Dear Dr. Wakefield,

As Friends of the National Center for Health Statistics (NCHS), we congratulate you on being named to lead CDC’s structure modernization work and thank you for accepting the responsibility. We wish you success in this critical endeavor and urge you to incorporate NCHS’ vital role and core function in CDC, HHS, and public health more broadly.

A prominent lesson from the pandemic is the need to have more timely, frequent, and granular data on our nation’s health and healthcare on an ongoing basis. The NCHS has helped to meet that need through its data collection programs and partnership with other federal statistical and research agencies but, as you know, much more is needed. With more resources and engagement, NCHS is poised to play a key role in the CDC providing more timely, frequent, and granular data.

Through the National Vital Statistics System (NVSS) and its three survey programs—the National Health Interview Survey, the National Health and Nutrition Examination Survey and the family of provider surveys—NCHS provides authoritative data on the opioid crisis, cancer, obesity, suicide, health insurance and much more. Yet, NCHS has lost 17 percent in purchasing power since 2010, hampering its efforts to modernize its surveys; more quickly diversify its data sources to include administrative data, EHRs, and private data; improve the scope of information provided through NVSS, and the speed at which it is provided; incorporate data linking capabilities to elucidate such information as social determinants; and otherwise take advantage of methodological, technological, and data science advances.

As the principal health statistics agency for the Department of Health and Human Services (HHS), NCHS brings unique assets to HHS’ and CDC’s work. Because of the imperative that federal statistical agencies provide objective, reliable statistics that are broadly trusted by the public, the 13 principal statistical agencies have protections in place to collect and produce impartial information. NCHS also has privacy protections to ensure an individual’s
personal information is not disclosed while also providing cutting-edge access to such data in enclaves for researchers advancing scientific understanding. As required of statistical agencies, NCHS has extensive professional autonomy over many of its operations to facilitate public trust in its products by minimizing improper political influence or interference and perceptions thereof. NCHS scientists are also leading experts in measurement, data collection methods, record linkage, EHRs, diversifying data sources, privacy protection, secure access, and other statistical and data science techniques benefitting from decades of experience in turning data into reliable, unbiased information.

NCHS plays a critical role in the Data Modernization Initiative (DMI), which is a core capability of CDC Moving Forward. As Congress has mandated, NCHS must be fully integrated into DMI and receive sufficient DMI funding to guarantee the advancement of a modern and fully interoperable public health data system that includes vital statistics. We believe CDC and HHS’ work to enhance the health and well-being of all Americans would greatly benefit from stronger incorporation of NCHS’ capabilities and expertise into its evidence-based policymaking through, for example, its pandemic response, preparations for the next public health crisis, and the Evidence-Act-mandated learning agenda.

Thank you for your consideration. We would welcome the opportunity to further discuss with you the critical work that NCHS can and should play in CDC’s and HHS’ work. Please do not hesitate to contact Friends of NCHS if our organizations can be a resource to you.

The co-chairs are Paul Schroeder, executive director of the Council of Professional Associations on Federal Statistics (paul.schroeder@copafs.org), and Steve Pierson, director of science policy for the American Statistical Association (spierson@amstat.org).

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