

Alternative and Complementary Medicine (CAM) Use in the U.S.: New Data from the National Health Interview Survey (NHIS) Available in the Integrated Health Interview Series (IHIS)

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As defined by the National Center for Complementary and Alternative Medicine, complementary and alternative medicines (CAMs) are a groups of diverse medical and health care systems, practices, and products not presently considered to be part of conventional medicine. According to the National Center for Health Statistics, more than half of non-institutionalized civilian adults in the United States used some type of CAM in 2002. (1) Nahin *et al.* write that over “the last decade, the U.S. has shown a steady and substantial use of complementary and alternative medicine,” and in 2007, adults in the United States spent 33.9 billion dollars out of pocket on visits to CAM practitioners and on CAM products, classes, and materials.(2) The sources of these statistics are supplements on complementary and alternative medicine included in the U.S. National Health Interview Survey (NHIS), the leading source of information on the health of the U.S. population. In 2010, NHIS data on complementary and alternative medicine will become available for free to researchers through the internet, with consistent coding schemes and extensive documentation, through the Integrated Health Interview Series (IHIS, www.ihis.us).

With support from the National Institutes of Health, researchers at the University of Minnesota have been carrying out a major data integration project, IHIS, that simplifies cross-temporal analysis of population health data available in NHIS. IHIS is a web-based system that provides an integrated set of free data and documentation based on the annual NHIS public use files from the 1960s forward. Instead of dealing with multiple files and codebooks, inconsistent variable

names, and changing coding schemes, IHIS users work with a single tailor-made data file containing only the years and variables relevant to their research projects, to analyze variables that are named and coded consistently across time. IHIS's extensive on-line documentation reproduces question wording, specifies who was asked the question, provides on-line codes and frequencies, discusses variables' meaning and comparability issues in detail, and provides guidance on such topics as pooling samples, variance estimation, and using weights.

Currently, the IHIS project makes available to researchers approximately 1000 consistently-coded variables from 1969 forward. In early 2010, the IHIS project team will expand the public database, making available, among other topics, over 4,000 variables dealing with complementary and alternative medicine. Most of these CAM variables come from the 2002 NHIS alternative health supplement, in which one adult per household was asked about use of CAM, and the 2007 NHIS alternative health supplement, which covered one adult and, where present, one child per household. Additional data come from brief queries about use of alternative medicine in 1999 and other inquiries about use of vitamins and herbs, incorporated in the surveys for 1992, 2000, and 2005.

Topics falling under the rubric of CAM include vitamin and herbal supplements and the following practices: acupuncture, ayurveda, biofeedback, chelation, chiropractic manipulation, special diets, energy healing, folk medicine, homeopathy, hypnosis, massage, movement techniques, naturopathy, prayer to cure illness, relaxation techniques, and yoga. For each form of alternative medicine, topics covered include:

- whether that form of CAM was ever used and was used in the past 12 months
- the condition(s) for which the person used that form of CAM

- the importance of the CAM treatment
- the reason for using the CAM treatment
- the relationship between CAM and conventional medical treatment
- whether health professionals were informed about the use of CAM
- who suggested the use of CAM
- cost of CAM treatment and whether covered by insurance
- why the person stopped using a particular CAM technique.

Recent government publications, such as the 2009 report by Nahin et al., have summarized some of the main findings of the 2002 and 2007 CAM supplements, but these data remain a rich and largely untapped resource. Among possible topics for future analysis include the following: Do persons who lack access to traditional health care, due, for example, to residence in medically-underserved areas or lack of insurance, make disproportionate use of CAM? How do the use of CAMs vary by demographic characteristics, social class, and race/ethnicity? To what extent do traditional medical practitioners and insurance companies support use of CAMs for their patients? What are the longer-term trends in the use of CAMs, if one examines NHIS data prior to 2002 about the use of herbs, vitamins, and alternative health care?

The proposed poster will provide summary information about the IHIS project, which currently has over 600 registered users but is not familiar to many PAA attendees. In addition, the poster will summarize data available in 2010 in IHIS on CAM, and will provide a graph summarizing use of alternative medicine by U.S. adults, based on data from the 1999, 2002, and 2005 National

Health Interview Surveys. The poster session will provide the authors with the opportunity to answer questions about IHIS from current and potential users of the database, and to solicit feedback on how the project can better meet the needs of users. The IHIS project is now entering its second five-year period of funding, and we welcome this opportunity to learn how we can better serve the research community during the second phase of the project.

(1) "Quick Stats: Percentage of Adults aged \geq 18 Years Who Used Complementary and Alternative Medicine (CAM) During the Preceding 12 Months, by sex-- United States," *Morbidity and Mortality Weekly Report* 54 (11), March 25, 2005, p. 283.

(2) Nahin, Richard L., Patricia M. Barnes, Barbara J. Stussman, and Barbara Bloom, "Costs of Complementary and Alternative Medicine (CAM) and Frequency of Visits to CAM Practitioners: United States, 2007," *National Health Statistics Reports* 18 (July 30, 2009).