

Department of Health and Human Services

Board of Scientific Counselors

May 6-7, 2013

NCHS Auditorium
3311 Toledo Road
Hyattsville, MD 20782

Meeting Minutes

The Board of Scientific Counselors was convened on May 6-7, 2013 at the National Center for Health Statistics in Hyattsville, MD. The meeting was open to the public.

MEETING SUMMARY

May 6-7, 2013

ACTION STEPS

- The BSC will produce a letter that incorporates commentary and questions about the ORM Review Panel's Report of May 7, 2013. The letter and final report will be submitted to the Director, NCHS.
- Dr. Kington will circulate a draft letter among BSC members prior to submission.

Monday, May 6, 2013

Welcome, Introductions and Call to Order

Raynard Kington, M.D., Ph.D., Chair, BSC
Virginia Cain, Ph.D., Executive Secretary, BSC
Charles Rothwell, Acting Director, NCHS

NCHS Update

Charles Rothwell

Dr. Sondik was thanked for his seventeen years with NCHS. Staff, building and budget updates were presented, noting level funding for FY 2013. Prevention and Public Health Fund (PPHF) activities were described, including those proposed within NHIS and NAMCS/NHAMCS; state funding for electronic birth record systems implementation and a transition to 2003 birth certificate and EDR expansion. The FY 2014 budget requests an additional \$22.413 million to phase in more electronic death records; develop and implement new sample designs for population-based surveys following the 2010 Census; and improve and expand data collection methods. The potential impact of the Working Capital Fund, a new funding mechanism for CDC business support services in FY 2014, was mentioned. NCHS program updates were presented for the Division of Health Interview Statistics; the Division of Health and Nutrition

Examination Surveys; Division of Health Care Surveys; Division of Vital Statistics; NCHS Record Linkage Program; and Health United States 2012 (to be disseminated in May 2013); Healthy People 2020; the Office of Research and Methodology; Classifications and Standards; and NCVHS.

Discussion ICD-11, in active development, is officially due for approval by the World Health Assembly in 2015 (although even WHO believes that ICD-11 will not be ready by then). An ICD-11 beta version is now posted on the WHO website. Interesting features (which require field testing) include real alignment to SNOMED CT; and potential links of public health and NCHS data with EHRs.

Health Indicators Warehouse Update

Jim Craver, M.A., Assistant Director, OAE

The presentation introduced the Health Indicators Warehouse (HIW) to new BSC members. Its role is to popularize, make accessible and promote data that NCHS produces as well as other relevant datasets. Topics included a history of why and how the Warehouse was created; its mission, challenges, features and recent traffic; types of data sources; 2013 updates; a description of the Health Data Initiative (flagship initiative in the HHS Open Government Plan); and HHS' Health Data Initiative Concept.

Discussion Discussion ensued about Warehouse governance, including BSC's role as well as that of the Indicator Advisory Group, which represents various HHS departments (e.g., ASPE; AHQR; HRSA; NIH, CDC/OAE, the Secretary's Office). The latter group, which generally meets quarterly, strives for an open process and incorporates the use of Statistical Standards Groups that monitor data input and indicators from existing databases. BSC helps to ensure a high level of direction and policy setting.

OAE does not have usage statistics for HIW. Ten thousand unique hits by end users is a "pretty good number." It is encouraging that the number is stable although the hope is to use current technological ability to triple it. A question was raised about how major changes to the data systems are represented by the HIW over time. The HIW strives to be upfront about changes on the methodology or overview page and includes one-off or ad-hoc footnotes as needed. An RSS feed is posted on the front page with each update or new data release linking to more robust release notes. An example of how a change to include cell phones in a sample can affect users was presented. In this case, a specific statement about how the methodology had changed was made on the overview page.

Examples were given to illustrate data and applications development. When data are made available, others might use them in ways that NCHS might not (examples given). A discussion followed about ways to evaluate the impact of HIW's services for users and non-users; ways to increase traffic; datasets to add; and data recruitment. Not much has been done with evaluation to date nor has there been a deluge of requests to add data to the Warehouse. With regard to indicators, a suggestion was made for HIW to connect with the HIT Trailblazer program (national, using CMS data) and Healthy People 2020 (where quality measures, AHRQ indicators and PQIs start to merge). HIW has a bias toward national data although it includes state and county data when possible.

HIW began with indicators mostly predetermined by other federal and non-federal initiatives. Some indicators touch on health care, healthcare quality, access to care and insurance coverage. The impact of expanding the availability of data was raised again along with

questions about how to define the ultimate aim and how to react to data developers. Liberating data stimulates a variety of new uses but also is associated with some risks.

2010 Census Race and Hispanic Origin Alternative Questionnaire Experiment

Jennifer Madans, Ph.D., Associate Director for Science, NCHS
Nicholas Jones, Roberto Ramirez and Joan Hill, U.S. Census Bureau

Any Census Bureau activity affects the entire federal statistical system. Consistent information on primary demographics allows for comparisons of the same population on different outcomes. Postcensal and intercensal estimates are used as denominators for all rates that come from Vital Statistics or the Provider Surveys (such as birth and death rates).

The presentation covered the following topics: a description of the Alternative Questionnaire Experiment (AQE) including design strategies; goals and research strategies for race and ethnic categories; AQE methodology (three-part design); major findings; recommendations; what has happened since the AQE release; next steps and current and future research ideas.

Discussion Issues around the “other race” category used by the Census Bureau were raised. Categorization of such data follows OMB definitions. Within the AQE design, a combined question approach which includes ethnicity and race in the same question provides more reliable data (example given). The re-interview process and focus groups explore data qualitatively, allowing for more accuracy and reliability. By 2020, the hope is that people will be able to self-identify with the established categories.

Discussion followed about the identification of children of parents who associate themselves with different groups; and multiracial responses. With the streamlined combined question approach, people understand that they can report more than one race. In the combined format, the term “Hispanic” is referred to as “origin” rather than “race.”

In the 2010 Census results, 20% of Hispanics did not answer race questions. Of the 80% who did, half reported some other race. Such data must be analyzed for meaningful inferences on Hispanic race reporting. The issue of Hispanic parents reporting their children as U.S. citizens rather than Hispanic was raised. Data currently are reported that include a particular race category including an “alone population” as well as an “alone” or “in combination” population. The current combined question on race yields results in the White category comparable to the non-Hispanic White alone population. A suggestion was made to review the varying race ethnicity data collection tools used for state vital records.

It would be helpful to get Census Bureau work in this area fed back to Stage III (meaningful use) in a purposeful way relative to an EHR interface. At present, more focus is on the combined approach versus the two-part but combined approach.

A question was posed about what is lost with use of the new combined approach and there was a request for evidence of how the new approach works better than the current system. The question of how Hispanic people define and understand race was raised. The AQE is a big research endeavor that will not yield results until 2020. It is the Census Bureau’s first effort to do re-interviews and focus groups (i.e., 67 focus groups with over 800 participants to date) on this topic. Latinos are having trouble answering the origin question. Many answer with “race” or skip the question. The difference between “race” and “origin” may be confusing, which is why details provided by interviews and focus groups are useful. Areas for further exploration include analyzing data across nativity or geographic variability lines.

Long-term trends in areas such as race, ethnicity, mortality and fertility are crucial to NCHS analysis, especially in vital statistics. Changing the way that data are collected can be confusing. A question was asked about whether to continue with time trends on “real data” versus gathering data that more accurately represent what must be measured. In light of the United States becoming a majority minority in 2018 for children, understanding nativity in White and Black populations is important – and something that is not now measured. There is currently discussion about how to move the AQE data out to the RDCs. A transition strategy is needed to address systems changes.

The notion that Hispanics or Latinos find themselves more easily in the AQE was again challenged and questions were raised regarding the reporting of race categories. A population exists that does not identify with a race. Why is it important to create an environment that mandates association with a racial classification? Those who say they have no race identify themselves as Hispanic. All that is gained is better reporting in the “White” category.

Within current standards, people are assigned to OMB race categories. There must be separate questions on Hispanic “origin” and “race.” Research shows that a combined question produces a more reliable, accurate portrait of the country. Would such an approach necessitate a change in the federal government’s race/ethnicity data standards, which would be an OMB rather than a Census Bureau decision? Many agencies are weighing in on how the newer approach could be used and what it could mean for better statistical data.

Given the disparity of approaches, a question was posed about how to proceed. One thought was to develop a BSC Workgroup that would examine specific questions along with the Census Bureau. Reflecting the difficulty of changing standards, it was noted that many federal agencies still use 1977 standards. Asking the same questions about race and ethnicity in the same way and context will not necessarily reveal the same thing so it makes sense to work on qualitative and quantitative fronts together.

International Health Activities and Discussion

Sam Notzon, Ph.D., Director, International Statistics Program, NCHS
Jennifer Madans, Ph.D., Associate Director for Science, NCHS
Kathryn Porter, M.D., Director, DHANES

Dr. Cain referred to a recent IOM report entitled, “Shorter Lives, Poorer Health” that compared U.S. health in relation to other developed countries. The United States does worse on virtually every health measure. The first recommendation was for NIH and NCHS to join with an international partner (e.g., OECD or WHO) to improve the quality and consistency of data sources available for cross-national comparisons; and to establish a data harmonization working group to standardize indicators and data collection methodologies. The report will be further discussed in a future BSC meeting.

Dr. Notzon’s presentation focused on NCHS and international data comparability, noting the goal of improving the quality and comparability of U.S. data with that of other countries. A May 5, 2013 presentation about OECD by Dr. Edward Sondik and Dr. Sam Notzon was referenced and a brief history and description of OECD was provided, including mission and current membership. NCHS’s role in populating the OECD health database was delineated and examples of data supplied by NCHS were presented. The OECD Health Data were further described, including the biannual report of OECD indicators, *Health at a Glance*. The work of WHO and the United Nations in these areas was briefly depicted as were international collaborations (such as various international collaborative efforts [ICEs] in areas such as injury

statistics; ICE on Automation [mortality statistics]; Indigenous Health Measurement; and U.S.-Canada Collaboration).

Dr. Madans enumerated the complexities of producing comparable statistics between countries. She described the work of the Washington Group on Disability Statistics (WG), its country-driven structure, role and membership as well as the aim and focus of the Budapest Initiative (BI), which has merged with the WG. A WG/UNICEF collaboration on child functioning and disability was also mentioned as were WG/BI/UNICEF disability measures. In addition, the presentation covered topics such as: building an infrastructure for disability data; development of comparable testing methodology; and a joint action project of the European Health and Life Expectancy Information System that monitors health trends and gaps among European Union (EU) countries.

Dr. Porter provided an update on international consultations of the National Health and Nutrition Examination Survey (NHANES). She elaborated on countries that have received consultations; settings for health examinations; and examples of health examination surveys developed in South Korea, Canada and the European Union.

Discussion Use of the WHO definitions of health varies significantly across countries. While China considers the development of a health examination survey, the United States is the largest country that conducts one. Many countries have trouble making their data public, perhaps due to confidentiality issues. NCHS is ahead of the curve in these areas and as such, has an opportunity for a leadership role. While NCHS currently does not have longitudinal studies, in some areas they can be mimicked by linking data sets. It was reiterated that comparable data among international datasets are limited. Comparable questions across countries must be basic and simple. They tend to be better with core measures. More could be done (jointly) to make data between countries comparable if finances permitted, but there remain substantial nonfinancial obstacles to more extensive comparable measures.

Differences between an older disabled population and other ages were noted. Most surveys address elders with gradual functional limitations. Noting disagreements with NCHS about approach, WHO wants to develop a Model Disability Survey. There was discussion about how disability questions in international conversations compare to EHR standards. A suggestion was made for NCHS to engage in that dialogue.

National Death Index

Lillian Ingster, Ph.D., Director, National Death Index, NCHS

The CDC's National Death Index (NDI) and a joint project with the Department of Defense (DoD)/Veteran's Administration (VA) were delineated. More specifically, NDI data were identified along with main restrictions to NDI use; databases linked to the NDI; NDI clients; and suicides in the military. NDI's history with DoD and VA was described along with DoD/VA studies on suicide. A description of the DoD/VA Mortality Data Repository was provided with an explanation of death record content, how the data will be used and NCHS and state benefits.

Discussion The project with the VA will set up a data base for the military to access as needed for their own studies. DoD maintains all past and current military personnel records at California's Defense Manpower Data Center. Electronic data are then matched against that of the NDI, going back to the Korean War.

BSC Member Priorities Discussion

Raynard Kington, M.D., Ph.D.

A member had asked that the BSC be queried about topics for future BSC meetings. Various topics raised as possibilities for future discussion are described below.

Data release and data quality: One member suggested a further discussion of the meaning and implications of NCHS's effort to "free" data on a regular basis. Who decides about data quality? What are NCHS' responsibilities for the quality of data that are not produced by NCHS but on its website?

Big data and other non-usual data sources: What could be the role of non-usual sources of data in informing NCHS data collection and analysis? How can other data sources complement NCHS data given that they are being used and seem to have predictive power? Could they be used to identify and target areas to pursue through traditional data collection methods? What can be done with big data and how to deal with their limitations in relation to the federal system? It was suggested that Bob Groves has considered "big data" issues and might be a good person to involve in a discussion of these issues. Also CDC in Atlanta has an interest in using a variety of sources to predict the outbreak of an epidemic. The National Immunization Survey is using market research companies to stratify samples. Development of a pilot was suggested to address these concerns. CDC has financed biosurveillance activities that examine different datasets but the results of these efforts are unknown. NCHS is likely to use data more on the collection than the interpretation side. NCHS's population-based data allow for more interpretation.

NCHS Data and the Affordable Care Act (ACA)

A question was raised about where NCHS stands with respect to its data systems in the context of the ACA. NCHS, the Census Bureau and others are trying to determine what to do with insurance exchanges. NCHS will begin testing some questions on an HIS web panel after the open season begins. A survey of exchange users is also under development. What can NCHS do relative to the HIT process, especially in the public health arena? A paradigm shift is anticipated within the next three to five years for how public health receives information. Public health must synchronize better with the insurance industry in order to understand their data.

Other areas of interest included: care coordination; integration between population, public health and clinical care; and more explicitly between HRSA, CDC, population health, clinical and primary care. Claims data are "messy data" while public health data are "clean." How do population health data (e.g., birth and mortality) link with other indicators in useful ways? As information is fed into health benefits exchanges, NCHS has an opportunity to work on consistent data reporting that examines plan comparability across public delivery systems and states. At present, payment reform, which drives public health changes forward, is moving ahead but not in strong communication with population health.

Community HANES

Another area of interest was NCHS's current position and recommendations on the community HANES Program. The budget needed for this program on any kind of scale is not feasible. In response to a question about whether such activities are for use by specific states or for gathering comparable measures, a balancing act is necessary. A question was posed about NCHS's role relative to local data. The push with HIS has been for state estimates and monitoring ACA. How much investment from a central facility should there be for local data at a time of tight budgeting? HANES is the most expensive challenge. Interest was expressed in comparing HIS (biological markers) with the NCHS examination survey. NCHS could be used as the gold standard, especially on blood tests (although not internationally). It was noted that

greater NCHS control of the Behavioral Risk Factor Survey would result in more comparability but less control over what states want.

The meeting was adjourned at 5:00 p.m.

Tuesday, May 7, 2013

Office of Research Methodology Review and Discussion

Roderick Little, Ph.D., Associate Director for Research & Methodology, U. S. Census Bureau;
ORM Review Panel Chair

Nathaniel Schenker, Ph.D., Director, Office of Research & Methodology

Hermann Habermann, Ph.D., BSC Member & Liaison

Alan M. Zaslavsky, Ph.D., BCS Member & Liaison

ORM's mission is to provide statistical information guiding actions and policies that improve the health of all Americans. It ensures that NCHS performs its mission to provide high quality health information. An update on recent activities was provided including the 2013 Quest Workshop; a variety of workgroups that address such topics as data presentation; trends; NHIS and data estimates. The Research Data Center is working with the ASPE to open a secure data lab at HHS headquarters. It also hosts several data systems that provide access to high-level researchers and informs policy makers.

ORM Review panel members include: Rod Little, Chair; Gale Boyd; Sharon Lohr; Peter Miller; Susan Schechter; with BSC Liaisons Hermann Habermann and Alan Zaslavsky. The review process was described along with a history of ORM, its structure and organization, activities, accomplishments, strengths and challenges. Panel recommendations for the ORM Office of the Director (OD) and for the Statistical Research and Survey Design Staff (SRSDS) were presented. Panel recommendations were also provided for the Questionnaire Design Research Laboratory (QDRL) and the RDC. Collaboration between programs (internal and external) was described as was usage of QDRL's applications suite.

Discussion It was noted that the Review Panel operates under the auspices of the BSC. As such, the report can be accepted or modified by the BSC and transmitted to NCHS leadership for consideration. The focus of the ORM Review Panel report to BSC (May 7, 2013) was organizational and structural.

With respect to the Research Data Center (RDC), the cost of providing and supporting data was raised for consideration. With budget cuts, having designated data delivery staff for research and other purposes is a big challenge. A routine data provision cost was suggested to help users become more focused about their requests although the OMB circular states that the public cannot be charged for information and that the government does not copyright materials. Canada and New Zealand were cited as examples of how complicated it is to recover such costs. While the Census Bureau has a 100% cost recovery policy, they recover a fraction of that amount. The pros and cons of a flat fee were debated. Given limited staff resources, the issue of how much technical assistance to provide to users was also raised. It was noted that much good comes from disseminating materials to groups that use the information within reports that they may even sell. Reconciling resources with need is a constant challenge.

The RDC offers NCHS a great opportunity to serve DHHS, especially as restricted files have become more in demand. It is important to determine how to fund this model while maintaining researcher services. NCHS's data dissemination of products is much broader than IT. However, the RDC provides researchers with broader capability to conduct more interesting

data linkage activities. It was noted that all NCHS data are accessible through public use, special use of the RDC, which provides remote access. The next version of a remote access system (platform neutral) is in process.

A request was made to learn more about NCHS research that addresses trade-offs between confidentiality concerns and public use data accessibility. This is a topic for future consideration. Another request was for more collaboration within ORM with respect to confidentiality issues. It was noted that methodological research staff motivation derives from how they are rewarded. The agency encourages staff incentives (doing their own research) as a way of maintaining high quality staff. A suggestion was made to do survey outreach to various RDC client communities to improve the RDC approval process and services, focusing on those who have tried to use the system but have given up (in contrast to satisfied users). It was noted that better than 90% of those applying for use of the RDC have been approved.

A debate about whether to produce a letter or to encourage ORM report amendments ensued. The BSC is the FACA Committee that is legally sanctioned to advise the government and as such, is mandated to submit the ORM report (with comments). Submission by the BSC does not necessarily mean acceptance or rejection of the ORM recommendations but questions raised by BSC members will be noted. A vote was taken to transmit the final report to NCHS with an accompanying letter noting questions about such areas as RDC fees, access and the trade-off between confidentiality and access. A draft letter will be circulated to all BSC members for commentary prior to submission.

Redesigning the Review Process

Alan Zaslavsky, Ph.D., BSC Member & Liaison

Hermann Habermann, Ph.D., BSC Member & Liaison

Dr. Zaslavsky reiterated that the ORM Report does not evaluate a strategic plan although it calls for the development of such a plan. Dr. Habermann recommended that the BSC develop a consistent reporting process for future panels. He reviewed CNSTAT principles and practices as a unifying principle for developing a quality framework (e.g., relevance; accuracy; accessibility; coherence; and interpretability).

Discussion Dr. Cain noted that the original guidelines were developed by the Board with input from NCHS staff in 2005 when office reviews began. The 2007 guiding questions were changed in 2012 in response to the completion of reviews of the data divisions and the initiation of reviews of NCHS Offices. A history of the review process was presented. An open discussion is needed about the best approach to program reviews the second time around, with quality as a major consideration. Cost savings was suggested as another important consideration.

Given the emphasis on quality in other parts of the federal government and HHS, a quality framework seems like a good approach. The self-study is a useful part of the process and a recommendation was made for the BSC to advise those involved in self-studies as they sort through important issues. Reviews should focus on the big picture rather than on staffing, budgets or more specific programmatic details. A definition of “quality” is needed.

Within NCHS, there has been a shift from primarily funding data collection to bolstering resources in the areas of planning, evaluation and dissemination. A balance has yet to be achieved, which is a good topic for further BSC discussion. BSC members appreciate hearing about ways to be useful (e.g., considering such issues as future trends in survey data collection; different ways that data are used; organizational or structural issues; cross-functional areas

within the Center, etc.). Further questions were posed about RDC data release activities, user needs, confidentiality and data availability; and data access tools (e.g., overlap; data access capabilities; and survey question additions). A suggestion was made to consider reviews around functions rather than offices. Another suggestion was to add a generalist to every departmental review.

NHANES Health Measures Experiments and NHANES DNA Update

Kathryn Porter, M.D., Director, DHANES

Dr. Porter described current NHANES activities, to include planning and operating the survey and releasing data; a 24-hour urine collection test; a Health Measures at Home Study; and the DNA bank. A workshop supported by NCHS examining the return of genetic results to survey participants in population-based studies is in development (approval pending) with collaboration from the Committee on National Statistics and the Committee on Population of the National Research Council.

Discussion The complexities of the 24-hour urine test were discussed. The Health Measures at Home Study was noted as a good example of cross-division collaboration between NHANES, HIS and the Census Bureau. Difficulty with gathering cholesterol measurements was raised. The DNA specimen bank process, associated issues and the conference mentioned above were further discussed.

PUBLIC COMMENT None.

The meeting was adjourned at 12:15 p.m.

To the best of my knowledge, the foregoing summary of minutes is accurate and complete.

-S-
Raynard S. Kington, M.D., Ph.D. Chair

9/5/13
DATE

Attachment

Committee Members Present

Raynard S. Kington, M.D., Ph.D., Chair BSC
Virginia S. Cain, Ph.D., Executive Secretary
Michael Davern, Ph.D.
Hermann Habermann, Ph.D.
Christine L. Himes, Ph.D.
Carol J. Hogue, Ph.D., M.P.H. (by phone)
Genevieve M. Kenney, Ph.D.
Thomas A. LaVeist, Ph.D. (Consultant)
F. Javier Nieto, M.D., M.P.H., Ph.D.
Elizabeth (Lou) Saadi, Ph.D.
Linette T. Scott, M.D., M.P.H.
Duncan Thomas, Ph.D.
Alan M. Zaslavsky, Ph.D.

Absent

Stanley Presser, Ph.D.
Ana V. Diez Roux, M.D., M.P.H., Ph.D.
David Takeuchi, Ph.D.
Katherine K. Wallman, Ex-Officio

Staff and Liaisons

Irma Arispe, OAE
Clarice Brown, Director, DHCS
Jane Gentleman, Ph.D., Director, DHIS
Marjorie S. Greenberg, Executive Secretary, NCVHS
Debbie Jackson, NCHS/CPHDSS
Jennifer Madans, Ph.D., NCHS
Charles Rothwell, Acting Director, NCHS
Nathaniel Schenker, NCHS

Presenters

May 6, 2013

Jim Craver, M.A., OAE
Lillian Ingster, Ph.D., NCHS
Joan Hill, U.S. Census Bureau
Nicholas Jones, U.S. Census Bureau
Jennifer Madans, Ph.D., NCHS
Sam Notzon, Ph.D., Int. Statistics Program
Kathryn Porter, M.D., DHANES
Roberto Ramirez, U.S. Census Bureau
Charles Rothwell, NCHS

May 7, 2013

Virginia S. Cain, Ph.D., Executive Secretary
Hermann Habermann, Ph.D., BSC Member
Raynard S. Kington, M.D., Ph.D., Chair BSC
Roderick Little, Ph.D., University of Michigan, ORM Review Panel Chair
Kathryn Porter, M.D., DHANES
Nathaniel Schenker, Ph.D., ORM
Alan Zaslavsky, Ph.D., BSC Member

Others

May 6, 2013

Brenda Baker, DHANES
Stephen Blumberg, NCHS
Kelly Brown, DVS
Verita Buie OPBL
Kim Daniels, DVS/RSB
Renee Gindi, NCHS/DHIS
Brady Hamilton, NCHS/DVS
Rebecca Hines, OAE
Julia Holmes, OAE
Leonard Horning, FMO
Hashini Khajuria, OAE
Ellen Kramarow, OAE
Dennis Lau, NCHS
Jacqueline Lucas, DHIS
Don Malec, ORM
Peter Meyer, ORM
Julia Milton, COSSA
Jennifer Parker, OAE
Jacqueline Shahar, FMO
Sandy Smith, OCD
Makram Talih, NCHS
Anjel Vahratian, NCHS
Stephanie Ventura, NCHS
Kassi Webster, NCHS
Julie Weeks, OAE

May 7, 2013

Yutaka Aoki, DHANES
Brenda Baker, ORM
Ginny Freid, OAE
Joe Fred Gonzalez, ORM
Edward Grant, ORM
Hoshini, Khajuria, OAE
Meena Khare, ORM (by phone)
Alena Maze, ORM
Frances McCarthy, ORM
Peter Meyer, ORM
Justin Mezetin, ORM
Kristin Miller, ORM
Van Parsons, ORM
Susan Schechter, ORM Review Panel (by phone)
Iris Shimizu, ORM
Tammy Stewart-Prather, OIS
Kassi Webster, NCHS
Julie Weeks, OAE
Karen Whitaker, ORM
Jean Williams, OAE