

**NCHS Update:  
National Committee on Vital and  
Health Statistics**

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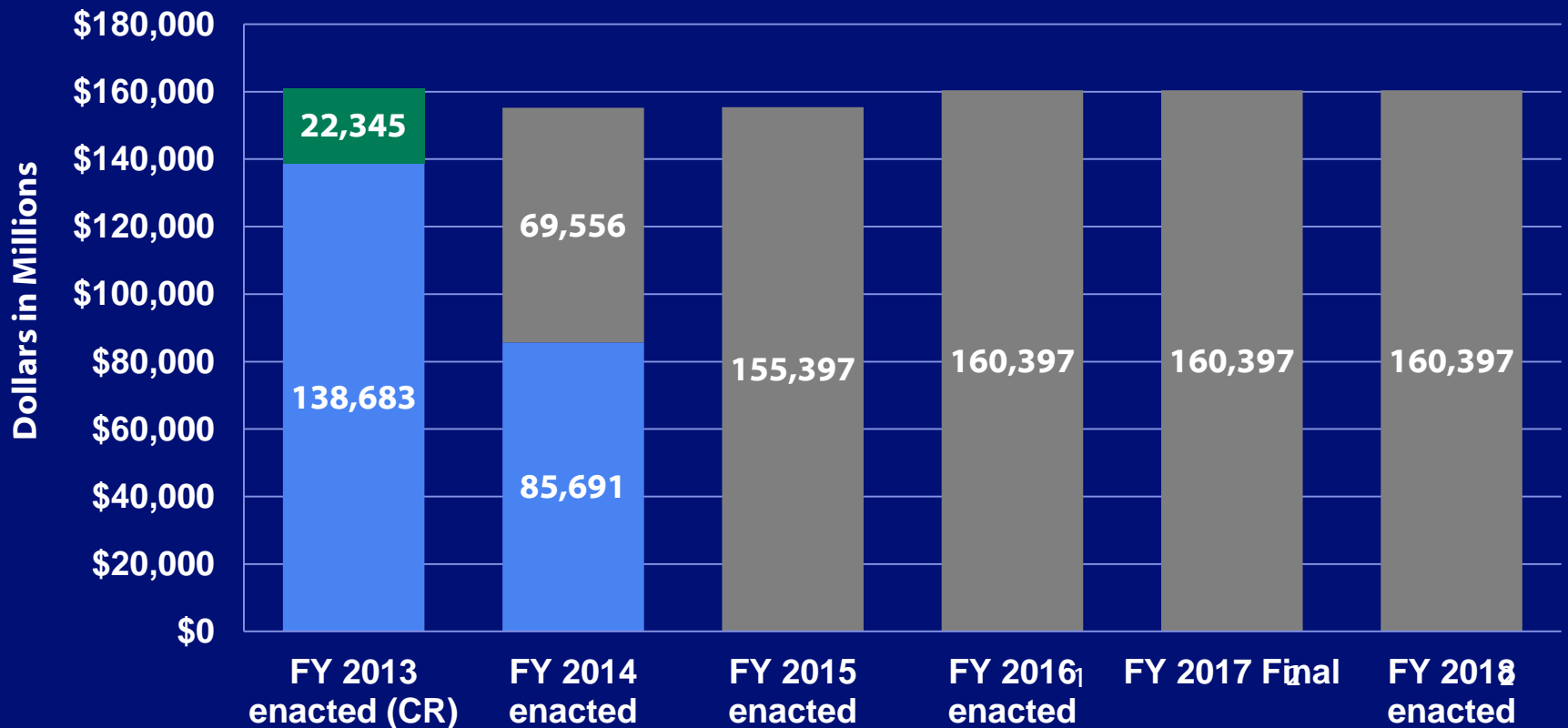
**May 16, 2018**

# ADMINISTRATIVE AND BUDGET UPDATES



# NCHS Budget History

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



<sup>1</sup>Includes \$15,397M in Budget Authority for administrative and business services through the CDC Working Capital Fund.

<sup>2</sup>Includes funding for services through the CDC Working Capital Fund.

## **FY 2018 Budget**

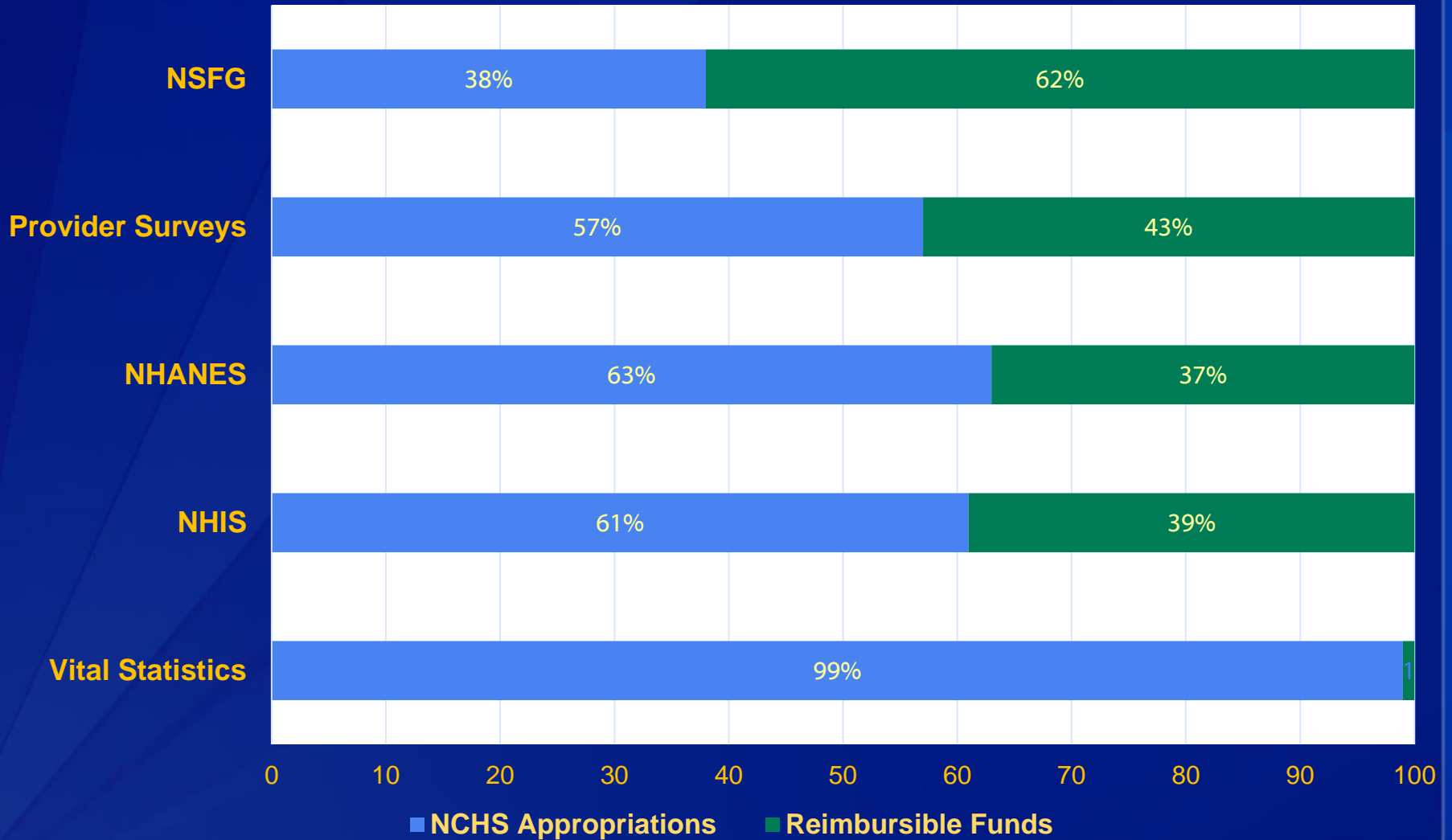
- **Enacted 160,397,000 for Health Statistics**
  - Includes funds for administrative and business services as part of the CDC Working Capital Fund (about \$17 million)
- **NCHS FY18 Budget in CDC and HHS**
  - 2.2% of CDC FY18 program enacted (\$7.3 billion)
  - 0.2% of HHS FY18 discretionary (\$69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

# 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

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

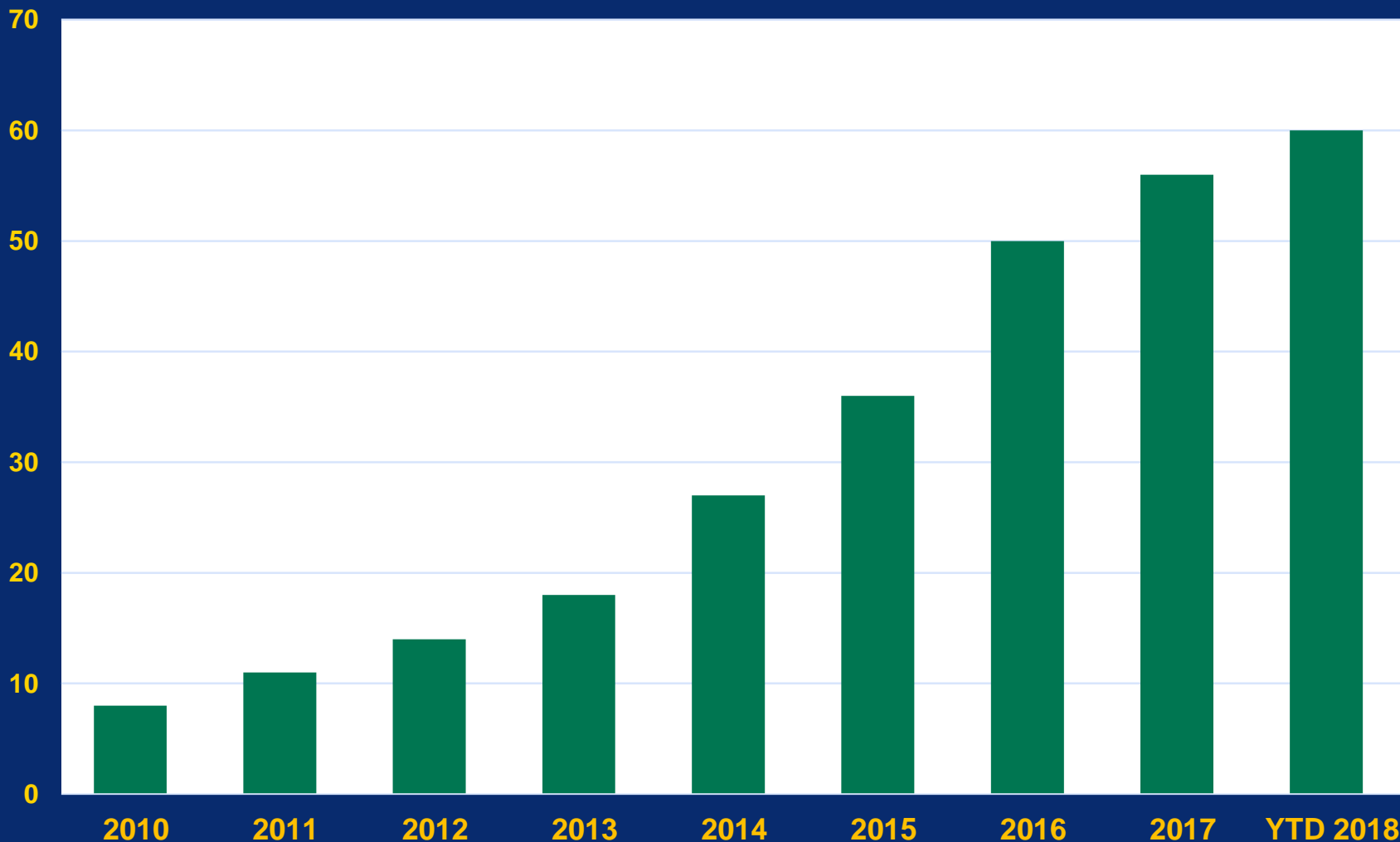
# Percentage of NCHS Data Collections Funded by Reimbursible Dollars in FY2017



# PROGRAM UPDATES



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

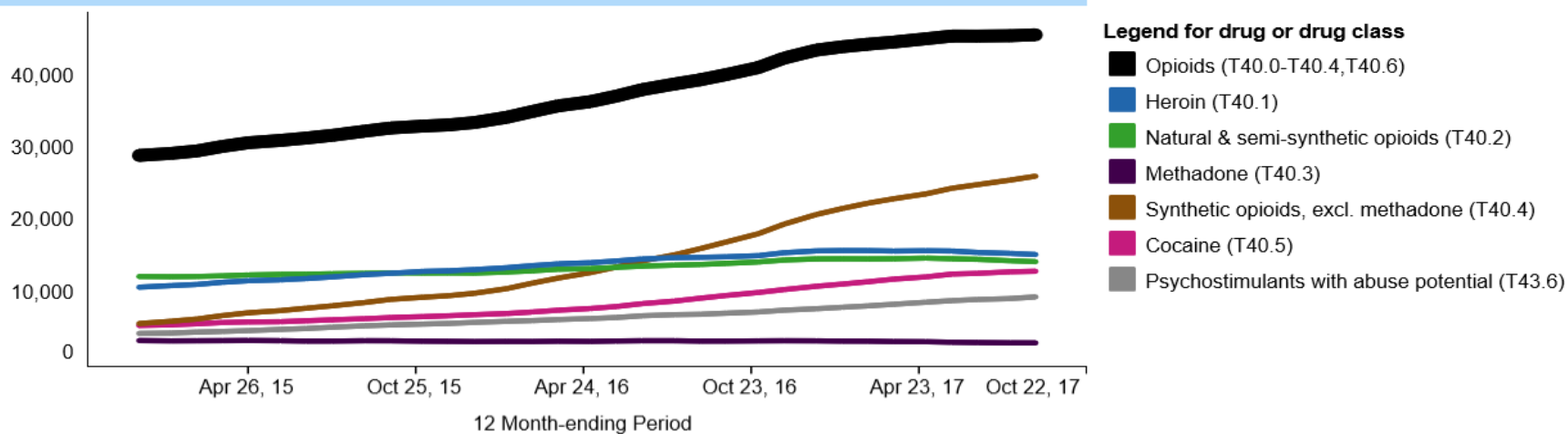




# Timeliness & Relevance: Provisional Drug Overdose Death Counts

Based on data available for analysis on: April 3, 2018

**Figure 2. 12 Month-ending Provisional Counts of Drug Overdose Deaths by Drug or Drug Class: United States**



**Table 2. 12 Month-ending Provisional Counts of Drug Overdose Deaths, by Drug or Drug Class and Selected Jurisdictions**

Jurisdiction	Month and Year	Percent with Drugs Specified	Opioids (T40.0-T40.4, T40.6)	Heroin (T40.1)	Natural & semi-synthetic opioids (T40.2)	Methadone (T40.3)	Synthetic opioids, excl. methadone (T40.4)	Cocaine (T40.5)	Psychostim. with abuse potential (T43.6)
United States	September 2016	85.0	39,437	14,912	13,926	3,339	16,111	9,265	7,047
	September 2017	86.7	45,657	15,301	14,309	3,092	26,127	12,995	9,450
Connecticut	September 2016	99.7	832	456	192	65	443	223	25

# Dissemination: NCHS Publications

## ■ TOTAL Publications: 110 (APR 2017 – APR 2018)

- Reports: 68
- Public Use Files: 11
- Web Tables: 11
- Data Visualizations: 20

- Drug Overdose Deaths, Quarterly & Monthly: 13

## ■ High Priority Publications:

- Health Insurance: 20
- Cholesterol/obesity: 4
- Mortality: 10

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 Emily P. Zammittt, M.P.H., Robin A. Cohen, Ph.D., and Michael E. Martiner, 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.

#### 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

#### Introduction

exchanges, and enrollment in high-deductible 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 estimates that are available from the NHIS website at: <https://www.cdc.gov/nchs/nhis.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 Early Release Program Products* at the end of this report.

#### 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 exchanges.
- 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 months of 2017.

**Figure 1. Percentage of adults aged 18–64 who were uninsured or had private or public coverage at the time of interview: United States, 1997–June 2017**

Year	Private (%)	Uninsured (%)	Public (%)
1997	~75	~20	~5
2017 (Jan-Jun)	69.6	12.5	19.2

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 1997–2017, Family Core component.

Page | 3 U.S. Department of Health and Human Services • Centers for Disease Control and Prevention • National Center for Health Statistics • Released 11/2017

## **Dissemination: Improved Access to Restricted Data**

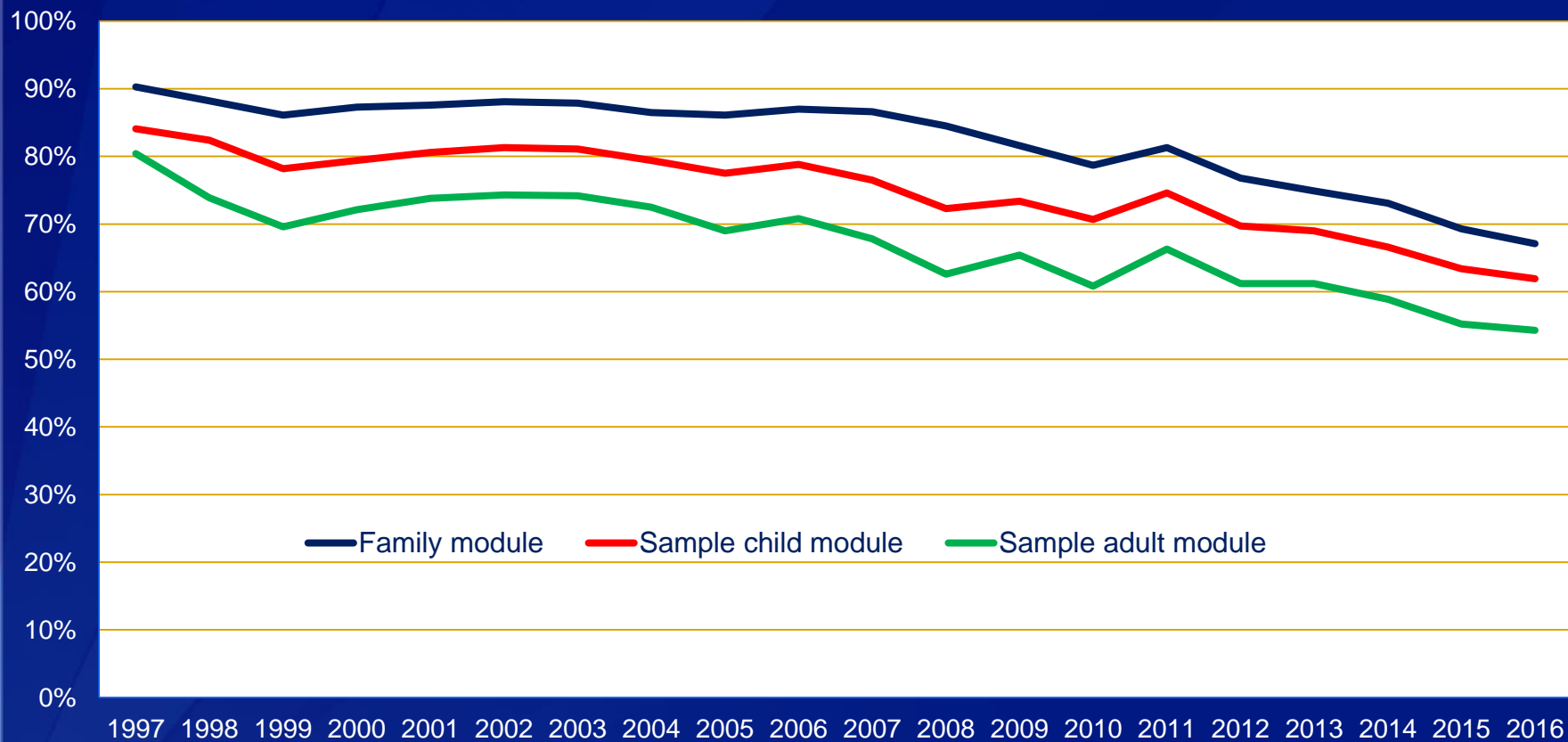
- 2015: Interagency Council on Statistical Policy approval of Census Research Data Centers (RDCs) becoming Federal Statistical RDCs (FSRDCs)
- Currently 29 open FSRDC locations – more to come
- 2018 Executive Committee established for governance
- Agency-specific processes for proposals and disclosure
- Additional agencies expected to participate

# CHALLENGES

# Survey Response Rates

- Declines in survey response rates are occurring across all Agencies as well as in the private sector
- Ongoing analysis of non-response and potential bias
- Exploring alternatives to improve participation
- NCHS participating in a response rate workgroup organized by the Federal Committee on Statistical Methodology under the auspices of OMB

# Final Response Rates: NHIS, 1997-2016



## NHANES Response Rates

NHANES Cycle	Screened	Eligible	Interviewed		Examined	
			n	%	n	%
11-12	≥ 98%	13,431	9,756	72.6%	9,338	69.5%
13-14	≥ 98%	14,332	10,175	71.0%	9,813	68.5%

# NHANES Staffing

Doing the same work with fewer staff/contractors

NHANES Cycle	Highest total number of on-site DHANES staff, trainees, and contractors
2011-12	82
2013-14	80
2015-16	75
2017-18	65



# What's New

- NHIS re-design: split sample in 4<sup>th</sup> quarter of 2018, full implementation to begin January 2019
- NHANES Jan 2018 notice solicits comments on production of sex-specific body mass index (BMI) on growth charts for extremely high values of BMI
- NHANES RFI published to obtain innovative ideas on sample design and data collection processes
- Methodological reports and Analytic Guidelines

**Questions?**

**Thank you**

