

**HOST:** This week marked the release of "Health, United States," a compilation of data on a wide range of topics, from birth to death – and everything in-between - including: health care, disease prevalence, and other risk factors facing the population. "Health, United States" is unique because it features not only data from NCHS, but also from sources outside of NCHS, including other federal health agencies. In compliance with the Public Health Service Act, the report is ultimately submitted from the Secretary of Health and Human Services, to Congress and the President. This latest report is the 43<sup>rd</sup> edition, and to put that into further perspective, the very first edition of "Health, United States" was published in 1976, when Gerald Ford was president. That report looked much different from the current edition. For example, the first report did not contain any data on HIV/AIDS – because the disease was still unknown at the time. Through the years, the content in the report has evolved to meet emerging public health needs.

Joining us today is Dr. Renee Gindi, who leads the NCHS team that produces the report.

**HOST:** Turning to this latest edition that came out this week, what are some of the significant highlights in this report?

**RENEE GINDI:** For the most part, I've been talking about three different narratives or stories that line up throughout the chart book. The first is on leading causes of death and trends in those leading causes of death. The second is thinking about continuing disparities by race and Hispanic origin. And the third one is changes in health insurance and access. The two leading causes of death are heart disease and cancer, and together they accounted for 44% of deaths. When we look at the trends in mortality due to cancer and heart disease, we find that for the most part between 2008 and 2018 the death rates for cancer had a pretty stable drop. But that wasn't the case for heart disease. We found that when we looked between 2008 and 2018 that while there was a decline certainly over that entire period, actually the rate of that decline was lower between 2011 and 2018. It just means that while the rate of deaths due to heart disease was falling, it didn't fall quite as quickly in the second part of that decade. One of the things that we're able to do with Health U.S. is to pull together multiple data sources to help understand the topic, so the next thing we did is we also follow this up with a look at trends in heart disease among adults age 18 and

older as well as trends in reported history of cancer. And we saw results that seem to correspond pretty well with those changes in the mortality rate. For heart disease, we saw a decrease in prevalence between 2008 and 2018 among men and women age 65 and older, and then also among women aged 45 to 64. Results for the reported history of cancer were a little bit more mixed, where when we looked at the reported history of cancer over that time period we did see decreases in the percentage of women age 18 to 44 who reported history of cancer but increases among women aged 65 and over. So when we are able to look not only at mortality and also prevalence of heart disease and cancer, we can also look at prevention. And so the Health U.S. team also focused on cancer screening trends, this year looking 1st at the use of colorectal cancer testing among adults age 50 to 75. One of the things we saw we looked at this particular set of trends broken down by race and Hispanic origin and while we certainly saw increases in the percentage of adults who had reported having colorectal cancer testing between 2008 and 2018 in all of the racial in Hispanic origin groups that we studied, we still saw differences by racial and Hispanic origin group by 2018. We had a little bit of a similar story with the use of mammogram in the past two years. So while we didn't see any increases or decreases in the percentage of women who reported having a mammogram in the past two years, by 2018 we still saw some differences by race and Hispanic origin. So picking up on those differences in race and Hispanic origin, we were able to explore those kinds of differences and disparities across the chart book and across the figures.

**HOST:** I want to sort of zero in on the topic of vital statistics, because during the pandemic what we've now seen is data coming out very rapidly to meet the needs of the pandemic. How do you see Health U.S. in the future utilizing vital statistics now that there's been this surge in speed of data release?

**RENEE GINDI:** I think that's a really great question and I think that can be a really broad question, thinking about the statistical community in general. There's a real tension between the desire to get out the most accurate, triple-checked final data, but also the need to get actionable evidence out to the public and the public health community as quickly as possible. And I think Health U.S. is a good example of that issue. Partially because we have a compendium of so many different data sources, we have a real tension in our annual report of

having all of the data line up so that we've got all the same data leading to the same most current point versus getting the report out before we need to update it with new data. I think that you've really identified, both with vital statistics and with the National Health Interview Survey Early Release program, some real challenges for us as we figure out how to - and whether to - incorporate these earlier sources of data into what has traditionally been a report that focuses on the final sources.

**HOST:** So now that we've transitioned to a more web-based electronic environment in terms of publishing, how is Health U.S. adapted to those changes?

**RENEE GINDI:** We have been a product since 1975, and we've been keeping up with the times since then. We started sending our trend tables out on floppy disk in 1990, and we had our first publication on the World Wide Web in Y2K. So we have a really long tradition of trying to make sure that we provide high quality data in a timely way to the broadest possible audience. In service of that, in the past few years we've actually introduced something called the "Data Finder" page which has become the most popular way to access the Health U.S. tables and figures. Using the Data Finder, people can search for different kinds of health topics or choose from different population or geographic subgroups that they're interested in. They can download individual printable PDF tables for reference. Or they can download an Excel table to be able to get more data years, more statistical information, or to work with the data themselves. Our future really, I think, brings that same commitment to timeliness, quality, and utility. We're trying to phase in improved access. So we want more people to be able to access our data more quickly. We want to bring in topical web pages to allow people to search for topics that they are interested in. And we want to have more timely trend table updates, to be able to update those data tables, those trend tables, in a way that's a little bit closer to when those data become available. We really want to focus our analysis on those cornerstone detailed trend tables, and one of the things that will help us do is to report on more trends in a broader variety of topics, rather than the smaller selection that we've needed to focus on when we are working on the chart books. And we want to really also look towards a more streamlined annual summary, and that will allow

us to report on this year's-worth of updates across the topical pages in a slightly smaller format to make it more accessible to our policymaker audience.

**(Music bridge)**

**HOST:** Our thanks to Dr. Renee Gindi for joining us on this edition of "Statcast."

**HOST:** The National Household Pulse Survey, which tracks mental health and health care access issues during the pandemic, released its latest data last week, covering the period February 3 thru the 15<sup>th</sup>. Nearly 2 out of 5 adults reported anxiety or depression-like symptoms in the previous week. This 39% figure was the lowest number reported since October. Nearly a quarter of adults with anxiety or depression-related symptoms over the past four weeks did not get needed mental health care during this time. Over a third of adults delayed or did not get necessary medical care in the past four weeks due to the pandemic.

Today, NCHS also released the latest quarterly provisional data on infant mortality in the United States. The infant mortality rate remained stable during the first quarter of 2020, at nearly 5.6 infant deaths per 1,000 live births. The rate has remained quite stable over the past several years.