



GSS Newsletter SSS

CHAIRS' REPORTS

Government Statistics Section: Chair's Report

by Gerald Gates, Bureau of the Census

The year 1996 has been eventful for the Government Statistics Section with some significant changes in the way we operate and several challenges lying ahead. Before I describe these, let me take this opportunity to thank Carolyn Sheffle for organizing our highly successful program at the 1996 Joint Meetings. I also wish to compliment the members of our Executive Committee for their hard work during the year, particularly Rich Allen and Joan Turek, whose terms are ending. We have a lot of energy in this Section and it shows in the way we have come together to tackle important issues. Just to cite a few examples: 1) we now have an electronic version of our proceedings available on the GSS home page on the World Wide Web; 2) GSS has its own brochure to publicize the Section and the benefits of membership; and 3) we are developing a new committee to focus on emerging issues for GSS and propose ways to bring more state and local statisticians into both ASA and GSS.

Of major interest to the section, we have recently decided to link the proceedings of the Social Statistics Section and the proceedings of Government Statistics Sections. This will result in benefits to both sections with little or no downside. For the Social Statistics Section, the benefits are a more comprehensive proceedings focusing on additional social statistics issues within the government. For the Government Statistics Section, we get financial help to continue to produce our proceedings. A more detailed explanation of these benefits and the specific changes is provided elsewhere in this newsletter.

Now that we have a joint newsletter and a joint proceedings you may be asking yourself whether keeping the sections separate continues to make sense. We have debated that issue and believe that despite the overlap, a separate and distinct Government Statistics Section continues to provide a service not likely to be achieved by a single section. For instance, GSS offers a forum for those involved in producing policy-related and economic government statistics not directly associated with social-welfare issues. In addition, whereas state-level academic statisticians are well served by various ASA sections, GSS provides the primary home for state and local govern-

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Social Statistics Section: Chair's Report

by Daniel Weinberg, Chief, Housing and Household Economic Statistics Division, Bureau of the Census

December marks the end of my two-year stint as chair of the section. When I consented to run, I had also just agreed to design and analyze a survey of the needs of our members. Therefore, I hoped to have in hand a blueprint of what you wanted me to accomplish. I am glad to say that I have accomplished many of my (your) objectives.

I am pleased by the fact that you are holding this newsletter in your hand. The top priority of the membership was establishing a newsletter, and, through the gracious cooperation of the Government Statistics Section, we are able to meet that desire.

Cooperation with GSS has not stopped there. We jointly sponsor (along with the Washington Statistical Society) the Roger Herriot award for excellence in federal statistics. Further, as you can read in another article, we will begin publishing joint proceedings in 1998. (We have also reduced the price of our 1995 proceedings to stimulate sales.)

Another priority was the sponsorship of more workshops and conferences. We have become sponsors of several workshops, most notably two at New York University, but more needs to be done in this area. The Chair-Elect for 1997 (1998 Chair), Margo Anderson, has agreed to push this initiative forward.

On another front, SSS is entering the electronics age. Under the leadership of the 1997 Chair, Miron Straf, we will have an SSS home page. Our prototype has been created by Anu Pemmarazu of the National Academy of Sciences (E-mail is apemmara@nas.edu; phone is 202-334-2242).

Under my watch, SSS now has a Fellows Committee, which arranged for two nominations this past year. The Committee's new chair is Fritz Scheuren who is hard at work nominating more.

I have enjoyed my time in office and I wish the new officers well.

Government Statistics Chair's Report (continued from page 1)

ment statisticians to address their issues. For these reasons and the fact that approximately one-half of our members do not choose to belong to the Social Statistics Section, we continue to believe that two sections, working together, are superior to one section serving both interests.

Prior to our decision to go forward with the joint proceedings, we intended to develop a fully electronic version—a first for ASA. This low cost option was originally intended as a way to publish our proceedings without the expensive printing costs. If successful, we had planned to discontinue the printed version. With our agreement to link our proceedings with the Social Statistics Section, we now intend to study the desirability of producing both a printed and electronic version to serve a wider audience. The 1996 GSS Proceedings is now available on our Web site at www.amstat.org. It serves as a companion to the printed version, which will be sold as usual through ASA. Please let us know what you think of the electronic proceedings as another way to promote important work in government statistics.

Another key development this year for GSS involves the passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, otherwise known as Welfare Reform. The Act is fully in line with recent efforts to devolve Federal government programs to the states and raises many new issues concerning the role for Federal, state, and local statisticians. With new data collection and reporting requirements to meet the information demands made by Welfare Reform, state and local government leaders will need to understand the importance of developing consistent, reliable data that shows not only how they are doing, but also how they are doing in relation to other states and to the nation. Members of GSS, representing Federal, state, and local government statisticians, will play a key part in encouraging good statistical practice and developing standards. Based on a recommendation made at our business meeting in August, we are exploring contacts with organizations such as the American Public Welfare Association and the Welfare Research and Statistics Group in HHS, who will be instrumental in working with state and local governments in meeting their Federal reporting requirements. Our interest is twofold: demonstrate the usefulness of ASA membership to state and local welfare administrators; and promote the need for consistent, reliable data at the state and local level.

In closing, I personally would like to thank Dan Weinberg for his leadership in achieving the outcome we reached on our proceedings. I also want to give my successor, Linda Gage, all my encouragement and support for the work that lies ahead.

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Proposed Plan For Joint Social Statistics Section (SSS) and Government Statistics Section (GSS) Proceedings

Prepared by the SSS/GSS Ad Hoc Joint Proceedings Committee:

- Richard Allen, 1996 GSS Secretary-Treasurer*
- Virginia deWolf, 1996 SSS Secretary-Treasurer*
- Gerald Gates, 1996 GSS Chair*
- Daniel Weinberg, 1996 SSS Chair*

Pursuant to a request of the GSS and SSS Executive Committees, the Chairs and Treasurers of both sections met on September 12, 1996 to discuss ways of producing a joint proceedings volume.

Background

1. SSS has traditionally had substantial proceedings sales and profits, but there have been recent declines in sales. GSS has had good prepublication and nonmember sales and page fees, but poor nonmember sales. Simulations prepared by Rich Allen (contact him for details) suggested that any one of several alternatives would have positive outcomes for both sections (see also below).
2. Starting in 1998 for the 1997 JSM Proceedings, the Social Statistics Section (SSS) and the Government Statistics Section (GSS) will publish joint proceedings. The motivation for this decision is threefold. The GSS is concerned about continued losses on publication of their proceedings. Because of those losses, GSS was planning to cease publication of printed proceedings entirely. The SSS is concerned about reversing the recent decline in sales of its proceedings (reducing its profit). It is also being encouraged by the ASA to reduce its cash-on-hand to avoid potential tax problems for the Association.
3. The publication will be called:
Proceedings of the Social Statistics Section
and
Proceedings of the Government Statistics Section
The reasoning for this is so that libraries and others with standing orders will not be confused by a change in name from year to year (if the sections alternated).
4. Investigation of historical sales, costs, and revenues suggests that a joint proceedings volume would have roughly 600 pages. With a press run of 850 (perhaps high), and a pricing structure of \$30 prepublication, \$30 member price, and \$50 nonmember price, a surplus (profit) of \$8800 is projected. This compares to a projected profit of \$4300 for an independent SSS proceedings volume (300 pp., \$25/25/40 pricing structure, 850 press run). (A smaller press run might well increase projected profits beyond that level.)
5. It is proposed that for a transition period consisting of 1998 and 1999 (publication of 1997 and 1998 joint pro-

ceedings), the SSS pay all costs and receive all revenues. Starting in 2000 (1999 proceedings), the SSS and GSS would split the costs and revenues 60-40 (roughly the proportion of membership and the fraction we now use to split the joint newsletter costs).

(Current membership is roughly 11 00 for SSS and 800 for GSS.) This arrangement guarantees publication of 1997 and 1998 GSS proceedings (which might not otherwise be published) and protects GSS against potential losses for those two years. It also potentially increases SSS profits for both of those years, while also leading to additional revenues in 2000 and beyond. For example, if the simulations are reasonably accurate, the SSS share (60%) of the projected \$8800 profits is \$5280, more than the \$4300 projected for a separate SSS proceedings volume. It is therefore seen as a real possibility that this joint publication could be a win-win financially for both sections.

6. GSS will continue its experiment of producing both printed and electronic proceedings for 1996 and report to both sections on the likely effect of such practice on sales of its printed proceedings. Such duplicate publication has the potential of both reducing and increasing demand for the printed publication. Based on the results of the experiment, it will be decided later whether to continue such electronic publication (for either or both sections).

ARTICLES

Sampling in the 2000 Census - At Least For Now

by Edward J. Spar, Executive Director, COPAFS

It's the end of 1996 and looking across the Potomac to the Hill and other federal buildings, it looks as if it will be rocky sailing for the next couple of years for the federal statistical agencies. One in particular, the Census Bureau, is about to go into its most trying of times -convincing the Congress that it's worth it for the American People to spend about \$4.0 billion dollars on the next Census. I say about, because they still have some outstanding issues to resolve. The most controversial one right now is whether or not the Bureau will use sampling to correct for non-response instead of the traditional method of knocking on doors until they've gotten as many as possible. The statistical community sees this approach as a major improvement over the door-to-door techniques. It will enable the Bureau to make good statistical estimates of the population and at the same time save money. Of course when we have a major paradigm shift such as this, don't expect the process to be straight forward—it isn't. There are many players with many agendas.

To quickly review, instead of attempting to reach every household by knocking on every door, the Bureau originally planned to take a sample from the last 10% of the households after 90% of a county's households responded through traditional methods. Given that this would not solve the undercount problem, as the procedure would simply get them back to about 98% coverage (the overall response rate attained in 1990), the Bureau would then conduct another survey—Integrated Coverage Measurement (ICM) - to account for the final 2%. The ICM procedure would be based upon a sample of 750,000 housing units across the nation. These responses would enable the Bureau to determine where there were non-matches and then incorporate these data into the basic count, which would in turn yield a complete count—one number Census.

Sounds good so far. However, Carrie Meek, a Democratic Congresswomen from Florida, was unhappy that the county would be the geographic unit for the 90% coverage level. She believed that sub-county minority areas, which might be poorly covered, would not then be properly accounted for in the sampling process. Her Bill, H.R. 3558, stated, "The Bureau shall attempt to contact every household directly.... and may use sampling as a substitute for direct contact *in a particular census tract* (my italics) only after direct contact has been made with at least 90 percent of the household in such tract." In early September, Dr. Everett Ehrlich, Under Secretary for Economic Affairs, announced that the new plan for the 2000 Census would incorporate this approach and that it was his goal for all tracts to have 90% coverage before the sampling process begins.

Some in Congress have been very skeptical about sampling from the beginning. For example, The House Committee on Government Reform and Oversight voted to accept a non-binding report, "Sampling and Statistical Adjustment in the Decennial Census: Fundamental Flaws." This report questions the objectivity of sampling; its Constitutionality; the Census Bureau's need to clarify its methodologies; the potential for compromising Congressional and State legislative redistricting, and whether the combination of non-response follow-up and Integrated Coverage Measurement are so complex that the operational feasibility of the Census is threatened. The vote to accept the report was predominantly Republican. However, there were votes across party lines in favor and against. As expected, the report was assailed by members of the statistical community, including the suggestion that the reason for not supporting sampling was related to how it would affect specific voting constituencies.

To further complicate the issue, Bill H.R. 3589 was introduced by Thomas Petri, a Republican Congressman from Wisconsin, stating that "In no event may any sampling or other statistical procedure be used in determining the total population by States.... for the purposes of the apportionment

of Representatives in Congress among the several States." Although this Bill did not go anywhere in the last session of Congress, we expect Congressman Petri to reintroduce it next year. Then on a bizarre note, there was Senate appropriations language for the Bureau stating

"...that no funds be spent on preparation for a plan using statistical sampling." We have no idea where that came from, and it did not show up in the final language of the Omnibus appropriations bill, but it is an indication that someone on the Senate side is watching.

One of the remaining technical issues is how to get to the 90% cutoff level. One way would be to use the regular door-to-door approach to get to 90%, and then take a sample of one in ten households to estimate the rest. Recently, the Bureau decided that there was a more efficient approach to the sampling issue which they've labeled direct sampling. In essence, the same 90% is reached, but in a different way. Instead of going door-to-door until reaching 90%, the Bureau would begin sampling soon after the basic mail-out, mail back procedure is completed. This procedure includes the special follow-up procedures such as telephone contacts, leaving extra questionnaires at Post Offices, seven attempts in all. At the end of this period, the Bureau would determine the response rate for each tract, and then select a sample for each tract in order to achieve a 90% response. For example, if the initial response rate in a tract was 30%, the Bureau would then select a sample rate of 6 out of 7 housing units. With this approach 9 out of 10 housing units would be reached in the tract. Bureau statisticians believe that this approach would be less expensive and also do the best job in reducing the sampling error.

There are, however, some major issues. Perhaps the one most important is that of perception, especially to Congress. This approach does not fit with the current public perception about first reaching 90% before any sampling begins. Also, getting back to the House Report, this change may be used to show that the Bureau is no longer conducting an "actual enumeration" as specified in Article 1, Section 2 of the Constitution. In reality, with this approach, the Bureau does NOT knock on every door. However, it can be argued that the initial mail-out, mail-back process is the equivalent of a good faith attempt at an actual enumeration. Further, there is a timing element here. As with any sampling approach, direct sampling will require a cut-off period. What happens in the last week if the 90% expectation is not reached for a specific tract? Will the Bureau then attempt a "last resort" collection of questionnaires, which may be of limited value?

Another approach under review, albeit much more expensive, is time truncation. Under this scenario follow-up visits would take place over a three week period. There would be no percentage cutoff. This has the same perception problem mentioned above for direct sampling. However, it could be

argued that using this approach does address the issue of attempting to knock on every door. Indeed, for those tracts that are below 90% before special follow-up, this approach is the only one where it would be possible to get more than 90% coverage before any sampling begins.

It is safe to say that the House Committee will look very closely at any change in approach. Many on the Hill are skeptical about the Bureau's ability to accomplish the overall 2000 Decennial Census mission which includes the two new sampling procedures, and any changes at this stage may reinforce that skepticism. Therefore, we expect they will want a clear explanation of why the sampling procedure selected is the best approach; how the process will work; what are the savings; and be convinced that what's being proposed is Constitutional.

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A Survey of Program Dynamics for Assessing Welfare Reform

by Daniel H. Weinberg, U.S. Census Bureau

October 1, 1996

As the Clinton administration and the Congress independently and together initiated plans for major welfare reforms, it became clear that these reforms would benefit from a survey allowing policy analysts to assess important effects of these reforms as these reforms interact with each other, and with changes in employment, income, and family circumstances

For particular agencies, many specific program-evaluation needs can be served by a series of focused single-purpose surveys or experiments. But if the research community were to rely solely on highly focused data collection, there will inevitably be major gaps (such as occurred in evaluation of the 1981 welfare reforms enacted as part of the Omnibus Budget Reconciliation Act). Hence, what is needed, in addition to single-purpose approaches to data collection, is an omnibus data collection vehicle that can provide the basis for an overall evaluation of how well welfare reforms are achieving the aims of the Administration and the Congress, and meeting the needs of the American people. This requires a survey that casts a wide net, one that simultaneously measures important features of (1) the full range of welfare programs, including both programs that are being reformed and those that are unchanged, and (2) the full range of other important social, economic, demographic and family changes that will facilitate or limit the effectiveness of the reforms. Further, such a survey should be in place prior to enactment of the reforms to allow adequate assessment of baseline circumstances.

The Department of Health and Human Services (Office of the Assistant Secretary for Planning and Evaluation) and the Department of Agriculture (Food and Consumer Services) have invested substantial resources in the initial development of

such a survey by the Census Bureau in the hope that such a survey could be funded and fielded to meet their needs to understand the effects of public policy changes on the population. In these planning activities, nine design features have emerged as essential:

- the survey should measure program eligibility, access, and participation for the full range of welfare programs.
- the survey should measure the money income, in-kind benefits, and services received from programs.
- the survey should measure employment, earned income, and income from other economic sources.
- the survey should measure family composition.
- the survey should be a large, longitudinal, nationally-representative study that allows dynamic changes in each of these areas to be studied, and the inter-relationships linking these changes to be identified.
- the survey should include baseline data for a period prior to the initiation of reforms, and continue to collect data throughout the period of reform to monitor the process of change.
- the survey should continue to collect data for the period after the reforms are implemented to assess short-term to medium-term consequences or outcomes. of the survey should measure child outcomes.
- the survey should measure key features of the environments of children, because it is through these intervening mechanisms that reforms will have positive or negative consequences for child outcomes.

As the result of numerous consultations between executive branch researchers and Congressional staff, welfare reform (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) enacted as P-L. 104-193 directs (and funds) the Bureau of the Census to continue to collect data on the 1992 and 1993 panels of the Survey of Income and Program Participation [SIPP] as necessary to obtain such information as will enable interested persons to evaluate the impact of the amendments made by Title I of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 on a random national sample of recipients of assistance under State programs funded under this part and (as appropriate) other low income families, and in doing so, shall pay particular attention to the issues of out-of-wedlock birth, welfare dependency, the beginning and end of welfare spells, and shall obtain information about the status of children participating in such panels. [Section 414]

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To implement this directive, the Bureau has established a team to carry out this survey effort, known as the Survey of Program Dynamics (SPD).

The plan to continue data collection for both the 1992 and 1993 SIPP panels will provide extensive baseline (background) information from which to determine the effects of welfare reform. Regarding program data, the 1992 and 1993 panels collected more detailed data than any other national survey with regard to program eligibility, access and participation, transfer of income, and in-kind benefits. Regarding economic and demographic data, the 1992 and 1993 panels collected very detailed data on employment and job transitions, income, and family composition. By interviewing the same households in the SPD, analysts would then have data for the baseline pre-reform period, the reform implementation period, and for the medium-term post-reform period. All of these data are required to assess short-term and medium-term consequences and outcomes for families and individuals. The use of both panels will also double the size of certain groups of interest, subject of course to our ability to recontact households in the two panels and their willingness to participate. The funding provided is not however sufficient to interview all households in both panels; therefore some subsampling will be required after 1997.

The Census Bureau also has worked closely with policy agencies to develop and field topical modules that enhance the value of these SIPP core data. Modules fielded in the 1993 panel of special interest here include those on (1) education and training, (2) marital, fertility, and migration histories, (3) family relationships within the home, (4) work schedule, child care, child support, support for non-household members, (5) medical expenses and utilization of health care services, and (6) child well-being.

As we look forward to the SPD, our preliminary ideas regarding survey design are as follows. Data would be collected for each of the seven years from 1996 through 2001, providing panel data for ten years (1992-2001) when combined with the 1992 SIPP data. (We plan to collect some data in the Spring of 1997 by administering the March 1997 Current Population Survey questionnaire to collect 1996 income and program participation information.) Data collection would occur once each year in the spring, with annual recall for the preceding calendar year. Average interview length would be about one hour per household. We plan to replicate and expand the content of the SIPP child well-being module in the SPD as soon as practicable and may be able to expand the survey to include data collection directly from children. We expect to work closely with the National Institute for Child Health and Human Development's (NICHD) Child Research Network in developing child-oriented questions.

SPD data collection would take place simultaneously with the fielding of the 1996 SIPP panel, providing opportunities for

placement of a few of the same questions on the SIPP as are on the SPD, tremendously enhancing the sample size for cross-sectional analysis.

The initial questionnaire has been designed, but it is too late to field that instrument in the Spring of 1997 as pretesting was suspended in February and no authoring of the instrument for computer-assisted interviewing has begun. (The content was developed by Census Bureau staff, working with researchers at ASPE and FCS, and with the NICHD network of family researchers including *Child Trends*, and other survey methodologists.)

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The Development and History of the U.S. Poverty Thresholds—A Brief Overview

by Gordon M. Fisher, Department of Health and Human Services

In view of the recent major proposal to revise the way in which the United States measures poverty, it may be useful to review the development and subsequent history of the current official poverty thresholds.

The poverty thresholds were originally developed in 1963-1964 by Mollie Orshansky of the Social Security Administration. She published an analysis of the poverty population using these thresholds in a January 1965 Social Security Bulletin article. Orshansky based her poverty thresholds on the economy food plan—the cheapest of four food plans developed by the Department of Agriculture. The actual combinations of foods in the food plans, devised by Agriculture Department dietitians using complex procedures, constituted nutritionally adequate diets; the Agriculture Department described the economy food plan as being “designed for temporary or emergency use when funds are low.” (Orshansky also developed a second set of poverty thresholds based on the Agriculture Department’s somewhat less stringent low-cost food plan, but relatively little use was ever made of these higher thresholds.)

Orshansky knew from the Department of Agriculture’s 1955 Household Food Consumption Survey (the latest available such survey at the time) that families of three or more persons spent about one third of their after-tax money income on food in 1955. Accordingly, she calculated poverty thresholds for families of three or more persons by taking the dollar costs of the economy food plan for families of those sizes and multiplying the costs by a factor of three—the “multiplier.” In effect, she took a hypothetical average family spending one third of its income on food, and assumed that it had to cut back on its expenditures sharply. She assumed that expenditures for food and non-food would be cut back at the same rate. When the food expenditures of the hypothetical family reached the cost of the economy food plan, she assumed that the amount the family would then be

spending on non-food items would also be minimal but adequate. (Her procedure did not assume specific dollar amounts for any budget category besides food.) She derived poverty thresholds for two-person families by multiplying the dollar cost of the food plan for that family size by a somewhat higher multiplier (3.7) also derived from the 1955 survey. She derived poverty thresholds for one-person units directly from the thresholds for two-person units, without using a multiplier. The base year for the original thresholds was calendar year 1963.

Orshansky differentiated her thresholds not only by family size but also by farm/nonfarm status, by the sex of the family head, by the number of family members who were children, and (for one- and two-person units only) by aged/non-aged status. The result was a detailed matrix of 124 poverty thresholds, although the figures generally cited were weighted average thresholds for each family size.

In her January 1965 article, Orshansky presented the poverty thresholds as a measure of income inadequacy, not of income adequacy—“if it is not possible to state unequivocally ‘how much is enough,’ it should be possible to assert with confidence how much, on an average, is too little.”

While the poverty thresholds had been calculated on the basis of after-tax money income, they were applied to income data—the Census Bureau’s Current Population Survey—that used a before-tax definition of money income; this was done because when the thresholds were being developed, the Current Population Survey was the only good source of nationally representative income data. Orshansky was aware of the inconsistency involved, but there was no other alternative; she reasoned that the result would yield “a conservative underestimate” of poverty.

In April-May 1965, it was decided to set farm poverty thresholds at 70 percent of the corresponding nonfarm thresholds, and to update the thresholds for annual price changes by the yearly change in the per capita cost of the economy food plan. In May 1965—just over a year after the Johnson Administration had initiated the War on Poverty—the Office of Economic Opportunity adopted Orshansky’s poverty thresholds as a working or quasi-official definition of poverty.

As early as November 1965, Social Security Administration policymakers and analysts began to express concern about how to adjust the poverty thresholds for increases in the general standard of living. [There is extensive historical evidence from the U.S. and other countries that successive poverty lines developed as absolute poverty lines show a pattern of getting higher in real terms as the real income of the general population rises; this evidence is discussed in the author’s “Relative or Absolute—New Light on the Behavior of Poverty Lines Over Time,” in the Summer 1996 issue of this newsletter.] In 1968, the Social Security Administration tried to take a very modest

step towards raising the poverty thresholds to reflect increases in the general standard of living. The Bureau of the Budget (the predecessor of the Office of Management and Budget) prohibited the modest increase in the poverty thresholds, but initiated an interagency Poverty Level Review Committee to re-evaluate the poverty thresholds. This Committee decided to adjust the thresholds only for price changes, and not for changes in the general standard of living. In 1969, the Committee decided that the thresholds would be indexed by the Consumer Price Index instead of by the per capita cost of the economy food plan, and that farm poverty thresholds would be set at 85 percent rather than 70 percent of corresponding nonfarm thresholds. In August 1969, the Bureau of the Budget designated the poverty thresholds with these revisions as the federal government's official statistical definition of poverty.

In 1973, three interagency subcommittees were formed to conduct a thorough review of federal income and poverty statistics. The Subcommittee on Updating the Poverty Threshold recommended that the poverty thresholds be updated every ten years using a revised food plan and a multiplier derived from the latest available food consumption survey; this would generally have resulted in higher poverty thresholds at each decennial revision. The Subcommittee also recommended that the definition of income used to measure overall income should also be the income definition used to calculate the multiplier for revised poverty thresholds. No changes were made in the poverty definition as a result of the 1973 review of poverty and income statistics.

In 1974, in response to a Congressional requirement, an interagency Poverty Studies Task Force was established to undertake an intensive review of the current poverty measure and alternative measurement schemes. A final report, *The Measure of Poverty*, was submitted to Congress in 1976 along with seventeen Technical Papers. This report thoroughly explored the issues involved in developing and revising poverty measures, but did not recommend specific changes in the current poverty measure.

In 1981, several minor changes were made in the poverty thresholds in accordance with recommendations of an interagency committee. The farm/nonfarm differential was eliminated by applying nonfarm poverty thresholds to all families. The distinction between thresholds for "female-headed" and "male-headed" families was eliminated by averaging. The poverty threshold matrix was extended to make the largest family size category "nine persons or more" rather than "seven or more persons." These changes reduced the number of thresholds in the detailed matrix of poverty thresholds from 124 to 48.

During the 1980s, there were extensive debates about poverty measurement—particularly about proposals to count government noncash benefits as income for measuring

poverty without making corresponding changes in the poverty thresholds. (For comments on these proposals, see pp. 9, 65-66, 205, and 227-231 of the report cited in the next paragraph.) However, no changes were made in the official poverty definition during the 1980s.

In 1990, a Congressional committee requested a study of the official U.S. poverty measure by the National Academy of Sciences/National Research Council to provide a basis for a possible revision of the poverty measure. In 1992, the NRC's Committee on National Statistics appointed a Panel on Poverty and Family Assistance to conduct this study. In May 1995, the Panel published its report of the study (Constance F. Citro and Robert T. Michael (editors), *Measuring Poverty: A New Approach*, Washington, D.C., National Academy Press, 1995). In the report, the Panel proposed a new approach for developing an official poverty measure for the U.S.—although it did not propose a specific set of dollar figures. The Panel's proposal has been summarized and discussed in a number of sources, including earlier issues of this newsletter.

[This article is a summary of Gordon M. Fisher, "The Development and History of the Poverty Thresholds," Social Security Bulletin, Vol. 55, No. 4, Winter 1992, pp. 3-14; the Bulletin article was condensed from a 75-page unpublished paper. For additional information, you may contact Gordon Fisher by telephone (202-690-6143) or e-mail <gfisher@osaspe.dhhs.gov>. The views expressed here are those of the author, and do not represent the position of the Department of Health and Human Services.]

The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care utilization, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. Additional data are collected to represent residents of licensed or certified nursing homes and the supply side of the health insurance market. The MEPS is co-sponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS).

The MEPS is comprised of four component surveys: the Household Component, the Medical Provider Component, the Insurance Component, and the Nursing Home Component. The Household Component serves as the core survey from which the Medical Provider Component sample and part of the Insurance Component sample are based. These are supplemented by the Nursing Home Component. Together, these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted on the financing and utilization of medical care in the United States conducted through AHCPH. The first in this series was the 1977 National Medical Care Expenditure Survey (NMCES also referred to as NMES-1). The second in this series was the 1987 National Medical Expenditure Survey (NMES-2). Beginning in 1996, the MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated within the MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating the Department's surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new design features in the current MEPS include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS-Household Component is drawn, and a switch to continuous longitudinal data collection for core survey components. The MEPS-HC augments the NHIS by continuing to collect data on a subset of NHIS respondents and links this information to data collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS-Household Component (HC) is a nationally representative survey of the U.S. civilian noninstitutionalized population which collects medical expenditure data at both the person and household level. The focus of the MEPS-HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The MEPS-HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview followed by a series of six rounds of interviews over a two-and-a-half year period of time. Two calendar years of medical expenditures and utilization are collected from each household and is captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data, which when combined with other ongoing panels will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS-HC is drawn from respondents to the NHIS, conducted by the National Center for Health Statistics. The NHIS provides a nationally representative sample of the U.S. civilian non-institutionalized population and reflects an oversampling of Hispanics and

blacks. A subsample of 10,500 households was drawn from the NHIS sampling frame for the initial 1996 MEPS-HC panel. Every five years the MEPS-HC sample size is increased and targets oversampling of policy relevant population subgroups, beginning with the 1997 panel. Initially these subgroups will include 1) adults with functional impairments; 2) children with limitations; 3) individuals between the ages of 18-64 predicted to have high levels of medical expenditures; and 4) individuals with family incomes less than 200 percent of the poverty level.

Medical Provider Component

To supplement and validate information on medical care events reported in the MEPS-HC, the Medical Provider Component (MPC) of the MEPS contacts those medical providers identified by MEPS household respondents. The MEPS-MPC sample includes all reported hospitals, hospital physicians, home health agencies, and pharmacies. Also included in the MPC are all office based physicians providing care for MEPS-HC respondents receiving Medicaid, office based physicians associated with a 75 percent sample of households receiving care through an HMO or managed care plan, and a 25 percent sample of remaining households.

The 1996 sample is projected to provide data from approximately 2,700 hospitals, 12,400 office-based physicians, 7,000 separately billing doctors, and 500 home health providers. Data are collected in the MEPS-MPC on medical and financial characteristics of medical events reported by MEPS-HC respondents, including diagnoses (ICD-9s and DSM-IVs), physician procedure codes (CPT-4s), inpatient stay codes (DRGs), charges, payments, and the reasons for any difference between charges and payments. MEPS-MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS-Insurance Component (MEPS-IC) collects data on health insurance plans obtained through employers, unions, or other private health insurance source. Data obtained in the MEPS-IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employer vs. employee, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS-IC are selected through four sampling frames: 1) a list of employers or other insurance providers identified by respondents in the MEPS-HC who report having private health insurance at the Round 1 interview, 2) a Census Bureau list frame of private sector business establishments, 3) the Census Bureau's Census of Governments, and 4) an Internal Revenue Service list of the self-employed. To provide an integrated picture of health

insurance, data collected from the first sampling frame—employers and insurance providers of the MEPS-HC—are linked back to data provided by the HC respondents. Data from the other three sampling frames are collected to provide annual national and state estimates on the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

Designed as an annual panel survey, each year the MEPS-IC sample includes approximately 10,000 establishments identified through the MEPS-HC, 30,000 identified through the business establishments list frame, 500 from the Census of Governments, and 9,000 self-employed. Data are collected from selected organizations identified in either sample through a prescreening telephone interview, a mailed questionnaire, and a nonresponse telephone followup.

Nursing Home Component

The 1996 Nursing Home Component (NHC) of the MEPS is a survey of nursing homes and persons resident in or admitted to nursing homes at any time during calendar year 1996. The MEPS-NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. A community questionnaire obtained data from sampled resident's next of kin or other knowledgeable persons in the community on income, assets, family relationships and care-giving information for the sampled nursing home resident.

The 1996 MEPS-NHC sample was selected using a two-stage stratified probability design. The first stage was used to select facilities; the second stage sampled facility residents on January 1 and admissions between January 1 and December 31, 1996. The sample frame for facilities was derived from the National Health Provider Inventory (NHPI), which is updated periodically by NCHS. MEPS-NHC data were collected in three rounds of in-person CAPI data collection over a year-and-a-half period. Community data were collected by telephone using computer-assisted survey interviewing (CASI) technology. At the end of data collection, the sample will consist of approximately 800 responding facilities, 3,100 January 1 residents, and approximately 2,200 eligible admissions. Under the DHHS Survey Integration Plan, the MEPS-NHC is designed to be conducted every five years.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act and are being edited and published in accordance with the confidentiality provisions within this act and those of the Privacy Act. Consultation and technical

assistance are received from the National Center for Health Statistics.

Data collection is conducted under contract by Westat, Inc., Rockville, MD, and the National Opinion Research Center at the University of Chicago. Technical consultation is provided by Medstat, Inc., Boston, MA. Data processing support is provided under contract by Social & Scientific Systems, Inc., Bethesda, MD.

Staged releases of the MEPS survey data are released to the public as soon as possible after data collection and editing in the form of summary reports and micro data files. Summary reports are made available as hard copy documents and as electronic files. Micro data files are released on CD-ROM and/or electronic files. Hard copy documents and CD-ROMs will be available through the AHCPR Publications Clearinghouse at 1-(800) 358-9295, or (410) 381-3150 when calling from outside the U.S. Selected electronic files will be available on the Internet on the Data and Methods section of the AHCPR home page: <http://www.ahcpr.gov>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Health Care Policy and Research; 2101 East Jefferson Street, Suite 500; Rockville, MD 20852; (301/594-1406).

PROFILE

The Health Care Access and Cost Commission

The Health Care Access and Cost Commission ("HCACC" or "the Commission") is a nine member, independent body created by the Maryland General Assembly as part of the 1993 health care reform legislation (HB 1359). The HCACC's part-time Commissioners are led by Donald E. Wilson, M.D., Dean of the University of Maryland Medical School. The enabling statute requires the vast majority of Commissioners to be neither providers nor insurers. The Commissioners are appointed by the Governor and confirmed by the Senate to serve four year staggered terms. In addition to Dean Wilson, the other Commissioners are: Alex Azar, M.D.; Evelyn T. Beasley; Harold A. Cohen, Ph.D.; Elaine Johnston, Vice Chair; J. Dennis Murray; John Picciotto, Esquire; Regina G. Sorrell; and Marc E. Zanger.

The HCACC's enabling legislation mandates it, among other things, to: (1) formulate a comprehensive standard health benefit plan ("CSHBP") as the first step in reforming the small group insurance market; (2) establish a medical care data base; (3) establish a system to evaluate the quality and performance of HMOs; (4) implement a practitioner payment system; (5) establish regulations for private sector electronic claims clearinghouses; and (6) adopt practice parameters.

CSHBP and Small Group Reform

Small group market reform went into effect July 1, 1994, to make it easier for small businessmen to arrange for affordable group health benefits for their employees. The reforms require carriers (e.g., insurers and HMOs) to issue a policy to any small business who wants to purchase such benefits, eliminated pre-existing condition limitations, and required carriers to determine premiums on the basis of adjusted community rating. Moreover, carriers are required to sell the comprehensive standard health benefit plan. Carriers may sell additional benefits as long as these are offered and prices separately. The Commission is responsible for developing the CSHBP and completed this task in late 1993. The CSHBP must cover a broad range of services and its average rate may not exceed 12 percent of Maryland's average annual wage. The Commission continues to monitor the CSHBP to make sure it remains affordable.

Medical Care Data Base

The HCACC is authorized to establish a medical care data base that will include demographic and financial information on health services rendered by all health care practitioners. The Commission will analyze the data and annually publish the total reimbursement for all health care specialties and by code, and variations in fees and utilization on a state-wide basis and by health service areas. The data also will be used by the HCACC to develop cost containment strategies.

HMO Report Cards

The HCACC is required to establish and implement a system to comparatively evaluate the quality and performance of health maintenance organizations (HMOs). The law also states that the system, where appropriate, shall solicit performance information from enrollees of HMOs. The publishing of the annual summary findings of the evaluation system, i.e., "report cards," will assist consumers and purchasers in their enrollment and purchasing decisions by augmenting knowledge of cost with information on quality and performance. The summary findings will also assist HMOs in assessing the quality of care being provided to subscribers and identifying areas of potential improvement. The HCACC will combine objective clinical performance measures with the results of enrollee and practitioner surveys to develop "report cards" that will be broadly distributed. The first report cards will be issued in the fall of 1997.

Electronic Claims Clearinghouses

In order to decrease administrative costs, the HCACC may designate practitioners and payers who will submit and receive claims and explanations of benefits electronically. The Commission has proposed standard for the certification of private sector electronic claims clearinghouses.

Practitioner Payment System

By January 1, 1997, the HCACC is required to develop a payment system for health care practitioners paid on a

fee-for-service basis in the State in order to help contain health care expenditures. The HCACC will assign a relative value of each health care service based on various factors (e.g., time, effort, cost). The payment for services is determined by multiplying the relative value for the service by a unit price. Each practitioner and payer will set their unit prices(s). Where the unit price vary between payers and practitioners, negotiation between the two will determine the unit price. The payment system is currently under development.

Practice Parameters

A separate Advisory Committee on Practice Parameters has been appointed by the Governor to study the development of practice parameters for medical specialties and to make recommendations to the Commission on the adoption and use of such parameters. The HCACC may adopt a practice parameter if the proposal includes supporting documentation that at least 60% of the specialists in the State affected by the parameter support the parameter; that the parameter might reduce unnecessary use of health care services; and that the parameter will continue to allow for the provision of high quality health care. The practice parameter is to remain in effect for no more than three years. Under existing law, any practice parameter adopted by the Commission may not be used as evidence of the standard of care in any legal proceeding in this State. The Commission anticipates that the parameters will be used primarily for educational purposes.

ANNOUNCEMENTS

Agricultural Surveys Combined

by Amy Curtis

The National Agricultural Statistics Service has combined two major agricultural statistical surveys to create the Agricultural Resource Management Study (ARMS).

ARMS developed from combining the old Cropping Practice Survey (CPS) and the Farm Costs and Returns Survey (FCRS). The initiative to combine these surveys came from:

- A growing interest in tying the resources used in agricultural production and farm financial information to allow a closer examination of the relationships between various production practices (such as chemical and tillage use) and farm financial conditions; and
- The need to improve efficiency of data collection by combining identical information collected in both the CPS and the FCRS into one survey.

The ARMS includes a sample size of approximately 15,000 producers and is conducted in 36 States.

Data collected in the ARMS provide the primary source of information to the U.S. Department of Agriculture on a broad range of issues about agricultural resource use and costs, and farm sector financial conditions. Because of the variety of issues to be addressed with ARMS, it was designed with a flexible structure that allows different questionnaire versions to focus more specifically on topics of interest. For example, commodity versions are used on a rotating basis every five to six years so they may focus on resource use and production cost for each commodity. Other versions appear from time to time that focus on specific resource use or financial issues, such as national irrigation use, animal waste management, or risk management strategies such as revenue insurance.

Specifically, the ARMS is conducted to:

- gather information about the relationships among agricultural production, resources, and the environment. The data are used to understand the relevant factors in producing high quality food and fiber products while maintaining the long term viability of the natural resource base.
- help determine farmers'/ranchers' net farm income and provide data on the financial situation of farm/ranch businesses, including the amount of debt they have. ARMS data provide the only national perspective on annual changes in the financial conditions of production agriculture

1990 Census Data on Number of Disabled at Local Levels

by Michele Adler

Results from a joint ASPE/Census Bureau project to determine the number of disabled persons at local levels are now available on the Internet. Contact persons are the two co-project officers: Michele Adler from ASPE and Jack McNeil (Census). The information was derived from the 1990 Decennial Census – the only source of data for States, counties, and MSAs (cities).

Data were collected for the population aged 16 and over on several types of disability – limitations in work, ability to work, mobility limitations, and self-care limitations. Results are presented in tables, graphs, and maps. Tables for State, counties, and MSAs contain information by disability status on a variety of characteristics (i.e. employment and labor force status, education, income,

poverty, marital status, race and ethnicity). Separate tables are available for the elderly and non-elderly.

For the first time, the Decennial Census was used to produce model-based estimates at the State and county level on the type of disability (i.e. hearing impairment, visual impairment, ability to climb stairs). For example, the number of blind people aged 16+ in Montgomery County is shown.

In addition, national disability estimates from two other Census surveys: the Survey of Income and Program Participation (SIPP) and the Current Population Survey (CPS) are presented.

The internet address is:

<http://www.census.gov/hhes/www/disable/census.html>

State-Level Data for Tracking and Monitoring

Background – Need for Data

As health care markets respond to new incentives and States gain increasing responsibility for administering health and welfare programs, high quality State level data are recognized as increasingly important to the public health and health policy community. A number of major Federal programs, such as the Childhood Immunization Initiative, are implemented by the States, which require data to target specific program's efforts, as well as by the Federal government to evaluate programs and award incentive payments. In other areas of historical Federal responsibility, States are gaining increasing flexibility for administering health and welfare programs through waivers and legislated reforms, and market reforms are further changing the nature of the health care system. While considerable health and welfare related data are available at the national level, there is a variable amount at the State level to track and monitor alternative strategies adopted by States.

Data needed for monitoring State-level changes in the health care system include basic information on health status, access to care, health insurance coverage, and utilization of health services. The effects of welfare reform can be monitored by examining a wide range of child outcome indicators. In addition, information on income and program participation is important to examine the interrelationship between health and social services programs. Basic demographic information, including employment status, is needed to interpret the impact of change on individuals and families. Given the rapidity of change and the prospect for further changes through waivers and legislation, the establishment of current baseline data at the State level is of paramount importance. Furthermore, as changes occur in the future, mechanisms are needed to estimate their impact.

Data on vaccination coverage levels among infants and young children provide a specific example of current State-level data needs met through a single national survey mechanism. The National Immunization Survey (NIS), conducted by a standard methodology, is an ongoing survey designed to produce state and selected urban area estimates of vaccination coverage levels among children aged 19-35 months. For the first time ever, the National Immunization Program (NIP), Centers for Disease Control and Prevention (CDC) and immunization program managers have comparable State-level estimates to continuously track and monitor vaccination coverage levels for preschool aged children. The NIS permits monitoring of coverage levels of existing vaccines and tracking of the implementation of vaccination with new vaccines as they become available. States use the information from the NIS to strengthen and manage vaccination program activities. CDC/NIP uses the NIS data to evaluate progress toward national vaccination coverage goals as well as to award incentive payments to States.

General Considerations

A primary consideration in the design of a mechanism to track and monitor changes in the health care and welfare delivery systems at the State level is that it needs to be designed in an integrated, coordinated framework in order to maximize analytic potential, minimize cost, provide data for sub-national and national comparisons, and avoid unnecessary respondent burden. This is emphasized by CDC's report "Integrated Public Health Information and Surveillance Systems," and by significant efforts undertaken at the Department of Health and Human Service (DHHS) level to integrate and streamline major health surveys. Current mechanisms exist to collect appropriate data for monitoring health status, access to care, utilization of health services, and insurance coverage at the national level (the National Health Interview Survey - NHIS), but no comparable data are collected at the State level. Mechanisms also exist to collect data at the State level (the Behavioral Risk Factor Surveillance System - BRFSS, and the National Immunization Survey - NIS), but the content of these surveys does not focus on the broad topics needed for tracking the outcomes of recent system modifications.

Short Term Strategy

In recognition of the increasing need for State level data, DHHS is considering a new integrated survey activity to monitor the impact of changes in the health care system at the State level. The National Center for Health Statistics is taking the lead in a project to assess the feasibility of developing a national capacity to generate high quality broad-based State level data for tracking and monitoring current and emerging health and welfare related issues which is responsive to State needs for data. The initial phase of this effort will involve a feasibility study in two or three

states. NCHS, in collaboration with the Office of the Assistant Secretary for Planning and Evaluation and several Centers for Disease Control and Prevention (CDC) programs, is developing this study using mechanisms and questionnaires from two existing national surveys, the NIS and the NHIS. In the NIS, interviews are conducted on a random sample of telephone households to produce vaccination coverage estimates for children 19 to 35 months for all 50 states, the District of Columbia, and 28 urban areas. The NIS Computer Assisted Telephone Interviewing (CATI) system offers a mechanism for rapid data collection to assess the impact of various changes in factors that affect and define health status. In addition, since the design for the NIS requires screening 20 households to identify a single household with an age eligible child, a potential cost-effective opportunity exists to make use of the large probability sample of telephone numbers for other emerging health care issues. The NHIS is a continuing general purpose national health survey. Face-to-face interviews are conducted to measure health characteristics of the U.S. civilian noninstitutional population. Use of an abbreviated set of questions from the NHIS for the proposed integrated telephone survey will allow for standardization of the questionnaire across States and for comparisons with national data. Questions to be selected will include measures of insurance coverage, access to care, health status, and utilization of services. This will allow broad monitoring of health and health care at the State-level. Welfare reform indicators used in other national surveys also have been identified for inclusion in States where monitoring change is a priority. Quality of the data collected by telephone can also be improved with adjustments for nontelephone households using information from the NHIS.

This proposed strategy of building on two established systems has several advantages. It uses a data collection mechanism that already exists; the questions have been developed with a wide range of input from both within and outside DHHS and have been thoroughly tested; and implementation can occur rapidly since the NIS contract includes an option for additional questionnaire items. In addition to providing State level data, the initial study will help determine whether an ongoing national capability is feasible, and if so, how it might be best achieved. Thus, this effort is not intended to be a replacement for the highly specialized systems now in operation.

Long Term Strategy

CDC will take the lead in developing a longer-term strategy for addressing State data issues, and developing a framework for integrated survey approaches to track and monitor health issues at the State level. This strategy will focus on the development of a comprehensive, integrated, and flexible State telephone survey mechanism that can provide an ongoing

interviewing infrastructure to address a variety of issues. This mechanism will be designed to accommodate the data requirements of several existing State-level telephone surveys (the NIS and the BRFS), address emerging needs for broad-based State and local area data, and provide for diverse, multiple "owners" of survey content.

This strategy is fully consistent with the approach taken in the overall integration of HHS surveys, and is a logical next step in the long-term agenda of the HHS Data Council. Key elements of this strategy include:

- Establishment of the State and Local Area Integrated Telephone Surveys (SLAITS), a centrally administered telephone survey capability that can be used as the "common carrier" through which a variety of focused surveys can be administered. This will allow for multiple Federal and State government needs for State-level data to be met.
- Developing comparable questionnaires that will be administered in each participating State, along with a single approach to survey methodology and mode of administration, to provide data that can be compared across states and aggregated for national estimates.
- Using computer assisted telephone interviewing from a central location, and standard analytic tools, SLAITS will provide quick turnaround data for tracking change.
- Sharing the effort and cost of development and computerization of questionnaires and conducting screening interviews among multiple users to improve efficiency and timeliness.
- Maintaining the flexibility of States to quickly address State-specific issues through this survey framework, while at the same time providing each State with greater information than is regularly available through any existing mechanism.
- Bench marking questionnaires to the household-administered NHIS in order to allow adjustment for telephone undercoverage, and eventual dual-frame estimates using both household and telephone interviews in each State.

Information about Women, Minorities, and Persons with Disabilities in Science and Engineering from the National Science Foundation's Division of Science Resources Studies

by Carolyn F. Shettle

The National Science Foundation (NSF)'s Division of Science Resources Studies (SRS) is pleased to announce the release of the 1996 edition of its biennial report, *Women, Minorities, and Persons with Disabilities in Science and Engineering*. This report brings together information from a variety of SRS and other surveys to provide an understanding of relevant trends in the education and employment of

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groups traditionally underrepresented within the scientific and engineering professions. The report concludes that "Some progress has been made over the last several decades, especially in degrees to women, but there is still room for improvement." The report should be of interest to statisticians interested in improving educational and employment opportunities for underrepresented minorities as well as to those who have research interests in this area.

Earlier this year, SRS released its flagship publication, *Science and Engineering Indicators -1996 (NSB 96-21)* which highlights information about a variety of topics of interest to science, engineering, and technology researchers and policymakers. Chapters within this report discuss elementary and secondary science and mathematics education; higher education in science and engineering; science and engineering workforce; financial resources and linkages for research and development; infrastructure and performance of academic research and development; technology development and diffusion; and public attitudes and public understanding of science and technology.

Other recent reports from SRS include *Science and Engineering Degrees: 1966-94 (NSF 96-321)*, *Federal Funds for Research and Development: Detailed Historical Tables: Fiscal Years 1956-1996 (NSF 96-320)*, *Federal Science and Engineering Support to Universities, Colleges, and Nonprofit Institutions: Fiscal Year 1994 (NSF 96-317)*, *Academic Science and Engineering: R&D Expenditures: FY 1994 (NSF 96-308)*, *Research and Development in Industry: 1993 (NSF 96-304)*, *Selected Data on S&E Doctorate Awards: 1995 (NSF 96-303)*, and *Characteristics of doctoral Scientists and Engineers in the US.- 1993 (NSF 96-302)*

Publications can be requested by calling (703) 306-1130, by sending an e-mail message to pubs@nsf.gov, by sending a fax to (703) 306-0510, or through the Web at <http://www.nsf.gov/sbe/srs/stats.htm>.

Comings

Nancy Kirkendall joined the Statistical Policy Office in the Office of Management and Budget in October, 1996. She is responsible for overseeing Federal demographic data collections, and for leading the Federal Committee on Statistical Methodology. She was formerly with the Energy Information Administration (EIA) in the Office of Statistical Standards, which also has an oversight role. Most recently she was a leader in EIA's efforts to develop and implement performance measures.



Come See What JSM Has to Offer!

The 1997 Joint Statistical Meetings are coming up sooner than you think. The meetings, held this year in Anaheim, California, offer not only one of the largest gatherings of statistical professionals, but also presentations of over 1,500 scientific and research papers and posters. Keep an eye open for important meeting dates and deadlines. We hope to see you in August!

Dates to Remember:

May 1997	Preliminary Program and registration materials available
July 15, 1997	Hotel Reservation and Advanced registration deadline.

Look for information on:

- ☼ Housing
- ☼ Tours
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**If you have questions,
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