NATIONAL CENTER FOR HEALTH STATISTICS

NCHS Fact Sheet | August 2020

Summary of Current Surveys and Data Collection Systems



Vital Records

National Vital Statistics System https://www.cdc.gov/nchs/nvss.htm

Data source and methods

- State vital registration
- Births
- Deaths
- Fetal deaths
- Linked Birth/Infant Death Program
- Birth and death ratesWIC receipt
- Birthweight
- Teen and nonmarital
 Breastfeeding births
- Pregnancy outcomes
- Method of delivery
- Preterm delivery/ gestational age
- Multiple births

- Medicaid payment

Selected data items

- Prenatal care
- Maternal weight and Body Mass Index
- Infant mortality
- Life expectancy
- Causes of death. including fetal causes
- Occupational mortality

All births: About 4 million records annually

Targeted sample size

- All deaths: About 2.7 million records annually
- Reported fetal deaths of 20 or more weeks gestation: About 26,000 annually
- Counts of marriages and divorces

Disparity variables and data collection For births, deaths, and fetal deaths:

- Office of Management and Budget (OMB) race categories* (1997)
- Education

For births and deaths:

- Marital status
- Primary language information not collected

Frequency

Annual

- Continue monthly, quarterly, and annual reporting
- Assist states in automating or re-engineering their IT systems to enhance timeliness and quality of reporting

FY 2020-2021 plans

- Evaluate quality of birth data items added in 2003; evaluate potential new items for collection
- Promote e-learning training for birth certificates and fetal death reports; assess impact of training
- Promote mobile app for cause-of-death certification: complete development of and promote e-learning training for death certificates; assess impact of training
- Enhance new data access methods and reports
- Continue to enhance natality and mortality surveillance system.
- Improve timeliness of vital statistics reports and data files
- Re-engineer or replace the medical coding system
- Expand cause-of-death coding to include more detailed supplemental codes for specific drugs (i.e., more detail than available in ICD-10)

National Death Index (NDI)

Data source and methods

Selected data items

Targeted sample size

Disparity variables and data collection https://www.cdc.gov/nchs/ndi.htm

Frequency

FY 2020-2021 plans

- State registration areas-death certificates
- Facilitates epidemiological follow-up studies from 1979-2019
- Verifies death for study participants for health and medical research purposes only
- Optional release of coded causes of death available to users upon request
- NCHS surveys can be linked to NDI

All deaths

- Semi-annual
- Continue ongoing operations
- Continue to improve timeliness of data availability for matching
- Update NDI website
- Expand outreach to health and medical research community
- Pilot new funding model to improve and expand use of NDI for National Institutes of Health-funded projects

^{*} The primary OMB categories include white, black or African American, Asian, Native Hawaiian or Pacific Islanders, American Indian or Alaska Native. Hispanic or Latino, not Hispanic or Latino, Multiple races can be reported. While data are collected in the categories indicated, sample sizes do not always allow for reporting in these categories. Some surveys collect more categories than the primary OMB categories.

Provider surveys

National Ambulatory Medical Care Survey

https://www.cdc.gov/nchs/ahcd/about_ahcd.htm

mtps://www.cuc.gov/ncits/anco/about_anco.ntm								
Data source and metho	ds Selected data items	Targeted sample size	Disparity variables and data collection	Frequency	FY 2020–2021 plans			
 Review medical records and abstract patient visit information Interview physicians and community health centers (CHCs) providers 	 Patient visit information, including demographics, vital signs, reason for visit, injury, continuity of care, diagnosis, chronic conditions, medical services, medications, and various laboratory test results Physician and CHC provider practice characteristics including: specialty, ownership, tests performed, and revenue Use of electronic medical records 	 3,000 physicians in office-based practices 104 community health centers with up to 312 community health center providers 99,360 patient visits 	OMB race and Hispanic origin categories* (1997) onic Health Records Surv	- Annual	 Finish 2019 data collection Continue annual survey Additional content to be added to the 2020 physician and CHC interviews to collect data on the effects of COVID-19 on the provision of ambulatory care 			
National Electronic Health Records Survey https://www.cdc.gov/nchs/nehrs/about.htm (formerly National Ambulatory Medical Care Survey—Electronic Health Records)								
Data source and metho		Targeted sample size	Disparity variables and data collection	Frequency	FY 2020–2021 plans			
telephone) survey of office-based	 Provider characteristics Use of electronic medical records and features Specialty, practice size, and ownership Physician attitudes about electronic health records, barriers, benefits, and impact 	10,302 physicians in office-based practices in 50 states and Washington, DC	None collected The second se	- Annual	 Continue annual survey Additional content to be added to the 2020 interview to collect data on the use of telemedicine during the COVID-19 pandemic 			
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https://www.cdc.gov/nchs/ahcd/about_ahcd.htm National Hospital Ambulatory Medical Care Survey								
Data source and metho	ds Selected data items	Targeted sample size	Disparity variables and data collection	Frequency	FY 2020–2021 plans			
records for patient visit information Interview hospital administrators	 Patient demographics and characteristics Length of stay in emergency department Diagnoses, procedures, and treatment Facility characteristics Visit volumes Use of electronic medical records and features 	 410 hospitals with emergency departments 65,000 patient visits 	OMB race and Hispanic origin categories* (1997)	- Annual	 Finish 2019 data collection Continue annual survey Collect data for emergency departments Additional content to be added to the 2021 emergency department interview to collect data on the effects of COVID-19 on the provision of ambulatory care 			

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Provider surveys (Continued)

https://www.cdc.gov/nchs/nhcs.htm

National Hospital Care Survey (replaced the National Hospital Discharge Survey, last conducted in 2010)

Disparity variables and data collection FY 2020-2021 plans **Selected data items** Targeted sample size Frequency **Data source and methods** Hospital billing (UB–04) Utilization of hospital care, inpatient care, 608 hospitals OMB race and Hispanic-origin Annual Finish 2019 data collection records and electronic health and care delivered in emergency categories* (1997) for EHR Continue recruitment of hospitals records departments data collection using the and collection of data in hospitals Implementation Guide currently recruited Link NDI and Centers for Medicare and Medicaid Services (CMS) data Additional content to be added to the 2020 Annual Hospital Interview to collect data on the effects of COVID-19 on the provision of care, and the number of visits related to the National Post-Acute and Long-Term Care Study
(previously known as the National Study of Long-Term Care Providers that replaced the National Nursing Home Survey,
National Home and Hospice Care Survey, and National Survey of Residential Care Facilities) https://www.cdc.gov/nchs/npals/index.htm **Targeted sample size** Disparity variables and data collection **Data source and methods Selected data items Frequency** FY 2020-2021 plans **11,600** Prepare for 2020 survey Mail, web, and telephone OMB race and Hispanic-origin Provider geographic and operating Annual implementation surveys of directors of adult (approximate) characteristics, services, practices, and categories* (1997) day care services centers and residential care Additional content to be added to staffing residential care communities the 2020 wave of the adult day communities Services user (residents, participants, and services center and residential CMS administrative data 5,000 patients) characteristics, including care community components to (claims, assessment, and demographics, diagnoses, cognitive and (approximate) collect data on the number of certification) on nursing adult day physical functioning, falls, hospital and COVID-19 infections, homes and residents, home services centers emergency department use, advance care hospitalizations, and deaths health agencies and patients. planning, polypharmacy, antipsychotic among services users and staff; and hospices and patients, medications, and service use availability of personal protective long-term care hospitals and equipment and testing; use of Rotating topic modules patients, and inpatient telemedicine; visitor policies and State-level estimates where feasible rehabilitation hospitals and general infection control policies patients Create in-house restricted and public-use data files for the 2018 wave

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Population surveys	Popul	ation	surveys
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Topulation 3			National Health Interview Survey		
Data source and method		vww.cdc.gov/nchs/nhis.htm Targeted sample size	Disparity variables and data collection	Frequency	FY 2020–2021 plans
 Personal interviews 	 Chronic conditions Health status Functioning and disability Health insurance Health care access and use Health-related behaviors National Health and Nutree	 30,000 sample adults and 10,000 sample children Address-based sample design 	OMB race and Hispanic-origin categories* (1997) Family income Poverty level Marital status Education Birthplace	Annual /www.cdc.gov/nchs/nhanes/	 Annual sustaining sponsored content on cancer control and prevention, immunizations, non-cigarette tobacco product use, food security, and insulin use Emerging content to address health, health care, and well-being issues regarding COVID-19 2020 sponsored content on diabetes, asthma, prescription opioid use and pain management, and age of onset of disability Pilot study to test the collection of biomeasures from National Health Interview Survey respondents Pilot study to evaluate the feasibility of follow-up interviews with adolescents
Data source and method		Targeted sample size	Disparity variables and data collection	Frequency	FY 2020–2021 plans
 Personal interviews Physical examinations Laboratory tests 	 Selected diseases and conditions, including those undiagnosed or undetected Nutrition monitoring, including birth to 24 months and infant formula Environmental exposures monitoring Children's growth and development Infectious disease monitoring Overweight and diabetes Hypertension and cholesterol Health behaviors Oral health Hearing and balance Cognitive functioning Prescription drug use Dietary supplement use 	 5,000 persons per year, all ages Oversample persons aged 60 and over Oversample black, Asian, and Hispanic persons 	 OMB race and Hispanic-origin categories* (1997) Income and poverty index Education Occupation Type of living quarters Social services Birthplace Acculturation questions, including language usually spoken at home 	Continuous since 1999, 2-year survey cycles	 Resume data collection following survey suspension due to corona pandemic Evaluate the inclusion of COVID-19 components when data collection resumes Release data on 2-year cycles Maintain DNA repository Maintain biospecimen repository Infant blood collection pilot

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Population surveys (Continued)

https://www.cdc.gov/nchs/nsfg.htm

National Survey of Family Growth

Data source and methods

Selected data items

Targeted sample size

Disparity variables and data collection

FY 2020-2021 plans

- Personal interviews
- Men and women aged 15-44 years through September 2015
- Men and women aged 15-49 years since September 2015
- Contraception and sterilization
- Pregnancy and birth history
- Teenage sexual activity and pregnancy
- Family planning and services and other reproductive health care
- Unintended pregnancy
- Infertility, adoption, and breastfeeding
- Marriage, divorce, and cohabitation
- Fatherhood involvement
- HIV/STD risk behavior

- 5.000 men and women aged 15-49 years per survey year
- Oversample black and Hispanic persons
- OMB race and Hispanic-origin categories* (1997)
- Family and individual income: percent of poverty level
- Sources of income
- Education
- Marital and cohabitating status
- Primary language information collection began in Fall 2011

- Continuous
- Data collection for 2017–2019 was completed in September 2019 and public-use files will be released in late 2020
- Expect to award new contract for continued data collection to start in 2022

https://www.cdc.gov/nchs/rands/index.htm

Research and Development Survey (RANDS)

Data source and methods

Primarily web surveys

recruited panels with

from commercial

telephone mode

English-speaking

adults aged 18 and

surveys with

over

Selected data items RANDS is fielded to support

question-response patterns,

Selected chronic conditions

so most content varies among

different methodological

studies, including

fielded each round

rounds

Targeted sample size

Sample size varies by round with target between 2,000 and 5,000 per round

Disparity variables and data collection

- OMB race and Hispanic-origin categories* (1997)
- Income (varies by commercial vendor)
- Education
- Marital status

As needed

FY 2020-2021 plans

- Fielded RANDS during COVID in FY 20 Release experimental estimates regarding
- health care access during the pandemic
- Public-use files for RANDS 1 through 3 released in June 2020, expect to release public-use files for RANDS during COVID-19 and RANDS 4 in January of 2021
- Field additional round in FY 2021

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