



National Center for Health Statistics

Overview

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. These health statistics allow NCHS to:

- Document the health status of the U.S. population and selected subgroups
- Document access to and use of the health care system
- Identify disparities in health status and use of health care by race and ethnicity, socioeconomic status, other population characteristics, and geographic region
- Track the impact of major policy initiatives
- Monitor trends in health indicators
- Support biomedical and health services research
- Provide data to support public policies and programs, including recent data on opioid overdose deaths

NCHS, a federal statistical agency

Underlying NCHS' mission and legislative mandate is the principle that the data collected with public funds, or under the umbrella of a public agency, are considered a "public good." The primary considerations for the timely release of NCHS data are:

- Protection of the confidentiality of respondents
- Accessibility of resources required to create public-use files and tabulations
- Data-quality, analytic, or data-processing issues that may limit the ability to make public-use data or tabulations available

In addition to providing data for public use, the agency works to provide objective independent analysis and interpretation of the data it collects through reports and other statistical products.

Health indicators

NCHS produces data on a wide range of health indicators that have important uses for public health, such as:

- Accurate, relevant, and timely data to monitor and respond to the COVID-19 pandemic
- Health insurance coverage and its relationship to access to and the use of health care services
- Prevalence of health conditions, such as obesity and overweight, cholesterol, hypertension, and HIV status among the U.S. population

- Functional status and disability
- Exposure to environmental hazards that shape policy, such as exposure to lead
- Physical activity and nutrition
- Growth charts that are used by health care providers to monitor the development of children
- Care quality and patient safety
- Injuries and their impact on health status and functioning
- Leading causes of death specific to age, race and ethnicity, and sex groups
- Infant mortality, stillbirths, life expectancy, and teen births
- Practice of medicine in the United States and evolution of health information technology
- Changes in the health care delivery system, including emergency department use and capacity; increasing use of prescription drugs; and increasing demand for community-based long-term care

NCHS data sources

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 to help the organization understand the population's health, influences on health, and health outcomes.



NCHS data sources—Con.

Sources of data collection include:

- Birth and death certificates
- Patient medical records
- Personal interviews (in households and by phone)
- Standardized physical examinations and laboratory tests
- Health care facilities administrator and providers interviews

NCHS products

Provisional Death Counts

The following dashboard provides summaries that examine deaths in specific categories and in greater geographic detail. Use the drop-down menus to show data for selected measures or categories. Select the buttons at the bottom of the dashboard to view category-specific provisional death count information.

New directions

As the nation's principal statistical agency, NCHS continues to improve its ability to strategically collect, use, and share data across government and with the research community, and to provide policy makers with more comprehensive and objective data. NCHS will expand innovative techniques and alternative approaches, ensuring that the agency is well-positioned to meet the need for timely and relevant health data now and in the future.

Vital Statistics Reporting Guidance

Report No. 3 - April 2020

Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Introduction | **Cause-of-Death Reporting**

In December 2019, an outbreak of a respiratory disease associated with a novel coronavirus was reported in the city of Wuhan in the Hubei province of the People's Republic of China (1). The virus has spread worldwide and on March 11, 2020, the World Health Organization declared Coronavirus Disease 2019

When reporting cause of death on a death certificate, use any information available, such as medical history, medical records, laboratory tests, an autopsy report, or other sources of relevant information. Similar to many other diagnoses, a cause-of-death statement is an informed medical opinion that should be based

National Center for Health Statistics

CDC - NCHS - COVID-19 Data from NCHS

Health Care Access, Telemedicine, and Loss of Work Due to Illness

The Research and Development Survey (RANDS) is a platform designed for conducting survey question evaluation and statistical research. RANDS is an ongoing series of surveys from probability-sampled commercial survey panels used for methodological research at the National Center for Health Statistics (NCHS). RANDS estimates were generated using an experimental approach that differs from the survey design approaches generally used by NCHS, including possible biases from different response patterns and increased variability from lower sample sizes. Use of the RANDS platform allowed NCHS to produce more timely data than would have been possible using our traditional data collection methods. RANDS is not designed to replace NCHS' higher quality, core data collections. Below we provide experimental estimates of a selected number of key issues - loss of work due to illness with COVID-19, telemedicine access and use before and during the pandemic, and reduced access to specific types of health care due to the pandemic for two rounds of RANDS during COVID-19. Data collection for the first round occurred between June 9, 2020 and July 6, 2020 and data collection for the second round occurred between August 3, 2020 and August 20, 2020. Information needed to interpret these estimates can be found in the [Technical Notes](#).

RANDS during COVID-19

- Loss of Work Due to Illness**
Experimental estimates show the percentage of U.S. adults who did not work for pay at a job or business, at any point, in the previous week because either they or someone in their family was sick with COVID-19. Data are available by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions.
- Telemedicine**
Experimental estimates show the percentage of U.S. adults who have a usual place of care and a provider that offered telemedicine in the past two months, who used telemedicine in the past two months, or who have a usual place of care and a provider that offered telemedicine prior to the coronavirus pandemic. Data are available by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions.
- Reduced Access to Care**
Experimental estimates show the percentage of U.S. adults who were unable to receive selected types of medical care. Data are available by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions.

National Center for Health Statistics

CDC - NCHS - COVID-19 Data from NCHS - COVID-19 Birth Data and Resources

Maternal and Infant Characteristics Among Women with Confirmed or Presumed Cases of Coronavirus Disease (COVID-19) During Pregnancy

Limited information is available on the impact of the COVID-19 pandemic on pregnant women and their newborns. While national data are not available as of August 2020, 12 state vital records offices and the District of Columbia were routinely collecting information on confirmed or presumed COVID-19 cases among pregnant women who then gave birth and reporting this information to the National Center for Health Statistics (NCHS). The table below presents data for this select area on characteristics of women with COVID-19 at any time during pregnancy, and their newborns. These data are based on cases of COVID-19 reported to and linked to the standard birth record, allowing for an analysis of birth-related data by maternal COVID-19 status. Additional jurisdictions have recently begun reporting maternal COVID-19 cases to NCHS and will be included in future updates. While these data are not representative of all births in the United States, they are currently the only multi-state birth certificate-based data available. Of note, not all of the 13 reporting areas provided information for the total reporting period (April-August). The information provided is based on 16.9% of all births during the reporting period and the characteristics of the mothers and their newborns reflect the jurisdictions reporting COVID status. States also differed in how information on COVID-19 status was obtained and reported to NCHS. See Technical Notes for more information.