

National Conference on Health Statistics



National Center for
Health Statistics

Edward Sondik
August 7, 2012

Program

- **Tuesday-
Wednesday**
 - Program Sessions
 - Brown-bag meet the staff @ 12:30
 - Exhibits and Posters
- **Thursday in Hyattsville –**
 - NHIS Hands-on
- **Plenary Sessions**
 - **This Morning**
 - Katherine Wallman
 - Harold Luft
 - **Wednesday**
 - Lisa Simpson
 - Mohammad Akhter
 - Pamela Hyde



Dedication: Randy Curtin



Dedication: Randy Curtin



Dedication: Randy Curtin

Legacy

- Quality
- Innovation



Dedication: Randy Curtin

Legacy

- Quality
- Innovation
- Vital Statistics
- ORM
- NHANES



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Dedication: Randy Curtin

Legacy

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Mentor and Friend



Innovation:

- Changes and
- Challenges



Congressional Mandate

National Center for Health Statistics

Sec. 306 [242k] (a) There is established in the Department of Health and Human Services the National Center for Health Statistics (hereinafter in this section referred to as the "Center") which shall be under the direction of a Director who shall be appointed by the Secretary. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

(b) In carrying out subsection (a), the Secretary, acting through the Center—

(1) shall collect statistics on—

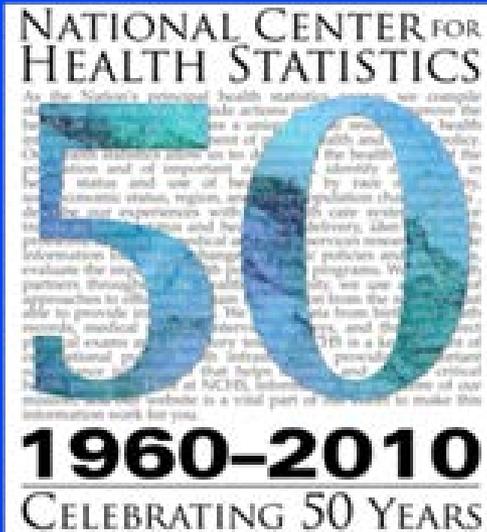
(A) the extent and nature of illness and disability of the population of the

NCHS "shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States."

prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

(H) family formation, growth, and dissolution;

(2) shall undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in paragraph (1);

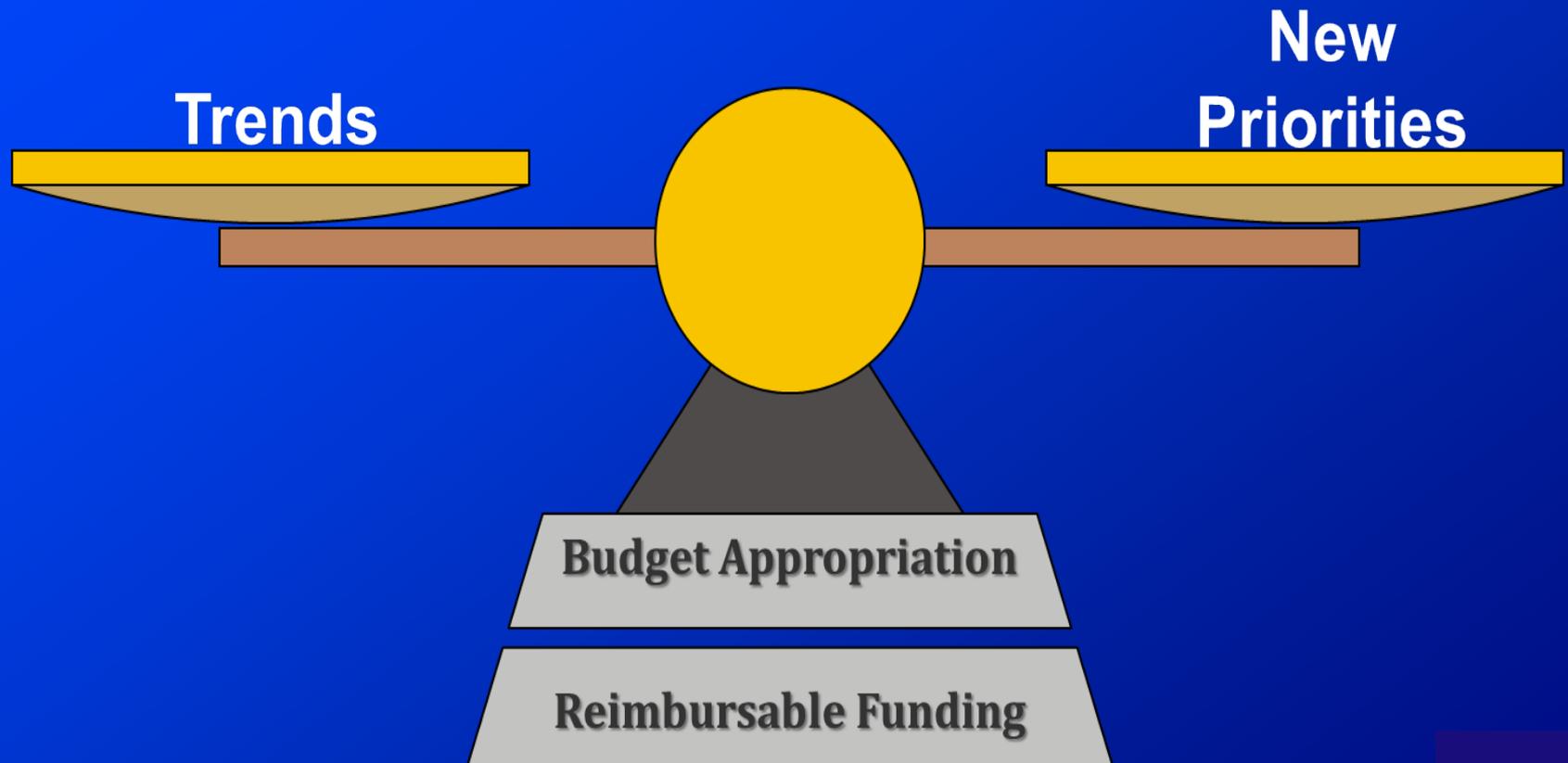


Congressional Mandate

... addresses the full spectrum of health concerns

Congressional Mandate

... addresses the full spectrum of health concerns



A Few of the Health Concerns ...



... Drivers to Innovation



Health
Insurance



An Extraordinary Focus on Data

- Open Government Initiative
 - Transparency
 - → Data use by the public
 - → Focus on the community level and personal decision-making
- HHS Leadership:
 - Committed to strengthening data systems and supporting and promoting the use of government data resources



An Extraordinary Focus on Data

+

- Open Government Initiative

A Myriad of Health Issues

- Transparency
- Data use by the public
- Focus on the community level and personal decision-making

→ Opportunity

- HHS Leadership:
 - Committed to strengthening data systems and supporting and promoting the use of government data resources



Other Drivers Toward Innovation

Changes/evolution
in health care

Competitive forces

Information
technology

The flood of new
data ("Big Data")

Research and
policy needs

Dissemination



Other Drivers Toward Innovation

Changes/evolution
— ACA —

Competitive forces

Information
technology

The flood of new
data ("Big Data")

Research and
policy needs

Dissemination



We have Responded ...



We have Responded ...

Some Examples →



How We've Responded ...

- **Health Care Program**

- NAMCS ↗ number of State estimates (Thank you ACA)
- More in-depth information on hospital care (Our new National Hospital Care Survey)
- New capabilities in ambulatory care assessment (Follow-back and DAWN)



How We've Responded ...

- **Timeliness**

- NHANES released within 9 months
- NHIS -- Quarterly releases with full year within 6 months
- Health Care targeting 10 months



How We've Responded ...

- **Vital Statistics**

- Vital statistics – preliminary data (90%+) within 9 months – An advance from our “Good to Great” partnership with NAPHSIS
- Working toward development of vital statistics model law



How We've Responded ...

- **Assuring Availability of National Clinical Measures**

- Oral health
- Measures of environmental exposure
- 'Million Hearts' data
 - Blood Pressure, Cholesterol, CVD practice (NAMCS)
 - Obesity
- The National Youth Fitness Survey



How We've Responded ...

- National Clinical Measures



How We've Responded ...

- National Clinical Measures



How We've Responded ...

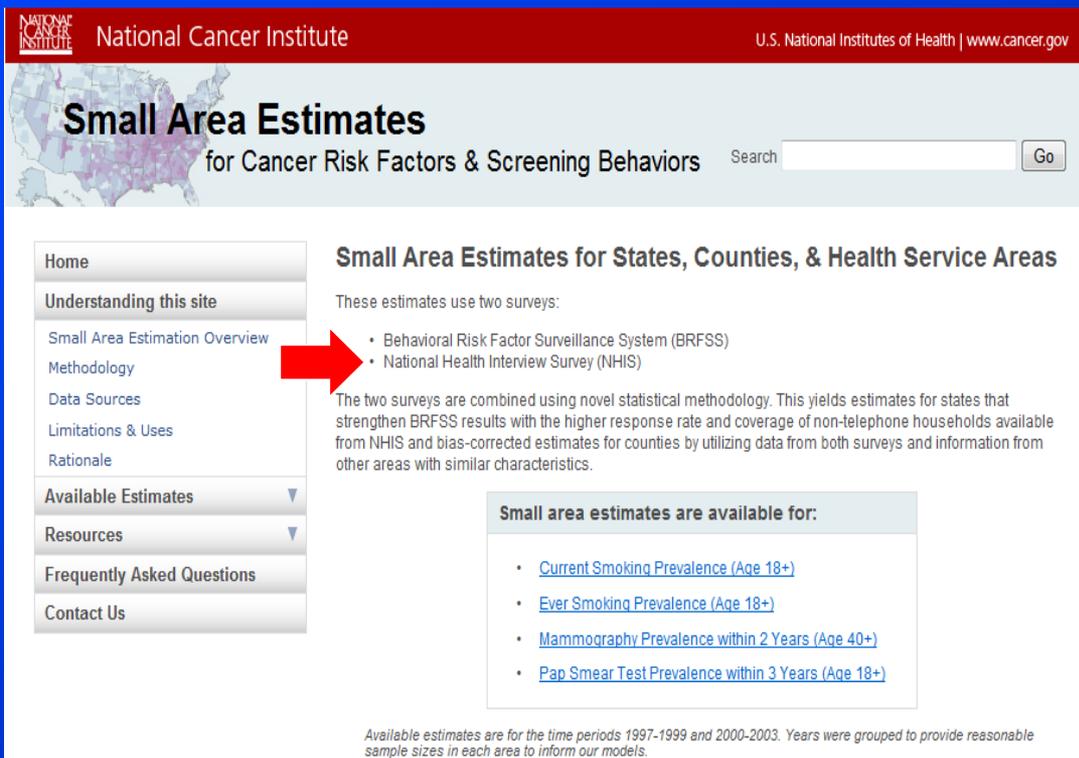
- **Expanding our focus on diversity**
 - Expanding the Asian subsample
 - Developing a protocol to support self-identification of the Lesbian, Gay and Bisexual community
 - Expanding state estimates
 - R & D on small area estimation



How We've Responded ...

- Expanding our focus on diversity

- Expanding the Asian subsample
- Developing a protocol to support self-identification of the Lesbian, Gay and Bisexual community
- Expanding state estimates
- R & D on small area estimation



National Cancer Institute U.S. National Institutes of Health | www.cancer.gov

Small Area Estimates

for Cancer Risk Factors & Screening Behaviors

Search Go

- Home
- Understanding this site
 - Small Area Estimation Overview
 - Methodology
 - Data Sources
 - Limitations & Uses
 - Rationale
- Available Estimates
- Resources
- Frequently Asked Questions
- Contact Us

Small Area Estimates for States, Counties, & Health Service Areas

These estimates use two surveys:

- Behavioral Risk Factor Surveillance System (BRFSS)
- National Health Interview Survey (NHIS)

The two surveys are combined using novel statistical methodology. This yields estimates for states that strengthen BRFSS results with the higher response rate and coverage of non-telephone households available from NHIS and bias-corrected estimates for counties by utilizing data from both surveys and information from other areas with similar characteristics.

Small area estimates are available for:

- [Current Smoking Prevalence \(Age 18+\)](#)
- [Ever Smoking Prevalence \(Age 18+\)](#)
- [Mammography Prevalence within 2 Years \(Age 40+\)](#)
- [Pap Smear Test Prevalence within 3 Years \(Age 18+\)](#)

Available estimates are for the time periods 1997-1999 and 2000-2003. Years were grouped to provide reasonable sample sizes in each area to inform our models.



How We've Responded ...

- **Dissemination**

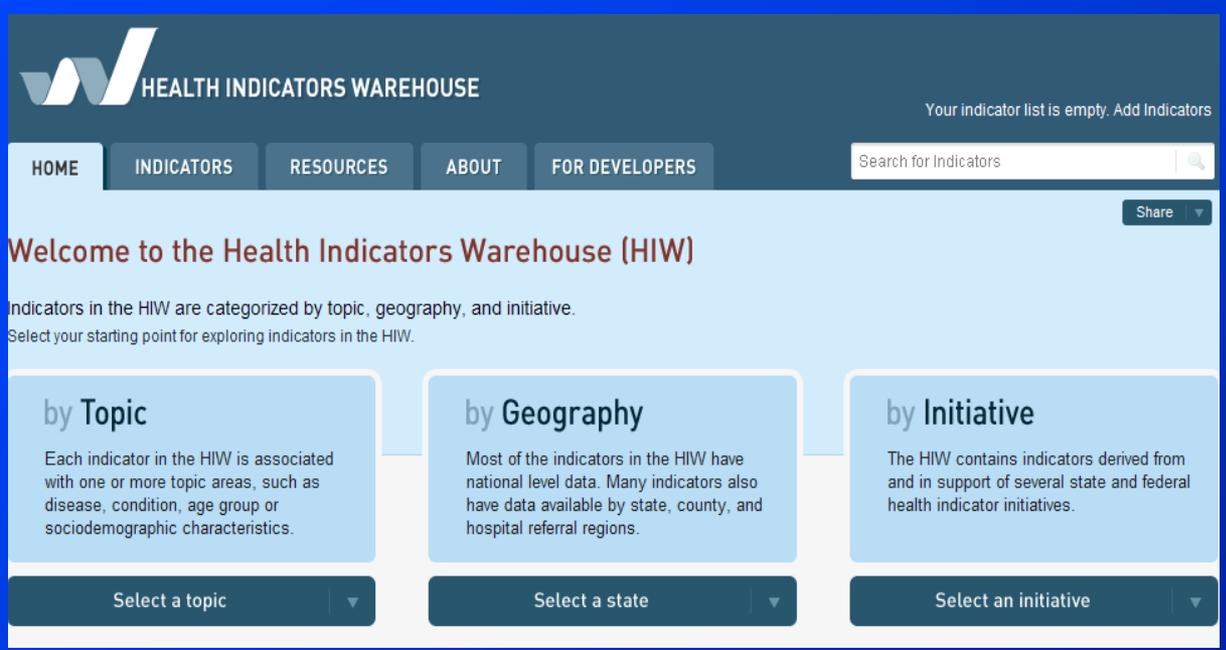
- Health Indicator Warehouse and HealthData.gov
- Health Data Interactive
- Data briefs (at 100 and counting ...)
- *Health US* content, editions and tools
- *Interactive Health US*



How We've Responded ...

- **Dissemination**

- **Health Indicator Warehouse and HealthData.gov**
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How We've Responded ...

● Dissemination

The screenshot shows the HealthData.gov website. At the top, there's a network diagram connecting various agencies like AHRQ, CDC, HHS, FDA, and others. Below this is a navigation bar with links for Home, Data, Blog, Q & A, Ideas, and Developers. A search bar is also present. The main content area features a banner for 'Health Matters in San Francisco' and a 'COMMUNITY DASHBOARD' with several circular charts. There are also sections for 'Search the Data' with a search box and filters, 'Recent Datasets' listing various healthcare data sets, and 'Recent Blog Entries' with a list of articles. At the bottom, there are five categorized sections: Medicare, Medicaid, Epidemiology, Treatments, and Population Statistics, each with a brief description and a 'Read more' link.

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How We've Responded ...

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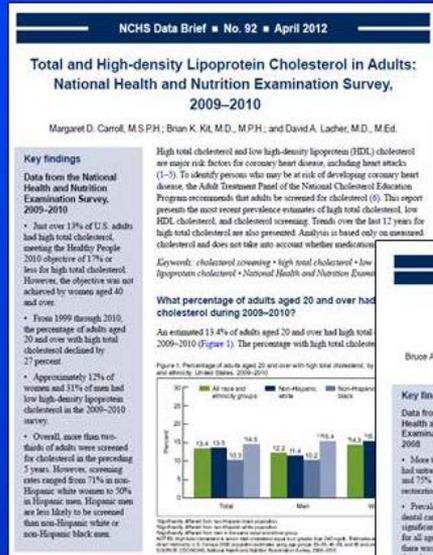
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July 2010:
40 published

July 2012:
100 published



How We've Responded ...

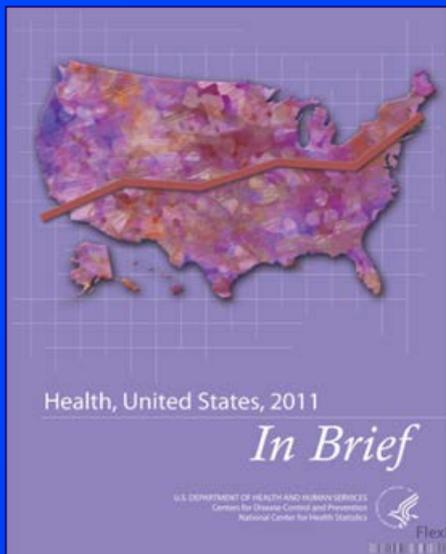
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Innovation in *Health, US*



61% / 20

Panorama Topic

panorama
Version 2.7.0.20120715

Lister Hill National Center for Biomedical Communications
U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894
National Institutes of Health, Department of Health & Human Services

Interactive Objects

- ▶ Mortality
- ▶ Natality
- ▶ Morbidity
- ▶ Disability me:
- ▶ Health Risk F
- ▶ Prevention
- ▶ Health insur

Welcome Topics

Welcome to the Panorama Lite Interactive Publication Viewer web application.
To get started, select an Interactive Object (IO) to view [on the left] or click directly on an IO as you read through the article [on the left]. The authors assume no responsibility for errors associated with the data or its representation beyond those originally published in CDC United States Health, 2011. To learn more about the data, visit the...

FlexPaper

The screenshot shows a web browser window displaying the Panorama Lite Interactive Publication Viewer. The main content area shows the 'Health, United States, 2011 In Brief' report cover. The right sidebar contains a 'Welcome' message and a list of 'Interactive Objects' including Mortality, Natality, Morbidity, Disability me:, Health Risk F, Prevention, and Health insur. The top of the browser window shows the 'Panorama Topic' header and version information.

Interactive *Health US 2011, In Brief*



61% / 20

Panorama Topic

panorama
Version 2.7.0.20120715

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Developed by the
National Library of Medicine
in collaboration with NCHS

The Interactive Health US 2011, In Brief

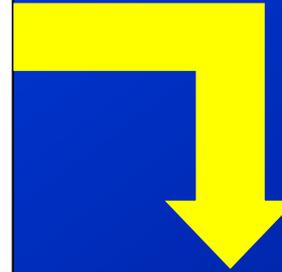
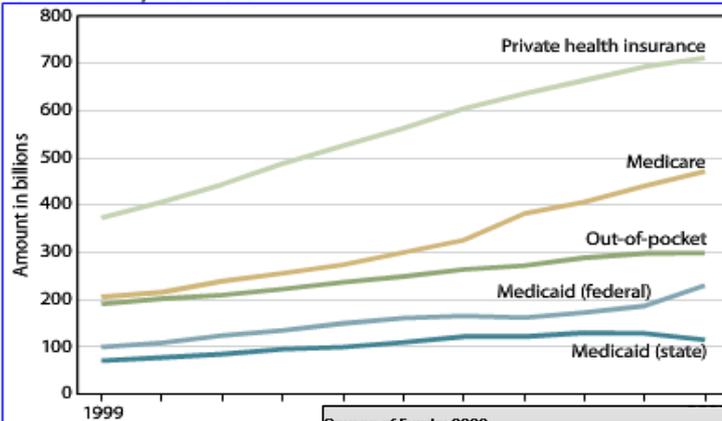
Source of Funds

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1999 to 2009.

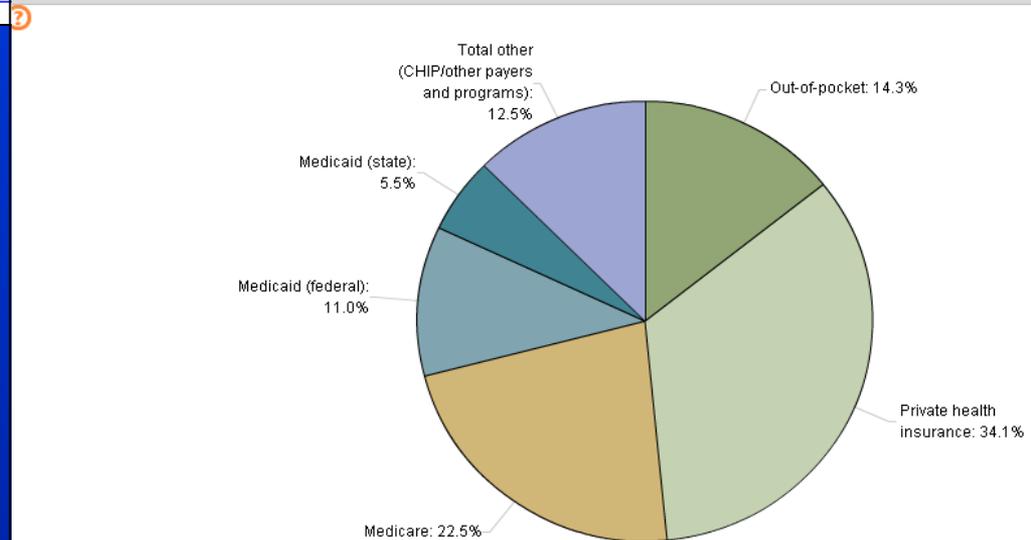
Between 1999 and 2009, total personal health care expenditures grew from \$1.1 trillion to \$2.1 trillion. During this period, the average annual growth in Medicare expenditures was 9%, for Medicaid and private insurance 7%, and for out-of-pocket spending 5%. In 2009, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children's Health Insurance Program (CHIP).

SOURCE: CDC/NCHS, Health, United States, 2011, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Figure 20. Personal health care expenditures, by source of funds: United States, 1999–2009



Source of Funds: 2009

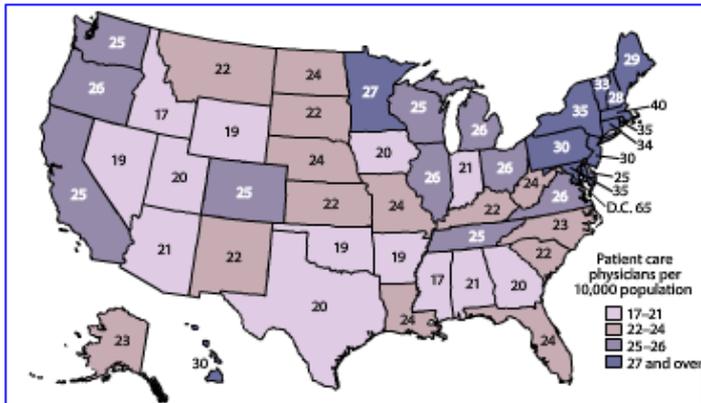


The Interactive Health US 2011, In Brief

Health Care Resources

Patient Care Physicians per Population

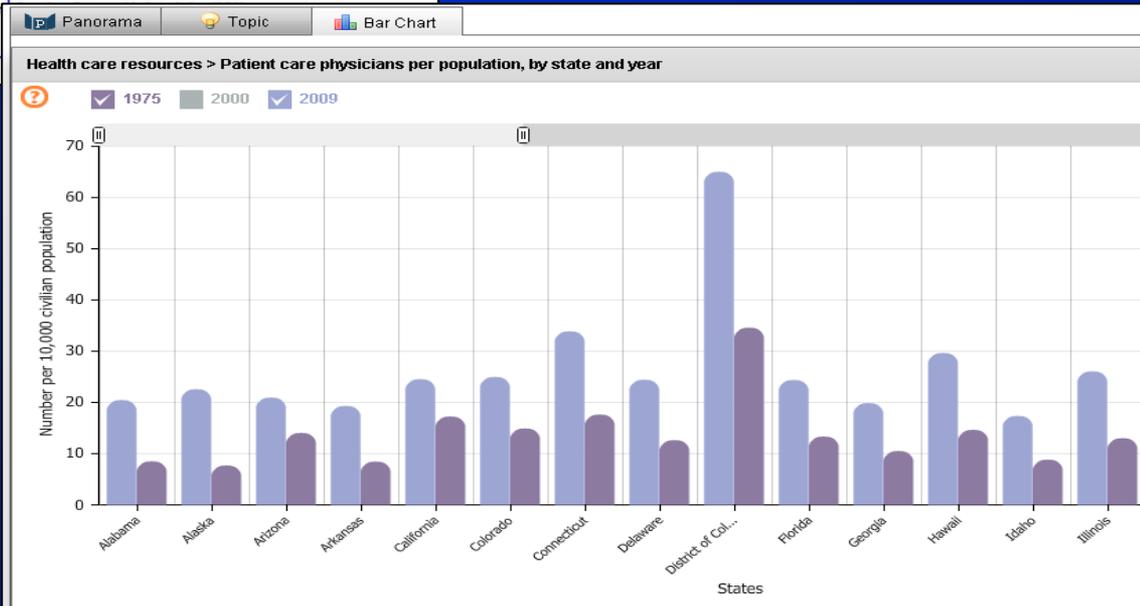
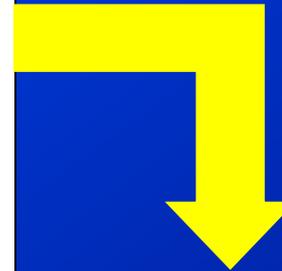
Figure 19. Patient care physicians per 10,000 population, by state: United States, 2009



The number of patient care physicians per 10,000 population in the United States in 2009 ranged from a high of 40 in Massachusetts to a low of 17 in Idaho and Mississippi.

On average, there were 25 patient care physicians per 10,000 population in the United States in 2009. The New England states, Mid-Atlantic states, District of Columbia, Maryland, Hawaii, and Minnesota were in the highest quartile (27 or more patient care physicians per 10,000 population). States in the lowest quartile (17-21 patient care physicians per 10,000 population) included parts of the South and some of the Mountain states, along with Iowa and Indiana.

SOURCE: CDC/NCHS, Health, United States, 2011, Table 109. Data from the American Medical Association (AMA) and the





SEARCH

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#)

Our New Home Page

National Center for Health Statistics

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[Learn More ▶](#)

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- 5

2012 National Conference on Health Statistics
Public Event · By National Center for Health Statistics

Monday, August 6, 2012

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 NW, Washington, DC 20001.

Our biennial conference focuses on the critical impact of public health data 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 key health issues. Through... See More

Going (32)

Maybe (5)

Renaissance Washington, DC Downtown Hotel
999 9th Street Northwest, Washington, District of Columbia 20001
[View Map](#) · [Get Directions](#)

FEATURED TOPICS



Dr. Nathaniel Schenker Elected American Statistical Association 2014 President

Dr. Schenker will serve as president-elect in 2013, and become president on January 1, 2014

[NEXT TOPIC ▶](#)

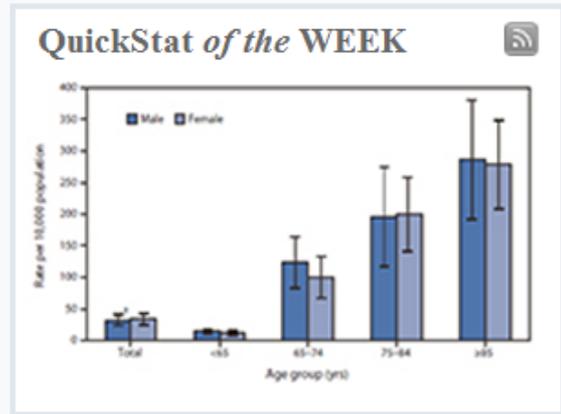
New RELEASES

Death in the United States, 2010

NCHS Data Brief No. 08 July 2012

FastStats: STATISTICS BY TOPIC

FastStats provides quick access to statistics on topics of public health importance and includes:



In 2010, hospitalization rates per 10,000 population for stroke for males and females increased with increasing patient age. For males, the rate per 10,000 ranged from 14.7

How We've Responded ...

- **Expanding our focus on Administrative Data Sources**

- Data linkage
- International classifications
- Electronic Health Records --
 - Monitoring adoption and use
 - As a data source



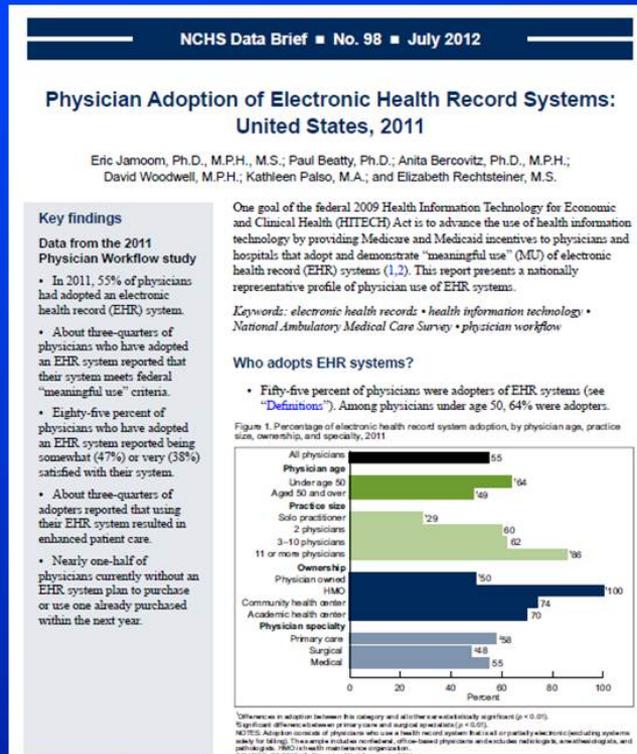
How We've Responded ...

Expanding our focus on Administrative Data Sources

- 55% of physicians had adopted an EHR system in 2011
- ≈ 75% meet federal "meaningful use" criteria

- Data linkage
- International classifications
- Electronic Health Records --

- Monitoring adoption and use
- As a data source



A Look Into the Future

- Use of the internet for data collection
- Explosion of new data sources
 - Merging of data sources
 - Meeting the need for more local data
- Monitoring health over time (longitudinal data)
 - Electronic health records
 - At-home monitoring



Screenings

Tests, Tests, Tests

Health

Long term care

Surgeries

Doctor visits

Costs

Hospital stays

Obesity

X-Rays

Drugs

ER

Immunizations

Comparative Treatment Effectiveness

Physical Therapy



Birth



Now



Death



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2012 NATIONAL CONFERENCE ON HEALTH STATISTICS

2012

NATIONAL CONFERENCE
ON HEALTH STATISTICS

