FRIENDS OF NCHS

Invest in the future of US health statistics:
The case for funding the National Center for Health Statistics (NCHS) at $210 million in FY23

(*See page 3 for 55+ organizations endorsing this level.*)

NCHS' Two Overarching Drivers for Innovation and Investment

1. **Data-user demand for**
   a. More real-time data to inform core indicators of health and healthcare;*
   b. More granular data on key population subgroups including those defined by age, gender, sexual and gender identity, race and ethnicity, socioeconomic status, disability, and geographic area;*
   c. Data on health and health care equity especially in regard to the immediate and long-term consequences of the COVID pandemic;* and
   d. Expanded information on social determinants of health and health care,* including economic stability, healthcare quality/access, mortality, education, social and community context, and physical environment.

2. **NCHS challenges/threats**
   a. Existing programs becoming outdated in terms of topics covered, methodology, and technology resulting from a [14% loss of purchasing power since FY10](). This has reduced the scope of the data collections and made significant methodological and *technology* improvements impossible when they are most needed.
   b. Declining response rates require additional investment in data collection *methods and new technologies* that not only improve response but *also* allow for the determination and correction of non-response bias. Investments are needed to support research in a variety of areas to improve data quality, granularity, and timeliness.
   c. To capitalize on the Data Modernization Initiative (DMI) investments in NCHS' vital statistics program, continued investment is necessary to expand reporting on maternal health, high risk births, and fetal deaths and expand NCHS' support of DMI-funded state vital records systems modernization and other state data modernizations efforts.

> **THE CHALLENGE: NCHS must fulfill demand for new data products and data that are more real-time, higher frequency, and more granular while maintaining its current data products.**

NCHS data have long been the gold standard for measuring health status, changes in health outcomes for the most vulnerable and emerging health issues for the nation. To remain so and to meet emerging data needs, the NCHS statistical systems need to be overhauled over the next several years. NCHS' challenge is to continue to provide their data products while the necessary wholesale changes take place. Without funds to innovate in a significant way, NCHS is left to innovate around the edges to try to maintain quality.

National Center for Health Statistics
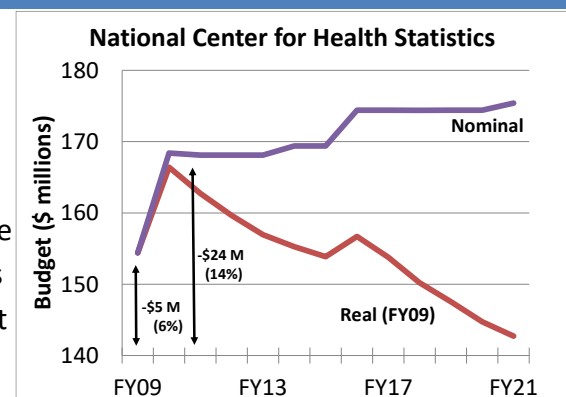
*Supports Biden administration priority on COVID-19 pandemic or equity. (https://www.whitehouse.gov/priorities)

The Friends of NCHS recommend a minimum of $210 million in FY23. The $35 million increase over the FY21 level, which approximately restores NCHS to its FY10 level when adjusted for inflation, could be used in the following ways:

1. **EHRs:** Data collections based on existing electronic Health Records (EHRs) provide a significant resource to better understand care provided by the US healthcare system at the national, state, and local level but investments are needed to harness this resource so that it can provide close to real time interpretability - a base investment of $23 million is recommended (EHR purchasing, staffing, research, cloud migration).

2. **Data linkage:** The usefulness of data obtained through surveys and from administrative systems is exponentially increased when these sources are linked *especially when examining the impact of social determinants of healt*h. However, the interpretability of the linked data is directly related to the linkage methods used and the evaluation methods applied - a base investment of $3 million is recommended (research, staffing, privacy protection).

3. **Expanded data collections and real time surveys:** More granular data are needed to address health equity issues, which requires larger sample sizes in the agency's signature surveys, including the National Health Interview Survey, to produce stable subgroup estimates. In addition, the collection of high-quality data has traditionally taken time but for some uses time is not an option. Methods exist to obtain data more quickly, but these have documented quality limitations. An innovative approach is to expand the traditional, high quality data collection and real time surveys and combine the two sources to monitor key indicators on critical subgroups in real time - a base investment of $5 million is requested (research, message testing, staffing, implementation).

4. **New data sources and data science techniques:** Because of expanding data requirements and limitations of existing systems including declining response rates, expanding current data collections alone is not enough. Availability of private sector data sources has tremendous potential, but significant research based on developing data science techniques and advances in modeling is needed to ensure resulting statistics are accurate and representative- a base investment of $2 million is requested (research, staffing).

5. **Beyond vital statistics:** While vital statistics provide the backbone of any public health data systems, the scope of the information collected is limited. Building on the core vital statistics system to increase the scope of the information provided and increasing interoperability and linkages among state health and health care data systems. Maternal and infant health are examples of areas where expansion could be implemented - a base investment of $2 million is recommended (research, staffing, implementation).

How the 5 components of the $210 million recommendation meet NCHS needs and challenges

	More real-time data	More granularity	Equity data	Social determinants information	Selected topics requiring expanded scope	Existing program maintenance	Addressing declining response rates
Electronic health records	✔	✔	✔	✔	✔		✔
Data linkage			✔	✔	✔	✔	✔
Expanded data collection & real-time surveys	✔	✔	✔	✔	✔		
Beyond vital statistics		✔	✔	✔	✔		
Data sources & data science	✔	✔	✔	✔	✔	✔	✔

The following organizations support NCHS being funded at $210 million in FY23 as justified through this document. (Contacts: Friends of NCHS co-chairs Steve Pierson, American Statistical Association, spierson@amstat.org and Paul Schroeder, Council of Professional Associations on Federal Statistics, paul.schroeder@copafs.org.)

1,000 Days

Academic Pediatric Association

AcademyHealth

Advocates for Better Children's Diets

American Academy of Pediatrics

American Anthropological Association

American Association for Clinical Chemistry

American Association for Dental, Oral, and Craniofacial Research

American Association of Colleges of Nursing

American Association of Colleges of Pharmacy

Association of Public Data Users

American Association on Health and Disability

American College of Clinical Pharmacy

American College of Obstetricians and Gynecologists

American Educational Research Association

American Heart Association

American Pediatric Society

American Physical Therapy Association

American Society for Gastrointestinal Endoscopy

American Society for Nutrition

American Society for Reproductive Medicine

American Society on Aging

American Statistical Association

Asian & Pacific Islander American Health Forum

Association of Black Cardiologists

Association of Maternal & Child Health Programs

Association of Medical School Pediatric Department Chairs

Association of Population Centers

Association of Public Health Laboratories

Consortium of Forensic Science Organizations

Consortium of Social Science Associations

Council of Professional Associations on Federal Statistics

Data Coalition Initiative

Federation of Associations in Behavioral and Brain Sciences

Foundation for Sarcoidosis Research

Healthy Teen Network

Inter-university Consortium for Political and Social Research

Lakeshore Foundation

March of Dimes

National Association for Public Health Statistics and Information Systems (NAPHSIS)

National Association of Medical Examiners

National Association of Pediatric Nurse Practitioners

National Family Planning & Reproductive Health Association

National League for Nursing

National Safety Council

Pediatric Policy Council

Population Association of America

Power to Decide

Prevent Blindness

Safe States Alliance

Society for Maternal-Fetal Medicine

Society for Pediatric Research

Society for Public Health Education

Society for Women's Health Research

University of Washington Center for Studies in Demography & Ecology

WE in the World