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# National Center for Health Statistics

Programs and Activities



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

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## **National Center for Health Statistics**

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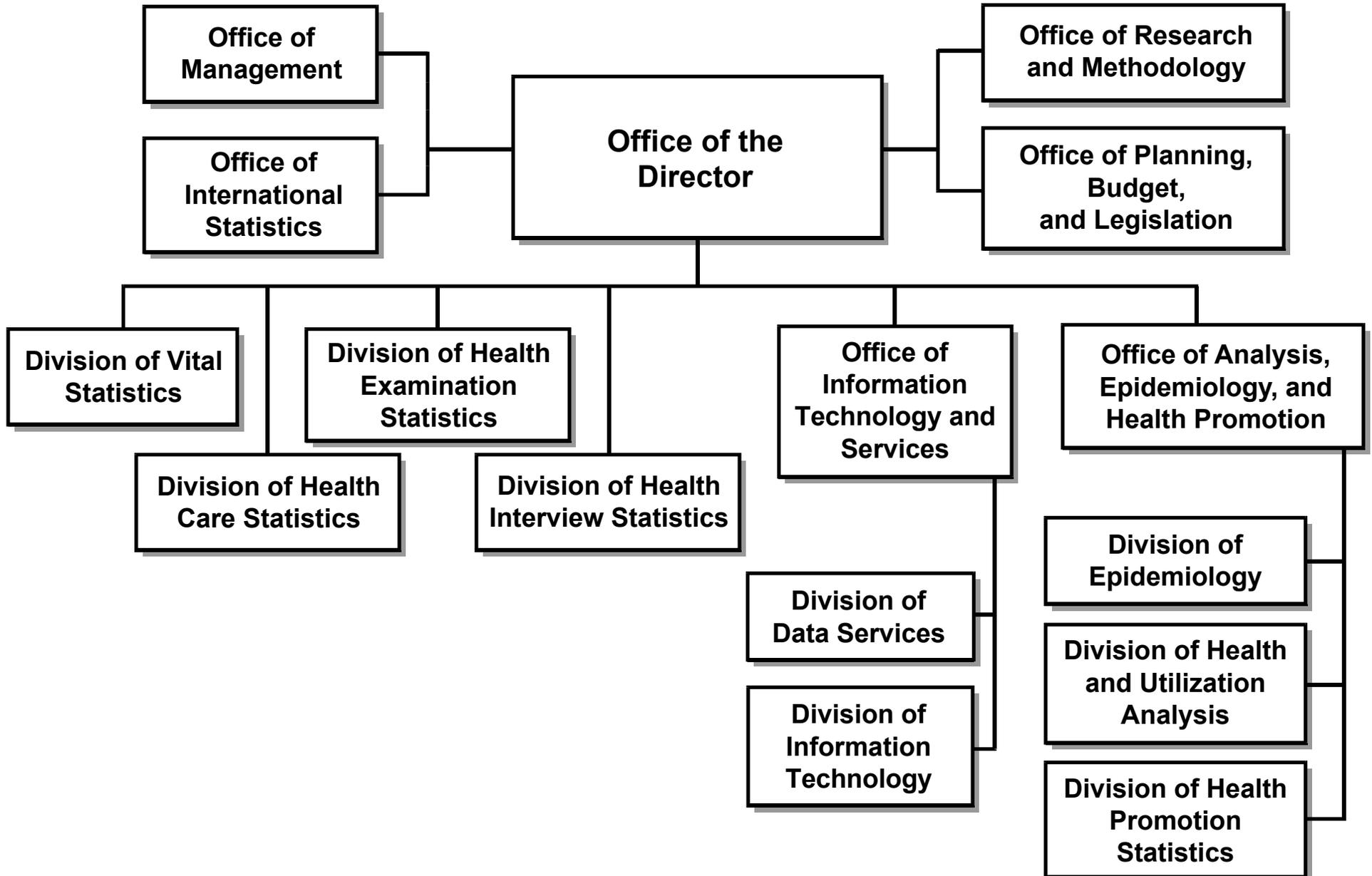
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# Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

National Center for Health Statistics (NCHS)



## National Center for Health Statistics-at-a-Glance

The National Center for Health Statistics (NCHS) is a unique public resource for health information. NCHS data provide critical information on where we stand as individuals and as a society. Statistics inform the public about current public health challenges and provide an understanding for existing problems. NCHS data are used to create a basis for comparisons between population groups or geographic areas as well as an understanding of how trends in health change and develop over time. As the Nation's principal health statistics agency, NCHS provides statistical information to guide actions and policies to improve the health of the American people.

### Mission and Program

The mission of NCHS is to monitor America's health, and our activities mirror the multifaceted aspects of health care. Information plays a critical role in public health and health policy. NCHS represents an investment in broad-based, fundamental public health and health policy statistics that meet the needs of a wide range of users. The investment has important payoffs in:

- Tracking change in health and health care, particularly as major changes are occurring in private markets and in Federal and State policy. NCHS provides mechanisms for obtaining statistics that allow for comparison across population groups, types of health care providers, and States.
- Supporting biomedical research by identifying research priorities, providing population-based data that helps place clinical studies in context, and providing the mechanisms for epidemiologic studies of risk factors and outcomes.
- Providing the basis for prevention programs by identifying health problems, targeting opportunities for interventions, and supporting program evaluations.

This type of information is important to understanding trends that allow us to anticipate better the future directions in the health care system and in health behaviors, so that we can design effective public health policy. NCHS data are also important to the public and medical community in understanding the risks and consequences of personal health choices.

### Program Accomplishments

The following recent accomplishments exemplify the need for and use of timely, high-quality data for defining public health problems, informing policy decisionmaking, and evaluating interventions:

- Updated Pediatric Growth Charts—In 2000, growth charts used to measure and track growth and development in children were updated.
- Welfare Reform and Out-of-Wedlock Birth Data—Data from the National and State vital statistics systems were used to monitor welfare reform goals, including reduction in out-of-wedlock births.
- Informed National Policy on Folic Acid Consumption—Data from NCHS showed that women of childbearing age had low levels of folate intake and folate in their blood levels. Women were encouraged in the early 1990s to increase their consumption of folic acid to prevent birth defects.
- Illuminating the Problem of Access to Health Care—Data from the National Health Interview Survey were instrumental in defining the national problem of access to care.

### Background and Legislative Authorities

In 1960 the National Office of Vital Statistics and the National Health Survey merged to form the National Center for Health Statistics. Since 1987, NCHS has been a part of the Centers for Disease Control and Prevention (CDC). Under Sections 304, 306, and 308 of the Public Health Service Act, NCHS has legislative authority for its programs. The Act authorizes data collection, analysis, and dissemination of a broad range of health and health-related areas and provides specific legislative authority to enable the Center to protect the confidentiality of information received in its surveys. In addition, the Act provides for NCHS to undertake and support research, demonstrations, and evaluations regarding survey methods and to provide technical assistance to State and local jurisdictions.

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## Surveys and Data Systems

Information plays a critical role in public health and health policy. NCHS obtains statistics through a broad-based program of ongoing and special studies, including household interview surveys, examination

surveys, surveys of health care providers, and collection of statistics on birth and death in partnership with State governments. These fundamental public health and health policy statistics meet the needs of a wide range of users. For additional information on

NCHS data systems and programs, refer to the Summary of Surveys and Data Systems in the back of this publication.

### **National Vital Statistics System**

The National Vital Statistics System is responsible for the Nation's official vital statistics. These vital statistics are provided through State-operated registration systems and are based on vital records filed in State vital statistics offices. The registration of vital events—births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy—is a State function. NCHS cooperates with the States to develop and recommend standard forms for data collection and model procedures to ensure uniform registration of the events. The Center shares the costs incurred by the States in providing vital statistics data for national use.

Detailed annual data on births, deaths (including infant deaths), and fetal deaths are available for the United States and for States, counties, and other local areas. Variables include cause of death, age, race, Hispanic origin, sex, marital status, place of birth, residence of decedent, and place of occurrence. Causes of death are classified according to the International Classification of Diseases. Beginning with data collected in 1999, NCHS classifies deaths according to the 10th Revision of the Classification System. Monthly provisional data are available for the United States and each State. For marriage and divorce, only monthly totals are available.

The National Vital Statistics System provides technical assistance to the States through handbooks, instruction manuals, software, and special training courses.

### **National Maternal and Infant Health Survey**

The objective of the survey is to collect data needed by Federal, State, and private researchers to study factors related to poor pregnancy outcomes, including low birthweight, stillbirth, infant illness, and infant death. It provides data on socioeconomic and demographic characteristics of mothers, prenatal care, pregnancy history, occupational background, health status of mother and infant, and types and sources of medical care received. Information is based on data collected from questionnaires administered to mothers, physicians, hospitals, and other medical providers associated with outcomes.

The 1988 survey expanded on information available from birth, fetal death, and infant death vital records and was the first national survey that included data on those three pregnancy outcomes simultaneously. A 1991 longitudinal followup of respondents in the National Maternal and Infant Health Survey

(NMIHS) was conducted to obtain national estimates and health status information on a nationally representative sample of 3-year-old children.

Earlier studies included National Natality Surveys in 1963, 1964–66, 1968–69, 1972, and 1980. A National Fetal Mortality Survey was conducted in 1980, and a National Infant Mortality Survey was conducted in 1964–66.

### **National Mortality Followback Survey**

Data from this survey expands information on the death certificate to help researchers identify how lifestyles affect health and the extent of the burden of illness in the last year of life. The data provide information on socioeconomic characteristics of deceased persons, use of and payment for hospitals and institutional care during the last year of life, and factors related to health status, such as smoking habits.

The survey was conducted annually from 1961 to 1968 and then in 1986 and 1993. The 1986 survey sample was approximately 1 percent of the U.S. resident deaths of persons 25 years of age and over. If death occurred in a hospital or institution, a questionnaire was also sent to the facility.

The 1993 survey is the first to collect information from medical examiners and coroners for external causes of death.

### **Linked Files of Live Birth and Infant Death Records**

The purpose of this data set is to provide information needed for detailed analyses of infant mortality trends and differentials in the United States. In the linked birth/infant death data set the death certificate is linked to the corresponding birth certificate for each infant under 1 year of age who dies in the United States. The purpose of the linkage is to use the many additional variables available from the birth certificate in infant mortality analyses. The linked birth/infant death data set is the only source of national record-based data on infant mortality by birthweight, gestational age, prenatal care utilization, cause of death, and on maternal characteristics such as age, education, marital status, and smoking and alcohol use during pregnancy, among others. Infant mortality rates for detailed race and Hispanic-origin subgroups are available from this data set, which permits use of the more accurate race and Hispanic origin data from the birth certificate. Linked file data are available for 1983–91 and annually since 1995.

### **National Death Index**

Working with State offices, NCHS established the National Death Index (NDI) as a resource to aid

epidemiologists and other health and medical investigators with their mortality ascertainment activities. The NDI is a central computerized index of death record information compiled from data files submitted by State vital statistics offices. Beginning with 1979 deaths, death records are added to the NDI file annually, approximately 10 months after the end of a particular calendar year.

The index assists investigators in determining whether persons in their studies have died and, if so, provides the names of the States in which those deaths occurred, the dates of death, and the corresponding death certificate numbers. The NDI also provides users with the option of receiving cause of death information in coded form for better NDI matches. This service, implemented in 1997, is called NDI Plus. As in the past, investigators can still decide to obtain copies of death certificates from the appropriate State offices.

The index is available to investigators solely for statistical purposes in medical and health research. It is not accessible to organizations or the general public for legal, administrative, or genealogy purposes. To use the system, investigators must first submit an NDI application to NCHS. Applicants should allow about 2 months for their applications to be reviewed and approved. Once approved for NDI file searches, users may submit records of their study subjects to NCHS on magnetic tape or diskette. Users should submit as many of the following data items as possible for each study subject: first and last name, middle initial, father's surname, social security number, date of birth, sex, race, marital status, State of last known residence, State of birth, and age at death (if known).

### **National Survey of Family Growth**

The National Survey of Family Growth (NSFG) is a multipurpose survey based on personal interviews with a national sample of women 15–44 years of age in the civilian noninstitutionalized population of the United States. Its main function is to collect data on factors affecting birth and pregnancy rates, and women's health in the United States. These factors include: sexual activity (including sexual activity among teenagers); marriage, divorce, and cohabitation; infertility, sterilization, contraceptive use (including condom use for disease prevention), and the effectiveness of contraceptives; breastfeeding, miscarriage, and stillbirth; and the use of medical services for family planning and infertility.

NSFG surveys were conducted in 1973, 1976, 1982, 1988, and 1995. A Contextual Data File was prepared for the 1995 NSFG. The file contains about 1,000 variables that describe the area (s) in which the NSFG respondent lived. The characteristics are defined at the State, County, Census Tract, and block Group levels. The most recent NSFG began in 2002 and

includes a sample of women 15–44 years of age as well as a sample of men of reproductive age. Data on males will include their sexual activity, condom use, marriage and divorce, and their role in parenting their children.

### **National Health Interview Survey**

The National Health Interview Survey (NHIS) is a multipurpose survey and is the principal source of information on the health of the civilian noninstitutionalized household population of the United States. NHIS has been conducted continuously since its beginning in 1957. NHIS relies on in-person interviews to monitor a broad range of health issues. NHIS is frequently augmented by special questionnaires on selected health topics.

In 1997, a redesigned NHIS was implemented. The redesigned questionnaire contains a Basic Module with questions that remain essentially unchanged from year to year plus other questions added as supplements each year, as needed, to provide more in-depth information and/or information on new topics. The Basic Module functions as the new Core questionnaire. The Basic Module contains three components—the Family Core, the Sample Adult Core, and the Sample Child Core. The Family Core component collects information on each family member. Data collected from the Family Core includes household composition and sociodemographic characteristics, tracking information, and basic indicators of health status and utilization of health services. From each family, one sample adult and one sample child (if children under 18 years of age are present) are randomly selected and information on each is collected with the Sample Adult and Child Core questionnaires. Data from these questionnaires are collected on health status, health care services, and behavior.

### **Targeted Population Studies**

In targeted population studies, persons or families are selected from NHIS participants, and additional health-related information is obtained by reinterviews or by obtaining information from linking NHIS data files with other health data files. This approach facilitates the collection of detailed information from the target population over time and may be used for studies requiring more detail about prevalence of selected conditions or diseases.

Targeted population studies undertaken by NCHS and collaborating agencies have included the following:

- The Longitudinal Study of Aging (LSOA)-1, based on the 1984 NHIS Supplement on Aging, and the

LSOA-2, based on the 1994 NHIS. Both surveys were conducted jointly with the National Institute on Aging.

- The Disability Followup Survey, a 1994–95 survey including adults, children, and polio survivors, conducted jointly with a number of other organizations including the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation, the Social Security Administration, the Institute for Disability and Rehabilitation Services, and the Robert Wood Johnson Foundation.

### **The National Immunization Survey**

The National Immunization Survey (NIS) is sponsored by the National Immunization Program (NIP) of CDC and conducted by NCHS. NIS is a list-assisted random-digit-dialing telephone survey that began data collection in April 1994 to monitor childhood immunization.

The target population for NIS is children between the ages of 19 and 35 months of age living in the United States at the time of the interview. Data from NIS are used to produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the Nation and for each of 78 Immunization Action Plan (IAP) areas, consisting of the 50 States, the District of Columbia, and 27 large urban areas. The official estimates of vaccination coverage rates from NIS are rates of being up-to-date with respect to the recommended numbers of doses of all recommended vaccines. These vaccines and their recommended numbers of doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTP), 4 doses; poliovirus vaccine (polio), 3 doses; measles-containing vaccine (MCV), 1 dose; *Haemophilus influenzae* type b vaccine (Hib), 3 doses; hepatitis B vaccine (Hep B), 3 doses; and varicella zoster vaccine, 1 dose.

### **State and Local Area Integrated Telephone Survey**

The State and Local Area Integrated Telephone Survey (SLAITS) offers a way of collecting important health care data at State and local levels to supplement current national data collection strategies by providing in-depth State and local area data to meet various program and policy needs in an ever-changing health care system.

SLAITS is funded through sponsorship of specific questionnaire modules. Sponsors include both Government agencies and nonprofit organizations. Just as public and private organizations collaborate in the planning and delivery of health care services, SLAITS facilitates additional collaboration leading to more complete data for informed public health policy decisions. Decisionmakers require quality health data for

program development and policymaking activities. SLAITS provides a mechanism to collect data quickly on a broad range of topics at the national, State, and local levels. Research areas may range from health insurance coverage and access to care to perceived health status and utilization of services to measures of child well being. Key features of the SLAITS mechanism include using the sampling frame from the National Immunization Survey, an ongoing telephone survey that screens nearly one million households to produce estimates of vaccination coverage levels among children 19–35 months of age; using standardized questions to produce comparative data across States and the Nation; addressing State-specific data needs with customized questions and specific domains of interest and targeting population subgroups such as persons with specific health conditions or from low-income households.

### **National Health and Nutrition Examination Survey**

Since 1960 NCHS has collected information on the health of Americans through a combination of interviews and direct physical examinations. The National Health and Nutrition Examination Survey (NHANES) is based on sophisticated laboratory and examination centers that move around the United States to obtain standardized medical information from direct physical exams, diagnostic procedures, and lab tests. In addition, NHANES is the cornerstone of the National Nutrition Monitoring and Related Research Program, providing data needed for nutrition monitoring, food fortification policy, establishing dietary guidelines, and assessing Government programs and initiatives such as the Healthy People 2000 and 2010 objectives of DHHS. The goals of NHANES are as follows: to estimate the number and percent of persons in the U.S. population and designated subgroups with selected diseases and risk factors; to monitor trends in the prevalence, awareness, treatment, and control of selected diseases; to monitor trends in risk behaviors and environmental exposures; to analyze risk factors for selected diseases; to study the relationship between diet, nutrition, and health; to explore emerging public health issues and new technologies; and to establish a national probability sample of genetic material for future genetic testing.

The NHANES program has taken a new direction. Beginning in 1999, NHANES became a continuous, annual survey that can be linked to related Federal Government surveys of the general U.S. population, specifically NHIS, and in the future, the U.S. Department of Agriculture's (USDA) Continuing Survey of

Food Intakes by Individuals (CSFII). Previously, researchers needed to use the entire 4- or 6-year sample in order to make even the broadest statistical estimates, because data were only representative of the entire population if one used the entire sample period. From now on, NHANES will collect data every year from a representative sample of the U.S. population, newborns and older persons. The new design also allows increased flexibility in survey content.

### **National Hispanic Health and Nutrition Examination Survey**

This one-time health examination survey focused on three major subgroups of the Hispanic population—Mexican Americans in the Southwest, Cubans in Miami (Dade County), Florida, and Puerto Ricans in the New York City area. This survey was conducted from 1982 to 1984 and provides health and nutrition data on a 12,000-person sample.

### **NHANES I Epidemiologic Follow-Up Study**

Using information gathered in NHANES I, conducted from 1971 through 1975, researchers are investigating the relationship between selected clinical, nutritional, and behavioral factors and subsequent morbidity, mortality, and institutionalization. The NHANES I Epidemiologic Follow-Up Study is a collaborative project involving NCHS and other organizations in CDC, the National Institute on Aging, and other components of the National Institutes of Health, and the Substance Abuse and Mental Health Administration.

The NHANES I Epidemiologic Follow-Up Study includes the 14,407 participants who were 25–74 years of age when first examined. The first wave of data collection was conducted from 1982 through 1984. It included tracing all participants and conducting face-to-face interviews with found participants or their proxies. For all participants, hospital and nursing home records of overnight stays were collected. For those who were alive, pulse rate, weight, and blood pressure were taken. For those participants who were deceased, death certificates were obtained.

Subsequent followups used similar design and data collection procedures, with the following exceptions: A 30-minute computer-assisted telephone interview was used instead of face-to-face interview; no physical measurements were taken; in 1986 the study included those who were 55–74 years of age during NHANES I and who were not known to be deceased; and in 1987 and 1992, the study was conducted on all living participants.

### **National Health Care Survey**

The National Health Care Survey (NHCS) embraces a family of health care provider surveys, obtaining

information about the facilities that supply health care, the services rendered, and the characteristics of the patients served. Each survey is based on a multi-stage sampling design that includes health care facilities or providers and patient records. Data, that are collected directly from the establishments and/or their records rather than from the patients, identify health care events—such as hospitalizations, surgeries and long-term stays—and offer the most accurate and detailed data on diagnosis and treatment, as well as on the characteristics of the institutions. These data are used by policymakers, planners, researchers, and others in the health community to monitor changes in the use of health care resources, to monitor specific diseases, and to examine the impact of new medical technologies.

### **National Hospital Discharge Survey**

The National Hospital Discharge Survey (NHDS), initiated in 1965, was one of the first facility-based surveys conducted by NCHS. Data for this national probability sample survey are obtained from about 500 hospitals and 270,000 patient records annually. Sampled hospitals include those with average length of stays for all patients of fewer than 30 days, general hospitals, and children's general hospitals. Exceptions include Federal, military, and Department of Veterans Affairs units of institutions, and hospitals with fewer than six beds for patients. Because the NHDS has been conducted annually since 1965, it provides a rich data source for monitoring national trends for inpatients over a 35-year period. Reportable items include patient demographics, medical diagnoses and procedures, expected sources of payment, length of stay, and discharge information. Some information about the characteristics of the hospitals is also available.

### **National Survey of Ambulatory Surgery**

The National Survey of Ambulatory Surgery (NSAS) was introduced in 1994 and stayed in operation through 1996. This annual survey was designed to provide national estimates about the use of hospital-based and freestanding ambulatory surgery services. About 120,000 visits from 500 facilities were sampled annually. Surgical and nonsurgical visits were sampled from hospital or freestanding center's general operating rooms, dedicated ambulatory surgery rooms, and other specialized rooms such as endoscopy units and cardiac catheterization labs. In addition to diagnosis, surgical, and diagnostic procedures information, the database includes expected source of payment, patient disposition, and patient demographic items.

### **National Ambulatory Medical Care Survey**

The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981,

again in 1985, and annually since 1989. The sample frame is made up of visits to nonfederally employed physicians who are primarily engaged in office-based patient care. Physicians specializing in radiology, pathology, and anesthesiology are excluded from the survey. For each sampled visit, data are collected on patient characteristics, physician characteristics, and visit characteristics. Items abstracted from physician visit records include patient demographics, patient's reason for visit, diagnostic and screening services, physician's diagnosis, therapeutic and preventive services—including medications, surgical procedures performed, injury-related facts, type of providers seen, expected source of payment, visit disposition, and duration. These record-based data provide national estimates on both the use and the provision of ambulatory medical care services and complement other ambulatory care patient information obtained from several different NCHS surveys.

### **National Hospital Ambulatory Medical Care Survey**

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was first fielded in 1992 and has been conducted annually since that time. It is a national survey of visits to the emergency departments and outpatient departments of about 550 noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. The data collection instrument (Patient Record form) used in the outpatient department component of NHAMCS is similar (but not identical) to that used in NAMCS. For each sampled visit, data are collected on patient characteristics, hospital characteristics, and visit characteristics. Items collected include patient demographics, patient's reason for visit, diagnostic and screening services, physician's diagnosis, therapeutic and preventive services—including medications, surgical procedures performed, injury-related facts, type of providers seen, expected source of payment, and visit disposition. For the emergency department component of NHAMCS, a different version of the Patient Record form is used. It covers the same general categories and includes many of the same items as the outpatient version, but differs in ways appropriate to the emergency department setting. For example, information is collected on the patient's mode of arrival, time interval in which the patient should be seen, and of pain presented at the time of visit.

### **National Home and Hospice Care Survey**

The National Home and Hospice Care Survey (NHHCS), a national probability sample survey of home health and hospice care agencies, was first conducted by NCHS in 1992 and repeated in 1993 and

1994. The survey was fielded again in 1996, 1998, and most recently in 2000. NHHCS was implemented as a result of changing trends in alternative sources of care for individuals and families facing long-term and end-of-life health care needs. In 2000 the sample consisted of about 1,800 home health and hospice agencies and a sample of 6 current patient records and 6 discharged patient records from those agencies. The survey includes all types of agencies that provided home health and hospice care regardless of whether they were providers of Medicare or Medicaid. Data collected depict both the characteristics of these health care providers and the people they serve. Agency and patient items include for example, type of ownership and affiliation; Medicare and Medicaid certification; patient demographics and functional status; diagnoses; services received; types of service providers; patient living arrangements and caregiver; expected sources of payment; and reason for discharge. Data are obtained through personal interviews with agency administrators and staff primarily responsible for the sampled patient's care.

### **National Nursing Home Survey**

The National Nursing Home Survey (NNHS) first conducted in 1973–74 and periodically thereafter—most recently in 1999—provides demographic and health-related information about the resident and discharged nursing home population and information about staff providing the care as well as other characteristics of those facilities. The survey sample consists of about 1,500 facilities plus a sample of 6 current residents and 6 discharges from each facility. Facility data include: size, ownership, Medicare/Medicaid certification, occupancy rate, and types of services provided. Resident information addresses four primary topic areas: demographic characteristics, health status measures, charge and payment information, and services received. This survey is currently undergoing a major redesign and will be fielded again in 2003.

### **National Health Provider Inventory**

The National Health Provider Inventory (NHPI) conducted in 1991, contains a comprehensive national listing of health care facilities, including nursing homes, home health agencies, hospices, and licensed residential care facilities. [Its predecessor was the National Master Facility Inventory (NMFI), which produced 10 inventories between 1963 and 1986.] Also, the 1991 inventory was the first to include home health and hospice care agencies and facilities. NHPI collected data from over 84,000 facilities primarily via mail questionnaires and telephone follow up, if necessary. Data in the inventory include information on the services, location, staff, and other characteristics of the facilities. In addition to providing basic national

statistics on nursing homes, residential-care facilities, home health agencies and hospices, NHPI provides a sampling frame of facilities for other health care provider surveys. At the present time, NHCS is working on developing other frames, including a frame for long-term care residential places. This major undertaking is currently in the developmental stage.

### **National Employer Health Insurance Survey**

The National Employer Health Insurance Survey (NEHIS), conducted in 1994 by NCHS, was the first federally sponsored survey designed to produce State estimates of employer-sponsored health insurance. NEHIS surveyed a probability sample of all U.S. employers in each State in the private and public sectors. Altogether, about 39,000 public and private employers and self-employed individuals were interviewed via telephone using a computer-assisted telephone interviewing (CATI) methodology. The sample

frame for private sector employers was the October 1993 Dun's Market Identifiers (DMI) file. The 1993 National Health Interview Survey (Quarters 3 and 4) was the sampling frame for self-employed individuals. The sample frame for local governments in most cases was the U.S. Bureau of the Census 1992 Census of Governments file. Federal and State Governments were included with certainty. The NEHIS sample design also included subsampling of health insurance plans in order to reduce response burden of respondents in business establishments offering employees more than five health insurance plans. The major objectives of NEHIS were to measure State and national levels of health insurance spending by employers; to provide baseline data at the State and national levels for monitoring trends in the employment-based health insurance system; and to provide data for prospective policy analysis of the effects of health care reform.

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## **Research and Methods**

NCHS maintains an active program in statistical research and methodology. The major components of that program are briefly described below.

### **Cognition and Survey Measurement**

The National Laboratory for Collaborative Research in Cognition and Survey Measurement applies cognitive methods in questionnaire design research, and was a pioneering effort when established in 1985. In collaboration with other Center programs, the Laboratory develops and tests NCHS data collection instruments. It also supports a questionnaire design research program in collaboration with university scientists by means of research contracts.

### **Statistical Methods**

Research is undertaken at the Center on analytic methods applicable to the NCHS registration systems, sample surveys, and data products. Current projects include further development of computer software for analyzing survey data; random effects models for analyzing longitudinal data; multiple imputation methodology to treat survey nonresponse; and methods for model and design-based State estimates, for statistical disclosure limitation and for data editing and imputation.

### **Statistical Technology**

The Center conducts a program of contract and intramural research on automated statistical and

graphical technology. Current applications include automated mapping, statistical computing methods, geographic information systems, statistical graphics, and statistical atlases.

### **Survey Design**

The Survey Design program involves the design and evaluation of the sample selection plans for NCHS' population-based and establishment-based surveys to improve their efficiency and analytic capability. Current research focuses on linked survey designs, statistical redesign for the National Health Interview Survey, survey cost modeling, application of missing data methodologies, designs for State telephone surveys, dual frame surveys, estimation of sampling errors for rare events, and evaluation of sampling and nonsampling errors. In addition, the Center maintains an active program in monitoring data quality.

### **Research Data Center**

NCHS has developed a Research Data Center (RDC) that allows researchers and data users direct access internal data files from its numerous surveys subject to strict guidelines to preserve data confidentiality. Such access was not previously available to the research community. The internal files contain lower levels of geography such as State, county, census tract, block-group, or blocks, depending on the survey. Researchers may use the files to merge other contex-

tual data from the Census Bureau, the Area Resource File, or other data collected or provided by the researcher to perform contextual analyses subject to preserving confidentiality. Prospective researchers must submit a research proposal that will be reviewed for risk of disclosure, consistency with the NCHS mission, availability of RDC resources, and feasibility.

### **Data Technology**

The Center is striving to incorporate new and more effective data collection, analysis, and dissemination technologies. In addition to constantly upgrading and expanding the capabilities of the Center's basic IT infrastructure, many of the Center's data collection programs have embarked upon ambitious plans to

modify or re-engineer their designs to incorporate modern technologies. These include: (1) the possible use of the Internet to enhance and expedite collection and dissemination of interview data; (2) the use of wireless technologies and personal digital assistants to collect and process quality control data; and (3) the use of a secure data network for the collection of national vital statistics data, ensuring confidentiality, reliability, and security. In many areas, the Center is promoting the development of advanced applications through the adoption and development of leading edge application development environments. All of these efforts are intended to position the Center to take the maximum advantage of the rapid pace of discovery and growth in the area of data technology.

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## **Analytic Products and Dissemination**

The true measure of NCHS' output is the use of its data for decisionmaking and research. To support these uses, NCHS makes its data available through a variety of mechanisms. These include NCHS, CDC, and DHHS publications; articles in peer-reviewed journals; and electronic data products. NCHS also provides users instantaneous access to NCHS publications and data via the Internet.

To assist data users, NCHS operates a full-service, centralized information program that provides reference, inquiry, and referral service to help users locate and use NCHS data and to identify other data sources.

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## **Electronic Products**

NCHS has an extensive program of data release through electronic media, including the World Wide Web, ASCII CD-ROMS and CD-ROMs with statistical software, CD-ROMS with text-retrieval software, and public-use data tapes.

and NCHS products. Full-text files of publications may be viewed, searched, printed, and downloaded. The Web page also features a query section where users have an opportunity to direct statistical questions to NCHS technical information specialists and to provide comments on the home page and other Center activities.

### **NCHS on the World Wide Web**

The NCHS home page provides instantaneous access to a wide range of statistical information about health status and use of health care in the United States. The NCHS Web site includes detailed information on NCHS surveys and data collections systems; links to the latest social statistics from Federal agencies; a link to FEDSTATS with over 70 contacts to other Federal statistical agencies; a Data Warehouse with detailed statistical tables and public-use data files and documentation; links to CDC's WONDER data retrieval system, Bureau of the Census' FERRET, and other data sites; and News Releases and Fact Sheets, What's New, Top 10 Links, Coming Events,

### **Electronic Data Products**

NCHS produces a variety of electronic data products that represent a full range of data collected by the Center and parallel the various data systems. Statistical CD-ROMs containing public use micro-data are available from NCHS surveys and programs. These CD-ROMs contain detailed data files; the associated documentation; and selected CD-ROMs contain the Statistical Export and Tabulation System (SETS) software to retrieve, access, and search data and documentation. Other statistical CD-ROMs are released in ASCII format. Text CD-ROMs containing NCHS publications are also available.

## Major Publications

- *Health, United States*—A comprehensive annual report on the health of the Nation; *Health, United States*, presents current and trend data on health status and determinants, utilization of health resources, health care resources, and health care expenditures.
- *Vital and Health Statistics series*—Background, methodology, and analytical studies and presentations of findings from NCHS data collection programs.
- *Advance Data From Vital and Health Statistics*—Summary reports that provide the first release of data from NCHS health and demographic surveys.
- *Vital Statistics of the United States*—Historical marriage and divorce data through 1988 and annual compilations of mortality and natality data, with extensive demographic and geographic detail through 1992. Beginning with 1997 mortality and natality data, users can access extensive demographic detailed tables through the NCHS Web site.
- *National Vital Statistics Reports*—Monthly and cumulative data on vital events, with brief analyses.

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## Collaborative Efforts

A primary mission of NCHS is to meet the health data needs of other agencies of DHHS and other data users. The Center accomplishes this through several programs that promote interaction with users and collaborators.

### Healthy People

In January 2000 DHHS launched *Healthy People 2010*, a comprehensive, nationwide health promotion and disease prevention agenda. *Healthy People 2010* contains 467 objectives that were designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. *Healthy People 2010* builds on similar initiatives pursued over the past two decades. Two overarching goals—increase quality and years of healthy life, and eliminate health disparities—served as a guide for developing objectives that will actually measure progress. The objectives are organized in 28 focus areas, each representing an important public health area. Each objective has a target for improvements to be achieved by the year 2010. A limited set of the objectives, known as the Leading Health Indicators, are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. These Indicators were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. NCHS is responsible for coordinating the effort to monitor the Nation's progress toward the objectives, using data from NCHS data systems as well as many other data sources. National data are gathered from more than 150 different data sources, from more than 7 Federal Government Departments (Health and Human Services, Commerce, Education, Justice, Labor, Transpor-

tation, and the Environmental Protection Agency), and from voluntary and private nongovernmental organizations. To the extent appropriate, data for the objective are provided for subgroups defined by relevant dimensions (such as sociodemographic subgroups of the population, health status, or major industrial classifications).

### National Committee on Vital and Health Statistics

NCHS provides staff support for the National Committee on Vital and Health Statistics (NCVHS) and its subcommittees. NCVHS is the official external advisory committee on health statistics to the Secretary of Health and Human Services. The Committee serves as a forum for interested groups to provide input on important data issues. The Committee consists of 18 individuals distinguished in the fields of health statistics, epidemiology, and health care services. The Committee fulfills important review and advisory functions relative to health statistical problems of national or international interest, stimulates or conducts studies of such problems, and makes proposals for improvement of the Nation's health statistics and information systems.

NCVHS serves as a national forum for the collaboration of interested parties with the long-term goal of improving the comparability of private sector, State, and Federal health information systems while assuring the confidentiality of the information collected. The committee's new charter enables NCVHS to foster collaboration on a voluntary means to facilitate and accelerate the development of consensus across the public and private sectors around key data standards.

NCVHS has become increasingly active over the past several years, addressing issues relating to uniform health data sets, medical classification systems,

the need for improved mental health statistics, data needs for minority health and the medically indigent, and State and community health data needs.

### **Department of Health and Human Services Data Council**

The Director of NCHS serves as the Senior Advisor on Health Statistics to the Secretary of DHHS. In this role he serves as a member of the DHHS Data Council. Other members include: the DHHS Privacy Advocate and Assistant Secretary and Agency Administrator-level DHHS officials who have a direct reporting relationship to the Secretary of Health and Human Services.

Established in 1995, the Data Council meets monthly to coordinate all health and nonhealth data collection and analysis activities of DHHS through an integrated health data collection strategy, coordination of health data standards, and health information and privacy activities.

The majority of the Data Council's work is performed by issue-specific, inter-agency standing and ad hoc staff committees and working groups, assigned to accomplish clear goals. Agenda items include: develop a departmentwide data collection strategy, including coordination and integration of surveys and oversight of surveys and general statistical analysis; coordinate DHHS and inter-department health data standards activities; serve as DHHS liaison for NCVHS; serve as focus for DHHS issues relating to privacy of health and social services information; provide a forum for coordination of health and human services issues raised by the expanding National Information Infrastructure activities; and provide a forum for coordination of DHHS responses to external requests for DHHS action on issues related to health and social services data.

### **Centers for Excellence in Health Statistics**

In 1999 the first Centers for Excellence in Health Statistics were funded by NCHS, for the purpose of improving data collection systems to help develop and evaluate prevention programs. Current projects include addressing statistical issues aimed at health promotion and disease prevention in high-risk populations; addressing issues central to the field of survey research—cognition, technology, and nonresponse; and developing methodology that can be applied to issues such as the effects of smoking on public health and on racial disparities in health status and outcomes.

### **Nutrition Monitoring**

NCHS plays a major role in monitoring the nutritional and health status of the American population.

Working with members of the Interagency Board for Nutrition Monitoring and Related Research (IBNMRR), NCHS provides information about dietary and nutritional status, conditions that affect dietary and nutritional status, and the relationship between diet and health.

IBNMRR directed the development of the 10-Year Comprehensive Plan for the National Nutrition Monitoring and Related Research Program and oversees its implementation. The plan was formally sent to Congress in January 1993. The goals of the plan are to:

- collect quality data that are continuous
- use comparable methods for collecting data and reporting the results
- conduct related research and efficiently and effectively disseminate and exchange information with data users

In October 1998 IBNMRR released its first Internet-only publication. The Directory of Federal and State Nutrition Monitoring and Related Research Activities is part of an effort to improve dissemination of information on nutrition monitoring programs. The first directory was published in 1989 and the second in 1992. The 1998 directory can be found, in its entirety, on the NCHS Web site.

### **NCHS Data Users Conference**

NCHS periodically holds a Data Users Conference for current and potential users of NCHS data. The Conference provides a forum for representatives from Federal, State, and local governments, as well as from universities and professional associations, to learn about recent products and services and share their knowledge and experience.

### **Training and Technical Assistance**

NCHS offers technical assistance to interested parties in the areas of health statistics development and in access to or use of existing health-related data. Staff members from the major survey divisions of NCHS are frequently called upon to assist in developing sample survey questionnaires, methods, and procedures. Other research or analytical staff provide assistance in the areas of survey design, estimation, and analytical methods. Where design-based estimates for small areas are impossible from existing survey vehicles, NCHS provides guidance in the development of and use of model-based estimates.

NCHS uses a variety of opportunities to share plans, developments, and analyses. These include university lectures and seminars; data system seminars; special topic seminars; presentation of research find-

ings at annual association meetings; conferences; workshops; symposiums; and ad hoc site visits for unique problem solutions.

### **Internships and Research Fellowship Programs**

NCHS works in collaboration with the American Statistical Association, the Association of Schools of Public Health, and other organizations, to bridge the gap between academic scholars and the Government's health research programs. Interns and research fellows are provided the unique opportunity to work on methodological problems and analytic issues relevant to NCHS programs. They work on research projects in residence at NCHS, use NCHS data and facilities, and interact with the NCHS staff.

### **Minority Grants and Statistics**

Since FY 1991, the Minority Health Statistics Grants Program has taken important steps in improving the quantity and quality of health data on minority populations. A number of small-scale, population-specific data collection, analytic, and sampling projects have been funded. The objectives of the grants program are to:

- expand research opportunities through the award of new grant mechanisms;
- refine the research agenda for future solicitations;
- build public/private partnerships;
- expand technical assistance activities through technology transfer efforts;
- foster innovative methods of developing and delivering training in minority health research; and
- expand methods of dissemination of data developed by research projects.

### **International Collaboration**

NCHS maintains international health statistics programs with developed and developing countries all around the world. These programs consist of cooperative ventures and collaborative research on analytical and methodological issues, technical assistance and consultation, training and information exchange, and joint activities with multinational agencies. In addition,

NCHS sponsors international meetings and symposiums, and contributes to other international forums through scientific articles and presentations. Through these efforts, NCHS seeks to improve the availability and quality of health data in the United States and other countries.

The international research program is carried out in collaboration with other countries and with other DHHS agencies. An important part of this research is carried out through International Collaborative Efforts (ICE), which bring together domestic and foreign experts to focus on specific health issues of mutual interest to the participating countries. Research findings from these analytic research projects are used to provide guidance to specific U.S. DHHS programs and to improve the health statistical activities of NCHS. Current topics included in these collaborative research projects are perinatal and infant mortality, health and health care of the elderly, and injuries. Under development is a new ICE on the automated classification of causes of death.

The Center directly supports the World Health Organization (WHO) in worldwide health statistics activities by promoting domestic and international development and use of the International Classification of Diseases and the International Classification of Functioning, Disability, and Health. This is accomplished through the WHO Collaborating Center for Classification of Diseases for North America, housed at NCHS. NCHS also serves as the WHO Collaborating Center for Health and Nutrition Examination Surveys, helping to disseminate its unique capabilities in complex health survey design and health examination data collection and analysis.

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**SUMMARY OF SURVEYS AND DATA SYSTEMS**

**National Center for Health Statistics**

March 2002

NAME	DATA SOURCE/ METHODS	SELECTED APPLICATIONS OF DATA PRODUCED	PLANNED SAMPLE	RACE/ETHNICITY AND SES [1]	PLANNED PERIODICITY	FY 2002-2006 PLANS
<b>Current NCHS Surveys and Data Systems</b>						
Vital Statistics Cooperative Program (VSCP)	* State vital registration * Linked Birth/Infant Death Program	* Life expectancy * Causes of death * Infant mortality (IM) * Prenatal care and birthweight * Birth rates * Nonmarital births * Pregnancy outcomes * Occupational mortality * Teenage pregnancy * Method of delivery * IM rates by birth and period cohorts * IM rates by birthweight	* All births, deaths, and fetal deaths * Counts of marriages and divorces	For births, deaths, and fetal deaths: * White, Black, 5 API groups, American Indian, 5 Hispanic groups * Education * Births & deaths: 10 API groups from 11 States	Annual	* Continue monthly, annual data system * Explore new certificate items for analysis * Fully automate system to enhance timeliness and reengineer the registration process * Implement revised certificates as part of re-engineering process * Implement new OMB race guidelines beginning in 2003
National Health and Nutrition Examination Survey (NHANES)	* Personal interview * Physical examination * Laboratory tests * Nutritional assessment * DNA repository	* Total prevalence of disease or conditions including those unrecognized or undetected * Nutrition monitoring * Heart disease * Diabetes * Osteoporosis * Iron deficiency anemia and other nutritional disorders * Environmental exposures monitoring * Children's growth & development * Infectious disease monitoring * Overweight/physical fitness	* ~5,000 persons per year, all ages * Oversample adolescents * Oversample 60+ * Oversample Blacks & Mexican Americans * Pregnant women	<i>All Years</i> * Income & poverty index * Education * Occupation * Type of living quarters * Social services * Black, White & Mex. Amer. <i>Prior to 1982</i> * White, Black, Other * Birthplace <i>1988 +</i> * OMB categories	Annual, with capability for longitudinal followup	* Data collection for annual sample * Surveys of other population groups or State and local geographic areas (Community HANES) are being considered
National Health Interview Survey (NHIS)	* Personal interviews	Annual data on: * Health status and limitations * Utilization of health care * HIV/AIDS testing * Family resources * Health insurance * Access to care * Immunization (child) * Injury * Health Behaviors * Functioning	* 40,000 households * Oversample blacks and Hispanics	* OMB categories * Hispanic groups * API groups * Family & individual income & poverty level * Education & occupation (sample person only) * Type of living quarters	Annual	* Work to improve timeliness * Serve as nucleus for household portion of HHS Survey Integration, by providing sampling frame to the Medical Expenditure Panel Survey * Supplements 2002: Complementary and alternative medicine Healthy People 2010 Objectives 2003: Children's mental health Healthy People 2010 Objectives * New instrument and re-engineered data processing system to be implemented in 2004 * Re-designed sample to be implemented in 2005 * Resources for re-design and re-engineering may be made available by selective sample size reductions
National Hospital Discharge Survey (NHDS)	* Hospital records * Computerized data sources	* Patient characteristics * Length of stay * Diagnosis and multiple diagnoses * Surgical and diagnostic procedures	* 500 hospitals * 300,000 discharges	* OMB categories	Annual	* Continue annual survey of hospitals
National Ambulatory Medical Care Survey (NAMCS)	* Encounter forms completed by physicians practicing in private offices	* Characteristics of patients' visits * Diagnoses and treatment	* 3,000 physicians in office-based practices * 30,000 patient visits	* OMB categories	Annual	* Continue annual survey

NAME	DATA SOURCE/ METHODS	SELECTED APPLICATIONS OF DATA PRODUCED	PLANNED SAMPLE	RACE/ETHNICITY AND SES [1]	PLANNED PERIODICITY	FY 2002-2006 PLANS
<b>Current NCHS Surveys and Data Systems (cont.)</b>						
National Hospital Ambulatory Medical Care Survey (NHAMCS)	* Encounter forms completed by physicians and other hospital staff	* Characteristics of patients' visits to hospital outpatient departments (OPD) and emergency departments (ED) * Diagnoses and treatment	* 600 hospitals * 50,000 patient visits	* OMB categories	Annual	* Continue annual survey
National Survey of Family Growth (NSFG)	* Personal interviews	* Contraception & sterilization * Teenage sexual activity & pregnancy * Family planning & unintended pregnancy * Adoption * Breastfeeding * Infertility * Event histories, marriages, pregnancies, etc.	* 12,000 women 7,000 men * Oversample blacks and Hispanics	* OMB categories * 4 Hispanic groups * Family & individual income, & poverty level * Sources of income * Education	3 and 4 years (2002 & 2005)	* Cycle VI in 2002 * Men will be interviewed in Cycle VI (n=7,000)
National Immunization Survey (NIS) (in partnership with CDC/NIP)	* Telephone interviews * Data from NHIS personal interviews used to assess bias associated with telephone interviewing and adjust accordingly * Provider record check component	* Evaluation of immunization status of preschool population (NIS) * Demographic characteristics * Family resources data * Health care utilization	* 800,000 households screened to find NIS sample of households, with children 19-35 months * 400 completed NIS interviews in each of 78 non-overlapping areas * Option allows for additional data collection on other topics from the households screened for the NIS sample	* OMB categories * Income * Education of the mother	Continuous with quarterly 12 month moving averages	* Currently conducting interviews for all areas * Contract covers data collection through CY 2003
National Survey of Children with Special Health Care Needs	* Conducted using the State and Local Area Integrated Telephone Survey (SLAITS) mechanism * Telephone interviews * Statistical adjustments for households without telephones * Utilizes NIS sample frame * Sponsored and funded by Maternal and Child Health Bureau, HRSA * Additional funding by OASPE	* Children with special health care needs * Health care utilization and barriers * Performance partnership initiatives * Health insurance coverage * State Children's Health Insurance Program (CHIP) attitudes and experience * Characteristics of SCHIP eligible but unenrolled children	* State-based samples of children 0-17 years of age * All 50 states plus DC * Detailed interview for children identified with special needs * Detailed interview for low-income uninsured children	* OMB categories * Income and poverty levels * Parental education * TANF participation	Periodic implementation (every 4 years) subject to funding by sponsors	* Complete data collection (April 2002) * Release public use data files (November 2002) * Release summary statistics and chartbook (November 2002) * Provision of technical assistance to states (2003) * Repeat in 2005 (subject to funding by sponsors)
National Asthma Survey	* Conducted using the SLAITS mechanism * Telephone interviews * Statistical adjustments for households without telephones * Utilizes NIS sample frame * Sponsored and funded by National Center for Environmental Health, CDC	* Asthma prevalence rates * Health care utilization and barriers * Asthma management and medication use	* State-based samples of adults and children * Four states in 2002	* OMB categories * Income and poverty levels * Education	Unspecified periodic implementation in all 50 states subjects to funding by sponsors	* Plan, test, and conduct survey (2002) * Release public use data files (2003) * Release summary statistics (2003) * Implementation in additional states, if funding is available (2004)

NAME	DATA SOURCE/ METHODS	SELECTED APPLICATIONS OF DATA PRODUCED	PLANNED SAMPLE	RACE/ETHNICITY AND SES [1]	PLANNED PERIODICITY	FY 2002-2006 PLANS
<b>Current NCHS Surveys and Data Systems (cont.)</b>						
National Survey of Children's Health	* Conducted using the SLAITS mechanism * Telephone interviews * Statistical adjustments for households without telephones * Utilizes NIS sample frame * Sponsored and funded by	* Physical, emotional, and dental health * Health insurance coverage * Health care utilization and barriers * Medical home * Child, family, and neighborhood well-being * Children with special health care needs * Performance partnership initiatives	* State-based samples of children 0-17 years of age * All 50 states plus DC	* OMB categories * Income and poverty levels * Parental educations	Periodic implementation (every 4 years) subject to funding by sponsors	* Plan and test survey instrument (2002) * Conduct survey (2003) * Release public use data files (2004) * Release summary statistics and chartbook (2004) * Provision of technical assistance to states (2004)
National Death Index (NDI)	* State registration-death certificates	* Facilitates epidemiological followup studies * Verification of death for individuals under study * Optional release of coded causes of death available to users upon request * Most NCHS surveys are linked to NDI	* All deaths	* Same race groups as VSCP	Annual	* Continue ongoing matching operations
<b>Recent NCHS Surveys</b>						
National Nursing Home Survey (NNHS)	* Long term care providers	* Number & characteristics of residents in nursing homes * Functional status of NH residents * People discharged from NH * Characteristics of NH	* 1,500 nursing homes * 9,000 NH residents * 9,000 NH discharges	* OMB categories	Bi-annual (Last conducted in 1999)	* Survey redesign in 2001; resume in 2003
National Home and Hospice Care Survey (NHHCS)	* Home health agencies and hospices	* Number of patients * Functional status of patients * Number of discharged patients * Characteristics of home health agencies and hospices and their patients	* 1,800 home health agencies and hospices * 10,800 current patients * 10,800 discharged patients	* OMB categories	Bi-annual (Last conducted in 2000)	* Survey redesign in 2002; resume thereafter
National Survey of Early Childhood Health	* Conducted using the State and Local Area Integrated Telephone Survey (SLAITS) mechanism * Telephone interviews * Statistical adjustments for households without telephones * Utilizes NIS sample frame * Sponsored by American Academy of Pediatrics (AAP) * Funded by Gerber Foundation, Maternal and Child Health Bureau and AAP	* Parents' perceptions of the quality of pediatric care * Content of anticipatory guidance * Health care utilization and barriers * Home safety measures * Health insurance coverage	* National sample of children 4-35 months of age * Oversample of Black non-Hispanic and Hispanic children	* OMB categories * Income and poverty levels * Parental education * Parental employment status * WIC participation	Unspecified periodic implementation subject to funding by sponsors	* Released public use data files (Jan. 2002) * Release summary statistics (Online - Jan. 2002; Print - June 2002) * Supplement to Pediatrics - tentative (2003)

NAME	DATA SOURCE/ METHODS	SELECTED APPLICATIONS OF DATA PRODUCED	PLANNED SAMPLE	RACE/ETHNICITY AND SES [1]	PLANNED PERIODICITY	FY 2002-2006 PLANS
<b>Recent NCHS Surveys (cont.)</b>						
National Survey of Ambulatory Surgery (NSAS)	* Abstract forms completed by facility staff	* Patient Characteristics * Diagnosis and multiple diagnoses * Surgical and diagnostic procedures	* 750 facilities * 120,000 surgery visits	* OMB categories	Annual through 1996; * Plans for future surveys are being considered periodic thereafter	
National Health Interview Survey on Disability (NHIS-D)	* Personal interviews * Follow-up interviews	* Sensory, mobility, and communication impairments * Functional limitations * Personal assistance * Special education * Mental health conditions * Employment and transportation limitations * Therapeutic services * Children w/ special health needs * Post polio syndrome	* Phase 1 screens 90,000 households * Phase 2 is a followup of those persons with moderate to severe disabilities * Phase 2: approximately 20,400 children & adults in 1994, & approximately 12,400 children & adults in 1995	* OMB categories * Hispanic groups * API groups * Family income & poverty level * Education & Occupation * Type of living quarters	Special 2 -year study (1994-1995)	* A public use file of polio data from the Disability Followback Survey (Phase II of the NHIS-D) was released in 2000, the final release of NHIS-D data
Second Supplement on Aging (SOAII)	* Personal interviews * Administrative match data: Medicare, NDI, and cause-of-death files	* Functional status * Living arrangements * Use of hospitals and nursing homes * Death rates by social, economic, family and health characteristics	* 9,447 persons age 70 and over at the time of Phase 2 of NHIS-D (1994-1996)	* OMB categories * 4 Hispanic groups * Education * Type of housing * Occupation & retirement * Income & income sources	Cross-sectional survey* Ongoing record matches with the NDI, serves as a baseline to the LSOA II	
Second Longitudinal Study of Aging (LSOA II)	* Telephone Interviews * Administrative match data: NDI, cause-of-death, and HCFA Medicare files	* Changes in functional status, chronic conditions, comorbidity * Causes and consequences of change * Living arrangements, social support * Health care coverage and utilization * Death rates by social, economic, family, and health characteristics	* 9,447 persons age 70 and over at the time of Phase 2 of NHIS-D (1994-1996)	* OMB categories * 4 Hispanic groups * Education * Type of Housing * Occupation and retirement * Income and income sources	Baseline plus 3 followup waves, each at 2-year intervals	* Ongoing record matches with the NDI, cause-of-death and HCFA Medicare files

(1) OMB categories include white, black, Asian/Pacific Islander (API), American Indian, American Indian/Alaska Native  
Hispanic Origin is asked as a second questions, separate from race