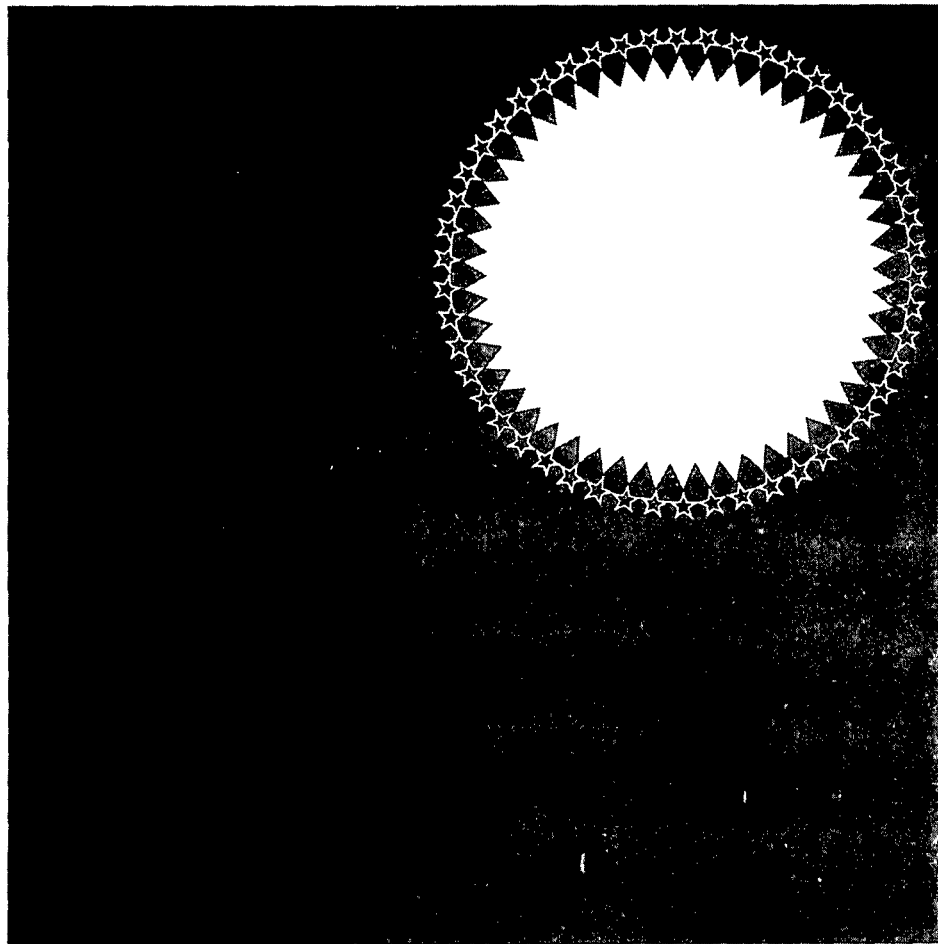


The National Committee on Vital and Health Statistics

Fiscal Years
1979 and 1980

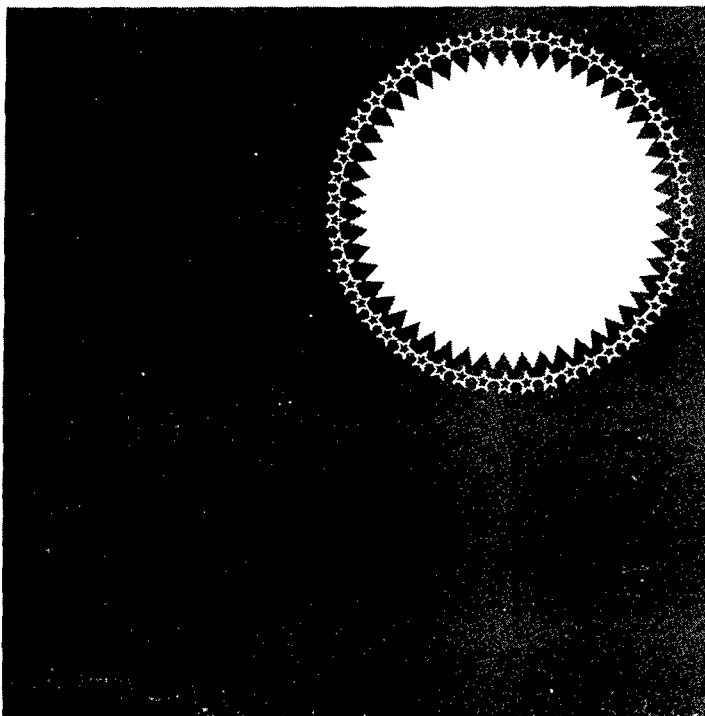


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Public Health Service, National Center for Health Statistics



The National Committee on Vital and Health Statistics

Fiscal Years
1979 and 1980



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of Health Research, Statistics, and Technology
National Center for Health Statistics

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Foreword

As the official external advisory body on health statistics to the Secretary of the Department of Health and Human Services, the National Committee on Vital and Health Statistics received a new charter in July 1979 (renewed July 1980) incorporating the legislative mandate in the Health Services Research, Health Statistics, and Health Care Technology Act of 1978.

That charter specifies that "this Committee shall provide advice, consultation, and assistance and make recommendations on policies and plans in developing major national systems of health data collection in the Department, on coordination of Federal health data requirements, and on analysis over a wide range of questions relating to general health problems of the population, health care resources, the use of health care services, and health care financing and expenditures." The charter provides for coordination of the Committee's work relevant to the Health Care Financing Administration with that agency, as well as for Committee responsibility to review and comment on findings and proposals by other organizations and agencies.

During the period covered by this report and particularly at the four meetings during fiscal year 1980, the Committee has established regular working relationships with other appropriate bodies; reviewed and commented on reports of several Technical Consultant Panels, subsequently published; and formed four Subcommittees to take the lead in selected aspects of the Committee's work: Environmental Health, the Cooperative Health Statistics System, Data Concepts and Methods, and International Health.

The 1980's will be an exciting time for health statistics in the United States. Health in the Nation improved substantially during the 1970's. This improvement may be seen in the continuing and further control of the communicable diseases and, perhaps more significantly, in a sharp decline of the infant death rate, as well as a declining mortality rate for those 45 years of age and over. Mortality from coronary heart disease, by far the leading fatal disease of our time, has decreased one-fourth since the peak reached in the mid-60's.

Recognizing the great changes in health problems during the past few decades, the Nation is gradually putting into place a new approach to health. That approach embraces health education, environmental control measures, and medical care. It requires appropriate adjustment of the statistical support system to include improving longstanding elements such as vital statistics, extending the health survey to

incorporate more health risk factors, and bringing medical care and environmental statistics to bear more sharply on the most significant health issues. The publication of "Health, United States," which now includes volumes for 1979 and 1980, constitutes an important step toward a responsible national health statistical system—one that informs Congress and the public about the Nation's health.

The Committee has formulated the Plan set forth in this report to be used as a guide to its work, to conform with its Charter, and to fulfill the necessity of carefully establishing priorities. This Plan calls for reviewing and redefining the work of the Committee in relation to that of the Department, particularly its statistical responsibilities; strengthening the relationship between the statistical activities of the Health Care Financing Administration and those of the Public Health Service, in which considerable progress has been made this past year; and maintaining quality in the Department's health data systems, including those in vital statistics, health surveys, medical care services and facilities, environmental health statistics, behavioral statistics, and international health statistics.

During the coming year, the Committee will be analyzing the findings and recommendations of its subcommittees as well as other pertinent data with a view toward advising the Secretary on how to maximize the usefulness of the Nation's evolving health statistical system in the formulation and implementation of health policy.

Lester Breslow, M.D., M.P.H.
Chairman
National Committee on
Vital and Health Statistics

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Activities and accomplishments of the National Committee on Vital and Health Statistics

This report covers the meetings of the National Committee on Vital and Health Statistics (NCVHS) for the 2-year period of fiscal years 1979 and 1980. During the fiscal year 1979 the activities of the Committee were sharply curtailed because of rechartering problems that took most of that fiscal year to resolve. The Committee, therefore, met only once during this period. An 11-month hiatus ended and a more normal level of activity resumed in fiscal year 1980 when the full Committee met four times and the subcommittees held 13 meetings.

The issue in rechartering the Committee for this period stemmed from a Presidential directive to Cabinet members to eliminate as many advisory committees as possible. Acting on this directive, then-DHEW Secretary Joseph Califano did not sign the NCVHS charter when it was presented to him in June 1978. Because the NCVHS is a legislatively mandated Committee, Secretary Califano signed the charter in August 1979, making it retroactive to July 1978.

At the first meeting after the new charter was signed, the full Committee was addressed by Dr. Julius B. Richmond, then-Assistant Secretary for Health and Surgeon General. In expressing appreciation on behalf of the Secretary and himself to Committee members for their willingness to serve, Dr. Richmond commented on the importance of the Committee's work for the health of the people of the United States. He stated that the reports emanating from the Committee, or from its requests, serve as compasses to guide the Department in charting health policy.

At the same meeting, four subcommittees were created to undertake the Committee's responsibilities in the areas emphasized in the new charter: Data Concepts and Methodology, the Cooperative Health Statistics System, Environmental Health Statistics, and International Health Statistics. These categories are used below for summarizing the activities of the full Committee and its subcommittees. A separate section describes additional activities involving the Health Care Financing Administration (HCFA), which developed a closer working relationship with the Committee during this period. Finally, general activities and materials produced during this period are described. Agendas for the Committee and subcommittee meetings for the fiscal years 1979 and 1980 can be found in the appendix.

Data Concepts and Methodology

Virtually every statistical activity of the DHHS reviewed by the Committee contains issues in statistical research and survey design, which are responsibilities of

the Subcommittee on Data Concepts and Methodology. Because its charge is general, Subcommittee members were concerned that it would become a catchall for assignments, forcing it to take a merely reactive stance. Therefore, the Subcommittee developed a plan that outlines how it intends to organize its efforts. This plan may be used as a prototype for a Committee plan.

Presented at the first Committee meeting in the fiscal year 1981, the Subcommittee's plan includes the following: (1) a set of criteria aimed to guide the Subcommittee in screening requests for its involvement in specific activities; (2) a list of possible responses to requests for action; (3) procedures the Subcommittee intends to follow when it undertakes an activity such as reviewing a document or study design; and (4) a list of projects and activities in which the Subcommittee has already expressed an interest. These activities fall into two broad categories: reviewing the progress of ongoing projects or examining the design of projects that are about to start and initiating new projects.

The Subcommittee has suggested a new thrust for the present DHHS's Health Statistics Plan. Noting that the 1979-80 plan is largely an inventory of DHHS health statistics activities instead of a goal-setting document, the Subcommittee recommended several ways to improve the inventory as well as to incorporate the steps needed for the document to evolve into a true departmental plan. After an indepth study, the Subcommittee recommended that a true plan be produced. The Subcommittee outlined a proposed role for itself and for the Department's Health Data Advisory Committee in creating a health statistics plan. This Subcommittee project will begin after endorsement by the full Committee.

The Subcommittee, on reviewing documents on the Department's Long-Term Care (LTC) Data Plan, found several items of concern, including methodological and technical aspects of survey content and analysis. The Subcommittee intends to summarize these concerns in a report, with advice for improving the DHHS's LTC Data Plan.

The Subcommittee received several briefings on the activities of the National Center for Health Statistics (NCHS) Committee on Periodicity, which examined the frequency of NCHS data collection and its effects on budget, personnel, respondent burden, and data quality of NCHS systems. Subcommittee members felt it would be extremely worthwhile for DHHS to require each of its units to undertake such studies. The draft report on NCHS Periodicity will be presented to the Subcommittee for review.

The Subcommittee, because of its concern about the quality of health statistics, invited data quality experts from the Office of Health Research, Statistics, and Technology (OHRST) and from the Institute of Medicine to report on current data quality issues. An OHRST representative described how minimum data sets would improve data quality. The Institute of Medicine has performed three studies on data quality, two of which focus on NCHS and HCFA programs. The Subcommittee volunteered to monitor the progress of NCHS and HCFA in following the recommendations evolving from the studies and to appoint two members to monitor long-range progress in data quality. Moreover, the Subcommittee offered to give technical advice on methodological aspects of HCFA programs, including the Medicare and Medicaid statistical systems and the hospice demonstration program.

Additionally, the Subcommittee considered compiling concepts and definitions related to health statistics, reviewing the redesign of the National Health Interview Survey (NHIS), and reviewing NCHS feasibility studies on the coordination of the NHIS and the National Medical Care Utilization and Expenditures Survey.

Cooperative Health Statistics System

The Cooperative Health Statistics System (CHSS) is a shared data system operating at local, State, and national levels to meet high priority health data needs of public and private agencies. Developed by NCHS and authorized in Public Law 93-353, the CHSS is implemented through participating States, which designate agencies to collect, analyze, and disseminate health data. The Committee worked closely with NCHS throughout the CHSS development and continues to provide advice on current issues through the CHSS Subcommittee.

During fiscal year 1980, two important topics dominated the Subcommittee's discussion time: recommendations from the report of the Panel to Evaluate the CHSS and CHSS funding problems and issues. Before the creation of the CHSS Subcommittee, a contract had been awarded to a nongovernmental firm to perform a complete evaluation of the CHSS, in both its concept and its operation. An expert panel was formed, whose chairman presented an indepth progress report to the Committee at the January 1980 meeting. In May 1980, the Panel brought forth a report entitled "Directions for the '80's: Final Report of the Panel to Evaluate the Cooperative Health Statistics System," which contained 37 recommendations.

For review and discussion of these recommendations, the CHSS Subcommittee assembled Panel members and representatives from several States and from Federal agencies including NCHS and HCFA. In addition, the Subcommittee reviewed the report of the NCHS Task Force on CHSS Panel Recommendations. After synthesizing this information and generally agreeing with the Panel's recommendations, the Subcommittee delineated areas in the evaluation that needed further study or clarification. A progress report on the Subcommittee's review was given to the full Committee at its first fiscal year 1981 meeting.

The Subcommittee recommended that top priority be given to problems in funding State agency development and to the development of a long-range National Health Data Plan. The 1980 funds rescission approved by Congress cut the NCHS budget by \$1.5 million, causing the CHSS State agency funding from NCHS to be cut almost in half. Representatives from HCFA, NCHS, and several States met with the Subcommittee to discuss options for interim and long-range funding. The Subcommittee identified issues to be addressed in the future, including the development of a long-range National Health Data Plan. This plan would facilitate identification of appropriate funding sources and explore whether a need exists for continuous funding from the Federal Government or whether the State agencies should become self-sustaining. The Subcommittee plans to survey several State health statistics agencies to obtain their viewpoint on priority tasks and baseline funding. It is also important that national health data priorities be identified in the same time frame. Then, after discussion with appropriate Department staff, the Subcommittee intends to draft a funding plan.

Other topics discussed by the Subcommittee included the need to establish a quasi-independent CHSS advisory or steering committee and the need for technical assistance to build competency in the States. The Subcommittee sought a variety of viewpoints on CHSS matters through presentations by representatives of the private sector, several States, and Federal agencies including NCHS, HCFA, the Center for Disease Control, and the Bureau of Health Planning.

Environmental Health Statistics

In 1978, the Health Services Research, Health Statistics, and Health Care Technology Act (Public Law 95-623) placed increased emphasis on epidemiological and environmental activities authorized to be implemented by DHHS through the NCHS. The Committee's new charter reflected these new environmental health responsibilities and led to the creation of the Subcommittee on Environmental Health Statistics.

The Subcommittee focused its efforts largely on assisting NCHS in formulating guidelines for environmental health statistics and information. These guidelines, mandated in Public Law 95-623 and delineated in one of the charges to the Subcommittee, are needed to ensure the production of "quality health and epidemiologic data which will permit understanding of the relationships between the environment and health."

In a series of meetings with staff and invited specialists, the Subcommittee outlined, reviewed, and critiqued the draft guidelines, which cover data collection, compilation, analysis, publication, and distribution. The initial version deals with measures of the environment and a linkage of health and environmental measures. After review by the Subcommittee, NCHS staff prepared a report entitled "Draft Guidelines for Statistics and Information on the Effects of the Environment on Health," which was presented to the full Committee at its first meeting in fiscal year 1981 and was subsequently submitted to Congress.

A recurring topic of discussion was the definition of the term "environmental." The Subcommittee excluded such items as tornadoes, lifestyle factors (e.g., smoking), and infectious disease exposures. Consequently, this first set of guidelines concentrates predominantly on chemical and chemical exposures.

The Subcommittee next directed its attention to recommendations for the establishment of environmental health data systems that would meet guideline requirements. For background, both the full Committee and the Subcommittee heard several presentations on environmental health statistics projects underway in the Department, in other Federal agencies, and in the private sector. Staff of NCHS described progress in several mandated activities: planning for the collection and coordination of statistical and epidemiological data, developing a clearinghouse for environmental health statistics information, and jointly conducting a study with the Institute of Medicine to determine the health costs of pollution and other environmental hazards.

Representatives of HCFA and the Social Security Administration (SSA) reported on the potential for using their data for environmental health studies, pending changes in policies on the release of data for research purposes. Other briefings outlined

environmental health efforts of the National Cancer Institute, the National Institute on Environmental Health Sciences, the Environmental Protection Agency, the Department of Labor's Bureau of Labor Statistics, and Geomet, Inc., which staffs the Task Force on Environmental Cancer, Heart, and Lung Disease.

International Statistics

A major interest of the Subcommittee on International Statistics and of the full Committee is the need to improve the comparability of health statistics among countries. At its October 1979 meeting, following considerable discussion, the Committee passed a resolution that the World Health Organization (WHO) should study and make recommendations on international comparability standards for hospital discharge data systems. This resolution was a continuation of the work of the Committee and one of its Technical Consultant Panels (TCP's) which developed the Uniform Hospital Discharge Data Set.

Following a Subcommittee briefing by the SSA staff on studies comparing health expenditures in industrialized countries, the Subcommittee members recommended that the studies should be encouraged and continued. Unfortunately, because the SSA no longer has jurisdiction over health affairs, the future of these studies has been jeopardized. This change in roles also removed the SSA's position as the United States' only representative agency in the health component of the International Social Security Administration (ISSA). Because the ISSA is a valuable resource for international information concerning medical care, sickness insurance, and other health-related topics, the Subcommittee brought the membership issue to the attention of the full Committee at its July 1980 meeting. After a presentation and discussion, the Committee passed a resolution recommending that NCHS and HCFA's Office of Research, Demonstrations, and Statistics join the ISSA. The resolution was later submitted to the Secretary for consideration.

Development of health-based social indicators by the Organization for Economic Cooperation and Development (OECD) was considered. Following a detailed presentation on OECD progress, Subcommittee members expressed concern that the Warsaw Pact countries have undertaken an almost identical effort, and to date, information has not been exchanged. Accordingly, the Subcommittee requested the full Committee to consider ways to set up channels of communications between the OECD and the Warsaw Pact countries that are developing social indicators.

The Subcommittee also discussed interaction between the WHO and the Department regarding classification of problems, diseases, and disorders. Noting a possible communications problem between two WHO efforts on primary care information systems and classification, the Subcommittee decided to write WHO, requesting information on their working relationships in international health statistics. In addition, it was suggested that the Subcommittee would be an appropriate body to provide input from the nongovernmental sphere into the revision of the International Classification of Diseases (ICD), an ongoing WHO activity.

The reduction in funds for the Special Foreign Currency Program (Public Law 480), was noted by the Subcommittee. The Public Law 480 program has given a tremendous boost to international statistical and epidemiological work. At the

Subcommittee's request, work began on a summary of the use of these funds, so that a review of their impact can be undertaken.

During the fiscal year 1979 meeting, the full Committee was given a briefing on the work of an analogous committee in another country. The chairman of Australia's National Committee on Vital and Health Statistics described membership, priorities, and future strategies. At the same meeting, a representative of the United Nations Statistical Office described for the Committee international technical cooperation activities undertaken by the United Nations, WHO, and bilateral programs.

Representatives from several DHHS agencies kept the Committee and the Subcommittee informed on departmental activities in international health statistics. The full Committee was briefed on the function of the Office of International Health, which has major responsibility for U.S. Government relations with WHO, the Pan-American Health Organization, and other binational and multinational organizations. Staff of the NCHS Office of International Statistics briefed the Subcommittee on its activities, including the Vital Statistics Improvement Program and a 10-country comparative hospital statistics study that was considered important research by the Subcommittee. In addition, the Subcommittee received presentations on HCFA activities that will be of interest to the international community. Subcommittee members agreed that particularly useful HCFA studies are those that will examine approaches to accurate recording and encoding of diagnostic information at the medical practice level.

New relationship with the Health Care Financing Administration

Although the Committee is charged to advise the Secretary on health statistics matters throughout the entire Department, until recently the Committee's departmental connection was mainly, and understandably in historical perspective, NCHS. When its charter was revised for fiscal years 1979 and 1980, however, the Committee was directed to "seek the advice and consultation of the Health Care Financing Administration (HCFA) on all statistical matters coming before the Committee which have relevance to HCFA programs."

This revision reflected progress in working out joint relationships between HCFA and the Public Health Service, of which NCHS is a part. To facilitate this new, closer working relationship with the Committee, HCFA provided support staff for each of the four Subcommittees to add to the current NCHS support staff.

At each full Committee meeting in 1979 and 1980, HCFA representatives gave indepth progress reports on HCFA programs and activities. At the October 1979 meeting, HCFA Administrator Leonard Schaeffer stated that HCFA and the Public Health Service were on the verge of a much improved working relationship and that the efforts of the Committee could greatly assist the two agencies in making improvements in how they collect and use information.

The following is a summary of selected HCFA programs and activities reviewed and discussed by the Committee or its subcommittees. (Additional activities have been described in the sections headed by subcommittee categories.)

Annual Hospital Report.—The proposed Annual Hospital Report from Medicare

will provide a wealth of hospital data for national use. Following a series of detailed progress reports, the Committee adopted a resolution endorsing the concept of the Annual Hospital Report and transmitted the resolution in a letter to the Secretary.

Integrated data demonstrations.—The Committee was kept up to date on HCFA grants awarded in the integrated data demonstration area, in which a central processor manages and integrates the source data in the hospital sector.

"Information Systems for the '80's."—This HCFA strategy paper was reviewed by Committee members, and their comments in general were supportive. Committee members provided comments on the revised paper as well.

Hospice Demonstration Program.—The Subcommittee on Data Concepts and Methodology received briefings on an HCFA program that will demonstrate the provision of hospice services to Medicare and Medicaid beneficiaries. In addition, HCFA staff and Subcommittee members reviewed proposals for the evaluation of the demonstration and the possibility of creating a minimum data set for hospices, by using the LTC Minimum Data Set as a guide.

Office of Research, Demonstrations, and Statistics.—Staff of this HCFA office described its operation in detail, which includes responsibility for all research, demonstrations, and evaluations for the Medicare, Medicaid, and Professional Standards Review Organization programs.

HCFA and the Cooperative Health Statistics System.—At meetings of both the full Committee and the CHSS Subcommittee, the staff described HCFA's contributions to the CHSS, including funding of hospital care contracts, technical assistance given to States in the use of HCFA data bases, and integrated data grants that support State-level demonstration activities for the CHSS.

General activities and accomplishments

Progress reports on Technical Consultant Panels.—The TCP's, composed of experts in the field of health statistics, both Committee and non-Committee members, carried out special studies until it was determined that their existence was in conflict with regulations for Federal advisory committees. During the first part of the fiscal year 1979, the TCP's were still functioning, and progress reports were given to the full Committee. In 1980, the final reports of five TCP's were reviewed and published by the Committee:

- The Report of the Panel on the Long-Term Care Minimum Data Set;
- Information Needs of National Health Insurance: A Discussion of Principles, Issues, and Legislative Recommendations;
- The Report of the Panel on the National Health Interview Survey;
- The Report of the Panel on the Uniform Ambulatory Medical Care Data: Minimum Data Set; and
- Uniform Hospital Discharge Data: Minimum Data Set.

These reports, with the exception of the Uniform Hospital Discharge Data Set, which was submitted previously, were transmitted to the Secretary with the

Committee's strong endorsement and recommendation for thorough review and appropriate implementation.

Other Committee products transmitted to the Secretary.—Besides the reports of the TCP's, the Committee conveyed its positions on several issues to the Secretary:

- In a letter expressing concern and dismay over budget modifications, the Committee stated that the proposed reductions would seriously jeopardize several health data and information programs that are important to the health of the American people. Health data are even more necessary in a time of fiscal constraint to guide the difficult decisions that must be made. For that reason the Committee emphasized the necessity to invest in and maintain an adequate level of support for health statistics activities.
- The Committee transmitted a letter to the Secretary endorsing the concept of the Annual Hospital Report, as proposed by HCFA, which would have great potential for making use of available data in planning, financing, and evaluating health care in the Nation.
- The Committee passed a resolution recommending increased participation by the Department in the work of the ISSA. The Committee advised the Secretary that the appropriate organizations to represent the Department would be NCHS and HCFA's Office of Research, Demonstrations, and Statistics.

Additional NCHS activities reviewed by the full Committee:

- *Health, United States*, the NCHS report on the health status of the Nation;
- The development of a National Death Index;
- The production of environmental health data reports;
- Progress on the Hispanic Health and Nutrition Examination Survey;
- The NCHS review of the Office of Technology Assessment's report on Federal statistical systems;
- NCHS telephone survey activities;
- The Data Quality Conference;
- The NCHS Comparative Birth Number Study; and
- The NCHS Applied Statistics Training Institute.

Briefings given to the full Committee by the Office of Health Research, Statistics, and Technology:

- Status of the implementation of minimum data sets;
- Production of the DHHS "Health Statistics Plan, Fiscal Years 1979 and 1980";
- Statistical standards and guidelines developed by the Public Health Service Health Statistics Coordinating Committee;
- An Information Collection Budget activity developed by the Office of Management and Budget for the PHS; and
- The financial status of the PHS after the 1980 budget recisions.

Other Federal agencies that briefed the full Committee:

- The Office of the Secretary, Division of Long-Term Care Policy: Report entitled "DHHS Statistical Plan for Nationally Representative Long-Term Care Data";
- The National Center for Health Care Technology: Activities and relationship to the Committee;
- The Office of Technology Assessment: Overview of activities and an assessment report entitled "Selected Topics in Federal Health Statistics";
- The Health Resources Administration: Activities in health manpower and training programs;
- The National Institute of Mental Health: Briefing on the National Mental Health Statistics System;
- The National Heart, Lung, and Blood Institute (NHLBI): Report on NHLBI-Census study of survivorship and causes of death; and
- The Office of Health Planning and Evaluation: Legislative report on the confidentiality of statistical records.

In addition, a representative of Dartmouth Medical School discussed small area techniques for analyzing local health systems with the Committee.

The Plan

Partly based on the plan of action proposed by the Subcommittee on Data Concepts and Methodology, the entire Committee endorsed a proposal to formulate a written expression of its present intent and to recommend directions for its future activity. Among the several reasons that prompted the Committee to produce such a plan were, first, the number of activities in which the Committee might legitimately become involved is almost limitless, because virtually all DHHS activity has some connection with statistics. If an aspect of an activity is statistical, methodological or conceptual issues that demand attention are also likely to exist. All such issues are potentially of interest to the Committee.

Second, although the volume of potential business is vast, this is not true of the resources available to the Committee. In fact, there are severe limitations on the resources at the Committee's command. The expertise of members of and staff support to the Committee is naturally limited and budgetary constraints put severe limits on the number of times the Committee can meet during a year. Consequently, priorities must be set.

A simple approach is to adopt a strategy of handling issues in the order that they occur. That approach, however, might lead the Committee to pursue issues that do not seriously affect the Department's statistical activities. The alternative is to produce a plan; to deliberately choose a few projects which, if successfully carried out, would have a significant impact on the Department. Nevertheless, although it may be advisable to devote a substantial portion of the Committee's resources to a few selected projects, it would not be prudent to completely decline new business such as discussions of emerging issues or examination of problems with ongoing projects.

The Charter establishes nine specific functions of the Committee in its role as adviser to the Secretary (see appendix C). These functions may be summarized into three general areas of Committee activity:

- Oversight and review as well as stimulation of studies of statistical problems bearing on health and health services, both domestic and international (functions A, B, E, F).
- Guidance on specific terms, definitions, and classifications; the general design and approval of health statistical and information systems; the establishment of standards to ensure quality of health data collection, compilation, processing,

analysis, and publication of health statistical and epidemiological data (functions C, D, H, I).

- Publication of a report on the Nation's health (function G).

In carrying out these responsibilities, the Committee proposes to use the following general criteria to determine future priorities:

- *Consistency with the responsibilities identified in the Charter of the NCVHS, and the charges to its subcommittees;*
- *Significance of the issues raised for national health statistics;*
- *Availability of expertise needed to carry out the activity from Committee members and Department support; and*
- *Resource constraints (the frequency of Committee meetings, budget for hiring consultants, staff time, etc.).*

The Committee has determined that many of the issues that may come before it may, most appropriately, be considered in detail by its various subcommittees. Examples of issues that might be handled in this manner can be found in the section on "General activities and accomplishments." In accordance with the Charter, the subcommittees shall then make their recommendations to the parent Committee.

The preceding section of this report describing activities and accomplishments highlights many of the issues and concerns that the Committee and its subcommittees have addressed in the past. One of the major contributions of a committee such as the NCVHS is that it brings together non-Federal experts with a greater orientation to the future to review Government programs and analyze issues more broadly than program personnel. In the judgment of the Committee, three major themes demand urgent consideration: reviewing and redefining the relationship of the work of the Committee to the Office of the Secretary and the Department; strengthening relationships between HCFA and the PHS; and reviewing and maintaining DHHS Health Statistics Systems. Each of these fundamental themes is reviewed in greater detail below:

Reviewing and redefining the relationship of the work of the Committee to the Department

Future activities of the NCVHS must account for the relationships that exist among the many levels of Government, and equally important, between the Government and the private sector. As stated in the DHHS fiscal years 1979-80 "Health Statistics Plan":¹

"One of the most significant challenges in the field of health statistics today continues to be the development of coordinated and responsible health data systems capable of satisfying the multiple needs for data at the State and sub-State levels and for providing the data needed for national health policy-making as well as evaluation of the impact of major Federal programs."

¹Health Statistics Plan: Fiscal Years 1979-1980. Department of Health, Education, and Welfare, Washington. U.S. Government Printing Office: 1980, 634-773/683.

The Committee agrees. *In order to ensure continuity in Federal programs and to maximize program effectiveness in the face of tightened resources, the Committee believes it necessary to further define and strengthen the Committee in its Charter-mandated role as an adviser to the Secretary and his designees.* Although this advisory role has been principally carried out through the Office of the Assistant Secretary for Health, the possibility of Departmental reorganization and changes in administrative responsibilities dictate review of these relationships to ensure that the Committee's advice, consultation, and assistance will be most helpful.

Existing structures within the Department, such as the Health Data Advisory Committee and the PHS's Health Statistics Coordinating Committee, provide a direct link to operating programs. The NCVHS intends to further develop, to the extent practicable, direct communication with these Departmental coordinating bodies. *The Executive Secretaries to these committees should be charged with establishing the regular exchange of minutes and lists of pertinent topics to be placed on the agendas of each committee.*

The NCVHS believes it must continue to serve as a forum for the free and frank interchange of views on statistical matters from organizations within the Department as well as from other public agencies and the professional and lay public.

Strengthening relationships between the HCFA and the PHS

The HCFA operates a research and demonstration program designed to broaden understanding of the Medicare, Medicaid, and Professional Standards Review Organization programs. The information obtained from this program-specific research activity provides essential information for decisionmakers when considering proposed policies and legislative changes that would affect the delivery of health care services to HCFA program beneficiaries.

These activities bear important relationships to the Federal health statistics system, the development of which is a responsibility of the PHS, specifically the NCHS. An example of the type of coordinated activity with which the NCVHS is concerned, and which the Committee hopes will stimulate such cooperative ventures further, is the National Medical Care Utilization and Expenditures Survey (NMCUES).

Administered by NCHS in collaboration with HCFA, the NMCUES is designed to study in detail the patterns of use and associated payments for health care services in the United States during calendar year 1980. The NMCUES is a panel survey based on a representative sample of the civilian noninstitutionalized population, including Medicaid. The HCFA will prepare descriptive and analytical reports focusing on the Medicare and Medicaid population in the United States and the NCHS will develop estimates and analyze the national data.

From a policy perspective, HCFA will ultimately use NMCUES data to determine current program effectiveness and to predict the impact of proposed program changes. More generally, NMCUES will be used to relate the use of health resources to payments by all sources and to determine how these are associated with the health status of the American people.

As this example suggests, the linkage of the HCFA statistical system with the data bases maintained elsewhere in the Department, especially the NCHS, offers vast potential. The Committee has been greatly encouraged by the growing evidence of cooperation and it views the strengthening of the relationship between the PHS and HCFA as critical. *To this end, the Committee supports efforts by the Office of the Assistant Secretary for Health and the Office of Health Research, Statistics, and Technology to develop further the linkages between HCFA and the various elements of the DHHS.* The Committee, pursuant to its Charter, will continue to seek the advice and consultation of HCFA on all statistical matters presented to the Committee that have relevance to HCFA programs.

Maintaining the Nation's health statistics system

The Department operates a broad array of statistical systems and programs. The Department's "Health Statistics Plan" for fiscal years 1979 and 1980 includes 387 statistical systems, for which the authority and responsibility are decentralized to the various organizations and programs of the Department.

The Committee believes that these data systems form a rich informational base of inestimable value to current and potential users. The Committee has identified six categories of data that it considers to be of primary importance. The categories, comprised of systems drawn from throughout the Department, are vital statistics, health surveys, medical care services and facilities, environmental health statistics, behavioral statistics, and international health statistics. *The preservation and further development of the statistical systems that contribute to knowledge development in these six categories are, in the Committee's view, of the utmost importance to the Nation's health and to the effectiveness of its health services.*

Structure and function of the National Committee on Vital and Health Statistics

By mandate, the Committee is composed of 15 members selected by the Secretary of DHHS from among persons distinguished in the fields of health statistics, health planning, epidemiology, and the provision of health services. Members are appointed to 3-year terms that are staggered so that each year five new members replace those whose terms expired. The four subcommittees described in this report are composed entirely of Committee members (appendix E).

The function of the Committee is to provide the Secretary of DHHS with advice on Departmental policies and plans for national health data systems, on the coordination of systems to meet Federal health data needs, on health data analysis, and on any other matters relating to the Department's activities in vital and health statistics. The range of issues that the Committee addresses is wide, covering general health problems of the population, health care resources, and health care financing and expenditures.

In addition to the Committee's advice from a nongovernmental viewpoint, the Secretary receives input on health statistics from an internal advisory committee, the Health Data Advisory Committee (HDAC). Chaired in alternating years by the PHS and HCFA, the HDAC is composed of members of all departmental components that collect and use health data. A communications link between the HDAC and the Committee exists in the Office of Health Research, Statistics, and Technology, which serves as Executive Secretariat for both committees.

The charter of the Committee requires that it be responsive to health statistical activities throughout the entire Department. In the past, the Committee has worked largely with NCHS and has recently become involved more closely with HCFA. Many other departmental components, however, should be considered for working relationships with the Committee, as follows.

Decisionmaking for health statistical activities, for both general and program-specific purposes, is decentralized in the Department. The PHS, the principal health agency of the Federal Government, contains several units with major health data activities. The NCHS, the focal Federal agency for general purpose health statistics, is a PHS agency under the Office of Health Research, Statistics, and Technology. The Alcohol, Drug Abuse, and Mental Health Administration and its component agencies engage in statistical activities tailored to serve specialized program needs, as do other PHS agencies including the Centers for Disease Control, the Food and Drug

Administration, the Health Resources Administration, the Health Services Administration, and the National Institutes of Health.

Outside PHS, several other departmental components carry out important health data activities, including the Office of Human Development Services, the SSA, the Office of the Assistant Secretary for Planning and Evaluation, and the previously mentioned HCFA.

Recently there has been increased emphasis on developing a sound, comprehensive information base as a resource for health planning and policy formulation and for program management and evaluation. Timely and reliable data are needed on the health status of the population, the costs and availability of health resources, the cost and use of services, the sources of funding, and the quality of care rendered. Information needs of health-related governmental and nongovernmental agencies and organizations have accelerated as a result of increasing health care costs, the need for systematic planning of health resources, and the emergence of new programs to measure and improve the quality of care. The information requirements of diverse groups have resulted in a greater availability of data from primary sources, collected through a variety of systems.

One of the most significant challenges, therefore, in the field of health statistics is to develop health data systems capable of satisfying multiple data needs at State and sub-State levels as well as at the national level. The increasing importance of health statistics requires an active NCVHS to assist the Department in developing a coordinated, balanced, responsive, and useful health information and statistics system for the Nation.

Appendixes

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Appendix A. Brief history of the National Committee on Vital and Health Statistics: 1949-78

The National Committee on Vital and Health Statistics was established in 1949 by the Surgeon General of the U.S. Public Health Service. The Committee evolved from a recommendation of the First World Health Assembly that encouraged all governments to establish national committees to coordinate statistical activities within countries and to serve as links between national medical-statistical institutions and the Expert Committee on Health Statistics of the WHO. Since 1949 the Committee has been involved in investigations in a wide range of areas, including vital statistics, morbidity statistics, hospital statistics, military health statistics, fertility and population statistics, medicolegal death statistics, the quantification of wellness, health economics, and the effects of the environment on health.

The year 1964 marked the 15th year of activity of the Committee, and in commemoration, former and current members met in Washington, D.C., and critically reviewed the activities of the previous 15 years, identified gaps in the program, and suggested areas to receive attention in the future.

In October 1973 the Second International Conference of National Committees on Vital and Health Statistics was held in Copenhagen and was attended by representatives of the U.S. National Committee. This Conference reflected the change in the concept and practice of public health since the First Conference was held in London 20 years before. At the First Conference, delegates were concerned mainly with the problems of mortality and communicable disease statistics and with ways of improving the quality of these data. At the Second Conference, health survey systems were a thing of the present for meeting the needs of health administrators and health planners. Health indexes, morbidity data from household surveys, medical care records, and data on health resources, including medical manpower and facilities and health expenditures, were an integral part of those systems. It was the consensus of the Second Conference that a continuing and vital need for national committees to secure increased coverage of statistical needs was present.

In 1974, new legislation (Public Law 93-353) established the NCVHS as an advisory committee to the Secretary of the former Department of Health, Education, and Welfare (now DHHS), expanded its membership from 12 to 15 members, and considerably amplified its area of interest in health statistics. Subsequently, the Health Services Research, Health Statistics, and Health Care Technology Act of 1978 (Public Law 95-623) further broadened the scope of activities of the Committee in the areas

of environmental and epidemiological activities and in matters concerning the CHSS. Major accomplishments of the Committee since it assumed its expanded role in 1974 are described below. Some of these activities have culminated in recent achievements mentioned in the body of this report.

International Classification of Diseases (ICD)

The Committee reviewed and assisted in the development of many drafts of the ICD Ninth Revision, which was completed under WHO auspices in 1975. During the developmental work on the clinical modification (CM) of ICD-9 for use in the United States, the Committee learned of competing versions being prepared. The Committee strongly opposed any proposals for implementing two different versions of the ICD in the United States, based on previous experience with two competing and incompatible adaptations developed for ICD-8. Rather it endorsed the idea of a coalition of interested users to produce a clinical modification that would be fully compatible with the Ninth Revision of the ICD.

The Committee sent a recommendation to the Assistant Secretary for Health suggesting that the Secretary of DHHS be responsible for the development of a single integrated system of classification. In the ensuing developmental work, considerable effort was made by the Committee, the Public Health Service, the Commission on Professional and Hospital Activities, and others concerned to ensure the production of a single system acceptable to all parties. The new ICD-9 and ICD-9CM were implemented within the Department on January 1, 1979.

Representation to World Health Assembly

Concerned about the lack of statistical representation on the U.S. delegation to the World Health Assembly and at the meetings of the WHO Executive Board, the Committee in 1975 recommended to the Assistant Secretary for Health that NCHS appoint a representative statistician to be included as a member of or to accompany each delegation to the World Health Assembly and the WHO Executive Board. The Public Health Service subsequently decided to recommend the inclusion of a representative statistician as a part of each delegation on an ad hoc basis when warranted by the subject matter of the meeting.

National health insurance

In 1977 the Committee established a TCP to delineate the essential features of a statistical system for national health insurance. In addition, the TCP's mission was to formulate policy and principles that would be useful in developing legislation to coordinate statistics under national health insurance and to consider the relationship of a national health insurance system to currently operating systems. The TCP's final report, "Information Needs of National Health Insurance," published in April 1980, was written to ensure that an adequate information system for both management and general public accountability purposes would be established, with a statistical support system that will be sufficiently broad-based to support long-range evaluation as well as daily operations.

Minimum data sets

For health statistics to be useful in providing comparisons over time, expressed as trends or variations, a widespread agreement must be reached regarding the basic terms, definitions, and classifications employed by those who collect the data. Consequently, the Committee pursued an objective of developing and promulgating, through the Department, minimum data sets for reporting patient care data in ambulatory care, hospital, and long-term care settings as well as data sets for classifying health manpower and facilities.

As the first in a series of minimum data sets, the Uniform Hospital Discharge Data Set had its origins in a 1969 conference of public and private users and providers of information on short-stay hospital inpatients. The data set was subsequently refined, tested, and promulgated by the Committee in 1974, endorsed by the Secretary and national organizations, and adopted by most hospital discharge abstracting systems. Disagreement among affected agencies led to further review by a TCP of the Committee, and in 1976 a second set of recommendations and resolutions were forwarded to the Secretary. The final report of the TCP, called the "Uniform Hospital Discharge Data Minimum Data Set," was issued by the Committee in April 1980. In addition, during 1980 final reports were issued from the TCP's on Long-Term Health Care and Uniform Ambulatory Medical Care Minimum Data Sets, and work progressed on manpower and facilities minimum data sets.

Moreover, the Committee recommended that a central office be designated in the Department to exchange information on the minimum data sets and to monitor their implementation. The Health Data Advisory Committee, established within the Department in February 1979 to advise the Secretary on Departmentwide coordination of health statistics activities, is currently developing and putting into effect policy and procedures for the establishment, implementation, and periodic review of uniform minimum data sets in the Department.

Environmental health and epidemiology

As early as 1965 the Committee had established a subcommittee to study the epidemiological use of hospital data. In 1974 the Committee studied methods for identifying and measuring the effects of environmental hazards on the health of the population and initiated a study of the kinds of disease classifications needed to serve various purposes. In 1977 the Committee approved the TCP report for publication entitled "Statistics Needed for Determining the Effects of the Environment on Health" and has since reviewed the progress of the implementation of the recommendations contained in that report.

The Committee endorsed and supported the concept of a National Death Index (NDI), a recommendation of the TCP, to establish a system of procedures whereby, for approved research purposes and epidemiological studies, information on survival status of study participants could be obtained. The NDI began with information on decedents in most States beginning January 1, 1979, and it is expected that all States will be providing data for 1981.

In 1979, Public Law 95-623 mandated a study to identify environmental hazards, the diseases associated with those hazards, and the cost aspects of the

diseases. This study was done by NCHS with the Institute of Medicine and was followed by the Committee, which received several briefings on its progress.

Fertility statistics

In 1975 the Committee endorsed and accepted for publication a report by one of its subcommittees on "Statistics Needed for National Policies Related to Fertility." A preliminary study had been done in 1965 when the NCVHS Subcommittee on Fertility Measurement completed its assignment to assess both the change in fertility trends in the United States and the study of methods of measuring fertility trends.

The National Survey of Family Growth, conducted by the NCHS, was developed to periodically provide detailed data on factors influencing fertility to interpret current trends in the birth rate and to prepare more realistic projections of future population growth.

In addition to these accomplishments, the Committee continually monitored and reviewed numerous programs and activities of the NCHS and many other DHHS agencies.

Appendix B. Legislative authority

PUBLIC LAW 93-353 Section 306(i)

“(i)(1) There is established in the Office of the Secretary a committee to be known as the United States National Committee on Vital and Health Statistics (hereinafter in this subsection referred to as the ‘Committee’) which shall consist of fifteen members.

“(2)(A) The members of the Committee shall be appointed by the Secretary from among persons who have distinguished themselves in the fields of health statistics, epidemiology, and the provision of health services. Except as provided in subparagraph (B), members of the Committee shall be appointed for terms of three years.

“(B) Of the members first appointed—

“(i) five shall be appointed for terms of one year,

“(ii) five shall be appointed for terms of two years, and

“(iii) five shall be appointed for terms of three years,

as designated by the Secretary at the time of appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of his term until his successor has taken office.

“(3) Members of the Committee shall be compensated in accordance with section 208(c).

“(4) It shall be the function of the Committee to assist and advise the Secretary—

“(A) to delineate statistical problems bearing on health and health services which are of national or international interest;

“(B) to stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees;

“(C) to determine, approve, and revise the terms, definitions, classifications, and guidelines for assessing health status and health services, their distribution and costs, for use (i) within the Department of Health, Education, and Welfare, (ii) by all programs administered or funded by the

Secretary, including the Federal-State-local cooperative health statistics system referred to in subsection (e), and (iii) to the extent possible as determined by the head of the agency involved, by the Veterans' Administration, the Department of Defense, and other Federal agencies concerned with health and health services;

“(D) with respect to the design of and approval of health statistical and health information systems concerned with the collection, processing, and tabulation of health statistics within the Department of Health, Education, and Welfare;

“(E) to review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies;

“(F) to cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest; and

“(G) to issue an annual report on the state of the Nation's health, its health services, their costs and distributions, and to make proposals for improvement of the Nation's health statistics and health information systems.

“(5) In carrying out health statistical activities under this part, the Secretary shall consult with, and seek the advice of, the Committee and other appropriate professional advisory groups.”

PUBLIC LAW 95-623

(2) Paragraph (4)(D) of subsection (i) of section 306 is amended by inserting before the semicolon the following: “, with respect to the Cooperative Health Statistics System established under subsection (e), and with respect to the standardized means for the collection of health information and statistics to be established by the Secretary under subsection (j)(1)”.

(d) The first sentence of subsection (f) of section 306 is amended by inserting “, acting through the Center,” after “the Secretary”.

(e)(1) Section 306(i)(1) is amended by striking out “United States”.

(2) Paragraph (2)(A) of section 306(i) is amended by inserting “health planning,” after “health statistics,”.

(f) Section 306 is amended by redesignating subsection (i) as subsection (k) and by inserting after subsection (h) the following new subsections:

“(i) The Center may provide to public and nonprofit private entities engaged in health planning activities technical assistance in the effective use in such activities of statistics collected or compiled by the Center.

“(j) In carrying out the requirements of section 304(c) and paragraph (1) of subsection (e) of this section, the Secretary shall coordinate health statistical and epidemiological activities of the Department of Health, Education, and Welfare by—

“(1) establishing standardized means for the collection of health information and statistics under laws administered by the Secretary;

“(2) developing, in consultation with the National Committee on Vital and

Health Statistics, and maintaining the minimum sets of data needed on a continuing basis to fulfill the collection requirements of subsection (b)(1);

“(3) after consultation with the National Committee on Vital and Health Statistics, establishing standards to assure the quality of health statistical and epidemiological data collection, processing, and analysis;

“(4) in the case of proposed health data collections of the Department which are required to be reviewed by the Director of the Office of Management and Budget under section 3509 of title 44, United States Code, reviewing such proposed collections to determine whether they conform with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3), and if any such proposed collection is found not to be in conformance, by taking such action as may be necessary to assure that it will conform to such sets of data and standards, and

“(5) periodically reviewing ongoing health data collections of the Department, subject to review under such section 3509, to determine if the collections are being conducted in accordance with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3) and, if any such collection is found not to be in conformance, by taking such action as may be necessary to assure that the collection will conform to such sets of data and standards not later than the ninetieth day after the date of the completion of the review of the collection.”.

Appendix C. Charter

Interim



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D C 20201

C H A R T E R

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

PURPOSE

The Secretary is charged under Section 306 of the Public Health Service Act, as amended, 42 USC 242k, with the responsibility to collect, analyze and disseminate national health statistics on vital events and health activities, including physical, mental and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system, health economic expenditures, effects of the environment on health and changes in the health status of people; administer the Cooperative Health Statistics System; stimulate and conduct basic and applied research in health data systems and statistical methodology; coordinate the overall health statistical activities of the programs and agencies of the Department and provide technical assistance in the management of statistical information; maintain operational liaison with statistical gathering and processing services of other health agencies, public and private and provide technical assistance within the limitations of staff resources; foster research consultation and training programs in international statistical activities; and participate in the development of national health statistics policy with Federal agencies.

This Committee shall provide advice, consultation, assistance and make recommendations on policies and plans in developing major national systems of health data collection in the Department, on

coordination of Federal health data requirements and on analysis over a wide range of questions relating to general health problems of the population, health care resources, the use of health care services and health care financing and expenditures. .

The Committee shall seek the advice and consultation of the Health Care Financing Administration (HCFA) on all statistical matters coming before the Committee which have relevance to HCFA programs. Relevant matters of this sort include issues concerned with statistics either produced by HCFA programs or necessary to the administration or evaluation of these programs. HCFA, in turn, will provide appropriate information and staff support to the Committee which may be required for its analysis of these matters.

AUTHORITY

42 USC 242k, Section 306(k) of the Public Health Service Act, as amended. The Committee is governed by provisions of the Public Law 92-463 which sets forth standards for the formation and use of advisory committees.

FUNCTION

It shall be the function of the Committee to assist and advise the Secretary:

- (A) to delineate statistical problems bearing on health and health services which are of national or international interest;
- (B) to stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees;
- (C) to determine, approve and revise the terms, definitions, classifications and guidelines for assessing health status and health services, their distribution and costs, for use: (i) within the Department of Health and Human Services; (ii) by all programs administered or funded by the Secretary, including the Cooperative Health Statistics System referred to in subsection (e) of Section 306; and (iii) to the extent possible as determined by the head of the agency involved, by the Veterans Administration, the Department of Defense and other Federal agencies concerned with health and health services;
- (D) with respect to the design of and approval of health statistical and health information systems concerned with collection, processing and tabulation of health statistics within the Department of Health and Human Services, with respect to the Cooperative Health Statistics System established under subsection (e) and with respect to the standardized means for the collection of health information and statistics to be established by the Secretary under subsection (j) (1);

- (E) to review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national or international agencies;
- (F) to cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest;
- (G) in the development of a report on the state of the Nation's health, its health services, their costs and distributions, to make proposals for improvement of the Nation's health statistics and health information systems, at such intervals as may be required by the Congress;
- (H) in establishing standards to assure the quality of health statistical and epidemiological data collection processing and analysis; and
- (I) in the development of plans, guidelines and the conduct of studies, with respect to the collection, compilation, analysis and publication of epidemiological data on the effects of the environment on health.

Structure

The Committee shall consist of 15 members, including the Chairperson. The members of the Committee shall be appointed by the Secretary from among persons who have distinguished themselves in the fields of health statistics, health planning, epidemiology and the provisions of health services. The Secretary shall appoint the Chairperson for a one-year period, renewable at the discretion of the Secretary.

Members shall be invited to serve for overlapping three-year terms, terms of more than two years are contingent upon the renewal of the Committee by appropriate action prior to its termination. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his/her predecessor was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of his/her term until his/her successor has taken office.

Subcommittees composed of members of the parent Committee shall be established to provide the Committee with background study and proposals for consideration and action. The Chairperson shall appoint members from the parent Committee to the subcommittees and designate a Chairperson for each respective subcommittee. The Chairperson shall appoint ad hoc subcommittees, composed solely of members of the parent Committee, as necessary to address specific issues for consideration. The subcommittee shall make their recommendations to the parent Committee. Timely notification of the subcommittees and ad hoc subcommittees, including charges and membership, shall be made in writing to the Department Committee Management Officer by the Executive Secretary of the Committee.

Management and staff support shall be provided by the Conference Management Branch, Office of Program Support, National Center for Health Statistics. The Executive Secretary shall be provided by

the Office of the Assistant Secretary for Health, Office of Health Research, Statistics and Technology.

MEETINGS

Meetings shall be held at the call of the Chairperson, but not less than annually, with the advance approval of a Government official who shall also approve the agenda. A Government official shall be present at all meetings.

Meetings of the subcommittees shall be held, as necessary, at the call of the respective Chairperson, with the advance approval of a Government official who shall also approve the agenda. A Government official shall be present at each respective subcommittee meeting. All subcommittees shall report their findings to the Committee.

Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations.

COMPENSATION

Members who are not full-time Federal employees shall be paid at the rate of \$100 per day, plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

ANNUAL COST ESTIMATE

Estimated annual cost for operating the Committee and Subcommittees, including compensation and travel expenses for members but excluding staff support, \$120,760. Estimate of annual man-years of staff support required is 4.0 at an estimated annual cost of \$121,680.

REPORTS

An annual report shall be submitted to the Secretary through the Assistant Secretary for Health, not later than October 15 of each year, which shall contain, as a minimum, a list of members and their business addresses, the Committee's functions, dates and places of meetings and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

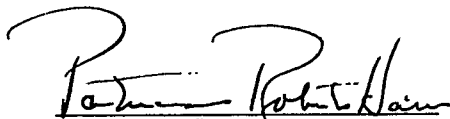
The duration of the National Committee on Vital and Health Statistics is continuing, and a new charter shall be filed no later than July 23, 1982, the date of the expiration of the next

two-year period following the date of the statute establishing this Advisory Committee, in accordance with Section 14(b)(2) of Public Law 92-463.

APPROVED:

JUL 22 1980

Date


Secretary



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

NOTICE OF RECHARTERING OF THE
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

The Committee was established by statute and has functions which are of a continuing nature so that its duration is not governed by Section 14(a) of the Federal Advisory Committee Act but is otherwise provided by law. The Committee is hereby rechartered in accordance with Section 14(b)(2) of said Act.

JUL 22 1980

Date

Patricia K. Hain
Secretary

Appendix D. Charges to the subcommittees

Subcommittee on the Cooperative Health Statistics System

CHARGE:

The Subcommittee shall review programs and make recommendations to the full committee in conformance with Section 306(k) of the Public Health Service Act regarding activities that relate to the design and implementation of the Cooperative Health Statistics System, pursuant to Sections 306(e) and (f) of the Public Health Service Act, particularly with respect to:

1. development, implementation, and revision of the terms, definitions and classifications for assessing health status and health services, their distribution and costs for use by Federal, State, and/or local agencies or groups;
2. the definition, program policies, development, and implementation of the CHSS;
3. the stimulation of research, demonstrations, and technical support of the CHSS;
4. the involvement of national, State and local agencies in the development and implementation of the CHSS;
5. the uses by health planners, administrators, epidemiologists, and researchers (particularly in the areas of health status, cost containment, health service delivery systems, and the environment) at the national, State and local level of data collected through the CHSS; and
6. the technical issues associated with the coordination and integration of health data systems; such as confidentiality, geocoding, quality control, model laws, etc.

In all of the above functions, the Subcommittee shall seek the advice of and consult with HCFA on relevant programs and activities related to the charge of the Subcommittee; consider relevant program and activities of the Public Health Service; consider the role of OHRST and of such other entities as they may properly relate to the charge to the Subcommittee on the Cooperative Health Statistics System of the NCVHS.

Subcommittee on Data Concepts and Methodology

CHARGE:

The Subcommittee shall review programs and make recommendations to the full Committee in conformance with Sections 304 and 306(k) of the Public Health Service Act regarding activities that relate to health statistical research and survey methods particularly with respect to:

1. the evaluation of survey design, efficiency, data quality and costs, and the relevance of data concepts and definitions;
2. the development and implementation of statistical standards for data compilation, presentation, and analysis, and the standardization of data concepts and definitions;
3. the development and implementation of projects that enhance statistical research and improve survey methods; and
4. procedures for stimulating collaboration between statisticians in government and universities by interchange of personnel and other means; and the qualifications and training of statisticians in the Department.

In all of the above functions, the Subcommittee shall seek the advice of and consult with HCFA on relevant programs and activities related to the charge of the Subcommittee; consider relevant programs and activities of the Public Health Service; consider the role of OHRST and of such other entities as they may properly relate to the charge to the Subcommittee on Data Concepts and Methodology of the NCHVS.

Subcommittee on Environmental Health Statistics

CHARGE:

The Subcommittee shall review programs and make recommendations to the full Committee in conformance with Section 306(k) of the Public Health Service Act regarding activities that relate to environmental health statistics and the impact of the environment on individual health and health care, particularly with respect to:

1. the stimulation, development, and implementation of research projects related to the effects of the environment on health;
2. the coordination of environmental, epidemiologic and health studies;
3. the statistical validity and reliability of statistics and studies related to the effects of the environment on health;
4. the development of guidelines for environmental health statistics, studies and surveys to insure that such activity will result in quality health and epidemiologic data which will permit understanding the relationship between the environment and health; and
5. the development and implementation as required by the environmental sections of P.L. 95-623 of guidelines and a clearinghouse whose function would be to exchange such environmental health and epidemiologic data.

In all of the above functions, the Subcommittee shall seek the advice of and consult with HCFA on relevant programs and activities related to the charge of the Subcommittee; consider relevant programs and activities of the Public Health Service; consider the role of OHRST and of such other entities as they may properly relate to the charge to the Subcommittee on Environmental Health Statistics of the NCHVS.

Subcommittee on International Statistics

CHARGE:

The Subcommittee shall review programs and make recommendations to the full Committee in conformance with Section 306(k) of the Public Health Service Act regarding international health statistical activities particularly with respect to:

1. the delineation of statistical and epidemiologic problems bearing on health and health services which are of international interest;
2. review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by international agencies;
3. cooperation with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest, including the stimulation, development, and implementation of international research projects on health problems and health statistical methods;
4. the development of comparative studies of international data on mortality, natality, health status, health resources and the utilization and financing of health services;
5. the provision of technical assistance to developing countries in civil registration and vital and health statistics;
6. the short-term and long-term training of foreign nationals in vital and health statistics;
7. implementation of Section 307 of the Public Health Service Act; the current uses of the International Classification of Diseases (ICD) in the United States, the organization of the United States and Canadian input into future revisions of the ICD, and the development of related international statistical classifications in the health field.

In all of the above functions, the Subcommittee shall seek the advice of and consult with HCFA on relevant programs and activities related to the charge of the Subcommittee; consider relevant programs and activities of the Public Health Service; consider the role of OHRST and of such other entities as they may properly relate to the charge to the Subcommittee on International Statistics.

Appendix E. Membership rosters, fiscal years 1979-80

ROSTER OF MEMBERS — FISCAL YEAR 1980

Chairperson

Lester Breslow, M.D.
Dean, School of Public Health
University of California at Los Angeles
Los Angeles, California 90024

Executive Secretary

Samuel P. Korper, Ph.D., M.P.H.
Associate Director for Legislation,
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Nicole Urban, Sc.D.
Assistant Professor, Department
of Health Services, SC-37
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ROSTER OF MEMBERS — FISCAL YEAR 1979

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Executive Secretary

Gooloo S. Wunderlich, Ph.D.
Director, Office of Statistical Policy,
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ROSTERS OF SUBCOMMITTEES — FISCAL YEAR 1980

Subcommittee on Data Concepts and Methodology

N. Krishnan Namboodiri, Ph.D.
Theodore Colton, Sc.D.
Cleve L. Killingsworth, Jr., M.P.H.
Frederick Mosteller, Ph.D.
Mrs. Nora K. Piore
Nicole Urban, Sc.D.
Ethel Shanas, Ph.D., Consultant

Liaisons:

Monroe G. Sirken, Ph.D., NCHS
Robert J. Casady, Ph.D., NCHS
Donald M. Muse, Ph.D., HCFA

Subcommittee on Environmental
Health Statistics

Morton Corn, Ph.D.
Irene H. Butter, Ph.D.
Theodore Colton, Sc.D.
Everett R. Rhoades, M.D.
David J. Sanchez, Jr., Ph.D.

Liaisons:

Mrs. Dorothy P. Rice, Director, NCHS
Bruce B. Cohen, Ph.D., NCHS
Mr. Glenn Martin, HCFA

Subcommittee on the Cooperative
Health Statistics System

Mr. John E. Brockert
Harold A. Cohen, Ph.D.
Ms. Helen Darling
Cleve L. Killingsworth, Jr., M.P.H.
Mrs. Nora K. Piore

Liaisons:

Gail F. Fisher, Ph.D., NCHS
Mr. Garrie Losee, NCHS
Mr. William A. Cresswell, HCFA

Subcommittee on International Statistics

Lester Breslow, M.D.
Kerr L. White, M.D.
Maurice Wood, M.D.

Liaisons:

Alvan O. Zarate, Ph.D., NCHS
William Sobaski, Ph.D., HCFA

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NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Agenda

November 29-30, 1978

Room 727A, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

WEDNESDAY

9:00 A.M. CALL TO ORDER

Introduction of Committee members, guests, and staff—Dr. White
Review minutes of May 3-4, 1978 meeting—Dr. White
REPORT OF EVENTS SINCE May 3-4, 1978 MEETING
Legislation—Mr. Fanning, Mrs. Hanft
Department Actions on ICD-9CM—Ms. Meads

10:45 A.M. BREAK

11:00 A.M. TELEPHONE SURVEY ACTIVITIES—Dr. Sirken
INTERNATIONAL SOCIAL, DEMOGRAPHIC AND HEALTH
STATISTICS

Improving Vital and Health Statistics as a Part of Overall Statistical
Development—Mr. Seltzer

12:30 P.M. LUNCH

2:00 P.M. INTERNATIONAL SOCIAL, DEMOGRAPHIC AND HEALTH
STATISTICS (Con.)

Review of National Health Information Systems—Dr. White
NCHS International Program and Activities—Dr. Baird
Comparative Birth Number Study—Dr. Lunde
PROGRESS REPORT ON TECHNICAL CONSULTANT PANELS
Cooperative Health Statistics System—Dr. Cooney
Mental Health Statistics—Mr. Patton
Health Interview Survey—Dr. Greenberg
UHDDS—Dr. Cooney
REVIEW OF ANNUAL REPORTS
Draft of the 1978 Annual Report of the USNCVHS—Dr. Breslow

5:00 P.M. ADJOURNMENT

THURSDAY

- 9:00 A.M. REVIEW OF ANNUAL REPORTS (Con.)
 Health United States—1979—Dr. Feldman
 ENVIRONMENTAL HEALTH STATISTICS—PANEL DISCUSSION
 Dr. Leaverton—Moderator
 Dr. Rall—National Institute of Environmental Health Sciences
 Dr. Murray—Environmental Protection Agency
 Dr. Schneiderman—National Cancer Institute
 REPORT OF DEPARTMENT OF LABOR STUDY OF OCCUPA-
 TIONAL DISEASES—Mr. Copeland
- 12:00 P.M. LUNCH
- 1:30 P.M. PROGRESS REPORT ON TECHNICAL CONSULTANT PANELS
 Ambulatory Medical Care—Dr. Wood
 Long-Term Care—Dr. Shanas
 Statistical Systems for NHI—Dr. Densen
 Manpower and Facilities—Dr. Shannon
 FUTURE ACTIVITIES OF USNCVHS
- 4:30 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Tentative Agenda

October 22-23, 1979

Room 800, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

MONDAY

- 9:30 A.M. WELCOME AND ORIENTATION
Lester Breslow, M.D., Chairman, NCVHS
Ruth S. Hanft, Deputy Assistant Secretary, HRST
OFFICIAL SWEARING IN
Thomas McFee, Assistant Secretary, Personnel Administration, OS
REMARKS BY THE ASSISTANT SECRETARY FOR HEALTH AND
SURGEON GENERAL
Julius B. Richmond, M.D.
- 10:15 A.M. FUTURE DIRECTIONS: REVISED CHARTER; ETC.
Lester Breslow, M.D., Chairman, NCVHS
Ruth S. Hanft, Deputy Assistant Secretary, HRST
Leonard D. Schaeffer, Administrator, HCFA
- 11:15 A.M. BREAK
- 11:30 A.M. STATUS REPORT ON HCFA/PHS JOINT AGREEMENT: HEALTH
FACILITIES AND PATIENT CARE DATA
Ruth S. Hanft, Deputy Assistant Secretary, HRST
Dorothy P. Rice, Director, NCHS
Leonard D. Schaeffer, Administrator, HCFA
- 12:15 P.M. PUBLIC COMMENT
- 12:30 P.M. LUNCH
- 1:45 P.M. COMMITTEE DISCUSSION: SUBCOMMITTEE REPORTS
Ambulatory Care Minimum Data Set
Health Interview Survey
Manpower and Facilities Minimum Data Set
Mental Health
Statistical Systems for National Health Insurance
Uniform Hospital Discharge Data Set
Lester Breslow, M.D., Chairman, NCVHS
Subcommittee Chairpersons, et al.
- 3:30 P.M. BREAK

- 3:45 P.M. COOPERATIVE HEALTH STATISTICS SYSTEM
James Cooney, Ph.D., Special Assistant to the Director, NCHS
Gail F. Fisher, Ph.D., Associate Director, CHSS/NCHS
Dorothy P. Rice, Director, NCHS
- 4:15 P.M. BRIEFING AND COMMITTEE DISCUSSION: PROGRESS ON ENVIRONMENTAL STUDIES—PUBLIC LAW 95—623
James Cooney, Ph.D., Special Assistant to the Director, NCHS
Jacob J. Feldman, Ph.D., Associate Director for Analysis, NCHS
Paul E. Leaverton, Ph.D., Associate Director for Research, NCHS
Dorothy P. Rice, Director, NCHS
- 4:45 P.M. COMMITTEE BUSINESS: ESTABLISHMENT OF SUBCOMMITTEE ON ENVIRONMENTAL ISSUES
Lester Breslow, M.D., Chairman, NCVHS
Dorothy P. Rice, Director, NCHS
- 5:15 P.M. PUBLIC COMMENT
- 5:30 P.M. ADJOURNMENT

TUESDAY

- 9:00 A.M. COMMITTEE BUSINESS: NCVHS ANNUAL REPORT AS REQUIRED BY SECTION 306, PUBLIC HEALTH SERVICE ACT
Lester Breslow, M.D., Chairman, NCVHS
- 9:15 A.M. "HEALTH, U.S."—PRESENT STATUS AND FUTURE PLANS
Jacob J. Feldman, Ph.D., Associate Director for Analysis, NCHS
Joel C. Kleinman, Ph.D., Special Assistant, Division of Analysis, NCHS
Dorothy P. Rice, Director, NCHS
Gerald Rosenthal, Ph.D., Director, NCHSR
- 10:00 A.M. OFFICE OF TECHNOLOGY ASSESSMENT REPORT: "SELECTED TOPICS IN FEDERAL HEALTH STATISTICS"
H. David Banta, M.D., Health Assessment Group Manager, HLSD/OTA
Polly Ehrenhaft, Study Director, HLSD/OTA
Joyce C. Lashof, M.D., Assistant Director, Health & Life Sciences Division, OTA
- 10:45 A.M. BREAK
- 11:00 A.M. LEGISLATIVE UPDATE: CONFIDENTIALITY OF STATISTICAL RECORDS, ETC.
John P. Fanning, LL.B., Legislative Coordinator, OHPE
Robert H. Mugge, Ph.D., Assistant to the Director, NCHS

11:30 A.M. COMMITTEE BUSINESS: NCVHS SUBCOMMITTEES TO BE ESTABLISHED
 Lester Breslow, M.D., Chairman, NCVHS

12:15 P.M. PUBLIC COMMENT

12:30 P.M. LUNCH

1:45 P.M. COMMITTEE DISCUSSION: SUBCOMMITTEE REPORT ON LONG-TERM CARE MINIMUM DATA SET
 Lester Breslow, M.D., Chairman, NCVHS
 Ethel Shanas, Ph.D., Professor of Sociology, University of Illinois

2:30 P.M. "THE STATUS OF HOSPITAL DISCHARGE DATA IN SIX COUNTRIES"
 Lola J. Kozak, Statistician, OIS/NCHS
 Dorothy P. Rice, Director, NCHS
 Robert M. Thorner, Sc.D., Deputy Director, OIS/NCHS

3:00 P.M. NEW BUSINESS

3:15 P.M. PUBLIC COMMENT

3:30 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Tentative Agenda January 22-23, 1980

Room 800, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

TUESDAY

- 9:00 A.M. REVIEW OF MINUTES
COMMITTEE BUSINESS
- 9:15 A.M. COMMITTEE DISCUSSION: DRAFT RESOLUTION TO WHO RE:
INTERNATIONAL STANDARDS FOR HOSPITAL DISCHARGE
DATA
Lester Breslow, M.D.
- 9:30 A.M. REPORT: RECENT DEVELOPMENTS ON ICD-10
Robert A. Israel
- 9:45 A.M. FOLLOW-UP AND COMPLETION OF REPORTS
Review Cover Letters for the NHI and LTC Reports
Ambulatory Care
Health Interview Survey
Lester Breslow, M.D.
Bernard Greenberg, Ph.D.
- 10:30 A.M. BREAK
- 10:45 A.M. BRIEFING AND COMMITTEE DISCUSSION: HCFA ACTIVITIES
Integrated Data Systems
CPT Feasibility Study
James M. Kaple, Ph.D.
- 12:15 P.M. PUBLIC COMMENT
- 12:30 P.M. LUNCH
- 1:45 P.M. STATUS REPORT ON ENVIRONMENTAL STUDIES
306(1)(1) PHSA
306(1)(3) PHSA
304(d)(1) PHSA
James P. Cooney, Ph.D.
Thomas Hodgson, Ph.D.
Jeffrey Perlman, M.D.
- 2:30 P.M. ROLE OF THE NCVHS AND THE ROLE OF OHRST/CENTERS
Ruth S. Hanft
- 3:30 P.M. BREAK

- 3:45 P.M. COMMITTEE DISCUSSION: NCVHS SUBCOMMITTEE CHARGES AND ACTIVITIES
 Subcommittee on Data Concepts and Methodology
 Subcommittee on Environmental Health Statistics
 Subcommittee on Cooperative Health Statistics
 Subcommittee on International Health Statistics
 Lester Breslow, M.D.
 Subcommittee Chairpersons and Members
- 5:00 P.M. PUBLIC COMMENT
- 5:15 P.M. ADJOURNMENT

WEDNESDAY

- 9:00 A.M. STATUS REPORT: THE PANEL TO EVALUATE THE COOPERATIVE HEALTH STATISTICS SYSTEM (CHSS)
 Harry P. Cain, Ph.D., et al.
- 10:30 A.M. BREAK
- 10:45 A.M. COMMITTEE DISCUSSION (Con.) RE: CHSS
- 11:30 A.M. BRIEFING AND COMMITTEE DISCUSSION RE: MINIMUM DATA SETS
 James P. Cooney, Ph.D.
- 12:15 P.M. PUBLIC COMMENT
- 12:30 P.M. LUNCH
- 1:45 P.M. REPORT ON NCHS ORGANIZATIONAL MATTERS
 Dorothy P. Rice
- 2:00 P.M. COMMITTEE DISCUSSION RE: NCVHS SUBCOMMITTEE ACTIVITIES (Con.)
 Lester Breslow, M.D.
 Subcommittee Chairpersons and Members
- 3:00 P.M. NEW BUSINESS
- 3:15 P.M. PUBLIC COMMENT
- 3:30 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Tentative Agenda .

April 2-3, 1980

Room 800, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

WEDNESDAY

- 9:30 A.M. SUBCOMMITTEE MEETINGS
Data Concepts and Methodology
Room 800, Humphrey Building
Environmental Health Statistics
Room 303A-305A, Humphrey Building
Cooperative Health Statistics System
Room 337A-339A, Humphrey Building
International Health Statistics
Room 403A-405A, Humphrey Building
- 2:30 P.M. SUBCOMMITTEE REPORTS (Reconvene in Room 800)
- 5:00 P.M. PUBLIC COMMENTS
- 5:15 P.M. ADJOURNMENT

THURSDAY

- 9:00 A.M. REVIEW OF MINUTES
COMMITTEE BUSINESS
- 9:15 A.M. STATUS REPORT: DATA STANDARDIZATION AND STATIS-
TICAL PLANNING
Health Data Advisory Committee
Gooloo Wunderlich, Ph.D.
- 9:30 A.M. BRIEFING AND COMMITTEE DISCUSSION: HCFA PROGRAMS
James M. Kaple, Ph.D.
Judith R. Lave, Ph.D.
- 10:30 A.M. BREAK
- 10:45 A.M. BRIEFING AND COMMITTEE DISCUSSION: OFFICE OF INTER-
NATIONAL HEALTH
John Bryant, M.D.
- 11:30 A.M. FOLLOW-UP AND COMPLETION OF PANEL REPORTS
Ambulatory Care
Maurice Wood, M.D.
- 12:30 P.M. LUNCH

- 1:45 P.M. BRIEFING AND COMMITTEE DISCUSSION: NATIONAL DEATH INDEX
Robert Israel
John Patterson
- 2:30 P.M. BRIEFING AND COMMITTEE DISCUSSION: HANES HISPANIC SURVEY
Robert Israel
Robert Murphy
- 3:15 P.M. BRIEFING AND COMMITTEE DISCUSSION: REVIEW OF OTA REPORT ON "SELECTED TOPICS IN FEDERAL HEALTH STATISTICS"
Lester Breslow, M.D.
James Robey, Ph.D.
- 3:45 P.M. COMMITTEE DISCUSSION RE: NCVHS SUBCOMMITTEES
Lester Breslow, M.D.
Subcommittee Chairpersons and Members
- 4:30 P.M. PUBLIC COMMENT
- 4:45 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Tentative Agenda

July 15-16, 1980

Room 800, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

TUESDAY

- 9:30 A.M. REVIEW OF MINUTES
COMMITTEE BUSINESS
- 9:40 A.M. SWEARING-IN OF NEW MEMBERS
Thomas S. McFee, OS
- 9:50 A.M. STATUS REPORT: HEALTH, UNITED STATES, 1980
Jacob Feldman, NCHS
Joel Kleinman, NCHS
- 10:30 A.M. STATUS REPORT: CHSS AND ENVIRONMENTAL REPORTS
Guidelines
Designation of State Centers
Environmental Reports
Dorothy P. Rice, NCHS
Gail Fisher, NCHS
- 10:45 A.M. BREAK
- 11:00 A.M. REPORT
Task Force for Hospice Data Sets
Information Collection Budget
Gooloo Wunderlich, OHRST
- 11:20 A.M. REPORT AND COMMITTEE DISCUSSION
Uniform Data Sets: Issues and Progress
Data Quality Conference
James P. Cooney, OHRST
Sue Meads, NCHS
Harry Savitt, HCFA
- 12:20 P.M. PUBLIC COMMENT
- 12:30 P.M. LUNCH
- 1:45 P.M. BRIEFING: BUDGET UPDATE
Ruth Hanft, OHRST

- 2:00 P.M. BRIEFING AND COMMITTEE DISCUSSION: HCFA ISSUES AND ACTIVITIES
New Administrator
AHR Status
Discussion re: Comments on HCFA Paper
Howard Newman, HCFA
James M. Kaple, HCFA
HCFA Staff
- 2:45 P.M. REPORT AND COMMITTEE DISCUSSION: NCVHS SUBCOMMITTEES
International Health
International Social Security Association
Health Expenditures—Comparison between Nations
Alvan O. Zarate, NCHS
Thomas C. Parrott, SSA
- 3:30 P.M. CHSS SUBCOMMITTEE
Report on CHSS Evaluation Panel
Final Report and Recommendations
John Brockert, NCVHS
Data Concepts and Methodology
Frederick Mosteller, NCVHS
Environmental Health
Theodore Colton, NCVHS
Bruce Cohen, NCHS
- 5:20 P.M. PUBLIC COMMENT
- 5:30 P.M. ADJOURNMENT

WEDNESDAY

- 9:00 A.M. COMMITTEE BUSINESS
- 9:10 A.M. PRESENTATION AND COMMITTEE DISCUSSION: NATIONAL MENTAL HEALTH STATISTICS SYSTEM
Cecil Wurster, ADAMHA

10:00 A.M. NIH (NHLBI) CENSUS STUDY OF SURVIVORSHIP AND CAUSES
OF DEATH
Eugene Rogot, NHLBI
Gilbert Beebe, NCI
David Bateman, Bureau of the Census

10:40 A.M. BREAK

10:50 A.M. COMMITTEE BUSINESS: MEMBERSHIP AND ROTATION
Elizabeth Johns, OS
Robert Tarr, OS
James Smith, NCHS

12:20 P.M. PUBLIC COMMENT

12:30 P.M. LUNCH

1:45 P.M. PRESENTATION AND COMMITTEE DISCUSSION—A SMALL
AREA APPROACH TO THE ANALYSIS OF HEALTH SYSTEM
PERFORMANCE
John Wennberg, Dartmouth Medical School

3:00 P.M. BREAK

3:15 P.M. COMMITTEE BUSINESS

4:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Data Concepts and Methodology

Tentative Agenda

March 8, 1980

Harvard School of Public Health
Room 606, Kresge Building
643 Huntington Avenue
Boston, Massachusetts

- 9:00 A.M. INTRODUCTION
Frederick Mosteller (Chairperson)
- 9:15 A.M. REVIEW OF SUBCOMMITTEE'S CHARGE
Monroe Sirken, NCHS
- 9:30 A.M. NCVHS SUBCOMMITTEE PROCEDURES
Samuel Korper, OHRST
- 9:45 A.M. HEALTH STATISTICS PLAN: 1979-1980
Gooloo Wunderlich, OHRST
- 11:00 A.M. HCFA PERSPECTIVE
Donald Muse, HCFA
- 12:00 P.M. LUNCH
- 1:00 P.M. NCHS PERSPECTIVE
Monroe Sirken, NCHS
- 2:00 P.M. SUBCOMMITTEE PERSPECTIVES
- 3:00 P.M. DISCUSSION OF SUBCOMMITTEE WORK PLANS
- 4:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Data Concepts and Methodology

Tentative Agenda

April 2, 1980

Room 800, Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C.

- 9:30 A.M. INTRODUCTION
 Frederick Mosteller (Chairperson)
- 9:45 A.M. REVIEW OF MINUTES OF MARCH 8 MEETING
 Monroe Sirken, NCHS
- 10:00 A.M. NCHSR PERSPECTIVE
- 11:00 A.M. HCFA PRESENTATION
 Donald Muse, HCFA
- 12:00 P.M. LUNCH
- 1:00 P.M. DRAFT SUBCOMMITTEE REPORT FOR NATIONAL COMMITTEE
- 1:30 P.M. PLAN FOR FUTURE SUBCOMMITTEE MEETINGS
- 2:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Data Concepts and Methodology

Tentative Agenda

May 20, 1980

Room 305A, Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C.

- 9:00 A.M. REVIEW OF MINUTES OF APRIL 2 MEETING
Frederick Mosteller, Chairman
- 9:15 A.M. REVIEW OF BACKGROUND AND STATUS OF MINIMUM DATA SETS
James P. Cooney, Ph.D., OHRST
- 10:00 A.M. MINIMUM DATA SET OF HOSPICES
Donald Muse, Ph.D., HCFA
- 10:45 A.M. SUBCOMMITTEE ACTIVITIES IN RELATION TO THE DEPARTMENT'S LONG-TERM CARE DATA PLAN
George Greenberg, Ph.D., OS
Joan Van Norstand, NCHS
- 11:45 A.M. REVIEW OF WORK BY NCHS COMMITTEE ON PERIODICITY
Monroe Sirken, Ph.D., NCHS
- 12:15 P.M. LUNCH
- 1:00 P.M. CHARGE TO COMMITTEE FOR REVIEWING DEPARTMENT'S HEALTH PLAN
Gooloo Wunderlich, Ph.D., OHRST
- 1:45 P.M. CHARGE TO COMMITTEE FOR REVIEWING HCFA RESEARCH AND DEVELOPMENT
Donald Muse, Ph.D., HCFA
- 2:30 P.M. ASSIGNMENTS FOR NEXT MEETING
- 4:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Data Concepts and Methodology

Tentative Agenda

July 14, 1980

Captain's Room

Channel Inn Motel

650 Water Street, S.W.

Washington, D.C.

- 2:00 P.M. REMARKS AND INTRODUCTION OF NEW MEMBERS
Frederick Mosteller, Chairman
- 2:15 P.M. MINIMUM DATA SET FOR HOSPICES
HCFA Staff
- 3:15 P.M. IOM'S THREE STUDIES ON QUALITY OF INFORMATION
Linda Demlo
- 4:15 P.M. BREAK
- 4:30 P.M. REVIEW OF LTC DOCUMENTS
Nora Piore
Theodore Colton, Sc.D.
- 5:30 P.M. DINNER
- 7:00 P.M. REVIEW OF HEALTH STATISTICS PLAN, 1979-80
N. Krishnan Namboodiri, Ph.D.
- 7:30 P.M. SUBCOMMITTEE'S RELATION TO HCFA: EDITORIAL BOARD,
REVIEWS, AND PROVISION OF ADVICE
Donald Muse
- 8:00 P.M. INVENTORY OF DATA CONCEPTS IN HEALTH STATISTICS
(WHAT ARE DATA CONCEPTS?)
Monroe Sirken
UPDATE ON PERIODICITY REPORT
Monroe Sirken
- 8:30 P.M. COMMITTEE BUSINESS
Review of Minutes
Discussion Re: Selection of New Chairperson
Frederick Mosteller
Samuel Korper
- 9:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on the Cooperative Health Statistics System

Proposed Agenda

April 2, 1980

Room 337A-339A, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

- 9:30 A.M. WELCOME AND OUTLINE OF DAY
Chairman
- 9:35 A.M. CHSS DEVELOPMENT PLANS AT NCHS
Gail Fisher
- 10:05 A.M. MEMORANDUMS OF AGREEMENT (OR UNDERSTANDING) FOR
COORDINATION OF CHSS
Review of Agreement Between NCHS and HCFA
Will There Be More? Other Agencies?
Who Reviews and Develops Them?
Is This an Appropriate Mechanism for State Coordination?
(Initial Discussion by Gail Fisher and Bill Cresswell)
- 10:45 A.M. BREAK
- 11:00 A.M. UP-TO-DATE REPORT ON RECOMMENDATIONS OF THE EX-
PERT PANEL TO EVALUATE CHSS
Harry Cain
Gooloo Wunderlich
- 11:45 A.M. DISCUSSION OF RECOMMENDATIONS FROM ASTI SEMINAR
John E. Brockert
- 12:30 P.M. LUNCH
- 1:30 P.M. PLAN FOR FUTURE MEETINGS OF THE SUBCOMMITTEE
Develop Work Plan for the Year
Set Next Meeting Date
- 2:30 P.M. JOIN FULL COMMITTEE (Room 800)

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on the Cooperative Health Statistics System

Agenda

June 9-10, 1980

Room 800, Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C.

MONDAY

- 9:00 A.M. INTRODUCTION OF MEMBERS AND INVITED PARTICIPANTS
- 9:05 A.M. STATUS REPORTS
- Dorothy Rice and Staff
 - Interim Support for CHSS
 - CHSS Budget FY 1981, FY 1982
 - Request to Establish CHSS Advisory Committee
 - Designation of State Health Statistics Agencies
 - Promulgation of Guidelines for Designation
 - Demonstration Projects—CHSS
 - Demonstration Projects—HCFA
 - Bill Cresswell
 - National Health Manpower Data
 - Howard Stambler
- 10:00 A.M. DISCUSSION OF ALTERNATIVES FOR STATES TO OBTAIN
INTERIM SUPPORT FOR THE MANPOWER AND FACILITY
DATA SYSTEMS
- Ted Ervin
 - Joe Carney
 - Garland Land
- 11:00 A.M. CHSS EVALUATION REPORT OF EXPERT PANEL
- Harry Cain—Presentation
 - Vito Logrillo—Discussion
- 12:00 P.M. LUNCH
- 1:00 P.M. REACTION TO RECOMMENDATIONS FROM STATE VIEWPOINT
- Garland Land
 - Joe Carney
 - Ted Ervin
- 2:00 P.M. DISCUSSION OF RECOMMENDATIONS—COMMITTEE AND IN-
VITED PARTICIPANTS
- 5:00 P.M. ADJOURNMENT

TUESDAY

9:00 A.M. PREPARATION OF ACTION PLAN TO IMPLEMENT RECOM-
MENDATIONS
11:00 A.M. COMMITTEE PLANS FOR FUTURE ACTIVITIES
12:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Environmental Health Statistics

Revised Tentative Agenda

February 29, 1980

Room 1137, HEW North Building

330 Independence Avenue, S.W.

Washington, D.C.

- 9:00 A.M. INTRODUCTION
 Morton Corn, Ph.D. (Chairperson)
 Dorothy P. Rice, NCHS
- 9:20 A.M. NCHS STATUS REPORTS
 Environmental Health Plan
 Jeffery Perlman, M.D.
 Guidelines Development
 Rosalie Dunn, Ph.D.
 Laurie Duncan
 Working Group on Data Guidelines
 Dorothy P. Rice
 Clearinghouse Activities—IOM Study
 Dr. Thomas Hodgson
- 12:00 P.M. LUNCH
- 1:00 P.M. DOL-BLS PERSPECTIVE
 Ted Golonka
- 2:00 P.M. EPA PERSPECTIVE
 Dr. Vilma Hunt
- 3:00 P.M. DISCUSSION OF SUBCOMMITTEE WORK PLANS
- 5:00 P.M. ADJOURNMENT

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Environmental Health Statistics

Tentative Agenda

April 2, 1980

Room 303A-305A, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.

- 9:30 A.M. INTRODUCTION
 Morton Corn, Ph.D. (Chairperson)
- 9:45 A.M. DATA POLICY DEVELOPMENTS AT HCFA
 Criteria for Disclosure of Data to Researchers
 Developments at SSA
 General Discussion
 Glenn Martin
- 10:45 A.M. BREAK
- 11:00 A.M. DISCUSSION OF GUIDELINES
 Presentation of Existing Guidelines
 Identification of Areas for Further Development
 NCHS Working Group
- 12:00 P.M. LUNCH
- 1:15 P.M. DISCUSSION OF GUIDELINES (Con.)
 NCHS Working Group
- 1:45 P.M. CONCLUSION
- 2:30 P.M. RECONVENE WITH FULL COMMITTEE (Room 800)

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Environmental Health Statistics

Tentative Agenda

May 27, 1980

Room 1001, The Johns Hopkins School of Hygiene
615 N. Wolfe Street
Baltimore, Maryland

- 9:30 A.M. DISCUSSION OF GUIDELINES
- 12:30 P.M. LUNCH
- 1:30 P.M. REPORT FROM NCHS CLEARINGHOUSE ACTIVITIES
Dorothy P. Rice
George Schnack
Roy Heatwole
- 2:30 P.M. REPORT FROM STAFF OF TASK FORCE ON ENVIRONMENT –
CANCER, HEART, AND LUNG DISEASE
Geomet, Inc. Staff
- 3:30 P.M. DISCUSSION OF CONFERENCE ON ENVIRONMENTAL DATA
NEEDS
- 4:30 P.M. CLOSING REMARKS
Morton Corn, Ph.D. (Chairperson)

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Environmental Health Statistics

Tentative Agenda

September 19, 1980

Room 337-339, Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C.

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| 9:30 A.M. | GENERAL DISCUSSION OF GUIDELINES
Recommendations to Full Committee |
| 10:45 A.M. | BREAK |
| 11:00 A.M. | DISCUSSION OF PLANS FOR SUBCOMMITTEE |
| 12:00 P.M. | LUNCH |
| 1:00 P.M. | CONTINUATION OF PLANS FOR SUBCOMMITTEE |
| 2:00 P.M. | BREAK |
| 2:15 P.M. | DISCUSSION OF PLAN FOR ENTIRE NCVHS |
| 4:15 P.M. | CLOSING REMARKS |

**DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH**

**Subcommittee on International Statistics
of the National Committee on Vital and Health Statistics**

Agenda

April 2, 1980

**Room 403A-405A, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.**

Welcome and Introductory Comments

- I. Review of Charges to the Subcommittee**
- II. Role of the International Subcommittee**
- III. Relationship of the International Subcommittee and National Committee to WHO Center for Classification of Diseases for North America (NCHS)**
- IV. Data Sets (UHDDS, UAMCDS, Long-Term Care)—International Role**
- V. Organization of the Subcommittee**
- VI. Other Business**
International Glossary for Primary Care
- VII. Date of Next Meeting**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH**

**National Committee on Vital and Health Statistics
Subcommittee on International Statistics**

Tentative Agenda

June 5, 1981

**Room 337A-339A, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.**

- 9:00 A.M. WELCOME AND INTRODUCTORY COMMENTS**
- I. REVIEW OF MINUTES OF LAST MEETING**
- II. INTERNATIONAL HEALTH STATISTICS—COMPARISON BETWEEN NATIONS, MECHANISMS FOR EXCHANGING DATA SETS, AND COMPARABILITY OF STATISTICS FROM THESE DATA SETS**
- 9:30 A.M. DEVELOPMENT OF HEALTH INDICATORS BY THE ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT**
Ron Wilson
Division of Analysis, NCHS
- 11:00 A.M. ORGANIZATION, ENVIRONMENT, AND USE OF HOSPITAL SYSTEMS IN TEN COUNTRIES**
Lola Jean Kozak
Office of International Statistics, NCHS
- 12:30 P.M. LUNCH**
- 2:00 P.M. COMPARATIVE ANALYSIS OF HEALTH CARE EXPENDITURE**
Joseph G. Simanis
Office of Research and Statistics, SSA
- 3:30 P.M. HOSPITAL MORBIDITY AND DIAGNOSTIC CODING**
William Sobaski
Office of Policy Planning and Research,
Health Care Financing Administration

HRST

from the Office of Health Research, Statistics, and Technology
DHHS Publication No. (PHS) 82-1205

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