



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

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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](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.