A. Overview and Guiding Principles

NCHS intends to periodically review its programs to assure the continuing vitality of the Center’s efforts. The specific goals of these reviews are to examine the current status, scientific quality, and responsiveness of each program within the context of its mission.

The review should:
1. take into account future availability of financial and staffing resources focusing on the effectiveness of the program’s use of current and expected resources, especially during periods in which prospects for funding increases in the near term are limited;
2. emphasize forward-thinking and future planning rather than current or past program efforts and achievements to ensure that NCHS remains a vital part of the Nation’s health information infrastructure;
3. conduct an interactive review that obtains needed information through both written documentation and in person interaction with program staff.

The final report should address the program’s strengths, weaknesses, and future threats and opportunities with emphasis on scientific quality and the program’s responsiveness to the user community.

This document is intended to provide general guidelines for the review process. It is understood that review teams will have flexibility in how they perform their tasks. Each review team may prioritize some areas for greater emphasis given the purpose and scope of the program under review.

B. Questions to consider in conjunction with nine review criteria

The review criteria outlined below is intended to guide the reviewers in terms of the program’s adherence to general principles of sound science and the requirements of federal statistical agencies as set out in the CNSTAT’s Principles and Practices, OMB’s Data Quality Guidelines, and OMB’s Standards for Statistical Surveys.

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<th>The Program and Its Process:</th>
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The reviewers may use the questions outlined below as a guide for their deliberations. As noted above, each review needs to be tailored to the particular program and its overall mission. Thus some areas may receive greater emphasis than others. However, the review team should not limit their focus too narrowly.

1. Capacity/Resources
   - Is the program’s budget being spent efficiently on current activities?
   - Are personnel resources being used effectively?
   - Are appropriate high quality personnel being recruited and retained?
   - Are current staffing levels appropriate?
   - Does the program have the right mixture of professional expertise?
   - Does program staff collaborate with other federal or state agencies and if so how?
   - How does the program fit within NCHS and the Federal statistical system (i.e., CDC, and other federal agencies)?

2. Information Products
   - Are the reports generated by the program appropriate for the content of the data collection system and mission of the program?
   - Are the program’s products meeting user expectations in terms of quality, timeliness, usability, etc.?
   - Are there definable and measurable quality standards set for each program product?
   - Is there an ongoing attempt to improve timeliness and relevance of the program’s data products?
   - Is there an ongoing effort within the program to assess user satisfaction and user needs for new data products?

3. Efforts to Improve
   - Are there existing mechanisms to maintain and improve the scientific quality of program activities?
   - Are there existing mechanisms for strategic planning of future activities?
   - Are there incentives for staff to conduct long range planning?
   - Are there ongoing efforts to evaluate and improve the quality of data and information products produced by the program?

C. Report to the Board of Scientific Counselors (BSC)

A preliminary report of the review should be submitted to the BSC prior to the submission of the final report. This preliminary report will be scheduled for discussion in a meeting of the full BSC. In this meeting the program staff will have an opportunity to correct any factual errors that may be present in the preliminary report. The final report, which should include a set of prioritized recommendations, will be submitted subsequent to the Board discussion and will reflect the discussion of the preliminary report by the BSC.
Review of the National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) is one of the primary surveys carried out by the NCHS. The continued scientific quality and the relevance of this survey for monitoring the nation’s health are of outmost importance. At the same time, the nation’s population is diversifying and its health profile is changing. Thus the BSC views the review of the NHIS as particularly important and the Board hopes that the review committee will pay specific attention to the way in which the NHIS staff has responded to budgetary constraints, changing population dynamics and health care needs, emerging challenges and opportunities in survey research, and coordination and collaboration among program staff within NCHS.

In addition, there are some specific issues/questions related to the NHIS that came up during the discussion of the program at the January meeting of the BSC that the review committee should consider. These topics are listed below.

1. Does the program staff effectively respond to budget constraints? Does the committee have specific recommendations on how to minimize adverse impact of budget constraints in both the short and the long run? Is the program in a position to move quickly on priorities if new resources become available?

2. How can NHIS position itself to help evaluate the impact of salient policy issues and recent policy changes, e.g., could the NHIS be used to evaluate health care reform, impact of the aging of the baby boomers on health status and health care costs? Is the NHIS taking full advantage of data linkage opportunities that could increase the value of the data to the policy community, e.g., linkage to MEPS, others?

3. Methodological considerations: Are there more economic ways to design the NHIS sample? Would the committee recommend the use of commercially available lists or the Master Address File for the NHIS sampling frame? How will the choice of a sample frame impact data collection mechanisms and access to and release of data? What are the costs and benefits of using mixed mode survey procedures for data collection (e.g., phone and in-person interviews)? How has NHIS been or could be used in research on survey methodology, e.g., mixed mode methods, use of cell phones, appropriate windows for event recall?

4. Does NHIS staff successfully collaborate with other programs within NCHS, e.g., with the National Health and Nutrition Examination Survey (NHANES) and the State and Local Area Telephone Survey (SLAITS)? What are the opportunities and potential losses of merging all or parts of exiting population based surveys (e.g., NHIS and NHANES)?

5. Does the NHIS staff effectively obtain input from its users (both internal to CDC as well as external) when selecting topics for the NHIS data supplements? Is there a mechanism to evaluate the value of these supplements to the user community? Are there effective mechanisms to develop new users of NHIS data products?

6. Responsiveness to users and data release: How does the NHIS staff keep track of users, quantify use, obtain user feedback, and demonstrate the value of the NHIS across a wide range of users? Are there recommendations regarding the timeliness of the NHIS data and data products? What are the pros and cons of moving to a continuous data release?