Board of Scientific Counselors
National Center for Health Statistics
Centers for Disease Control and Prevention

Minutes of the Third Meeting
April 22-23, 2004
Conference Room 705A
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

June E. O'Neill, Ph.D., Chair of the Board of Scientific Counselors (BSC), National Center for Health Statistics (NCHS), convened the third meeting of the BSC at 2:10 pm on Thursday, April 22, 2004. The names of those attending the meeting are listed in Attachment #1.

State of the Center (see TAB 7 of Agenda Book). The Director of the National Center for Health Statistics (NCHS), Edward J. Sondik, Ph.D., provided a context for the general theme of this particular BSC meeting, noting that the agenda is intended to cover a spectrum that includes policy, public affairs, research, and collaborators to give a picture of how well NCHS is doing and whether what the Center disseminates is useful.

He took a few moments to elaborate on the CDC Futures Initiative, noting that it began in June 2003 via what is termed an "outside-in" approach—efforts to gain insights from partners and collaborators on how well CDC is doing in changing health status. The Futures Initiative also has attempted to assess whether CDC is organized appropriately to best meet its mission. In the course of gaining feedback from the outside, CDC learned that there is a lack of awareness of some of its programs, for example, injury prevention and occupational health.

In response to feedback CDC has developed a series of 6 strategic imperatives (focus on health impact, customer-centricity, public health research, leadership for the nation's health system, global health, and effectiveness and accountability). To achieve the imperatives CDC is developing health protection goals that focus on preparedness and health promotion and prevention of disease, injury, and disability. Accompanying goals development is a review of the agency's organizational structure. Several models depicting functional organization have been posited (see CDC web site on Futures Initiative) within a framework of organizational design principles.

Turning to NCHS activities, Dr. Sondik announced the appointment of Jane E. Sisk, Ph.D., as the Director of NCHS' Division of Health Care Statistics. Dr. Sisk's background and experience in health services research will be extremely valuable in the leadership of the family of surveys that deal with the status of providers of health care. Dr. Sisk made a few remarks and acknowledged her enthusiasm for assuming her new duties at NCHS. Dr. Sondik called attention to the current efforts to recruit an Associate Director for Analysis and Epidemiology; this job announcement closes on June 1, 2004.

In discussing the FY05 President's Budget for NCHS, Dr. Sondik expressed his gratification that so many external partners have been enthused about the significant increase proposed. Should NCHS be awarded these funds, it will be able to prevent further erosion of its statistical capacity and allow the Center to position the surveys to meet new challenges.

After introducing Sam Notzon, Ph.D., and Marjorie Greenberg, NCHS staff with international responsibilities, Dr. Sondik called attention to a number of international activities in which NCHS is involved. These include standards setting (ICD and ICF); international collaborative efforts (ICE) in infant and perinatal mortality, aging, injury, and automated mortality coding; training; work with WHO, OECD, and the Washington City Group on Disability Statistics (through the auspices of the United Nations); and the annual US/Canada interchange, among whose products is the Joint US/Canada Health Survey).

Dr. Sondik mentioned a few program highlights since the last BSC meeting: the re-engineered National Health Interview Survey went into the field in January 2004 and reflects a successful collaboration between NCHS and the U.S. Bureau of the Census; the State and Local Area Integrated Telephone Survey (SLAITS) is completing data collection for the National Survey of Children's Health, with data release scheduled for later in 2004; a new research project is underway to better understand the 2002 increase in the infant mortality rate. Other highlights include the upcoming implementation of the New York City Health and Nutrition Examination Survey which kicks off in late May; the fielding of the new National Nursing Home survey and the inclusion of a nursing assistant component, due to be in the field in August 2004; and the late summer release of data from the National Survey of Family Growth, which now includes men as well as women.

Using a number of press articles to illustrate recent data releases, Dr. Sondik raised the question of what factors have actually caused the current focus on overweight. He noted that USA Today has captured key information in a number of brief snapshots to illustrate the problem.

Dr. Sondik mentioned also that as a result of the effort to develop a Vision for Health Statistics in the 21st century, several individuals have coordinated the preparation of a health statistics textbook, now in press. This is a promising activity and would appear to be a unique contribution given the dearth of statistics texts that focus solely on health.

In discussion of his remarks, Dr. Sondik clarified that CDC's efforts to focus on business practices deal with grant/contract, financial, personnel, and services that are provided in support of CDC's day-to-day activities. A new concept, health marketing, has evolved as a way of assuring that CDC is customer-centric and that the agency applies its resources in concert with the community. Health marketing is an idea that is evolving; its precise definition has not been articulated, but it has stimulated a great deal of discussion about roles in dissemination.

Report from the National Committee on Vital and Health Statistics (NCVHS) Liaisons (TAB 8). Vickie Mays, Ph.D., (NCVHS) and Aldona Robbins, Ph.D. (BSC) presented highlights from the recent NCVHS meeting. Dr. Mays provided information about NCVHS subcommittees, how they are staffed, and their roles. She recommended accessing the NCVHS web site for more information and, specifically, the report from the quality workgroup which might be of interest to the BSC. Dr. Mays reminded members of a proposal for a joint NCVHS/BSC meeting in 2005 and that such a meeting might center on issues pertaining to quality.

Dr. Robbins explained that much of the NCVHS' work is done in subcommittees and that the BSC might want to consider a similar structure for doing its work. She called attention to the Consolidated Health Informatics Initiative (CHII) and its attempts to develop clinical data standards government-wide for 13 different domains. She recommended that someone knowledgeable about the CHII make a presentation to the BSC.

Dr. Mays took a few moments to touch on highlights of three presentations that were on the agenda of the last NCHVS meeting. These talks, by Dan Friedman, Ph.D., Barbara Starfield, M.D., and Carl Volpe, Ph.D, addressed issues pertaining to the vision for health statistics in the 21st century (slide presentations are available at the NCVHS web site).

Dr. Robbins reviewed some charts drawn from *Health United States, 2003* and a listing of indirect health expenditures by Government in 2000 from *Analytical Perspectives, Budget of the United States Government, Fiscal Year 2002,* to illustrate data from an economist's perspective. She noted the importance for a larger context in which to examine statistics and asked what questions NCHS should try to answer. What determines a state of health? How much and what kind of health care is used? What role does government play?

In discussion, Dr. Norwood noted that the consumer price index (CPI) measures out-of-pocket costs of consumers and that it is very difficult to tease out expenditures from price indexes. She explained that much theoretical work is needed.

Other comments and suggestions that emerged during the discussion touched on the huge challenge that exists in acquiring local level data (and whether data at this level of granularity can help improve understanding of differences in health), building a model (by cobbling together multiple data sources) that would allow answers to a series of "what if" questions, looking for ways to move the vision for the 21st century forward, and putting less reliance on claims data to explain outcomes (gather data from people prospectively).

Panel Discussion-Data for Policy and Decision-making (TAB 10). Peter Kemper, Ph.D., Professor of Economics, Pennsylvania State University, looked at the value of data in the policy world and noted that data investments over many years contribute to the development of policy. In referring to his experience during the Clinton administration with the development of health care reform plans, he explained that one must distill an

enormous amount of data from multiple sources into a very concise presentation to a policy-maker. Professor Kemper made his remarks in the context of long term care and called attention to special barriers associated with funding long term care data: enormity and complexity of the long term care problem, jurisdictional fragmentation, and the locus of long term care policy in the states. He summarized his presentation by noting that the contributions of data to policy development are often not recognized and that long term care data differ from acute care data.

In discussion following his remarks, Professor Kemper argued that while there may be a lot of good data on long term care (from NCHS), not all the data are in nursing homes—even though most of the expenditures are for nursing home care, there is a lack of data for settings between homes and assisted living. Issues are transitions between settings, need for longitudinal studies and simulations, and improved predictions. Following populations over time to assess trajectories would be advantageous.

Michael O'Grady, Ph.D., Assistant Secretary for Planning and Evaluation (ASPE), DHHS, called attention to the need for a balance between policy and research data and described the general functions of the office he leads at DHHS. A particular role that ASPE plays is in developing a "second opinion" in the policy world for the Secretary. With respect to data sources, Dr. O'Grady mentioned that policy makers on Capitol Hill often rely on information that draws on data from the Current Population Survey (CPS) of the U.S. Bureau of the Census. There appears to be a strong element of trust in this survey, and staff of the Congressional Research Service and Congressional Budget Office use the CPS data extensively. He also spoke to the importance of building relationships, often through intermediaries, and of the need for a level of specificity in data that appeal to a policy-maker.

Dr. Norwood commented that the role of a statistical agency is to identify issues that need solutions, and, thus, NCHS would appear to fulfill an important function, for example, for ASPE.

Katherine Wallman, Chief Statistician, Office of Management and Budget (OMB), raised a concern that Congressional staff don't reach out enough to the statistical agencies for data and information. She called attention to the OMB book (Statistical Programs of the United States Government, Fiscal Year 2004) that includes the proposed budgets for the Federal Statistical Agencies. Members received this book at their last meeting. Ms. Wallman noted that NCHS is a very important part of the Federal Statistical System and expressed her pleasure that NCHS has a BSC with such a breadth of disciplines.

She highlighted the various functions of OMB with respect to data agencies: reports clearance for surveys (looking at perceived utility for agencies and, more broadly, beyond); development of the Metropolitan Statistical Areas (MSAs); coordination among agencies. NCHS work in vital statistics, intercensal estimates, interagency and international collaborations, and in NHANES (mercury data for regulatory purposes) contributes greatly to U.S. data policy.

Dr. O'Neill inquired about the extent of OMB's examination of duplicative questions across different surveys. Ms. Wallman acknowledged that OMB does consider duplication, but even more, is concerned about discrepancies between statistics and which data to trust. In some cases different terminology and wording may be more of a concern.

Dr. Sondik concluded the discussion with comments about the importance of a statistical agency's carrying out the right activities to anticipate policy needs in the future. A portion of the vision for health statistics in the 21st century addresses the need to pay attention to key policy issues to gain insights and better plan.

Dr. O'Neill adjourned this portion of the meeting at 5:35 pm.

April 23, 2004

The meeting began at 8:45 am with a presentation by Sherry Glied, Ph.D., Professor of Economics at Columbia University.

Who Uses NCHS Data and How? Part I-Value of Data in Assessing Health Status (TAB 11). Professor Glied opened her presentation with a claim that empirical economists are data hounds and proceeded to illustrate this statement with a review of a number of tables depicting various data and information from a variety of sources. She detailed a project on childhood injury mortality, drawing data from *Health United States* and showed how Dr. Benjamin Spock's several books on baby care reflected changes based on data on injury. Dr. Glied noted that basic information can be tremendously important and can contribute greatly to policy.

In her opinion, NCHS data are of very high quality, reliable, and consistent. She suggested that follow back surveys are very helpful and are a vastly underutilized resource; a strength of NCHS data over administrative data is that they get at characteristics of respondents (physicians and patients). Professor Glied suggested working with research grant funders to encourage inclusion of recommendations in grant announcements that applicants propose using NCHS data (and that NCHS make preliminary data available for this purpose). Some effort should be devoted to assuring that study sections are more knowledgeable about NCHS data and their value in research projects.

She indicated that one can do some fascinating studies with NCHS data; her favorite data set is NAMCS because of its multiple observations on the same patients. NCHS data documentation is superb. Professor Glied noted that vital statistics linkages are phenomenal and allow for stretching data in a huge way. Another strength of the NCHS data is the lengthy time series. She commented that the redesigned NHIS is a lot easier to use now.

She strongly suggested that NCHS needs to display a table of variables and that one almost has to know what one is looking for in order to find data. Another

recommendation was to avoid presenting data in ways that require a web user to page through long pdf files. Professor Glied also suggested that when classifications change that NCHS do a mapping to make it easier for users to identify the changes. A concern she raised is that one can't work with NCHS data using Stata.

Discussion following the presentation addressed a number of topics, including a recommendation for a survey of data users to gain their feedback on ease of use. In response to a question about the major questions that NCHS data can't answer, Professor Glied noted a number of gaps, for example, incentives, quality of care, and how to assure people receive an acceptable standard of care. Other suggestions from the Board were to encourage NCHS staff to present their work at annual meetings of economists (and have staff available there to explain NCHS data); promote how others are using NCHS data to States; take into consideration all the audiences that use NCHS data; consider ways to assure quality of vital statistics data; get a better sense of what statistical programs users employ (SETS and SUDAAN are not what most researchers use); try to be more forward- and outward-looking (e.g., examine implications of HIPAA and data linkages); provide an overview of what different data sets can do.

Overview of NCHS Data Dissemination-Who are NCHS Data Users? (Tab 9). Linda Washington and Rob Weinzimer, both on the staff of NCHS, provided a brief look at NCHS users, information drawn from web surveys, listserves, public inquiries, and other similar sources. BSC members' agenda books contained a collection of documents intended to convey the breadth of staff interactions and collaborations with users. Mr. Weinzimer highlighted the number of workshops NCHS conducts to teach use of NCHS data, the NCHS University Visitation Program, the Research Data Center, and the various known users of NCHS data. Ms. Washington took a few moments to explain how NCHS has attempted to respond to user inquiries and make access to data easier. She noted that staff are trying to make the web site more responsive and that CDC is very systematically examining the way in which information appears on the web. Her presentation also touched on number of web visits in 2003 (13,811,948); the users of NCHS data and information (government, educational, health care, and students); how data are used (for reference, providing data to others, preparing articles, studies, or papers), for personal interest.

Dr. Sondik commented that NCHS' web site doesn't currently have anything that gives a tour of the web site and agreed that more discussion about SETS/SUDAAN/SAS/Stata should take place. He mentioned that staff have talked about the need for a meta-dictionary, something a bit more elaborate than a table of variables. The suggestion from BSC members that NCHS be more aggressive in trying to reach its target audiences will be taken under advisement.

Discussion following these presentations touched on a number of different topics: a suggestion to examine more closely the impact on research of the HIPAA privacy provisions, with perhaps a conference (N.B., the National Committee on Vital and Health Statistics did conduct hearings on this issue and submitted a letter to the Secretary which is on the NCVHS web site; the upcoming National Health Information Infrastructure

meeting in July will have a track on population health and data/privacy). Mr. Weinzimer noted that the web site for the National Hospital Ambulatory Medical Care Survey contains information about HIPAA and its pertinence to survey activities. Another recommendation was to examine locales for staff presentations and consider making presentations at places other than the American Public Health Association and American Statistical Association annual meetings. Yet another suggestion was that NCHS conduct free pre-conference workshops, especially at meetings which NCHS staff do not usually attend.

Who Uses NCHS Data and How? Part II (TAB 12). This portion of the meeting involved presentations by four individuals, each approaching the session topic from a different perspective.

Dan Gaylin, NORC, suggested that a "google" search on health statistics should bring NCHS right to the top of a list--and that's how it should be. He expressed concern about NCHS' organizational location in CDC. In his view, NCHS data are so valuable and so important, that if *Health United States* isn't the primary click on the DHHS web site, it should be. He recommended that the BSC prevail on CDC/DHHS to make NCHS more prominent as the Federal Health Statistics Agency. Mr. Gaylin mentioned that data provide the underpinnings for research, policy/program, and a science base and methods and that SLAITS is a great way to get maximum mileage (reusable rocket concept). A recommendation was that NCHS should think about how it can be responsive to the policy stream more quickly. Some gaps in NCHS data are state/county level estimates and sample size. He raised the question of whether NCHS is collecting content at the expense of sample and challenged the BSC to examine this issue. A summary chart among his slides clearly depicts selected "flagship" NCHS data sources and their role in supporting research, policy/program, and science/methods. He concluded his remarks by noting that NCHS is known for its extremely important methods research and does this so quietly but so well and noted that each of the NCHS data initiatives can be considered as pillars of the health and health care information base. Regarding the issue of SETS/Stata and other statistical packages, Mr. Gaylin mentioned that a program called dbms provides a seamless way to manipulate data.

Mark Hayward, Ph.D., Pennsylvania State University, focused on race and ethnic disparities in the burden of disease. He explained that socioeconomic status is a powerful force that mitigates, but does not totally erase, race disparities in disease burden. Some caveats he posited demonstrated difficulties in understanding morbidity, disability, and mortality in certain race groups. Morbidity and mortality data for some race/ethnic groups are either non-existent, based on very few cases, or are of poor quality; data for some race/ethnic groups reflect immigration dynamics; challenges arise from study designs that use age as an eligibility criterion (because of premature many persons in disadvantaged groups fail to survive to ages for inclusion). Professor Hayward illustrated discrepancies in disease burden among different race/ethnic groups through data from the U.S. Census, *Health United States,* NCHS Mortality Detail Files, Health and Retirement Survey, and other sources. Methodological caveats he noted were that mortality selection is occurring throughout life, affecting "snapshots" of health disparities among the

surviving population; and sampling concerns arise due to sparse data for many race/ethnic groups. Professor Hayward offered several recommendations and observations: need for better information on the process by which health disparities arise; greater specificity of health problems will add to understanding of health disparities; existing national data should be enhanced with larger samples of some ethnic groups, more information on health status that is not influenced by medical contact or cultural differences, and more information on potential mechanisms by which disparities arise; evaluate the potential for current data collection efforts to provide appropriate samples that reflect the socioeconomic distribution of minority groups; address health disparities in a life cycle context.

Judy Kasper, Ph.D., Johns Hopkins University, gave her view of the use of NCHS data from the perspective of health services research, policy, and education. Her presentation highlighted a journal article in *Health Services Research* on the use of mental health services by disabled children, a health policy project with the Kaiser Family Foundation to clarify Medicaid policy issues around moving nursing home residents back to the community, and use of NHIS and other NCHS data sets in doctoral advanced research methods classes at Johns Hopkins. She lauded NHIS methods reports (especially as they describe complex sample design and implications for analysis) but noted that the age of NCHS nursing home data is an issue; getting the new National Nursing Home Survey in the field will be really important. Future activities at NCHS should focus on ways to enhance opportunities for use of data in health services research and health policy. Developing closer ties with AcademyHealth and policy researchers may contribute to broader knowledge and awareness. Another suggestion was to piggy-back technical assistance workshops at health services research conferences.

Ron Kessler, Ph.D., Harvard University, made a number of observations about NHIS with which he is very familiar. He noted that in its original iterations the survey took about 20 minutes to complete; his estimate currently is that a considerably larger amount of time is required to complete the survey. A challenge for NCHS is to figure out what the NHIS is going to be and identify its principal core. An ongoing survey, he said, needs some principles for selecting what is to be included on the survey and what is to be excluded; he acknowledged that it is a tricky balancing act, but that NCHS should determine the survey's strengths and play to them. Professor Kessler questioned how NCHS builds in questions now that will anticipate future interventions. His recommendation was to develop structures that will allow the survey to move forward without dying of its own weight. The adoption of CASI and CAPI has made huge advances in terms of timeliness and permits the addition and deletion of questions more quickly. He raised the issue of the right sample size and noted it varies enormously depending on the question to be asked. NCHS should devote some consideration to time/motion concepts to help deal with resources and think more carefully about where precision is needed.

To illustrate his last point, Professor Kessler called attention to the wealth of questions on surveys that continue to assess depression. An enormous public health problem receiving little attention, however, is adult attention deficit hyperactivity disorder (ADHD),

something not really examined at the present but a significant contributor to male rage attacks. In a positive vein, Professor Kessler explained that the best data on mental health effects of the 9/11 attacks come from NHIS and its trend data.

A novel suggestion, designed to stimulate the introduction of fresh questions on the survey, was to mount a small grant program that would allow doctoral students an opportunity to submit questions for a 10-minute portion of the interview. This, coupled with an assessment of the need for sample, would go far to address a requirement for fresh, new ideas on the survey. He mentioned that the National Election Survey, through the University of Michigan, employs this approach.

Discussion following these presentations addressed a variety of topics: a repeated recommendation that NCHS undertake longitudinal surveys—without the information from such surveys it is not easy to really understand health; address the issue of cognitive status among older persons; look at prison populations as there are striking differences in longevity of Black and white males; numerators/denominators are a very serious issue, complicated by immigration status.

A concern was raised about how the BSC is being used; NCHS should present its strategies and get advice from the BSC. A suggestion was for the BSC to develop an advocacy role. A re-review of the BSC charter would be useful to guide the BSC in this regard. Preparing correspondence to the Secretary, DHHS, regarding the CDC Futures Initiative was seen as a first step. Another recommendation was to form small groups, however, the perspective from which such groups would work was not specified—whether by health condition, data system, or methodologic issue. It was noted that the CDC Futures Initiative should probably be taken into consideration, and examination of NCHS activities should be made in the context of the overarching themes and life stages concept. One member called for development of tasks and structure for the BSC; at this stage in the BSC's evolution it is ready to take on more work and should contribute to agenda-setting for meetings. Another member cautioned the group to recognize the difference between an advisory committee and a board of scientific counselors. A suggestion was to have no presentations at the next BSC meeting and allow members to discuss what the Board is and what it should be doing.

In response to the suggestion that an advisory committee can work with staff and define its role and strategic approaches, Charles Rothwell, Director of the Division of Vital Statistics, explained that NCHS has not undergone extensive strategic planning and what has taken place has really been focused on ways to maintain a status quo. Given its resource situation, NCHS hasn't had many opportunities to look far ahead and imagine what might be possible.

Perspective of Collaborators-What are National Health Data Needs? (TAB 13). Representing Carolyn Clancy, M.D., was Steve Cohen, Ph.D., from the Agency for Health Care Research and Quality. Dr. Cohen reviewed the new AHRQ mission statement and the organizational structure of the agency. Commenting on collaboration between AHRQ and NCHS, Dr. Cohen proposed that NCHS consider a rotation of the

AcademyHealth fellows through AHRQ. He acknowledged the role of Edward Hunter, NCHS Associate Director for Planning, Budget, and Legislation, on the DHHS Data Council and the extent to which Mr. Hunter's involvement has enhanced collaborations with AHRQ. NCHS and AHRQ engage in multiple collaborations such as the NHIS sample redesign, the MEPS steering group, expert meetings on typology of Long-Term Care Residential Settings, NCHS' SLAITS, development of long-term care provider frames and survey and data collection methods for assisted living and residential care populations, data for the National Healthcare Quality Report and the National Healthcare Disparities Report. A potential future opportunity for collaboration might be between research and statistical staff to improve quality, efficiency, and timeliness of sponsored surveys. Dr. Cohen suggested opportunities for collaboration in implementing the CDC Futures Initiatives, especially in the overarching goals, and in identifying innovative models for improved data access to restricted data.

Dixie Snider, M.D., M.P.H., Acting Deputy Director for Public Health Science at CDC, commented that NCHS plays an invaluable role in CDC operations. He expressed pleasure at the NCHS President's Budget request for fiscal year 05. He received very enthusiastic replies about the value of NCHS data from Centers at CDC and said NCHS has done a good job of making data available (even though this has been a bone of contention in the past). One Center at CDC submitted 3 sheets of paper on which were listed projects using NCHS data. Dr. Snider envisioned a larger role for NCHS in measuring progress in CDC toward assessing achievement of goals. He reiterated key aspects of the Futures Initiative and highlighted the upcoming focus on major killers and causes of injury.

The National Institutes of Health (NIH) collaborates with NCHS in many different ways. Van Hubbard, M.D., Ph.D., from the Division of Nutrition Research Coordination, presented his remarks in the context of his experience with the National Health and Nutrition Examination Survey (NHANES) and called it a significant resource. Dr. Hubbard also said that NCHS data provide a foundation for much of the research undertaken at NIH. He cited the importance of NCHS data for assessing progress toward meeting Healthy People 2010 goals and what a great tool the growth charts are. Despite these strengths, he noted some opportunities for "making good things better." A concern with the current iteration of NHANES is the difficulty in determining when data points can be considered distinct and different. It would be beneficial if there could be more coordination between NCHS and NIH in setting analytic priorities. To address this issue, NIH established an interest group with a focus on NCHS data systems. Several activities of this group are identifying opportunities to locate community HANES and developing ways to monitor the effectiveness of some parts of the Steps to a Healthier US initiative.

Dr. Hubbard asked whether there might be better ways to group NHIS and NHANES questions, if NCHS and NIH could pool resources and better educate people on the availability and use of data, and if there were certain questions that should be added to NCHS surveys. He indicated a desire for increased dialogue on modifications to surveys, especially to assure that all the scientific and financial aspects of these are addressed. Dr. Hubbard questioned whether there are specific rationales for some of the variables in

NHANES and suggested that a fresh look at these, accompanied by power analyses, would be useful. He concluded his remarks with a recommendation that DHHS address NHANES funding requirements "up front" rather than putting staff in the position of always having to seek funds for the survey. His final comment reiterated the need for longitudinal data.

Clifford Johnson, Director of the Division of Health and Nutrition Examination Statistics, explained that the NHANES web site provides an opportunity for individuals to suggest survey content. He acknowledged the need to balance various components and that the continuous NHANES process creates strain on staff. It's not just a problem of questions on the survey but also keeping the mobile examination centers viable as well. There has been some discussion of doing follow up surveys, but respondent burden is an issue. In reply to a question about what "community" means in the context of community HANES, Mr. Johnson said that NCHS interprets community very broadly—city, groups, borders, and so on.

In the public comment session David Helms, Ph.D., President and CEO of AcademyHealth, called attention to an upcoming meeting, cosponsored by the Academy, NCHS, and Robert Wood Johnson Foundation, that will take a look at improving Federal health data for access, coverage, and state-specific needs. He expressed a hope that he could return to the BSC and report on the outcome of this invitational meeting.

Announcements. On behalf of Dr. Julie Gerberding and Dr. Edward Sondik, Mrs. Blankenbaker presented certificates of appreciation to "retiring" BSC members Barbara Bailar, Eileen Crimmins, Rene Rodriguez, and Fritz Scheuren. She also provided mementos to them to acknowledge their service on the BSC. New members appointed to the BSC are Raymond Greenberg, M.D., Ph.D., Medical University of South Carolina; Michael Grossman, Ph.D., Graduate School of the City University of New York; Neil Powe, M.D., M.B.A., M.P.H., Johns Hopkins University School of Medicine; and C. Matthew Snipp, Ph.D., Stanford University. Their terms of service begin May 1, 2004. The next meeting of the BSC will take place on September 9-10, 2004. Mrs. Blankenbaker also announced that she will have retired from Federal service at that time.

The Chair adjourned the meeting of the BSC at 2:45 pm.

I hereby confirm that these minutes are accurate to the best of my knowledge.

/s/
June E. O'Neill, Ph.D.

5/26/04
Date

Attachment #1: Attendance
Third Meeting of the Board of Scientific Counselors, NCHS
April 22-23, 2004

Members present were:

Chair: June E. O'Neill, Ph.D.
Designated Federal Official: Linda W. Blankenbaker

Barbara Bailar, Ph.D.
Eileen Crimmins, Ph.D.
Nicholas Eberstadt, Ph.D.
Vivian Ho, Ph.D.
William Kalsbeek, Ph.D.
Janet Norwood, Ph.D.
Alvin Onaka, Ph.D.
Alonzo Plough, Ph.D.
Aldona Robbins, Ph.D.
Rene Rodriquez, M.D.
Fritz Scheuren, Ph.D.
Robert Wallace, M.D.

Members not present were:

Louise Ryan, Ph.D.
Fernando Trevino, Ph.D.

Liaison to the BSC present was :
Vickie Mays, Ph.D., University of California at Los Angeles and National Committee on Vital and Health Statistics (NCVHS)

DHHS staff present over the course of the meeting were:
Audrey Burwell
Miryam Granthan
Van Hubbard, M.D., Ph.D.
Jennifer Weber

NCHS staff present over the course of the meeting were:

Krystal Davis
Jennifer Dubbs
Jane Gentleman, Ph.D.
Marjorie Greenberg
Ed Hunter
Debbie Jackson
Cliff Johnson
Jennifer Madans, Ph.D.
Diane Makuc, Dr.P.H.
Heather McAdoo
Mary Moien
Sam Notzon, Ph.D.
Charlie Rothwell
Mike Sadagursky
Sandy Smith
Ed Sondik, Ph.D.
Linda Washington
Rob Weinzimer

Other Government Staff
Susan Schecter, OMB

Presenters
Steve Cohen, Ph.D., AHRQ
Dan Gaylin, NORC
Sherry Glied, Ph.D., Columbia University
Mark Hayward, Ph.D., Penn State University
Judy Kasper, Ph.D., Johns Hopkins University School of Public Health
Peter Kemper, Ph.D., Penn State University
Ron Kessler, Ph.D., Harvard University
Mike O'Grady, Ph.D., DHHS, ASPE
Dixie Snider, M.D., CDC
Kathy Wallman, OMB

Members of the Public present over the course of the meeting were:
David Helms, Ph.D., AcademyHealth
Shitang Patel, AcademyHealth
Jane E. Sisk, Ph.D., Mount Sinai School of Medicine