

The National Center for Health Statistics

Adapting to meet new data needs: The ACA and beyond

Irma E. Arispe, Ph.D.
**Associate Director, Analysis and
Epidemiology**
National Center for Health Statistics

**Presentation to the Federal Economic
Statistics Advisory Committee Meeting**
December 13, 2013





National Center for Health Statistics

What We Do:

Monitor the nation's health by collecting,
analyzing and disseminating health data

- **Compare** across time, populations, providers
and geographic areas
- **Identify** health problems, risk factors, and
disease patterns
- **Inform** actions and policies to improve the
health of the American people



Traditional data sources

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
LOCAL FILE NO.		BIRTH NUMBER:	
C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 hr)	3. SEX
	4. DATE OF BIRTH (Mo/Day/Yr)		
M O T H E R	5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8d. BIRTHPLACE (State, Territory, or Foreign Country)	
	9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)
C E R T I F I E R	11. CERTIFIER'S NAME: _____	12. DATE CERTIFIED	13. DATE FILED BY REGISTRAR
	TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE	MM / DD / YYYY	MM / DD / YYYY



Data sources and data systems

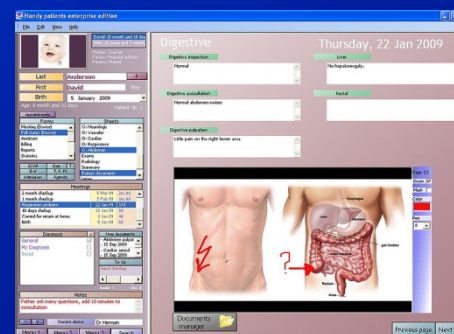
- **Birth and death records** (National Vital Statistics System)
- **Personal interviews** in the home and via phone (National Health Interview Survey, National Survey of Family Growth, State and Local Area Integrated Telephone Survey)
- **Physical examinations and laboratory testing** in mobile exam centers (National Health and Nutrition Examination Survey)
- **Medical records** from hospitals, emergency rooms, outpatient clinics, physicians' offices, nursing homes and hospice and home care agencies (National Health Care Surveys)
- **Interviews with health care providers** in hospitals, physicians' offices and long term care agencies (National Health Care Surveys)





New data sources, new data needs

- More and different populations: who are they and how are they similar or different?
- More information about health care: who has what, how is it treated, what's working, who's doing what works?
- Effects of policies: did the laws they passed do what they were intended to do? what are the unanticipated effects?
- Data access: Stakeholders want to look at data themselves
- They want to connect things
- New and different formats, fast



To meet new needs, we build on existing infrastructure

- Broad, population based health surveys
- Targeted items, modules, and surveys
- Linkage of data systems to increase analytic utility
- Methodological research to improve the quality of estimates, demonstrate use of data systems
- Tools to facilitate access to, and dissemination of statistical data
- Research on health, health policy, and health care delivery



Then came along the ACA

- New mandates and regulations
- Appropriations to fund new and existing grant programs
- New discretionary grant programs

NCHS data systems offer opportunities for baseline and new information on ACA-related topics such as

- Insurance coverage
- Changes in the health care system: Health centers and clinics; Hospitals; Practice arrangements
- Health workforce: loan repayment; physician training; nursing; teaching health centers
- Prevention and wellness: clinical preventive services; elimination of cost sharing; evidence-based services

ACA-related topics (continued)

- Health disparities: including race, ethnicity, sex, primary language and disability status; geographic disparities
- Effects of policies: restaurant menu/vending machine nutrition labeling
- Accessible medical diagnostic equipment
- Health care quality measurement, patient safety
- Reauthorization of the IHClA
- Creation (and demise) of CLASS

**For a federal statistical agency
charged with monitoring trends
in the nation's health
all these topics are important.**

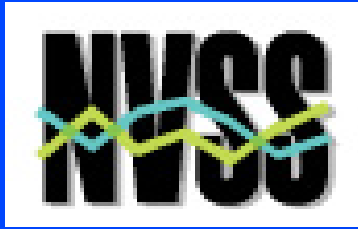


National Vital Statistics System

- Data from 57 vital registration jurisdictions (50 states, DC, NYC, 5 territories)
 - Births and information on the pregnancy and delivery
 - Deaths and information on cause of death
- ➔ State and local level data
- ➔ Reflects intergovernmental partnerships

U.S. STANDARD CERTIFICATE OF LIVE BIRTH			
LOCAL FILE NO.		BIRTH NUMBER	
C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 hr)	3. SEX
	4. DATE OF BIRTH (Mo/Day/Yr)		
	5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8d. BIRTHPLACE (State, Territory, or Foreign Country)	
	9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE
			9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)
C E R T I F I E R	11. CERTIFIER'S NAME: TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED ____/____/____ MM DO YYYY
			13. DATE FILED BY REGISTRAR ____/____/____ MM DO YYYY
INFORMATION FOR ADMINISTRATIVE USE			





Future Plans

- New Contract with states focused on improving:
 - Timeliness and quality of birth and death data
 - Quality of cause-of-death reporting
 - Security of birth records
- Complete national implementation of Electronic Birth Systems---final states funded in FY12 and FY13 are building and implementing new systems.
- Implementing new electronic death systems initiative in states---7 states funded in FY13
- Piloting receiving birth and death information directly from electronic medical records
- ➔ Requires joint State/National planning





National Health Care Surveys

- Ambulatory and hospital care surveys
 - National Ambulatory Medical Care Survey (NAMCS)
 - National Hospital Ambulatory Medical Care Survey (NHAMCS)
 - National Hospital Care Survey (NHCS)
- Long-term care data
 - National Study of Long-Term Care Providers (NSLTCP)
 - Use of administrative data from CMS to describe long term care providers and users
 - Primary data collection through surveys to fill the gaps in information on residential care facilities and adult day care

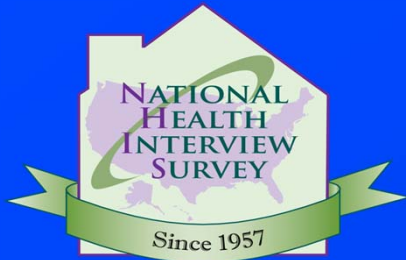
NCHS Health Care Data

- Characteristics of the practice
- Characteristics of health care providers
- Characteristics of patients
- Diagnosis
- Treatment and services
- Patterns of disease
- Use of technology and drugs
- Emergence of alternative care sites



Changes to the Health Care Surveys

- ACA funded improvements to NAMCS/NHAMCS
 - State-Based Estimates of Clinical Preventive Services (2012, 2013, 2014)
 - Clinical Data to Evaluate the Quality of Care to Prevent Heart Disease and Stroke “Lookback” (2012, 2013)
- ASPR funded sample increases to NHAMCS (2012)
- ASPE funded questions of practice characteristics (2013, 2014)



National Health Interview Survey

- In person, in home survey collects data on about 87,500 persons in 35,000 responding households per year.*
- Representative of the noninstitutionalized civilian U.S. population.
- Data on
 - Health status, health conditions, functioning and disability
 - Health insurance coverage
 - Access to and use of health care
 - Immunization
 - Health-related behaviors and risk factors
 - Demographics, socioeconomic status, injuries and poisonings
 - Etc.

*Usual sample size. Affordable Care Act , Public Health and Prevention Fund increased sample size in 2011, 2012, and 2013 and will do so again in 2014.

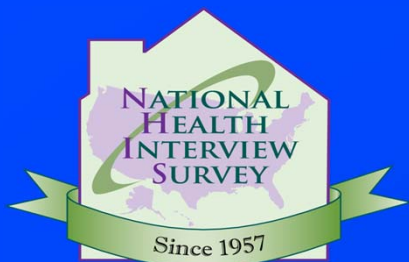




Adapting to new data needs

- Existing NHIS core questions provide baseline and trend data
 - For example, health status, health insurance coverage, access to and use of health care help examine effects of ACA
- New questions, annual supplements address targeted issues
 - ~86 new ACA related questions, 2011-2014, and beyond if funding permits
- Larger sample size for more state-level estimates
- NHIS microdata released online about 6 months after the end of each data collection year
- Early release estimates (E.g., quarterly report on health insurance)





NHIS ongoing and future plans

- Collecting information on lesbian, gay and bisexual population
- More state level estimates
- Special survey of NHPI, 2014
- Nationally representative follow back survey using 2012 respondents (web and CATI)
- Testing of other modes of data collection to supplement in-person surveys (web and telephone, field test in 2014)
- Collaborating with NHANES to test biomeasures at home (height, weight, blood pressure, blood spots)
- Sample redesign in 2016, redesigned questionnaire in 2017



National Health and Nutrition Examination Survey (NHANES)

- Standardized physical examinations, laboratory tests, personal interviews with a nationally representative annual sample of ~5,000 persons.
- Data on
 - Disease/condition prevalence
 - Nutrition
 - Body composition
 - Health-related behaviors
 - Environmental exposures



Pediatric Growth Charts





New in 2014: NHANES 24-Hour Urine Collection Component



- Measure sodium and other analytes
- Random $\frac{1}{2}$ sample 20-60 yrs.
- Asked to collect urine for 24 hours
- 5th exam trailer used



Accessing NCHS data

- Public-use data files available through NCHS website

http://www.cdc.gov/nchs/data_access/ftp_data.htm

- Research data center: mechanism for researchers to access data not released to the public because of nondisclosure or confidentiality reasons



- NCHS linkage program enables broader analyses of factors that influence health and health outcomes.



Visit our website at <http://www.cdc.gov/nchs>



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

National Center for Health Statistics...Monitoring the Nation's Health

Watch Them Grow

NCHS's pediatric growth charts have been used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States since 1977.

[Learn More ▶](#)

[1](#) [2](#) [3](#) [4](#) [5](#)



FEATURED TOPICS



RDC Blog: Choosing Your Mode of Access

The Research Data Center blog is designed to help foster communication among RDC staff and users. Read the new entry on the use of RDC's ANDRE remote access system to research HPV vaccination behaviors. Post comments or submit an idea for your own blog post.

[NEXT TOPIC ▶](#)

New RELEASES

Summary Health Statistics for U.S. Adults:
National Health Interview Survey, 2011
Series 10 No. 256, December 2012

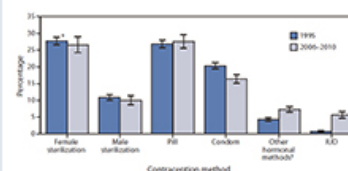
Wireless Substitution: Early Release of
Estimates From the National Health
Interview Survey, January–June 2012
NHIS Early Release, December 2012

FastStats: STATISTICS BY TOPIC

FastStats provides quick access to statistics on topics of public health importance, including: diseases and conditions, injuries, life stages and populations, and health care and insurance.

[SURVEYS AND DATA
COLLECTION SYSTEMS](#)

QuickStat of the WEEK



Little change occurred from 1995 to 2006–2010 in the percentage of women aged 15–44 years currently using contraception who were using female or male sterilization or the pill as their most effective method. A decrease occurred in the percentage of women relying on condoms, and increases occurred in the percentages of women using other hormonal methods and the IUD. The pill (28%) and female sterilization (27%) remained the most common contraceptive methods used.

[VIEW FULL ARTICLE ▶](#)