



NCHS History: How We Got To Where We Are - The Early Years

Jennifer Madans, PhD

Acting Director, National Center for Health Statistics

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Prior to 1956

- ▶ Disparate data across States: different State laws required physician reporting of selected communicable diseases
- ▶ Scattered and unreliable reports from hospitals, clinics, and health and hospital insurance plans
- ▶ Specialized and local health surveys
 - ▶ 1935 - 1936: Nationwide health survey (737,000 urban households)
 - ▶ 1938 - 1943: the Eastern Health District Study, an intensive community study, in Baltimore, MD



The National Health Survey Act

- ▶ Signed by President Eisenhower on July 3, 1956
- ▶ Established sustained collection and production of current health data
- ▶ Specific mention on methodology - the study of methods and survey techniques in the health statistics field for continued improvement
- ▶ Broad cooperation across the Department and with other agencies, as the interest in health survey information spans across multiple sectors and disciplines

National Health Survey Policies and Program*

- ▶ The National Health Survey was to provide general background data which present the overall health situation - it was not intended to provide detailed, local data.
- ▶ Policy implications of the statistical data are the responsibility of the legislator and the administrator - the Survey provides objective and accurate facts but does not interpret those facts.
- ▶ **Three parts:**
 - ▶ The Health Interview Survey - a continuing nationwide sampling and interviewing of households
 - ▶ The Health Examination Survey - physical examination and testing of samples of individuals
 - ▶ The Health Records Survey - sample surveys on establishments which provide hospital, other medical, dental, nursing, and other types of health-related care to the general population

*From: Origin, Program, and Operation of the U.S. National Health Survey, April 1965;
https://www.cdc.gov/nchs/data/series/sr_01/sr01_001.pdf

The National Health Interview Survey

- ▶ Purpose is to provide data on:
 - ▶ The health status and health services utilization of the U.S. population
 - ▶ Specific issues of current public health concern
- ▶ To provide national health data to the public
- ▶ Launched on July 1, 1957
 - ▶ The HIS was specifically designed to measure the social dimensions of morbidity - that is, the effect that morbidity has on the lives of the people concerned.
 - ▶ Ability to speak to the impact of health on work and school loss and on the use of health care services.



The National Health and Nutrition Examination Survey

- ▶ Obtains objective measures of health
- ▶ Developed as a sample survey in different cycles, known as the Health Examination Survey
 - ▶ First Cycle: (1959 - 1962) - focus on the adult population; collected information on the prevalence of certain chronic diseases
 - ▶ Second Cycle: (1963 - 1965) - focus on children; collection focused on growth and development
 - ▶ Third Cycle: late-1960's - focus on children and youth, ages 12 - 17
 - ▶ NHANES: 1970's and the War on Poverty - an increased concern on nutrition led to the addition of the nutrition component



The National Health Care Surveys

- ▶ The Health Records Survey was to produce statistics on the characteristics of health services received by the American people and the characteristics of those receiving the services.
- ▶ Early emphasis on:
 - ▶ The establishment of the Master Facility Inventory (MFI)
 - ▶ The Complement Survey - to identify establishments not on the MFL
 - ▶ A Hospital Discharge Survey
 - ▶ An Institution Population Survey
- ▶ Original Health Care Surveys
 - ▶ National Hospital Discharge Survey (NHDS): first fielded in 1965
 - ▶ National Ambulatory Medical Care Survey (NAMCS): first fielded in 1973
 - ▶ National Nursing Home Survey (NNHS): first fielded in 1973

The National Vital Statistics System

- ▶ 1850: First birth and death statistics published by the federal government for the entire United States as a part of the decennial census
- ▶ 1880: Census established a national “registration area” for deaths, including Massachusetts, New Jersey, D.C., and several large cities
- ▶ 1907: Model Vital Statistics Act - Census provided forms for birth and death registration
- ▶ 1933: All 48 contiguous States and D.C. were included
- ▶ 1940’s: stemming from World War II and concern over epidemics, the U.S. experienced an urgent need to have up-to-date mortality statistics by cause of death
- ▶ 1950’s and onward: Growing focus on quality improvement and timeliness of data

NCHS formed in 1960 with the merging of the National Vital Statistics System and the National Health Interview Survey

Changing, Transforming, and Remaining Relevant

- ▶ New Surveys: National Survey of Family Growth; National Mortality Followback; NHANES Followup; National Hospital Ambulatory Medical Care Survey; National Hospital Care Survey; National Study of Long-Term Care Providers
- ▶ Survey redesigns: Major and continuous change
- ▶ Linkages, linkages, linkages
- ▶ New methods for data collection; sample selection; question development; and data processing
- ▶ New ways of publishing and disseminating information

Much has changed; much remains the same

NCHS is driven by our mission- to provide accurate, relevant, and timely statistical information that will guide actions and policies to improve the health of the American people.