

Friends of NCHS Annual Meeting: Update from the NCHS Director

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May 25, 2022

National Center for Health Statistics



2022 NCHS Priorities

NCHS is ...

- Releasing data faster
- Expanding our surveys to allow for quicker response to changing public health data needs
- Partnering across the public health and federal statistical communities



Data Modernization

The Foundations for Evidence-based Policymaking Act of 2018

One Hundred Fifteenth Congress
of the
United States of America

AT THE SECOND SESSION

*Began and held at the City of Washington on Wednesday,
the third day of January, two thousand and eighteen*

An Act

To amend titles 5 and 44, United States Code, to require Federal evaluation activities, improve Federal data management, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Foundations for Evidence-Based Policymaking Act of 2018”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—FEDERAL EVIDENCE-BUILDING ACTIVITIES

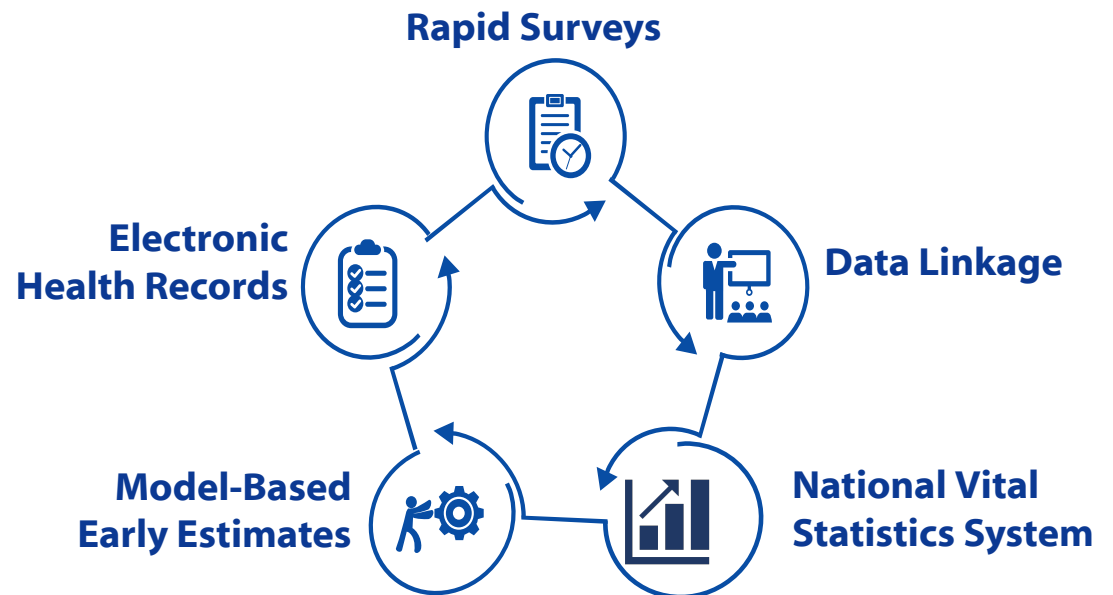
Sec. 101. Federal evidence-building activities.

TITLE II—OPEN GOVERNMENT DATA ACT

Sec. 201. Short title.

Sec. 202. OPEN Government data.

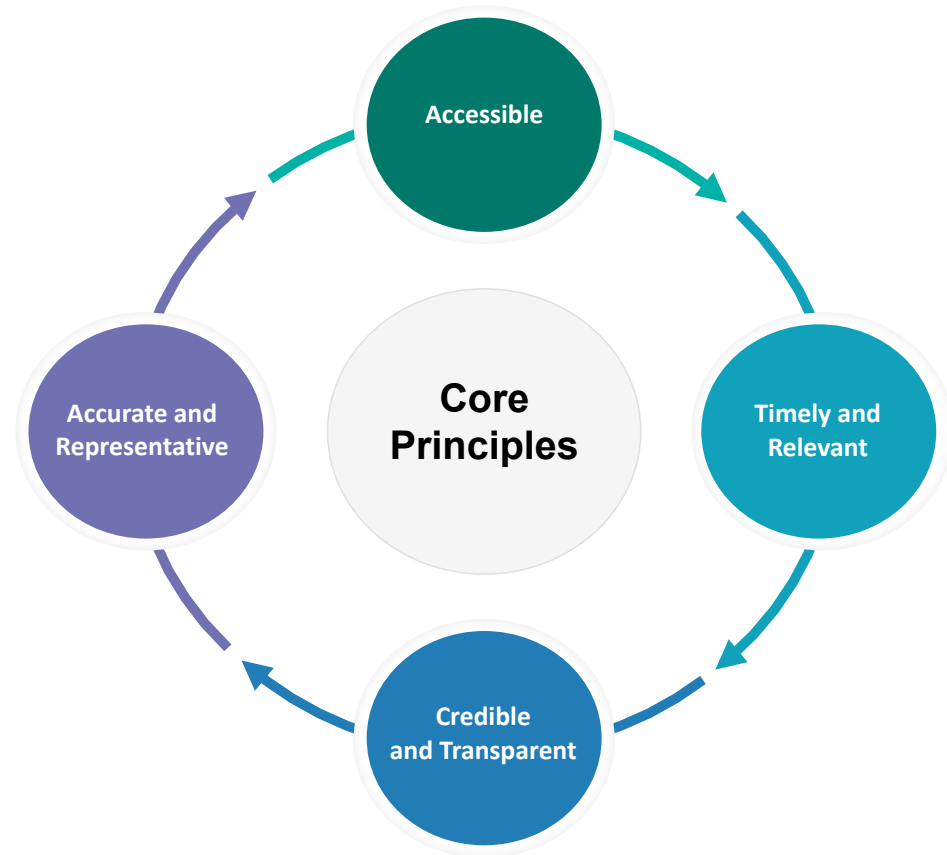
TITLE III—CONFIDENTIAL INFORMATION PROTECTION AND STATISTICAL EFFICIENCY



NCHS's New "Rapid Surveys" Program

- **Vision**

- A new data system emphasizing timeliness and relevance
- Provides data on emerging and priority health topics that are "fit-for-use" for decision making



Developing Rapid Response Surveys

- Key features of the Rapid Surveys:
 - Quarterly data collection
 - Questionnaire content varying each quarter
 - Timely release of estimates
 - Based on commercial probability-based online survey panels
 - Production of public use and geocoded restricted-access data files



NHANES MEC Modernization

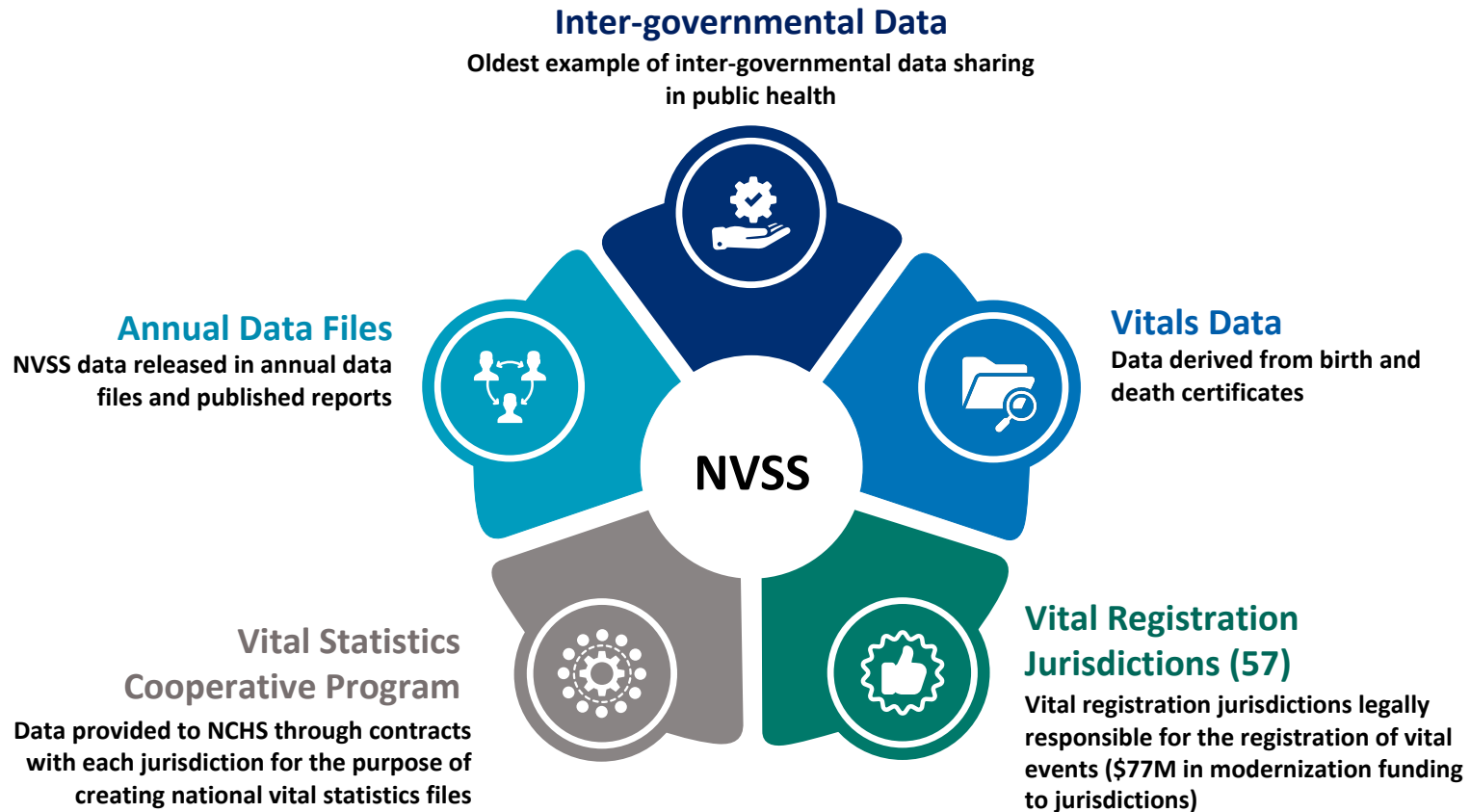
The NHANES Mobile Examination Centers (MECs) are modernizing!

Advantages include:

- Traveling to more regions annually
- Traveling closer to participants to reduce travel burden
- Incorporating innovative technologies for data collection



The National Vital Statistics System (NVSS)



NVSS Modernization

We are reinventing the NVSS to make vital information more available for action

Moving vital information faster



- Build a broad community to implement new technologies, like FHIR, that create interoperability across our nation's systems

Improving data quality



- Offer guidance, training, technology, and support to make birth and death data more accurate and complete

Informing emergency response



- Release provisional data that can be used for public health surveillance and response that are made available in advance of our final data releases.

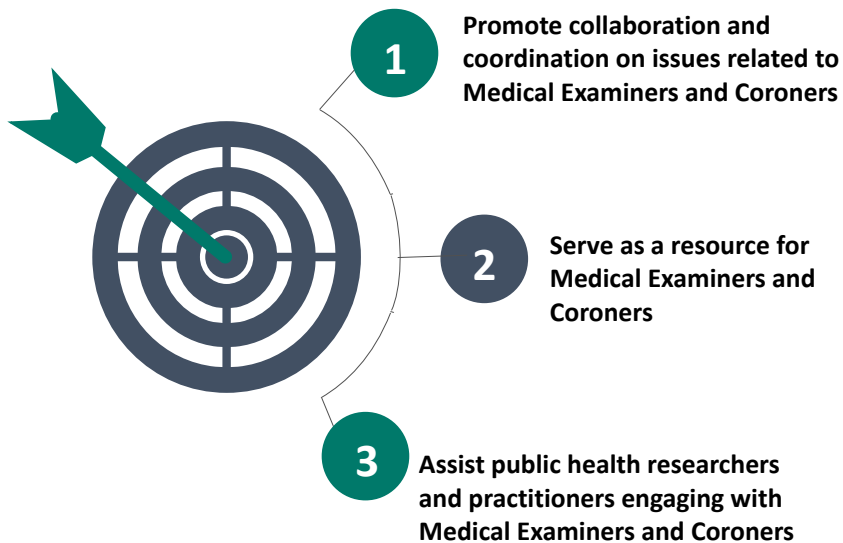
Enhancing data analysis methods



- Apply methods to better analyze available data, (e.g., mining information from the written (literal) cause of death text on the death certificate)

Coordinating Office for Medical Examiners and Coroners (COMEC)

GOALS



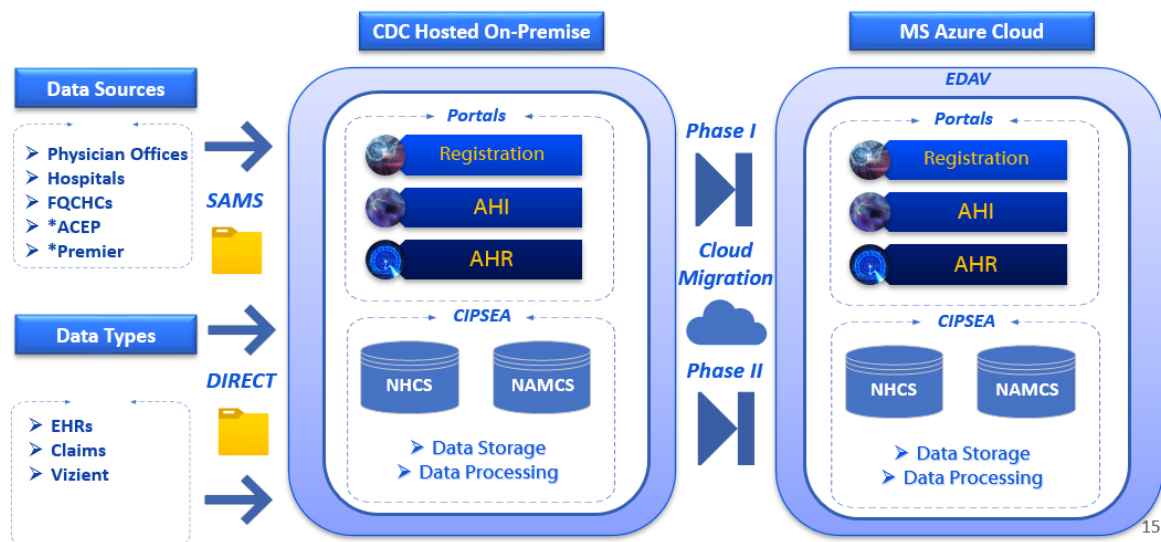
OBJECTIVES



Leveraging Electronic Health Records

Using DMI funding, NCHS is developing a Healthcare Electronic Health Record (HEHR) Platform for collecting & processing EHR data hosted at CDC.

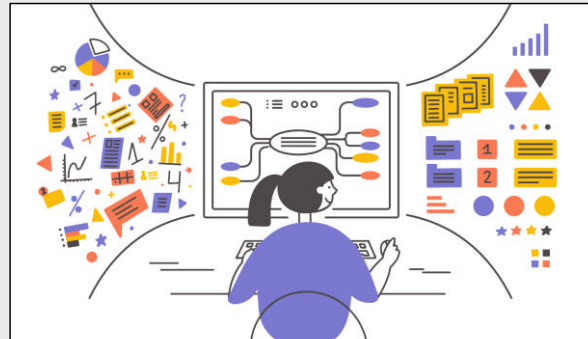
- HEHR will support hospital care surveys to collect, integrate, harmonize, store, and process EHR and administrative claims data.
- Advantages include:
 - Streamlining processing time while reducing cost of maintenance
 - Sharing data across CDC
 - Adhering to all applicable privacy & security standards in compliance with CIPSEA



Virtual Data Enclave

Research Data Centers

- **The NCHS Virtual Data Enclave will begin onboarding select CDC-based restricted data projects to test the new cloud-based platform**



New Data Linkage: NCHS and VA

New linkage between NCHS household surveys and U.S. Dept. of Veterans Affairs administrative data will use enhanced linkage methodology

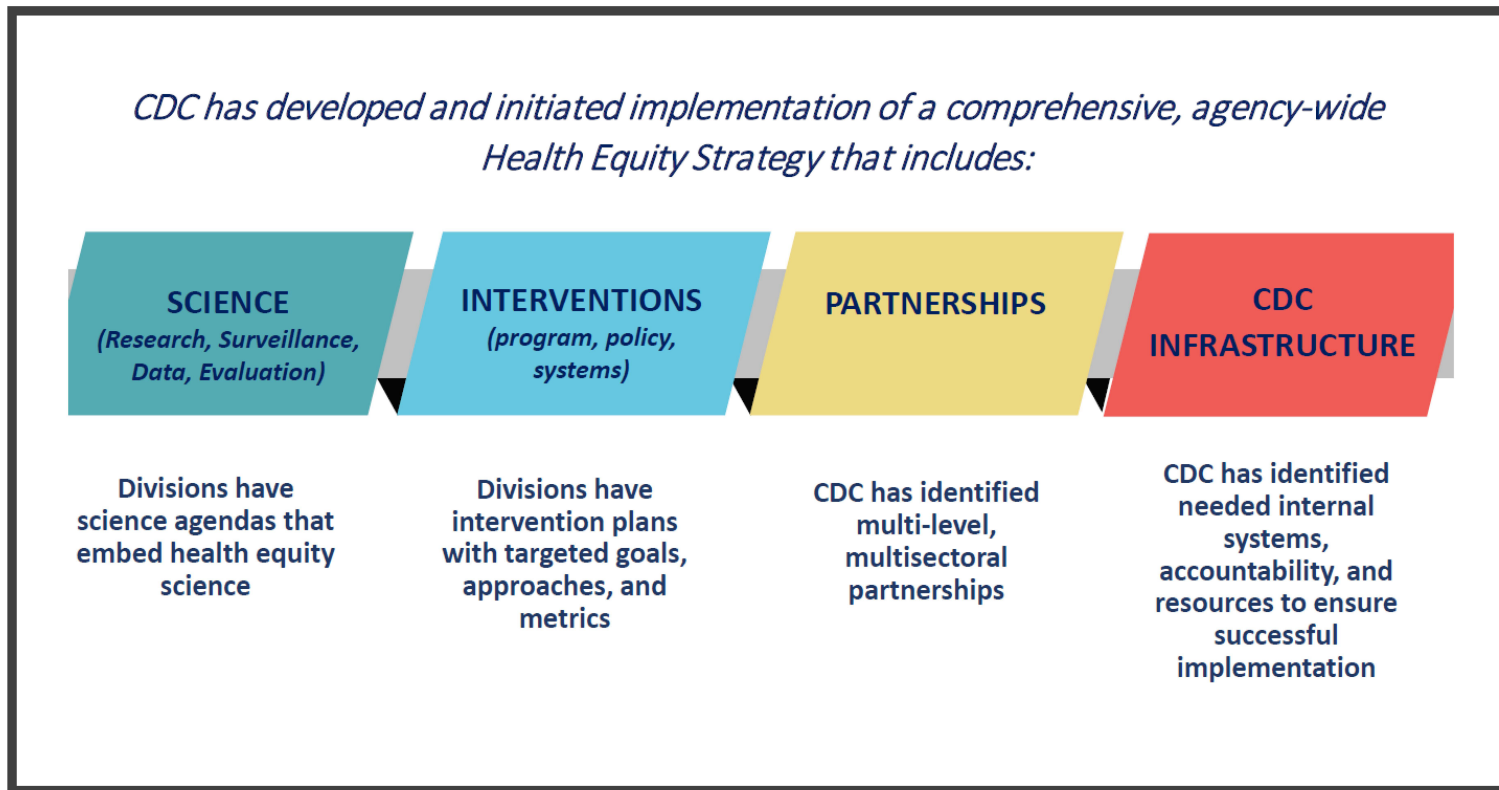
- Examples of future research using NCHS-VA linked data:
 - Comparisons between veterans and non-veterans
 - Outcomes by subgroups of veterans
 - Healthcare financial burden, access, and use by veterans



Data available Summer 2022!



CDC's Health Equity Strategy and CORE Efforts



Improving NCHS Data on Drivers of Disparities

Measures of social support added to NHIS in July 2020 and continued for 2021
Industry and occupation information released on the final 2020 mortality data file

NHIS will be adding content on perceived discrimination
NHANES is considering new laboratory biomarker of inflammation and stress

2021

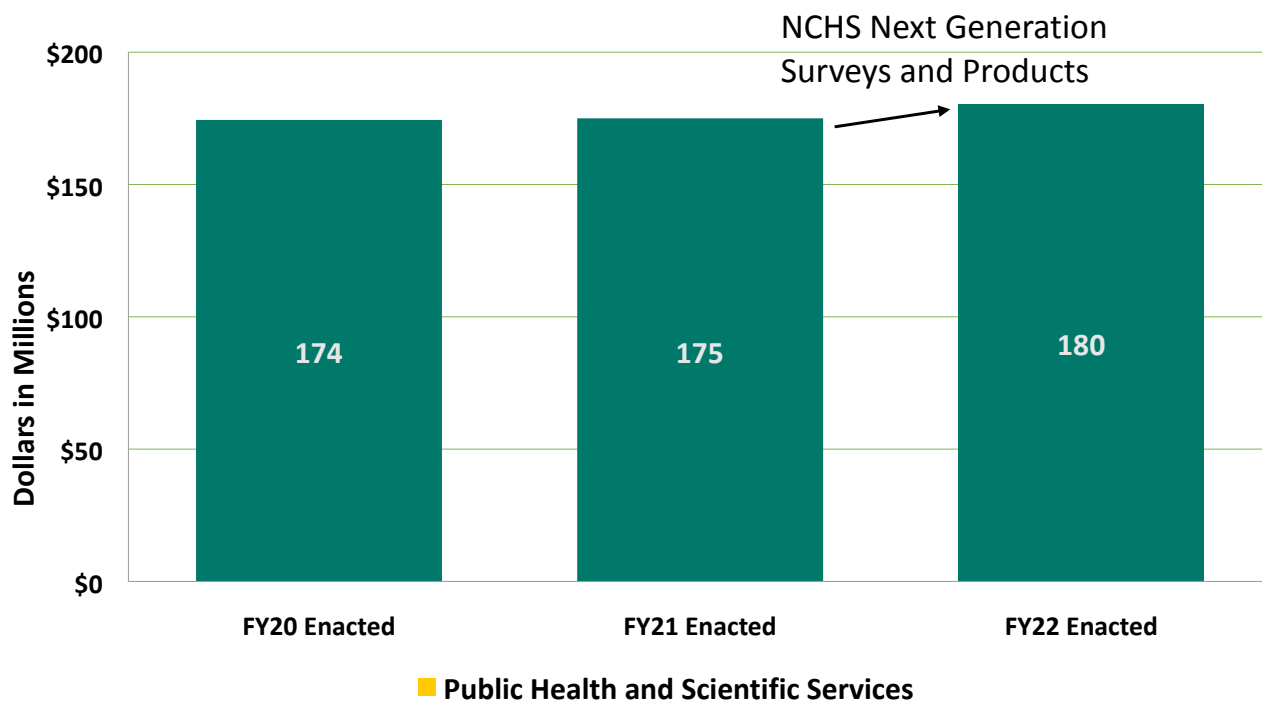
2022

2023

The 2022 NHIS is including questions on nonfinancial barriers to care, and will be evaluating various question sets on gender identity
NPALS will add questions on cultural sensitivity training received by personal care aides in adult day and residential care settings



NCHS Budget Updates



FY 2023 President's Budget request includes a \$6.54 million increase to:

- Increase the sample size of the National Health Interview Survey
- Evaluate EHR data to better understand its use in health equity analysis
- Evaluate and improve misclassification of race and ethnicity in vital records



New Reports & Data from NCHS

High Visibility Reports

- Maternal Mortality Rates in the United States, 2020
- Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2021

New Data Releases

- Monthly Provisional Drug Overdose Death Counts (thru December 2021)
- 2021 National EHR Survey public use data file

Just This Week...

- Births: Provisional Data for 2021 — May 24th
- Sexual Orientation Differences in Access to Care and Health Status, Behaviors, and Beliefs — May 25th



Questions?

www.cdc.gov/nchs

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

