



Invest in the future of US health statistics: The case for funding the National Center for Health Statistics (NCHS) at \$215 million in FY24

NCHS' Two Overarching Drivers for Innovation and Investment

1. Data-user demand for

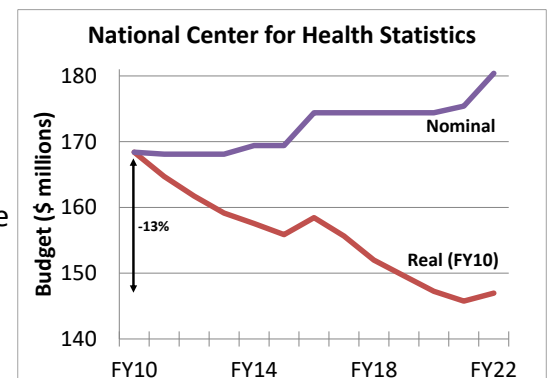
- More real-time data to inform core indicators of health and healthcare;*
- More granular data on key population subgroups including those defined by age, gender, sexual and gender identity, race and ethnicity, socioeconomic status, disability, and geographic area;*
- Data on health and healthcare equity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

2. NCHS challenges/threats

- Existing programs becoming outdated in terms of topics covered, methodology, and technology resulting from a [13% loss of purchasing power since FY10](#).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.
- 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.
- 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, improve cause of death ascertainment 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 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 and changes in health outcomes for the most vulnerable and identifying emerging health issues for the nation. To remain so and to meet evolving data needs, NCHS' statistical systems need to be overhauled over the next several years. NCHS' challenge is to continue to provide 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.



*Supports Biden administration priority on COVID-19 pandemic or equity. (<https://www.whitehouse.gov/priorities>)

The Friends of NCHS recommend a minimum of \$215 million in FY24. The \$35 million increase over the FY22 level, which approximately restores NCHS to its FY10 level when adjusted for inflation, could be used in the following ways:

- 1. Electronic Health Records:** Data collections based on existing Electronic Health Records (EHRs) provide a great 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 more real time interpretability - a base investment of \$15 million is recommended (EHR purchasing, staffing, research, cloud migration).
- 2. Expand data linkage and modeling:** The usefulness of data obtained through surveys and from administrative systems is substantially increased when linked, *especially when examining the impact of social determinants of health*. However, the interpretability of the linked data is directly related to the linkage methods used and the evaluation methods applied. The growing need for information on the drivers of health differences across the U.S. population also call for more investment in modeling. Expansion of NCHS' linkage program and Investment in modeling would support the use of predictive analytics and produce estimates of health differences at smaller geographic areas, thereby helping CDC and HHS to target resources more effectively and efficiently. A base investment of \$5 million is recommended (research, staffing, privacy protection).
- 3. Expand the content, granularity, and timeliness of data products:** More granular and timely data products are needed including those that identify key social determinants of health and health disparities. With additional resources, NCHS could increase sample sizes in the agency's signature surveys, including the National Health Interview Survey and Health and Nutrition Examination Survey, to produce stable subgroup estimates which also will support modeling activities. New staff would also be necessary to develop and implement the range of data products that NCHS will be able to release on a more rapid basis. A base investment of \$10 million is requested (data collection, research, staffing).
- 4. More rapid, relevant vital statistics:** With additional, annual investments, NCHS would continue to improve the vital records sharing process with states and jurisdictions and expand its relationship with the medical examiner and coroner community through support of the Coordinating Office of Medical Examiners and Coroners (COMEC). These investments will result in a fully modernized system capable of tracking critical mortality trends, such as opioid overdoses, suicides, and COVID-19 deaths. A base investment of \$5 million is recommended (research, staffing, implementation).

How the 4 components of the \$215 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 & modeling	✓	✓	✓	✓	✓	✓	✓
Expanded content, granularity, & timeliness fo data products	✓	✓	✓	✓	✓		
More rapid, relevant vital statistics	✓		✓	✓	✓		