

# National Center for Health Statistics Office of Analysis & Epidemiology

## Presentation to the Board of Scientific Counselors

Irma Arispe, PhD  
Director, Office of Analysis and Epidemiology  
September 19, 2013



National Center for  
Health Statistics

# OAE Overview

- OAE conducts research to:
  - Develop population health measures;
  - Integrate data, including linkage of surveys and administrative data (such as Medicaid and the National Death Index, NDI);
  - Develop tools to facilitate access to, and dissemination of, statistical data;
  - Examine methodological questions, such as survey reliability; and
  - Address health, health policy and health care delivery issues.
  
- OAE initiates, develops, maintains, and disseminates cross-cutting analysis and analytic tools for NCHS, CDC, the Department and other executive branch agencies, policymakers, and the research community.
  
- OAE work analyzes multiple data systems to address topics of national public health interest.

# OAE Principal Program Activities

---

- ✓ **Monitoring the health of the nation**
- ✓ **Providing data and analytic support to HHS and the public health community**
  - Expanding the analytic utility of NCHS data systems
  - Developing data systems and analytic tools for research
  - Disseminating data electronically through interactive and informational websites
  - Participating in interagency and international data development collaborations
  - Cross-cutting research on public health and statistical methods

# Through OAE, NCHS conducts and supports national health monitoring efforts such as

- *Health, United States*, a congressionally mandated, annual report on trends in health.
- Analysis and statistical expertise for *HealthyPeople 2020*, an HHS initiative to guide national health promotion and disease prevention.



# *Health, United States*

## Congressionally-mandated report

- Integrates and analyzes trend data from 50 different sources.
- Focus on health status and determinants, health care utilization, health care resources and health care expenditures.
- Includes 134 trend tables, highlights, 19 graphs on key health indicators, a special feature on an important public health topic and a companion product, *Health, United States In Brief*.
- Published annually in print and on the NCHS website



# Health, United States Chartbook

## Morbidity

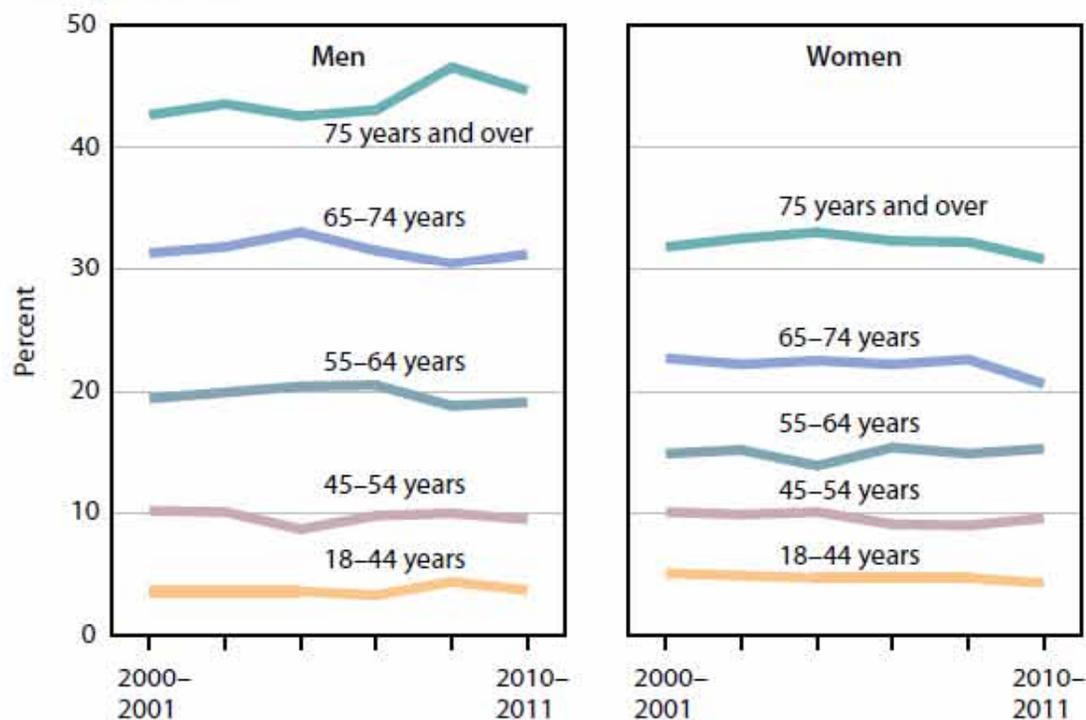
### Heart Disease Prevalence

During 2000–2001 through 2010–2011, lifetime heart disease prevalence remained stable among men and women in all age groups.

Heart disease is the leading cause of death in the United States for both men and women, accounting for approximately 307,000 deaths for men and 290,000 deaths for women in 2010 (Table 22). During 2000–2001 through 2010–2011, the prevalence of lifetime respondent-reported heart disease among adults aged 18–54 was similar for men and women. Among adults aged 55 and over, heart disease prevalence was higher for men than for women. In 2010–2011, nearly one-half (45%) of men aged 75 and over reported having ever been told by a physician they had heart disease, compared with nearly one-third (31%) of women in the same age group.

SOURCE: CDC/NCHS, *Health, United States, 2012*, Table 44. Data from the National Health Interview Survey (NHIS).

Figure 6. Respondent-reported lifetime heart disease prevalence among adults aged 18 and over, by sex and age: United States, average annual, 2000–2001 through 2010–2011



## Top Five *Health, US* Web Views in 2012

-  *Health, US 2010*  
<http://www.cdc.gov/nchs/data/hus/hus10.pdf>
-  *Health US 2011\**  
<http://www.cdc.gov/nchs/data/hus/hus11.pdf>
-  HUS 2010 Table 61 – Use of Selected Substances in Past Month  
<http://www.cdc.gov/nchs/data/hus/2010/061.pdf>
-  HUS 2011 Table 64 – Use of Selected Substances in Past Month  
<http://www.cdc.gov/nchs/data/hus/2011/064.pdf>
-  *Health, US 2009*  
<http://www.cdc.gov/nchs/data/hus/hus09.pdf>



\*Release date for *Health, US 2011*: May 16<sup>th</sup>, 2012

# Evolution of Healthy People

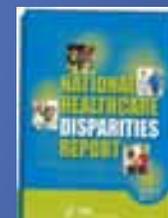
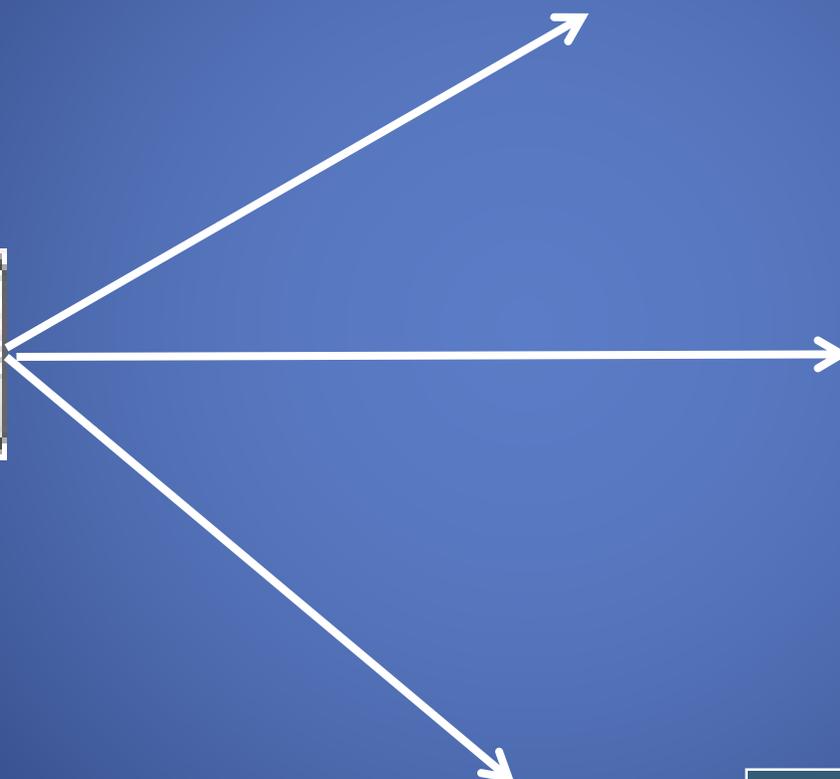
Target Year	1990	2000	2010	2020
				
Overarching Goals	<ul style="list-style-type: none"> <li>• Decrease mortality: infants–adults</li> <li>• Increase independence among older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Increase span of healthy life</li> <li>• Reduce health disparities</li> <li>• Achieve access to preventive services for all</li> </ul>	<ul style="list-style-type: none"> <li>• Increase quality and years of healthy life</li> <li>• Eliminate health disparities</li> </ul>	<ul style="list-style-type: none"> <li>• Attain high-quality, longer lives free of preventable disease</li> <li>• Achieve health equity; eliminate disparities</li> <li>• Create social and physical environments that promote good health</li> <li>• Promote quality of life, healthy development, healthy behaviors across life stages</li> </ul>
# Topic Areas	15	22	28	42
# Objectives	226	319	969	1,225

**975 measurable  
250 developmental**

# Healthy People Data Sources

- Healthy People 2020 objectives measured and tracked using over 200 unique data sources
- Data suppliers include federal and non-governmental, health and non-health agencies
  - NCHS surveys used to measure ~ 40% objectives
  - Add'l federal examples: HHS, EPA, HUD, DOJ, FBI, ED
  - Non-federal examples: Association of American Medical Colleges, Association of Public Health Laboratories
- Managing HP2020 data involves significant data coordination and integration challenges

# Healthy People 2020 Data



Other HHS Initiatives



# OAE Principal Program Activities

---

- Monitoring the health of the nation
- Providing data and analytic support to HHS and the public health community
- ✓ Expanding the analytic utility of NCHS data systems
- ✓ Developing data systems and analytic tools for research
- Disseminating data electronically through interactive and informational websites
- Participating in interagency and international data development collaborations
- Cross-cutting research on public health and statistical methods

# NCHS Data Linkage

- Linked data enable broader analyses of factors that influence health and health outcomes.
- Surveys are linked with administrative data such as
  - The National Death Index;
  - Claims data from the Centers for Medicare & Medicaid Services; and
  - Supplemental Security Income data from the Social Security Administration
- Linked data are accessed through
  - Public use files
  - the NCHS Research Data Center (for restricted use files)
- OAE conducts research on linkage methods, analytic methods for using the data, and on health and health policy issues.



# OAE Record Linkage Program

## NCHS surveys\* linked to administrative data\*

### – Sept 2013

				State* pilot Projects		NEW for 2014
	Mortality (NDI)	CMS (Medicare/Medicaid)	SSA	Florida Cancer Data System	Supp Nutrition Assist Program	Housing and Urban Develop
National Health Interview Survey	X	X	X	X		X
National Health and Nutrition Examination Survey						
NHEFS	X	X	X			
NHANES II	X	x				
NHANES III	X	X	X			
Continuous	X	X	X		X	X
Second Longitudinal Study of Aging	X	X	X			
Supplement on Aging	X					
National Nursing Home Survey	X	X	X			
National Home and Hospice Care Survey	X					

\*Survey years, administrative data years, and state vary

# Other analytic tools for health and health care research

## Compressed Mortality File 1968-2010

County level mortality file and county level population file for the nation.  
Facilitates basic mortality analyses at sub-national levels and trend analysis

## Bridged Race Population Estimates

Many data systems use four race categories specified in 1977 OMB standards  
NCHS works with Census to crosswalk the 31 categories in the 2000, 2010 Census,  
based on 1997 OMB standards

## Urban Rural Classification Scheme

Six level classification scheme for U.S. counties and county equivalents  
Differentiates counties within large metropolitan areas  
Facilitates analysis of health disparities across the urban-rural continuum

# OAE Principal Program Activities

---

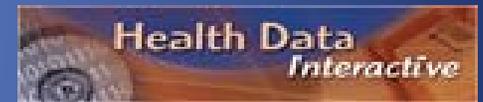
- Monitoring the health of the nation
- Providing data and analytic support to HHS and the public health community
- Expanding the analytic utility of NCHS data systems
- Developing data systems and analytic tools for research
- ✓ **Disseminating data electronically through interactive and informational websites**
- Participating in interagency and international data development collaborations
- Cross-cutting research on public health and statistical methods

# OAE develops tools for disseminating measures and data such as

*The Health Indicators Warehouse:* source for national, state, and community health indicators and data.



*Health Data Interactive:* interactive national data tables that can be customized to explore different trends and patterns.



*NCHS Survey Measures Catalog:* overview of questions about child and adolescent mental health, and functioning and disability from NCHS surveys.



# Health Indicators Warehouse (HIW)

[www.healthindicators.gov](http://www.healthindicators.gov)

**Approximately 1,200 unique indicators; More than 160 data sources**

- **NCHS**: National Vital Statistics System; National Health Interview Survey; National Health and Nutrition Examination Survey; National Survey of Family Growth; National Health Care Surveys
- **Other Federal**: Census data, CMS, Other HHS, ED, Agriculture and other Federal Surveys, Surveillance Data, Medicare Administrative Data, EPA modeled data
- **State**: BRFSS, Surveillance System Data
- **Associations**: AMA, AHA, other health professions data
- **NGOs**: ASTHO, NACCHO, other member surveys

**Web service — peer-to-peer/business application capability**

# OAE Principal Program Activities

---

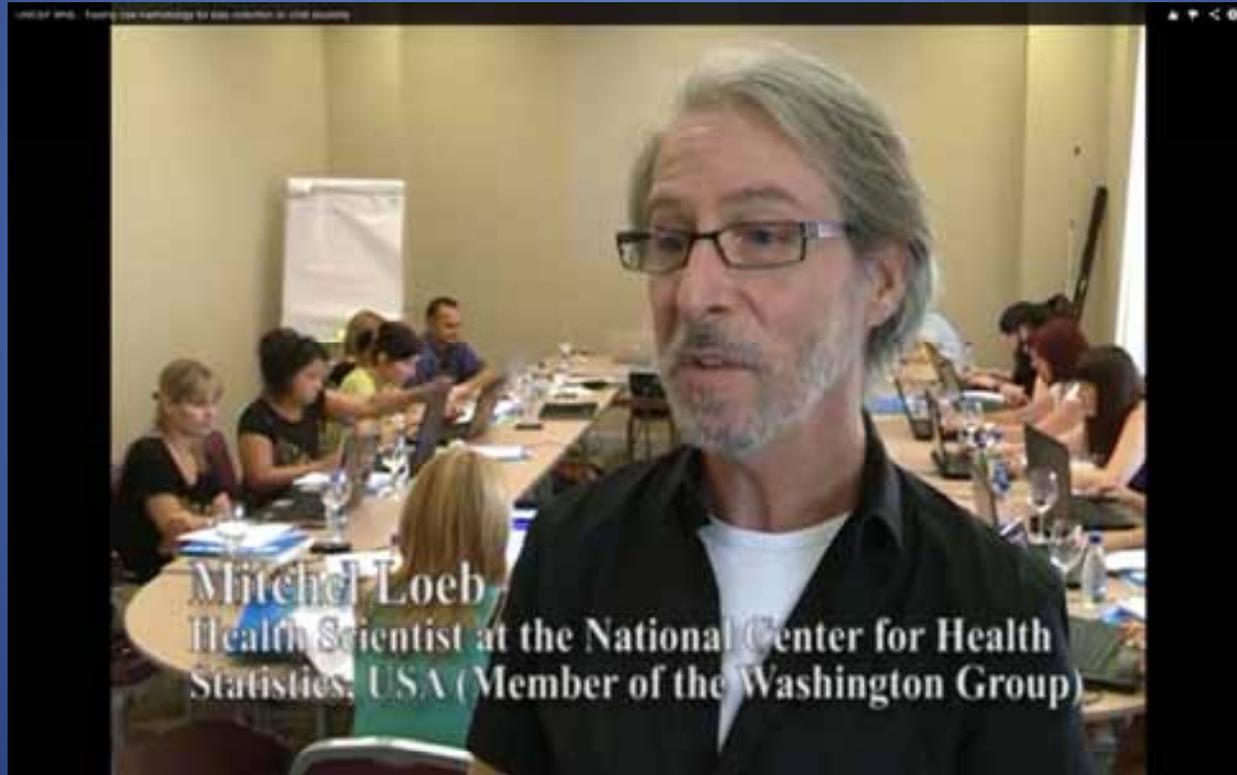
- Monitoring the health of the nation
- Providing data and analytic support to HHS and the public health community
- Expanding the analytic utility of NCHS data systems
- Developing data systems and analytic tools for research
- Disseminating data electronically through interactive and informational websites
- ✓ Participating in interagency and international data development collaborations
- ✓ Cross-cutting research on public health and statistical methods

# Our research collaborators include

- NCHS offices and data divisions: Thank you!!
- CDC offices and centers
- HHS agencies
- Executive and Legislative branch agencies
- State and local health departments
- International organizations
- Private sector collaborators
- Academic institutions
- Application software developers

# International Collaborations on Disability Measurement

[UNICEF MNE - Testing new methodology for data collection on child disability](#)



# Research related to clinical recommendations



## Dietary Supplement Use and Folate Status during Pregnancy in the United States<sup>1</sup>

Amy M. Branum,<sup>1,2,3</sup> Regan Bailey,<sup>3</sup> and Barbara J. Singer<sup>4</sup>

*J. Asthma*, 2013 May;50(4):419-26. doi: 10.3109/02770903.2013.769269. Epub 2013 Feb 27.

## Receipt of systemic corticosteroids during asthma visits to US emergency departments, 2007-2009.

Simon AE, Akinbami LJ

Infant, Child, and Women's Health Statistics Branch, Office of Analysis and Epidemiology, National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, MD, USA. [tpab@cdc.gov](mailto:tpab@cdc.gov)

## Excess Screen Time in US Children: Association With Family Rules and Alternative Activities

Janet A. Gingold, MD, MPH<sup>1</sup>, Alan E. Simon, MD<sup>2</sup>, and Kenneth C. Schoendorf, MD, MPH<sup>2,3</sup>

Clinical Pediatrics  
300(X) 1-10  
© The Author(s) 2013  
Reprints and permissions:  
[sagepub.com/journalsPermissions.nav](http://sagepub.com/journalsPermissions.nav)  
DOI: 10.1177/0009228113498152  
[cpj.sagepub.com](http://cpj.sagepub.com)

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

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

### Morbidity and Mortality Weekly Report (MMWR)

QuickStats: Percentage of Women Aged 50-64 Years Who Reported Receiving a Mammogram in the Past 2 Years, by Health Insurance Status\*† – National Health Interview Survey,‡ United States, 1993-2010

Weekly  
August 16, 2013 / 62(32):651-651

**Percentage of Women Aged 50-64 Years Who Reported Receiving a Mammogram in the Past 2 Years, by Health Insurance Status\*† – National Health Interview Survey,‡ United States, 1993-2010**

Health Insurance Status	Percentage of Women (1993-2010)
Medicaid	~65%
Medicare	~75%
Private	~85%
Uninsured	~70%

*Note: Data is illustrative based on the visual representation in the chart.*

# Research to inform policy

ORIGINAL CONTRIBUTION

ONLINE FIRST

## Health Status, Risk Factors, and Medical Conditions Among Persons Enrolled in Medicaid vs Uninsured Low-Income Adults Potentially Eligible for Medicaid Under the Affordable Care Act

Sandra L. Decker, PhD  
DeLana Kostova, PhD  
Genevieve M. Kenney, PhD  
Sharon K. Long, PhD

**T**he Supreme Court (532,200) on the Affordable Care Act (ACA), the Patient Protection and Affordable Care Act of 2010 (Pub L No. 111-148)<sup>1</sup> as amended by the Health Care and Education Reconciliation Act of 2010 (Pub L No. 111-132), determined that states have the option to expand Medicaid coverage to most low-income adults, an option that could add millions of new Medicaid enrollees. In states choosing to implement the expansion, with full federal financing from 2014 through 2019, this would expand Medicaid's traditional focus away from low-income program women and children, very-low-income parents, and the severely disabled to new population groups. These include children, adults, and parents whose incomes are too high to qualify for Medicaid under current state eligibility criteria. This is likely to affect the type of Medicaid patients seen by physicians in states choosing to expand Medicaid. State decisions regarding Medicaid expansion will likely consider the anticipated costs and health benefits to their populations. Predictions about the new enrollees range from those likely

**Importance** Under the Affordable Care Act (ACA), states can extend Medicaid eligibility to nearly all adults with income no more than 138% of the federal poverty level. Uncertainty exists regarding the scope of medical services required for new enrollees.

**Objective** To document the health care needs and health risks of uninsured adults who could gain Medicaid coverage under the ACA. These data will help physicians, other clinicians, and state Medicaid programs prepare for the possible expansion.

**Design, Setting, and Patients** Data from the National Health and Nutrition Examination Survey 2007–2010 were used to analyze health conditions among a nationally representative sample of uninsured adults with income no more than 138% of the federal poverty level.

**Main Outcomes and Measures** The prevalence of self-reported health conditions (measured obesity status, hypertension, hypercholesterolemia, diabetes, and asthma) was compared among uninsured adults with income no more than 138% of the federal poverty level (uninsured low-income adults) and those enrolled in Medicaid (Medicaid-enrolled adults).

**Results** Compared with uninsured low-income adults, Medicaid-enrolled adults were less likely to be obese and emotionally distressed. They were more likely to have hypertension, hypercholesterolemia, or diabetes (for example, 30.1% [95% CI, 27.1%–33.1%] vs 23.1% [95% CI, 20.1%–26.1%]). Medicaid-enrolled adults were less likely to have asthma (for example, 8.1% [95% CI, 6.1%–10.1%] vs 11.1% [95% CI, 9.1%–13.1%]).

**Conclusion and Relevance** Uninsured low-income adults had a higher prevalence of self-reported health conditions than Medicaid-enrolled adults with similar income. These findings suggest that physicians in states choosing to expand Medicaid will likely see a different mix of patients based on single-year income. The estimated number of uninsured low-income adults with income no more than 138% of the federal poverty level following Medicaid expansion is 2.9 million–4.2 million. (JAMA. 2013;309(4):2675–2683. doi:10.1001/jama.2013.280417) Published online June 21, 2013.

For editorial comment see p 2680.

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

# HealthAffairs

HOME | ABOUT | ARCHIVE | TOPICS | BLOGS | BRIEFS | THEMES

Institution: CDC Public Health Library & Information Center | Sign In as Member / Register

## Two-Thirds Of Primary Care Physicians Accepted New Medicaid Patients In 2011–12: A Baseline To Measure Future Acceptance Rates

Sandra L. Decker<sup>1</sup>

## NCHS Data Brief ■ No. 57 ■ January 2011

### Health Insurance Affects Diagnosis and Control of Hypercholesterolemia and Hypertension Among Adults Aged 20–64: United States, 2005–2008

Susan E. Schober, Ph.D.; Diane M. Makuc, Dr.P.H.; Cindy Zhang, M.D., M.P.H.; Jocelyn Kennedy-Stephenson, M.S.; and Vicki Burt, Sc.M., R.N.

Article

## Electronic Medical Record Features and Seven Quality of Care Measures in Physician Offices

Chun-Ju Hsiao, PhD, MHS,<sup>1</sup> Jill A. Marsteller, PhD, MPP,<sup>2</sup> and Alan E. Simon, MD<sup>1</sup>

American Journal of Medical Quality  
JGIM 2011; 26: 9–14  
© 2011 by the American College of Medical Quality  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1043986210383876  
ajmq.sagepub.com

SAGE

# Disparities research



Contents lists available at SciVerse ScienceDirect

## Annals of Epidemiology

journal homepage: [www.annalsofepidemiology.org](http://www.annalsofepidemiology.org)

Measuring health disparities: trends in racial–ethnic and socioeconomic disparities in obesity among 2- to 18-year old youth in the United States, 2001–2010

Lauren M. Rossen PhD, MS\*, Kenneth C. Schoendorf MD, MPH

## Surveillance of Disparities in Vision and Eye Health the United States: An Expert Panel's Opinions

PAUL P. LEE, SHEILA K. WEST, SANDRA S. BLOCK, JANINE CLAYTON, MARY FRANCES COTCH, COLIN FLYNN, LINDA S. GESS, RONALD KLEIN, TIMOTHY W. OLSEN, CYNTHIA OWSLEY, SUSAN A. PRIMO, GARY S. RUBIN, ASEL RYSKULOVA, SANJAY SHARMA, DAVID S. FRIEDMAN, XINZHI ZHANG, JOHN E. CREWS, AND JINAN B. SAADDINE

• **PURPOSE:** To define surveillance approaches and metrics to capture the burden of vision health disparities and to identify properties of a surveillance system to guide public health interventions.

**INTRODUCTION: UNDERSTANDING THE GOALS OF REDUCING DISPARITIES IN VISION AND EYE HEALTH**

AMERICAN JOURNAL OF OPHTHALMOLOGY

DECEMBER 2012 Suppl

## ANNALS OF APPLIED STATISTICS

[previous](#) :: [next](#)

### A reference-invariant health disparity index based on Rényi divergence

Makram Talih

Source: Ann. Appl. Stat. Volume 7, Number 2 (2013), 1217-1243.

# Research using linked files

## National Health Statistics Reports

Number 53 ■ May 3, 2012

### Health Characteristics of Medicare Traditional Fee-for-Service and Medicare Advantage Enrollees: 1999–2004 National Health and Nutrition Examination Survey Linked to 2007 Medicare Data

Nachman and Parker *Environmental Health* 2012, 11:25  
<http://www.ehjournal.net/content/11/1/25>



ENVIRONMENTAL HEALTH

**RESEARCH**

**Open Access**

Exposures to fine particulate air pollution and respiratory outcomes in adults using two national datasets: a cross-sectional study

Keeve E Nachman<sup>1\*</sup> and Jennifer D Parker<sup>2</sup>

# Methodological Research

MontréalCanada  
**JSM2013**

JSM 2013 Home

AUGUST 3 - 8, 2013 - MONTRÉAL, QUÉBEC, CANADA  
CELEBRATING THE INTERNATIONAL YEAR OF STATISTICS

Strategies for Enhancing the Linkage of National Center for Health Statistics' Surveys with Death Indices for Mortality Followup

Dean Judson\*+ and Jennifer D. Parker

National Center for Health Statistics and National Center for Health Statistics

record linkage ; linked mortality ; national death index

## National Health Statistics Reports

Number 57 ■ September 27, 2012

### Comparability Between the Rates for All-listed Inpatient Procedures Using National Hospital Discharge Survey and Medicare Claims, 1999 and 2007

by Yelena Gorina, M.S., M.P.H., Office of Analysis and Epidemiology; Maria Owings, Ph.D., Division of Health Care Statistics; Nazik Elgeddai, M.S.; and Julie Wiske, Ph.D., Office of Analysis and Epidemiology

## Research Article

Statistics  
in Medicine

Received 7 April 2012 Accepted 27 September 2012 Published online 4 November 2012 in Wiley Online Library

[www.interscience.wiley.com](http://www.interscience.wiley.com) DOI: 10.1002/sim.5617

### Identifying implausible gestational ages in preterm babies with Bayesian mixture models<sup>1</sup>

Guangyu Zhang,<sup>\*\*\*</sup> Nathaniel Schenker,<sup>\*</sup> Jennifer D. Parker<sup>\*</sup> and Dan Liao<sup>†</sup>



Health Serv Res. 2011 Oct;46(5):1610-27. doi: 10.1111/j.1475-6773.2011.01277.x. Epub 2011 Jun 7.

### Identifying chronic conditions in Medicare claims data: evaluating the Chronic Condition Data Warehouse algorithm.

Gorina Y, Kramarow EA.

Centers for Disease Control and Prevention, National Center for Health Statistics, Office of Analysis and Epidemiology, 3311 Toledo Road, Room 6332, Hyattsville, MD 20782, USA.

# Research collaborations

Research | Children's Health

## Maternal Exposure to Particulate Air Pollution and Term Birth Weight: A Multi-Country Evaluation of Effect and Heterogeneity

Payam Dadvarand,<sup>1,2,3</sup> Jennifer Parker,<sup>4</sup> Michelle L. Bell,<sup>5</sup> Matteo Ronzini,<sup>6</sup> Michael Drasar,<sup>7</sup> Lyndsey A. Darrow,<sup>8</sup> Ulrika Gahrberg,<sup>9</sup> Svetlana V. Glimanova,<sup>10</sup> Niloufar Gouvarva,<sup>11</sup> Eun-hee Ha,<sup>12</sup> Jong Han Lee,<sup>13</sup> Edith H. van den Hooven,<sup>14,15</sup> Bin Jabaludin,<sup>16,17,18</sup> Bill M. Jewdale,<sup>19</sup> Johanna Lapeule,<sup>20,21,22</sup> Rachel Morais-Frosch,<sup>23,24</sup> Geoffrey G. Morgan,<sup>25,26</sup> Angela Cecilia Pasaron,<sup>27</sup> Frank H. Pierik,<sup>28</sup> Lilla Piesse-Mukoh,<sup>29</sup> David G. Rich,<sup>30</sup> Sheila Sathyanarayana,<sup>31</sup> Jubee Seo,<sup>32</sup> Remy Stama,<sup>33,34</sup> Matthew Strickland,<sup>35</sup> Tania Tamburic,<sup>36</sup> Daniel Wartenberg,<sup>37</sup> Mark J. Van den Hofstede,<sup>1,2,3</sup> and Tracey J. Woodruff<sup>38</sup>

**OBJECTIVE:** We aimed to quantify the association between maternal exposure to particulates and preterm and term birth weight and low birth weight (LBW) across 14 countries from 9 continents and to explore the influence of site characteristics and exposure assessment methods on heterogeneity in the association.

**DESIGN:** Using a common analytical protocol, International Collaborators on Air Pollution and Pregnancy Outcomes (ICAPPO) created geospatial data on maternal exposure to term LBW and combined low birth weight associated with PM<sub>10</sub> and PM<sub>2.5</sub> (particulate matter < 10 and 2.5 µm). We used meta-analysis to combine the estimates of effect across countries (> 3 million births) and used meta-regression to evaluate the influence of center characteristics and exposure assessment methods on between-center heterogeneity in reported effect estimates.

**RESULTS:** In random effects meta-analysis, term LBW was positively associated with a 10 µg/m<sup>3</sup> increase in PM<sub>10</sub> (odds ratio [OR] = 1.05, 95% CI: 1.01, 1.07) and PM<sub>2.5</sub> (OR = 1.06, 95% CI: 1.03, 1.10) exposure during the entire pregnancy, adjusted for maternal characteristics (mean, 3.38 µg/m<sup>3</sup> increase in PM<sub>2.5</sub> exposure was also negatively associated with term birth weight at a continuous exposure in the fully adjusted random-effects meta-analysis (-8.7 g, 95% CI: -13.2, -4.4 g). Meta-regression revealed that centers with higher median PM<sub>10</sub>, term and PM<sub>2.5</sub>/PM<sub>10</sub> ratios, and centers that used a temporal exposure assessment (compared with questionnaire-based) to report exposure.

**CONCLUSIONS:** Maternal exposure to particulate pollution is associated with preterm and term birth weight. We detected these site characteristics and exposure assessment methods that appeared to contribute to the variation in association.

**KEY WORDS:** air pollution, fetal growth, heterogeneity, IC, meta-regression, multi-center study, particulate matter [EHP 120:1073-1083 (2012)]. <http://dx.doi.org/10.1289/ehp.1201073>

The developing fetus is known to be susceptible to environmental insults (Cherrier et al. 2008). A growing body of evidence has associated maternal exposure to ambient air pollution with a range of adverse pregnancy outcomes including low birth weight (LBW), low-weight growth restriction, preterm birth, stillbirth, and congenital anomalies (Glimanova et al. 2004; Iqbal et al. 2011; Iqbal et al. 2005; Ma et al. 2005; Parker et al. 2008; Rich et al. 2004; Sathyanarayana et al. 2011; Strickland et al. 2005; Woodruff et al. 2005). A growing body of evidence has associated maternal exposure to ambient air pollution with a range of adverse pregnancy outcomes including low birth weight (LBW), low-weight growth restriction, preterm birth, stillbirth, and congenital anomalies (Glimanova et al. 2004; Iqbal et al. 2011; Iqbal et al. 2005; Ma et al. 2005; Parker et al. 2008; Rich et al. 2004; Sathyanarayana et al. 2011; Strickland et al. 2005; Woodruff et al. 2005).

United Nations E/CN.3/2012/21

 **Economic and Social Council**

Dist.: General  
6 December 2011  
Original: English

---

**Statistical Commission**  
Forty-third session  
28 February-2 March 2012  
Item 4 (b) of the provisional agenda\*  
Items for information: Washington Group on Disability Statistics

**Report of the Washington Group on Disability Statistics**

**Note by the Secretary-General**

RESEARCH www.AJOG.org

**OBSTETRICS**

## National trends in primary cesarean delivery, labor attempts, and labor success, 1990-2010

Alan E. Simon, MD; Sayeedha G. Uddin, MD, MPH

# OAE Organizational Structure



# Going Forward

## (The environment)

- Health policy considerations
  - Impact of the ACA
  - Continued interest in reducing cost, improving quality and efficiency
- Budgetary considerations
  - Likely continuing resolution
  - Major or minor modifications to the ACA
- Executive branch considerations
  - Open Government initiative promotes sharing
  - CIPSEA limits access to protected data
- CDC and NCHS considerations

# OAE challenges

- Maintaining excellence in scientific work.
- Maintaining innovation in research and dissemination.
- Maintaining relevance of our work and our participation in public health and health policy initiatives.

## 2014 Call for Applications

National Center for Health Statistics (NCHS)  
and AcademyHealth

### Health Policy Fellowship

#### PURPOSE

Fellows use NCHS data systems and collaborate on studies of interest to policymakers and the health services research community. The program also offers collaborative opportunities with AcademyHealth and NCHS.

#### ELIGIBILITY CRITERIA

- Training or experience in fields related to health services research and methods
- Any career stage from doctoral student at the dissertation phase to senior investigator
- U.S. citizen or legal permanent resident with a valid work authorization
- Residence at NCHS for 13 months

Applications due: **Monday, January 6, 2014**  
Information: <http://www.academyhealth.org/nchs>  
Questions: [nchs@academyhealth.org](mailto:nchs@academyhealth.org)

academyhealth.org

Applications are currently  
being accepted.