Today’s Update

- NCHS Program Highlights
- Budget Update
National Conference on Health Statistics
National Conference on Health Statistics

Thank you, Friends, for your support
Conference Highlights

- Nearly 1000 attendees
- Successful new format with pre-conference workshop sessions
- Plenary speakers included Thomas Frieden, Bob Groves, Kathy Wallman, Connie Citro, Michael Wolfson
1960 Data Challenges
(National Health Survey Act)

- Number and characteristics of persons suffering from heart disease, cancer, diabetes, arthritis and rheumatism, and other diseases, injuries and handicapping conditions...

- Need for reasonably current periodic inventories
  - For appraising true state of health
  - For adequate planning to improve health
  - For research in the field of chronic diseases
  - For measurement of the numbers of persons in working ages so disabled to be able to perform gainful work
Current Data Challenges

- Health Reform/ Affordable Care Act
  - What are the data needs in this time of health reform?
- Open Government and Community needs
  - How is NCHS meeting state and local (community) needs
- Dissemination
  - How do we focus our data to meet research and policy needs?
Affordable Care Act
Affordable Care Act
Data and Measurement Provisions

• Vital statistics
• Quality improvement
• Disparities
• Levels of geography
• Health outcomes
• Oral health
• National health indicators
Meeting the Data Needs for the ACA ...

- New survey questions on the NHIS about health insurance coverage
- New questions to long-term care surveys to respond to anticipated direct care workforce shortages
- Assessing adoption and meaningful use of Electronic Health Records
Percent of Uninsured Persons Aged 18-64
U.S. and Selected States, 2004-2009

Percent of Persons Age 18-64 Who Delayed/ Not Received Needed Medical Care Due to Cost
U.S. and Selected States 2004-2009

Example of NCHS NHIS Changes…
Extended Health Insurance and Access and Utilization Questions (2011)

**Access to care**
- Medicaid; Private health insurance for adult dependents;
  Changes in coverage; Preexisting conditions
- Coordination of care; Availability of providers; Emergency room (department) use

**Affordability of care**
- Premiums; Medical bills; Inability to pay; Financial barriers to care; Financial barriers in medication use

**Comprehensiveness of care**
- Immunizations; Well child visits; Preventive care

**Other related topics**
- Long term care; Health information technology use
NCHS Budget Chronology
NCHS Budget Chronology

Recent Budget History

- FY 07: $107.1 M - Same as FY 06
- FY 08: $113.6 M
- FY 09: $124.7 M
- FY 10: $138.7 M (+$14 M)
2010 Increase Enabled NCHS to:

- Restore NHIS sample size to 87,500
- Fund 12 months of Vital Statistics data collection
  - Improve timeliness of payments to States by 1-2 months
  - Funding to resolve state cause of death reject coding for states
- Support new Residential Care survey
- Support new hires
Proposed 2011 Budget (+$23.2 M)

- Vital Statistics ($11 M):
  - **Electronic Birth and Death** registration and
  - Funding of the revised certificate and focus on improvements to timeliness and quality
- Health Interview Survey ($8 M)
  - *Increase coverage* through sample size
- National Ambulatory Medical Care Survey ($3.5 M)
  - *Increase coverage* through sample size
- Maintenance ($0.7 M)
NCHS Budget

- 2011 budget: Continuing Resolution at 2010 level till March 4th
  - And then ...
FY 2012 Budget Request

- $161.9M from PHS Evaluation Line
  - + $23.2M above FY 2010
- Includes funding to
  - Increase sample sizes for surveys
  - Purchase data needed for public health purposes currently collected from vital registration jurisdictions and collection of 12 months of these data within the calendar year.
- Fully support electronic birth records in all 50 states.
Recent Budget History

• FY 07: $107.1 M - Same as FY 06
• FY 08: $113.6 M
• FY 09: $124.7 M
• FY 10: $138.7 M (+$14 M)
• FY 11: Continuing resolution
  • President’s Request: $161.9 M (+$23.2 M)
Affordable Care Act Funds

- **FY 2010:** $14.7M
  - NHI S - Additional questions to track PPACA impact
  - NHANES - Pilot to assess physical activity for children
  - OAE/ CMS Data Project - linking data to CMS
  - NAMCS/ NHAMCS - Information on patients with heart disease and stroke (cardiovascular disease look-back study)

- **FY 2011, 2012:** To be determined
Program Highlights
State and Local Area
Integrated Telephone Survey (SLAITS)

• Evaluation of CHIP Authorized in the 2009
  CHIP Reauthorization Act

• Uses data from SLAITS-based 2011 National
  Survey of Children’s Health

• Focus on barriers to enrolling in public
  health insurance programs.

• Based on and earlier 2001 evaluation of
  program awareness levels and perceptions
  among low-income families

• Data from 2001 National Survey of Children
  with Special Health Care Needs.
DHANES Program Highlights

- New Survey Content
- Methods studies and special projects
- Infrastructure changes
  - Completely revamped the software and hardware for NHANES for the first time in over 10 years
  - Replaced lab trailers that had been in use over 20 years
  - Made these infrastructure changes without halting data collection for even a single day.
NHANES 2011-2012
New Exam Content

- Cognitive function (Ages 60+)
- Self-assessed pubertal maturation (Ages 8-19)
- Tuberculin skin testing
- Dual x-ray absorptiometry -- Total Body (Ages 8-59)
- Sagittal abdominal diameter (Ages 8+)
- Physical activity monitor (Ages 6+)
  - Also monitors sleep activity
- Muscle strength grip test (Ages 6+)
- Chemosensory—smell and taste (Ages 40+)
- Age changes for audiometry (Ages 20-69)
- Modified oral health examination (Ages 1+)
Health Care Surveys
Changes Underway

- ACA-Funded Improvements to NAMCS and NHAMCS
- Lookback module for Ambulatory Surveys on preventive services for heart disease and stroke
- State-level estimates of preventive services
- New National Hospital Care Survey
- New National Survey of Long-Term Care Providers
Lookback Module on Prevention of Heart Disease and Stroke

- Monitor and evaluate prevention-related services
- Include risk factors and preventive services 12 months prior to the sampled office visit
- Include patients at higher risk, e.g., with hypertension or prior stroke
Building on NAMCS and NHAMCS

- Infrastructure already in place to collect data for physicians’ offices, community health centers, hospital outpatient departments, and hospital and free-standing ambulatory surgery centers
- Source of nationally-representative ambulatory care data
- Characteristics of office practices and hospitals available to support evaluations
- Monitoring Electronic Health Records
Hospital Care Survey Goes Electronic

- Currently piloting the transmission of electronic claims data - UB-04s—for inpatient discharges
- Hospitals transmit data through a secure data network
- As hospitals adopt electronic health records, we will be conducting more pilots on extracting clinical data from EHRs
Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January-June 2010

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

PDF Version (317 KB)

Highlights

- From January through June 2010, 49.1 million persons of all ages (16.2%) were uninsured at the time of interview, 60.8 million (20.0%) had been uninsured for at least part of the year prior to interview, and 35.6 million (11.7%) had been uninsured for more than a year at the time of interview.
Young Adults Seeking Medical Care: Do Race and Ethnicity Matter?

Barbara Bloom, M.P.A. and Robin A. Cohen, Ph.D.

Key findings

Data from the National Health Interview Survey: 2008–2009

- More than one-half of Hispanic young adults aged 20–29 years were uninsured.

Health care disparities among different racial and ethnic subgroups in the United States are of national concern. Health insurance is a key factor in the access to medical care services, and young adults in the United States aged 20–29 years are more likely than adults aged 30 years and over to lack health insurance coverage (1–4). A previous report has examined the differences in health insurance and access to health care by gender among young adults aged 20–29 years (5). This report focuses on the differences in health insurance and access to health care among Hispanic, non-Hispanic white, and non-Hispanic black young adults.
My Administration is committed to creating an unprecedented level of openness in Government. We will work together to ensure the public trust and establish a system of transparency, public participation, and collaboration. Openness will strengthen our democracy and promote efficiency and effectiveness in Government.

— President Obama, 01/21/09
Data.gov Catalogs

Use the Data.gov catalog below to access U.S. Federal Executive Branch datasets. Click on the name of a dataset to view additional metadata for that dataset. By accessing the data catalogs, you agree to the Data Policy. Data.gov offers data in three ways: through the "raw" data catalog, using tools and through the geodata catalog. The "Raw" Data Catalog provides an instant download of machine readable, platform-independent datasets while the Tools Catalog provides hyperlinks which may lead to agency tools or agency web pages that allow you to mine datasets.

**“RAW” DATA CATALOG**

**Search “raw” data by keywords**

Search “raw” data by file type

| XML | CSV/Text | KML/KMZ | Shapefile | RDF | Other |

**Search “raw” data by single/multiple category**

- All Categories
- Agriculture
- Arts, Recreation, and Travel
- Banking, Finance, and Insurance

**Search “raw” data by single/multiple agency**

- All Agencies
- Agency for Healthcare Research and Quality (HHS/AHRQ)
- Agricultural Research Service (USDA/ARS)
- Antitrust Division (DOJ/ATR)

Page 1 of 1 (2 records)

**Name (click for metadata and to rate dataset)**

<table>
<thead>
<tr>
<th>2009 VHA Facility Quality and Safety Report - Hospital Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 2008 Hospital Report Card was mandated by the FY08 Appropriations Act, and focused on Congressionally-mandated metrics applicable to general patient populations. The ...</td>
</tr>
</tbody>
</table>

**Rating**

| **VA** |
| 3 stars (5 votes) |

<table>
<thead>
<tr>
<th>Community Health Status Indicators (CHSI) to Combat Obesity, Heart Disease and Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Status Indicators (CHSI) to combat obesity, heart disease, and cancer are major components of the Community Health Data Initiative. This dataset provide...</td>
</tr>
</tbody>
</table>

**Rating**

| **HHS/CDC** |
| 3 stars (0 votes) |

| **CSV** |
| 18K |

| **CSV** |
| 5 MB |
Data accessibility – a priority for the community

Welcome to the Health Indicators Warehouse (HIW)

Indicators in the HIW are categorized by topic, geography, and initiative. Select your starting point for exploring indicators in the HIW.

- **by Topic**: Each indicator in the HIW is associated with one or more topic area, such as disease, condition, age group or sociodemographic characteristics.
- **by Geography**: Most of the indicators in the HIW have national level data. Many indicators also have data available by state, county, and hospital referral regions.
- **by Initiative**: The HIW contains indicators derived from and in support of several state and federal health indicator initiatives.

- Brought live 1/21/2011
- Contains thousands of community health performance metrics
- Includes data on Medicare utilization, quality, prevention, and prevalence of disease
- Includes proven interventions by indicator
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What's New
Welcome!
Welcome to the Health Indicators Warehouse (HIW)! HIW is a new resource serving as the data hub for the HHS Community Health Data Initiative. It contains standardized health outcome and health determinant indicators along with associated evidence-based interventions, which can be easily displayed, and will

For Developers
The HIW provides access to the underlying data through the use of an Application Programming Interface (API) which is designed to present information to systems with disparate architectures and underlying technologies.
And Finally ...

Thank you for your support!