International Statistical Program Activities at NCHS

Centers for Disease
Control and Prevention
National Center for
Health Statistics

About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS uses a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective on the population's health, influences on health, and health outcomes.

International activities at NCHS

NCHS collaborates with countries around the world and participates in a wide range of international initiatives. These programs consist of cooperative ventures on analytical and methodological issues, technical assistance, consultation, training, information exchange, and liaison with multinational agencies. Additionally, NCHS sponsors and hosts international meetings and symposia in order to foster the sharing of scientific information. Many of these events are communicated and coordinated by the International Statistics Program (ISP). Through these efforts, NCHS seeks to improve the availability and advance the quality and comparability of health data in the United States and other countries.

Bilateral activities foster goodwill, strengthen partnerships between collaborating countries, and offer opportunities for comparing data. NCHS' bilateral collaborations include:

Interchange with Statistics Canada

The collaboration between NCHS and Statistics Canada began in 1999. These two agencies have statistical programs with much in common, including the collection of vital statistics and the conduct of national health population surveys. Since the collaboration was formed, the agencies have held an annual 2-day "interchange" to share information about common health-related interests, activities, challenges, and achievements. The interchange has led to a number of U.S.-Canada collaborations, including the Joint Canada/United States Survey of Health conducted in 2002–2003.

National Health and Nutrition Examination Survey (NHANES) and the National Health and Nutrition Survey in Mexico (ENSANUT) collaboration

NHANES and ENSANUT have begun a collaboration to share information about sample design and survey planning and to conduct joint analytic projects. ENSANUT is a survey conducted by the National Institute of Public Health (INSP in Spanish) of Mexico. In April 2020, NCHS hosted a Zoom meeting with participants from NCHS and INSP to start this conversation.

ENSANUT in Mexico and NHANES in the United States have similar histories, objectives, and designs, although operationally they differ. Select topics covered in ENSANUT include nutritional and health status of children and adults, prevalence of chronic and infectious diseases, and the population's perception of the quality of the health system. The survey includes anthropometric measures, a blood draw, dietary interviews, and questionnaires. Select topics covered in NHANES include nutritional and

health status of the U.S. civilian, noninstitutionalized population; prevalence of chronic and infectious diseases; and prevalence of risk factors. NHANES consists of questionnaires, including dietary interviews, and direct physical examinations, including anthropometry, and laboratory measures.

U.S.–México Border Health Commission

The U.S.-México Border Health Commission was created as a binational health commission in July 2000 with the signing of an agreement by the Secretary of Health and Human Services of the United States and the Secretary of Health of México. The mission of the U.S.-México Border Health Commission is to provide international leadership to improve health and quality of life along the U.S.-México border.

One of the major activities of the Commission is the Healthy Border program, a binational initiative that focuses on the public health issues prevalent among border populations. Established in 2000, the Healthy Border program is similar to the Healthy People program operated by the U.S. Department of Health and Human Services, identifying important health issues and setting decade-long targets for the border region of both countries. NCHS has assisted the Healthy Border program since its inception, providing statistical support required for the identification of health issues, setting of targets, measuring program accomplishments, and producing Healthy Border reports.

MULTILATERAL COLLABORATIONS

These collaborations, which benefit from the input of a variety of countries, help set standards to improve data collection and analysis. NCHS' multilateral collaborations include:

International Collaborative Effort (ICE) on Injury Statistics and Methodology

An NCHS-initiated collaboration, ICE on Injury Statistics and Methodology provides a forum for injury researchers to exchange ideas and collaborate on the development of standards for injury data collection and analysis to improve international comparability of injury statistics. The organization's goals are to provide high-quality data to better assess the causes and consequences of injury, differences in injury occurrence over time and place, and the most effective means of injury prevention and control. Over the past 20 years, researchers from more than 40 countries have participated in collaborative projects or attended ICE on Injury Statistics and Methodology conferences.

Iris Institute / ICE on Automating Mortality Statistics

The NCHS-sponsored ICE on Automating Mortality Statistics ended in 2016 after 20 successful years of promoting the use of automated systems for coding mortality information. The first ICE on Automation Symposium in 1996 produced a number of key recommendations for the improvement of mortality coding globally. The first of these recommendations was to create a global online reference system for mortality coders, which became the Mortality Forum; it is still active. Another recommendation led to the creation of the Mortality Reference Group, designed to consider possible updates to ICD–10. The Mortality Reference Group now operates under the World Health Organization (WHO) Collaborating Centers.

Iris, now the global standard for automated coding of causes of death, grew out of the collaboration and exchanges that were an integral part of the ICE on Automation. Discussions among European and U.S. members of the ICE on Automation led to the development of *Iris*, a language-independent automated coding system essential for mortality coding in non-English-speaking countries. The Iris Institute, based in Cologne, Germany, maintains the *Iris* software and offers training courses as part of annual Iris Institute meetings. *Iris* is supported via financial and in-kind contributions from the Core Group members: France, Germany, Italy, Hungary, and the United States.

MULTILATERAL COLLABORATIONS

WHO Collaborating Center for the Family of International Classifications

WHO produces international classifications of health and of functioning and disability so there is a consensual, meaningful, and useful framework that governments, providers, and consumers can use as a common language. The WHO Collaborating Center for the Classification of Diseases was established to represent the United States in international activities related to the development, revision, and implementation of WHO-FIC classifications (International Classification of Diseases [ICD], International Classification of Functioning, Disability and Health [ICF], and the International Classification of Health Interventions [ICHI]). The Collaborating Center is located at NCHS. In this capacity, NCHS is responsible for coordinating all official disease classification activities in the United States relating to ICD and ICF, including their use, interpretation, and periodic revision.

■ The ICD is the standard diagnostic tool for epidemiology, health management, and clinical purposes. The most recent version, ICD–10, is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics, including providing a format for reporting causes of death on the death certificate. The ICD coding rules improve the usefulness of mortality statistics by giving preference to certain categories, consolidating conditions, and systematically selecting a single cause of death from a reported sequence of conditions. A Mortality Reference Group considers potential updates to the current ICD version to improve the international comparability of mortality data. NCHS has developed a clinical modification of the ICD, ICD–10–CM, for the reporting of morbidity conditions.

ICD–11, the next revision of the ICD, has been approved by the World Health Assembly for use beginning in 2022. As with previous revisions, the classification has been updated to align with the latest in medical knowledge. ICD–11 is designed for systematic use in the reporting and analysis of both mortality and morbidity data. The introduction of extension codes and other coding enhancements permit more precise and detailed data recording, particularly for clinical use. For the first time, the ICD will be both fully electronic and freely available online and offline.

- The ICF is a classification of functioning, disability, and health. The ICF is structured around the following broad components: body structure and function, activities (related to tasks and actions by an individual) and participation in society, and additional information on personal and environmental factors.

- The ICHI is a classification of health interventions. ICHI covers interventions carried out by a broad range of providers across the full scope of health systems and includes interventions for diagnostic, medical, and surgical purposes as well as for mental health, primary care, allied health, functioning support, rehabilitation, traditional medicine, and public health.

MULTILATERAL COLLABORATIONS

Organisation for Economic Co-operation and Development (OECD)

NCHS works with OECD on projects that facilitate international comparison of health data across a variety of measures. NCHS provides OECD with data for OECD Health Statistics, an annual comprehensive source of comparable statistics on health and health systems across OECD member countries. Data on topics such as health status, determinants of health, health care activities, and health expenditure and financing are featured in the OECD publication, *Health at a Glance*. NCHS also serves as the U.S. representative to OECD's Health Care Quality Indicators, a project aimed at comparing the quality of health care across OECD member countries.

OECD

BETTER POLICIES FOR BETTER LIVES

International Group for Indigenous Health Measurement (IGIHM)

The United States, Australia, Canada, and New Zealand all have significant indigenous populations with similar health problems, and the countries share deficiencies in indigenous health data. These issues led health researchers, representatives of national statistical agencies (including NCHS), and representatives of indigenous groups to form an international group in 2005 to improve health status measurement of indigenous populations. Several meetings have brought IGIHM members and other experts together to share findings regarding indigenous health status, propose improvements in measurement methodology, and consider related issues, such as social determinants of indigenous health.

IGIHM collaborations

UN Statistics Division (UNSD)

UNSD compiles and distributes global statistical information, develops standards and norms for statistical activities, and supports countries' efforts to strengthen their national statistical systems. IGIHM is working with UNSD to develop guidelines to include "Indigenous Status" as a disaggregation variable for the UN's *Transforming Our World: The 2030 Agenda for Sustainable Development* and *The Sustainable Development Goals Report 2019*.

Global Program for Civil Registration and Vital Statistics Improvement

The International Statistics Program at NCHS has initiated a vital registration improvement effort in countries around the world, thereby contributing its expertise to enhance health-related data collections. An example is the Global Program for Civil Registration and Vital Statistics Improvement, now based in the Division of Vital Statistics at NCHS. With funding from the Centers for Disease Control and Prevention's (CDC) Center for Global Health, the CDC Foundation, and Bloomberg Philanthropies, this program has established country demonstration projects to improve civil registration and vital statistics (CRVS) programs in Kenya, Malawi, Morocco, Mumbai (India), and Zambia. These projects employ a variety of tools and activities, including recent advances in mobile technology, to address the unique combination of system deficiencies and barriers found in each country. As part of this program, NCHS collaborates with various regional offices of the UN and WHO on related CRVS activities.

In addition, the International Statistics Program in 2015 launched a new CRVS global training course that is available online at https://www.cdc.gov/nchs/isp/isp_fetp.htm. This course provides important information on vital statistics data gathered from a national civil registration program. The curriculum combines internationally accepted principles and recommendations for national CRVS systems with a fully customizable framework that allows the course to easily incorporate country-specific civil registration policies, customs, and administrative processes. The customization aspect allows it to be

administered anywhere in the world and also serves as the basis for a training program that can be administered to country civil registrars, public health professionals, and policy makers.

Washington Group on Disability Statistics (WG)

WG was created as a "city group" by the UN Statistical Commission to address the need for population-based measures of disability, and to develop principles and standard forms for the new generation of internationally comparable global indicators of disability.

NCHS hosted the first WG meeting in 2002 and serves as secretariat for the group. NCHS has also chaired the WG steering committee since its launch. WG is a cooperative effort among national statistical offices of developed and developing countries, international statistical organizations, development agencies and organizations, and international organizations representing persons with disabilities. The group works to develop internationally comparable disability measures for censuses and national surveys. Other goals include improving the collection and interpretation of information on disability, enhancing comparability with other national and international data collections, and providing the detailed information needed to fully understand the complexities of disability.

WG Question Sets

WG has developed the Short Set on Functioning (WG-SS), six questions for inclusion on censuses and surveys. Data from these questions can be used to monitor progress in meeting the goals of the UN's 2030 Agenda for Sustainable

MULTILATERAL COLLABORATIONS
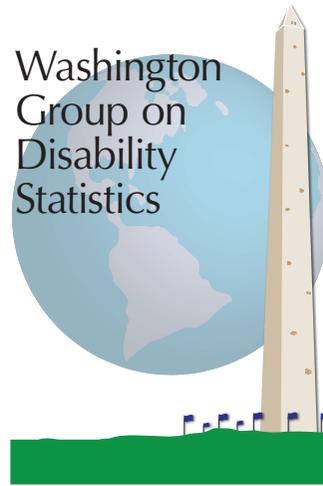
Development and its Sustainable Development Goals (SDGs). WG has also developed an Extended Set on Functioning, consisting of questions across a broader range of domains that can be used as a disability module on existing surveys (e.g., health, living standards, or labor force surveys, among others), or as the core of a targeted disability survey. Both the UN Department of Economic and Social Affairs and the UN Economic Commission for Europe, in preparing for the 2020 round of censuses, have recommended using WG–SS for the collection of disability data cross-nationally. The questions have also been endorsed by a Disability Data Expert Group under the UN Department of Economic and Social Affairs as the method to disaggregate SDGs by disability status. Similarly, the Global Action on Disability Network has affirmed its support for the WG tools for disaggregating SDGs.

WG has provided training and technical support to national statistical offices, UN agencies, development ministries, nongovernmental organizations involved in disability and development, and organizations for persons with disability, guiding the measurement of disability and implementation of WG questions in projects and programs.

In addition to promoting use of the WG question sets to monitor inclusion of persons with disabilities in its programs, the Australian Department of Foreign Affairs and Trade, for example, has provided WG with financial support to conduct regional workshops and provide technical assistance and capacity building. These activities are leading to global standardization of disability measurement in routine data collections.

WG collaborations

United Nations Children's Fund (UNICEF)

In collaboration with WG, UNICEF recognized the need for a module to produce internationally comparable data on child functioning and disability. In response, UNICEF and WG developed and tested two survey Modules on Child Functioning for children aged 2–4 and 5–17 years, with questions in the domains of seeing, hearing, walking, self-care, dexterity, communication, learning, remembering, emotions, behavior, focusing attention, coping with change, relationships, and playing.

UNICEF and WG have also begun developing a survey module that will focus on environmental factors and on measuring facilitators and barriers to school participation (e.g., inclusive education). The domains identified for further development include attitudes, getting to school, accessibility (physical, informational, communication, and curricular), and affordability—with an additional subsection on the reasons that a child may be out of school. Cognitive testing in the United States and at several international sites is being conducted under the guidance of the Collaborating Center for Questionnaire Design and Evaluation Research (CCQDER) at NCHS, with field-testing to follow.

International Labor Organization

WG is also collaborating with the International Labor Organization on developing a disability module for use in labor force surveys. A module has been developed that includes sections on barriers to participation in the labor force, workplace accommodations, social attitudes, and social protection. The module has been cognitively tested at CCQDER at NCHS, with plans for future field-testing.

MULTILATERAL COLLABORATIONS

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