

NCHS Update

Board of Scientific Counselors

September 2004



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

SAFER • HEALTHIER • PEOPLE™



-- Update --

- CDC

- Futures Initiative

- Reorganization

- Goals

- NCHS

- Programs and Activities

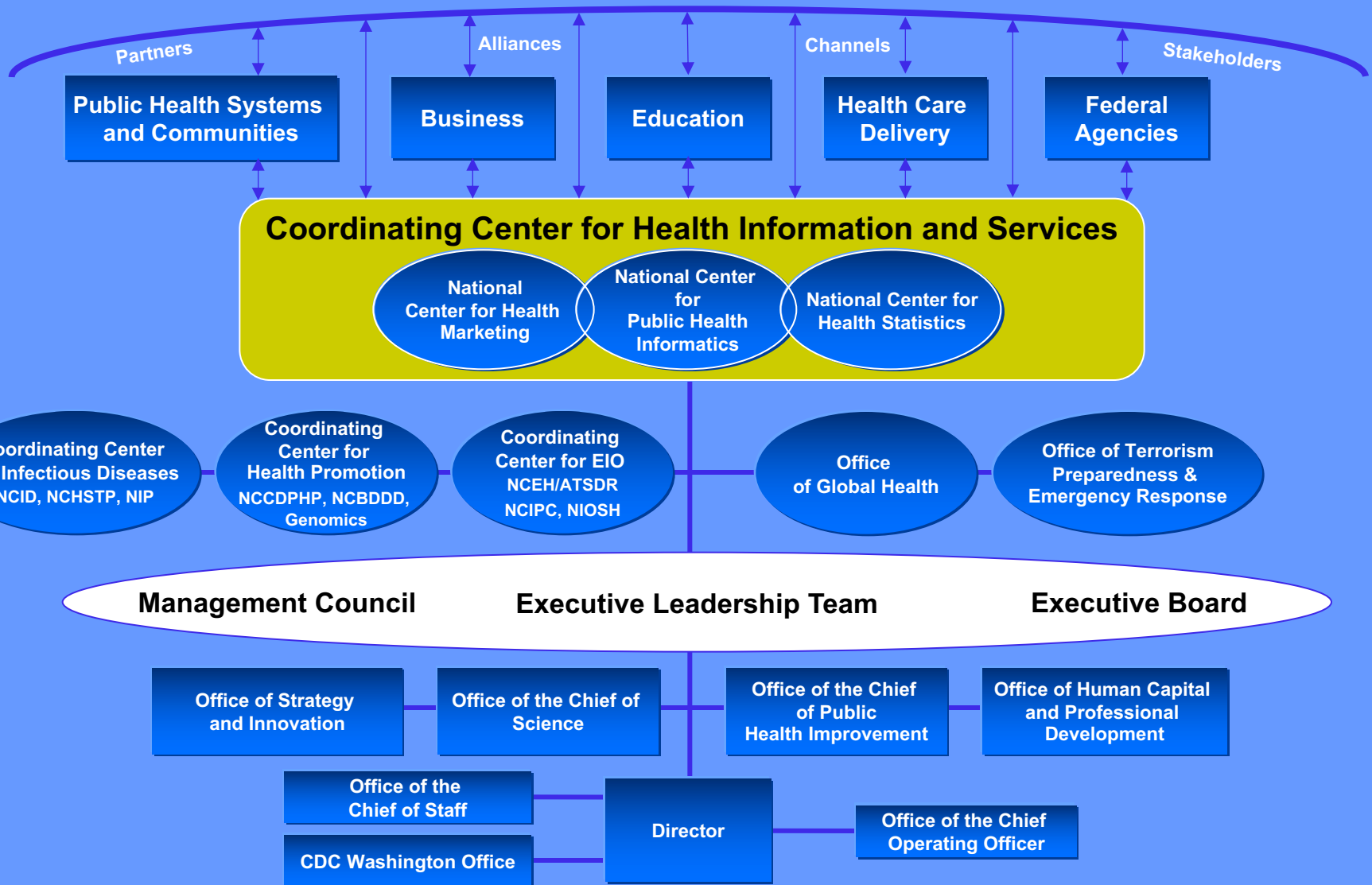
- Major Data Releases

Futures initiative

New Organization for CDC

Customers

People whose health we can improve



Coordinating Center for Health Information and Services

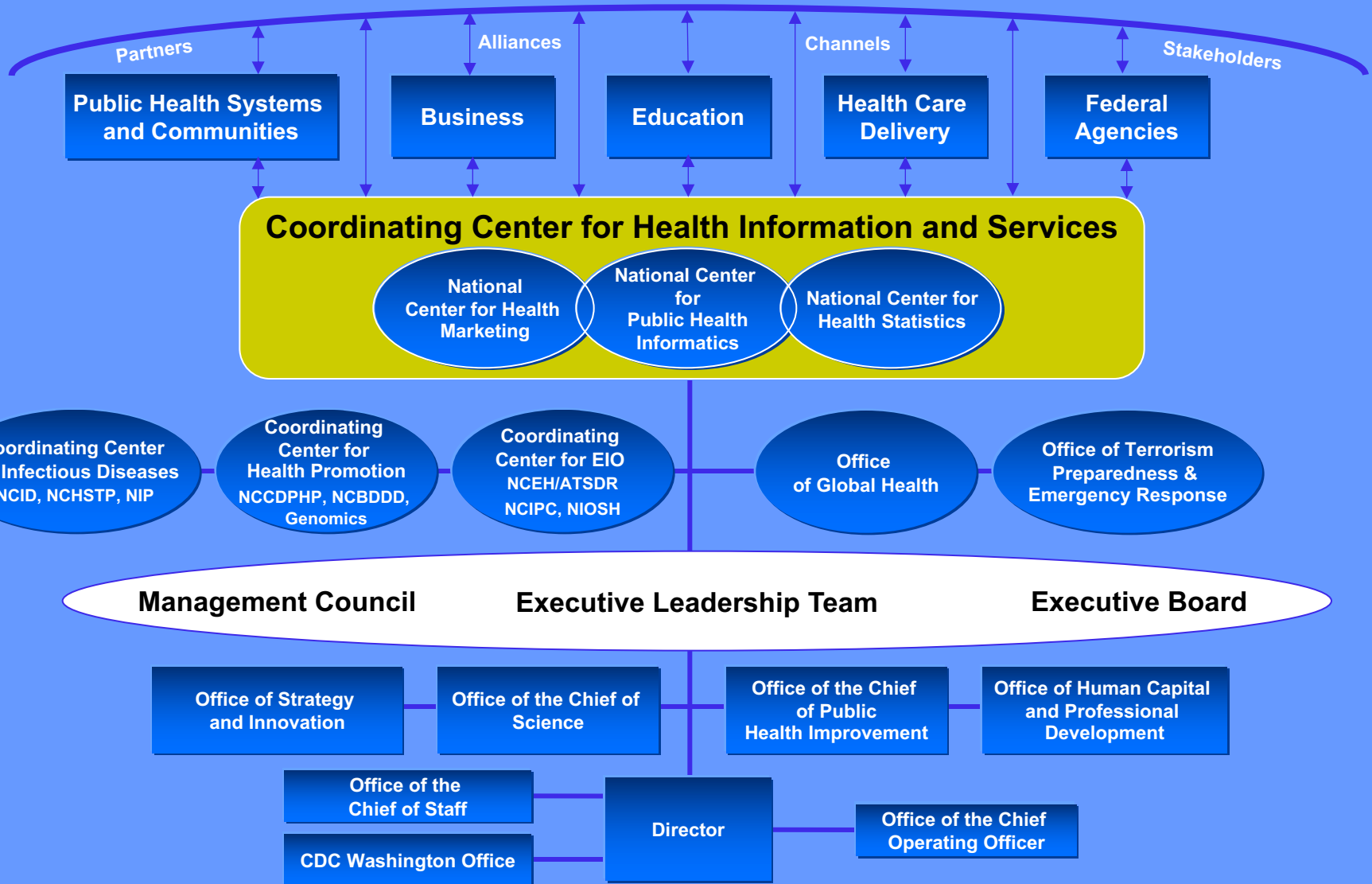
**National
Center for Health
Marketing**

**National Center
for
Public Health
Informatics**

**National Center for
Health Statistics**

Customers

People whose health we can improve



Key Points in the CDC Reorganization

- **Creation of 4 Coordinating Centers**
- **Reduction in reports to Director, CDC**
- **Creation of Executive Board**
- **Focus on Sectors:**
 - **Business, Public Health, Health Care, Federal Agencies , Education**

Reorganization, con't

- **Creation of two new Centers**
 - **Marketing, Informatics**
 - **Included in CoCHIS with NCHS**
 - **CoCHIS = Coordinating Center for Health Information and Service**
- **Many business changes:**
 - **Consolidation/moving administrative management into Coordinating Centers**
 - **Center management focuses on science**

Coordinating Center for Health Information and Service Key Staff

- **James Marks, Director**
- **Elizabeth Majestic, Deputy Director**
 - **National Center for Health Informatics**
 - **John Loonsk, Director**
 - **National Center for Health Marketing**
 - **Jim Marks, Director**
 - **National Center for Health Statistics**

Reorganization, con't

- **New key management strategy**
 - **Focus on goals**
 - **Goals defined by 5 life stages + preparedness**
 - **Infants, Children, Teens, Adults, Seniors**
- **Resources will be allocated according to goals, mindful of CDC's broad public health responsibilities**

Reorganization, con't

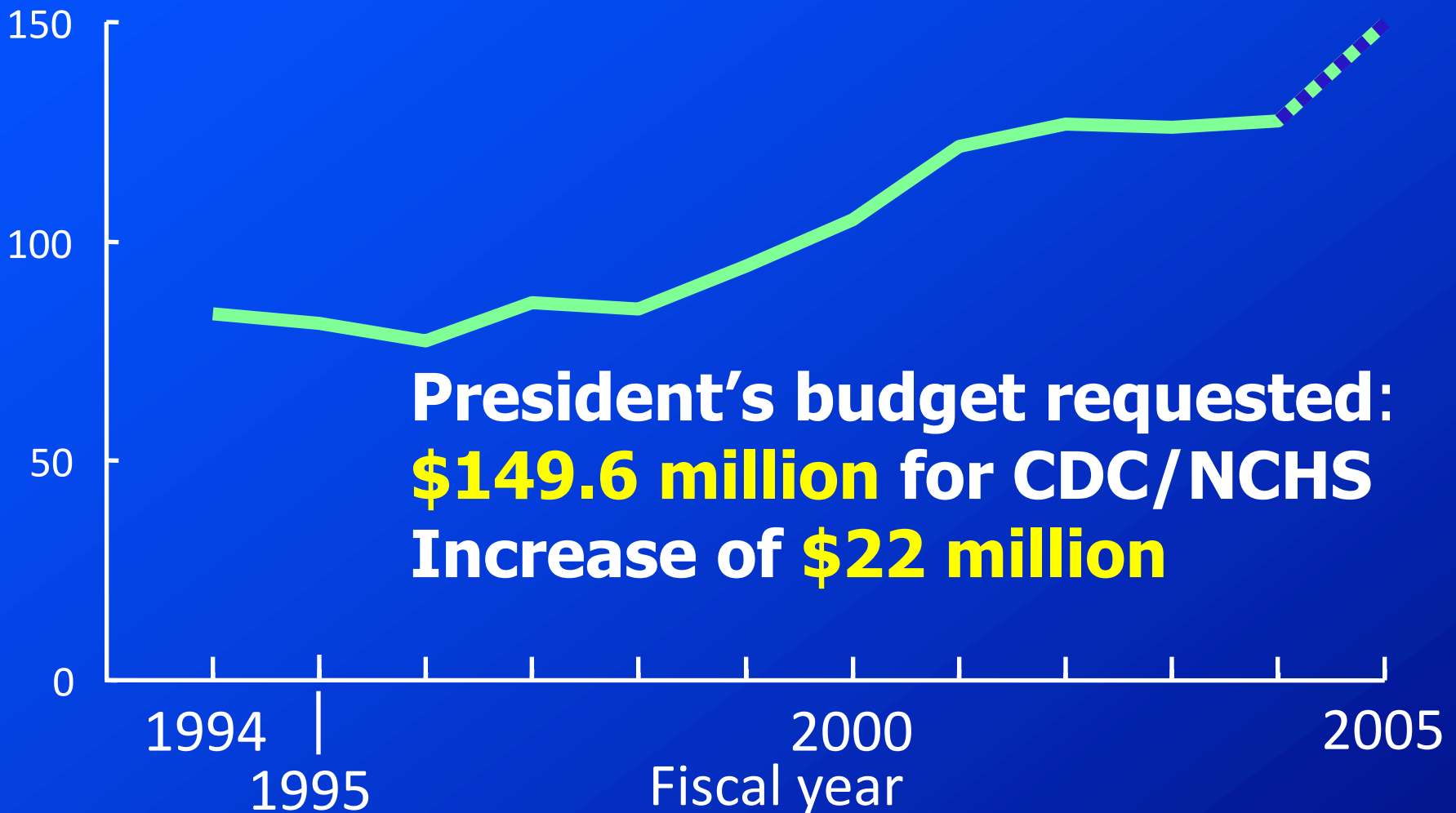
- **NCHS has key role in monitoring progress toward CDC goals**
- **NCHS maintains its broad national mandate as a Federal Statistical Agency**

New Appointment

- **Jane Sisk, Ph.D.**
 - **Director, Division of Health Care Statistics**

National Center for Health Statistics Funding by Fiscal Year

Appropriations (\$ millions)



Impact of the President's Budget

- **Prevent further erosion of NCHS statistical capacity**
- **Allow NCHS to position its data systems to meet new challenges**

Program Updates

- **Programs and Activities**
 - **National Nursing Home Survey**
 - **2001-2002 NHANES data now available**
 - **Injury Severity Meeting**
- **Major Data Releases**
 - **Joint US/Canada Health Survey**
 - **Complementary and Alternative Medicine Supplement**
 - **Women's Health Chartbook**
 - **2002 NAMCS**



Statistics
Canada

Statistique
Canada



Catalogue no. 82M0022XIE

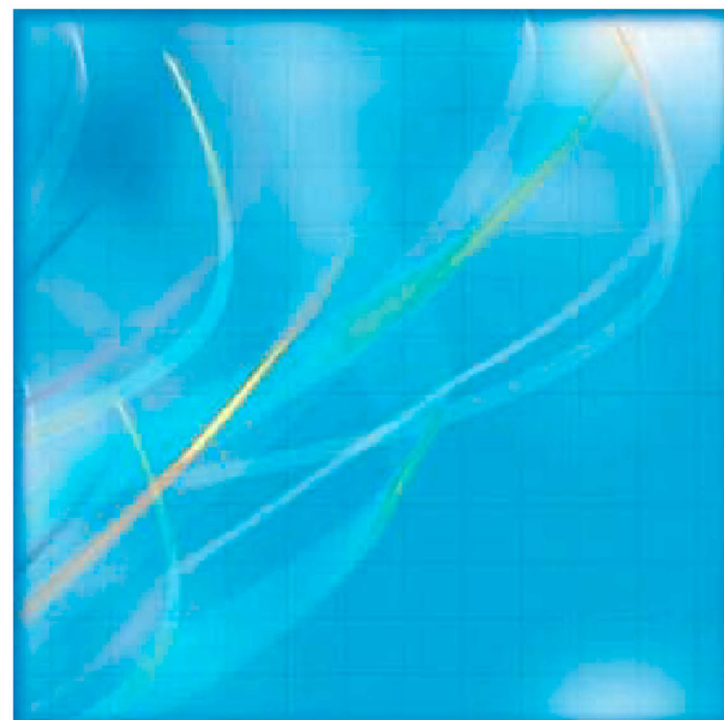
Joint Canada/United States Survey of Health, 2002-03

by:

Claudia Sanmartin and Edward Ng
Health Analysis and Measurement Group
Statistics Canada

and

Debra Blackwell, Jane Gentleman, Michael
Martinez and Catherine Simile
National Center for Health Statistics
Centers for Disease Control and Prevention
United States



No winner in health showdown

Survey finds care is similar in Canada and the U.S., although Americans pay more and the insured and uninsured are polarized

BY ANDRÉ PICARD
PUBLIC HEALTH REPORTER

Americans are more enthusiastic about their free-market health-care system than Canadians are about their publicly funded medicare system, but Canadians' care needs are actually better met than those of their U.S. counterparts. This according to the first-ever, head-to-head comparison of the philosophically disparate approaches to delivery.

The new health survey, conducted jointly by Statistics Canada and the U.S. National Center for Health Statistics, also revealed that the overall health status of citizens in the two countries is essentially the same but the disparities between the rich and poor are markedly more pronounced in the U.S.

Survey comparing Canadian and U.S. health systems

In a study conducted jointly by Statistics Canada and the U.S. National Center for Health Statistics in 2002-2003, 3,505 Canadians and 5,183 Americans over the age of 18 were interviewed about the health services they receive. Below are selected results.

Poor health

Percentage of those who rated their general health as fair/poor:

Age 18-44

■ 6.0%

■ 8.5%

Age 45-64

■ 12.9%

■ 17.2%

Age 65 and up

■ 27.3%

■ 28.9%

Income v. health

Fair/poor general health by household income quintile:

First quintile (poorest)

■ 23.3%

■ 31%

Fifth (richest)

■ 4.4%

■ 7.0%

Health-care services

Quality of any health-care services received:

Excellent

■ 38.8%

Mammograms

Mammogram screenings for women aged 50-69 (recommended every one to two years):

Less than one year ago

■ 48.1%

■ 64.4%

One to two years ago

■ 25.5%

■ 17.2%

Two or more years ago

■ 11.9%

■ 10.0%

Never

■ 10.2%

■ 8.4%

Weight and wages

Obesity by household income quintile:

First quintile (poorest)

■ 17.6%

■ 27.3%

Second

■ 16.6%

■ 23.4%

Dentist visits

Percentage of those who haven't seen a dentist in five or more years:

Those uninsured

■ 16.7%

■ 13.7%

Everyone

■ 11.5%

■ 9.3%

Prescription drugs

Prescription medication use in the past month by gender and age group:

Males, age 45-64

■ 55.0%

■ 63.0%

Females, age 45-64

■ 66.4%

■ 73.6%

Both sexes, all ages

■ 55.5%

■ 57.6%

Smoking

Current daily smokers by age group:

Alternative Remedies Gaining Popularity

Majority in U.S. Try Some Form, Survey Finds

By ROB STEIN
Washington Post Staff Writer

A majority of Americans now trying to cure their illness with prayer or unconventional remedies, including herbal tonics, acupuncture, massage and yoga, researchers reported yesterday.

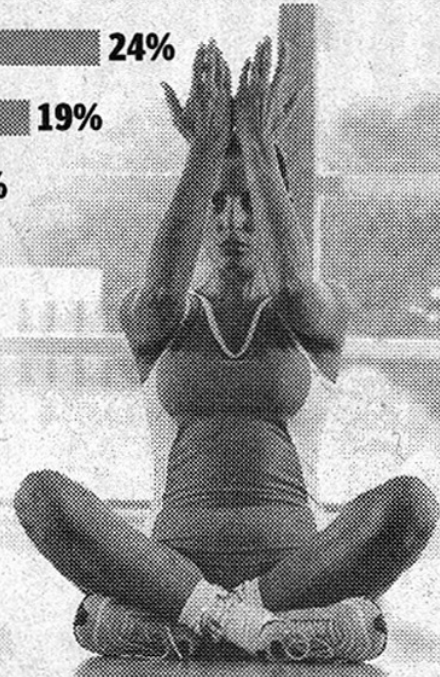
A new government survey of more than 31,000 U.S. adults nationwide, the most comprehensive of the use of

Most Combine Conventional, Alternative Remedies

Top Alternative Therapies

The 10 most-used forms of complementary or alternative medicine, as determined by the Centers for Disease Control and Prevention.

Percentage of adults 18 and older using particular therapy in the past 12 months, 2002



Women's Health and Mortality Chartbook



Healthy Women:
State Trends in
Health and Mortality

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office on Women's Health

Centers for Disease Control and Prevention, National Center for Health Statistics





Working to Improve
Health Care
Coverage and Quality



BROWSE BY TOPIC

HEALTH CARE
COVERAGE & ACCESS

- Insurance/Uninsured
- Medicare
- Health Care in NYC
- State Programs/Policies

HEALTH CARE QUALITY

- Quality Improvement
- Underserved/Minorities
- Care of the Elderly
- Child Health/Development

INTERNATIONAL HEALTH
POLICY & PRACTICE

- Comparing Countries
- Issues by Country

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August 30, 2004

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IN THIS ISSUE

Study Notes "Critical Role" Played by Primary Care Docs

AUGUST 27, 2004—Highlighting the "critical role" played by primary care in the nation's medical system, a study released yesterday by the Centers for Disease Control and Prevention found that six of every 10 visits to the doctor in 2002 were made to primary care physicians—general practitioners, family physicians, internists, pediatricians, obstetricians, and gynecologists. Twenty percent were to surgical specialists and 17 percent were to non-surgical specialists, such as allergists and dermatologists.

Practicing in a less glamorous, lower paid branch of medicine, primary care physicians provide what many analysts say is too often missing in U.S. medical care—preventive treatment, counseling to spur healthier habits and behaviors, and coordination of care. Although specialists can and do provide preventive and other types of preventive care, nine out of 10 preventive care visits are to primary care physicians, the study says. In one of its more startling, if barely believable findings, the study reported that about one-fifth of primary care physicians made one or more home visits during a typical week of practice. During a typical week, that one-fifth averaged about 12 home visits.

Two-thirds of the visits to a primary care physician resulted in the patient getting a prescription. The products prescribed most often were arthritis drugs, anti-depressants, and anti-histamines. Prescriptions for anti-depressants rose 48 percent between 1995 and 2002, and a whopping 124 percent in the case of children. As is the case elsewhere in health care, information technology penetrated only so far in primary care. "In 2002, about 75 percent of physicians used electronic billing records, but only about 17 percent have electronic medical records," CDC said.

Hypertension, the common cold, sore throats, diabetes, and arthritis and joint disorders were the most frequent diagnoses made by primary care doctors. A separate study released earlier this week in the medical journal *Hypertension* found that nearly one-third of adult Americans have hypertension, up from about one in four a decade ago. AP reported, "It's not surprising because we've seen that Americans are getting fatter, and we know that blood

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RELATED PUBLICATIONS

[Creating Consensus on Coverage Choices](#), Karen Davis and Cathy Schoen, April 2003.

[Dirigo Health Reform Act: Addressing Health Care Costs, Quality, and Access in Maine](#), J. Rosenthal and Cynthia Pernice, June 2004.

[Achieving a New Standard in Primary Care for Low-Income Populations: Case Studies of Redesign and Change Through a Learning Collaborative](#), Pamela Gordon and Matthew Chin, August 2004.

Upcoming – this Fall

- **NSFG reports on contraception and teen sexual activity – first release of 2002 data**
- **2003 preliminary birth report and data on births to young teenagers**
- **Trends in average height and weight from NHANES**
- **Older Americans, 2004**
- **Trends in hospitalization for injuries**

Health, United States, 2004

With Chartbook on Trends in the Health of Americans



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Followup from April BSC Meeting

- **NCHS at International Health Economics Association**
- **September meeting:**
 - **CDC Reorganization**
 - **Developing a BSC Program**
 - **Key issues**
 - **Program reviews**
 - **Working Group structure**

