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**HEALTH STATISTICS**

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**AUTHORIZING LEGISLATION**

PHSA §§ 301, 304, 306, 307, 308; 1 percent Evaluation: PHSA § 241 (non-add), (Superceded in the FY 2002 Labor HHS Appropriations Act – Section 206).

Health Statistics (Dollars in Thousands)	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006
<b>PHS Evaluation Transfers</b>	\$109,021	\$109,021	\$109,021	\$0

**STATEMENT OF THE BUDGET**

The FY 2007 President's Budget reflects total funding of \$109,021,000 for Health Statistics, maintained at the FY 2006 Enacted level.

**PROGRAM DESCRIPTION**

CDC conducts a variety of programs designed to obtain and use health statistics to support decision making and research on health. CDC's Health Statistics highlighted performance goal is to monitor the nation's health through high-quality data systems.

CDC's health statistics activities provide critical data that represent the society's health in various areas. Statistics inform the public about current public health challenges and provide a foundation for understanding existing health problems. Health statistics are used to recognize emerging trends (e.g. obesity), to create a basis for comparisons between population groups or geographic areas, to identify health disparities and target action, and to understand how trends in health change and develop over time.

Health statistics guide national policy and support public programs and goals. Current health information is needed in all sectors of society as a prerequisite for linking risk behavior to health outcomes, targeting health messages, and planning and evaluating programs that can lead to improvements in health and quality of life.

Statistics make government accountable. Health statistics are used to monitor our effectiveness in addressing public health concerns. These data are used to formulate strategic plans, monitor performance and monitor progress on national goals.

CDC's health statistics surveys serve the needs of a broad range of programs, researchers, and policy makers in CDC, HHS, and across the health community. They are based on sound statistical methods and are conducted in an open, independent, and objective manner. Maintaining and building on HHS' existing data systems are important from a management standpoint, as these systems are more efficient than launching multiple independent systems to meet individual agency information needs.

Investments in CDC health statistics systems are critical to advancing our ability to measure health and guide health improvement. In a period of rapid change in health and welfare policy, medical practice, and biomedical knowledge, it is important to make the investments necessary to monitor trends so that we can assess the impact of these changes and guide future policy.

**PERFORMANCE ANALYSIS**

To reflect the public health impact achieved by the Health Statistics activity, the following performance measure has been selected as a highlight of the program's performance plan:

Performance Goal	Results	Context
1. Monitor the nation's health through high-quality data systems.	CDC conducts ongoing surveys to monitor the nation's health, works to increase participation rates to produce meaningful data, and collaborates with partners improve timeliness and quality of data.	Major health surveys include the National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), the National Health Care Survey (NHCS), and the National Vital Statistics System (NVSS).

Current Activities

**NHANES:**

- Collect information annually on health status obtained through personal interviews with standardized physical and dental examinations, diagnostic procedures, and lab tests.
- Maintain continuous field operations on a nationally representative sample of 5,000 individuals at 15 U.S. sites.
- Address priority population groups and issues through efforts to over sample African-Americans, Mexican-Americans, adolescents, persons over 60 years of age, pregnant women, and low-income whites.
- Collaborate with other federal agencies to address specific research and program-driven needs on areas such as oral health, body composition, food activity, lower extremity disease, mental health, vision, diabetes, diet, and nutrition, and balance these program-specific needs with broad health topics of continuing importance.
- Serve as the data collection mechanism to monitor diet and nutritional status of Americans by providing information needed for food policy and dietary guidelines.

**NVSS:**

- Release data findings on a regular basis addressing topics such as cholesterol, growth charts for pediatricians, osteoporosis, environmental smoke, obesity, changes in food/diet, and immunizations.
- Provide the nation's official vital statistics data based on the collection and registration of birth and death events at the state and local level.
- Work with federal and state partners on development of minimum standards for the issuance of birth certificates in compliance with the Intelligence Reform and Terrorism Act, Section 7211.
- Work with states on the implementation of a Web-based system for collection of statistics including implementation of content revisions of the U.S. Standard Certificates of Live Birth, Death and Fetal Death.
- Assist states in the development of systems specifications for their new registration systems based on the use case models developed by Social Security Administration (SSA), the National Association for Public Health Statistics and Information Systems (NAPHSIS), and CDC.
- Provide data to monitor key national indicators, including reductions in teen pregnancies, low birth weight and preterm birth, and maternal risk factors including smoking during pregnancy, hypertension, and anemia.
- Provide state-level data used for the welfare reform performance objective of reducing out-of-wedlock births.

**NHIS:**

- Provide information annually on the health status of the U.S. civilian non-institutionalized population through confidential interviews conducted in households.
- Publish data on a quarterly basis on lack of health insurance coverage to reflect different policy-relevant perspectives on persons with access to care. The data provide three fundamental measures of health insurance coverage at the time of interview: 1) persons who currently lack coverage; 2) the estimate of persons who were uninsured at any time in the past year; and 3) the measure of lack of coverage for more than one year. These measures are released six months after collection.
- Collect and publish data on a quarterly basis on health status and disability, access to care, use of health services, immunizations, health behaviors, ability to perform daily activities, and child mental health.
- Design and implement a new sample for the NHIS to ensure it accurately reflects the shifting U.S. population demographics identified in the decennial census and refocus surveys on population groups that are growing.

**NHCS:**

- Provide a picture of how hospitals, emergency and outpatient departments, ambulatory surgery centers, nursing homes, hospices, and office-based physicians deliver health care.
- Prepare data for analysis after CDC redesigned and conducted the 2004 National Nursing Home Survey (NNHS). This survey includes an increased sample size, expanded clinical content, new information on staffing and turnover, data on facility policies and practices, and the use of computer-assisted personal interviewing. The NNHS includes the first-ever nationwide survey of nursing assistants.
- Increase the utility of the National Ambulatory Care Medical Care Survey and the National Hospital Ambulatory Medical Care Survey by increasing the number of participating providers. In addition, the "Bioterrorism and Mass Casualty Preparedness Supplement," was added to these surveys in 2003 and 2004 to describe key characteristics of emergency preparedness plans in hospitals and physicians' offices.
- Implement new methods and technology to better reflect the changing distribution of the population and changes in the mix and range of health care providers to take advantage of existing record systems, particularly electronic systems, to incorporate a wider range of data items such as prescription drugs and clinical quality measures.
- Conduct the National Survey of Ambulatory Surgery (the survey has not been conducted since 1996) that will complement the National Hospital Discharge Survey which focuses on inpatient care. The survey will allow CDC to provide more comprehensive data on surgical procedures, many of which have moved from inpatient to outpatient settings.

Significant Accomplishments

- Released NHANES 2003-2004 data in December 2005, just over 10 months after the end of data collection, an improvement of several months over previous years.
- Data such as overweight prevalence and increased calorie consumption document the country's epidemic of overweight and obesity and are used to illustrate that the percentage of Americans at elevated risk of a variety of health problems. The data resulted in the Secretary and CDC Director bringing public attention to the obesity problem and discussing positive steps for the public to take with exercise and making better choices in the foods we eat. The data led to legislative initiatives and changes in messages and food choices from the food industry.
- Data provide answers for researchers and nutritionists, and are used as the basis for recommendations on food fortification decisions, on the recommended amount of vitamins and minerals essential for a healthy diet (i.e., iron for women of childbearing age, preschool children, and the elderly).
- Expanded exposure monitoring activities to assess the exposure of the U.S. population to 148 environmental chemicals, published in the *2005 Third National Report on Human Exposure to Environmental Chemicals*. NHANES data are used to determine reference (or normal) ranges of exposure to these chemicals and to monitor which environmental chemicals Americans are exposed to, how much of a chemical Americans are exposed to, and trends in exposure over time.

- Data from the National Survey of Family Growth showed that sexual activity declined significantly for younger teenage girls and boys between 1995 and 2002. The *Washington Post* reported that "Researchers praise the periodic survey as one of the most authoritative sources of information on adolescents, in part because it reaches teenagers in and out of school and because it measures not only attitudes but also specific behaviors."
- Data for 2003 show the teen birth rate has dropped 33 percent since 1991. Between 2002 and 2003 the teen birth rate dropped 3 percent, from 43.0 to 41.7 per 1,000 females 15-19 years of age. Tracking these vital statistics is critical to national policy on teen pregnancy prevention and initiatives to reduce out-of-wedlock births.
- Data for 2003 show life expectancy in the U.S. at birth was 77.6 years for all races, 78.0 years for whites, and 72.8 years for blacks. The infant mortality rate increased from 6.8 infant deaths per 1,000 live births in 2001 to 6.9 in 2003. A rise in neonatal infant deaths (infants less than 28 days old) prompted the overall rate to increase in 2003. These data are crucial for public health officials at the national, state and local level to monitor progress toward achieving health goals.
- Developed a consensus national documentation of best practices for how electronic birth and death certificate systems will operate in partnership with SSA and NAPHSIS. This documentation includes technical standards and specifications that will enable rapid progress in the development and implementation of software that can greatly accelerate timeliness and quality of vital statistics. Phase 1 requirements for the model vital statistics system are complete and now publicly available. The state of Georgia is in the process of developing a new electronic birth system based on these requirements, and New York City is also developing a re-engineered death registration system based on the model requirements.
- Successfully completed development and implementation of new technology for collecting and processing the NHIS, using state-of-the-art computer assisted survey interview methods and automated systems for processing data into analytic form. Data from the 2004 NHIS was made public in micro-data form on the internet five months earlier than past years. Future annual releases of the NHIS data are scheduled to be made only six months after data collection is completed.
- Collaborated with NIH and published the *Complementary and Alternative Medicine Use Among Adults*. The survey included questions on 27 types of CAM therapies commonly used in the U.S., including 10 types of provider-based therapies, and 17 other therapies that do not require a provider. Due to the success of this collaboration, the survey will be conducted again in 2007. The report showed that 36 percent of U.S. adults aged 18 years and over use some form of CAM. When prayer specifically for health reasons is included in the definition of CAM, the number of U.S. adults using some form of CAM increases to 62 percent.
- Data are used by public health officials to gain a more complete understanding of the uninsured population, those with less access to care and those less likely to be receiving preventive services, and by policy makers to show the proportion of the population that lack coverage and to understand the shifts in coverage from private to public sources (such as SCHIP and Medicaid). Data from 2004 show the percentage of uninsured persons at the time of the interview was 19.3 percent for persons aged 18-64 years and 9.4 percent for children under age 18. A total of 51.6 million persons (17.9 percent) of all ages were uninsured for at least part of the 12 months prior to the interview.
- Data are used to examine prescribing practices for medications as well as patient safety issues such as the extent to which complications, injuries or adverse effects result from medication uses. For example, during 2003, there were an estimated 1.7 million visits to emergency departments (EDs) in the U.S. for adverse effects of medications. These injuries comprised 4.2 percent of all ED visits during 2003.
- Data are used to document hospitals' readiness for treating patients from terrorism attacks and mass casualty incidents. While data from 2003 show that the vast majority of hospitals had written plans for responding to natural disasters and terrorism attacks, they reported that their drills lagged behind written response plans, formal patient transfer arrangements lagged behind cooperative planning with other hospitals, and drills that included public health departments and volunteer organizations lagged behind drills that included emergency medical services and fire departments.
- Data are used to show public health officials at the national, state, and local level that the nation's emergency departments form a major part of our nation's health care safety net and are often the provider of last resort. Data show 113.9 million visits to hospital emergency rooms in 2003, an increase of 26 percent over the 90.3 million visits made in 1993.

**RATIONALE FOR THE BUDGET**

The FY 2007 President's Budget reflects total funding of \$109,021,000 for Health Statistics, maintained at the FY 2006 Enacted level.

**OUTPUT TABLE\***

OUTPUT TABLE	FY 2005 ACTUAL	FY 2006 APPROPRIATION	FY 2007 ESTIMATE	FY 2007 +/- FY 2006 APPROPRIATION
Monitor Trends in the Nation's Health through High-quality Data Systems Addressing Issues Relevant to Policymakers				
Number of key elements of the health care system for which data are collected	3	3	3	0
Number of communities visited by mobile examination centers from the National Health and Nutrition Examination Survey	15	15	15	0
Data systems for which significant efforts will be underway for redesign, reengineering, or transformation	3	3	3	0
Number of households interviewed in the National Health Interview Survey	-40,000	-40,000	-40,000	0
Disseminate Health Data in Innovative Ways				
Improvements in data dissemination via the Internet (# new products developed for Internet per year)	1	1	1	0
Release data on high priority issues in new formats (# new reports per year)	2	2	2	0
Increase number of new users to NCHS Web site	5%	5%	5%	0

\*Any GPRA-related outputs have been removed and are further detailed in the Detail of Performance Analysis section of the Performance Budget.

**FUNCTIONAL TABLE**

Health Statistics Budget by Functional Activity (Dollars in Thousands)	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006
Field Operations	\$59,833	\$59,833	\$59,833	\$0
Statistical Program Infrastructure	\$49,188	\$49,188	\$49,188	\$0
<b>Total -</b>	<b>\$109,021</b>	<b>\$109,021</b>	<b>\$109,021</b>	<b>\$0</b>