

NCHS Update for the Board of Scientific Counselors



Charles J. Rothwell
Director, NCHS

May 2016

ADMINISTRATIVE AND BUDGET UPDATES



Budget Update FY 2016

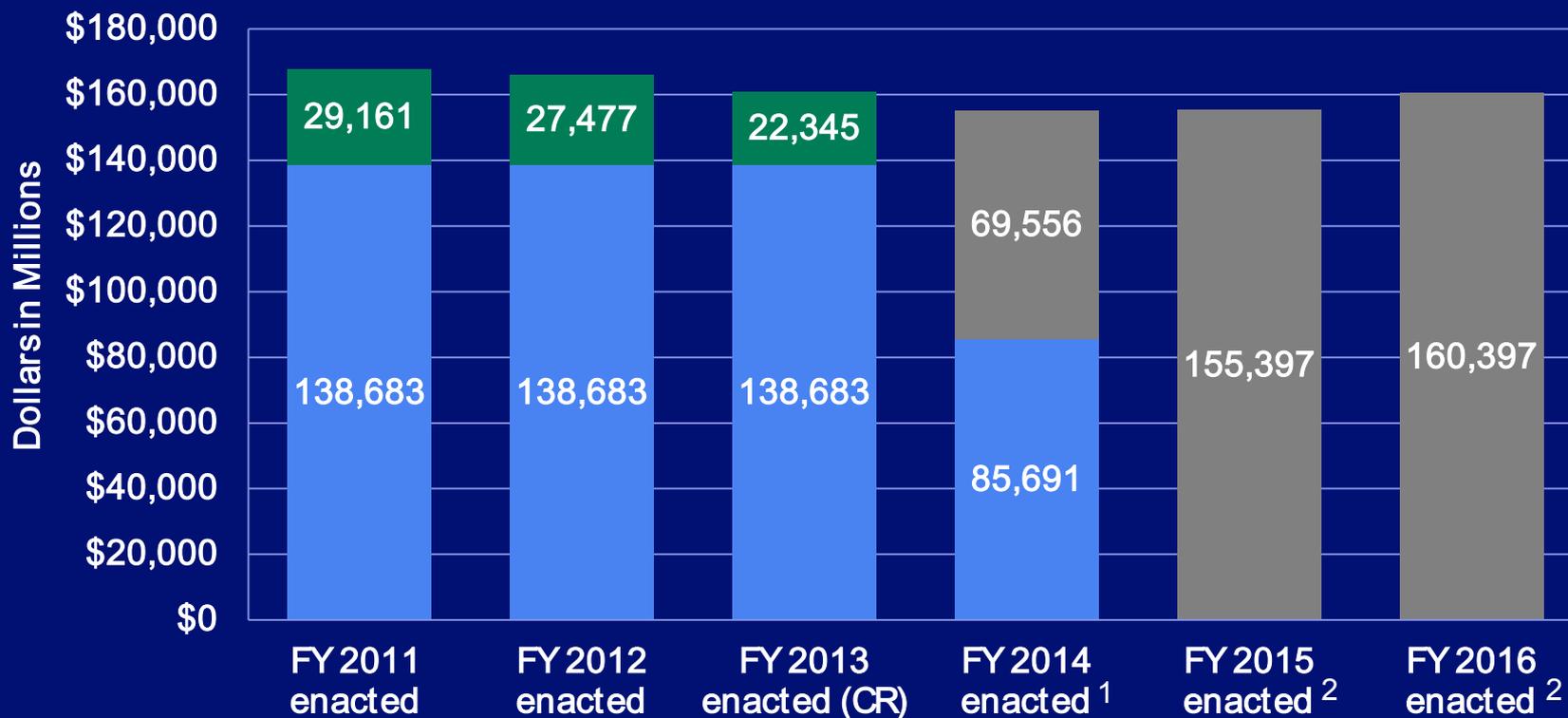
- **FY 2016 Health Statistics Appropriation: \$160,397,000 in Budget Authority—consistent with the FY 2016 request**
 - \$5 million increase for improving electronic death reporting
 - No Prevention and Public Health Funds (\$12 million requested) to support NHIS sample increase and additional content to monitor changes in health care

FY 2017 Budget Request

- **Requests \$160,397,000 for Health Statistics—level with FY 2016 enacted**
 - Includes funds for administrative and business services as part of the CDC Working Capital Fund (planning about \$17 million)
- **With this budget, NCHS would maintain ongoing health and health care surveys and purchase vital registration data**
- **No PPHF request**

NCHS Budget History

- Prevention and Public Health Fund
- Budget Authority
- Public Health Service (PHS) Evaluation Funds



¹Amount includes \$15,397 million in Budget Authority for administrative and business services through the CDC Working Capital Fund.

²Amount includes funding for administrative and business services through the CDC Working Capital Fund.

NOTE: CR is continuing resolution.

CDC Ebola and Zika Response NCHS Deployments

- **Ebola (24)**

- DHANES (10), DHCS (1), DVS (1), OAE (8), DRM (2), OD (2)

Countries with Former Widespread Transmission and Current, Established Control Measures¹

Country	Total Cases (Suspected, Probable, and Confirmed)	Laboratory-Confirmed Cases	Total Deaths
Guinea ²	3804	3351	2536
Sierra Leone ³	14122	8704	3955
Liberia ⁴	10675	3160	4809
Total	28601	15215	11300



- **Zika (13 to date)**

- DHANES (5), DHCS (1), DVS (3), DRM (2) DHIS (1) OD (1)
 - Three staff have served in Puerto Rico; more are ready for deployment

Congratulations to Dr. Jennifer Madans, recipient of the 2015 Roger Herriot Innovation Award!



invite all Applied Demographers and PAA members interested in applied demography to the

Applied Demography Reception

where the focus is **networking**

You will have the opportunity to meet this year's recipients of the **2016 Excellence In Public Service Awards**, and to talk with **Applied Demographers** working in various fields including federal government, state and local government, academia, business, and non-profit.

Light Hors D'oeuvres and Cash Bar

When: Thursday, March 31 • 6:30 to 8:00 p.m.

Where: Wardman Lobby • Marriott Wardman Park • Washington, DC

2016 PAA Excellence In Public Service Award Recipients



The Honorable
Barbara Mikulski



The Honorable
Eddie Bernice Johnson



Jennifer Madans



Allen Cutler

NAT SCHENKER

Thank you so much for giving it a try!

PROGRAM UPDATES



PROVIDING RELEVANT DATA

REPORT CARD ON THE NATION'S HEALTH

Health, United States, 2015

With Special Feature on Racial and Ethnic Health Disparities



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

- 39th edition
- Released April 27
- Special feature on racial and ethnic disparities -- inspired by the landmark 1985 Report of the Secretary's Task Force on Black and Minority Health, which documented significant health disparities among racial and ethnic groups.

Coverage of Health, US2015

THE LANCET

Volume 387 Number 10128 Pages 1275-1281 May 23, 2015

Editorial

US health care: plumbing the depths of disparities

Last week, the US National Center for Health Statistics and the Centers for Disease Control and Prevention (CDC) published *Health, United States, 2015*. The scope of this annual report card is impressive, assessing morbidity, mortality, health-care use and access, health risk factors, prevention, health insurance, and personal health-care expenditures. 10 years ago, one out of five Americans identified as a racial or ethnic minority. Today, 40% of Americans identify as a racial or ethnic minority. Reflecting this trend, the report has a special focus on racial and ethnic health disparities. Although health-care gaps are narrowing, disparities were still identified in all measures examined in 2014.

By at least one metric, the population is getting healthier overall—deaths have declined for most racial and ethnic groups and life expectancy has increased over the past decade. In 2014, life expectancy in the USA was 78.8 years (76.4 years for males and 81.2 for females). Disparities in life expectancy at both for white males and females had levelled off, now well below several other wealthy nations. Declines in life expectancy among a segment of non-Hispanic white women may be attributed to an increase in prescription drug overdose and suicide. Data point to widening income-related life expectancy gaps and racial wealth/income disparities.

Substantial progress, however, has been made in several areas. For infant mortality in the five racial and ethnic groups, the difference between the highest (non-Hispanic black) rates declined from 7.41 deaths per 1000 livebirths in 1999 to 2.21 in 2012. In women who smoke, the difference between the highest (non-Hispanic white) and lowest (non-Hispanic Asian) percentage declined from 17.5 percentage points in 1999 to 13.2 in 2014. Influenza vaccinations in those aged 65 years and older have all increased among ethnic and racial groups in the past decade. Through the Affordable Care Act (ACA), black and Hispanic Americans have had the largest health insurance coverage gains. A more recent success story is the steep decline of teenage pregnancy, especially among Hispanic and black girls, where the birth rate has dropped more than 40% within the past decade compared with white teenagers.

Last positive news statistics for high blood pressure and tobacco use in men, between 1999–2014, 43% of non-

Hispanic black adults reported a hypertension diagnosis, compared with 29% of adults of Mexican origin, 22% of non-Hispanic black men smoked in 2014 compared with 16% of Hispanic men. Predictably, socioeconomic factors such as income, housing, education, and access to health care continue to substantially drive health inequality in the USA. Compounding this, some diseases have a greater impact on certain groups, such as aggressive breast cancer in non-Hispanic black women.

Several approaches to narrow these health disparities have occurred. The passage of the Civil Rights and Voting Rights Acts, Medicare and Medicaid, and the War on Poverty have been important. The ACA has been specifically instrumental in narrowing disparities in health insurance coverage, although substantial disparities remain and will linger without additional moxie. Some disease or risk factor-specific interventions have been effective, eg, the robust response to HIV/AIDS, diagnosis and treatment and antismoking efforts. Yet the current report once again demonstrates the long road ahead.

With the US election process now firmly underway, it is disappointing yet not entirely surprising, that health care issues have not featured prominently on the campaign trail. With entrenched partisan opposition to aspects of family planning services, women's health needs most generally have been neglected. Opened drug use has garnered national attention, yet campaigns have been nearly silent on any commitment to using public health means to curb substance use. Little positive dialogue has been directed towards those most vulnerable to health inequalities in the USA. Discussion of the systematic exclusion of undocumented immigrants from coverage under the ACA or how to improve access for minorities who are covered by Medicaid, yet still have limited access to participating physicians, has been absent.

Ahead of November's election, there will be increasing focus on the specifics of the presumptive candidates' stances, but the state of American health and health inequality has yet to take its rightful place in the discourse. That silence speaks volumes about political apathy contributing to the neglect of this most fundamental aspect of wellbeing. The Democratic and Republican parties need to bring health to the fore of their debates in the remaining 6 months, before Americans make a decision about who will lead them. ■ *The Lancet*



PHOTO: GETTY IMAGES

For more on United States, 2015 see [http://dx.doi.org/10.1016/S0140-6736\(15\)00470-9](http://dx.doi.org/10.1016/S0140-6736(15)00470-9) or search for **disparities** **health insurance** and **pregnancy** in www.thelancet.com (search for **pregnancy** on <http://www.thelancet.com> to view related content).

U.S. Department of Health & Human Services

OMH U.S. Department of Health and Human Services Office of Minority Health

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Health, United States, 2015

U.S. Health Report Card

The 39th U.S. Health Report Card includes a Special Feature on health disparities among racial and ethnic minorities.

STRATEGIC PRIORITIES

NEWS & SPOTLIGHT

OMH DIRECTOR'S CORNER

J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health & Director of the Office of Minority Health

Modern Healthcare

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Home > Government > Public Health

Racial health gap narrows but disparities remain significant

By Steven Ross Johnson | April 27, 2016

The latest annual report card on the nation's health shows there's been progress in narrowing the gap in health disparities between blacks and whites, while Hispanics continued to have better outcomes than both.

Differences in life expectancy among blacks and whites

Office of Minority Health
Takes Aim at Health Disparities

Battle to curb obesity is falling, CDC reports

Health, United States Spotlight

- 1-page Spotlight on selected indicators from *Health, United States* report
- Purpose
 - Keep *Health, US* relevant throughout calendar year
 - Four Spotlights to be published annually
 - Selected Health Indicators
 - Health Status & Determinants
 - Health Care Resources & Utilization
 - Health Care Expenditures & Payers
 - Improve data dissemination with more visual content
 - Simplify complex health data for a broader audience without compromising statistical rigor

Health, United States Spotlight



Health, United States Spotlight Selected Health Indicators

Winter 2016

ABOUT HEALTH, UNITED STATES

Health, United States is the annual report on health, produced by the National Center for Health Statistics and submitted by the Secretary of Health and Human Services to the President and Congress.

The report uses data from government sources as well as private and global sources to present an overview of national health trends. This infographic features one health indicator from each of the report's four subject areas.

For more information, visit the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

Four Subject Areas of Health, United States



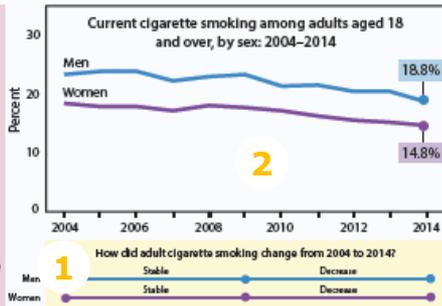
CIGARETTE SMOKING

ABOUT THE DATA

Source: *NHS/National Health Interview Survey (NHIS)*

Respondents are:
• Civilians
• Not part of Armed Forces active duty
• Noninstitutionalized
• Not living in a long-term care facility
• Not incarcerated

Note: The definition of "current cigarette smoking" does not include use of e-cigarettes.

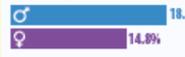


A "CURRENT SMOKER"

For adults (18 and over):
• Has smoked 100+ cigarettes in his or her lifetime
• Now smokes every day or some days

Cigarette smoking among adults **DECREASED 20%** in 10 years (2004-2014).

In 2014, adult men were **1.3 TIMES AS LIKELY** as adult women to be current cigarette smokers.



NURSING HOMES

ABOUT THE DATA

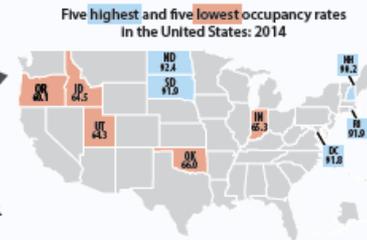
Source: Centers for Medicare & Medicaid Services (CMS)

Note: Occupancy rates represent the percentage of nursing home beds occupied by residents.

In 2014, there were **15,643** NURSING HOMES



In 2014, approximately **81%** of all beds were occupied in the U.S.



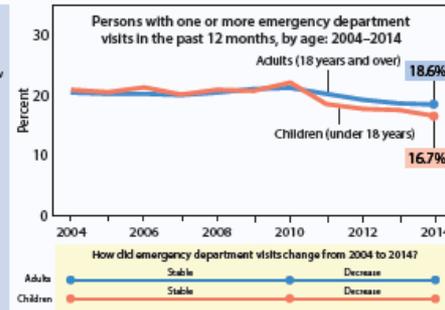
EMERGENCY DEPARTMENT (ED) VISITS

ABOUT THE DATA

Source: CDC/NCHS/National Health Interview Survey (NHIS)

Respondents are:
• Civilians
• Not part of Armed Forces active duty
• Noninstitutionalized
• Not living in a long-term care facility
• Not incarcerated

Note: Respondents provided the number of ED visits they had in the past 12 months.



From 2010 to 2014, ED visits



EDs PROVIDE:



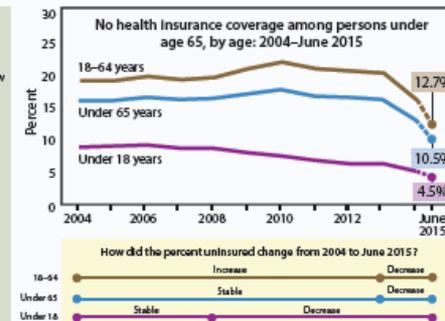
HEALTH INSURANCE COVERAGE

ABOUT THE DATA

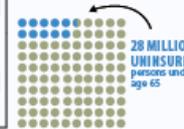
Source: CDC/NCHS/National Health Interview Survey (NHIS)

Respondents are:
• Civilians
• Not part of Armed Forces active duty
• Noninstitutionalized
• Not living in a long-term care facility
• Not incarcerated

Note: Insurance status reflects coverage at the time of interview. Early Release estimates are indicated with dashed lines.



In June 2015, approximately **10.5 OUT OF 100** persons under the age of 65 were uninsured.



The percent of persons who were uninsured under age 65 **DECREASED 37%** from 2013-June 2015 following a period of no significant change from 2004-2013.

For additional information on *Health, United States*, see <http://www.cdc.gov/nchs/hus.htm>.

For further information about NCHS and its programs, see <http://www.cdc.gov/nchs>.



National Health Interview Survey

NCHS Data Brief ■ No. 217 ■ October 2015

Electronic Cigarette Use Among Adults: United States, 2014

Charlotte A. Schoenborn, M.P.H.; and Renee M. Gindi, Ph.D.

Key findings

Data from the National Health Interview Survey

- In 2014, 12.6% of adults had ever tried an e-cigarette even one time, with use differing by sex, age, and race and Hispanic or Latino origin.

Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol (1). E-cigarettes have been marketed as both a smoking cessation tool and an alternative to conventional cigarettes (2). Results from several studies suggest recent rapid increases in e-cigarette use (3–7). In light of ongoing declines in conventional cigarette smoking prevalence (8), it is important to understand the extent to which e-cigarettes are being used among U.S. adults, both overall and by conventional cigarette smoking status. This report provides the first estimates of e-cigarette use among U.S. adults from a nationally representative household interview



YOUR HEALTH

Most E-Cigarette Users Are Current And Ex-Smokers, Not Newbies

Updated November 15, 2015 - 8:56 PM ET
Published October 28, 2015 - 12:03 AM ET

The survey of more than 36,000 U.S. adults marks the first time detailed federal data about e-cigarettes has become available, says Charlotte Schoenborn, a health statistician with the [National Center for Health Statistics](#). The data were gathered as part of the National Health Interview Survey, an [ongoing survey](#) of a variety of health issues.

National Health Interview Survey

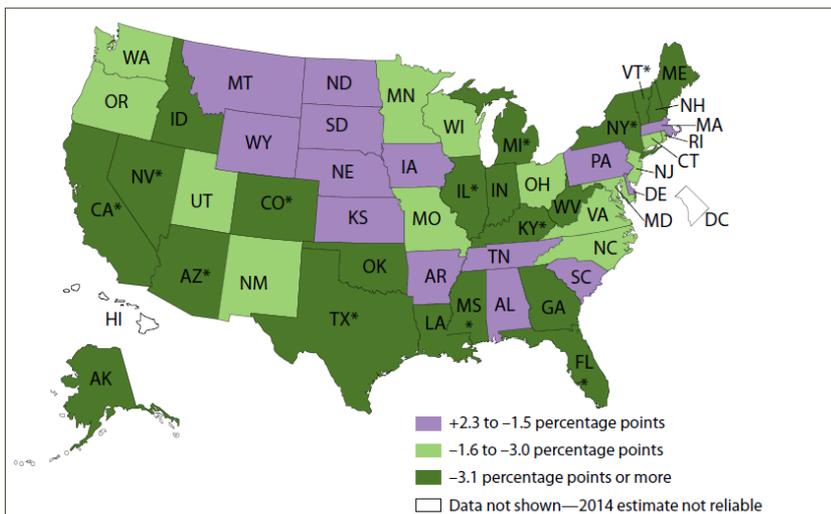


NATIONAL HEALTH INTERVIEW SURVEY EARLY RELEASE PROGRAM

Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2015

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

Figure 12. Change in the percentage of adults aged 18–64 who were uninsured at the time of interview between 2014 and 2015: United States, 2014 and 2015



* Significant difference between years ($p < 0.05$).
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: NCHS, National Health Interview Survey, 2014–2015, Family Core component.

HUFFPOST POLITICS

Edition: US

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Obamacare Cut The Uninsured Rate To Single Digits Last Year

More than 16 million people have gained health coverage since 2013.

05/17/2016 12:01 am ET

The Augusta Chronicle

Don't Miss
■ Databases: Search public records data
■ Things to Do: Events calendar

Tuesday, May 17, 2016

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HEALTH CARE More | Area Hospitals | Health Databases | Editor

U.S. Georgia, see big increase in insured

By Tom Corwin

Staff Writer

Tuesday, May 17, 2016

Comments (1)

Follow Health

The rate of uninsured residents continues to fall across the country and particularly in Georgia as more people gain private health insurance, according to an annual survey released today.

National Health Interview Survey

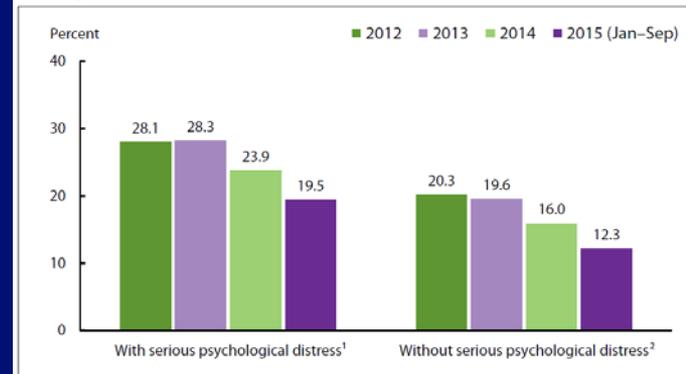


NATIONAL HEALTH INTERVIEW SURVEY EARLY RELEASE PROGRAM

Access to Care Among Adults Aged 18–64 With Serious Psychological Distress: Early Release of Estimates From the National Health Interview Survey, 2012–September 2015

by Robin A. Cohen, Ph.D., and Emily P. Zammitti M.P.H.
Division of Health Interview Statistics, National Center for Health Statistics

Figure 1. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who were uninsured at the time of interview, by year: United States, 2012–September 2015



¹Significant decreasing linear trend from 2012–September 2015 ($p < 0.05$).

²Significant quadratic trend from 2012–September 2015 ($p < 0.05$).

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family and Sample Adult Core components.



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NEWS / DATA MINE

Here's What Obamacare Did for Mental Health

People gained insurance coverage under the health care law, but access barriers remain.

By Kimberly Leonard | Staff Writer May 4, 2016, at 12:58 p.m.



National Health Interview Survey

NCHS Data Brief ■ No. 245 ■ May 2016

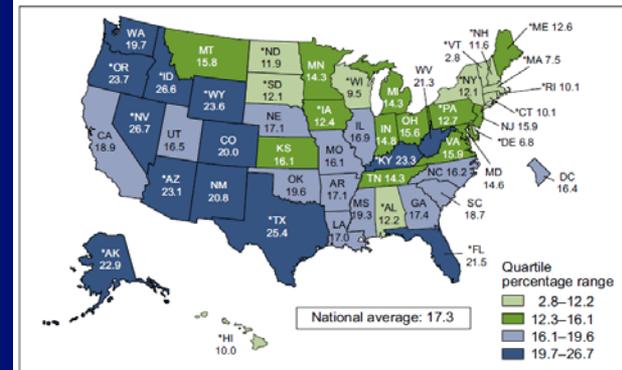
State Variation in Health Care Service Utilization: United States, 2014

Lindsey I. Black, M.P.H., Jeannine S. Schiller, M.P.H.

Did the percentage of adults without a usual place of medical care vary by state?

In 2014, 17.3% of adults aged 18–64 did not have a usual place of medical care. The percentage ranged from 2.8% in Vermont to 26.7% in Nevada (Figure 1).

Figure 1. Percentage of adults aged 18–64 without a usual place of medical care, by state: United States, 2014



*Significantly different from the national average ($p < 0.05$).
 NOTE: Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db245_table.pdf#1.
 SOURCE: NCHS, National Health Interview Survey, 2014.

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Science / Science Now

How often do you go to the doctor? It depends on where you live, study says

Redesigning NHIS Content for 2018

AP

THE BIG STORY

Officials say influential health survey needs to slim down

By MIKE STOBBE Nov. 30, 2015 1:59 PM EST

- Website for comment launched
- Hundreds of comments received and responded to
- Child and Income Technical Expert Panels complete work
- Cognitive testing underway in some areas
- Questionnaire design for new content with expert involvement
- More about all the progress in re-design tomorrow

NHANES 2013–2014 Data Release

9 month turnaround on 2013–2014 data release

January 31
Data Collection Completed

August 28
First files sent for Collaborator Review

October 30
Public Data Release

63 data files scheduled for release

6 Exams

23 Questionnaire

34 Laboratory

9 Key NCHS Data Briefs to coincide with data release

Obesity, HTN, Cholesterol, Diabetes,
Tobacco Exposure, Asthma, Hepatitis, HPV

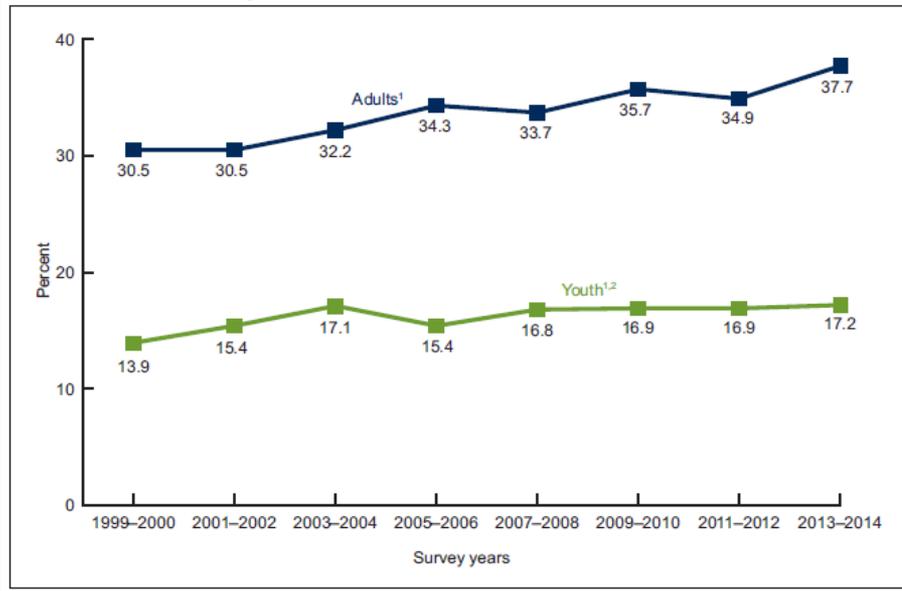
2013–2014 NHANES Data Release and Publications

NCHS Data Brief ■ No. 219 ■ November 2015

Prevalence of Obesity Among Adults and Youth: United States, 2011–2014

Cynthia L. Ogden, Ph.D.; Margaret D. Carroll, M.S.P.H.; Cheryl D. Fryar, M.S.P.H.;
and Katherine M. Flegal, Ph.D.

Figure 5. Trends in obesity prevalence among adults aged 20 and over (age-adjusted) and youth aged 2–19 years: United States, 1999–2000 through 2013–2014



The New York Times

Obesity Rises Despite All Efforts to Fight It, U.S. Health Officials Say

By SARRINA TAVERNISE NOV. 12, 2014

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WASHINGTON — Despite years of efforts to reduce obesity in America, including a major push by Michelle Obama, federal health officials reported Thursday that the share of Americans who were obese had not declined in recent years, and had edged up slightly.

About 38 percent of American adults were obese in 2013 and 2014, up from 35 percent in 2011 and 2012. Researchers said the increase was small enough that it was not statistically significant. But to many in public health, it was surprising and disheartening.

“The trend is very unfortunate and very disappointing,” said Marion Nestle, a professor in the department of nutrition, food studies and public health at New York University. “Everybody was hoping that with the decline in sugar and soda consumption, that we’d start seeing a leveling off of adult obesity.”

And compared with a decade ago, the increase was significant: In 2003 and 2004, about 32 percent of adults were obese, said the report’s lead author, Cynthia L. Ogden.

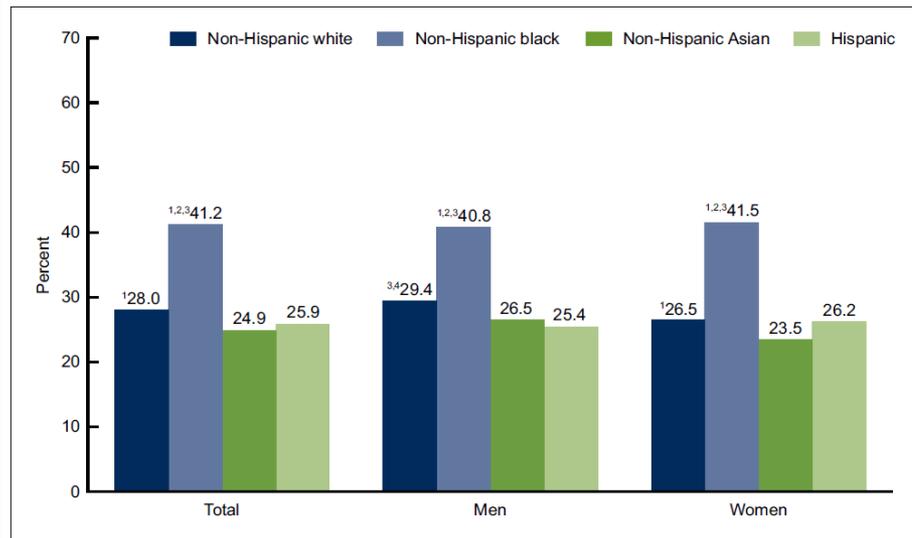
2013–2014 NHANES Data Release and Publications

NCHS Data Brief ■ No. 220 ■ November 2015

Hypertension Prevalence and Control Among Adults: United States, 2011–2014

Sung Sug (Sarah) Yoon, Ph.D, R.N.; Cheryl D. Fryar, M.S.P.H.; and Margaret D. Carroll, M.S.P.H.

Figure 2. Prevalence of hypertension among adults aged 18 and over, by sex and race and Hispanic origin: United States, 2011–2014



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Americans' blood pressure control improving, but what else can be done?

By Debra Goldschmidt and Carina Storrs
 Updated 3:32 PM ET, Thu November 12, 2015

Why is high blood pressure a 'silent killer'? 01:29

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2014

Just Released -- Suicide Increases in the US Extensive Media Interest

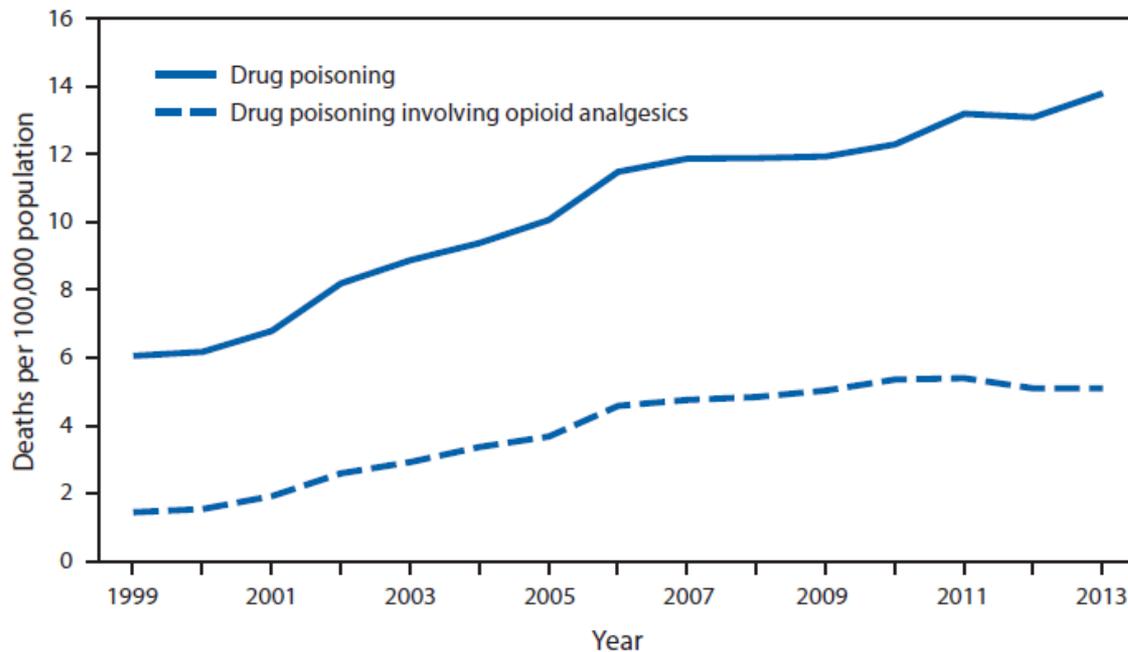
- Third of suicides in US are among middle-aged whites - Associated Press - April 22, 2016
- Suicides in the U.S. Climb After Years of Declines - Wall Street Journal - April 22, 2016
- U.S. Suicide Rate Surges to a 30-Year High - New York Times - April 22, 2016
- U.S. suicide rate has risen sharply in the 21st century - Washington Post - April 22, 2016
- U.S. suicides have soared since 1999, CDC report says - Los Angeles Times - April 22, 2016

Monitoring Deaths from Drug Poisoning

QuickStats: Rates* of Deaths from Drug Poisoning[†] and Drug Poisoning Involving Opioid Analgesics[‡] – United States, 1999-2013

Weekly

January 16, 2015 / 64(01);32



* Per 100,000 population, age-adjusted to the 2000 U.S. standard population.

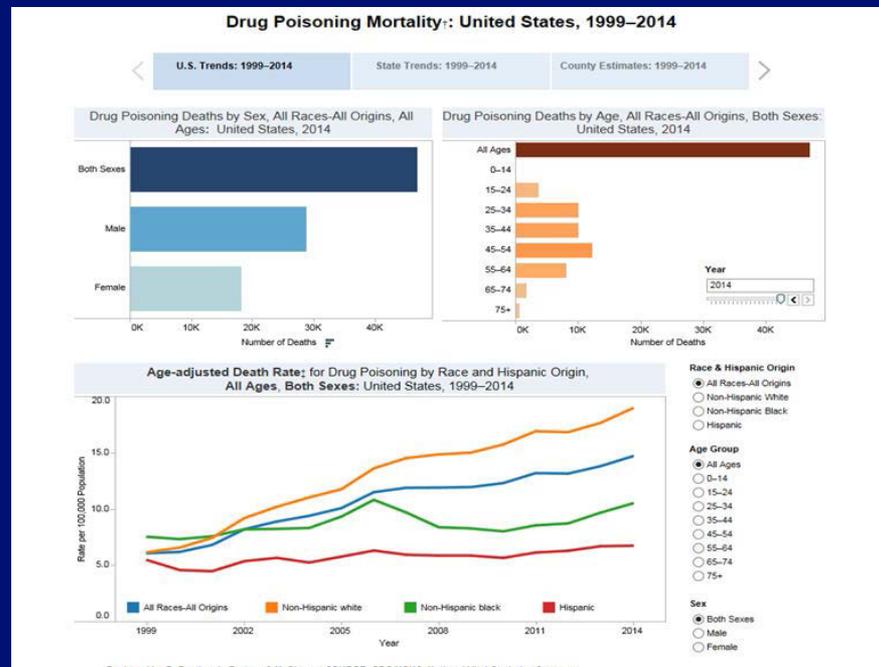
Sources: National Vital Statistics System mortality data.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm>

NCHS

Data Visualization Gallery

... Visualizing the Nation's Health



**“Really Stepped Up Your Presentation Game,”
said a staffer in the NY Health Department**

National Study of Long-Term Care Providers 2014 Data Release

- 2014 NSLTCP data from Adult Day Services Centers and Residential Care Communities are now available in the RDC.
- Publications (with accompanying state estimates)
 - Variation in Operating Characteristics of Residential Care Communities, by Size of Community: United States, 2014
 - Variation in Residential Care Community Resident Characteristics, by Size of Community: United States, 2014
 - Variation in Operating Characteristics of Adult Day Services Centers, by Center Ownership: United States, 2014
 - Variation in Adult Day Services Center Participant Characteristics, by Center Ownership: United States, 2014

**MAKING DATA AVAILABLE FOR
RESEARCH WHILE PROTECTING
CONFIDENTIALITY**

Emerging Issues: Can NHANES Participants be Identified from Accelerometer Data?



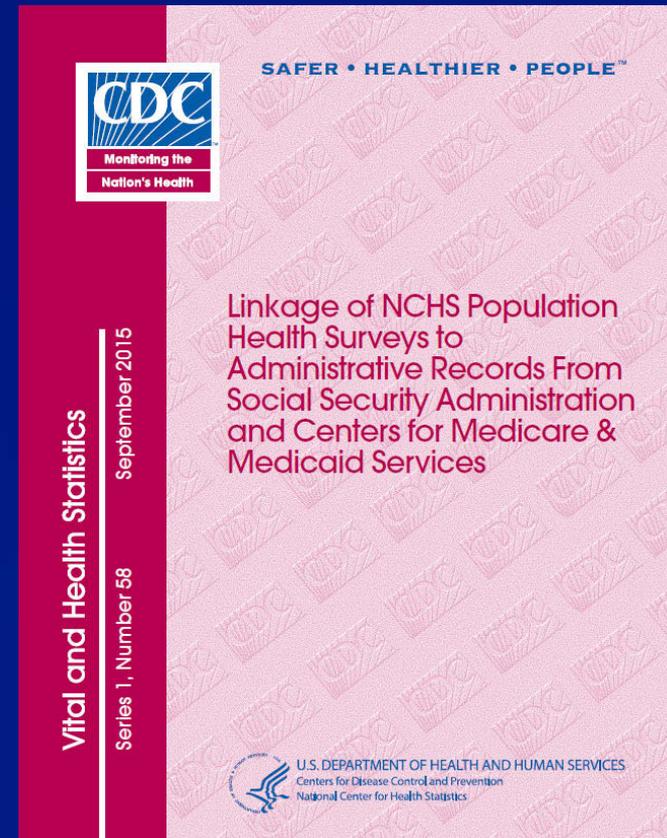
- **NCHS convened a meeting with experts to determine disclosure risk associated with the release of raw accelerometer data**
- **Capturing accelerometer data:**
 - Participants wear the accelerometer on wrist of non-dominant hand for 1 week
 - Unknown whether a participant switched the PAM to wrist on their dominant side during the week of wear time
- **Potential concern that the data could capture handwriting movements from the dominant wrist wear location that could be used to determine written PII content such as a participant's name, address, and social security number**

Conclusions

- **A consensus was reached that currently there is no way to:**
 - Reliably tell if a participant is writing while wearing a single accelerometer on the wrist
 - Decipher written content using high-frequency accelerometer data as collected by NHANES
 - Identify writing activity or written content from NHANES data. It is effectively not possible
- **For written content to be identified, a gyroscope and NHANES participant compliance (by providing a writing sample) would both be needed. Accelerometers used by NHANES participants did not have a gyroscope**
- **The data are not in and of itself a disclosure risk. Thus, data could be made publically available in its raw and linkable form**
- **The mechanism by which data are shared with users is still undefined and will likely include controlled user access**

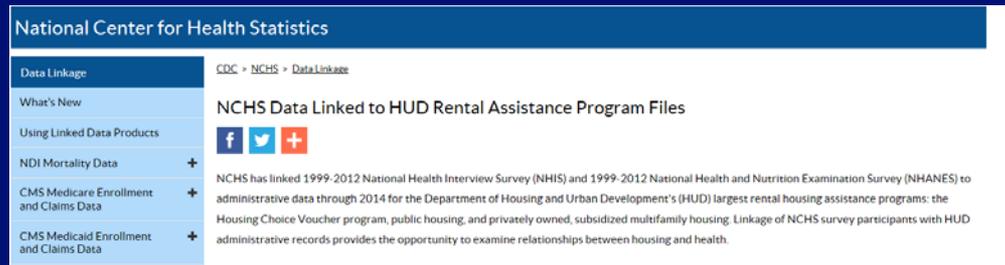
NCHS–CMS Linked Data

- Descriptive report providing information on the second linkage conducted between NCHS surveys and administrative records from CMS and SSA
 - Includes an overview of the data sources, the methods used for linkage, descriptions of the resulting linked data files and analytic guidance
- The Special Projects Branch (OAE) is currently working on a new linkage of NCHS surveys and CMS administrative data
 - Updated Medicare data through 2013 expected summer 2016
 - Updated Medicaid data expected by the end of 2016



Introducing a New Data Source: NCHS–HUD Linked Data

- **Partnership between HHS and U.S. Department of Housing and Urban Development (HUD)**
 - Supports OMB directives for sharing and linking of administrative and statistical data across federal agencies
- **Data from NHIS (1999-2012) and NHANES (1999–2012) linked to HUD administrative records through 2014 for HUD’s three largest housing assistance programs: Multifamily, Public Housing, and Housing Choice Vouchers**
- **Data Release:**
 - Documentation for the data files and public-use feasibility files available on data linkage website*
 - Restricted-use NCHS-HUD files are accessible through the NCHS Research Data Center



The screenshot shows the National Center for Health Statistics website. The main heading is "NCHS Data Linked to HUD Rental Assistance Program Files". Below the heading are social media icons for Facebook, Twitter, and a plus sign. The text below the icons states: "NCHS has linked 1999-2012 National Health Interview Survey (NHIS) and 1999-2012 National Health and Nutrition Examination Survey (NHANES) to administrative data through 2014 for the Department of Housing and Urban Development's (HUD) largest rental housing assistance programs: the Housing Choice Voucher program, public housing, and privately owned, subsidized multifamily housing. Linkage of NCHS survey participants with HUD administrative records provides the opportunity to examine relationships between housing and health."

*<http://www.cdc.gov/nchs/data-linkage/hud.htm>

National Hospital Care Survey

- The 2013 and 2014 inpatient and ambulatory data from the National Hospital Care Survey is available in the RDC (unweighted, not for national estimates)

Volume of patient visit data		
Setting	2013	2014
Inpatient	1,474,478	1,653,622
Emergency Department	3,784,397	4,530,360
Outpatient Department	15,144,488	19,005,777

http://www.cdc.gov/nchs/nhcs/nhcs_questionnaires.htm

Leveraging Meaningful Use Incentive Program

- **NHCS was included in the final rule for Meaningful Use October 2015**
 - **Hospitals and Eligible providers (physicians) can use submission of NHCS data as one of their options to fulfill the public health objective for Meaningful Use Incentive Program February 2016**
- **DHCS has fielded thousands of requests for Meaningful Use registration for the National Health Care Surveys. To date, over 118,000 eligible professionals and over 600 hundred eligible hospitals and critical access hospitals have been registered.**
-

Declaration of Readiness for Public Health Reporting

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is currently asking for data for the National Health Care Surveys from Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals (CAH) to fulfill the Meaningful Use Electronic Health Records (EHR) Incentive Programs Public Health Objective, Measure 3, submission of data for specialized registry reporting.

To meet this objective, EPs, EHs, and CAHs are requested to electronically submit data from Certified Electronic Health Record Technology (CEHRT) to NCHS.

To register, please call 301-458-4321 or E-mail NCHSMUInfo@cdc.gov.

IMPROVING TIMELINESS

Outcome of Faster Vital Statistics Reporting: Quarterly Monitoring of Key Indicators

- Release of provisional mortality through third quarter of 2015 released in February 2016; fourth quarter in June
- Expanded list of provisional mortality estimates from 7 causes to 20
 1. Alzheimer's
 2. Cancer
 3. Chronic liver disease and cirrhosis
 4. Chronic lower respiratory diseases
 5. Diabetes
 6. Drug overdose
 7. Falls among aged 65+
 8. Firearm-related injury
 9. Heart disease
 10. HIV/AIDS
 11. Homicide
 12. Hypertension
 13. Kidney disease
 14. Parkinson's
 15. Pneumonia/Influenza
 16. Pneumonitis due to solids/liquids
 17. Septicemia
 18. Stroke
 19. Suicide
 20. Unintentional injuries

Outcome of Faster Vital Statistics Reporting: Quarterly Monitoring of Key Indicators (cont'd)

- **Developing provisional estimates of key birth indicators. Final decisions on content to be made**
- **Tentative content:**
 - **Birth rates by age of mother, race/ethnicity**
 - **Cesarean births**
 - **Gestational age**
- **Release the first set of birth estimates for the first quarter of 2016 in August.**

HOW ABOUT A LITTLE CONTOVERSY!

Thursday, May 05 2016 - 10:20 a.m. (ET)

Why Medical Error Is The Third Leading Cause Of Death In The U.S.

▶ Listen

Transcript Related Links



Discuss

GUEST HOST: DEREK MCGINTY

Advertisement



NCHS Senior Leader Retreat

- **BSC recommended a retreat for NCHS leadership**
- **March 25, 2016 NCHS held a one-day retreat to:**
 - **Take stock of NCHS as the nation's health statistics agency**
 - **Identify cross-cutting issues for NCHS**
 - **Discuss short-term goals for the next two/three years**
 - **Identify long-term goals for NCHS as a statistical agency**
 - **Openly discuss the challenges and issues facing the Center**
 - **Develop next steps and propose action items**

Retreat: Next Steps

- **Retreat is just one component of a process; ongoing commitment needed to be effective**
- **Key Issues:**
 - **Affirming the identity of NCHS as a Federal statistical agency**
 - **Developing materials for new staff to educate and inform on the roles and responsibilities for statistical agencies**
 - **Innovations and challenges for statistical agencies**
 - **Providing internal transparency on budget decisions**
 - **Senior staff meetings offer an ongoing mechanism for tackling issues identified at the retreat and continuing the momentum**

Inspiring Future Statisticians



Objective: An outreach activity for young high school students to learn about the field of health statistics and career opportunities in statistics and public health from the country's leading health statistical agency, the National Center for Health Statistics (NCHS).

Target students: High School juniors and seniors (11-12th grades); max 30 students.

Schools: Northwestern and Bladensburg High Schools

- 30 local high school juniors and seniors and their teachers participated
- Learn about health statistics and career opportunities
- Nat Schenker gave keynote: "Statistics: A Career Odyssey"
- Interactive group sessions focusing on NCHS data systems
- Learned new words, like "Epidemiology" and "Demography"
- Meena Khare, DRM, organized

Health Statistics Day Workshop

March 9, 2016

Big Success – More to follow



Inspiring Future Statisticians Data Detectives Camp

- August 15-19, 2016, at UM campus, College Park
- Week-long STEM camp for middle school students
- Opportunity for boys and girls to learn about statistics through a variety of fun, hands-on activities
- Conducted by NCHS in collaboration with the American Statistical Association, University of Maryland's School of Public Health, and the Joint Programs in Survey Methodology
- 201 applications received nationwide for 30 slots. 2016 camp full.



Working with Fellow Principal Statistical Agencies

- **OMB continues to work on Directive 1 implementation**
- **ICSP Mentoring Pilot (March – September 2015)**
 - 14 mentor/mentee pairs from 7 agencies
 - Program included:
 - One-on-one mentor/mentee interaction
 - Seven "events"--four in-person, three remote
 - High levels of satisfaction among mentors and mentees
 - Will make some minor changes to improve and implement again in 2016

Future Focus for NCHS

- **Overcome the electronic health record hurdles and thereby improve the timeliness & extent of our Health Care Surveys**
- **Retain or improve our survey response rates**
- **Work with partners on the NHIS redesign so that we can be in the field January 2018 with a more streamlined and focused survey instrument**
- **Continue to improve the timeliness of vitals and use improved timeliness to improve data quality**
- **Improve our HHS-wide statistical leadership**
- **Improve our ability to hire in a timely fashion**
- **Continue to publish relevant and timely data and reports**