



Invest in the future of US health statistics: The case for funding the National Center for Health Statistics (NCHS) at \$220 million in FY25

NCHS' Two Overarching Drivers for Innovation and Investment

1. Data-user demand for

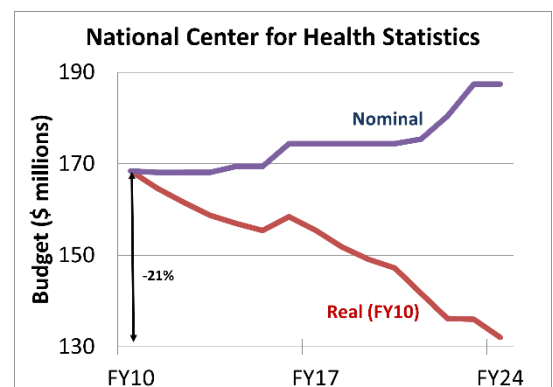
- More real-time data to inform core indicators of health and healthcare and be prepared for the next public health crisis;
- More granular data on key population subgroups including those defined by age, gender, race and ethnicity, socioeconomic status, disability, and geographic area;
- Data on health 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, community context, and physical environment.

2. NCHS challenges/threats

- Existing programs will become outdated in terms of topics covered, methodology, and technology due to a [21% loss of purchasing power since FY10](#). This has reduced the scope of NCHS 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.



The Friends of NCHS recommend a minimum of \$220 million in FY25. The \$33 million increase over the FY24 level, which partially restores NCHS to its FY10 level when adjusted for inflation, could be used in the following ways:

- 1. 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. Funding is also needed to support the new [NCHS Rapid Surveys System](#), which will collect data on emerging public health topics, attitudes, and behaviors to meet decision makers' need for time-sensitive data while maintaining data quality. 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. An increased investment of **\$11 million** is requested for data collection, research, and staffing.
- 2. Saving lives through better understanding of deaths:** Increased investment is required to support a fully modernized vital statistics system capable of tracking critical mortality trends, such as opioid overdoses, and maternal infant mortality. Production of timely mortality data depends on the thousands of medical examiners and coroners who report on unnatural and unexpected deaths. The recently created *Coordinating Office of Medical Examiners and Coroners* gives NCHS the opportunity to increase the quality of the information provided by these all-too-often under-resourced offices. An increased investment of **\$7 million**, will support these offices, improve vital records sharing with jurisdictions and advance the timeliness of data through research, staffing and systems development. Read more here: [Saving Lives through Better Understanding of Deaths: NCHS better supporting medical examiners and coroners](#).
- 3. 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 through more real time interpretability. An increased investment of **\$11 million** is recommended to support EHR purchasing, staffing, research, and cloud migration.
- 4. 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. 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. An increased investment of **\$4 million** is recommended to support research, staffing and privacy protection.

How the 4 components of the \$220 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	✓		✓	✓	✓		