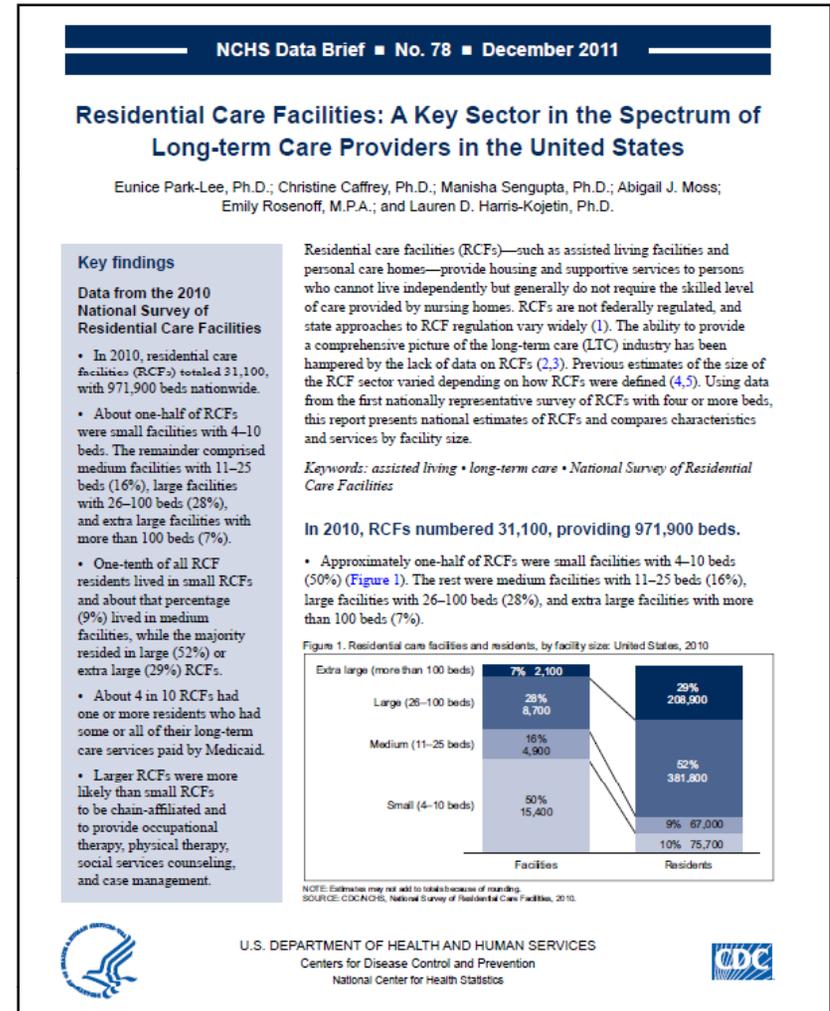
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+1

It's part of the largest and longest-running health analysis in the

# Health Care Statistics

- 2010 National Survey of Residential Care Facilities data files released 10 months after survey ended
  - Lauren Harris-Kojetin presented findings before Senate Committee on Aging on day the file was released



# Health Care Statistics

- Completed first year of 3-year longitudinal survey of changes to physician workflow from EHR adoption
  - Sponsored by the HHS Office of the National Coordinator for Health Information Technology
  - 2011 data released in 4 months
- EHR mail survey collecting data on providers' acceptance of new patients with Medicaid and Medicare
  - Essential data for the Medicaid and CHIP Payment and Access Commission (MACPAC)

# Health Care Statistics

- NAMCS and NHAMCS and the Million Hearts Campaign with a focus on the ABCS
  - Aspirin
  - Blood Pressure
  - Cholesterol
  - Smoking

# New DHCS Director

## New DHCS Director–Clarice Brown

- Former DHCS Deputy Director
- Ten years in the private sector, developing and directing health care surveys, including work for NIH and NCHS
- Ten years at NHLBI in data analysis and program evaluation using NCHS data

# Health Interview Statistics

- Released 2009-2010 National Survey of Children with Special Health Care Needs
- Nearing completing of data collection for 2011 National Survey of Children's Health
- Collected data on key aspects of health insurance coverage related to ACA -- significant media coverage



## Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2011

by Michael E. Martinez, M.P.H., M.H.S.A., and Robin A. Cohen, Ph.D.  
Division of Health Interview Statistics, National Center for Health Statistics

### Highlights

- From January through June 2011, 46.6 million persons of all ages (15.3%) were uninsured at the time of interview, 60.0 million (19.7%) had been uninsured for at least part of the year prior to interview, and 34.2 million (11.2%) had been uninsured for more than a year at the time of interview.
- From January through June 2011, the percentage of children under age 18 years who were uninsured at the time of interview was 7.3%.
- Among adults aged 19–25, the percentage uninsured at the time of interview decreased from 33.9% (10 million) in 2010 to 28.8% (8.7 million) in the first 6 months of 2011.
- Among adults aged 19–25, 55.8% were covered by a private plan in the first 6 months of 2011, an increase from 2010 (51.0%).
- From January through June 2011, 29.1% of persons under age 65 with private health insurance at the time of interview were enrolled in a high deductible health plan (HDHP), including 8.9% who were enrolled in a consumer-directed health plan (CDHP). More than 50% of persons with a private plan obtained by means other than through employment were enrolled in an HDHP. An estimated 20.8% of persons with private health insurance were in a family with a flexible spending account (FSA) for medical expenses.

### Introduction

The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the 2011 National

Health Interview Survey (NHIS), along with comparable estimates from the 1997–2010 NHIS. Data analyses for the January–June 2011 NHIS were based on 52,043 persons in the Family Core.

Three measures of lack of health insurance coverage are provided: (a) uninsured at the time of interview, (b) uninsured at least part of the year prior to interview (which also includes persons uninsured for more than a year), and (c) uninsured for more than a year at the time of interview. Estimates of public and private coverage are also presented. This report includes estimates for adults aged 19–25 (Tables 1, 2, 3, and 7), which are of special interest because of provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152).

For individuals with private health insurance, estimates are presented for enrollment in high deductible health plans (HDHPs), enrollment in consumer-directed health plans (CDHPs), and being in a family with a flexible spending account (FSA) for medical expenses.

This report is updated quarterly and is part of the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website at: <http://www.cdc.gov/nchs/nhis.htm>.

For more information about NHIS and the ER Program, see the “Technical Notes” and “Additional Early Release Program Products” sections of this report.

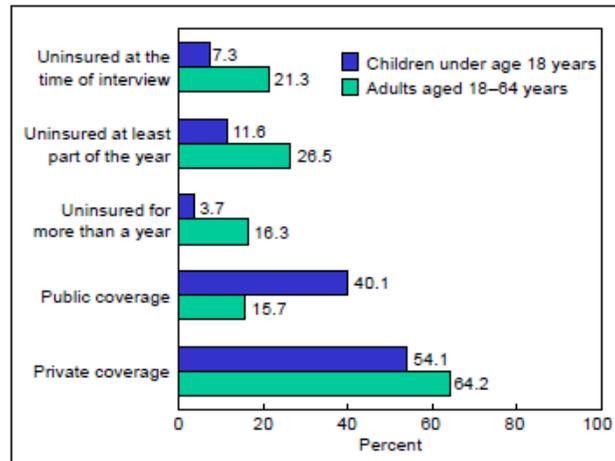


Figure 1. Percentage of persons without health insurance, by three measurements and age group, and percentage of persons with health insurance at the time of interview, by coverage type and age group: United States, January–June 2011

NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2011, Family Core component.



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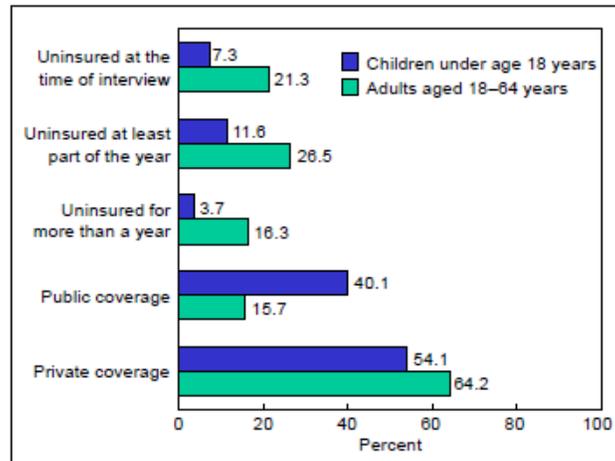


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DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2011, Family Core component.

# USA Today

Thursday, December 15, 2011, page 2A

## Health care law helps 2.5 million young adults get insurance

By Kelly Kennedy, USA TODAY

WASHINGTON -- More than 2.5 million adults younger than 26 have stayed on their parents' health insurance plans because of a provision in last year's health care law, the Department of Health and Human Services said Wednesday. "It shows what a big difference this is already making in Americans' lives," HHS Secretary Kathleen Sebelius said.

## Health and Access to Care Among Employed and Unemployed Adults: United States, 2009–2010

Anne K. Driscoll, Dr.P.H., and Amy B. Bernstein, Sc.D.

### Key findings

#### Data from the National Health Interview Survey, 2009–2010

- In 2009–2010, 48.1% of unemployed adults aged 18–64 years had health insurance compared with 81.4% of employed adults; among the insured, a higher proportion of the unemployed had public insurance.
- Unemployed adults had poorer mental and physical health than employed adults; this pattern is found for insured and uninsured adults.
- Unemployed adults were less likely to receive needed medical care due to cost than the employed in each insurance category.
- The unemployed were less likely to receive needed prescriptions due to cost than the employed in all insurance categories.
- Uninsured adults were less likely to receive needed medical care and prescription drugs due to cost than those with public or private insurance, regardless of employment status.

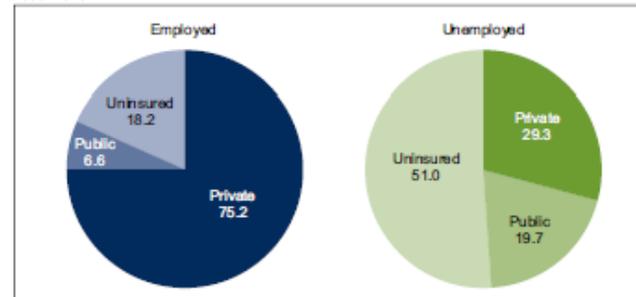
The 2007–2009 recession was the longest and deepest since the Great Depression; the economy is still recovering (1). U.S. unemployment rates were 9.3% in 2009 and 9.6% in 2010, levels not seen since 1983 (2). Health insurance is a major determinant of access to both preventive and acute health care. Most Americans rely on employer-provided insurance. Thus, unemployment affects their access to health services, due to both loss of employer-sponsored health insurance and reduced income (3).

This report uses data from the 2009 and 2010 National Health Interview Survey (NHIS) to compare the health insurance status, health, and access to health care of employed and unemployed adults aged 18–64 years. It compares health status and access to care between the employed and unemployed by insurance status to show associations between these factors and employment net of insurance status, a major determinant of health care access.

*Keywords:* health insurance • employment • health • access to care

### Unemployed adults aged 18–64 years were less likely to have private insurance and more likely to be uninsured than employed adults.

Figure 1. Insurance status among adults aged 18–64 years, by employment status: United States, 2009–2010



NOTE: Access data table for Figure 1 at: [http://www.cdc.gov/nchs/data/databriefs/db83\\_tables.pdf](http://www.cdc.gov/nchs/data/databriefs/db83_tables.pdf).  
SOURCE: CDC/NCHS, National Health Interview Survey.



HealthDay

Tuesday, January 24, 2012

## **Even With Insurance, Unemployed Have Worse Health Outcomes**

Report finds that high co-pays, deductibles can still make medical care unaffordable

By Steven Reinberg  
HealthDay Reporter

TUESDAY, Jan. 24 (HealthDay News) -- People without jobs who have health insurance are less likely to get medical care or prescription drugs than people with jobs who have such coverage, U.S. health officials reported Tuesday.

"Insurance without a job is a difficult position to be in," said report author Anne Driscoll, a senior fellow at the CDC's National Center for Health Statistics. In the study, Driscoll and her colleague, Amy Bernstein, wanted to find out whether having private, public or no insurance mattered if you were employed or unemployed

# Survey of Pathways to Diagnosis and Services, 2011

## A National Survey on the Health Care and Diagnostic History of CSHCN With Autism, Developmental Delay & Intellectual Disability

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- **Sponsor:** National Institute of Mental Health, using American Recovery and Reinvestment Act of 2009 funds
- **Source of Sample:** Follow-up to the SLAITS 2009-2010 NS-CSHCN
- **Eligibility:** CSHCN aged 6-17 years identified as having (or having had) autism/ASD, intellectual disability, and/or developmental delay
- **Content:** Context of original diagnosis, history of other diagnoses, history of clinical service use, current educational service use, parent perceptions of disorder and service effectiveness, current symptomology and impairment levels
- **Respondent:** Same parent or guardian identified in the NS-CSHCN
- **Telephone Interview Completion Rate:** About 62%
- **Sample Size:** 4,031 completed telephone interviews

# Vital Statistics

- New 5-year contract with States to provide birth and death records ready to go to States for review and approval
- Secretary approved moving forward with minimum standards for Birth Certificates
  - January 2012 - OMB publishes public notice of birth certificate standards required by the Intelligence Reform and Terrorism Prevention Act

# Latest Newsletter to the States Keeps States and NCHS up-to-date

**NCHS Vital News**  
Quarterly E-newsletter from the National Vital Statistics System, National Center for Health Statistics

**Budget News and the VSCP Contracts**

*Timeliness of Data and reports*

[Model Law Revision Status](#)

[Status of Birth Certificate Regulations in Response to the Intelligence Reform and Terrorism Prevention Act](#)

[Civilian Out-of-Country Deaths](#)

[Potential Changes to the NDI](#)

[Vital Statistics Records and Their Administration Course](#)

[The DVS Birth Data Team Needs YOU!!](#)

[NVSS/Steve Translator Project Update](#)

[Automated Year-to-Date TRANSAX Returns](#)

[2012 MMDS Desktop Software](#)

[MMDS Desktop Software and WINDOWS7](#)

[Revised Fetal Death Coding Manual](#)

[VIEWS \(Validation and Interactive Edits Web Service\)](#)

[Rare Cause Confirmation- New Procedure](#)

[New Birth Reports Highlight National and State-Specific Patterns](#)

[New Death Reports](#)

[National Survey of Family Growth Releases 2006-2010 Files with Record 22,682 Interviews and New Reports](#)

[Intercensal Population Estimates](#)

[ICD-11 Update](#)

[Coming Attractions](#)

[2012 National Conference for Health Statistics](#)

[VSCP File Receipt Status \(as of January 10, 2012\)](#)

[New State Registrar's Corner](#)

**Budget News and the VSCP Contracts**

NCHS was fortunate this fiscal year and did not receive the significant cuts that other agencies received. In fact, NCHS received additional funding from the Affordable Health Care Act's Public Health Fund that can be applied to state activities under the new VSCP 5-year contract. These funds have not been placed in my budget at this point and I have not seen the exact requirements for their use, but this is indeed excellent news. Also the new 5-year contract for 2012-16 should be out this week! Hopefully when all states have signed off, we will have smoother sailing from a contract perspective for the next 5 years. Funding in this fiscal for the beginning of the 5 year contract looks quite promising at the moment.

**Timeliness of Data and Reports:**

Thanks to the help provided by states, NCHS has improved its timeliness of reports. We published our preliminary report for 2010 births in November 2011 and our preliminary report for 2010 deaths this month. We plan to do even better this year and hope to release our preliminary reports for 2011 for both births and deaths this summer. We need your help to do this. All we are asking is for states to meet their contract timelines for 2011. States with significant delays include:

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# Vital Statistics

## Timeliness of reports has improved

- Preliminary report for 2010 births published November 2011
- Preliminary report for 2010 deaths published January 2012
- Preliminary 2011 reports for birth and death on track for release summer 2012

# Teen Births Down Nine Percent; Cesareans Down First Time in 10 Years; Preterm Births Down Four Consecutive Years

National Vital  
Statistics Reports

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Volume 60, number 2

November, 2011

## **Births: Preliminary Data for 2010**

by Brady E. Hamilton, Ph.D.; Joyce A. Martin, M.P.H.; Stephanie J. Ventura, M.A., Division of Vital Statistics.

# Homicide Drops from the 15 Leading Causes Of Deaths

## National Vital Statistics Reports

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Volume 60, Number 4

January 11, 2012

### **Deaths: Preliminary Data for 2010**

by Sherry L. Murphy, B.S.; Jiaquan Xu, M.D.; and Kenneth D.  
Kochanek, M.A.; Division of Vital Statistics

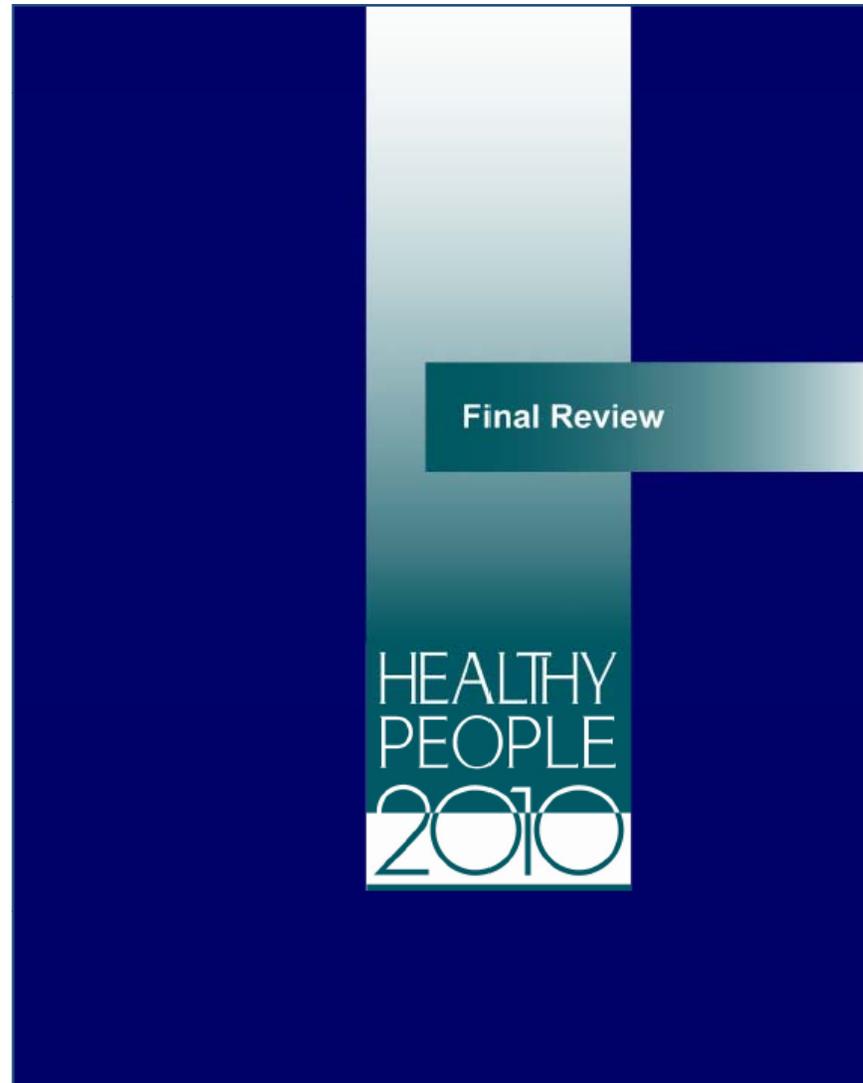
# Office of Analysis and Epidemiology

## Linked Medicaid files released

### November 2011 have the potential to:

- Identify Medicaid beneficiaries prior to and after survey years given intermittent program eligibility
- Examine utilization of care for beneficiaries with specific conditions (e.g. asthma medications)
- Examine costs for sub-groups of beneficiaries (e.g. obese)

# HP2010 Final Review Reported on 970 Objectives in 28 Focus Areas



# Healthy People 2020 Launched 1,200 Objectives in 42 topic areas

## Four overarching goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all; and
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

**Data Responsibility: NCHS**

# Healthy People 2020 Objectives Linked to Health Indicators Warehouse

**HEALTH INDICATORS WAREHOUSE**

Your indicator list is empty. Add Indicators

HOME INDICATORS RESOURCES ABOUT FOR DEVELOPERS

Search for Indicators

Share

## Welcome to the Health Indicators Warehouse (HIW)

Indicators in the HIW are categorized by topic, geography, and initiative.  
Select your starting point for exploring indicators in the HIW.

### by Topic

Each indicator in the HIW is associated with one or more topic areas, such as disease, condition, age group or sociodemographic characteristics.

Select a topic

### by Geography

Most of the indicators in the HIW have national level data. Many indicators also have data available by state, county, and hospital referral regions.

Select a state

### by Initiative

The HIW contains indicators derived from and in support of several state and federal health indicator initiatives.

Select an initiative

# Healthy People 2020 Objectives Linked to Health Indicators Warehouse

The screenshot shows the Health Indicators Warehouse (HIW) homepage. At the top, there is a navigation bar with links for HOME, INDICATORS, RESOURCES, ABOUT, and FOR DEVELOPERS. A search bar for indicators is also present. Below the navigation bar, a welcome message states: "Welcome to the Health Indicators Warehouse (HIW). Indicators in the HIW are categorized by topic, geography, and initiative. Select your starting point for exploring indicators in the HIW." Three main categories are highlighted: "by Topic", "by Geography", and "by Initiative". Each category has a brief description and a "Select a [category]" button. A "What's New" section is visible at the bottom left, featuring a "Release of Version 1.4.7" dated January 23, 2012.

The screenshot shows the HealthyPeople.gov website. The page is titled "Access to Health Services" and is part of the "2020 Topics & Objectives" section. It features a navigation bar with links for Home, About Healthy People, 2020 Topics & Objectives, Implementing Healthy People, Consortium & Partners, Stay Connected, and Leading Health Indicators. The page includes a search bar and social media links. Below the navigation bar, there are tabs for "Overview", "Objectives", and "Interventions & Resources". A "Download all Access to Health Services Objectives [PDF — 20 KB]" link is available, along with an "Expand All Objectives +" button. The main content area displays the objective "AHS-1 Increase the proportion of persons with health insurance". Underneath, there is a table with the following data:

Indicator	Value
Baseline:	83.2 percent of persons had medical insurance in 2008
Target:	100 percent
Target-Setting Method:	Total coverage
Data Source:	National Health Interview Survey (NHIS), CDC, NCHS

Additional links include "Close Details", "Health Warehouse", "The HP2010 objective with the same definition was 1-1. View on DATA2010", and "Search PubMed for Literature Relating to this Objective".



# **Search for OAE Director**

# Farewell to Diane

## **Diane Makuc is retiring this month**

- Acting Director, OAE
- Associate Director for Science, OAE
- Led Health US from 1984 to 2002
- Spearheaded many task forces, committees, Center-wide activities
- Analytical powerhouse for NCHS

# Office of Research and Methodology

## New Projects

- QDRL: Evaluating blood donor questionnaires regarding men who have sex with men and a potential policy change
- With ASPE: Improved small area estimation

# Office of Research and Methodology

## New Projects (cont'd)

- James Lepkowski, University of Michigan and a former BSC member, will be a part-time ORM staff member conducting research and consulting with NCHS staff
- DHIS and ORM have formed a joint NHIS Sample Redesign Committee to work on the next redesign.

# ORM Director Nathaniel Schenker

- Candidate for President of the American Statistical Association for a three-year term (2013-2015), first as President-Elect, then as President, and finally as Past President
- Last served as vice president 2008-2010

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- ➔ This announcement not supported by any Political Action Committee

# SAVE THE DATE

AUGUST 6–8, 2012

RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL  
999 NINTH STREET NW, WASHINGTON DC 20001

## August 6 One-day Learning Institute

Get hands-on training in accessing and analyzing NCHS survey data.

## August 7–8 Main Conference

Learn about the latest developments at NCHS and hear from national leaders in the fields of health, health data, and statistics.

For e-mail updates, join the Conference mailing list at:  
<http://www.cdc.gov/nchs/events/2012nchs/>



The National Center  
for Health Statistics  
announces its

NATIONAL CONFERENCE  
ON HEALTH STATISTICS

# 2012



# Poster Competition Student Awards

CDC Home  
 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

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## 2012 National Conference on Health Statistics

[NCHS Home](#) > [Events](#)

**2012 National Conference on Health Statistics**

Poster Sessions

Hotel

Text size: [S](#) [M](#) [L](#) [XL](#)

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### Welcome to the 2012 National Conference on Health Statistics Website

[\*\*Poster Abstract Submission Now Open!\*\*](#)

The National Center for Health Statistics (NCHS) is pleased to invite you to attend the **2012 National Conference on Health Statistics** to be held August 6-8, 2012, at the Renaissance Washington DC Downtown Hotel, 999 Ninth Street, Washington, DC 20001.

Our biennial conference focuses on the critical importance of public health data in making an impact on the health and well-being of the U.S. population. The 2012 Conference will emphasize current NCHS data activities and their relationship to today's critical health issues. Through presentations, interactive workshops, and other innovative approaches, the goal of the Conference is to further attendees' understanding of the importance and relevance of public health data.

Included in the 2012 Conference is a 1-day **Learning Institute** on August 6, where participants will receive hands-on training in accessing and analyzing NCHS survey data and will explore learning modules on the use of selected data access tools. The Learning Institute will be

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Get hands-on training in accessing and analyzing NCHS survey data.

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Learn about the latest developments at NCHS and hear from national leaders in the fields of health, health data, and statistics.

For e-mail updates, join the Conference mailing list at:  
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Faded text, likely a continuation of the conference information, including the URL <http://www.cdc.gov/nchs/events/2012nchs/>.