



National Center for Health Statistics

Board of Scientific Counselors - Minutes

April 24-25, 2008

[Back to Board of Scientific Counselors Meetings](#)

Thursday, April 24, 2008

Introductions and BSC updates:

Dr. Irma Elo, Chair of the NCHS Board of Scientific Counselors (BSC), called the meeting to order and began the session by announcing the departure of four Board members – Dr. Raymond (Ray) Greenberg, Michael (Mike) Grossman, and Dr. Neil Powe, Dr. Matthew (Matt) Snipp. She thanked them for their invaluable contributions and welcomed their continued input and advice to the Board as it plans upcoming activities for next year. Dr. Elo provided a brief overview of the two day agenda and anticipated outcomes, including scheduling the upcoming NCHS program reviews; review and approval of the revised SLAITS letter; and the announcement of June 5th inaugural meeting of the BSCs of the other two centers within the Coordinating Center for Health Information and Service (CCHIS) at CDC/Atlanta with CDC Director, Dr. Julie Gerberding. Dr. Elo encouraged Board members to attend the June meeting and to contact her or Dr. Virginia Cain if interested.

Dr. Elo introduced CCHIS Director Dr. Steve Solomon as a visiting CDC Official slated to present an update on the CDC initiative, Making the U.S. the Healthiest Nation.

Dr. Michael O'Grady updated the group on the letter sent last fall to Dr. Julie Gerberding and Secretary Leavitt addressing the Board's concern that inadequate funding will threaten the scientific integrity of NCHS' programs. Dr. O'Grady explained that the Board had been sensitive to protocol and sent the letter to Dr. Gerberding for initial review and approval, hopeful that it would be forwarded by CDC to the Department. Having made several attempts to convene conference calls with CDC leadership to discuss these concerns and to confirm the Board's intention to follow protocol, by keeping all appropriately informed, they (the BSC members) decided at the January meeting to forward the letter to Secretary Leavitt's office if CDC had not done so by this time. After Dr. O'Grady discussed the matter with CDC official Joe Henderson, Dr. O'Grady forwarded the letter to Secretary Leavitt. The Board is waiting for a response.

Dr. Elo thanked Dr. O'Grady for his oversight of this issue, which is of great concern to the Board, and suggested that the budget would probably be an ongoing BSC agenda item. Dr. Lynn Blewett asked that a final copy of the letter be sent to all Board members.

Discussion

The Board held a lengthy discussion regarding regulations authorizing them to make the BSC letter to Secretary Leavitt public record. Several members expressed their concern for the importance of making constituents and stakeholders aware of the impact of the budgetary challenges facing the National Center for Health Statistics (NCHS) and discussed a variety of mechanisms for communication, including postings on the BSC website and circulating correspondence to various organizations (e.g., PAA, APHA, Friends of NCHS, etc.). Dr. Graham Kalton asked how we (the BSC) publicize the website and explained that he didn't know how many people are aware of the budgetary problems.

Dr. Ruth Stein suggested that we also inform academic communities of the impact of these budget cuts and the implications for risk of preserving the scientific integrity and advancement of programs at NCHS. Dr. O'Grady raised the point of thinking more globally about the clientele who should receive this information and suggested consideration of creating a listserv. Dr. Ken Prewitt cautioned that while Board members may individually work to support NCHS' programs, the group collectively cannot appear to become lobbyists or an advocacy group. Ms. Katherine Wallman advised members of the Board to "reach out", not expecting people to "reach in". She suggested that postings to the BSC website are not proactive and that each member should "reach out" in his or her own way, pushing information out to relevant constituency. Dr. Snipp agreed with Ms. Wallman that the BSC website is not the most compelling outreach to our constituency. Dr. Elo concluded that a signed version of the letter would be distributed to all BSC members and NCVHS – for web posting. The Board would check with NCVHS on the web posting process and perhaps implement.

Dr. Elo also suggested that the Board pursue further information discussion about Section 508 compliance issues (i.e., posting power point slides) on the BSC website and how to make best use of the BSC website.

Budget Update and Response to anticipated budget shortfalls:

Dr. Ed Sondik announced the NCHS Data Users Conference, August 11 – 13, 2008, in Washington, DC. Peter Orszag, Director, Congressional Budget Office is expected to be the featured plenary speaker.

Dr. Sondik reviewed the current ongoing CCHIS/CDC activities and recent updates across the NCHS programs and divisions. He presented an overall budget projection and programmatic options from FY2008 through FY2012 (including President's budget request for an \$11 million dollar increase in the FY09 budget) to provide a snapshot of the current status and to address the budget deficits within each NCHS (data survey and data collection) division. In each scenario, similar considerations were made, based on the anticipated redesign of NCHS surveys in 2013 — including elimination of oversampling; reduction or flexibility in sample sizes; elimination of training field staff; and proposals to combine, postpone or suspend surveys. In his comments, Dr. Sondik pointed to a document, "Pounding the Pavement" which he circulated to the members and used to frame his remarks related to the impact of the NCHS programs on other agencies and the need to solicit external support. He explained that NCHS is looking to the Board for advice on budget considerations, evaluative feedback and recommendations or the direction of its programs.

Following Dr. Sondik's overview, each division director presented an updated budget overview, outlining programmatic options to address projected budgetary deficiencies across the agency.

NHANES:

Mr. Cliff Johnson shared PowerPoint slides with various programmatic scenarios to address the budget options: eliminate oversampling [cost savings of \$1M – \$2M over two years], reduce the number of Primary Sampling Units (PSUs) [cost savings of \$1M over two years], create flexible sample size [over two years, cost savings of \$4M – \$6M in year two] or reduce the sample size [\$8M – \$12M over two years]. Mr. Johnson outlined the positive and negative consequences associated with each budget option.

NHIS

Dr. Jane Gentleman shared PowerPoint slides with various programmatic scenarios to address the budget options: reduce sample size [based on sample size reduction, cost-savings of \$1M – \$8.3M], eliminate survey interviewer refresher training [cost-savings of ~\$900,000], eliminate screening for oversampling minority populations (blacks, Hispanics, and Asians) [cost-savings of \$1.4M], or reduce questionnaire content [cost-savings "unknown"]. Dr. Gentleman also outlined alternative redesign options or FY2013, including combining the NHIS and NHANES questionnaires, using fewer PSUs (down from current 420 with sample in every state and in DC), implementing a dual frame survey (telephone and in-person), adopting flexibility of survey design, remaining a Title XV survey with reduced listings by using commercial address files, or field NHIS under the Title XIII authority (given interaction with U.S. Census).

NHCS

Dr. Jane Sisk shared PowerPoint slides with various programmatic scenarios to address the budget options: delay nursing home survey [cost-savings of \$2M in FY2009; \$2.5M in FY2010], delay updates to the ambulatory survey samples [cost-savings of \$2M in FY2010; \$4M in FY2011], delay home and hospice care survey [cost-savings of \$1M in FY2011; \$4M in FY2012], or suspend hospital and/or ambulatory care surveys [cost-savings of \$2M – \$10.5M – dependent on whether one, two or three surveys were suspended].

DVS

Mr. Charlie Rothwell shared PowerPoint slides with various programmatic scenarios to address the budget options: postpone mortality and natality reporting for CY2009, delay purchase of data [CY2009 data paid in CY2010, cost-savings of \$400,000], or remain budget neutral, seeking additional funding to support the \$15.1M it will expend to States for reporting vital statistics to NCHS.

Discussion

The Board's discussion focused primarily on strategies for optimizing a budget statement which marks the impact of budgetary cuts to NCHS' programs by tracking the practical usefulness of data to or for other government and non-governmental agencies, external partners, stakeholders and other constituents.

In response to the program budget reviews, Dr. O'Grady commented that managers conceptualize these issues programmatically and their outlooks reflect a manager's effort to "protect the program"; however, he recommended that managers look at these issues through a budget lens. He expressed his concern about losing client contributions, i.e., reimbursable monies which fund many NCHS programs, and raised the questions, "How much do your clients rely on NCHS data for daily operations, and how aware are they of this type of information (level of dependency on NCHS data)?" Dr. O'Grady characterized the problem as one of public health marketing and developing a business construct to communicate specific correlations between the "clients need for NCHS data and the impact of not having the data" (i.e., the impact of loss of oversampling of minorities to the data reports of the Office of Minority Health). Dr. Ron Angel asked if there were anyway of knowing which changes or programmatic cuts have the greatest impact on clients. Dr. Sondik explained that he was unable to identify the most 'critical' client and pointed out that the loss of data from each program left NCHS with great void.

Dr. Neil Powe pointed out that NHANES' fiscal numbers look unsustainable over the long-term and asked what innovative or technological strategies could be utilized to efficiently improve data collection. He conjectured that interested parties who provide reimbursements should have increased over the years rather than decreased. He suggested that clients are perhaps managing internal budget cuts themselves. He urged non-retreat from oversampling of minority populations, given rapid change and increasing diversity in society – the cost-savings is small compared to the future need for this data.

NCHS division directors discussed long-term programmatic strategies (pros and cons). Dr. Sisk commented on the risk of losing data if data sources are removed during a period of health system transformation and discussed effects of budget cuts across agencies (ASPE has contributed to NHCS until its most recent reprioritization of funding). Dr. Gentleman discussed a dual frame survey option (telephone and in-person) and possible partnerships with interested groups from other agencies to pool resources. Mr. Rothwell raised consideration of funding innovation at the state level given no new project monies at the federal levels.

Board members asked how they might best serve NCHS to promote the continuation of its programs and to preserve the integrity of the science being conducted. Especially given similar budget concerns across federal agencies, members wanted to pinpoint a core constituency, dependent on NCHS products and critical to NCHS programmatic and budgetary viability.

Dr. Blewett added the concern of the relevance of these issues to policy makers and raised the question, "What do we lose from a policy perspective?" Policy makers care and want to know the implications of lack of use or lack of availability of data.

Dr. Prewitt commented that it may be the case that the concerns of those who are most organized are heard, although their concerns may not overlap with the societal needs. It is important to match what we have to what society's needs in order to deliver good public health standards. Members discussed examples of how poor administrative data organization and preparation without insight on public opinion, yield ineffective results, and how programs like the Survey of Income and Program Participation (SIPP) offer more effective evaluative measures, i.e., SIPP looks at individuals' receipt of income.

Ms. Wallman underscored Dr. O'Grady's comments and added that preservation of the quality of the data is paramount. She cautioned that small budget cuts across programs actually undermine the quality of data and are not transparent to the user. Dr. Elo summarized the Board's concern to retain NCHS' distinction as the premier health statistical agency and suggested that the goal for NCHS is not to diffuse efforts by cutting away at each program; ultimately this action may result in being cut out of the picture.

Dr. Steven Schwartz mentioned that Congress had identified NCHS' Division of Vital Statistics (DVS) as a priority for funding and asked if monies had been specifically allocated. Dr. Sondik addressed this point by explaining that current funds that could be expended had already been appropriated to DVS and there may be more dollars allocated near the end of the fiscal year. He clarified that Congress' statements were made well before the increase had been decided. The final funding amount was much smaller than initially projected; however, the amount received has kept DVS programmatically viable. No NCHS program received a major increase this fiscal year.

The board recommended that NCHS or the BSC prepare a proposal to be distributed to the Department and the policy community, including relevant partners and stakeholders, articulating the Board's views on issues related to the sustenance of NCHS programs. Members agreed that: (1) eliminating oversampling from surveys is not cost effective; (2) 2013 is a pivotal year given the redesign for NHIS and the contract end date for NHANES; (3) NCHS programs are unsustainable at continued funding levels; and (4) the goal for NCHS is to preserve the quality of its data. Dr. Elo added that the contextual backdrop for these items would outline "what NCHS does and what NCHS needs".

Dr. Solomon interjected that NCHS' budget challenges are not unique. The question of how to adjust budgets across programs is a CDC-wide problem and in his assessment NCHS has done better than some other CDC centers.

Making the U.S. The Healthiest Nation

Dr. Solomon focused his presentation, Making the U.S. the Healthiest Nation, on the comparison of CDC's budget challenges to a business model that emphasized the competitiveness of CDC in the marketplace. He referenced Wal-Mart's model for emergency response as an example of possible corporate adaptations to be considered. He raised such questions as, "Who are the arbiters deciding what kind of science and research we do? What is our marketplace?" He encouraged the input from the BSC in helping to define these constructs. The challenge of The Healthiest Nation is to define the CDC's role and the role of Public Health and to offer "wellness" measures which communicate the health of the nation to the public and simultaneously engages the public as stakeholders in the process of transforming the health system. He pointed to the need for simplifying these measures and to perhaps derive a single number as a way to describe the Health of the Nation.

Discussion

Board members weighed in with their concerns about ensuring that as public health stewards we address the problems that worry Americans. Drs. Prewitt and O'Grady and other members expressed problems with oversimplifying evaluative measures to a 'single number' and cited several examples where using this type of assessment is misleading. Ms. Wallman referenced the 37 principal economic indicators, each with dimensions that have to be considered to fully understand the economic implications. Dr. Jennifer Madans referenced the Health U.S. as a set of indicators providing a summary of the health of the nation, yet still difficult to and perhaps unwise to reference any indicator as a 'single number'.

Dr. Ruth Stein raised concerns about sustaining the role of public health and not outsourcing all functions. Public policy is causal and can not be designed or evaluated by a 'single number'. Dr. O'Grady reminded members that the Board's focus is "to identify what NCHS does and what NCHS needs". What we know at this point in time is that NCHS wants to gather and report unbiased health information rather than deliver opinions which can be perceived as biased.

Ms. Wallman reinforced the challenge to maintain data quality and integrity, by communicating and marketing information free from policy interpretation. She referenced the recent OMB, Statistical Policy Directive No. 4: Release and Dissemination of Statistical Products, which became fully effective April 7, 2008. The group discussed the appropriate use and display of agency logos and confirmed that while a federal department or parent agency logo, e.g., HHS or CDC, may be showcased on a statistical product, the logo of the affiliate federal center, e.g., NCHS, should also be displayed, if the statistical product is also attributed to that agency or organization.

Update on NHANES DNA Data Discussion:

Drs. Kalton and Snipp reported on the outcomes of a recent meeting in Atlanta, GA, (March 3, 2008) which covered the topic of DNA and Beyond Gene Discovery. Although controversial and inconclusive, a primary issue of the meeting was how to increase access to NHANES DNA information. Discussions spanned an array of issues related to supplemental consent or re-consent for data access pursuant to the Confidential Information Protection and Statistical Efficiency Act [CIPSEA] (for data collected prior to January 1, 2003 and linked to data collected since January 1, 2003), including – confidentiality, issuance of certificates of confidentiality, IRB review and HIPPA guidelines; risks of identifiability given data linkages and genomic analysis [Genome-wide Association Studies (G-WAS)]; and legal and policy implications.

Dr. Madans explained NCHS' current practices regarding DNA data collection, data access and the future role of the agency in this area of genomics. She clarified that remote access and onsite use of NCHS' data through the Research Data Center (RDC) was charged to users as outlined in RDC policy. She also noted that DNA collection, unlike DNA testing, is not expensive.

The Board discussed this topic as it relates to the current and future practices for NCHS' DNA data collection and testing, as well as access to the use of the NHANES DNA data set. The sample size of 15,000 is too small for many genomic analyses.

Until recently, NCHS had not allowed access to NHANES DNA data; currently the data can be accessed remotely or onsite through NCHS' Research Data Center (RDC). Dr. Stein pointed out that DNA samples were collected first only in NHANES, though she raised concerns around prevalence, data linkage and candidate gene analysis. Dr. Prewitt and other members weighed in with various concerns framing them in the context of protecting the NHANES program and NCHS acting to safeguard NHANES.

Dr. Elo summarized the Board's options before proposing final recommendations to NCHS: NCHS could discontinue DNA collection through the NHANES program or NCHS could continue to collect DNA through NHANES contingent upon developing appropriate data access mechanisms. There was no support for changes in the consent that would limit confidentiality protection. The BSC wanted to reconsider the use of designated agents if authority to appoint agents is granted.

NCVHS Update

BSC Liaisons, Dr. Bill Scanlon, Dr. Jim Lepkowski, and Dr. O'Grady and Ms. Marjorie Greenberg (NCHS) presented an update on the National Committee on Vital and Health Statistics (NCVHS). A major focus for the NCVHS currently is the transition to electronic health records. Dr. Lepkowski and Dr. Scanlon discussed challenges related to the individual's privacy (HIPPA implications) and interoperability of record systems. Ms. Greenberg pointed out that personal identifiers were a standard in the 1990s; however, today different approaches are being used to match patients with their health records. The NCVHS is currently seeking a committee chairperson.

NCVHS Update

Ms. Christine Cox, Special Projects Branch Chief, Office of Analysis and Epidemiology presented an overview and update of current data linkage activities. She highlighted the areas for potential data linkage: aging, disability, health disparities, health services, genetics and methodological studies. Ms. Cox explained the Interagency Agreement (IAA) as the primary mechanism for collaborating with other organizations to acquire and link data. Use of IAAs presents several challenges including the length of the process (15 – 18 months) to stipulate terms for data ownership; balance of limited resources; and need for enhancements to data access. Data linkage outcomes have proven to be quite successful. Match rates of administrative to survey data are at 65+ percent to 90 percent, varying by state. Strategies like using the last 4-digits of social security numbers in the NHIS survey have resulted in increased numbers of survey respondents providing their numbers and, therefore, being eligible for linkage. Dr. Schwartz questioned how well IAAs work, given challenges in New York to replace key personnel or data custodians if personnel changes or custodians leave during the period of the agreement. Other Board members cited and discussed concerns related to data matching challenges – Dr. Powe referenced a statewide inpatient database where state linkages would require an IAA with each state; Dr. Elo mentioned that hospital discharge data has no identifiers. Dr. Sisk (NCHS /NHCS) explained that under the redesign, the hospital discharge system will have identifiers. Other areas for future data linkage possibilities were mentioned – linkages to neighborhood data, geocode survey respondent data; NHANES data to food stamp data (although not centralized like Medicaid); and linkages with large surveys for children. There is a gap in education system data and data on children's health.

The Board agreed that NCHS' efforts in data linkage activities are well organized and successful and should be better leveraged for greater payoff to the agency.

Dr. O'Grady summarized the focus of the Board's interest in helping NCHS develop a framework for future programmatic and budgetary planning, and asked the members if they agreed that NCHS might be best served if the Board helped NCHS to create new budget policy. This would include: (1) a budget proposal with non-annual appropriations to manage ongoing operations, (2) 1% evaluation set asides, and (3) multi-year funding resources, e.g., tying long term surveys to x% Medicare claims, or some other combination of current NCHS surveys.

The meeting was adjourned by the Chair, Dr. Elo.

Friday, April 25, 2008

***Dr. Eileen Crimmins joined meeting by phone.

Review Update: Time Table for Future Reviews & Update of Ongoing Review Activities:

Dr. Elo asked National Health Care Statistics Division Director Dr. Jane Sisk for recommendations on timeline and survey content planning for the National Health Care Surveys (NHCS) reviews. Dr. Sisk recommended that the Board divide the review into two phases: 1) review of surveys of residents (the long-term care surveys and ambulatory and hospital care surveys) that sample residents and interview staff people; and 2) review of ambulatory and hospital care surveys which are surveys of encounters – extracting information from medical records. Given the anticipated appointment of a new Chief of Ambulatory and Hospital Care Branch (current Branch Chief is retiring soon), Dr. Sisk added that the review of the ambulatory and hospital care surveys should be the latter review.

Dr. Stein suggested a two-tiered panel with panel members having subject matter expertise to discuss potential for varied cross-sections of current survey data as well as evaluation of current surveys. She pointed out that children with special health care needs are also included in long-term health system (part of the SLAITS portfolio). Review panelists might also address data related to patient transitions in various health care settings. Dr. Madans suggested that someone from NHIS and NHANES be included on the NHCS review panel, given upcoming redesign and possibilities for cross walking HCS surveys with NHIS. Dr. Elo concurred and recommended that review panelists include those who can integrate facility surveys with other patient based surveys (outpatient, nursing home, residential care, etc.) to cover broad reaching implications for the 2013 redesign.

With regard to timeline for survey reviews, Dr. Elo suggested the following schedule:

- Long Term Care survey
 - Preliminary brief – September 2008
 - Report due – April 2009
- Hospital and Ambulatory survey
 - Report due – April 2009
 - Report due – September 2009

NHANES Program Presentation:

NHANES Division Director Cliff Johnson presented an overview on the background, primary goals and objectives, and major activities of the division. He asked the Board to consider the budget and staffing limitations and to provide recommendations for which path the program should pursue in the future. The NHANES objective is to assess the health and nutritional status of adults and children in the U.S. NHANES also provides U.S. population-based estimates of health conditions; awareness, treatment and control of selected diseases; environmental exposures; and nutritional status and diet behaviors. The major activities of NHANES are domestic and international collaboration; nutrition monitoring; environmental bio-monitoring; Longitudinal HANES (L-HANES); and Community HANES (C-HANES).

NHANES staff, Mr. Lew Berman, Dr. Randy Curtin and Dr. Geraldine McQuillan, joined Mr. Johnson in discussing key components of NHANES data, the data collection process and challenges over the next several years.

Dr. Ron Angel, BSC Liaison to the NHANES review panel, posed the question, "How do we adapt to difficulties of data collection over the next century?" He confirmed the importance and unique nature of the NHANES survey. He recommended that the review panel consider the following topics to ensure that the survey continues to evolve: redesign (change the PSUs); technical strengths and weaknesses; programmatic objectives; should NHANES collect DNA and/or other biomarkers and if so, what are the implications for confidentiality; and collaboration with other surveys.

Dr. Powe expressed his support of NHANES as a valuable resource to NCHS and to the country and made a few recommendations for budgetary enhancements (i.e., leveraging State and Local partnerships such as in California and New York, to create an infusion of resources for longitudinal assessments in a few local communities). He questioned the efficiency in overlap of sampling to save federal monies.

NHANES staff member Lew Berman explained that such state and local requests exceed NHANES current staff capacity. He reported that more than 40 communities have contacted NHANES to request local studies and field placement. NHANES collaborations with New York took about six years and in-house staff were used for field work and data analysis. He and Mr. Johnson also cited other studies with University of Illinois and University of Chicago (the Southside study), the University of Wisconsin, as well as California's efforts to design a bio-monitoring study.

Mindful of the 2013 expiration date of the NHANES contract, Dr. Prewitt and others urged the review panel to look at a variety of options for cost-savings to NHANES, including identifying and prioritizing collaborative efforts to enhance such key activities as longitudinal follow up of cross-sectional sampling and expansion of methodological studies for community and consultation efforts. Dr. Sondik added that the Community HANES (C-HANES) is obligated to transfer or translate what it has to other levels, and asked the Board to consider how the agency balances this translational research to leverage its resources.

Dr. Madans emphasized that the NCHS/NHANES does not have a consulting or contracting relationship with states and local partners; the agency is not a firm (collecting funds or charging fees) and should carefully design collaborative efforts. Perhaps cost-savings through modifications to survey components, i.e., merging certain aspects of the NHIS and NHANES such as blood draws in the home rather than in labs, is a viable option.

Dr. Ray Greenberg expressed interest in the public's knowledge about NHANES relative to blood specimen collection. He described the blood specimen collections as one of the most precious commodities and asked NHANES staff how the blood is being used, how they assess fees for incoming requests, and how to market this information. Mr. Johnson explained that currently NHANES is doing 300 blood and urine tests in their surveys with surplus amounts banked for later access. Proposals for specimen requests are received through the NHANES website and most include letters of interest outlining public health issues to be addressed; most if not all proposals have been accepted to date). NHANES staff member, Dr. McQuillan, explained the background of the NHANES specimen collection, pointing out that NHANES III currently has 24 labs and 300 lab tests (NHANES II has 30 specimens). She cited 43 proposals for the NHANES III specimen collection explaining that researchers try to use surplus samples if possible.

Dr. Elo presented the Board with the idea that a committee might further explore these particular issues facing NHANES: the impact of budget constraints; the prioritization of resource allocation; and the implications of oversampling as well as continued efforts in areas such as DNA and biologic sample collection. Dr. Stein added that the committee might also look at the relationships between spin off projects and the Center's (NCHS) projects relative to recommendations for prioritizing resource allocations.

Mr. Johnson voiced concerns that the division (DHANES) needs time to alert other centers, agencies or organizations (NHANES stakeholders and constituents) of projected changes and to make them aware that certain data might no longer be available.

Dr. Bill Kalsbeek, Chair of the NHANES review panel, confirmed that the issues facing NHANES indicate a need for consideration of the program's forward thinking strategies rather than review of the science. Dr. Kalsbeek will lead the review panel for NHANES.

BSC Review Update

Dr. Elo elicited input from the Board on the revised SLAITS letter. Dr. Kalton thought the letter was generally too optimistic and wanted to be cautious that the overall tone of the letter did not raise expectations that the recommendations offered would resolve issues with the survey. Dr. Greenberg reminded the group that the letter was not a substitute for the report; the report carefully outlined all issues, while the letter was to express the Board's overall recommendation. Dr. Elo took other minor suggestions and edits from the members for final revisions emphasizing the Board's agreement with recommendations in the SLAITS report.

Nativity Program Review Update and Discussion:

Ms. Stephanie Ventura, Branch Chief, Reproductive Statistics Branch, Division of Vital Statistics, presented updates on the NCHS Natality Program including a high level productivity despite staff and resource limitations – only seven branch staff working on natality-related files; production of several major complex data files each year; production of comprehensive annual reports on fertility, maternal and perinatal health, etc.; and other publications of “excellent creative studies”. She highlighted the panel's primary focus on implementation of the 2004 Revised Birth Certificate and the challenge to secure more state compliance. Ms. Ventura discussed specific program accomplishments such as development of VitalStats (an interactive web system for accessing birth and perinatal data); development of new public use data access policy (in response to NAPHSIS concerns); and making the natality and linked birth/infant death public use file downloadable (from NCHS website).

Dr. Elo highlighted need for steps being taken to speed up the adoption of certificates by states. Dr. Cain reported work on a \$36M CDC cooperative agreement, currently in review, that would build infrastructure at the national level and provide some potential for channeling monies to states in the area of vital statistics.

Dr. Sondik emphasized that the current budget is unsustainable and cited DVS as an example which underscores this challenge.

NHANES Program Presentation:

Board members shared various concerns about the role of NCHS in addressing ensuing challenges resulting from the 2003 U.S. Standard Certificates for Birth (no longer paper certificates; now electronic). Dr. Schwartz discussed the effort and costs, approximately \$1M for a new electronic system, of rebuilding of a national system that utilized the new birth certificate standards. He and Dr. Elo questioned responsibility of NCHS to build infrastructure at the state level. What is the charter mission for NCHS?

Discussion

Board members shared various concerns about the role of NCHS in addressing ensuing challenges resulting from the 2003 U.S. Standard Certificates for Birth (no longer paper certificates; now electronic). Dr. Schwartz discussed the effort and costs, approximately \$1M for a new electronic system, of rebuilding of a national system that utilized the new birth certificate standards. He and Dr. Elo questioned responsibility of NCHS to build infrastructure at the state level. What is the charter mission for NCHS?

CNSTAT Vitals Meeting Update:

Dr. Schwartz expressed his interest in seeing a new level of momentum as an outcome of the upcoming CNSTAT workshop addressing the current challenges and policy implications for vital statistics data and the increasing demands on the vital statistics system. Dr. Kalton suggested that a panel might be forthcoming from the CNSTAT discussions, generally articulating a vision with proposed plans of action for vital statistics systems.

Dr. Sondik and Dr. Madans were hopeful that discussions held during the CNSTAT sessions would address options for DVS and would encourage action at the Department level.

Farewell to Outgoing Members

Dr. Sondik presented certificates of appreciation and expressed gratitude and appreciation to the four outgoing BSC members: Dr. Raymond (Ray) Greenberg, Michael (Mike) Grossman, and Dr. Neil Powe, Dr. Dr. Matthew (Matt) Snipp.

The meeting was adjourned at 2:00 pm.

Future meetings:

- September 18-19, 2008
- January 22-23, 2009
- May 7-8, 2009

Attachment 1

Board of Scientific Counselors Meeting
April 24th – 25th, 2008

Attendees:

BSC

Chair: Irma Elo, Ph.D. :
Executive Secretary Virginia Cain, Ph.D.
Ron Angel, Ph.D.
Lynn Blewett, Ph.D.
Raymond Greenberg, Ph.D.
Graham Kalton, Ph.D.
James Lepkowski, Ph.D.
Michael O'Grady, Ph.D.
Neil Powe, Ph.D.
Kenneth Prewitt, Ph.D.
Steven Schwartz, Ph.D.
Matthew Snipp, Ph.D.
Ruth Stein, Ph.D.
Katherine Wallman
Bill Scanlon, Ph.D.

NCHS and CDC staff

Lew Berman
Traci Cook
Christine Cox
Randy Curtin
Jane Gentleman
Marjorie Greenberg
Brenda LaRochelle
Cliff Johnson
Jennifer Madans
Kathleen McDuffie
Geraldine McQuillan
Charlie Rothwell
Jane Sisk,
Steve Solomon,
Rear Admiral USPHS Ed Sondik, Ph.D.
Stephanie Ventura

Others

Eileen Crimmins (on phone)

William Kalsbeek

Page last reviewed: November 6, 2015