ФБГУ «ЦНИИОИЗ» МЗРФ

« Изучение факторов риска в США - институты»
"Institutions to study Risk Factors in US"

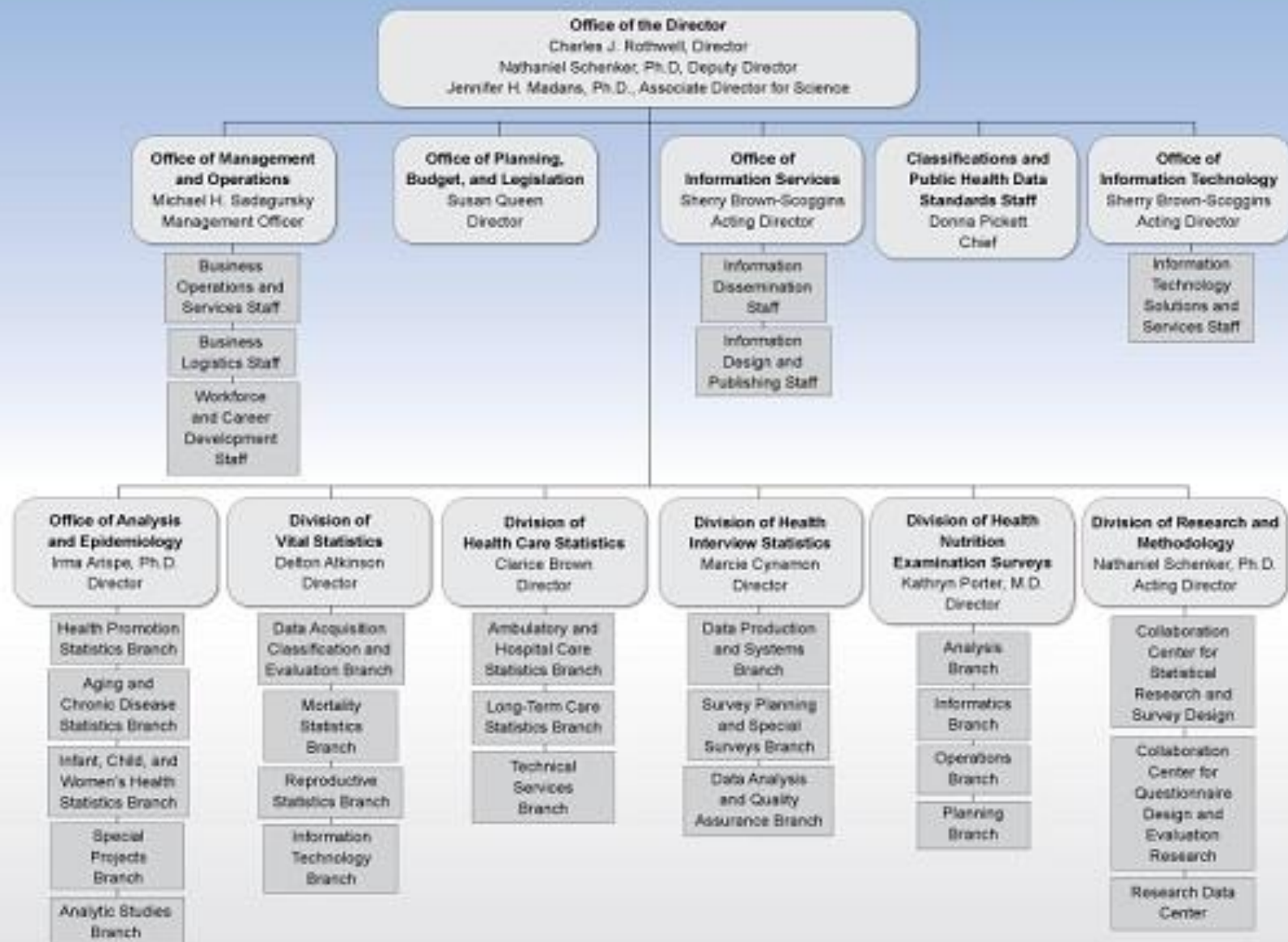Варавикова Е.А., dr.e.varavikova@mail.ru

Потребность в развитии государственных институтов и стратегии для достоверного анализа:

По оценке
не фатальных потерь здоровья

По изучению факторов риска

- Изучение и совершенствование методологии достоверных опросов, в т.ч. Интернет и телефонных
- Создание Федеральной системы с региональным представительством по опросам
- Обеспечение процесса лонгитудинального, регулярного обследования населения и в группах риска
- Обеспечить открытость и доступность данных
- Подготовить квалифицированные кадры исследователей, инревьюеров и журналистов

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- Collaboration Center for Questionnaire Design and Evaluation Research
- Research Data Center

OVERVIEW OF THE CDC FY 2018 BUDGET REQUEST

- The fiscal year (FY) 2018 President's budget request for D and !TSDR includes a total **funding level of $6,037,243,000** in discretionary budget authority and the Prevention and Public Health Fund (PPHF). This is an overall decrease of $1,222,431,000 below the FY 2017 Annualized Continuing Resolution (CR) level, which is a **17% reduction.** The funding amounts and programmatic approaches described below are changes compared to the FY 2017 Annualized CR level.

- Public Health Scientific Services (-$30.7 million) **The FY 2018 budget request reduces funding for the National Center for Health Statistics (NCHS), as well as funds that support the public health workforce and surveillance/informatics.** At a reduced capacity, the platform supported by NCHS will continue to provide information on emerging issues of public health importance for CDC and HHS, such as the rise in drug overdose deaths. CDC will also reduce the number of trained disease detectives and rapid outbreak responders.

CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013

- Data were obtained from 17 CDC surveys or surveillance systems and three non-CDC sources to provide a view of this particular point of time in the nation's health and trends in recent years.
- Data from the following CDC surveillance systems and surveys were used:
  - **Behavioral Risk Factor Surveillance System (BRFSS);**
  - Emerging Infections Program/Active Bacterial Core surveillance (EIP/ABCs);
  - Foodborne Diseases Active Surveillance Network (FoodNet);
  - Internet Panel Surveys: Influenza Vaccination Coverage Among Health-Care Personnel and Influenza Vaccination Coverage Among Pregnant Women;
  - National Ambulatory Medical Care Survey (NAMCS);
  - **National Health and Nutrition Examination Survey (NHANES);**
  - National Health Interview Survey (NHIS);
  - National Healthcare Safety Network (NHSN); National HIV Surveillance System; National Hospital Discharge Survey (NHDS); National Immunization Survey (NIS); National Immunization Survey–Teen (NIS-Teen); National Notifiable Disease Surveillance System (NNDSS); Nationally Notifiable STD Surveillance; National Vital Statistics System (NVSS); and Youth Risk Behavior Surveillance System (YRBSS).
  - Three non-CDC sources were used: the Alcohol and Tobacco Tax and Trade Bureau Monthly Statistical Releases; the National Highway Traffic Safety Administration Fatality Analysis Reporting System (FARS); and the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH).

  - https://www.cdc.gov/mmwr/preview/mmwrhtml/su6304a2.htm

National Health Interview Survey

- The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving **national health objectives.**
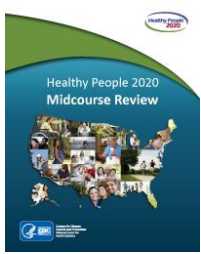
CDC-NCHS-Healthy People 2020

- Healthy People provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. For four decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Identify nationwide health improvement priorities.

- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.

- Provide measurable objectives and goals that are applicable at the national, State, and local levels.

- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.

- Identify critical research, evaluation, and data collection needs.

- Healthy People 2020 contains about 1,200 objectives in 42 Topic Areas designed to serve as this decades framework for improving the health of all people in the United States.

Major Health Topics Addressed NHIS

- Physical and mental health status
- Chronic conditions, including asthma and diabetes
- Access to and use of health care services
- Health insurance coverage and type of coverage
- Health-related behaviors, including smoking, alcohol use, and physical activity
- Measures of functioning and disability
- Immunizations

Prevalence of current cigarette smoking among adults aged 18 and over, by age group and sex: United States, 2017
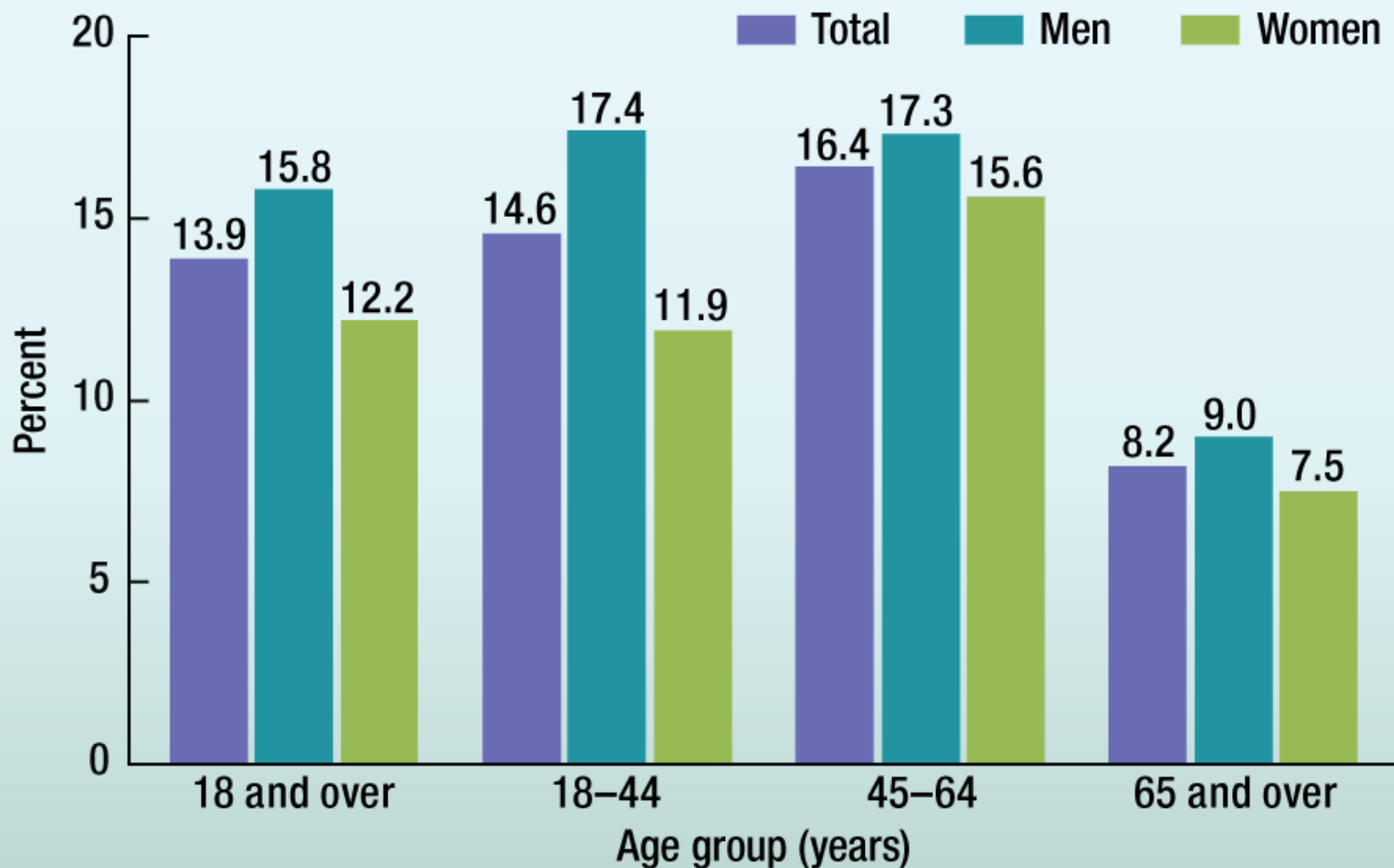
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: NCHS, National Health Interview Survey, 2017 Sample Adult Core component.

International compatibility

- Lu Y, Wang P, Zhou T, et al. Comparison of Prevalence, Awareness, Treatment, and **Control of Cardiovascular Risk Factors in China and the United States.** *J Am Heart Assoc*. 2018;7(3):e007462. Published 2018 Jan 26. doi:10.1161/JAHA.117.007462

- Using data from the CHARLS (China Health and Retirement Longitudinal Study) and the NHANES (US National Health and Nutrition Examination Survey), we compared cardiovascular risk factors from 2011 to 2012 among people aged 45 to 75 years between the 2 countries (China, 12 654 people; United States, 2607 people): blood pressure, cholesterol, body mass index, waist circumference, fasting plasma glucose, hemoglobin A1c, and high-sensitivity C-reactive protein.

What are the GBD-2016 main risk factors in US ?

- There are wide differences in the burden of disease at the state level. Specific diseases and risk factors, such as **drug use disorders, high BMI, poor diet, high fasting plasma glucose level, and alcohol use disorders** are increasing and warrant increased attention. These data can be used to inform national health priorities for research, clinical care, and policy.

- The US Burden of Disease Collaborators. The State of US Health, 1990-2016Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA.* 2018;319(14):1444–1472

- **Corresponding Author:** Christopher J. L. Murray, MD, DPhil, Institute for Health Metrics and Evaluation, University of Washington, 2301 5th Ave, Ste 600, Seattle, WA 98121 (cjlm@uw.edu).

The Behavioral Risk Factor Surveillance System

BRFSS - is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Established in 1984 with 15 states, now collects data in all 50 states as well as the District of Columbia and three U.S. territories.

BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

What is BRFSS?

- Behavioral Risk Factor Surveillance System
- Random digit dial telephone survey
- Adults ages 18 and older
- Measures behaviors that put health at risk
- Collaboration between CDC and States

BRFSS

- **By collecting behavioral health risk data at the state and local level, BRFSS has become a powerful tool for targeting and building health promotion activities. As a result, BRFSS users have increasingly demanded more data and asked for more questions on the survey.** Currently, there is a wide sponsorship of the BRFSS survey, including most divisions in the CDC National Center for Chronic Disease Prevention and Health Promotion; other CDC centers; and federal agencies, such as the Health Resources and Services Administration, Administration on Aging, Department of Veterans Affairs, and Substance Abuse and Mental Health Services Administration.

Who Uses BRFSS Data?

- State and Local Health Departments

- Healthcare Professionals

- Federal Agencies

- Students Researchers

- Media

- Epidemiologists

- Community health program planners

How are BRFSS Data Used?

- Assess health needs of the population
- Implement, evaluate and improve public health strategies
- Identify health disparities
- Prepare grant proposals
- Publish scientific articles in professional journals
- Inform Policymakers
- Track Healthy People 2020 Progress

Countries requested technical assistance from BRFSS to organize similar systems.

- Australia
- Brazil
- Canada
- China
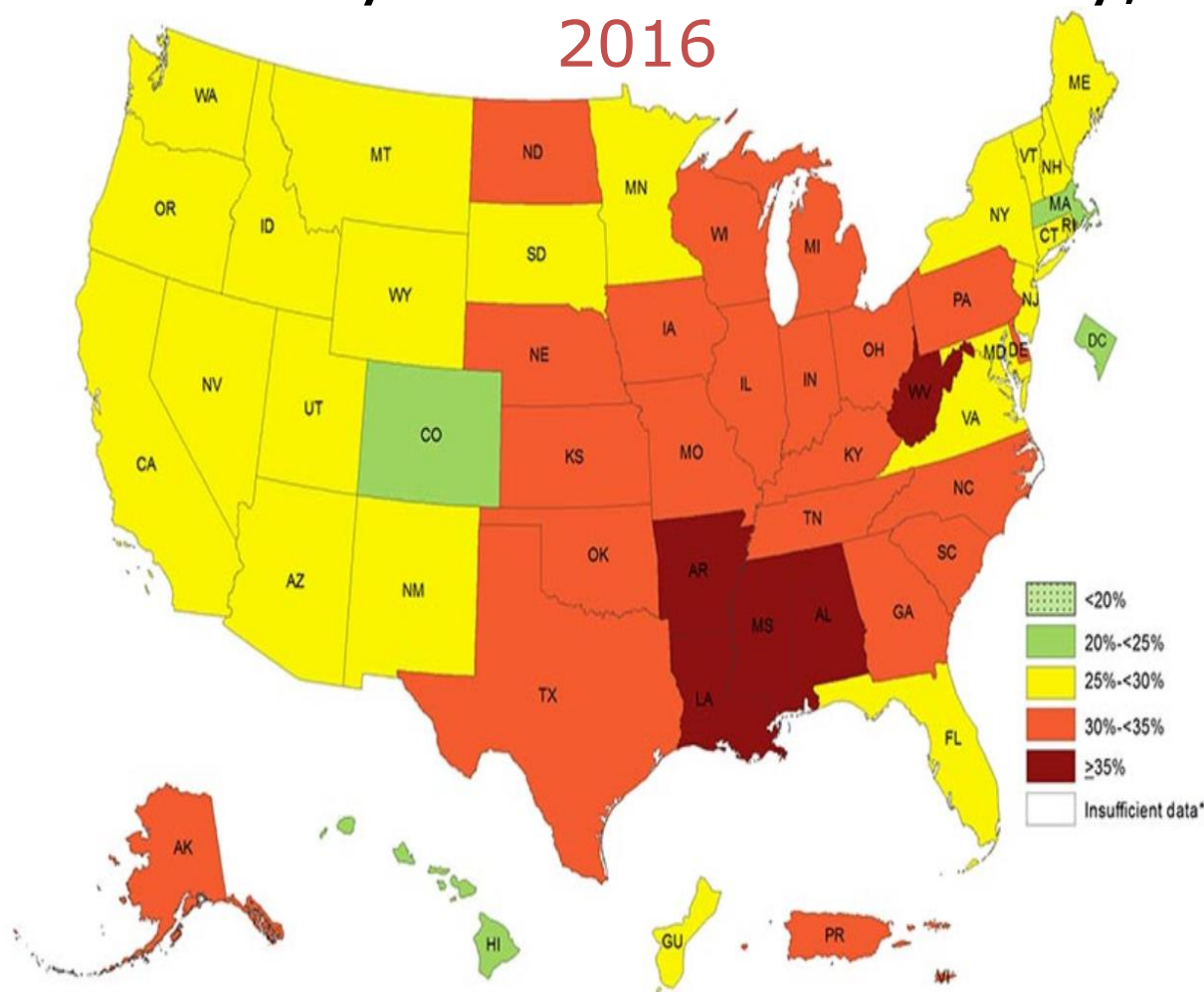- Egypt
- Italy

- Jordan
- South Korea
- Mexico
- Nations in the Caribbean, and
- Vietnam.

Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

| No Data | <10% | 10%–14% |
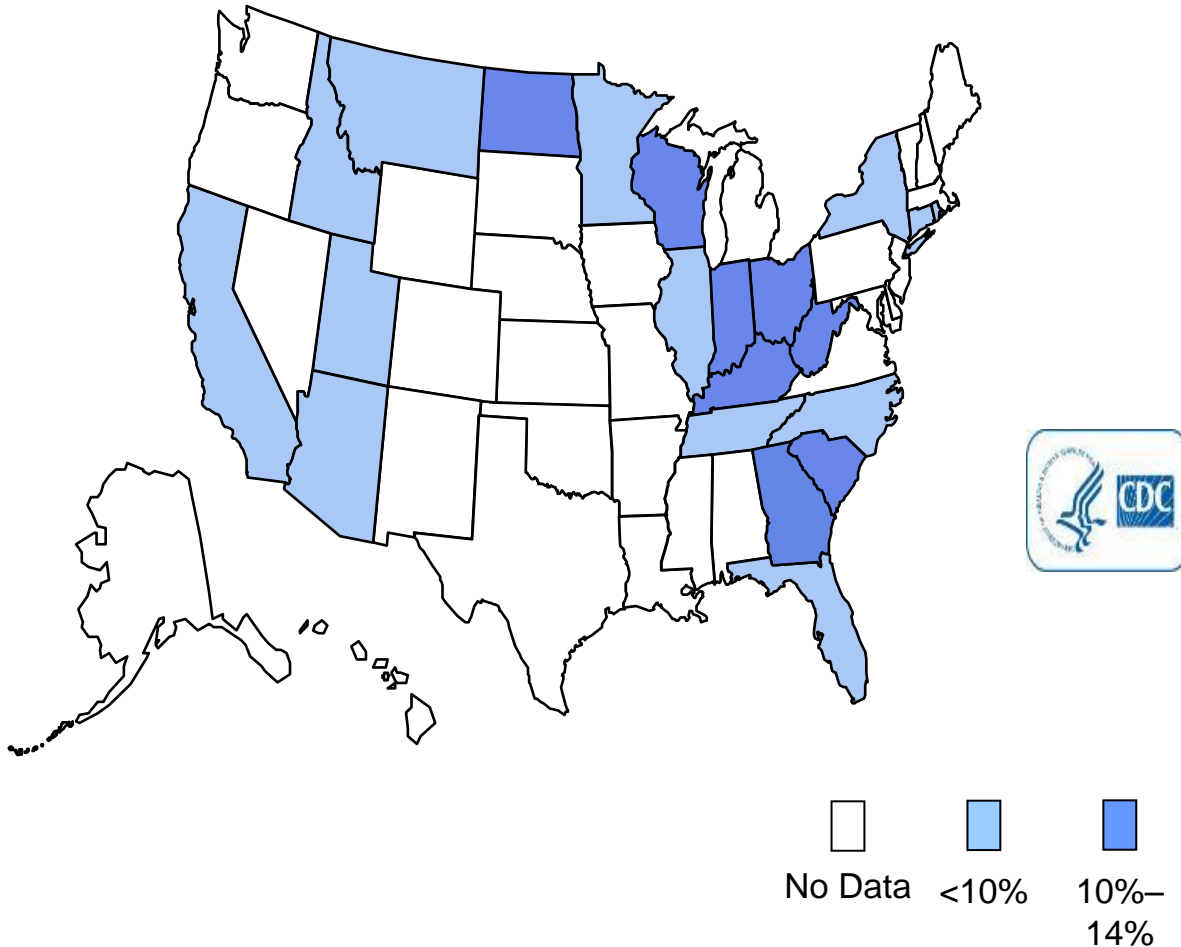
Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2016

Summary

- All states had more than 20% of adults with obesity.

- 20% to less than 25% of adults had obesity in 3 states (Colorado, Hawaii, and Massachusetts) and the District of Columbia.

- 25% to less than 30% of adults had obesity in 22 states 30% to less than 35% of adults had obesity in 20 states

- 35% or more adults had obesity in 5 states (Alabama, Arkansas, Louisiana, Mississippi, and West Virginia).

- The South had the highest prevalence of obesity **(32.0%),** followed by the **Midwest (31.4%),** the **Northeast (26.9%),** and **the West (26.0%).**
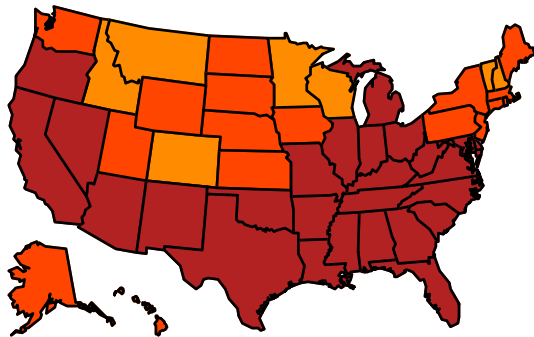
Looking Ahead…

- By 2030, it is estimated that **1 out of every 2** Americans will be obese

- This means that **50% of our population** will be obese within the next 12 years

Age-Adjusted Prevalence of Diagnosed Diabetes Among US Adults

1994
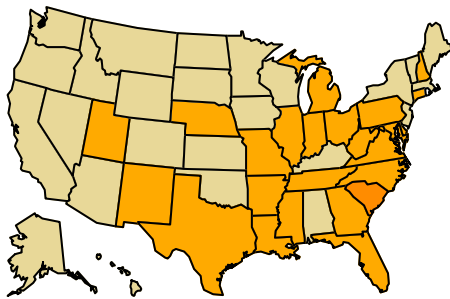
2015

- The percent of U.S. adults who have diagnosed diabetes was determined by using data from the BRFSS . Respondents who reported that a physician told them they had diabetes (other than during pregnancy) were considered to have diagnosed diabetes. Rates were age-adjusted using the 2000 U.S. Standard Population. (BRFSS, available at http://www.cdc.gov/brfss).

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