National Center for Health Statistics: 25 Years of Service

Twenty-five years ago, on August 5, 1960, Surgeon General Leroy Burney established the National Center for Health Statistics (NCHS) as a result of a study of the overall mission and organization of the Public Health Service. In its final report, the study group stated that "The Public Health Service has primary responsibility at the federal level to provide national intelligence on matters relating to health—births, deaths, illness, disability, health services, marriages, and divorces. . . . The National Center for Health Statistics will bring together the major components of the Public Health Service competence in the measurement of health status of the nation and the identification of significant associations between characteristics of the population and health related problems."

The National Center for Health Statistics began with two major programs. The Vital Statistics Program, the source of data on births, deaths, marriages, and divorces in the United States, had been conducted by the Public Health Service since 1946, when it was transferred from the Bureau of the Census. The National Health Survey Program had been launched in 1957 as a combination of a continuing survey and special studies of the health of the American people. By 1960 the National Health Survey consisted of the Health Interview Survey, conducted through household interviews, and a second survey involving direct health examinations of a sample of the population.

As the requirements of the Public Health Service for information expanded, so did the data systems of NCHS. During the 1960s, the need for data on health care became paramount, and NCHS responded by initiating a survey of institutions for the chronically ill and aged, the forerunner of the National Nursing Home Survey; the National Hospital Discharge Survey to obtain data on the use of short-stay hospitals; and the National Ambulatory Medical Care Survey to obtain data on office-based practices. In the early 1970s the National Survey of Family Growth was established to obtain needed information on family planning. The Health Examination Survey became the National Health and Nutrition Examination Survey, reflecting the emerging need for more information on the nutritional status of the country. More recently, periodic surveys of medical care utilization and expenditures have been conducted to acquire critical information on the economic aspects of our health system.

These surveys still are the foundation of the Center's data collection activities, although the government-wide constraints on budget and positions have resulted in changes in the original periodicity of some of them.

The result of the Center's programs over the past 25 years is a unique body of information about health status, utilization of health resources, and health care expenditures. The statistics have described the great progress we have made in improving life expectancy to record levels, providing health resources to a larger and older population, and modifying lifestyles in more healthful directions. These data also describe the nature and magnitude of remaining health problems in the United States and have identified many associations with family income, race, and other characteristics that illuminate the differentials in health status among subgroups of the population. They have become an integral part of the knowledge base about the life and circumstances of people in our time which guide the development of programs to enhance the health and longevity of Americans.

As we observe the 25th anniversary of the National Center for Health Statistics, special recognition and appreciation should go to the former Directors of the Center: Forrest E. Linder, 1960–67; Theodore D. Woolsey, 1967–73; Edward B. Perrin, 1973–75; and Dorothy P. Rice, 1976–82. They and their associates built more than data systems; with their emphasis on research and statistical standards, on the maintenance of confidentiality and objectivity, they established the credibility and reputation of the Center as a statistical agency.

As I look ahead on this anniversary, I am confident that the National Center for Health Statistics faces as challenging a future now as it did 25 years ago. Like my predecessors in the directorship of the Center, I know that current data systems must be adapted and new ones established if the Center is to continue to provide information critical to emerging public health issues. As the health of the nation improves, our expectations and priorities change, and needs for data to identify opportunities and measure continued progress also change.

New concerns and opportunities for progress are already evident. The recent apparent slowing of the rate of decline in infant mortality, as indicated by provisional statistics for 1983 and 1984, is a matter of national concern, and there has been considerable debate over its causes. Detailed studies, as well as additional data bases such as that obtained from linking infant death and birth records, are needed. The monitoring of nutritional status is another important area of current interest. In addition, more data are needed on the health of minorities, the elderly, workers, and other subgroups of the population. Data for smaller geopolitical units remain critical. Decisions on the initiation and administration of health care programs and health promotion activities are increasingly made at these levels, and adequate data for the individual administrative areas are basic to these program decisions. Followup of individuals in nationally representative samples to assess the prognostic significance of risk factors and to document individual changes of lifestyle is important for planning our prevention programs.

As we expand the data systems to cover these issues, we must also expand our capability to analyze these data. The staff of the Center are uniquely qualified to undertake indepth analyses of the data from the Center surveys that will truly transform health statistics into health information. And, of course, if the data and analyses are to be useful in guiding decisions and not just in satisfying academic curiosity, the timeliness of release of statistical findings and reports is critical and always something to be improved.

These issues form a challenging agenda for our next 25 years at the National Center for Health Statistics. We will do our best to meet them.

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An Enduring Memorial for Dr. Luther Terry

Some people pass this way and leave their mark on their communities, State, or region, and a few leave their mark on the nation. But Luther L. Terry, MD, Surgeon General 1961–65, left an indelible mark on his and our world.

Twenty-one years ago he came forward and told the world that a common habit, a personal choice, an industry, was killing us. He had read the literature and had talked with a great number of scientists; he became convinced that cigarette smoking was profoundly destructive to the health of the American people.

Dr. Terry convened a 10-person advisory committee on smoking and health in mid-1962. The committee worked for over a year, encouraged and supported by a concerned and courageous Surgeon General. In January 1964, Dr. Terry and his advisory committee published their landmark "Report of the Surgeon General's Advisory Committee on Smoking and Health."

It was a report to the people of the United States, but the issues raised were international issues of public health. In the years since that first report was released, Dr. Terry continued to speak out on its implications, impressing millions of people with the seriousness of the health threat posed by smoking.

Smoking in the workplace was one of Dr. Terry's chief medical interests in his later years. He argued in public appearances around the country that companies should take steps to prevent nonsmoking employees from being exposed to cigarette smoke.

Dr. Terry sounded a powerful alarm, yet he was not an alarmist. He documented the extremities of the damage done by smoking, yet was certainly no extremist. And, although he knowingly took on a powerful enemy, the tobacco industry, Luther Terry was not a headline-grabbing militant. He was rock-steady, and those qualities of calmness and strength are what we, his successors and his heirs, can build on.

Dr. Terry now lies in a hero's grave in Arlington National Cemetery. One day there will be an appropriate stone or marker on that spot. Dr. Terry's family has asked that donations in his name be made to the American Lung Association or to the group at George Washington University known as "Action on Smoking and Health."

But the best memorial I can think of to honor this humane physician and dedicated public servant would be to make our country a smoke-free society in this century. If we can get America's 50 million cigarette smokers to say, "Okay, we've had it, we quit" and if we can discourage young people from experimenting with tobacco—ever, and if we can