

## Opening Remarks - Welcome

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Thanks. Let me add my welcome to that of Lois. This meeting is a very exciting event as international efforts are very integral to what we do at NCHS. Let me say a bit about NCHS because some of you may not know who we are. NCHS is one of those federal agencies that wears a number of hats. We are one of the designated federal statistical agencies like the Census Bureau and the Bureau of Labor Statistics. NCHS is the agency that deals with health statistics. We are also a component of the federal Centers for Disease Control and Prevention (CDC) which gives us an opportunity to work on a variety of different types of problems. Because we are part of CDC and have interactions with the National Institutes of Health (NIH) and other federal research agencies, we engage in a variety of research activities that many other statistical agencies do not address. In fulfilling our dual roles, in particular our role within CDC, our work in international activities is integral to what we do.

Prior to coming to NCHS about 3 years ago, I was at the National Cancer Institute at NIH. One of the things that I enjoyed the most at NIH was looking at statistics, in particular international cancer statistics. I found that we had so much to learn about cancer progression and the factors affecting cancer by comparing experiences across countries. In order to do this, we had to have a firm foundation and a standard language on which we could build.

Injury is a very important problem for us to handle. Certainly, as you all know, it's a major cause of morbidity and mortality. Over the past 10 to 15 years there has been a realization in the U.S. that injury can be addressed in the same way we address other causes of disease and disability. The rise of the National Center for Injury Prevention and Control at CDC, coupled with interests of the National Institute for Occupational Safety and Health (again at CDC), the National Institute of Child Health and Human Development at NIH, and other agencies attests to this realization of the magnitude of the health problems caused by injury. Of importance is the fact that the problem can be addressed through a solid base of research. That is what we have been seeing develop in the U.S. in particular over the last 10-15 years. While there has been a lot of interest and resources focused on injury, in order to understand our experiences and compare the experiences of other countries, we need a firm foundation and to develop a language all understand. This is the purpose for this meeting--to continue the development of that language.

My first experience with an ICE meeting was about 3 years ago. Under the auspices of NCHS and particularly Lois Fingerhut, an extremely productive meeting took place. I expect that this one will be equally as productive.

I would like to assure you of the stature of international activities in general at CDC, NIH, and the Department. There has always been a strong focus in my 20+ years in the department on international activities--whether at the Fogarty Center at NIH or at CDC where Jeff Koplan, the new Director of CDC, has made Global Health one of the four major priorities for the near term. NCHS has always enjoyed very strong position in international efforts, working with a variety

types of activities related to international health. Particularly important are the activities surrounding development of ICD-10.

We have a number of exciting things activities underway at NCHS. Let me mention a some of these. In addition to implementation of ICD-10, we plan to field a new NHANES Survey which will be annual instead every 3 years as in the past. NHANES is our Health and Nutrition Examination Survey. With a new information system called ISIS (Integrated Survey Information System) we will be able to get the information out from the field much more rapidly than in the past. Information is being collected electronically, and nothing is being written at the clinical site. That is quite exciting. We also have expanded our telephone survey capability so we are able to reach sections of the country on a more focused basis. We have an emphasis like all of you on data dissemination and using the Internet to do that. I would like to hear from all of you on how you disseminate data in your own country and elsewhere. Another important and exciting change concerns the bases for age adjustment from the 1940s to the year 2000; Harry Rosenberg on our staff is working in this area. I think it is a very important change that will make the figures we produce much closer in magnitude to the real extent of the problem. In that sense I think data will be more relevant. This change is going to cause some shifts in the public's and our own perceptions for the relative impact of disease and disability among minorities in the U.S..

Again, welcome to this important meeting; I am sure you will find it productive.