

# Board of Scientific Counselors



**Jennifer Madans, Ph.D.**

**Associate Director for Science, NCHS**

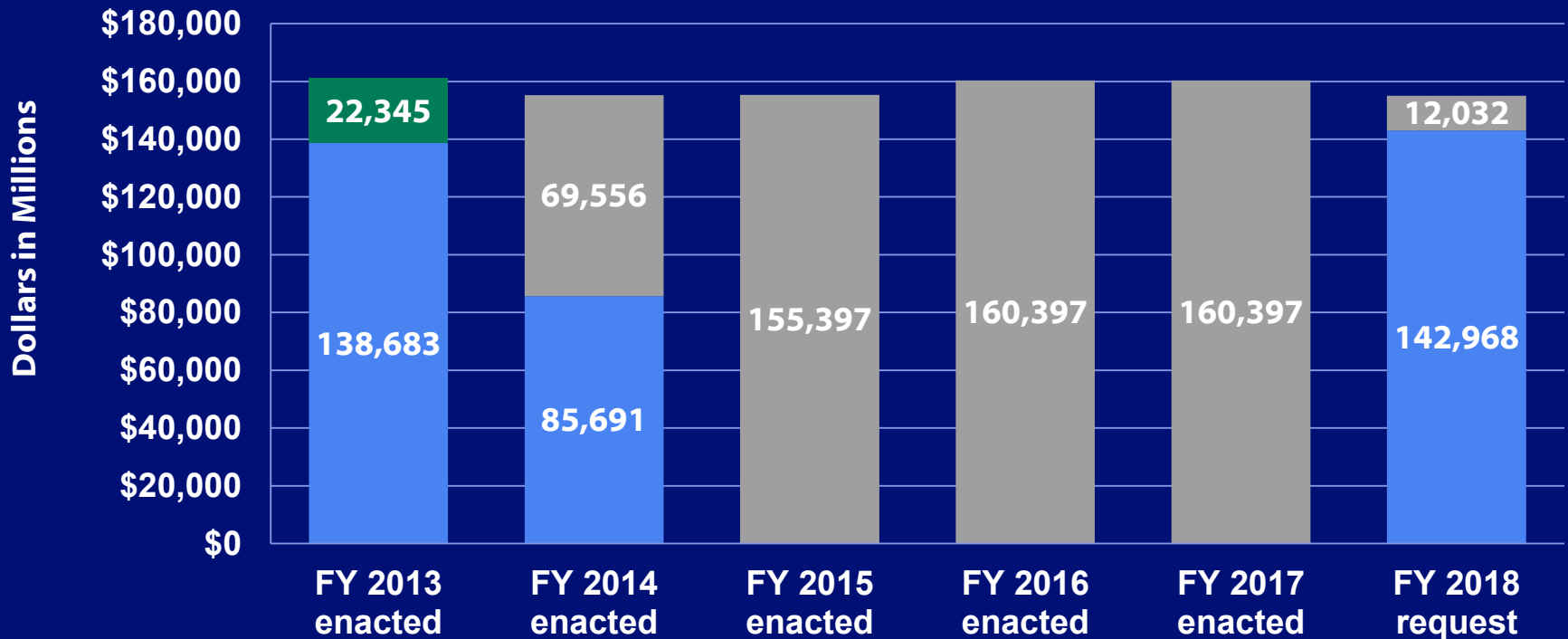
**September 6, 2017**

# ADMINISTRATIVE AND BUDGET UPDATES



# National Center for Health Statistics Budget History

- Prevention and Public Health Fund
- Budget Authority
- Public Health Service (PHS) Evaluation Funds



Note: starting in FY 2014 amounts include budget authority for administrative and business services through the CDC Working Capital Fund.

## **Budget Update**

- **Requests \$155,000,000 for Health Statistics—a \$5.4 million reduction from FY 2017 enacted.**
- **Includes \$142,968,000 in Public Health Service (PHS) Evaluation Funds, which NCHS has not received since FY 2014**
- **PHS Evaluation Funds are not subject to the PHS Evaluation tap or the HHS Secretary's tap**
- **The House Committee recommended \$155,397,000 for NCHS for FY 2018**
- **Staff are currently working the FY 2019 Budget Request**

## Current Staffing Levels

	FY 2016	FY 2017	FY 2018
Number of Full Time Permanent Staff	508	503	443
Other Than Full Time Permanent Staff	46	51	57

- As of now we know of at least 8 upcoming retirements

## **Recent Exits in Senior Leadership**

- **Marcie Cynamon, Division Director, Division of Health Interview Statistics**
- **Nathaniel Schenker, Division Director, Division of Research and Methodology**

## Virginia Cain, PhD

- **38 years of Federal Service**
- **NCHS 2005-2017**
  - **The heart and soul of the BSC**
- **We wish you all the best in the future ahead!**



**Brenda Fitzgerald, MD**  
**Director, Centers for Disease Control and Prevention**

- **Commissioner of the Georgia Department of Public Health (DPH)**
- **State health officer for the past six years**
- **A board-certified obstetrician-gynecologist**
- **Major in the US Air Force**





# **HHS Appointments and Nominations**

- **Tom Price was confirmed as Secretary of HHS**
- **Eric Hargan, Deputy Secretary (awaiting full Senate Action)**
- **Brett Giroir, Assistant Secretary for Health, (awaiting full Senate action)**
- **Stephen T. Parente, Assistant Secretary for Planning and Evaluation, (referred to Finance committee)**
- **Jerome M. Adams, was confirmed as Surgeon General**
- **Lance Allen Robertson, was confirmed as Assistant Secretary for Aging and Administrator, Administration for Community Living**

## **HHS Appointments and Nominations**

- **Matthew Y.C. Lin, MD, appointed as the new Deputy Assistant Secretary for Minority Health**
- **Lynn A. Johnson, Assistant Secretary for Children and Families, (referred to HELP committee)**
- **Elinore F. McCance-Katz, was confirmed as Administrator, Substance Abuse and mental Health Services Administration**
- **Seema Verma, was confirmed as Administrator, Center for Medicare and Medicaid Services**
- **Scott Gottlieb, was confirmed as Commissioner, Food and Drug Administration**

## **HHS Appointments and Nominations**

- **John J. Bartum, Assistant Secretary for Financial Resources, (referred to Finance committee)**
- **Robert Charrow, General Counsel, (hearing held)**
- **Matthew Bassett, Assistant Secretary for Legislation (hearing held)**
- **Robert P. Kadlec, was confirmed as Assistant Secretary for Preparedness and Response**

## **Positions with No Nominations**

- **Commissioner, Administration for Children, Youth and Families**
- **Director, Indian Health Services**
- **Commissioner, Administration for Native Americans**

# **New Additions to the U.S. Federal Statistical System**

- **Nancy A. Potok: Chief Statistician of the United States (January 2017).**
- **Bill Wiatrowski: Bureau of Labor Statistics Acting Commissioner (January 2017). Since 2015, he served as the Deputy Commissioner.**

# PROGRAM UPDATES



# NHANES

- **NCHS Reports using NHANES highlighted in the media**
  - **Sugar sweetened beverages consumption**
  - **Human papillomavirus infection**
  - **Antidepressant use**
- **NHANES Longitudinal Feasibility Study launched and collecting data across the country**
- **NHANES DNA Repository open and specimens are being used by researchers**
- **Release of data from NHANES 2015-16 will begin in the Fall along with Data Briefs on obesity, hypertension and cholesterol**

# National Health Interview Survey

## Early Release - Quarterly reports

- Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–March 2017 (released August 29)
- Early release of selected estimates based on data from January-March 2017 National Health Interview Survey (anticipated September 21)

## Early Release - Periodic special reports

- Changes in characteristics of chronically uninsured adults: Early release of estimates from the National Health Interview Survey, 2010–September 2016 (released April 27)
- High-deductible health plans and financial barriers to health care: Early release of estimates from the National Health Interview Survey, 2016 (released June 6)

## Data Releases

- 2016 NHIS Imputed income (released August 23)
- IS Public-use microdata (released June 29)
- January-March 2017 NHIS Preliminary microdata (released August 29)



# **National Health Interview Survey Native Hawaiian and Pacific Islander (NHPI) NHIS**

**Fielded: 2014**

**Data release: March 15, 2017**

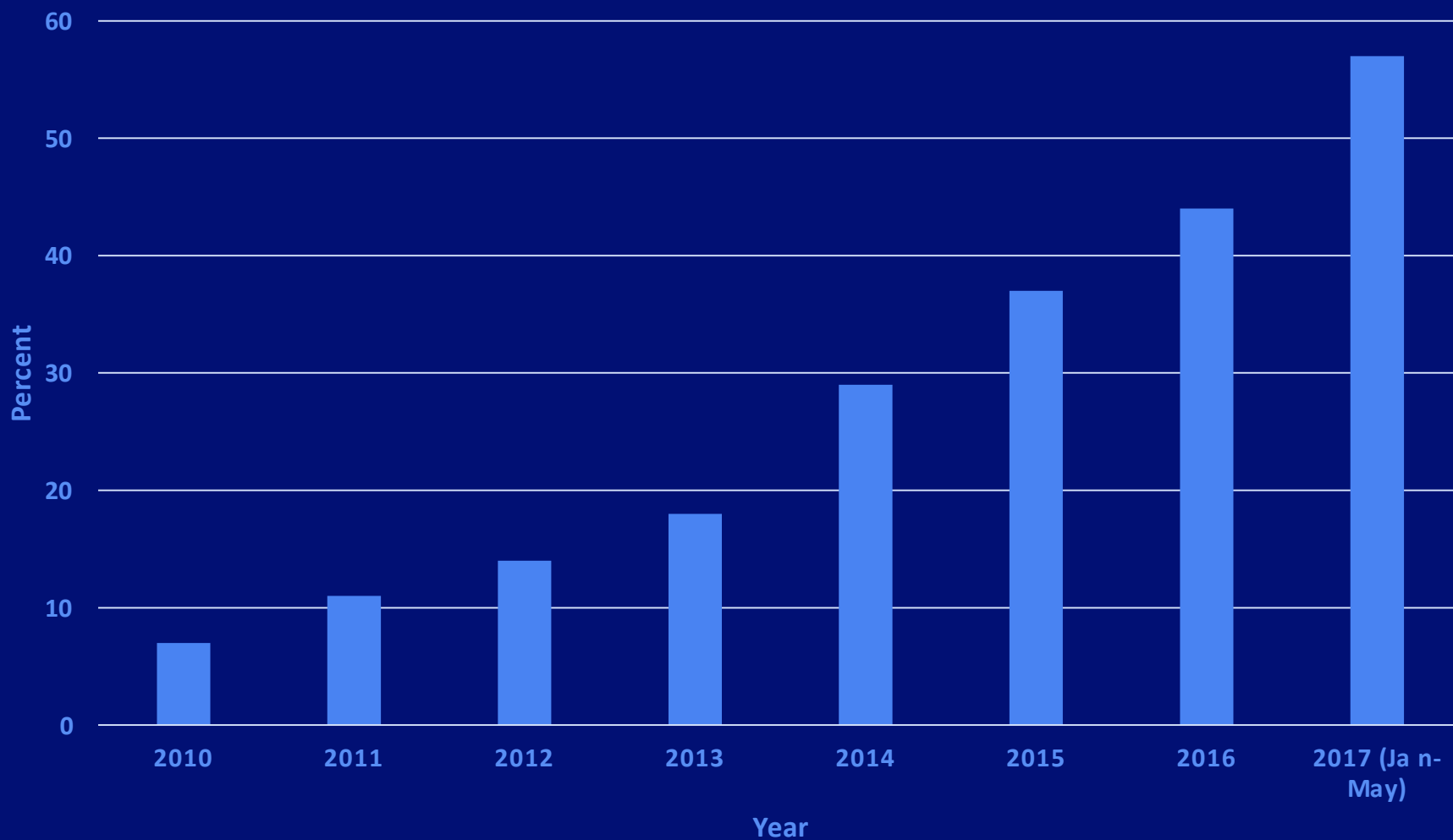
## **Publications**

- **Selected health conditions among Native Hawaiian and Pacific Islander adults: United States, 2014 (released March 15)**
- **Health conditions and behaviors of Native Hawaiian and Pacific Islander persons in the United States, 2014 (released July 21)**
- **Health Care Access and Utilization Among Native Hawaiian and Pacific Islander Persons in the United States, 2014 (released August 18)**
- **Data Quality Assessment of the 2014 Native Hawaiian and Pacific Islander National Health Interview Survey (released August 28)**

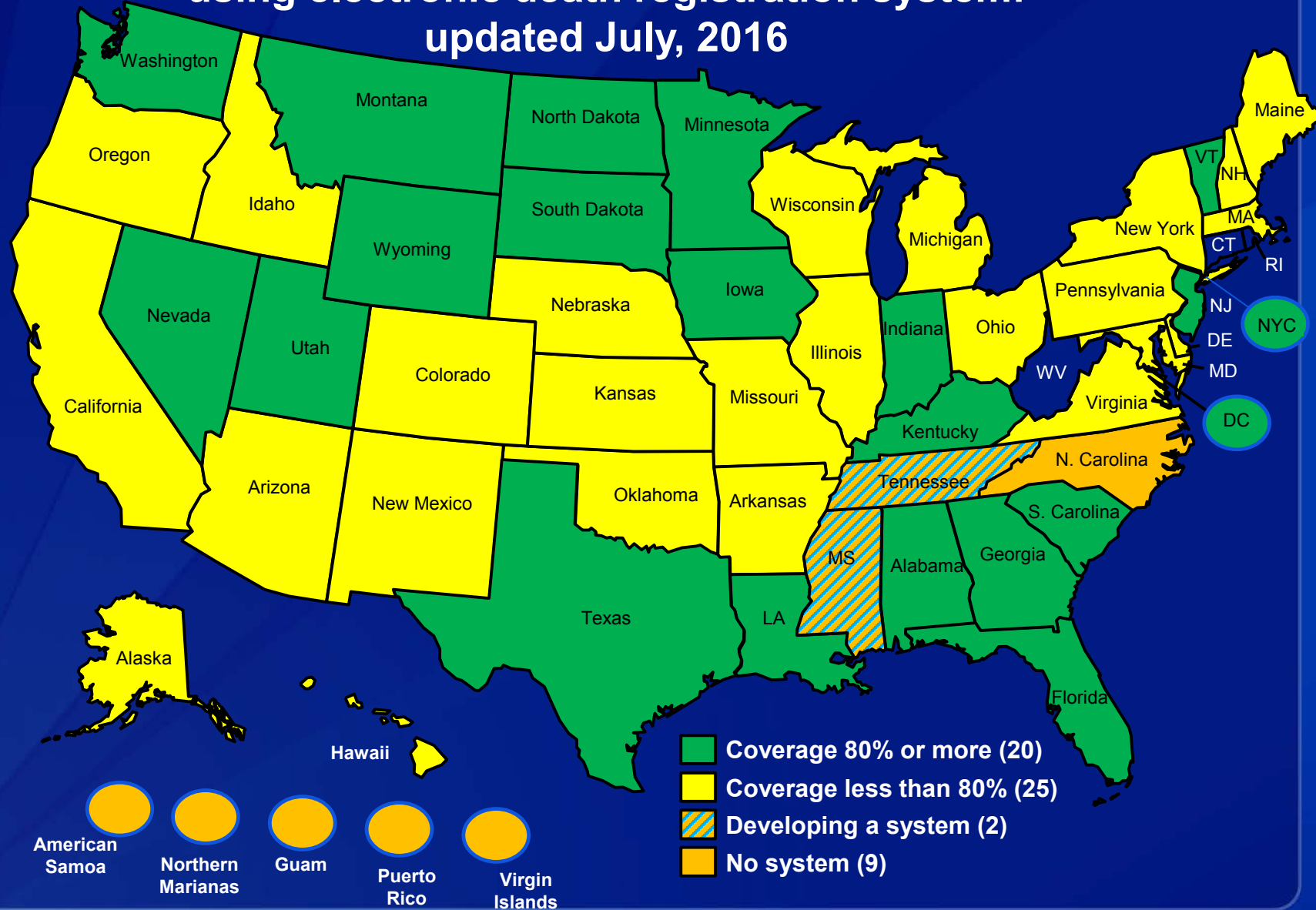
## **Vital Statistics: Deaths Due to Drug Overdose**

- **Releasing quarterly estimates of national drug overdose mortality rates as part of the Vital Statistics Rapid Release (VSRR) program**
- **Plan to expand and enhance the quarterly estimates over the next year to include additional demographic information**
- **Developing a new visualization of Provisional Drug Overdose Death Counts expected to be released within the next month**
- **Developing the capacity to search the literal text from the original cause of death statement**
- **A new report looking specifically at deaths involving Fentanyl is expected to be released in October 2017**

# Mortality Records Received by NCHS within 10 Days of the Date of Death



# Percentage of death records fully filed electronically\* using electronic death registration system: updated July, 2016



\*Funeral home demographic and disposition information filed electronically. Certifying physician enters and files medical information electronically.

# **DHCS: National Study of Long-Term Care Providers (NSLTCP)**

- **5 LTC sectors**
  - **Use CMS administrative data on 3 sectors: home health agencies, nursing homes, and hospices**
  - **Collect survey data on 2 sectors: adult day services centers and residential care communities**
- **Completed Wave 1 (2012-13) and Wave 2 (2014-15)**
  - **NSLTCP products (data briefs, series 3 reports, quick stats) had 80k+ downloads/page views**
- **Just finished fielding Wave 3 (2016-17)**
  - **Will produce restricted data files for use through the RDC by 12/2017**
  - **Will publish NSLTCP products in 2018**
- **Redesigning Wave 4 (2018-19)**
  - **For the first time, will obtain service user data within ADS C/RCC via telephone**

## **DHCS: NAMCS/NHAMCS data release**

- **2012 NAMCS/NHAMCS witnessed many changes, leading to unprecedented challenges to data processing**
  - **Increased the # of sampled physicians over 5-folds**
  - **Changed sampling technique from PSU to list sample**
  - **Automated data collection from paper to CAPI tool**
- **Within the past 2 years, NAMCS/NHAMCS had 7 data releases, plus 2 more expected by 12/2017**
  - **NHAMCS: 2010 amb. surgical locations and 2012/2013/2014 emergency department**
  - **NAMCS: 2012 community health center and 2014/2015 physician office**
  - **To be released: 2015 NHAMCS emergency department, 2013 NAMCS community health center**

# Leveraging Meaningful Use Incentive Program

- **The National Health Care Surveys were included in the final rule for Meaningful Use (October 2015)**
  - **Hospitals and Eligible professionals (physicians) can use submission of National Health Care Surveys data as one of their options to fulfill the public health objective for Meaningful Use Incentive Program**
- **MU Registration Statistics: February 2, 2017**
  - **142,143 eligible professionals registered**
  - **852 eligible hospitals/critical access hospitals registered**

## **DHCS: NAMCS/NHAMCS data storage**

- **NAMCS & NHCS, the first health care surveys to move to electronic data collection**
- **A push in the federal government to explore using cloud computing**
  - **Requires a collection of data centers with servers and storage connected to the Internet**
  - **Benefits: low overhead infrastructure costs, high availability/scalability, great security protections**
- **Goal: use cloud computing effectively while complying with The Privacy Act, Section 308 (d), and CIPSEA**
  - **Major obstacle is cloud computing's inability to meet CIPSEA's supervisor and control requirement**
  - **CDC's Amazon Web Services (AWS) cloud, a limited solution, currently is used for NAMCS EHR data**



## Survey Response Rates

- Declines in response rates to Federal surveys are occurring across all Agencies
- HHS convened a Technical Expert Panel in 2016 to examine approaches to maintaining response rates
- The Federal Committee on Statistical Methodology has created a work group to address ways to estimate the resulting bias and to make appropriate adjustments
- NCHS inter-survey workgroup: addressing how to increase response rates and reduce bias

## **Selected NHANES Initiatives**

- **Developing videos for social media campaigns**
- **Update refusal conversion materials**
- **Targeted Outreach**
  - Ambassadors for minority segments .
  - “Sheriff” outreach for “skeptical” segments
- **Multimode screening**
- **Comparisons of purchased address lists and screening information versus in-person information**
- **Continuum of resistance analyses**
  - Comparison of easy-to-enroll vs. hard to enroll.
  - Identified variables used for weight adjustments

# Office of Analysis and Epidemiology

## ▪ Linkage Program

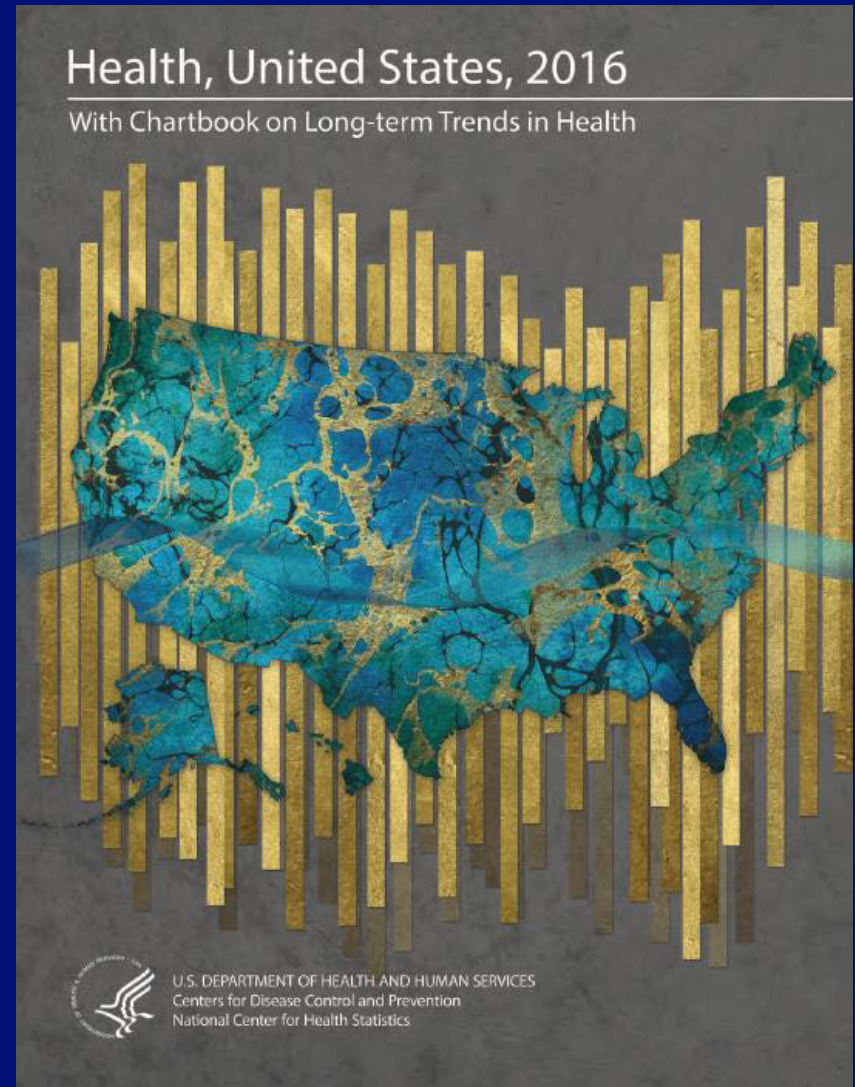
- Linking 2014 National Hospital Care Survey (NHCS) inpatient and emergency department claims data to the 2014/2015 National Death Index (NDI) and the 2014 CMS Master Beneficiary Summary File
- Linking 2016 NHCS claims and HER data to the 2016/2017 NDI
- Collaborative effort with DHCS
- Submission of proposals to improved linkage algorithms and enhanced identification of opioid-involved health outcomes with linked hospital care and mortality data

## ▪ Healthy People 2020

- Ongoing effort to review and prioritize various topic areas
- Progress reviews/webinars: Maximizing Access: Connecting Health Care and Oral Health Care ; Leading Health Indicators - Social Determinants; Diagnosis, Prevention, and Treatment of Syphilis and HIV

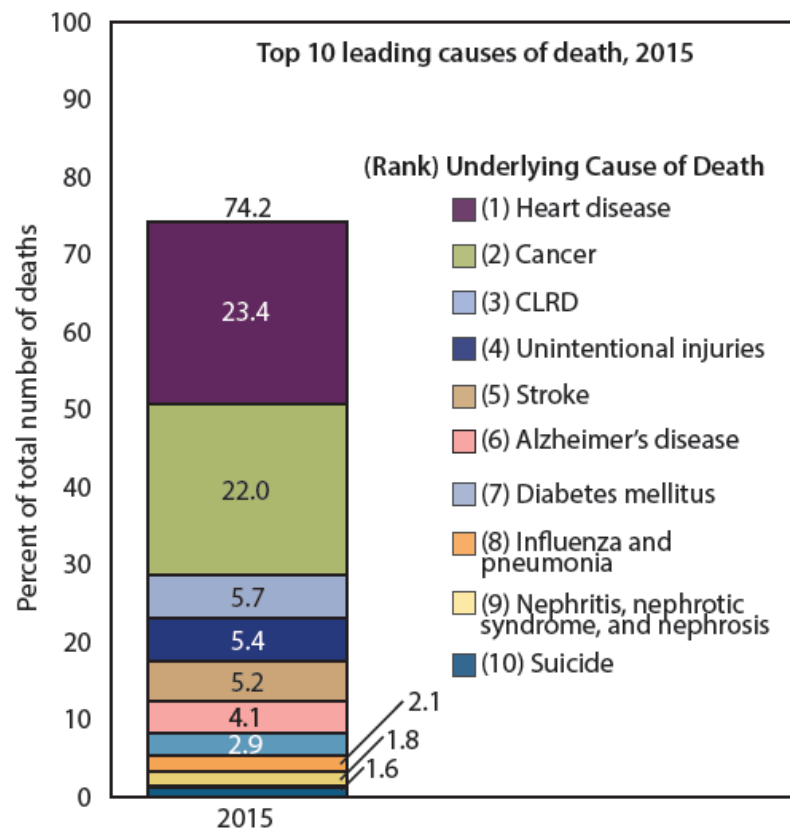
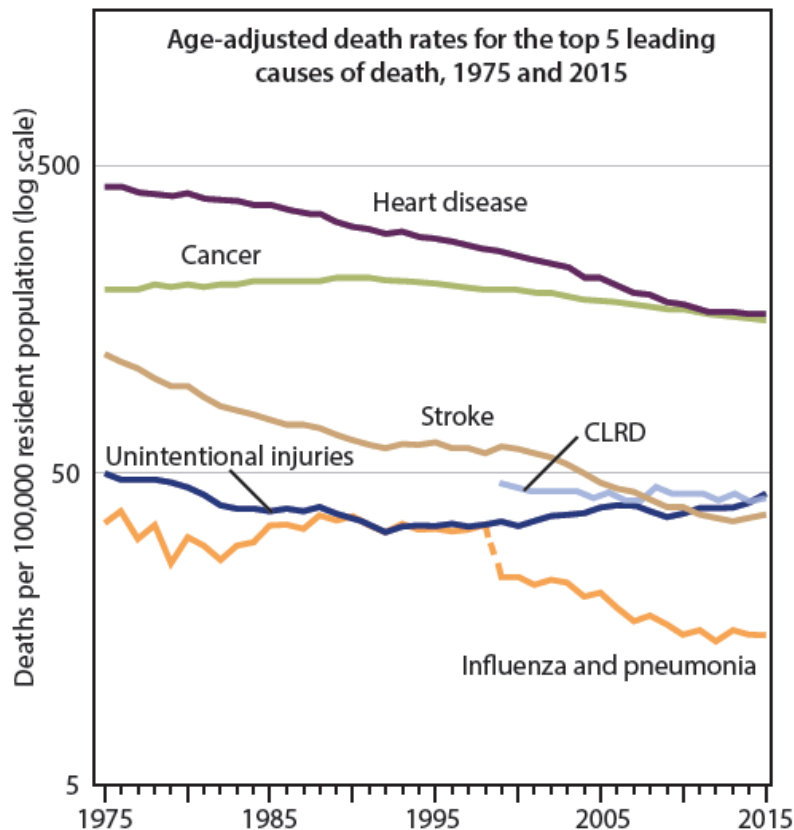
# Health US, 2016

- The Secretary of the U.S. Department of Health and Human Services released the 40<sup>th</sup> annual report card on the nation's health, *Health, United States, 2016*.
- The annual report explores population changes which have affected patterns of disease, as well as health care access and utilization, since 1975.



# Health US, 2016

Figure 8. Leading causes of death in 1975 and 2015: United States, 1975–2015

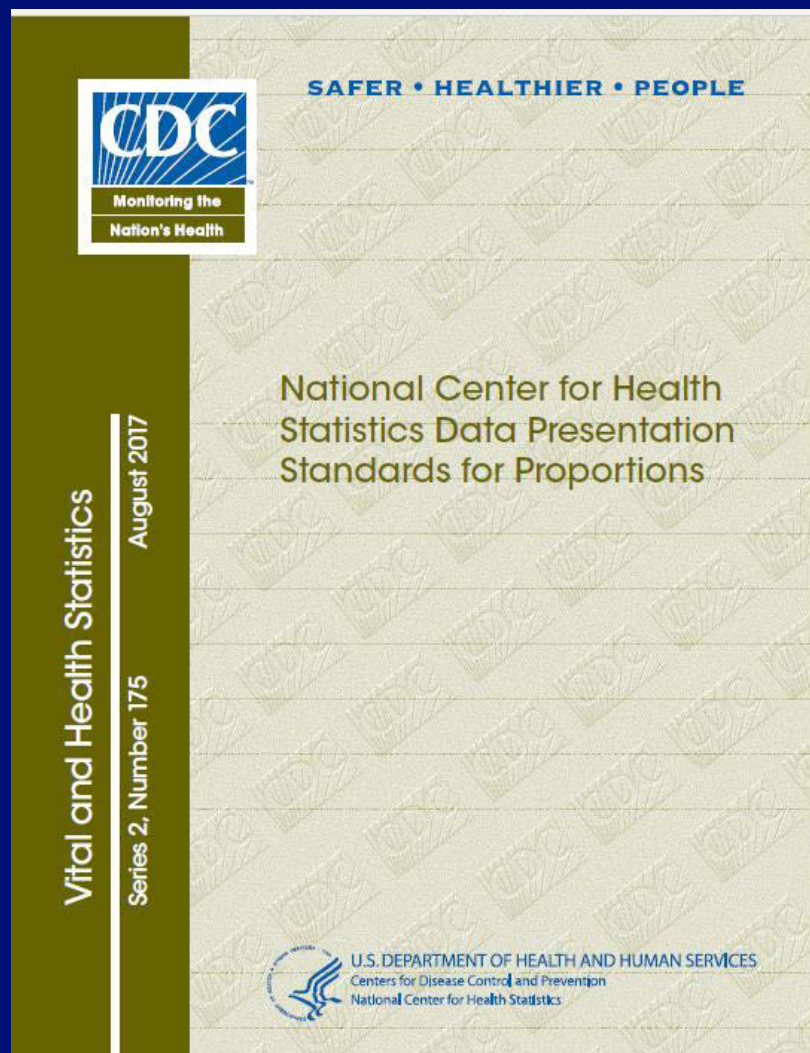


NOTES: Underlying causes of death are based on the *International Classification of Diseases, 8th Revision (ICD-8)* for 1975–1978, *ICD-9* for 1979–1998, and *ICD-10* for 1999–2015. Due to coding changes for chronic lower respiratory diseases (CLRD) between ICD-9 and ICD-10, which prevent the direct comparison of trends prior to 1998 and after 1999, rates for CLRD are only shown for 1999 onwards. Influenza and Pneumonia coding

rules changed starting in 1999 resulting in a decreased number of deaths coded to the cause. See data table for Figure 8.

SOURCE: NCHS, National Vital Statistics System (NVSS).

# New NCHS Report on Data Presentation Standards





# Factsheets Updated Regularly on NCHS Website

NATIONAL CENTER FOR HEALTH STATISTICS  
NCHS Fact Sheet | June 2017

## The Federal Statistical System

### What is a Federal Statistical Agency?

The U.S. federal statistical system is composed of the 13 principal federal statistical agencies (see Figure), each of which has a principal mission to produce a substantial portion of official federal statistics. The Office of Management and Budget's (OMB) Office of Information and Regulatory Affairs (OIRA) coordinates the nation's decentralized federal statistical system through the Interagency Council on Statistical Policy (ICSP) which enables the exchange of information about statistical programs and activities. Within this system, NCHS functions as the federal agency responsible for the collection and dissemination of the nation's vital and health statistics.

Federal statistical agencies are charged with providing relevant, accurate, and timely data to inform public and private decision making. To meet this charge, agencies rely on the *Principles and Practices for a Federal Statistical Agency* developed by the National Research Council of the National Academies to guide their strategic planning, daily operations, and interactions with stakeholders.

Agencies embrace a common set of professional standards and operational practices designed to ensure the quality, integrity, and credibility of their statistical activities. This allows them to provide objective information that is relevant to issues of public policy. Independence is key to maintaining the trust of those who provide and use the information. Actual or perceived violations of any of these principles undermines the scientific integrity of, and public confidence in, the data produced by principal statistical agencies.

### Current U.S. Federal Statistical System



NOTE: OIRA/OMB is Office of Information and Regulatory Affairs/Office of Management and Budget.

### About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

### Secretarial designation

By statute, the NCHS Director is appointed by the Secretary of the Department of Health and Human Services (HHS). While the NCHS Director reports to the Centers for Disease Control and Prevention (CDC) regarding NCHS operations, the Director reports directly to the Secretary of HHS as a Senior Advisor on health statistics. The NCHS director is co-chair of the HHS Data Council, which is the principal advisory body to the Secretary on health and human services data policy.

National Center for Health Statistics  
Office of Planning, Budget, and Legislation



NATIONAL CENTER FOR HEALTH STATISTICS  
NCHS Fact Sheet | August 2017

## NCHS Data on Drug-poisoning Deaths

### About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS uses a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective on the population's health, influences on health, and health outcomes.

### NCHS Drug-poisoning Data

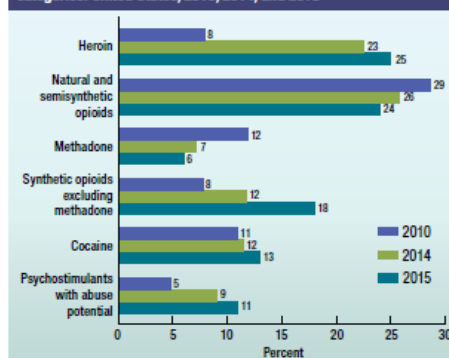
Poisoning is the leading cause of injury death in the United States. Drugs—both pharmaceutical and illicit—cause the vast majority of poisoning deaths.

NCHS uses the National Vital Statistics System (NVSS) to monitor deaths due to drug poisoning (overdose). NVSS collects mortality information from death certificates in all 50 states and the District of Columbia. NCHS identifies the number of drug-poisoning deaths from the underlying cause of death on death certificates. Multiple causes of death are used to identify the drugs involved. In 2015, approximately 17% of death certificates for drug-poisoning deaths lacked information on the specific drugs involved.

### Recent Findings

- Since 1999, the age-adjusted drug-poisoning death rate has more than tripled, from 6.1 per 100,000 in 1999 to 16.3 per 100,000 in 2015.
- In 2015, 52,404 deaths involved drug poisoning: 84% of these deaths were unintentional, 10% were suicides, and 6% were of undetermined intent.
- From 2010 to 2015, the percentage of drug overdose deaths involving:
  - heroin tripled from 8% in 2010 to 25% in 2015.
  - natural and semisynthetic opioid analgesics, which include drugs such as oxycodone and hydrocodone, decreased from 29% in 2010 to 24% in 2015.
  - methadone decreased from 12% in 2010 to 8% in 2015.
  - synthetic opioids other than methadone, which include drugs such as fentanyl (pharmaceutical and illicit) and tramadol, increased from 8% in 2010 to 18% in 2015.
  - cocaine increased from 11% in 2010 to 13% in 2015.
  - psychostimulants with abuse potential, which include drugs such as methamphetamine and ritalin, increased from 5% in 2010 to 11% in 2015.

Percentage of drug-poisoning deaths involving selected drug categories: United States, 2010, 2014, and 2015



NOTE: The percentage of drug-poisoning deaths lacking information on the specific drugs involved varied by year: 25% in 2010, 19% in 2014, and 17% in 2015. SOURCE: NCHS, National Vital Statistics System Mortality.

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# For the Latest Resources

Please visit our website <https://www.cdc.gov/nchs/index.htm>

The screenshot displays the CDC National Center for Health Statistics website. At the top, there is a navigation bar with a search box labeled "Search NCHS" and a "CDC A-Z INDEX" dropdown. Below this is a horizontal menu with categories: "Data Collection Systems", "Programs", "Topics", "Data and Tools", "Publications", and "News and Events". The main content area features a large banner for the "NCHS Data Visualization Gallery" with the subtitle "U.S. and State Trends on Teen Births, 1990-2015". Below the banner, there are two columns of content. The left column, titled "What's New", lists three recent publications: "National Center for Health Statistics Data Presentation Standards for Proportions", "Health Care Access and Utilization Among Native Hawaiian and Pacific Islander Persons in the United States, 2014", and "Drug Overdose Deaths Among Adolescents Aged 15-19 in the United States: 1999-2015". The right column, titled "Stat of the Day", features a statistic: "More U.S. adults ages 65+ visit the eye doctor (58.5%) than those ages 18-64 (36.2%)" with a source link to the "National Health Interview Survey, 2015". At the bottom, there are four user-specific resource boxes: "GENERAL PUBLIC" (Growth Charts), "RESEARCHERS" (Datasets and tools), "SURVEY PARTICIPANTS" (Resources for surveys), and "STUDENTS AND LIBRARIANS" (Research aids and outreach).



**Thank you**

