



The Friends of NCHS is a voluntary alliance of over 150 organizations, representing the broad data user community, dedicated to ensuring the agency's continued vital role tracking our nation's health. For more information, visit <http://www.chsr.org/friendsofnchs.htm>

NCHS Funding and Placement: Issues for Transition Team's Consideration

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency. Housed within the Centers for Disease Control and Prevention (CDC), it provides critical data on all aspects of our health care system. At a time when the new administration and Congress are considering major health reform, the data NCHS collects are needed now more than ever to track Americans' health and evaluate our progress improving it.

Budget Shortfalls Undermine Data and Our Understanding of Health

Years of underinvestment have forced NCHS to undermine, eliminate, or further postpone the collection of vital health information to the point where key data users now question whether NCHS itself is in good health. Specifically:

- The sample size for the National Health Interview Survey (NHIS), which has monitored trends in illness, disability, and health insurance coverage for over 50 years, has been cut in half.
- The Nursing Home Survey, which was last conducted in 2004, has been postponed indefinitely.
- The National Hospital Discharge Survey, which has been conducted annually since 1965 to monitor characteristics of inpatients discharged from U.S. hospitals, will not be fielded in 2009.
- Starting April 2009, NCHS will purchase from states through the National Vital Statistics System only "core" demographic items of birth and death data. Nearly all data items that are routinely used to monitor maternal and infant health would be considered "enhanced data items" and would not be collected.

Without a budget increase in fiscal year 2010, NCHS will be forced to implement other cuts, including deeper cuts to the NHIS sample, cuts to the National Health and Nutrition Examination Survey sample and elimination of oversampling of vulnerable populations, or taking these surveys out of the field altogether (see attached table).

\$145.5 Million Needed Now to Restore and Modernize Data Collection

As you prepare the fiscal 2010 budget, we respectfully ask that you consider providing NCHS with **\$137.5 million** as a down payment toward a funding level of \$175 million in 2013. This funding would represent a 10 percent increase over the proposed FY 2009 level of \$124.7 million.

In addition, NCHS needs **\$8 million** in one-time, supplemental funding to support the states and territories as they implement the 2003 birth certificates. Future supplemental funding will be required to implement the 2003 death certificates in all states and complete the automation of data collection. Today only about half of the states and territories use the 2003 birth or death certificates to collect "enhanced" vital statistics. Fewer states collect both, and even fewer do so electronically. Modernizing the National Vital Statistics System will improve data quality, efficiency, interoperability, and security.



NCHS Placement within Programmatic Agency May Contribute to Challenges

There is some evidence to suggest that NCHS' chronic funding situation is due to more than how it has fared in the annual budget process. Some experts suspect that NCHS' organizational location within the CDC—without a direct line to the CDC Director or the Secretary of Health and Human Services (HHS)—may impact whether NCHS can:

- Maintain the independence required of a federal statistical organization; and
- Secure the resources it needs to produce the high quality statistical data it is mandated to produce.

The Friends of NCHS request that the new administration evaluate whether elevating NCHS as an independent statistical agency could better serve the nation's data needs.

A report on the organizational placement of NCHS titled, *Safeguarding Vital and Health Statistics* (see: <http://www.popassoc.org/files/public/COPS-NCHSfinal.doc>) details the implications of the agency's location within CDC, providing some evidence that NCHS' current placement may compromise its independence and impact its control over resources. The report cites “a few instances” in which CDC has attempted to interfere in NCHS's dissemination of data. None of these appears to be a “smoking gun” – a dramatic instance in which the statistical integrity of NCHS was actually violated. Rather, they illustrate situations in which CDC priorities constrained the freedom of NCHS to publicize its data, and situations in which NCHS staff had to go to some lengths to defend practices they viewed as important.

Research Agency May Be More Appropriate Home for NCHS

The report also discusses potential options for relocating the agency and posits that NCHS would benefit from having greater visibility, autonomy, and ability to secure funding. Options for placement—to varying degrees of independence and prominence—include:

- A return to the Office of the Assistant Secretary for Health;
- Transfer to a research agency, such as the National Library of Medicine (NLM), Agency for Healthcare Research and Quality (AHRQ), or the Office of the Assistant Secretary for Planning and Evaluation;
- Creation of a centralized statistical component of HHS that would oversee the core health-related surveys and data systems of the Department (which are now scattered in various units across HHS);
- Creation of a consolidated national statistical office, as in Canada and many European nations.

Experts offer concerns about each of these options but agree that if NCHS must be embedded within an existing HHS agency or office, it should be within one that has a research mission (e.g. AHRQ), not a programmatic or policy mission (e.g., CDC). They also agree that NCHS should be in a position where it can best serve the entire Department and not be separated *too* far from related programmatic agencies; less NCHS lose its ability to inform and be informed by substantive programs.



Why Does NCHS Need \$145.5 million in FY 2010?

Policy Priority	NCHS Activity	With funding...	Without funding...
National Security & Healthy People	National Vital Statistics System tracks the registration of vital events—births, deaths, marriages, divorces, and fetal deaths across the country.	NCHS can continue systematic collection of birth and mortality data and move forward in modernizing the vital statistics system by getting all states collecting the same data and putting all records in electronic format.	We stand to lose data that are routinely used to monitor maternal and infant health and understand causes of death. Our ability to monitor and track select <i>Healthy People</i> objectives will be compromised.
Insurance Coverage	National Health Interview Survey has monitored, for 50 years, trends in illness and disability and tracks progress on national health objectives.	This survey will continue to provide Congress and other public and private decision makers with a complete picture of Americans' health, including rates of insurance.	We will lose information on who's covered and who's not, how people are covered and why they're not. Without these data, formulating solutions and evaluating coverage initiatives is more difficult.
Obesity	National Health and Nutrition Examination Survey studies major nutrition, infection, environmental, and chronic health conditions.	NIH and CDC will continue to receive large-scale, population-based data to track health conditions and identify correlations between risk factors and disease outcomes.	We will limit our ability to monitor obesity rates, especially among children and minority populations, and the performance of preventive interventions, such as nutrition education and fitness programs for youth.
Health Care Costs	National Health Care Study measures the use of health care resources, the quality of health care, and disparities in health care services provided.	Congress can continue to monitor what drives costs, including utilization, the diffusion of new technology, and medical errors.	We will limit our ability to track cost data according to various sites of service—physician offices, hospital emergency, outpatient, and inpatient departments, ambulatory surgery centers, nursing homes, and home and hospice care.

Thanks to NCHS, we know that too many Americans are overweight and obese, cancer deaths have decreased, average life expectancy has increased, and emergency rooms are over-crowded. We know how many people are uninsured, how many children are immunized, how many Americans are living with HIV/AIDS, and how many teens gave birth. For more information on the important work of this agency and the health of our nation, please visit www.cdc.gov/nchs.