NCHS Update to the Board of Scientific Counselors



Charles J. Rothwell
Director, NCHS
June 19, 2018

ADMINISTRATIVE AND BUDGET UPDATES



FY 2018 NCHS Budget

- Enacted 160,397,000 level with FY 2017
 - Includes funds for administrative and business services as part of the CDC Working Capital Fund (about \$17 million)
- NCHS FY18 Budget in perspective
 - 2.2% of CDC FY18 program enacted request (\$7.3 billion)
 - 0.2% of HHS FY18 discretionary request (\$69 billion)

FY 2019 NCHS Budget

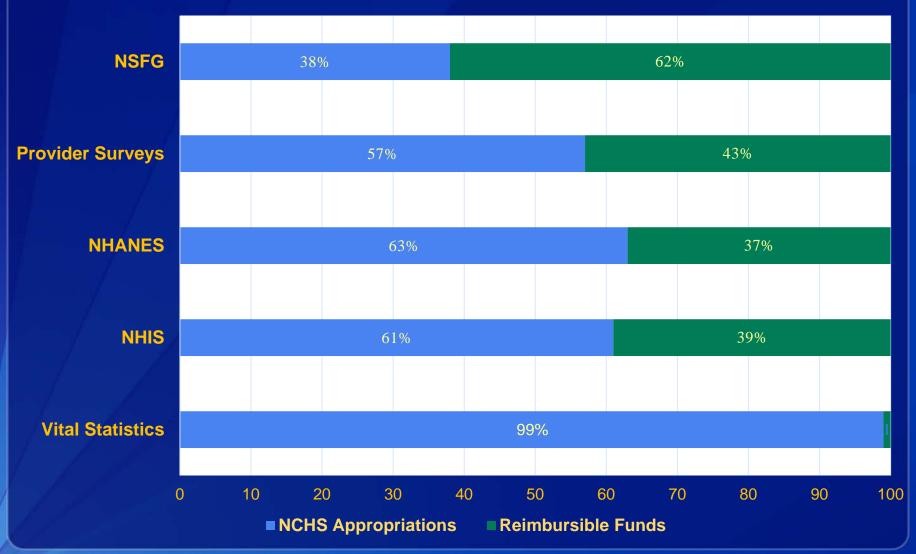
- FY19 PB requests \$155,000,000 for Health Statistics—a
 \$5.4 million reduction from FY 2018 enacted.
- Includes \$142,968,000 in PHS Evaluation Funds, which NCHS has not received since FY 2014
- Evaluation Funds are not subject to the PHS Evaluation tap or the HHS Secretary's tap

NCHS PROGRAM LEVEL BUDGET FOR FY 2019

- Overall decrease of \$5,397,000
- PHS funds not subject to Evaluation & other taps
- Continued focus on priorities but no new initiatives or innovation

Dollars in millions	FY 2017 Enacted	FY 2018 Enacted	FY 2019 PB	FY 2019+/- FY 2018
Health Statistics	\$160,397	\$160,397	\$155,000	-\$5,397
PHS Evaluation Transfer	\$0	\$0	\$135,820	+\$135,820
Budget Authority	\$160,397	\$160,397	\$19,180	-\$141,217
NCHS Program Level Total		\$160,397	\$155,000	-\$5,397





NCHS Current Staffing Levels

	FY 2016	FY 2017	FY 2018	FY 2019
Full-time permanent	508	503	443	484
Other than full-time permanent	46	51	57	17

Appointments and Nominations

- Alex M. Azar II, J.D., confirmed as Secretary of HHS
- Eric D. Hargan, J.D., Deputy Secretary
- Robert R. Redfield, M.D., Director for CDC
- James L. Woodworth, M.Ed., Ph.D., Commissioner
 National Center for Education Statistics

Robert R. Redfield, MD Director, Centers for Disease Control and Prevention

- Director of the
 Department of Retroviral
 Research within the U.S.
 Military's HIV Research
 Program
- 20 years of service in the U.S. Army Medical Corps
- Co-founded the University of Maryland's Institute of Human Virology



NCHS Senior Staff Positions

- LCDR Sayeedha Uddin, M.D., MPH, Office of the Director, NCHS
- Steven Blumberg, Ph.D., Director of the Division of Health Interview Statistics
- Jennifer Parker, Ph.D., Director of the Division of Research and Methodology
- Dennis T. Lau, Ph.D., Director of the Division of Health Care Statistics
- Steven P. Schwartz, Ph.D., Director of the Division of Vital Statistics

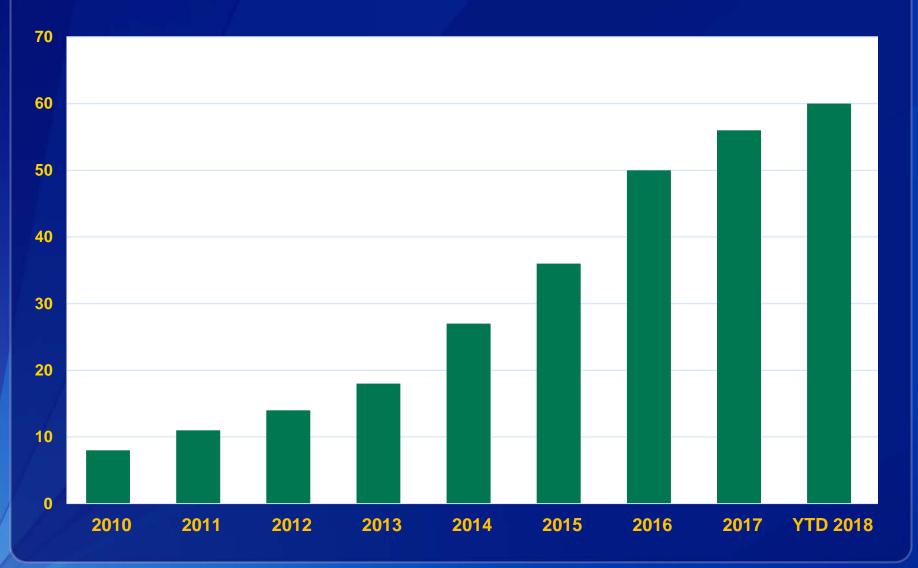
PROGRAM UPDATES



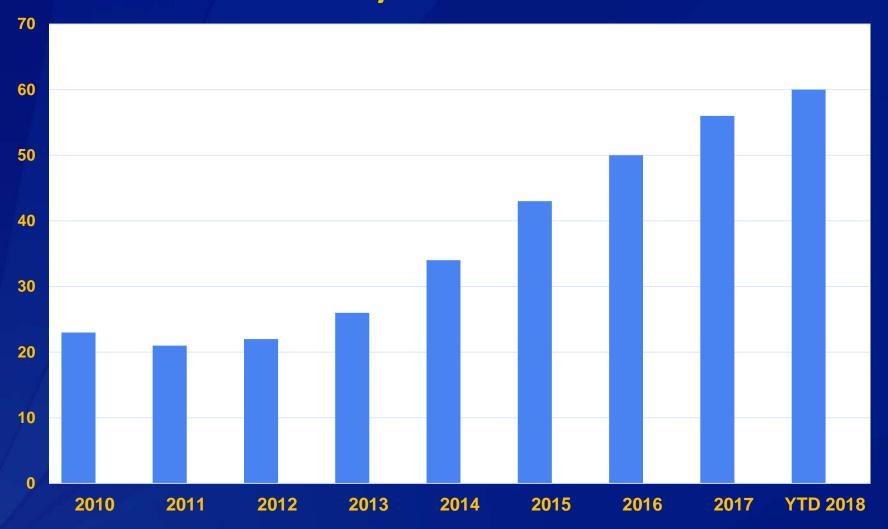
Vital Statistics: Key Initiatives

- Accreditation of Vital Records/Statistics Programs
 - Minimum standards to improve state performance
- Quality of the data
 - eLearning for Physicians and Nurses
 - Interoperability of state systems
- Timeliness of the data
 - Transmission of data to NCHS
 - Special note: Drug deaths (quick review)

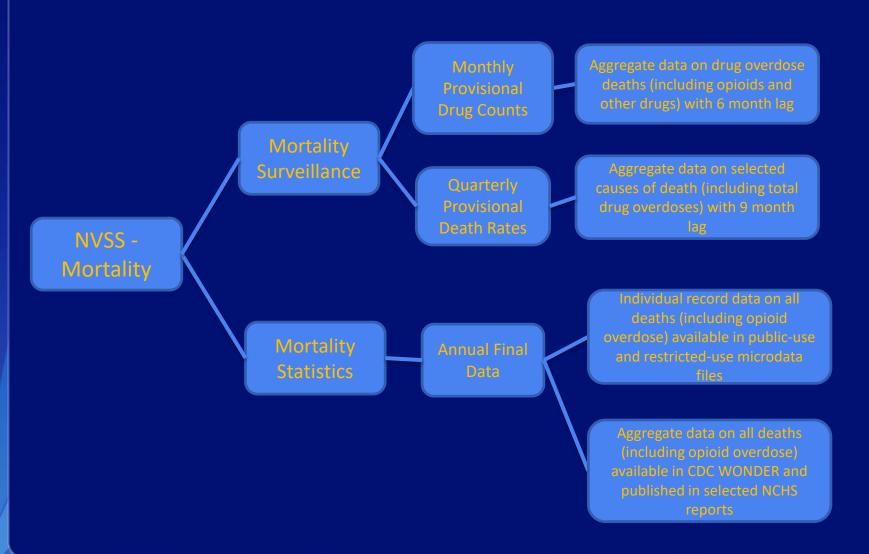
Percent of Mortality Records Received by NCHS within 10 Days of the Date of Death



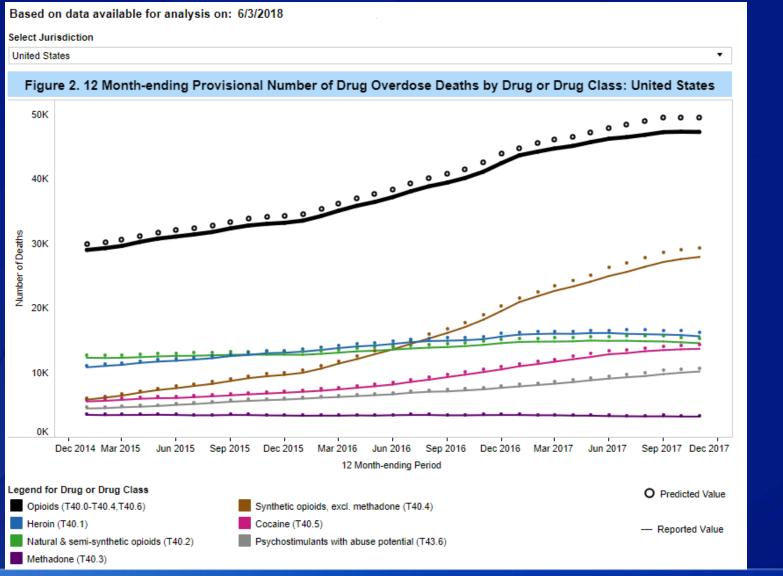
Percent of Birth Records Received by NCHS within 10 days of the Date of Birth



Dissemination of Statistics on Deaths Due to Opioid Overdose



Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Reported and Predicted



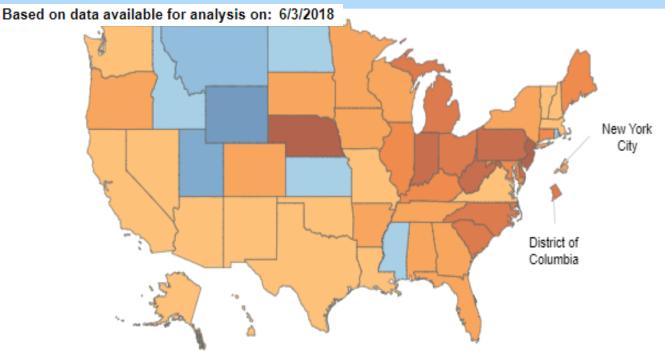
Provisional Counts of Drug Overdose Deaths

Reported and predicted provisional counts of deaths due to drug overdose occurring nationally and in each jurisdiction

U.S. map of the percentage changes in provisional drug overdose deaths

Reported and predicted provisional counts of drug overdose deaths involving specific drugs or drug classes occurring nationally and in selected jurisdictions.

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths: November 2016 to November 2017



Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

13.2

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-26.30 39.45

PCORI Evaluation

Improve Timeliness of Data

- Increase coded drug deaths from 33% to 90%
- Work with Medical Examiners and Coroners to get pending counts of death completed faster
- Improve dissemination activities through the rapid release program
- Generate data faster through automation of programs
- Improve timeliness of drug records

2019 NHIS Redesign

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

Annual core

- Key measures
- Sociodemographics

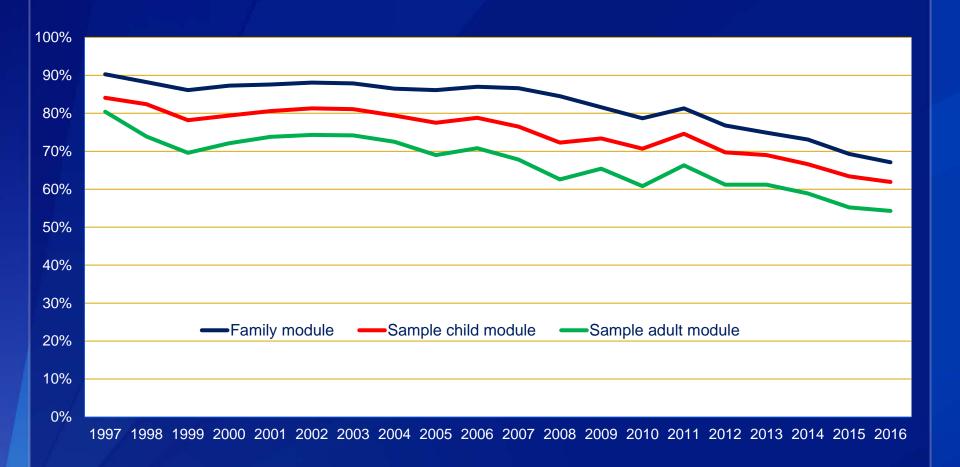
Rotating core

- Newer topic areas
- Expanded detail

Sponsored supplements

	2019	2020	2021	2022	2023	2024	2025	2026	2027
			Household	Roster – Selec	tion of Sample	Adult - Inform	ed Consent		
Annual core content	Health Status - Hypertension - High Cholesterol - Cardiovascular Conditions Asthma - Cancer - Diabetes - Other Chronic Conditions - Height and Weight Difficulties with Vision, Hearing, Mobility, Communication, Cognition, and Self-Care Anxiety - Depression - Social Functioning Health Insurance Status and Continuity Financial Burden of Medical Care - Health Care Utilization and Access Prescription Medication - Immunizations Cigarettes and E-cigarettes Marital Status - Veteran Status - Nativity Schooling - Employment								
	Family Income - Food-Related Program Participation - Housing Telephone Use - Linkage Information Dental, Mental, Rotating Dental, Mental, Rotating Dental, Mental, Conditions Other Care Utilization Conditions Other Care Utilization Conditions								
Rotating core	Mental Health Assessment		ent Detail – Iries	Mental Health Assessment	Employment Detail – Injuries		Mental Health Assessment	Employment Detail - Injuries	
Ş	Chronic Pain · Preventive Services	Health Behaviors	Chronic Pain · Preventive Services	Health Behaviors	Chronic Pain Preventive Services	Health Behaviors	Chronic Pain · Preventive Services	Health Behaviors	Chronic Pain · Preventive Services
	Sustaining Sponsors Content from sponsors that commit to supplements every year								
Sponsored content	2-year su	pplements	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements
	1-year supplements	2-year su	pplements	1-year supplements	2-year supplements		1-year supplements	2-year supplements	
	1-year supplements	1-year supplements	1-year supplements	1-year supplements	1-year supplements	1-year supplements	1-year supplements	1-year supplements	1-year supplements

Final Response Rates: NHIS, 1997-2016



National Health and Nutrition Examination Survey

- NHANES 2019-20 content finalized and going through review process - new exams focus on older adults
- NHANES questionnaire reduced by 20%
- NHANES Longitudinal Feasibility Study completed in-person data collection
- NHANES response rates continue to decline
- New design options being considered (more tomorrow)

NHANES

- Identified need to review growth charts for updates:
 organized a two-day workshop: Using the CDC growth charts
 for assessing extreme values of BMI as a continuous variable
- NCHS-authored publications using NHANES highlighted in the media
 - Herpes simplex virus infections
 - Depression
 - Obesity
 - **Dental caries**
 - Prescription medication use among children and youth









EMBED











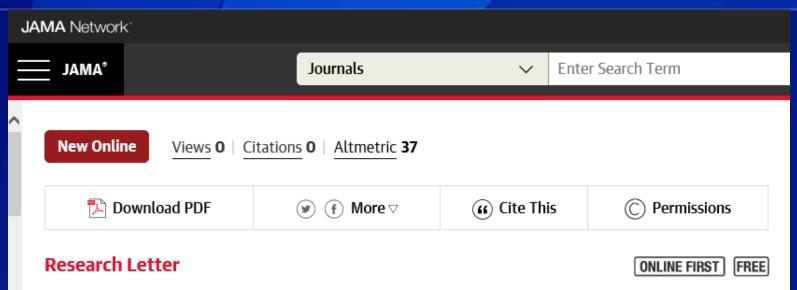
TREATMENTS

1 In 3 Adults In The U.S. Takes Medications Linked To Depression

June 12, 2018 - 6:00 PM ET Heard on All Things Considered







March 23, 2018

Trends in Obesity and Severe Obesity Prevalence in US Youth and Adults by Sex and Age, 2007-2008 to 2015-2016

Craig M. Hales, MD¹; Cheryl D. Fryar, MSPH¹; Margaret D. Carroll, MSPH¹; et al

> Author Affiliations | Article Information

JAMA. Published online March 23, 2018. doi:10.1001/jama.2018.3060

Obesity prevalence has been increasing since the 1980s among adults, but among youth, prevalence plateaued between 2005-2006 and 2013-2014. We analyzed trends in obesity prevalence among US youth and adults between 2007-2008 and 2015-2016 in order to determine recent changes.

The New York Times

American Adults Just Keep Getting Fatter



Public health experts said they were alarmed that efforts to educate people about the health risks of a poor diet do not seem to be working. Mark Lennihan/Associated Press

By Matt Richtel and Andrew Jacobs March 23, 2018

American adults continue to put on the pounds. New data shows that nearly 40 percent of them were obese in 2015 and 2016, a sharp increase from a decade earlier, federal health officials reported Friday.

The prevalence of severe obesity in American adults is also rising, heightening their risks of developing heart disease, diabetes and various cancers. According to the <u>latest data</u>, <u>published Friday in JAMA</u>, 7.7

Research

JAMA | Original Investigation

Trends in Prescription Medication Use Among Children and Adolescents—United States, 1999-2014

Craig M. Hales, MD; Brian K. Kit, MD; Qiuping Gu, MD; Cynthia L. Ogden, PhD

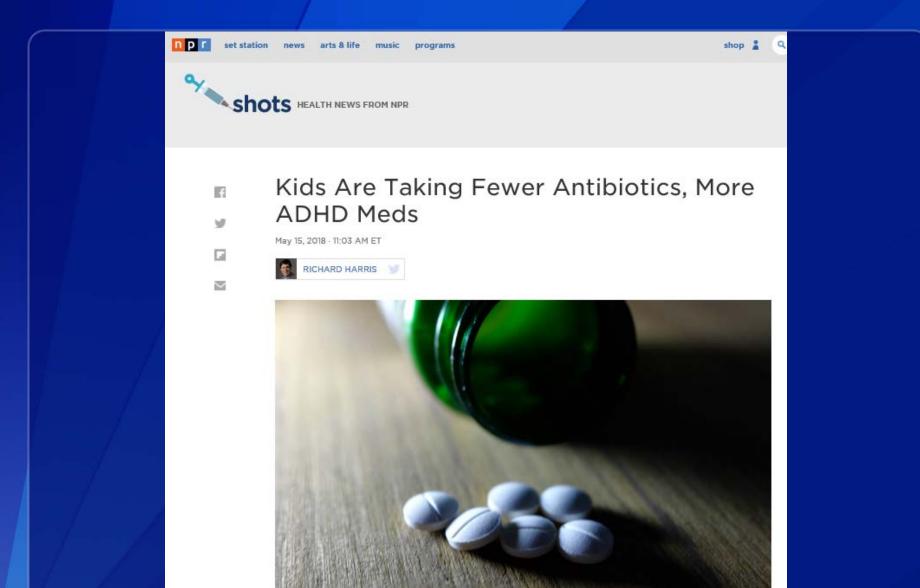
IMPORTANCE Access to appropriate prescription medications, use of inappropriate or ineffective treatments, and adverse drug events are public health concerns among US children and adolescents.

OBJECTIVE To evaluate trends in use of prescription medications among US children and adolescents.

DESIGN, SETTING, AND PARTICIPANTS US children and adolescents aged 0 to 19 years in the 1999-2014 National Health and Nutrition Examination Survey (NHANES)— serial cross-sectional, nationally representative surveys of the civilian noninstitutionalized population.

EXPOSURES Sex, age, race and Hispanic origin, household income and education, insurance status, current health status.

- Editorial page 1988
- Supplemental content
- → CME Quiz at jamanetwork.com/learning



Division of Health Care Statistics

- Building Healthcare Electronic Health Record (HEHR) system for NAMCS and NHCS
 - Includes registration web portal
- 2016 National Hospital Care Survey data received from 150 hospitals (40 transmitted EHR data)
 - Over 2.5 million inpatient encounters, 7 million ED visits, 35 million outpatient visits
- 2015-2016 National Survey of Long-Term Care Providers data on adult day and residential care were released through RDC
 - 2017-2018 wave to field in 7/2018; redesign adds user-level data

Health, US: Functions, Features, Uses

Functions

- Fulfill statutory mandate
- NCHS Flagship publication

Features

- Authoritative data in areas of interest to policymakers
- National trends in health
- Timely
- Accurate
- Easy to access
- Useful to a wide audience

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

Health, US 2017

Reducing the size of the printed report, while maintaining the full content on line

- Available in print and online:
 - Preface
 - Chartbook
 - List of Trend Tables
 - References
 - Index

- Available online only:
 - Trend Tables
 - Appendixes
 - PowerPoint and Excel versions of charts and data tables

Health, United States, 201/201 be accessible in its entirety at: https://www.cdc.gov/nchs/hus/index.htm.

NCHS Publications

- **TOTAL Publications: 110 (JUN 2017 JUN 2018)**
 - Reports: 74
 - Public Use Files: 10
 - Web Tables: **11**
 - Data Visualizations: 22
 - Drug Overdose Deaths, Quarterly & Monthly: 13
- **High Priority Publications:**
 - Health Insurance: 20
 - Cholesterol/obesity: 4
 - Mortality: 10
 - Suicide: 3
 - Births: Provisional Data for 2017



NATIONAL CENTER FOR HEALTH STATISTICS

National Health Interview Survey Early Release Program

Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey. January-June 2017

by Entily P. Zammitti, M.P.H., Robin A. Cohen, Ph.D., and Michael E. Martinez, M.P.H., M.H.S.A. Division of Health Interview Statistics, National Center for Health Statistics

What's new?

 This report provides health insurance estimates from selected states using 2017 National Health Interview Survey data.

Highlights

- In the first 6 months of 2017, 28.8 million (9.0%) persons of all ages were uninsured at the time of interview-not significantly different from 2016, but 19.8 million fewer persons than in 2010.
- In the first 6 months of 2017, among adults aged 18-64, 12.5% were uninsured at the time of interview, 19.2% had public coverage, and 69.6% had private health insurance coverage.
- In the first 6 months of 2017, among children aged 0-17 years, 5.0% were uninsured, 42.6% had public coverage, and 54.0% had private health insurance coverage.
- Among adults aged 18-64, 69.6% (137.2 million) were covered by private health insurance plans at the time of interview in the first 6 months of 2017. This includes 4.5% (8.8 million) covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based
- The percentage of persons under age 65 with private health insurance enrolled in a high-deductible health plan (HDHP) increased, from 39.4% in 2016 to 42.9% in the first 6

Introduction

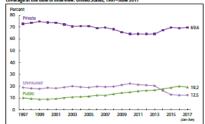
This report from the National Center for Health Statistics (NCHS) presents selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the January-June 2017 National Health Interview Survey (NHIS), along with comparable estimates from previous calendar years. Estimates for the first 6 months of 2017 are based on data for 39,480 persons.

Three estimates of lack of health insurance coverage are provided: (a) uninsured at the time of interview. (b) uninsured at least part of the year prior to interview (which includes persons uninsured for more than 1 year), and (c) uninsured for more than 1 year at the time of interview. Estimates of public and private coverage, coverage through

exchanges, and enrollment in highdeductible health plans (HDHPs) and consumer-directed health plans (CDHPs) are also presented. Detailed appendix tables at the end of this report show estimates by selected demographics. Definitions are provided in the Technical Notes at the end of this report.

This report is updated quarterly and is part of the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website at:

https://www.odc.gov/nchs/nhts.htm Estimates for each calendar quarter, by selected demographics, are also available as a separate set of tables through the ER Program. For more information about NHIS and the ER Program, see Technical Notes and Additional Farly Rolease Program Products at the end of this report.



Methods and Evaluation Reports

- Guidelines for the Analysis of Trends (April 2018)
- Timeliness of Death Certificate Data for Suicides (April 2018)
- Issues in Developing a Surveillance Case Definition for Nonfatal Suicide Attempt and Intentional Self-Harm Using ICD-10 (February 2018)
- Reference Guide for Certification of Deaths in the Event of a Natural, Human Induced, or Chemical/Radiological Disaster (October 2017)
- Data Presentation Standards for Proportions (July 2017)

The Value of Federal Statistics: NCHS

Suicide rate rising fastest among women,



Bloomberg

U.S. Suicide Rates Are Rising Faster Among Women Than Men

June 14, 2018 - 12:01 AM FT

PUBLIC HEALTH

Health Jun 14, 2018 11:26 AM EDT

Suicide rates among U.S. women climbed steadil peaked among women age 45 to 64, according to rate for women in that age group represented a 6 past decade.

This is according to new data from the Centers fo Prevention's National Center for Health Statistic suicide than women in 2016, the rate of suicide f 2000 to six per 100,000 deaths.

That's compared to 21 per 100,000 deaths for me deaths among men age 75 or older.

Technology

U.S. Suicide Rate Up 30% Since 21st Century

Alex Tanzi and Vincent Del Giudice June 14, 2018, 12:01 AM EDT

- Change in behavior could signal person considering suicide
- Firearms are leading cause of suicide by American males



MEDPAGE TODAY

Psychiatry > Depression

Suicide Rate in Women Jumps by 50%

— From 2000-2016, rates also increased by 21% in men

by Kristen Monaco, Staff Writer, MedPage Today June 14, 2018

Rates of suicide continue to rise for both women and men in the U.S., according to a new report from the National Center for Health Statistics (NCHS).

has crept higher since the start of the 21st Century, d leading cause of death for those between ages 10 and a from the federal Centers for Disease Control.

committed suicide in the U.S. in 2016



Helping those who are suffering know they are not alone is one step toward suicide prevention, researchers say. Veronica Grech/Getty Images

The number of people dving by suicide in the United States has risen by about 30 percent in the past two decades. And while the majority of suicide-related deaths today are among boys and men, a study published Thursday by the National Center for Health Statistics finds that the number of girls and women taking their own lives is

FY18 Statistical Programs of the US Government

New this year: each principal statistical agency provided a visualization

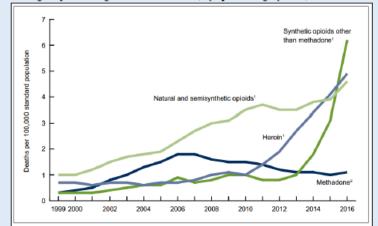
One visualization was selected to highlight the value of Federal statistics:

NCHS monthly provisional counts of drug overdose deaths

Drug Poisoning Deaths have been on the Rise: A Case Study on Value

Deaths from drug overdose are an increasing public health burden in the United States. Data from the National Vital Statistics System within the National Center for Health Statistics (NCHS) measures drug overdose deaths, and NCHS reports on trends, demographic and geographic patterns, and shifts in the types of drugs involved in drug overdoses. In 2016, the age-adjusted rate of drug overdose deaths in the U.S. was more than three times the rate in 1999. Data also show that the age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone doubled from 2015 to 2016. The chart below shows the trends in age-adjusted drug overdose death rates by opioid category in the U.S. from 1999 to 2016.

Age-adjusted drug overdose death rates, by opioid category: U.S., 1999-2016



"Significant increasing tend from 1909 to 2016 with different rates of change over time, p = 0.05.
"Significant increasing trend from 1909 to 2006, the not excressing tend rown 1909 to 2006, the notice state of Ciscoses, Tenth Revision. Drug-poisoning (overdose) deaths are identified using underlying cause-of-clearly codes X46-X44, 2009-2046, X85, and V10-Y14. Drug overdose deaths invertige selected data goales; harder, T46 is, natural and semisynhetic opioids, T40.2; mathadone, T40.3; and symthatic opioids other than menhadone, T40.4. Debts involving more than one opioids cleappy (e.g., a deeth involving both methadone and a ratural or semisymhetic opioid are underliked to the code of the code o

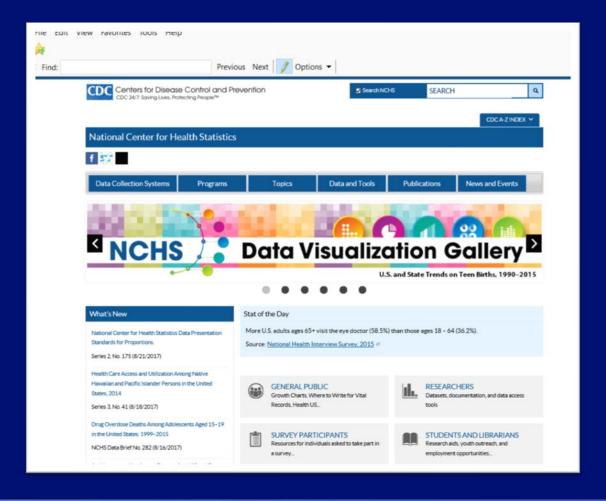
In October 2017, the President announced a Public Health Emergency associated with drug addiction and the opioid crisis. The Administration is committed addressing the opioid epidemic. NCHS provides timely and accurate data on drug overdose deaths, which informs the discussion and planning on how best to confront the issue.

² Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hvattsville. MD: National Center for Health Statistics, 2017.

³ See ibid.

For the Latest Resources

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



Thank you

