## Summary of Current Surveys and Data Collection Systems National Center for Health Statistics, 2017

	Data source and	IN &	ational Center for Health 3	Statistics, 2017		National Center for Health Statistics, 2017							
Name	methods	Selected data items	Targeted sample size	Disparity variables	Frequency	FY 2017–2018 plans							
Population surveys													
National Health Interview Survey	•Personal interviews	<ul> <li>Health status and limitations</li> <li>Utilization of health care</li> <li>Health insurance</li> <li>Access to care</li> <li>Selected health conditions</li> <li>Poisonings and injuries</li> <li>Health behaviors</li> <li>Functioning and disability</li> <li>Immunizations</li> </ul>	•35,000 households per year •Address-based sample design. Sample adults are oversampled if over 65 and black, Hispanic, or Asian	•OMB categories** •Detailed Hispanic groups •Detailed API groups •Family and individual income, poverty level •Type of living quarters •Acculturation questions and language used during interview •Education and occupation •Birthplace •Citizenship status	•Annual	<ul> <li>Continue annual survey</li> <li>Provide sampling frame: Medical Expenditure Panel Survey</li> <li>2017 supplements: alternative and integrative medicine, cognitive disability, receipt of culturally and linguistically appropriate health care services, epilepsy, heart disease, and stroke</li> <li>Ongoing: Functioning and disability, Child mental health, Enhanced access to care and utilization questions, Immunizations, Non-smoked tobacco products, E-cigarettes, ABCs of heart disease and stroke, Crohn's disease and colitis, Family food security, Hepatitis B/C screening</li> <li>2018 introduce redesigned NHIS questionnaire following public comment period</li> </ul>							
National Health Interview Survey—Native Hawaiian and Pacific Islander Survey	•Personal interviews	<ul> <li>Health status and limitations</li> <li>Utilization of health care</li> <li>Health insurance</li> <li>Access to care</li> <li>Selected health conditions</li> <li>Poisonings and injuries</li> <li>Health behaviors</li> <li>Functioning and disability</li> <li>Immunizations</li> </ul>	•4,000 households •Sample addresses have been selected from completed 2012 American Community Survey interviews with households that included at least one person identifying as NHPI. Must confirm that one household member identifies as NHPI to screen in	•OMB categories** •Detailed Hispanic groups •Detailed API groups •Family and individual income, poverty level •Type of living quarters •Acculturation questions and language used during interview •Education and occupation •Birthplace •Citizenship status	•One-time data collection in 2014	•Release public use data file early 2017							
National Health and Nutrition Examination Survey	<ul> <li>Personal interviews</li> <li>Physical examinations</li> <li>Laboratory tests</li> </ul>	•Selected diseases and Conditions, including those undiagnosed or undetected •Nutrition monitoring •Environmental exposures monitoring •Children's growth and development •Infectious disease monitoring •Overweight and diabetes •Hypertension and cholesterol •Health behaviors •Oral Health •Prescription drug use •Dietary supplement use	•5,000 persons per year, all ages •Oversample persons age 60 and over •Oversample black, Asian, and Hispanic persons	•OMB categories**  •Data for black, white, other, Asian, and Hispanic persons  •Income and poverty index  •Education  •Occupation  •Type of living quarters  •Social services  •Birthplace  •Acculturation questions, including language usually spoken at home	•Continuous since 1999, 2-year survey cycles, with capability for longitudinal follow- up	Data collection for annual sample     Data releases on 2-year cycles     NHANES Longitudinal Study feasibility component     DNA repository     Biospecimen repository							
National Survey of Family Growth	<ul> <li>Personal interviews</li> <li>Men and women aged 15–44 years through</li> <li>September 2015</li> <li>Men and women aged 15–49 years starting</li> <li>September 2015</li> </ul>	•Family planning and unintended pregnancy	•5,000 men and women aged 15–44 years per survey year •Oversample black and Hispanic persons and teens	•OMB categories** •Four specific Hispanic groups •Family and individual income •Sources of income •Education •Primary language information collection began in Fall 2011	•Continuous	•Data collection for 2015–2017 is ongoing  Page 1							

Name	methods	Selected data items	Targeted sample size	Disparity variables	Frequency	FY 2017–2018 plans
Vital Records						
National Vital Statistics System	•State vital registration •Births •Deaths •Fetal deaths •Linked Birth/Infant Death Program	•Birth and death rates •Birthweight •Teen and nonmarital births •Pregnancy outcomes •Method of delivery •Preterm delivery •Multiple births •Medicaid payment •WIC receipt •Prenatal care •Breastfeeding •Maternal weight •Infant mortality •Life expectancy •Causes of death including fetal causes •Occupational mortality	All births: (About 4 million records annually) All deaths: (About 2.6 million records annually) •Reported fetal deaths of 20 or more weeks gestation (about 26,000 annually) •Counts of marriages and divorces	For births, deaths, and fetal deaths:  •OMB race categories (additional detail varies by state) and five Hispanic groups (additional detail varies by state). Multiple race information available for selected states  •Education For births and deaths:  •OMB categories (ten specific API groups from 11 states)  •Marital status  •Urban and rural  •Primary language information not collected	•Annual	•Continue monthly, quarterly, and annual data systems •Assist states in automating or re-engineering their IT systems to enhance timeliness and quality of reporting •Evaluate quality of new data items added in 2003 •Promote newly released e-learning training for birth certificates and fetal death reports; access impact of training •Enhance new data access methods and reports •Continue to enhance natality and mortality surveillance system •Improve timeliness of vital statistics reports and data files •Re-engineer or replace the medical coding system
National Death Index	•State registration areas: death certificates	•Facilitates epidemiological Follow-up studies from 1979–2015 •Verification of death for study participants for health and medical research purposes only •Optional release of coded causes of death available to users upon request •NCHS surveys can be linked to NDI	•All deaths	•State provided race and ethnicity categories consistent with OMB categories •Marital status •State or territory of birth	•Annual	•Continue ongoing operations •Continue to improve timeliness of data availability for matching •Update NDI website •Expand outreach to health and medical research community •Early release file for 2016 available
Provider surveys						
National Ambulatory Medical Care Survey	•Review medical records for patient visit information •Interview physicians and community health center providers	•Physician and CHC provider practice characteristics including: specialty, ownership, tests performed, and revenue •Experiences with prevention and treatment of sexually transmitted infections and HIV prevention •Use of electronic medical records •Administration of alcohol screening and brief interventions •Patient visit information, including demographics, vital signs, reason for visit, injury, continuity of care, diagnosis, chronic conditions, medical services, medications, and various	•3,700 physicians in Office-based practices •312 community health center providers •1,000 Meaningful Use physicians •120,240 patient visits	•OMB categories**	•Annual	•Continue annual survey •Add a supplement of 1,000 physicians who will submit patient visit data through their electronic health record systems in order to fulfill Meaningful Use requirements  Page 2

Data source and

Data source and methods	Selected data items	Targeted sample size	Disparity variables	Frequency	FY 2017–2018 plans
•Mail survey of office- based physicians	<ul> <li>Provider characteristics</li> <li>Use of electronic medical records and features</li> <li>Specialty, practice size, and ownership</li> <li>Physician attitudes about electronic health records, barriers, benefits, and impact</li> </ul>	•10,302 physicians in office-based practices in 50 states and D.C.	•None collected	•Annual	•Continue annual survey
•Review medical records for patient visit information •Interview hospital administrators	•Patient demographics and characteristics Length of stay in emergency department •Diagnoses, procedures, and treatment •Facility characteristics •Visit volumes •Use of electronic medical records and features	•65,000 patient visits •410 hospitals with emergency departments, outpatient departments, or ambulatory surgery locations	•OMB categories**	•Annual	•Continue annual survey
•Hospital billing (UB•04) records and electronic health records (EHR)	•Utilization of hospital care, inpatient care, and care delivered in emergency departments, outpatient departments, and hospital-based or free standing ambulatory surgery locations	•581 hospitals	•OMB categories** for EHR data collection using the Implementation Guide	•Annual	•Continue recruitment of hospitals and collection of data in hospitals currently recruited •Linkage to NDI and CMS data
•Mail and telephone surveys of directors of adult day care services centers and residential care communities •CMS administrative data (claims and assessment) •Administrative data from the CMS on nursing homes and residents, home health agencies and patients, and hospices and patients	•Provider characteristics, services, practices (EHRs), and staffing •Aggregated provider-level information on residents, participants, and patients, including demographics, Medicaid use, selected diagnoses, cognitive impairment, health status, physical functioning, falls, hospital and emergency department use, and advance care planning •Rotating topic modules •State-level estimates where feasible	<ul><li>2018</li><li>4,000 residential care communities</li><li>4,000 adult day services centers</li></ul>	•OMB categories**	•Biennial starting in 2012 •Alternate fielding larger state sample and collect aggregate services user data with smaller national only sample and collect individual services user data starting in 2018	•Complete third survey wave data collection February 2017 •Produce 2016 restricted survey data and reports using 2015–2016 administrative and survey data •Plan redesigned 2018 survey (individual services user data) and implement August 2018–February 2019
	•Mail survey of office-based physicians  •Review medical records for patient visit information •Interview hospital administrators  •Hospital billing (UB•04) records and electronic health records (EHR)  •Mail and telephone surveys of directors of adult day care services centers and residential care communities •CMS administrative data (claims and assessment) •Administrative data from the CMS on nursing homes and residents, home health agencies and patients, and	*Mail survey of office-based physicians     *Provider characteristics     *Use of electronic medical records and features     *Specialty, practice size, and ownership     *Physician attitudes about electronic health records, barriers, benefits, and impact      *Patient demographics and characteristics     *Length of stay in emergency department     *Diagnoses, procedures, and treatment     *Facility characteristics     *Visit volumes     *Use of electronic medical records and reatment     *Facility characteristics     *Visit 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records and features  **Hospital billing (UB-04) records and features  **Mail and telephone surveys of directors of adult day care services centers and residential care communities  **Mail and telephone surveys of directors of adult day care services centers and residential care communities  **CMS administrative data (Claims and assessment)  **Alministrative data (Claims	*Mail survey of office-based physicians shaded physicians and features.  *Review medical records for patient visit information Interview hospital administrators  *Hospital billing (UB-04) records and electronic medical records and features.  *Use of electronic medical records and features.  *Patient demographics and characteristics  *Hospital billing (UB-04) records and electronic medical records and features.  *Use of electronic medical records and characteristics  Length of stay in emergency department **Facility characteristics*  *Interview hospital administrators  *Use of electronic medical records and 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Guide  **All continuing the Implementation Gui

<sup>\*\*</sup> OMB categories include white, black or African-American, Asian, Native Hawaiian and other Pacific Islanders, American Indian or Alaska Native. Hispanic origin is asked as a separate question.