



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

September 11, 2012

Justine M. Carr, M.D.
Chairperson, National Committee on Vital and Health Statistics
National Center for Health Statistics
3311 Toledo Road, Room 2402
Hyattsville, MD 20782

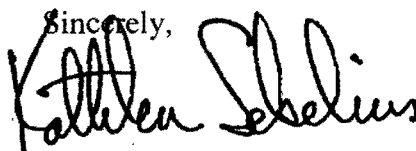
Dear Dr. Carr:

Thank you for your recent letter on the important issue of the development of standards for the collection of socioeconomic status (SES) data on health surveys conducted by the Department. Your insights and recommendations are extremely valuable as we continue to investigate potential specific standards for the measurement of socioeconomic status.

The work of the National Committee on Vital and Health Statistics (NCVHS) provides important foundational work the Department can use to explore ways to improve, align, and standardize data collection for socioeconomic status in HHS surveys. The Department is considering the recommendations discussed in your letter. Under the auspices of the HHS Data Council, the Department will use the findings from the NCVHS meeting on SES measurement in federal data collections as a starting point to explore gaps and data collection analysis for SES data in HHS surveys. We will also reach out to other federal partners to collaborate and share best practices for SES data collection. Like the NCVHS, the Department recognizes that income, education, and occupation data are key factors in SES measurement, and we will work to preserve data collection efforts in these areas.

We have made significant progress in improving health data collection and analysis through the Affordable Care Act. As you noted in your letter, section 4302 of the Affordable Care Act contains provisions to strengthen federal data collection by requiring that all HHS-sponsored health surveys include standardized information on race, ethnicity, sex, primary language, and disability status. Last year, we released updated standards, and we look forward to an improved capacity to identify disparities and target and monitor efforts to reduce them as a result of greater specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data will help us better characterize and compare the nature of health problems in underserved populations.

I appreciate your sharing your insights and look forward to the NCVHS's ongoing engagement and guidance.

Sincerely,

Kathleen Sebelius