

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

Minutes of the Fifth Meeting
January 27-28, 2005
National Center for Health Statistics Headquarters
3311 Toledo Road
Hyattsville, Maryland 20782

June O'Neill, Ph.D., Chair of the Board of Scientific Counselors (BSC), National Center for Health Statistics (NCHS), convened the fifth meeting of the BSC at 2:00 p.m. on Thursday, January 27, 2005. The names of those attending the meeting are listed in Attachment #1.

State of the Center:

Dr. Edward Sondik, NCHS Director, provided an update on CDC/NCHS. He said that the CDC Futures Initiative is in its full implementation stage and he invited Board members to help identify candidates to fill the many top management vacancies. Dr. Sondik said that many NCHS staff were retiring, due to incentives connected with restructuring the CDC organization, and that many more NCHS staff—including top level managers—would be reaching retirement age in the next few years. He discussed how NCHS will use its FY 2005 budget increase to reinforce core NCHS data systems. He provided an update on NCHS programs and identified new data releases.

Discussion:

Dr. Sondik was asked about the impact of the Intelligence Reform Act on DHHS/CDC. He said that efforts to computerize medical records were especially of interest to NCHS, and that NCHS automation efforts were consistent with provisions of the Act. Dr. Sondik said that the appointment of Dr. David Brailer as National Health Information Technology Coordinator was a reflection of the Department's priority to improve health information technology. Dr. Sondik was asked about the impact of the many staff departures on the ability of CDC/NCHS to meet its needs. He said that staffing needs will be addressed through consolidation of functions at CDC and by filling mission-critical positions.

Update from NCVHS:

Dr. Mays and Dr. Robbins updated the Board about NCVHS activities. They reported on the November 4-5, 2004 Committee meeting, and invited BSC members to review the meeting minutes on the NCVHS website. They said that Dr. Brailer gave an update on current initiatives in National Health Information Technology. They referred to the Census Bureau's presentation about the American Community Survey and noted the collaboration between NCHS and Census on the Survey. Dr. Mays said that the NCVHS

Subcommittee on Populations recommended that NCHS use the *21st Century Health Statistics Vision* report to help guide its program reviews. Board members were invited to attend upcoming NCVHS meetings, including the March 2005 meeting at which there will be a discussion of a draft report on eliminating disparities. They commended NCHS for its leadership on “bridging” race data. Dr. Mays announced that her NCVHS term was expiring, and Dr. O’Neill thanked her for her service as NCVHS liaison to the BSC.

Presentation on the Relationship between obesity and mortality:

Jennifer Madans, Katherine Flegal, and Robert Anderson of NCHS, made a presentation on the relationship between obesity and mortality. This was presented as a “case study” to address the Board’s interest in reviewing the methodological issues associated with health statistics.

Dr. Madans introduced the issue of measuring “actual causes of death.” She explained that CDC was asked to update a study of the number of deaths attributed to obesity. The study showed a significant increase in the number of deaths from obesity and indicated that obesity would soon “overtake” tobacco as a cause of death. Dr. Madans briefly described the methodological issues associated with the new study, and she explained the internal clearance process at CDC for reviewing the article presenting the study findings.

Dr. Flegal presented a discussion of the methodological issues associated with attributable risk. She explained how different methodologies were used in the CDC study to arrive at the calculations of deaths attributed to a number of different risk factors. Dr. Anderson presented a discussion about the issue of comorbidity when classifying causes of death. He explained that when looking at deaths attributed to various risk factors, categories for coding death are not necessarily mutually exclusive.

Dr. Madans asked the Board to help NCHS determine its proper role in helping to advance understanding of the relationship between risk factors and mortality. Should NCHS be in the business of trying to determine attributable risk of death? Should NCHS use complex causal models to make the connection from risk factor to disease to death? If so, wouldn’t this require much larger datasets including expensive longitudinal components?

Discussion:

Dr. Powe pointed out that there are a number of measures, aside from mortality, to study the impact of risk factors. These include quality of life and burden of disease. There was discussion about definitional issues with obesity and the accuracy of physician diagnoses. Dr. Kalsbeek said that NCHS has a responsibility to users of statistics to explain—as Dr. Flegal did in her presentation—why various estimates differ. This is necessary to ensure the credibility of health statistics. Board members said that NCHS needs to do what it can to improve cause of death reporting, and Dr. Anderson described efforts at NCHS in this regard, including development of a tutorial with CME credit for medical school students and physicians on how to complete death certificates. Dr. Powe said that while

it is difficult to attribute causes of death, at least NCHS can advance work toward developing standards on how to try to do so. Mr. Rothwell said that automation will help accomplish this. Dr. Kalsbeek said that the only real solution to obtaining better information about attributable risk was through longitudinal studies

Internal Review of NCHS Programs: Presentation on NCHS Role in Vital Statistics Cooperative Program:

Charles Rothwell presented an overview of the Vital Statistics program including a description of each data set, a discussion of the analytic data files, and an identification of scientific issues and future program goals. He explained the nature of the decentralized system for vital statistics, and the relationship between NCHS and the states. He asked the Board for its guidance in evaluating the Vital Statistics program and in recommending improvements to the program.

Discussion:

There was general agreement among Board members that, while Mr. Rothwell's presentation was valuable in helping them understand the NCHS Vital Statistics program, there needed to be a framework in place for conducting an actual *review* of this and other NCHS programs.

Questions for Mr. Rothwell included: Who are the end users of vital statistics data? (Mr. Rothwell listed a broad range of users.) Do these users use publications or data files? (Mr. Rothwell answered that users use both.) What accounts for the delay between release of preliminary data and issuance of final data? (Mr. Rothwell said it was due to a combination of the need to improve internal NCHS systems and the time required to resolve coding questions from the States.) Board members encouraged NCHS to provide greater leadership in vital certificate revisions. Dr. Onaka explained that a big difficulty in this regard is that the death certificate is primarily an administrative document that is also used for public health purposes and that there are legal obstacles to improving the use of the certificate for public health purposes. Dr. O'Neill asked about opportunities to streamline the amount of information included on certificates, especially in areas where data on similar topics are collected by other Federal agencies. Several Board members recommended that NCHS look at opportunities for partnering with other agencies; one example was to for NCHS to benefit from the system of data collected by Veterans Affairs Hospitals.

Concern was expressed about the difficulty users have in acquiring data more detailed than that available on public use files. Dr. Sondik offered to provide an update for the Board about the role of the NCHS Research Data Center in addressing this problem.

The Board emphasized that a structured process would need to be put in place before they could actually conduct a review of NCHS programs. They discussed various approaches to arrive at a framework for reviewing the Vital Statistics program and other NCHS programs. The framework would have to include the *format* for their reviews as well as

the *content* of what would be reviewed. Board members emphasized that in order to conduct a review, they would need to come to a meeting prepared with agreed-upon criteria for evaluating information presented to them.

The Board identified a number of potential criteria by which to evaluate the Vital Statistics program and other NCHS programs. They identified the type of information they would require from the Program to help guide their evaluation. Criteria and required information include:

- 1) Mission and goals and objectives of the program. This would include a delineation of activities contained within subunits of the NCHS Vital Statistics program, including which of these activities are mandated by legislation. This would include current activities as well as challenges and future opportunities.
- 2) Resources, including budget and staffing. This would include a breakdown on resources allocated to each component of the NCHS Vital Statistics program, including resources devoted to research.
- 3) Productivity--data files, publications, other service activities. This would include a compendium of publications by staff.
- 4) Volume of use of data. This would include identification of the most-cited publications and data files. This would also include consideration of why potential users may *not* be using the data, and also why users of NCHS data do *not* always cite NCHS as the original source.
- 5) Feedback from data users, including satisfaction with products and services. This would start with an identification of principal types of data users, including users of publications as well as microdata files.
- 6) “Principles and Practices for a Federal Statistical Agency”—how well is the NCHS program addressing relevant principles and practices?
- 7) Weaknesses as well as strengths of the program. This would include problems that can be fixed without additional staff/money as well as problems that can only be fixed with more staff/money.
- 8) Relevance of program to current Presidential or Congressional priorities. Possible example in the case of vital statistics would be work toward electronic medical records in support of the Intelligence Reform Act

Presentation on Prescription Drug Data:

Dr. Amy Bernstein, Chief of the NCHS Analytic Studies Branch, Office of Analysis and Epidemiology, made a presentation about data on prescription drug data. Dr. Bernstein described the special feature on prescription drugs in the 2004 edition of *Health, United States*. She discussed drug databases, issues in drug analyses, lessons learned, and plans for future analyses using drug data. The talk was followed by discussion among Board members and NCHS staff about the utility of presenting data by “visits” as opposed to by prevalence of use in the population.

Agenda-setting for next Board meeting:

The Board agreed that before the next meeting, Mr. Weinzimer should arrange a conference call among Board members interested in helping to implement the Vital Statistics program review. This working group of BSC members would consider the suggestions presented during the Vital Statistics discussion, for conducting the review. *One* option would be for the workgroup to identify 2 to 3 outside users of vital statistics data, who would serve as “discussants” at the April BSC meeting. The discussants would be provided—in advance of the April meeting—with a listing of criteria by which to review the Vital Statistics program. At the April meeting, the Vital Statistics program would make a presentation addressing these specific criteria; the presentation would be followed by a response from the discussants; and that would be followed by recommendations by the full Board. *Another* option would be for the workgroup to further discuss the process for conducting NCHS program reviews and report back to the full Board in April with a recommended framework for conducting these reviews.

Announcements:

The next meeting of the BSC will take place on April 21-22, 2005, in Hyattsville, Maryland.

The Chair adjourned the meeting of the BSC at 2:00 p.m. on January 28.

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

/S/ _____
June E. O’Neill, Ph.D.

February 10, 2005

Attachment #1: Attendance: Fifth Meeting of the Board of Scientific Counselors, NCHS, January 27-28, 2005.

Members present were:

Chair: June E. O’Neill, Ph.D.

Designated Federal Official: Robert J. Weinizmer

Raymond Greenberg, M.D., Ph.D.

Michael Grossman, Ph.D.

Vivian Ho, Ph.D.

William Kalsbeek, Ph.D.

Alvin Onaka, Ph.D.

Neil Powe, M.D.

Aldona Robbins, Ph.D.

Matthew Snipp, Ph.D.

Members not present were:

Nicholas Eberstadt, Ph.D.
Janet Norwood, Ph.D.
Alonzo Plough, Ph.D.
Louise Ryan, Ph.D.
Fernando Trevino, Ph.D.
Robert Wallace, M.D.

NCHS staff present were:

Linda Washington
Jackie Smith
Robert Anderson
Charles Rothwell
Julie Weeks
Dewey Larochelle
Debbie Jackson
Charles Croner
Sandra Smith
Susan Schober
Stephanie Ventura
Meena Khare
Mary Moien
Nathaniel Schenker
Katherine Jones
Irma Arispe
Jane Sisk
Marjorie Greenberg
Cliff Johnson
Diane Makuc
Jane Gentleman
Catherine Simile
Kristen Miller
Ari Minino
John Birken
Jim Weed
Meolnie Heron
Mike Spittel
Allison Hedley
Sam Notzon
Rosemarie Hirsch
Ken Kochanek
Judy Shinogle
Lori Burrud
Margaret McDowell
Brady Hamilton
Fay Menacker

Sherry Murphy
Julia Holmes
Lisa Mirel
Melanie Pickett
Jo Jones
Laurie Pratt
Chester Scott
Donna Hoyert
Julie Kowaleski
Robert Bilgrad
Heather McAdoo
Paul Sutton
James Lubitz
Eve Powell-Griner
Esther Hing
Zakia Nelson
Mary Jones
Iris Shimizu

Others present were:

Linda Blankenbaker
Connie Citro
Howard Smith
Linda Dixon
Thomas Obisesan
Jane Otado
John Kwagyan
Kepher Makambi
Jan Markowitz