National Center for Health Statistics (NCHS) Newsletter

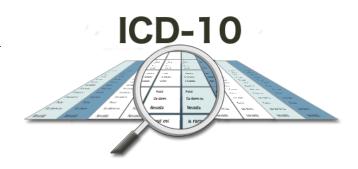
June 2022

Welcome to the NCHS monthly newsletter for key collaborators and partners. This newsletter provides updates on NCHS activities, publications, and media reports. Please send all questions and feedback to Hallie Andrews (<u>HAndrews@cdc.gov</u>) and share this information with your network. Email info@friendsofnchs.org to become a new member of the Friends of NCHS community.

Social Determinants of Health Diagnosis Codes

For over 25 years, NCHS's <u>Classification and Public Health Data Standards Office</u> has developed and coordinated critical updates to <u>the International Classification of Diseases (ICD) Diagnosis Codes.</u>

NCHS leads the U.S. federal government's efforts on the <u>ICD-10 Coordination and Maintenance Committee</u>. The committee's international experts consider new codes and changes to existing codes. As the leader of this effort, NCHS convenes a group of partners—made up of CDC experts,



physician groups, and healthcare industry representatives—to evaluate the need for new ICD codes, definitions, and guidance for implementing these updates.

Social determinants of health are a key part of the discussion when understanding health equity. Nearly a decade ago, the ICD-10 Coordination and Maintenance Committee began considering new codes to measure social determinants of health, such as housing and economic circumstances, problems related to physical environment, and occupational exposure to risk factors. In 2016, new codes that encompass the social determinants were added under the category of <u>Z-codes</u> (Z55-Z57, Z59-Z60, Z62-Z65) to the ICD-10-Clinical Modification (CM).

Implementation of new ICD codes takes time. NCHS works closely with HHS's Centers for Medicare & Medicaid Services (CMS) to <u>provide guidance and track implementation</u> by healthcare systems. When noted in patients' records, the social determinants of health diagnostic codes allow providers, health systems, and public health agencies to track patient needs and emerging health and social trends, and to identify potential policy solutions to improve the health of communities. However, currently, these new Z-codes are not 'billable' under health insurance systems.

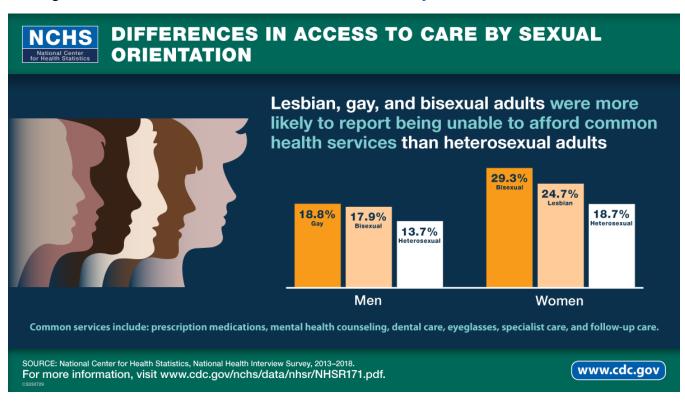
Data from ICD-10-CM codes on the social determinants of health are expanding opportunities for public health to guide program and policy decisions to improve our nation's health. NCHS and others can use these data to analyze healthcare use among at-risk populations, such as those experiencing homelessness or food insecurity. As the ICD-10-CM codes on social determinants of health are used more broadly, NCHS will be able to provide more expansive data on the impact that these factors have on health and healthcare.

Explore more of the ICD codes, including those related to COVID-19 and the social determinants of health, using the ICD-10 Browser Tool

New Report and Visual Abstract on Sexual Orientation and Access to Care

NCHS recently published a first-of-its-kind report, <u>Sexual Orientation Differences in Access to Care and Health Status</u>, <u>Behaviors</u>, <u>and Beliefs</u>. The report analyzes differences in health based on sexual orientation using three NCHS national health surveys: the National Health and Nutrition Examination Survey (<u>NHANES</u>), National Health Interview Survey (<u>NHIS</u>), and National Survey of Family Growth (<u>NSFG</u>).

Analysis in the report found that several health indicators differed for lesbian, gay, and bisexual adults and heterosexual adults. These indicators include the likelihood of being diagnosed with health conditions such as diabetes, cancer, and arthritis, differences in health risk behaviors, and differences in access to healthcare. The visual abstract below highlights one key finding from the report on differences in being able to afford common health services. Check out the report for more.



Other New Releases and Publications

Released in May and June 2022:

Publications	
Title	Select Findings
Health Insurance Coverage: Early Release	In 2021, 30.0 million people of all ages (9.2%) were
of Estimates from the National Health	uninsured at the time of interview. This was lower than,
Interview Survey, 2021	but not significantly different from, 2020. In 2020, 31.6
	million people of all ages (9.7%) were uninsured.
Post-acute and Long-term Care Providers	In 2018, about 69,000 paid post-acute and long-term care
and Services Users in the United States,	services providers among seven major sectors served
<u>2017–2018</u>	more than 9.5 million people in the United States.

Telemedicine Use in Children Aged 0–17 Years: United States, July–December 2020 Differences in Eligibility Rates Among Residential Care Communities in the National Survey of Residential Care Facilities (2010) and the National Study of Long-Term Care Providers (2012- 2018)	Approximately 12.6 million children—17.5% of children aged 0–17 years—used telemedicine in the past 12 months (a period that included both time before and during the coronavirus pandemic). Eligibility rates for Residential Care Communities to participate in NCHS's long-term care surveys have varied overall, as well as by bed size and mode of survey. Differences in eligibility rates have an impact on the estimated size of the residential care sector.
Births: Provisional Data for 2021	Provisional data show that the number of births in the United States in 2021 was 3,659,289, up 1% from 2020. This is the first increase in the number of births since 2014, though there were still fewer births in 2021 than in 2019.
Quarterly Provisional Estimates for Infant	Neonatal mortality rates decreased from 3.64 to 3.53 per
Mortality: 2019 – Q2 2021 Sample Design and Estimation Structures	100,000 for the 12-month period ending with 2021 Q2. The 2016-2025 NHIS sample design uses cost-effective
for the National Health Interview Survey,	complex sampling techniques, such as differential
2016–2025	sampling rates, to achieve several objectives, including allowance for flexible annual sample sizes
Sleep Difficulties in Adults: United	In 2020, 14.5% of adults had trouble falling asleep most
<u>States, 2020</u>	days or every day in the past 30 days.
Regular Bedtimes Among Children Aged	Children living in single parent households and those in
5-17 years: United States, 2020	families with incomes less than 100% of the federal
	poverty level were less likely than children in two parent
	households or in families with higher incomes to have a
	regular bedtime every day or most days in a typical school week.
Characteristics of Visits to Health	Most health center visits were made by patients with
<u>Centers</u> , 2020	Medicaid as the primary expected source of payment.

Upcoming Releases in June and July 2022:

Release Date	Title
6/29/2022	Maternal Characteristics and Infant Outcomes of Women Born in and Outside
	the United States: United States, 2020
6/29/2022	Quarterly Provisional Estimates for Selected Birth Indicators: Q1 2021 – Q1
	2022
7/6/2022	Changes in primary and repeat cesarean delivery: United States 2016-2021
7/11/2022	Assessing Anxiety and Depression: A Comparison of National Health
	Interview Survey Measures
7/19/2022	Changes in Births by Month: United States, 2021
7/19/2022	Trends and Characteristics in Gestational Diabetes: United States, 2016-2020
7/21/2022	Urban-Rural Differences in Drug Overdose Deaths
7/25/2022	National Hospital Care Survey Demonstration Projects: Characteristics and
	Mortality Outcomes of Opioid-Involved Hospital Encounters with Co-
	Occurring Disorders

NCHS in the News

U.S. News and World Report—States Where Marriage Rates Plummeted During the Pandemic

Newsweek—Nearly 1 in 3 Hispanic Adults Without Health Insurance in U.S., Data Shows

Associated Press—US overdose deaths hit record 107,000 last year, CDC says

Washington Post—Health statistics center is training young 'data detectives'

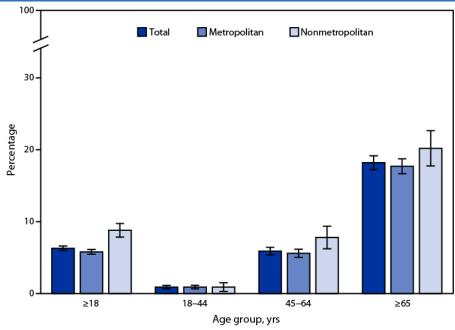
New York Times—U.S. Birthrate Ticks Up 1 Percent, Halting a Steady Decline

Time—1 in 5 U.S. Adults Who Got COVID-19 Now Have Long-COVID

QuickStats: Percentage of Adults Aged ≥18 Years with Diagnosed Heart Disease, by Urbanization Level and Age Group — National Health Interview Survey, United States, 2020

In 2020, 6.3% percent of adults aged ≥18 years had diagnosed heart disease. The prevalence of heart disease among adults aged ≥18 years was higher among those living in nonmetropolitan areas (8.8%) compared with those living in metropolitan areas (5.8%). Prevalence increased with age from 0.9% among adults aged 18–44 years to 5.9% among those aged 45–64 years and 18.2% among those aged ≥65 years.

Among adults aged 45–64 years, those living in nonmetropolitan areas (7.8%)



were more likely to have heart disease than those living in metropolitan areas (5.6%). There was no statistically significant difference by urbanization level for adults aged 18-44 or ≥ 65 years.

Source: National Center for Health Statistics, National Health Interview Survey, 2020. https://www.cdc.gov/nchs/nhis.htm