The National Health Survey and Use of Statistics in Health Policy Formulation and Program Development

The 25th anniversary of the National Health Survey is an important milestone in the evolution of health statistics in the United States. At the time the National Health Survey was initiated, this country was, from a national perspective, lacking in reliable and aggregated sources of information about the health of its people, the use of services, and expenditures. The National Health Survey, in its two-and-a-half decade history, has significantly contributed to providing such a national perspective.

The National Health Survey today is a considerably richer information source than it was at its inception. It has evolved into a family of surveys that provide information on morbidity, disability, fertility, health habits, use of services, health care resources, and expenditures. This family of surveys, along with the vital statistics system, serves as a compass to identify problems in the health of the population. These data also indicate our progress in achieving reductions in mortality and morbidity and in improving access to care.

Our colleagues in both the public and private sectors, working in the development of national health programs and policies, are the beneficiaries of the National Health Survey and the related efforts to build an adequate health data capability for the United States. These efforts mean that today we are much better equipped than our predecessors, as well as colleagues in other countries, with a data base that provides the basis for developing and establishing health policy and programs. The availability of better information does not necessarily mean that our decisions are always wise, but it does mean that we cannot claim that they are illinformed. Particularly in times of resource constraints, data are needed to provide a focus on areas of greatest need and the outcomes of different interventions.

Health policies and resultant programs affect the well-being of all people. Decisions on policy are not always easy and, frequently, policies will conflict. The balance of relative payoffs of different programs is neither simple nor direct. In many instances we do not know immediately how health care will be improved as a result of the implementation of a program. Clearly, this uncertainty increases our dependence upon data for decisionmaking and evaluation of our decisions.

Although a great deal of time and money and expertise have gone into the growth and direction of our national health data systems and will continue to do so in the future, there are still weaknesses and gaps:

• We are short on the analytical emphasis that would enhance the usefulness of the data currently available to us.

• We still lack the ability to integrate the different pieces of data collected by different organizations into a meaningful whole.

• We are not yet able to define, at least in any way that can be measured, the aspects of health that would indicate positive well-being rather than ill, or less than optimum, health.

• We have insufficient knowledge of trade-offs in use, cost, and health status.

As we move closer to our objective of a national and systematic approach to meeting the information needs for policy and program, another requirement-coordination -assumes greater importance. Although considerable progress has been made in coordination, we must continue to avoid unnecessary and costly duplication, to encourage comparability of information collected by different systems, and to use the ongoing data collection programs to provide specific information for many organizations. More effort is needed to provide essential data, yet reduce the burden on individual and institutional respondents.

In 25 years we have moved from sporadic ad hoc data collection to a system of national surveys that provide basic data to multiple users, including policy makers in government and the private sector. During the next decade, we will seek to sustain and enhance these surveys and further coordinate systems to serve new uses and users in a costeffective manner.

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