



Invest in the future of US health statistics:

The case for funding the National
Center for Health Statistics (NCHS) at
\$220 million in FY26

NCHS' Two Overarching Drivers for Innovation and Investment

1. Data-user demand for

- a. More real-time data to inform core indicators of health and healthcare and be prepared for the next public health crisis;
- b. More granular data on key population subgroups including those defined by age, sex and geographic area; and
- c. Expanded information on personal and geographic characteristics that affect health and health care and on factors associated with chronic conditions.

2. NCHS challenges/threats

- a. Existing programs will become outdated in terms of topics covered, methodology, and technology due to a [21% loss of purchasing power since FY10](#). This has reduced the scope of NCHS data collections and made significant methodological and *technology* improvements impossible when they are most needed.
- b. Declining response rates require additional investment in data collection *methods and new technologies* that not only improve response but *also* allow for the determination and correction of non-response bias. Investments are needed to support research in a variety of areas to improve data quality, granularity, and timeliness.
- c. To capitalize on the Public Health Data Modernization investments in NCHS' vital statistics program, continued investment is necessary to expand reporting on maternal health, high risk births, and stillbirths, improve cause of death ascertainment and expand NCHS' support of state vital records systems modernization and other state data modernization efforts.

The Friends of NCHS recommend a minimum of \$220 million in FY26. The \$33 million increase over the FY25 level could be used to address the demands for health statistics and NCHS challenges in the following ways:

1. **Electronic Health Records:** Data collections based on existing Electronic Health Records (EHRs) provide a tremendous resource to better understand care provided by the US healthcare system at the national, state, and local levels while improving efficiency and timeliness, but investments are needed to harness this resource so that it can provide more real time interpretability. An increased investment of **\$11 million** is recommended (EHR purchasing, staffing, research, cloud migration).
2. **Expand the content, granularity, and timeliness of data products:** More granular and timely data products are needed to understand the broader influences on health, especially chronic conditions. With additional resources, NCHS could increase sample sizes in the agency's signature surveys and

build NCHS's new [Model-Based Early Estimates](#) (MBEE) program to help with both timeliness and region- or population- specific statistics. Funding is also needed to support the new [NCHS Rapid Surveys System \(RSS\)](#), which addresses decision makers' need for time-sensitive data about emerging and priority health concerns. An increased investment of **\$11 million** is requested (data collection, research, staffing).

3. Improve understanding of chronic conditions:

The National Health and Nutrition Examination Survey (NHANES) is the only national survey that includes health exams and lab tests combined with dietary interviews. NHANES monitors the health and nutritional status of both adults and children, providing essential health statistics. It can also detect undiagnosed chronic diseases, such as diabetes, allowing for interventions that could improve chronic disease outcomes. With increased investment NCHS can reach a greater population of individuals through NHANES Mobile Exam Centers increasing our knowledge of nutrition and chronic conditions.

- 4. Expand data linkage and modeling:** The usefulness of data obtained through surveys and from administrative systems is substantially increased when linked, especially when examining the influences on a person's health and healthcare (e.g. nutrition). The growing need for information on the drivers of health differences across the U.S. population also requires additional modeling. Expansion of NCHS' linkage program and investment in modeling would support the use of predictive analytics and produce estimates of health differences at smaller geographic areas, thereby helping CDC and HHS to target resources more effectively and efficiently. An increased investment of **\$4 million** is recommended (research, staffing, privacy protection).

- 5. Saving lives through better understanding of deaths:** Increased investment is required to support a fully modernized vital statistics system capable of tracking critical natality and mortality trends, such as premature births, stillbirth, opioid overdoses, suicides, and maternal and infant mortality. Information on unnatural and unexpected deaths is provided by medical examiners and coroners. For example, NCHS's ability to support the recently created Coordinating Office of Medical Examiners and Coroners through training, electronic-reporting facilitation and data standards provides an opportunity to increase the quality of the information provided on death certificates from these all-too-often under-resourced offices. With additional, annual investments, NCHS would continue to improve the collection of birth and death records. An increased investment of **\$7 million** for NVSS, which will also support an improved vital records sharing process with jurisdictions, is recommended (research, staffing, implementation). Read more here: [Saving Lives through Better Understanding of Deaths: NCHS better supporting medical examiners and coroners.](#)

