Health, United States: Past, Present, and Future

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Board of Scientific Counselors Meeting

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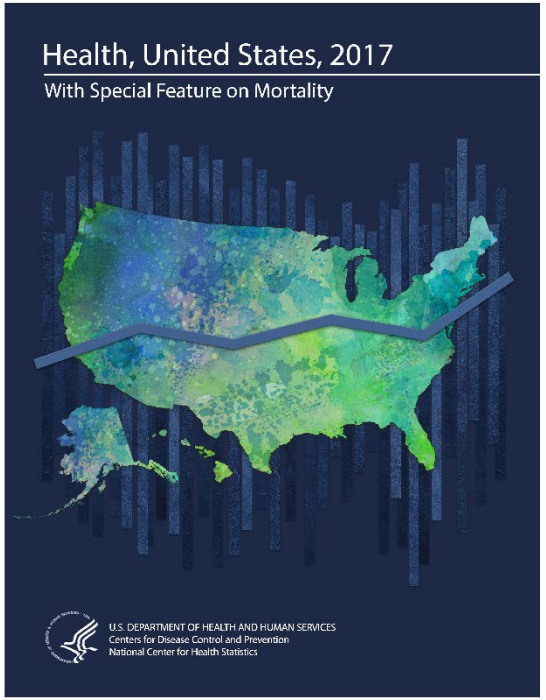


Outline

- Part 1
  - What is *Health, United States*?
  - Where are we now?
    - Production, access, and stakeholder challenges, Opportunities
    - Lessons learned
- Part 2
  - Where are we going?
  - Visions for the future
  - Feedback and questions

PART 1

What is *Health, United States*?

- Statutory mandate
- Goals and uses of the report
- What are the components of the *Health, United States* report?

Health, United States: NCHS' statutory mandate

GENERAL PROVISIONS RESPECTING EFFECTIVENESS, EFFICIENCY, AND QUALITY OF HEALTH SERVICES

SEC. 308. [242m] (a)(1) Not later than March 15 of each year, the Secretary shall submit to the President and Congress the following reports:

(A) A report on health care costs and financing. Such report shall include a description and analysis of the statistics collected under section 306(b)(1)(G).

(B) A report on health resources. Such report shall include a description and analysis, by geographical area, of the statistics collected under section 306(b)(1)(E).

(C) A report on the utilization of health resources. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 306(b)(1)(F).

(D) A report on the health of the Nation's people. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 306(b)(1)(A).

(2) The reports required in paragraph (1) shall be prepared through the National Center for Health Statistics.

(3) The Office of Management and Budget may review any report required by paragraph (1) of this subsection before its submission to Congress, but the Office may not revise any such report or delay its submission beyond the date prescribed for its submission, and may submit to Congress its comments respecting any such report.

Section 308 of the Public Health Service Act

Health, United States: Functions, Features, Uses

- **Functions**
  - Fulfill statutory mandate
  - NCHS flagship publication
- **Features**
  - Authoritative, comprehensive data in areas of interest to policymakers
  - National trends in health
  - Timely
  - Easy to access
- **Uses**
  - Find a statistic!
  - Monitor trends in the nation's health
  - Set research and program priorities
  - Develop policies and programs
  - Evaluate progress in meeting national health objectives

What are the components of *Health, United States*?

- **At a Glance Table**
- **Highlights**
- **Chartbook with Special Feature**
- **Trend tables**
- **Appendices**
  - Data Sources
  - Definitions and Methods
- ***Health, US* In Brief**
- **PowerPoint Chartbook figures**
- **PDF and Excel Trend Tables**
- **Related products**
  - Spotlight Infographics
  - Content in NCHS FastStats
  - Stat of the Day tweets

Where are we now?

- *Health, United States* is in a time of transition due to:
  - Production challenges
  - Stakeholder and Access challenges

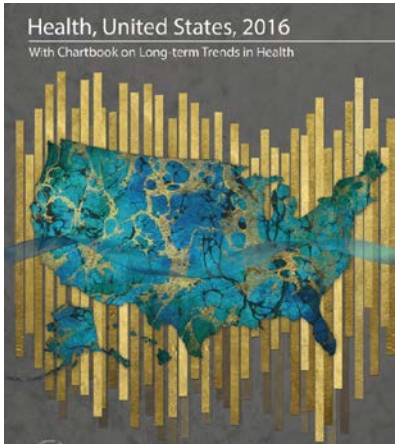
Production Challenge: Beautiful report, complex tables

- Production and quality control are highly labor intensive
- Requirements for 508 compliance were difficult to implement
- NCHS retired Xyvision software, and staff retirements meant a change was needed
- NCHS had limited experience with the new InDesign software
- There were concerns about the overall cost of the report

Opportunity: Production contract awarded in 2016

- A contract was awarded for production of *Health, United States, 2016* and the In Brief.
- External contract allowed for re-deployment of limited NCHS staff resources, and gave NCHS staff time and opportunity to learn new publishing software
- OAE worked with a CDC-recommended contractor who was familiar with typesetting of complex tables
- We printed far fewer books than in previous years

Lessons learned from the 2016 report



- It can be done. It is possible to contract out production and get a product that looks “just like” the traditional book
- Production issues emerged from using an external contractor
- Reduced printing and dissemination of “big book” to Congress did not result in an outcry for the product
- Motivated and flexible staff are our most important resource!

Production Challenge: Planning ahead during times of change

- We planned to contract out Health, United States 2017
- Bid to produce *Health, United States, 2017* nearly doubled
- Discussions with the NCHS Director offered the opportunity to make decisions about the 2017 report (including a pause)
- We decided 2017 was not the year to pause from the standpoint of our agency mission
  - Presentation/suppression guidelines
  - Trend guidelines
  - Functioning and disability

Opportunity: Hybrid approach for *Health, US 2017*

- Split production into two parts
- NCHS contracted out the production of an “enhanced In Brief” (Chartbook and Special Feature)
- NCHS’ Office of Information Services/Office of Information Technology worked with OAE staff for in-house production of trend tables
- Only selected components will be printed, and only a very few copies

What are the components of *Health, United States 2017*?

- **At a Glance Table**
- **Highlights**
- **Chartbook with Special Feature**
  - **Tables for the Chart book**
  - **List of trend tables**
  - **Index**
- **Trend tables**
- **Appendices**
  - Data Sources
  - Definitions and Methods

- **PowerPoint Chartbook figures**
- **PDF and Excel Trend Tables**
- **Related products**
  - Spotlight Infographics
  - Content in NCHS FastStats
  - Stat of the Day tweets

2017 printed components

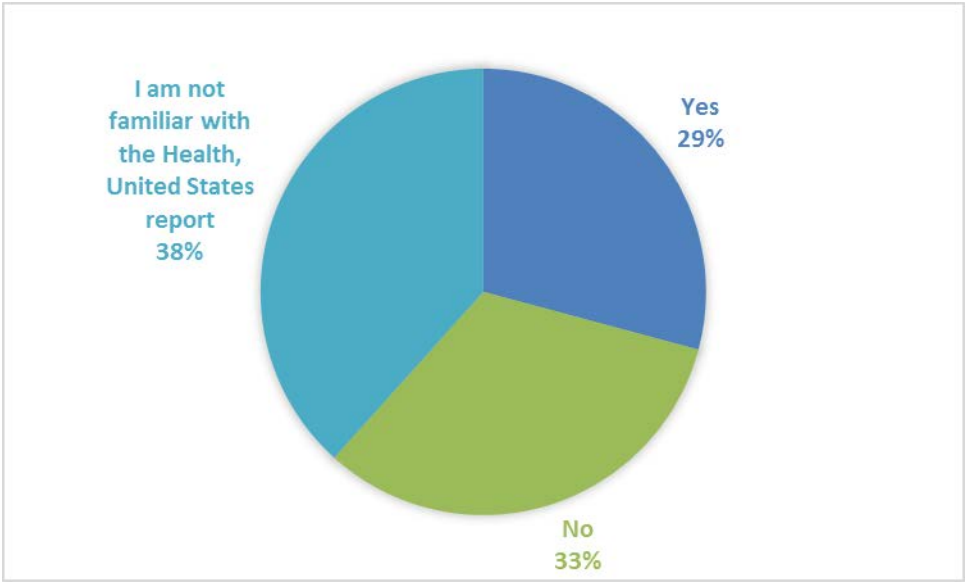
Lessons learned (so far) from the 2017 report

- Splitting the product was not straightforward
  - Decision was driven by production factors
  - The split product had content implications
  - The process of changing production delayed the product
- Motivated and flexible staff are our most important resource!
  - Staff were dealing with two products and addressing coordination
  - Advancements in production of tables allowed us to bypass InDesign software
  - We are better established to produce tables in the future
- Cost savings difficult to determine
- Difficult, if not impossible, to plan for the future while doing a complete report

Stakeholder and Access challenges

- Audience recognition
- Difficulty finding information
- Meeting stakeholder needs in mode of dissemination

Challenge: Our target audience doesn’t always recognize us



120 respondents to the 2017 National Center for Health Statistics Users' Survey were asked: “In the past year, have you accessed Health, United States, the annual report on the health status of the Nation?”

Challenge: Our target audience has difficulty finding information

- Comments from NCHS web users indicate some difficulty in navigating the NCHS website
  - “Ease of finding information has improved over the years but I still Google the site more often than I use the search bar.”
  - “When searching, often overwhelming information is provided; may be helpful if there is better search engine/way to look up information.”
  - “The search doesn't work as well as I would like. Spent time on page trying to find data.”

Challenge: Some of our key stakeholders may be not be taking advantage of information in *Health, US*

- Because they do not retain large printed books

  "And at the end of the year, you will see lots and lots of these big kind of mobile trash barrels. And you will see people just throwing away just pounds and pounds of reports into the trash," said [a longtime Hill staffer]. During the year, he said, "we used them as doorstops. Literally. The thicker ones, we used them as doorstops."

- Because PDF versions of Health, US are not searchable by Google and other search engines.

Source: Fahrenthold, D. Washington Post. May 3 2014. Unrequired reading. https://www.washingtonpost.com/sf/national/2014/05/03/unrequired-reading/

Opportunity: New website search/filter tool

- For those who access Health, US
  - In 2016: Drop down menus allow the user to find tables related to specific topics or sub-populations of interest
  - In 2017: We are making further enhancements
    - Moving functionality to the Health, US homepage
    - Updated subpopulation, topic
    - More user-friendly classifications

Health, United States
Getting Started
Report Description
Infographics
Data on Selected Topics +
Frequently Asked Questions
Join Electronic Mailing List
Previous Reports
Suggested Citation

Related Sites

Purchase *Health, United States*
Behavioral Health Report
Children's Health Report
Healthcare Quality & Disparities Report
Healthy People
Older Americans Health Report
Rural-Urban Chartbook

Health, United States

***Health, United States* is an annual report on trends in health statistics.**

Health, United States, 2017

Health, United States, 2017 With Special Feature on Mortality

- Preface
- At a Glance Table
- Highlights
- Chartbook
- Index
- Appendixes

Latest Spotlight Infographic

Spotlight on Health Status & Determinants: Adolescent Health (Posted 12/13/17)

- Teenage childbearing
- Tobacco use
- Suicide
- Obesity

Data Finder

The Data Finder gives you *Health, United States* trend tables and figures on a subject and/or population subgroup of interest.

Find data on a subject:

All population subgroups
Age
Child and adolescent
Older persons

Geography
Metropolitan and nonmetropolitan
Region
State

Race and Hispanic origin
American Indian or Alaska Native
Asian or Pacific Islander
Black or African American
Hispanic or Latino
Native Hawaiian or other Pacific Islander
White

Sex
Men

Popular Trend Tables

- Leading causes of death, by sex, race, and Hispanic origin
- Life expectancy at birth and at age 65
- Selected health conditions and risk factors
- Selected substance use in the past month
- GDP and national health expenditures
- Vaccination coverage among children
- Prescription drug use in the past month
- Drug overdose death rates

Previous *Health, United States* Reports

- 2016 With Chartbook on Long-Term Trends In Health
- 2015 With Special Feature
- 2014 With Special Feature on Adults Aged 55–64

Opportunity: Targeted products and outreach

- ✓ Small projects to look at digital reach
- ✓ Work with partners to craft products and messages about relevant topics and trends
- X Move to HTML

Part II

Where are we going?

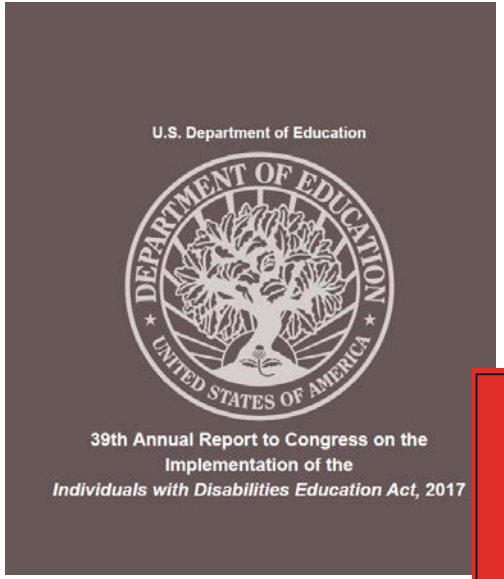
- Vision
- Examples of other reports
- Questions to answer
- Planning for the [near] future

Vision

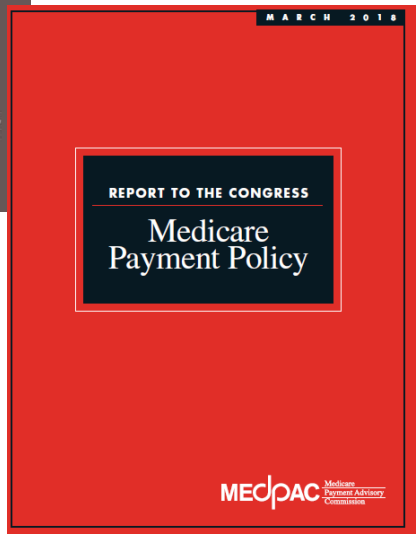
- Staff perception of the mission of *Health, United States*

> "the accessible, authoritative source
> for reporting and dissemination
> of relevant health estimates and trends
> to researchers, health professionals and policymakers"

- *Practically, what form does this take?*



https://sites.ed.gov/idea/2017-annual-report-to-congress-on-the-individuals-with-disabilities-education-act/



http ://www.medpac.gov/docs/default-source/reports/mar18_medpac_entirereport_sec.pdf

Traditional

- Dept. of Education Report on Implementation of IDEA
  - 330 PDF pages, charts, tables, text, html section summaries
- MedPac Annual Report to Congress
  - 563 PDF pages, text and tables

When Pentagon decision makers need to know how to prevent diseases and injuries that reduce military readiness and drive up health care costs, Department of Defense (DoD) policy[2] directs them to the Community Preventive Services Task Force (CPSTF). CPSTF findings are the gold standard for what works to improve health and prevent disease and injury in service members, their families, and all Americans.[2] Employers, health systems, and policy makers also use CPSTF findings to improve the health and well-being of employees, patients, communities, and citizens. This 2017 Annual Report to Congress highlights the CPSTF's work to support the readiness, resilience, and well-being of the United States (U.S.) Armed Forces.

Health Challenges Facing the Military

Military performance is compromised if personnel are not healthy and physically fit. Obesity, tobacco use, and alcohol abuse pose a significant threat to military readiness and resilience (Figure 1). In 2010, Mission: Readiness, a non-partisan national security organization of more than 700 retired generals and admirals, sounded the alarm on the dramatic increases in obesity in young adults, rendering them unfit to enter the military.[3] The Institute of Medicine warned, in a 2009 report, that smoking "adversely affects military readiness; harms the health and welfare of military families, retirees, and veterans; and costs the nation millions of dollars in health care and lost productivity each year. Tobacco use has been implicated in higher dropout rates during and after basic training, poorer visual acuity, and a higher rate of absenteeism in active-duty military personnel in addition to a multitude of health problems."[4] Numerous reports also document that heavy drinking and alcohol abuse are more prevalent in the military than the general population, with serious consequences such as missing a week or more of duty, productivity losses, and driving while impaired.[5,6]

As a result, DoD health care costs are increasing. A 2016 report on TRICARE's fiscal year 2014 expenditures estimated the direct and indirect costs (including lost workdays and administrative costs) associated with tobacco use and obesity among active duty personnel and military families were $2.4 billion and $3.3 billion, respectively.[6] Direct and indirect (estimated) costs associated with alcohol-related medical problems were $1.2 billion and $73 million, respectively.[7]

Figure 1: Source: 2011 Health-Related Behaviors Survey of Active Duty Personnel (the most recent year for which data are available).

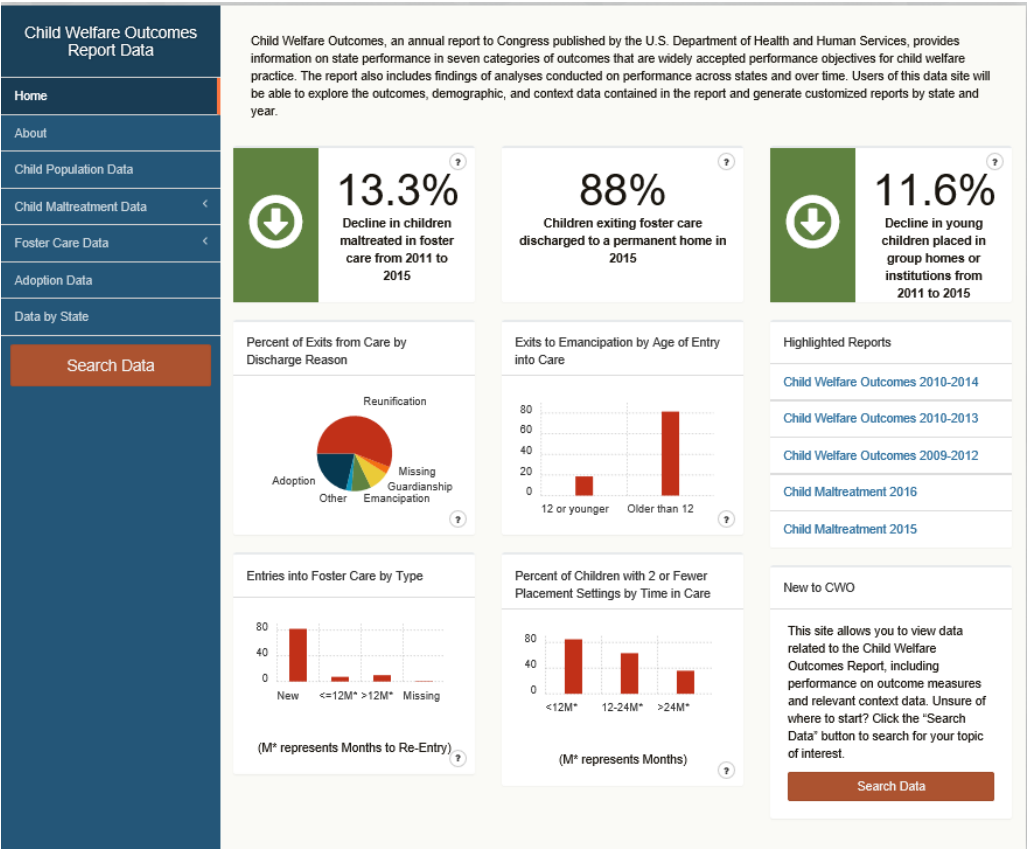
CPSTF Evidence-Based Recommendations

Since its establishment in 1996, the CPSTF has issued over 230 recommendations and other findings about programs, services, and other interventions that are effective in addressing obesity, physical activity,

https://www.thecommunityguide.org/sites/default/files/assets/2017-congress-report-full.pdf

Less Traditional

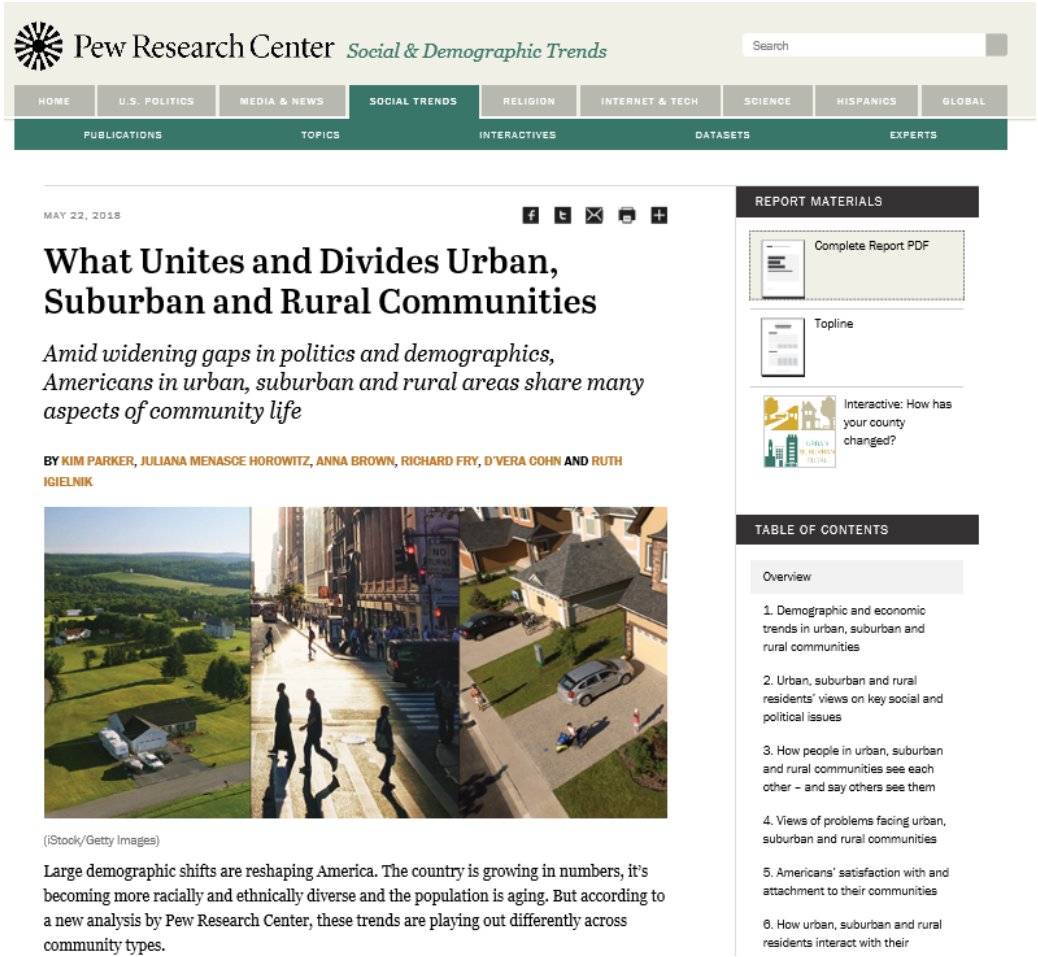
- Community Preventive Services Task Force Report on Providing Science to Support Military Readiness and Resilience
  - 16 PDF pages, infographics, hyperlinked text linked to specific recommendations



Transitional

- Administration on Children and Families Annual Report on Child Welfare Outcomes
  - Web site with graphics, reports, and data access
  - Provides up-to-date access until traditional PDF can be published

https://cwoutcomes.acf.hhs.gov/cwodatasite/



http://www.pewsocialtrends.org/2018/05/22/what -unites-and-divides-urban-suburban-and-rural-communities/

Nontraditional

- Pew Research Center
  - Figures and text in html based, with:
  - PDF report
  - PDF topline
  - Personalized interactive

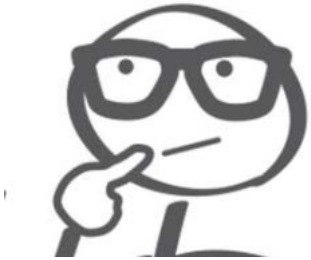
https://fred.stlouisfed.org/

Nontraditional

- St. Louis Federal Reserve FRED
  - 508,000 interactive trend graphs from 58 sources

Planning for the [near] future

- Possibilities for *Health, United States 2018* include:
  - As-is
  - As-is but no Special Feature
  - Trend tables only
  - Chartbook only
  - Pause production of *Health, US* and spend that time redesigning



Questions to answer

- Who is our audience?
- Who are our competitors and what can we learn from them?
- What do we know about data users’ experiences with the report?

Questions to answer

- How do we create a cohesive product without a unified print document?
- How much more/less effort is needed to create tables and charts for the web instead of print?
- What are the resources needed to create interactive data visualizations?

Feedback and Questions

Philosophy

- Where does *Health, United States* fit in with other NCHS products?

Stakeholder outreach

- Where should we be reaching out?

Report examples

- Other examples of annual or omnibus reports?

Questions?

Appendices

Distribution of Health, United States: Then and Now

- Distribution went from 11,500 in 2003 to 735 “big books” and 1,050 In Briefs in 2015

- NCHS web site page views and downloads (Jan-Apr 2018)
  - 56,000 looks at the 2016 Leading Causes of Death table
  - 21,000 homepage views
  - 7,200 downloads of the 2016 report
  - 3,500 views of the Infographic

Products like this keep traffic coming to the site throughout the year

Health, United States Special Features 2000-2017

2000 – Adolescent Health Chartbook

2001 – Urban and Rural Health Chartbook

2002 – Chartbook on Trends in the Health of Americans

2003 – Special Feature on Diabetes

2004 – Special Feature on Drugs

2005 – Special Feature on Adults 55-64 Years

2006 – Special Feature on Pain

2007 – Special Feature on Access to Care

2008 – Special Feature on the Health of Young Adults

2009 – Special Feature on Medical Technology

2010 – Special Feature on Death and Dying

2011 – Special Feature on Socioeconomic Status and Health

2012 – Special Feature on Emergency Care

2013 – Special Feature on Prescription Drugs

2014 – Special Feature on Adults Aged 55–64

2015 – Special Feature on Racial and Ethnic Health Disparities

2016 – Chartbook on Long-term Trends in Health

2017 – Special feature on Mortality

What topics are included in the Legislative Mandate?

- **Health care costs and financing**, including the trends in health care prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services

- **Health resources**, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions

42 U.S. Code §242 k(b)

What topics are included in the Legislative Mandate?

- **Utilization of health care**, including utilization of (i) ambulatory health services by specialties and types of practice of the health professionals providing such services, and (ii) services of hospitals, extended care facilities, home health agencies, and other institutions

- **[Health of the Nation's people,** including] the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality

42 U.S. Code §242 k(b)