

Board of Scientific Counselors



Jennifer Madans, PhD

Acting Director, NCHS

May 9, 2019

ADMINISTRATIVE AND BUDGET UPDATES



New BSC Members and Departing Members

▪ Welcome our new BSC Members

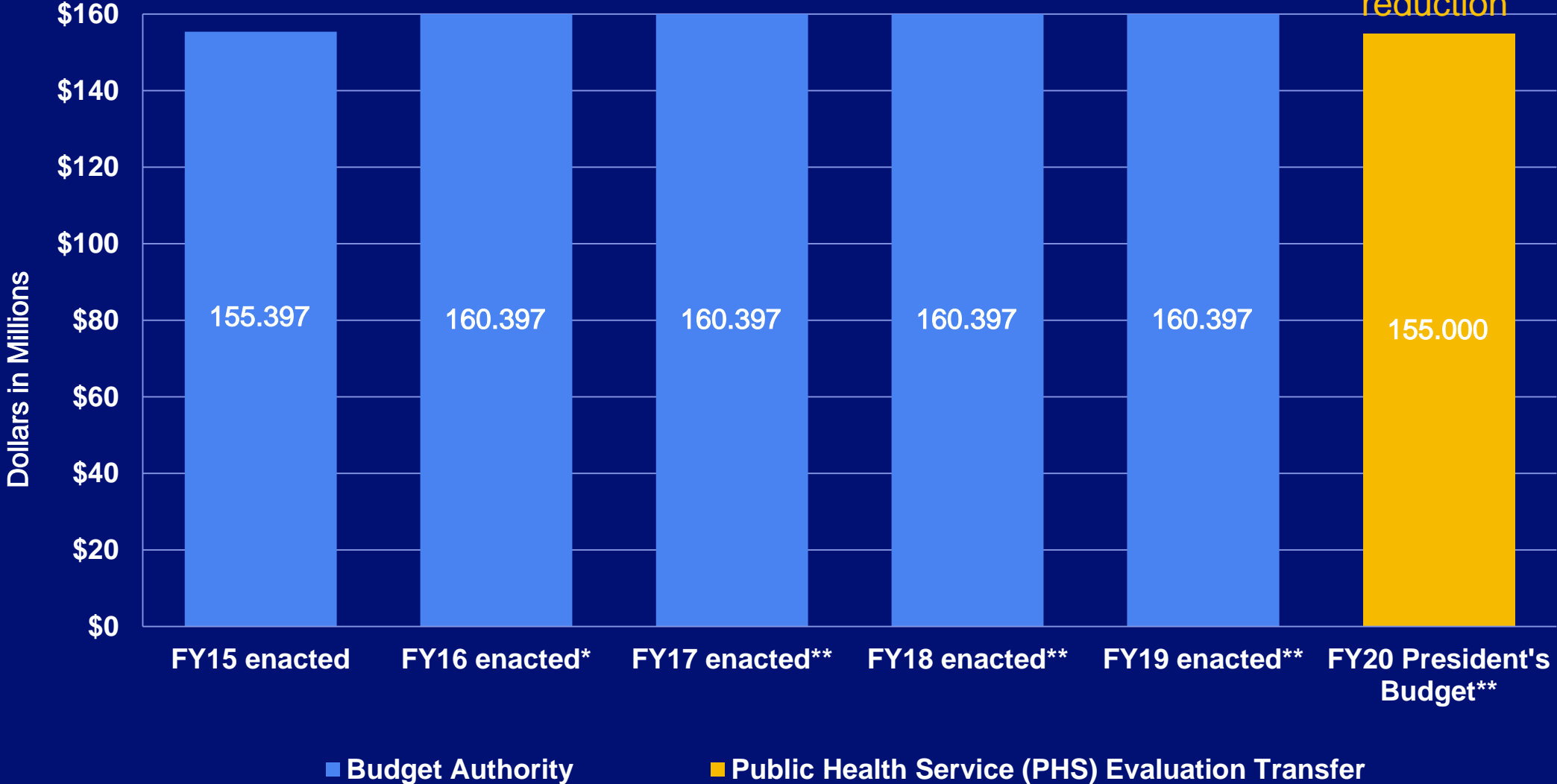
- Helen G. Levy, Ph.D.
- John R. Lumpkin, M.D., M.P.H.
- Kristen M. Olson, Ph.D.
- Andrey Peytchev, Ph.D.

▪ Farewell to our BSC Members rotating off the Council

- Timothy J. Beebe, Ph.D.
- Sherry A. Glied, Ph.D.
- Mary Ellen Johantgen, Ph.D., R.N.

NCHS Budget

\$5.397 million reduction



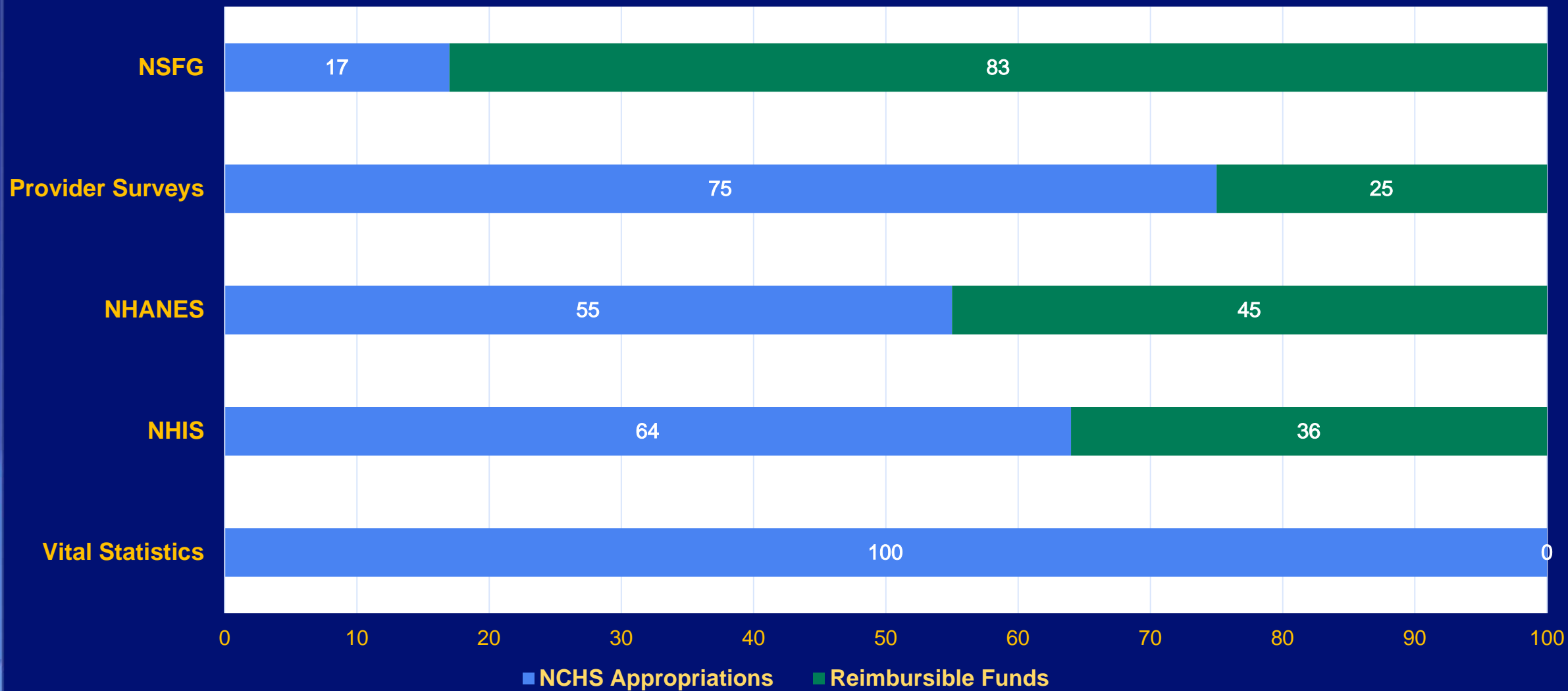
*Amount includes \$15.397 million in Budget Authority for administrative and business services through the CDC Working Capital Fund.

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

NCHS Budget

- **In FY 2020, \$155,000,000 is requested in Public Health Service (PHS) Evaluation Transfer**
 - \$5,397,000 below the FY 2019 Enacted level
- **FY 2020 House Appropriations Bill**
 - \$100,000,000 for CDC to lead improvement of public health data by providing support to Federal data modernization efforts including the **National Center for Health Statistics**, State, local, tribal and territorial partners
 - Includes a multi-year plan, including at least five years of budget projections, as well as the innovation strategy for surveys conducted by the National Center for Health Statistics
- **NCHS has not had PHS Evaluation Transfer funds since FY14**
- **Permissive Transfer to support the Unaccompanied Alien Children program**
 - \$542 thousand in FY 2018
 - \$547 thousand in FY 2019

Percentage of NCHS Data Collections Funded by Reimbursable Dollars in FY2018

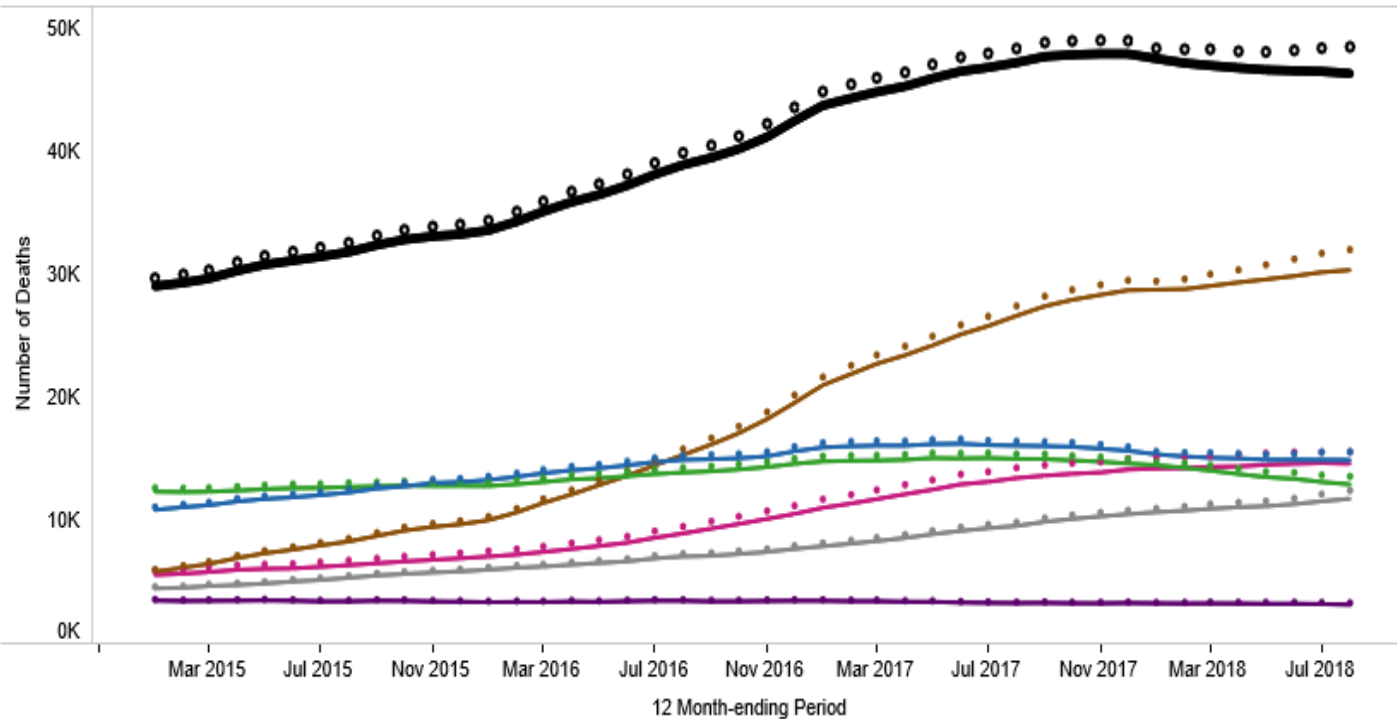


PROGRAM UPDATES



Division of Vital Statistics: Predicted Drug Overdose Death Counts

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

| | |
|--|---|
| Opioids (T40.0-T40.4, T40.6) | Methadone (T40.3) |
| Heroin (T40.1) | Synthetic opioids, excl. methadone (T40.4) |
| Natural & semi-synthetic opioids (T40.2) | Cocaine (T40.5) |
| | Psychostimulants with abuse potential (T43.6) |

— Reported Value

○ Predicted Value

Predicted counts use a 'multiplication factors' based on the degree of underreporting in provisional data compared with final data.

Division of Vital Statistics: New Opioid Funding

- Build foundational mortality infrastructure of state vital registration programs
- Expand interoperability capabilities at the state level
- Enhance the NCHS mortality IT infrastructure
- Support efforts to improve quality and timeliness of ME/C investigation and reporting of drug overdose deaths

| New Opioid Funding Type | FY 2018 | FY 2019 |
|---|--------------|--------------|
| Patient-Centered Outcomes Research Initiative | \$2,613,000 | |
| Opioid Response Coordinating Unit | \$7,830,000 | \$11,500,000 |
| TOTAL | \$10,443,000 | \$11,500,000 |

NHIS Annual Content Plan 2019 – 2027

Annual core

- Key measures
- Sociodemographics

Rotating core

- Newer topic areas
- Expanded detail
- Varying periodicity

Sponsored supplements

- “Sustaining” sponsors
- 1- or 2-year modules
- 5 min or less

One adult and one child randomly selected from each household

- Demographics for all HH members
- Family info collected from sample adult and parent of sample child

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 |
|-------------------|---|--|--|--|---|--|--|--|--|
| | Household Roster - Selection of Sample Adult - Informed Consent | | | | | | | | |
| Annual core | <p style="text-align: center;">Chronic Conditions: Hypertension; High Cholesterol; Cardiovascular Conditions; Asthma; Cancer; Diabetes; Other Chronic Conditions; Height and Weight</p> <p style="text-align: center;">Functioning and Disability: Vision; Hearing; Mobility; Communication; Cognition; Self-Care and Upper Body Limitations; Anxiety; Depression; Social Functioning</p> <p style="text-align: center;">Health Insurance: Coverage Status; Sources of Coverage; Characteristics of Coverage; Continuity of Coverage; Reasons for No Health Insurance</p> <p style="text-align: center;">Health Care Access and Use: Primary and Urgent Care; Financial Barriers to Care; Prescription Medication; Flu and Pneumonia Immunization</p> <p style="text-align: center;">Health-Related Behaviors: Cigarettes and E-cigarettes</p> <p style="text-align: center;">Demographics: Marital Status; Sexual Orientation; Veterans Status; Nativity; Schooling; Employment; Family Income; Food-Related Program Participation; Housing; Telephone Use</p> | | | | | | | | |
| | <p style="text-align: center;">Service Utilization: Dental Care; Mental Health Care; Other Services</p> | | <p style="text-align: center;">Allegies and Other Conditions</p> <p style="text-align: center;">Psychological Distress</p> | <p style="text-align: center;">Service Utilization: Dental Care; Mental Health Care; Other Services</p> | | <p style="text-align: center;">Allegies and Other Conditions</p> <p style="text-align: center;">Psychological Distress</p> | <p style="text-align: center;">Service Utilization: Dental Care; Mental Health Care; Other Services</p> | | <p style="text-align: center;">Allegies and Other Conditions</p> <p style="text-align: center;">Psychological Distress</p> |
| Rotating core | Mental Health Assessment ¹ | Industry and Occupation | | Mental Health Assessment ¹ | Industry and Occupation | | Mental Health Assessment ¹ | Industry and Occupation | |
| | | Injuries | | | Injuries | | | Injuries | |
| | Chronic Pain: Severity and Impact; Locations | Health-Related Behaviors: Physical Activity; Walking; Sleep; Fatigue; Smoking History and Cessation; Alcohol Use | Chronic Pain: Severity and Impact; Locations | Health-Related Behaviors: Physical Activity; Walking; Sleep; Fatigue; Smoking History and Cessation; Alcohol Use | Chronic Pain: Severity and Impact; Locations | Health-Related Behaviors: Physical Activity; Walking; Sleep; Fatigue; Smoking History and Cessation; Alcohol Use | Chronic Pain: Severity and Impact; Locations | Health-Related Behaviors: Physical Activity; Walking; Sleep; Fatigue; Smoking History and Cessation; Alcohol Use | Chronic Pain: Severity and Impact; Locations |
| | Preventive Services: Screening Tests; Aspirin Use | | Preventive Services: Screening Tests; Aspirin Use | | Preventive Services: Screening Tests; Aspirin Use | | Preventive Services: Screening Tests; Aspirin Use | | Preventive Services: Screening Tests; Aspirin Use |
| Sponsored content | <p>Sustaining sponsors* add content every year. Annual sponsored content will include cancer control and prevention (NCI and NCCDPPH), immunizations (NCIRD), non-cigarette tobacco product use (FDA), and food security (USDA).</p> | | | | | | | | |
| | <p>Other sponsors* add content in selected years. Anticipated sponsorships include expanded content on arthritis in 2019 (NCCDPPH and NIAMS), insulin use in 2019 (NIDDK and NCCDPPH), diabetes in 2020 (NCCDPPH), and complementary and integrative health in 2022 (NCCIH).</p> | | | | | | | | |
| Emerging topics | <p>New topics of growing interest may be added by NCHS, generally for one year. In 2019, the topics are prescription opioid use and pain management.</p> | | | | | | | | |

Timeline for 2019 NHIS Products and Public Use Data

| | |
|------------------|---|
| January 2019 | Launch of the redesigned 2019 Questionnaire |
| December 2019 | First ER Products from the 2019 NHIS* |
| Late Summer 2020 | Public Use Data Files from the 2019 NHIS |

*ER products based on Quarter 1 data, typically released in September, will not be available. NHIS staff need time to evaluate the quality of the data coming from the redesigned questionnaire.



Division of Health Care Statistics Updates

Electronic Health Record (EHR) Activities

- Development continues for the Healthcare Electronic Health Record system for NAMCS and National Health Care Surveys (NHCS)
 - Direct messaging is now operational for submission of EHR data
- EHR vendors have developed interfaces based on the HL7 CDA[®] R2 Implementation Guide: National Health Care Surveys, STU Release 1.0 or 1.2 – US Realm
 - 60 products certified
 - Allscripts, Cerner, MedHost, NextGen, and Rhapsody Integration Engine among developers with certified products
- Registrations continue for the NHCS public health reporting registry
 - Over 180,000 eligible professionals/eligible clinician registered
 - Over 1,100 eligible hospitals/critical access hospitals registered

National Health and Nutrition Examination Survey (NHANES)

- **DHANES Director Update**
 - Kathryn Porter, DHANES Director, retiring September 1, 2019
 - Recruitment underway for new DHANES Director
- **Contract solicitation – Gaining Cooperation**
 - Evaluate current NHANES methods, provide insights to improve response rates
- **Nonresponse bias analyses**
 - Multiple projects
 - NHANES 17-18 NRBA draft report from contractor in July
- **NHANES 2021-22 Planning**
- **Joint with NHIS: Evaluating feasibility of in-home phlebotomy for 2023**

NHANES Pilots

- **Staggered incentive pilot - ongoing**
 - **Conducting in first 8 survey locations of 2019 NHANES**
- **Social media pilot – late summer 2019**
 - **Evaluate impact of using Facebook and Instagram ads on participant engagement**
- **Infant blood collection pilot – Fall 2019**
 - **Evaluate feasibility of lowering the age range for blood collection. If successful, full implementation will provide critical data for dietary recommendations for children under 2 years of age.**

NHANES Staggered Incentive Pilot 2019

- Screener Incentive

- 0 control
- \$2 pre-paid (cash)
- \$5 promised (debit card)

- Interview Incentive

- 0 control
- \$20 promised (debit card)
- \$40 promised (debit card)



NATIONAL CENTER FOR HEALTH STATISTICS

National Health and Nutrition Examination Survey

Resident
Address 1, Address 2
City, ST ZIP

DATE

From the Director,

Your household has been selected to take part in an important national health study. This is the National Health and Nutrition Examination Survey or NHANES. NHANES provides important information about the health and diets of people in the United States. The National Center for Health Statistics, which is a part of the Centers for Disease Control and Prevention (CDC), conducts this important survey. Over the years, this survey has led to changes in the foods we eat and the health care we receive.

In the next few weeks, one of our study representatives will make a personal visit to your home. They will see if you or a member of your family will be invited to take part in this study. Here is what to expect:

- She or he will show you official Centers for Disease Control (CDC) identification and ask some easy questions about you and other family members.
- Answering the questions only takes a few minutes and is voluntary. You may choose not to answer any question. There will be no penalties or loss of benefits of any kind from refusing to answer.
- If you or other household members are chosen, you'll represent thousands of people in the U.S. and your community to help us better understand the health of people like you in the United States.
- If you have questions, please call Dr. Tony Nguyen of my staff toll-free at 1-800-452-6115.

We ask that you take a few minutes to speak with our interviewer when they visit. To thank you in advance for speaking with our interviewer and learning more about NHANES, we are enclosing a \$2 bill. This token of appreciation is yours to keep whether or not you decide to participate.

Thank you in advance for helping this important study.



Sincerely,

Kathryn S. Porter, MD, MS
Director, Division of Health and Nutrition Examination Surveys
National Center for Health Statistics
Centers for Disease Control and Prevention

This survey is a Federal program authorized by the Public Health Service Act. All of your answers will be kept in confidence according to Section 308(d) of the Public Health Service Act [Title 42, U.S. Code, 242m(d)] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). We will use your information only for statistical research and reports. Your answers will be added to others, so no one can identify which are yours.



Centers for Disease
Control and Prevention
National Center for
Health Statistics

NHANES: Dental Fluorosis Data

- **What is Dental Fluorosis (DF)?**
 - Altered tooth enamel
 - Results from exposure to dietary fluoride in childhood, prior tooth eruption
 - Ranges from very mild (with small, barely visible white markings on the tooth) to severe (with pitting and dark brown stains)
- **NHANES collected data on DF**
 - During 1999-2004 and 2011-2016
 - On persons 649 years in 9904, 619y in 11-13, & 629y in 14-16
 - Assessment made by dentist at MEC
 - All fully erupted permanent teeth excluding third molars were assessed
 - Each tooth scored using Dean's Fluorosis Index
 - A person was categorized as normal, questionable, very mild, mild, moderate, or severe

NHANES: Dental Fluorosis Data Release and Data Quality Review

- April 22, 2019, DHANES released the 2013–14 and 2015–16 data files and documentation
- This release also included a data quality report on all NHANES DF clinical assessment data from 1999–2004 and 2011–16
- DHANES conducts routine QA/QC during data collection as well as before public data release for all NHANES data
- The published Report provided a more detailed quality evaluation of all available data across the two 6-year time periods

National Center for Health Statistics

National Health and Nutrition Examination Survey

About NHANES +

What's New +

Questionnaires, Datasets, and Related Documentation +

Survey Participants +

Biospecimen Program +

New Content and Proposal Guidelines +

Survey Results and Products +

Tutorials +

Listserv

Information for Health Professionals

Contact Us

Related Sites

- NHANES Longitudinal Study
- NHANES National Youth Fitness Survey
- Growth Charts

CDC > NCHS

National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) consists of a series of studies designed to assess the health and nutritional status of a representative sample of the civilian, non-institutionalized population of the United States. The survey is unique in that it combines self-reported information from questionnaires and interviews with physical examinations and laboratory tests.

[Selected Participants](#)

Have you been selected to take part in the National Health and Nutrition Examination Survey?

[Information for Health Professionals](#)

Learn about participant involvement and benefits with the National Health and Nutrition Examination Survey

[NHANES National Youth Fitness Survey](#)

The NHANES National Youth Fitness Survey (NNYFS) was a one-time survey conducted in 2012. The NNYFS collected nationally representative data on physical activity and fitness levels of children and adolescents in the United States through interviews and fitness tests. On September 30, 2013, the first wave of this data was released. To review documentation and download datasets, go to the [NNYFS Data and Documentation page](#).

NATIONAL CENTER FOR HEALTH STATISTICS
Vital and Health Statistics
Series 2, Number 183
April 2019

Data Quality Evaluation of the Dental Fluorosis Clinical Assessment Data From the National Health and Nutrition Examination Survey, 1999–2004 and 2011–2016

Data Evaluation and Methods Research

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

NCHS reports can be downloaded from: <https://www.cdc.gov/nchs/products/index.htm>.

2013-2014)

- Tobacco-specific Nitrosamines (TSNAs) - Urine (TSNA_H 2013-2014)

NHANES: Dental Fluorosis Data Quality: Findings and Recommendation

Findings

Reliability Statistics: Kappa

- Moderate to near perfect agreement between dental and reference examiner during 1999-2016; Moderate to substantial agreement with dental examiner on same participant a few days later (1999-2001)

Variability in prevalence estimates was seen within and across each 6-year time period

Synthetic birth cohort analysis

- Prevalence was 9.5% in youth 6–9 years in 2001–04 and 46.9% in youth 16–19 years in 2011–14

Recommendation

The quality assessment findings in the published report should be strongly considered when determining whether the data are appropriate for the user's analytic objectives, including studies of prevalence and trends.

Division of Research and Methodology

Research Data Center (RDC)

- Neil Russell became RDC Director in January
- The NCHS RDC remote submission system (i.e., ANDRE) was retired in April 2019
- In FY2020, Census will implement a new cost model for access to FSRDCs; NCHS and ARHQ “sponsored” project will be charged for:
 - Every Special Sworn Status application processed.
 - Every year a project is active.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) became a data partner with NCHS; the National Survey on Drug Use and Health (NSDUH) restricted-use data are available through the FSRDC system, including an NCHS RDC in Parklawn.



Division of Research and Methodology

Collaborating Center for Questionnaire Design and Evaluation Research

Selected Current Question Evaluation Studies

- **Opioids**
 - Population: Use, Misuse, Impairment, Disorder
 - Pregnant Women (PRAMS)
 - Physician: Prescribing Practices
- **Disability**
 - ID/DD Question Development
 - WG Items for ACS
 - Labor Force Module with ILO
 - Inclusive Education with UNICEF
- **NHIS**
 - Adult Health Behavior and Screening
 - Children's Health Behavior
 - Injury
- **Other**
 - NHANES Message Testing/Non-responder Interviewing
 - DHCS Long Term Care Record Alignment Study
 - Verbal Autopsy
 - NIOSH Gig Employment

Office of Analysis and Epidemiology (OAE) Health, United States

Health, United States 2018 Report

- Printed and PDF 20-figure Chartbook on the Health of Americans
- 48 detailed trend tables available in an online-only supplement

Redesign Update: Research

- Talk with government and academic data users to understand content needs
- Review of ~500 HUS citations to understand uses in scientific literature

Spotlight Infographic on Racial and Ethnic Disparities in Heart Disease released on April 23

- The Spotlight Infographic series explores health topics using data from the Health, United States annual report

Healthy People 2030

- A Federal Register Notice went out for a set of core (355), developmental (80), and research objectives (25) between 11/27/2018 and 1/11/2019.
 - 1,732 comments on Core objectives (online)
 - 327 comments on Developmental and Research objectives (online)
 - 530 new objectives proposed (online)

Next Steps for Healthy People (HP)

| | HP2030 | HP2020 |
|-------------------------------|--|---|
| December 2018 to January 2019 | Public Comment and Target Setting | Data updates; Leading Health Indicator (LHI) releases |
| Spring 2019 | Departmental Clearance and Data Template | Data updates; LHI releases |
| Summer 2019 | Launch data production and verification | Data updates; LHI releases |
| Fall 2019 | Finalization of HP2030 launch data | Finalization of HP2020 final data; LHI releases |
| Early 2020 | Launch of HP2030 | Closeout of HP2020 |
| Late 2020 | Launch of DATA2030 | HP2020 Executive Summary |
| 2021 | Launch of HP2030 LHIs | HP2020 Final Review |

NCHS Publications Since Last BSC

| Publication Type | Number Released* |
|---------------------|------------------|
| TOTAL | 26 |
| Data Briefs | 4 |
| Early Release | 5 |
| Reports | 12 |
| Reporting Guidance | 1 |
| Data Visualizations | 1 |
| Web Tables | 3 |

*Released by NCHS Office of Information Services

National Health Statistics Reports

Number 124 ■ April 30, 2019

Service Provision, Hospitalizations, and Chronic Conditions in Adult Day Services Centers: Findings From the 2016 National Study of Long-Term Care Providers

by Christine Caffrey, Ph.D., and Jessica Penn Lendon, Ph.D.

Abstract

Introduction—This report presents the most recent nationally representative percentages of adult day services centers (ADSCs) with hospitalizations and chronic conditions by service provision. Service provision may further one or two of the primary goals of adult day services: to reduce the risk of hospitalizations and readmissions, and manage chronic conditions among their participants.

Methods—Estimates are from the 2016 Adult Day Services Center survey in the biennial National Study of Long-Term Care Providers conducted by the National Center for Health Statistics. Service provision was measured using scales that included five types of services: mental health, social work, therapeutic (physical, speech, or occupational), dietary and nutritional, and skilled nursing. Provision methods included by employees only or a mix of employees, arrangement, or referrals; by arrangement or referrals; and not provided. The percentage of ADSCs with hospitalizations was measured by having at least one participant discharged from an overnight hospital stay in the past 90 days. The number of chronic conditions included the four most prevalent types of chronic conditions reported by ADSCs (Alzheimer disease and other dementias, diabetes, depression, and heart disease). Analyses included univariate and bivariate statistics showing the percentages of ADSCs with hospitalizations and chronic conditions by service provision.

Results—Although a little more than one-half of ADSCs (52.6%) provided all five services, approximately one-tenth of ADSCs provided none of the five services. About 64.0% of ADSCs had hospitalizations among participants. Almost 7 in 10 ADSCs (69.2%) reported the prevalence of all 4 conditions in their center. Approximately three-fourths (74.3%) of ADSCs that provided all five services had hospitalizations among participants compared with almost one-third of ADSCs (31.5%) that provided none of the services. Almost 83.0% of ADSCs that provided all five services had all four conditions in their center, compared with approximately one-third (31.5%) of ADSCs that provided none of the five services.

Keywords: home- and community-based services • long-term services and supports

Introduction

In 2016, 286,300 participants were enrolled in 4,600 adult day services centers (ADSCs) nationwide in the United States (1). ADSCs are a growing home- and community-based sector of long-term care with a primary goal of helping individuals with chronic conditions and disabilities remain living in the community and preventing or delaying institutionalization (2).

As part of their goal to prevent or delay institutionalization, ADSCs offer a variety of services, including mental health; social work; physical, occupational, or speech therapy; dietary and nutritional; and skilled nursing. They typically provide these services in a variety of ways including by center employees, by arrangement with outside providers or contractors, or by referrals to outside providers. Some ADSCs may provide and coordinate services with a mix of all three methods of provision. By providing a variety of services through mixed methods of provision, ADSCs may better meet the diverse needs of their participants, and prevent them from having to obtain services elsewhere. However, not all ADSCs offer all (or any) services (1). Service provision supports long-term care users with chronic



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



NCHS reports can be downloaded from: <https://www.cdc.gov/nchs/products/index.htm>.

Released Data Briefs Since Last BSC

- Prescription Drug Use in the United States, 2015 – 2016
- Strategies Used by Adults Aged 18 – 64 to Reduce their Prescription Drug Costs, 2017
- Educational Attainment of Mothers Aged 25 and Over: United States, 2017
- Characteristics of Office-Based Physician Visits, 2016

Upcoming NCHS Data Briefs

- Strategies used by Adults Aged 65 and Over to Reduce Their Prescription Drug Costs, 2016-2017
- Regional Variation in Private Dental Coverage and Care among Dentate Adults Aged 18-64 in the United States, 2014-2017
- Dental Care Among Adults Aged 65 Years and Over, 2017

Upcoming NCHS Reports

- Health Insurance Coverage: Estimates from the National Health Interview Survey, 2018 (Released Today, 5/9)
- Births: Provisional Data for 2018
- Quarterly Provisional Estimates for Selected Birth Indicators: Q4 2017 – Q4 2018
- Quarterly Provisional Estimates for Infant Mortality: 2016 – Q2 2018
- Trends in Cancer and Heart Disease Death Rates Among Adults Aged 45-64: United States, 1999-2017

NCHS in the News



Health » Food | Fitness | Wellness | Parenting | Live Longer

Live TV

U.S. Edition



Deaths from dementia have more than doubled in US, report says

By Denise Powell, CNN

Updated 7:43 AM ET, Thu March 14, 2019

Forbes



CIVIC » Best Countries Best States Healthiest Communities Cities The Civic Report Photos News

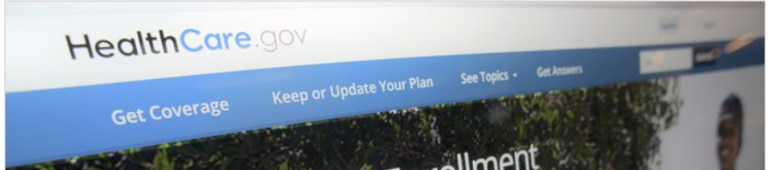
HOME / CIVIC / HEALTH NEWS

Insurance Rates Remained Steady in 2018

Despite efforts to weaken Obamacare, a new CDC report suggests health insurance coverage was stable between 2017 and 2018.



By Gaby Galvin, Staff Writer Feb. 27, 2019, at 12:01 a.m.



631 views | Apr 15, 2019, 12:00am

How Satisfied You Are With Your Health Correlates Closely With Your Income, According To Gallup Poll

NCHS in the News



Map: How long people in your city are expected to live

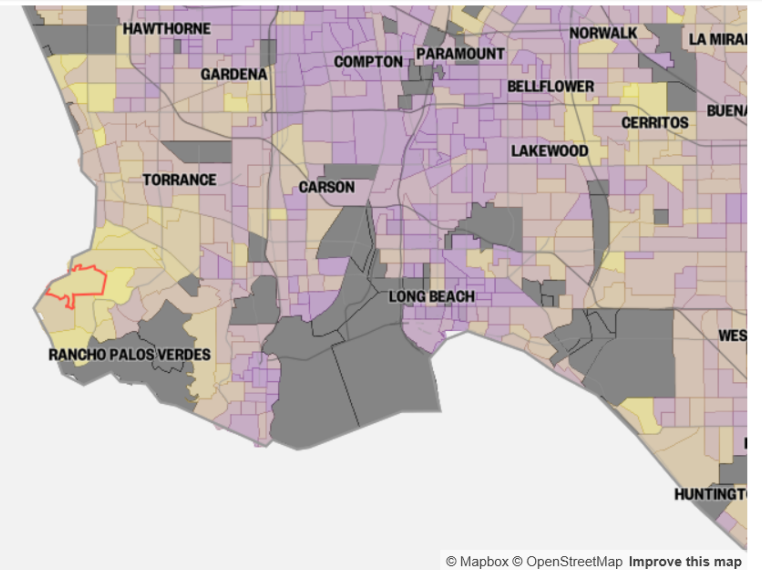
The Daily Courier

Fentanyl deaths increasing fastest among men, people of color, young adults

New data show which groups have been hardest hit by epidemic



Tract 6703.26 (Los Angeles County) in California
LIFE EXPECTANCY: 86.4 YEARS
+ 7.7 YEARS OVER NATIONAL AVERAGE
+ 5.1 YEARS OVER STATE AVERAGE
Population: 3,488
Median annual income: \$175,536
Without health insurance: 2.2%
Without a high school diploma: 1.9%
Unemployed: 0.1%
Black: 1.5%, White: 59.2%,
Hispanic: 6.1%



mapbox



© Mapbox © OpenStreetMap Improve this map

Life expectancy per census tract

A 30-year Harvard study reveals the 5 simple habits that may prolong your life by 10 years or more

Published Wed, Apr 10 2019 • 8:55 AM EDT • Updated Wed, Apr 10 2019 • 10:17 AM EDT



'It's just not for me': Why a growing number of women are saying no to parenthood

Thank you