

# \$137.5 Million Base + \$15 Million Bolus for NCHS in FY 2010

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency. Housed within the Centers for Disease Control and Prevention (CDC), NCHS provides critical data on chronic disease prevalence, health care disparities, emergency room use, teen pregnancy, infant mortality, causes of death, and rates of insurance to name a few. The Friends of NCHS recommends a **FY 2010 base funding level of at least \$137.5 million**, an increase of \$12.8 million. In addition, the Friends seek **\$15 million in one-time funding** to support states as they modernize the vital birth records system.

## Chronic Underfunding Compromises Health of Nation's Health Data

Despite the funding increase Congress provided last year, NCHS continues to feel the effects of long-term underinvestment, forcing the agency to undermine, eliminate, or further postpone the collection of such vital information to the point where key data users now question whether NCHS itself is in good health. For example:

- Only “core items” of vital birth and death statistics will be purchased from states, effectively eliminating three-fourths of data routinely used to monitor maternal and infant health and contributing causes of death.
- The sample sizes for two of our nation's seminal surveys—the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES)—may be further cut or taken out of the field. Such cuts jeopardize data on illness, disability, and health insurance coverage and hinder our ability to understand the health status of minority groups and health disparities.
- The National Hospital Discharge Survey, conducted annually since 1965, will not be fielded in 2009 thereby producing no new data on the characteristics of inpatients discharged from U.S. hospitals.

## \$137.5 Million Base + \$15 Million Bolus is Needed

The Friends of NCHS recommends an FY 2010 budget allocation of at least \$137.5 million for the agency—a \$12.8 million increase over the FY 2009 amount—plus \$15 million in one-time funding to support states' vital statistics infrastructure. This funding would help NCHS ensure uninterrupted collection of vital statistics and sustain over sampling of vulnerable populations in its seminal surveys. Moving toward \$175 million by 2013 will help continue these activities, restore and implement new data collection and analysis initiatives, and modernize its systems to increase efficiency, interoperability, and security.

The Friends of NCHS is a coalition of more than 200 organizations dedicated to ensuring the agency's continued vital role tracking our nation's health. For more information, contact Emily Holubowich at 202.484.1100 or [eholubowich@dc-crd.com](mailto:eholubowich@dc-crd.com).

“[NCHS's] data provide the basis for understanding and identifying disparities in health and allowing us to target culturally specific, effective, and appropriate public health interventions.”

—The Honorable Al Green  
U.S. Congress



## Why Does NCHS Need a \$137.5 Million Base and \$15 Million Bolus in FY 2010?

Policy Priority	NCHS Activity	With funding...	Without funding...
<b>National Security &amp; Healthy People</b>	<b>National Vital Statistics System</b> tracks the registration of vital events—births, deaths, marriages, divorces, and fetal deaths across the country.	NCHS can continue systematic collection of birth and mortality data and move forward in modernizing the vital statistics system by getting all states collecting the same data and putting all records in electronic format.	We stand to lose data that are routinely used to monitor maternal and infant health and understand causes of death. Our ability to monitor and track select <i>Healthy People</i> objectives will be compromised.
<b>Insurance Coverage</b>	<b>National Health Interview Survey</b> has monitored, for 50 years, trends in illness and disability and tracks progress on national health objectives.	This survey will continue to provide Congress and other public and private decision makers with a complete picture of Americans' health, including rates of insurance.	We will lose information on who's covered and who's not (particularly minority populations), how people are covered and why they're not. Without these data, formulating solutions and evaluating coverage initiatives is more difficult.
<b>Obesity</b>	<b>National Health and Nutrition Examination Survey (NHANES)</b> studies major nutrition, infection, environmental, and chronic health conditions.	NIH and CDC will continue to receive large-scale, population-based data to track health conditions and identify correlations between risk factors and disease outcomes.	We will limit our ability to monitor obesity rates, especially among children and minority populations, and the performance of preventive interventions, such as nutrition education and fitness programs for youth.
<b>Health Care Costs</b>	<b>National Health Care Study</b> measures the use of health care resources, the quality of health care, and disparities in health care services provided.	Congress can continue to monitor what drives costs, including utilization, the diffusion of new technology, and medical errors.	We will limit our ability to track cost data according to various sites of service—physician offices, hospital emergency, outpatient, and inpatient departments, ambulatory surgery centers, nursing homes, and home and hospice care.