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CONTENTS

Page

- 169 EVALUATION OF NATIONAL CENTER FOR HEALTH STATISTICS
179 CURRENT DEVELOPMENTS
179 Transfer of Consumer Research Work in Agriculture
180 National Travel Survey—Spring Travel Report
180 Highway Statistics, 1971
181 State and Local Long-Term Borrowing
181 Individual Income Tax Returns for 1970
181 Individual Income Tax Returns for 1971
181 Procedural History of the 1970 Census
182 Characteristics of American Youth, 1972
182 Employment of Recent College Graduates, October 1971
182 Ten-Year Index to Manpower Reports of the President
182 Recent NSF Publications
183 Guide to NIH Grant and Awards Program
183 Persons with Work Disability
183 Three New Social Security Bulletin Reports
184 20th Intergovernmental Statistical Seminar
184 Society of Government Economists
185 SCHEDULE OF RELEASE DATES
187 SELECTED NEW REPORTING PLANS AND FORMS
188 PERSONNEL NOTES

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Evaluation Of National Center For Health Statistics

The Committee to Evaluate the National Center for Health Statistics (*Statistical Reporter* No. 72-2, April 1971, p. 27) which was chaired by Philip M. Hauser of the University of Chicago, submitted its report of major findings and recommendations to the Administrator of the Health Services and Mental Health Administration, Department of Health, Education, and Welfare. Supplementing the report is a series of 19 special reports which detail or support many of the findings and recommendations. The list of these reports is shown at the end of this article.

The report is divided into four sections: Introduction, Health Statistics Today, Health Statistics Tomorrow, and Recommendations. The major portion of Health Statistics Tomorrow and all of the recommendations are reprinted below.

HEALTH STATISTICS TOMORROW

We have great need for an expanded program of health statistics for the strengthening and improvement of health services. Health care is a pressing social, political, and economic issue in the United States today. Issues of special concern are the financing of care, the availability of resources, factors affecting use of services, and the evaluation of health services provided.

Health status and conditions are influenced not only by the availability and quantity of health services, but also by many other factors. It is generally recognized that the problems of health in America are closely related to and often reflect general social and economic problems such as poverty, urban deterioration, and poor education. Today we have no effective way of measuring the relative importance of these.

The NCHS has made significant contributions to the development of "reliable, general purpose, national, descriptive health statistics" in accordance with its stated mission. Substantial progress has been made in the gathering, processing, and dissemination of health statistics as well as in the refinement of methodological and statistical techniques in this area. But present statistical techniques, and the data now collected and published on health status, health care resources, health

service utilization, financing and organization of health care services, are not adequate for planning to meet the health problems faced by the Nation.

To answer already pressing problems, to cope with the health problems of tomorrow, and to provide a basis for the formulation of public policy in the health area, there is a need for the systematic development of accurate and comprehensive data for planning, administering, and evaluating health care in the United States. These data should be developed within a framework of a health accounts system which would relate the inputs into the system and the outputs from the system, combining and synthesizing general purpose and programmatic statistics.

A System of National Health Accounts

A system of health accounts, consisting of inputs of resources, measured in dollars, manpower, facilities, and services, and outputs of health status, measured by mortality, morbidity, disability and ability to function, is a necessary tool for the Administrator who must make the decisions concerning deployment of the resources at his disposal.

The input and output data must be sufficiently comprehensive and detailed to permit analysis of the relationship between various resource inputs and benefit outputs, and between general purpose and programmatic statistics.

General purpose statistics, such as those collected by the National Center for Health Statistics, provide an overview of the mortality, morbidity, and disability of the population and of the general pattern of utilization of the health care system. These statistics provide information about the nature and magnitude of the country's health problems. At the same time, the several health care programs under the aegis of the Health Services and Mental Health Administration are producing a considerable volume of program statistics. The health accounts system will help the Administrator to assess the extent to which the programs for which he is responsible are meeting the Nation's health care needs, and at what cost.

The main purpose of a system of health accounts is to aid in visualizing the relation of inputs to outputs, both for the Nation and for specific programs. To the degree that the health accounts system clarifies relationships, it should serve as a managerial tool to help set program priorities, allocate resources, and identify gaps in the available statistical information.

Cooperative Federal-State-Local Health Statistics System

The recognized goal of the Cooperative Federal-State-Local Health Statistics System is to achieve data comparability in health statistics activities at all levels of government and the private sector by developing standard definitions, classifications and collection procedures, so that elemental data units could flow to all levels of the health community. This would insure that data secured from source documents at each level of the system were comparable from State to State and could be aggregated at any level for program planning, management, evaluation and research purposes. A system of national health accounts could serve as a useful guide to State and local areas participating in the system.

A successful Cooperative Federal-State-Local Health Statistics System will receive fiscal and administrative support only as it meets the needs of the administrators, particularly at the State and local levels. Its viability will depend in large part on the ability of the statistical staff to understand and foster the intimate and mutually dependent relationship between programmatic and general purpose statistics.

The NCHS must develop an adequate field staff cognizant of Federal, State, and local data resources and needs, to provide consultation and substantive technical assistance to State and local personnel. At present, there is a marked lack of trained personnel knowledgeable in this area.

Training Activities

The Committee supports the NCHS plans to meet such needs by several training activities. The development of a Data Use and Analysis Laboratory within NCHS, expansion and enrichment of the Applied Statistics Training Institute (ASTI) training programs, and university-level long-term training programs in health statistics are activities directed to these ends.

Currently, ASTI's program is technical rather than issue-related. There is a continuing need for such technically oriented activities as medical coding, sample

design and analytical techniques. However, increasing attention should be given to professional training within a conceptual framework and related to the general purpose programmatic issue. Consider, for example, the problem of developing a record system which can effectively monitor and evaluate a Health Maintenance Organization (HMO) system—certainly a problem of considerable concern at the present time.

Data Needs

The system of health accounts must evolve out of the give and take of ideas in the work process rather than from a blueprint drafted in advance. Some of the data that will be needed within this framework are described in the following pages. This discussion, clearly, cannot pretend to provide a comprehensive listing of requirements for each area.

1. POPULATION

The Vital Statistics Program of the NCHS is a strong one, and one which meets most of the subject-matter demands of its users. But as we look at the problems with which the health community is now beginning to grapple, we find major questions which cannot be answered with available data. As we have noted earlier, part of the problem is the inadequate analysis and linkage of information from vital records, part the lack of standardization of record forms, and part incompleteness of reporting. Important areas remain in which basic information is not collected.

Meeting these needs will require changes in the content of the birth, death, marriage, or divorce registration forms. Such changes in most cases require modification of the State laws under which initial vital registration is conducted. Achieving such changes will require increased effectiveness by NCHS in working directly with the representatives of official State agencies concerned with vital statistics, and imagination and resourcefulness in working with appropriate professional organizations.

Birth and Death Statistics.—In the field of population statistics, the present and future growth of the population are of overriding concern. But for the basic question: "What factors are affecting fertility?", we deal with conjecture as much as with facts. To meet the needs in this area we support the undertaking of the planned Family Growth Survey and urge the establishment of an abortion reporting program.

NCHS has commenced plans for a major Family Growth Survey to provide new data on natality, fertility,

family planning, and health. Field work for this survey will be conducted during the period November 1972 through May 1973 including the pretest, and biennially thereafter. This survey will be similar to the Growth of American Families Surveys of 1955 and 1970, conducted by the Survey Research Center of the University of Michigan and the Scripps Foundation for Research in Population Problems, and to the National Fertility Studies of 1965 and 1970, conducted by Princeton University with funding from the National Institute of Child Health and Human Development.

Data will be obtained every 2 years by interviewing probability samples of the Nation's women in the reproductive ages who have ever been married, with questions including marital and pregnancy history, attitudes about family size, contraceptive practices, and socioeconomic background. The development and funding of this program can be considered a major step forward not only for NCHS but for population research throughout the world. The plans, however, do not call for interviews of never-married women. As a significant number of births occur to such women, some attempt should be made to include them in the survey despite the problems which such inclusion might create.

A serious gap in the vital statistics reporting system is the lack of reporting of the abortion component of fetal deaths. The policy of the NCHS has been to collect and publish data only on fetal deaths with a gestation age of 20 weeks or more.

In the United Nations' *Principles for a Vital Statistics System*, (Statistical Papers, Series M, No. 19, August 1953), fetal death is defined as "death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy." That report recommends with respect to fetal deaths ". . . the registration of all fetal deaths irrespective of the period of gestation is a desirable goal to be attained as soon as possible . . ."

The growing importance of legal or therapeutic abortion as a determinant of fertility and the recent sharp changes in laws covering this area reinforce the need for collection and analysis of the vital records for such pregnancy terminations. The NCHS has lagged behind New York City and those other jurisdictions which have taken leadership in reporting in this field, analyzing the social and demographic characteristics of the women, and reporting their receipt of medical care.

As improved abortion reporting through the vital event registration system will require the solution of difficult problems involving confidentiality and differ-

ences in legal reporting requirements by States and other jurisdictions, the path to adequate data will be difficult and lengthy. NCHS should continue to work with State and local vital registration officials to obtain implementation of necessary changes in the legal registration systems. Meanwhile, a way to produce better nationwide data is to develop supplemental national sample reporting programs by hospitals and other health service providers. The Center for Disease Control is experimenting with a system based on service reports from hospitals, which may serve as a basis for further NCHS development.

An important problem for users of death data has been the identification of the diseases present at death and, of these, which is the underlying cause. Mortality statistics have generally dealt with the single condition identified as the underlying cause of death, and only rarely with the multiple conditions present. Although the underlying cause concept served public health purposes reasonably well when major concern centered on communicable diseases, the concept is becoming increasingly inadequate as chronic diseases have increased in importance as causes of death; as accidents, injuries, and occupational diseases have become subject to increased study; as the role of psychiatric disorders has received more emphasis; as medical research has sought a clearer picture of the natural history of diseases; and as related problems are emerging with changing meaning and definition of death.

Death reports do not supply adequate socioeconomic data, and there are few national statistics by socioeconomic indicators. Better data in this area, related to causes of death, medical care received, and illness history, would help to determine the impact of governmental and private efforts on the incidence and prevalence of illness, as well as to reduce excess mortality. For example, the addition of years of schooling on the death certificate would provide, at relatively small increase in data collection cost, a highly significant measurement of socioeconomic status for mortality analysis.

Some of these data, particularly those related to socioeconomic status, should be provided through appropriate changes in the vital statistics records. Others are best obtained through special studies of various kinds such as follow-back surveys and different types of linkage mechanisms relating the birth and death certificates to each other or to other types of documents such as the Census schedules and medical records.

In recent years there has been considerable interest in the development of a National Death Index, an Index

useful to individuals conducting epidemiological investigations. This has been supported by the U.S. National Committee on Vital and Health Statistics and more recently by the President's Commission on Federal Statistics. In view of the importance and usefulness of a National Death Index, NCHS should devise a plan to meet the various problems attendant on the establishment of such an Index.

Marriage and Divorce Statistics.—Statistics on marriage and divorce are particularly deficient despite their importance in our society. The first need for marriage and divorce reports, as has been noted, is the completion of the reporting areas. Turning to data reported, marriage and divorce records are found to be much less standardized and to include much less information than those for births and deaths.

Marriage statistics by race or color are seriously limited by laws prohibiting the collection of such data on the certificates. Data about rates of first and remarriage, about ages at marriage, and about remarriages of widowed and divorced persons are not available for whites and nonwhites, or for groups such as Negroes, American Indians or persons of Chinese or Japanese descent, for approximately one third of all marriages in the Marriage Reporting Area. The Public Health Conference on Records and Statistics strongly endorses the placing of items such as race or color in a confidential section of the certificate in order to permit legitimate statistical uses but bar other uses. Just as school and other systems have found that data on race or color were needed and have reinstated their reporting, so family service and other public programs need such data to plan and to evaluate their impact. Suppressing the basic data on race or color creates an additional barrier to understanding and planning related to these problems. Additional data of value would include remarriage statistics for both widows and widowers by age, income status prior to widowhood, and other socioeconomic variables. There is also need for statistics on the distribution of children by age for various kinds of families, by age of family head, and by type of family, and for more comprehensive cohort analysis.

2. HEALTH STATUS

Surveys of the NCHS—the Health Interview Survey, the Health Examination Survey, and the Hospital Discharge Survey—have produced a wide range of valuable information about many aspects of the health of the American people. Data have been assembled and published for such characteristics as disability,

illness in bed, and hospitalization, all in relation to age, sex, family income, and certain other socioeconomic characteristics. Major chronic diseases have received careful study, and their prevalence has been documented. Much attention has been given to the growth and development, physical and mental, of young people. The current Health and Nutrition Examination Survey will provide an overview of the nutritional status of the entire population.

There are data gaps, of course. Preschool children have not been examined, although they are included in the current HANES. Data on industry and school injuries, and on environmentally stimulated diseases, are not satisfactory. Too much time elapses before tests for conditions of new concern, such as sickle cell anemia, lead poisoning, and other conditions associated with environmental hazards, are included in the surveys.

But a more basic question must be addressed. What is meant by health status? There are a variety of partial indices, including disability days, hospital days, physician visits, and the incidence and prevalence of key diseases. Mortality statistics provide other indices.

Mortality was a sensitive indicator of health status when the infectious diseases were a major health problem. It is still of value in certain situations. But indices of morbidity are greatly needed today for program planning and evaluation, particularly for assessing the effectiveness of programs aimed at primary prevention. Further, measures of disability and functional status are needed to assess the impact of health programs on patients with chronic disease and of programs to improve the lot of the elderly. Such indices would provide the means for relating health to medical care, to age, to income, to occupation, to place of residence. In view of the increasing importance of socioeconomic factors, indices sensitive to changes in life style and the quality of life will become increasingly significant. A great deal of methodological research needs to be undertaken in this connection.

How can health status information be put into a meaningful and useful form? The NCHS has given this problem some attention. In 1965 the Center published *An Index of Health: Mathematical Models*. This took into account the number and duration of illnesses and the occurrence of death. The next year the Center published *Conceptual Problems in Developing an Index of Health*; this focused on the goal of developing a comprehensive index of changing health status, one which would use both mortality and morbidity data. This report recommended that the nonfatal consequences of

illness be measured in terms of the total annual volume of disability days.

Further work on this latter component was then undertaken by the NCHS and documented in a 1972 publication, *Disability Components for an Index of Health*. This report considered three components, disability days of (1) institutionalized persons with long-term disability, (2) noninstitutionalized persons with long-term disability, and (3) persons with short-term disability. Data for the latter two are available from the HIS, but adequate data for the long-term institutional population are not available on a regular basis.

Another effort to develop a general index of health was made by the Human Population Laboratory of Alameda County. The goal was to measure health along the three dimensions specified in the WHO concept (physical, mental, and social) and ultimately seek a composite index. The physical health index developed by this group used a spectrum ranging from severe disability, through presence of chronic conditions, and presence of symptoms, to "no complaints," with a measure of central tendency termed a "ridit" for each component population group. The usefulness of this index was then tested in relation to age, income, and other characteristics and then in relation to health practices. A measurement of mental health, developed from an eight-item Index of Psychological Well-Being, was also tested.

Other investigators are exploring other approaches. Further work is needed, so that some such measures can be agreed upon and used more widely.

3. HEALTH MANPOWER

Health manpower data today are generally limited to counts of persons, with some delineation of personal characteristics and of geographic distribution. Definitions even of the persons to be included in a total count are far from precise. New occupations are emerging rapidly in response to new medical technology, but there is little information available about the locations or extent of these developments. Studies of changing functions have been fragmentary. The staffing patterns of health service units and the productivity and effectiveness of professional and allied workers under varying patterns of setting, organization, and payment, for varying population groups, have hardly been touched on.

Health manpower shortages and costs, both direct and indirect, are considered today to be the major barriers to the adequate availability of health services. While

the primary role of the NCHS in the collection and dissemination of vital and health status statistics is fairly clear, the position with respect to health manpower statistics is not. The NIH Bureau of Health Manpower Education and NCHS have overlapping responsibilities for the collection and analysis of manpower data. Although the two agencies have been trying to coordinate plans, much of the needed work remains undone.

Looking to the future, then, are needs for statistics which give more meaningful information about the supply, distribution, and characteristics of health manpower, in relation to functions and to organizational or institutional settings in which they function. Data adequate for cohort analysis and for projections of future supplies must be developed.

These needs will in turn require a careful evaluation of the quality and usefulness of data now available and the development of new mechanisms for the collection of more meaningful data. Important among these will be the development of methods and procedures for States and communities to make complementary or parallel studies of their own manpower resources, within the context of a Cooperative Federal-State-Local Health Statistics System.

4. HEALTH CARE FACILITIES

What kinds of medical care delivery systems will be developed in the future, and what will be their impact on traditional facilities used in health care? What new facility patterns are likely to emerge? What about care, for example, for such population groups as the mentally ill, criminals, drug addicts and alcoholics? How will care for these groups alter present institutional facility concepts? The use of income maintenance plans and other methods of financing such programs will probably accelerate the creation of new types of facilities for the provision of health care.

As the institutional framework within which medical care is provided has changed and as the supportive technologies have increased in complexity and cost, the Nation faces a lack of adequate care facilities in some areas and unnecessary proliferation and duplication of extremely costly services and equipment in others.

Needs for the future include, then, resolution of problems of classification and definition, and evaluation and improvement of the quality of data obtained. Concern of confidentiality of data has hampered administrative and other use of available material. The problem of reconciling confidentiality while still permitting effective use of the data must be resolved.

Much better and more detailed information must be collected on the services and facilities available so that these, in turn, can be related to data from the Hospital Discharge Survey and other sources on the utilization of the services and facilities provided. Cost data must be developed in relation to characteristics of the facilities, their staffing, and their utilization.

Here again it will be important to develop methods and procedures for States and communities to make complementary or parallel studies of their own facilities resources, within the context of the Cooperative System.

5. HEALTH SERVICES UTILIZATION AND FINANCING

Patterns of utilization of health services are changing. Important among them are developments in the potential of medicine itself, education of the public as to the value of services, increased availability of resources of manpower and facilities, and new mechanisms for payment for service. The questions are many: What groups use health care when they are well? What determines their demand? Who uses care when ill and under what conditions? What causes under-use of health care? What causes over-use? What is the optimal use of health care services for different population groups? What determines the behavior of providers and consumers of health care services?

Another range of questions concerns national policies on medical care. Does medical care make a difference in health status? Does medical care affect the outcome of pregnancy? What choices of medical care have an impact on avoidance of added medical care? On avoidance of premature death? Which financial patterns provide incentives for the use of different types of health care? What types of health care organization promote optimum use of resources? What is the effect of method of payment on level and type of use?

To provide answers to these questions will, in many instances, require carefully planned and organized research studies. But the general purpose data collected by the NCHS and the data arising from operating programs should aid in posing the research questions and should clarify research design requirements.

The statistical base for answering such questions is rather thin, but a start has been made for securing such information. The Federal agencies with medical care financing responsibilities, particularly the Social Security Administration and the Social and Rehabilitation Service, have assembled and analyzed a considerable body of information on the financing and utilization of services by

their beneficiaries. In HSMHA, the NCHSR&D has supported a variety of studies dealing with the organization and financing of services and their utilization. In the NCHS a variety of mechanisms, HIS, HES, and HDS in particular, have developed important information on the utilization of, and payment for, health services.

Looking to the future, this area of health service use and cost should receive much more attention. Measurement of utilization of services must be more comprehensive. The HIS findings must be supplemented by data on care in the last year of life. Account must also be taken of the populations in long-term care facilities so that a truly comprehensive picture of health services used by the entire population can be developed. Here, too, State and local data must be collected to complement the national data.

There are major gaps in cost data. There is the need for better information on total and on out-of-pocket expenditures in relation to family composition, socioeconomic characteristics, and insurance coverage. Another gap is the lack of information on costs of courses of treatment and costs of hospital episodes in relation to diagnosis and outcome.

As new types of health service organizations are emerging, such as group practices and health maintenance organizations, and as new payment mechanisms are proposed and debated, there is an urgent need for data on the organization, utilization, and costs of services in relation to organization, staffing, and methods of payment.

These types of information must be tied to information on the health status of the population served. For this, in the last analysis, is our primary concern.

6. ENVIRONMENT

Air, water, land, and noise pollution have emerged as serious threats to health. Measurements of these forms of pollution are not necessarily within the province of the NCHS. However, there are data collection and analysis tasks that must be carried out in order to relate specific environmental measurements to the health status of the population.

The special statistical tasks include development of measures of population at risk to various types and levels of pollutants, determination of risk of mortality and morbidity by type and level of pollutant, quantification of the effects of changes in population distribution, review of sampling procedures to increase the effi-

ciency of observations on pollutants for purposes of identifying health hazards, application of data on environmental pollutants to estimate annual and projected lifetime exposures, and analysis of the data to identify population subgroups with high risk of exposure to specific pollutants.

Carrying out these tasks will require use of the data collected by such general purpose statistics agencies as NCHS and the Bureau of the Census in order to delineate more effectively the populations at risk and the magnitude of the hazards encountered.

The Committee has tried to forecast the needs in health statistics and to outline the problems. Recommendations for both today's and tomorrow's problems will be made in the following chapter.

* * * * *

GENERAL RECOMMENDATIONS OF THE COMMITTEE

- (1) *A health accounts system should be developed by HSMHA with the objective of coordinating programmatic and general purpose statistics to provide a comprehensive basis for planning, administering, and evaluating health care in the United States, in both the public and private sectors. However, present health statistics activities should not be curtailed or new ones delayed pending the development of the health accounts system.*
- (2) *An administrative structure should be created in HSMHA in which line authority is provided for coordinating programmatic and general purpose statistics for the development and administration of the health accounts system.*
- (3) *Primary responsibility should be fixed for coordinating HSMHA's statistical activities with the statistical activities of other HEW components and other health statistics produced by government agencies.*
- (4) *A major effort should be made to improve the timeliness of publication and other release of health statistics. Specific measures to this end are included among the technical recommendations.*
- (5) *Data now being collected and compiled should be analyzed in a comprehensive context and interpreted with special attention to current and emerging health needs.*
- (6) *More effective provision should be made for the widespread dissemination of health statistics by means of more adequate indexing of publications, making available summary computer tapes, and the preparation of summary and interpretive publications which draw on data from diverse sources.*
- (7) *Continuing emphasis should be placed on the evaluation and improvement of the quality of data and a systematic and periodic review of the statistical programs should be made, with the goal of redesigning, modifying in the interest of efficiency, and eliminating those programs for which the usefulness does not justify the cost. The Committee endorses the similar recommendation of the President's Commission on Federal Statistics and recommends the use of the Commission's guidelines for program review.*
- (8) *Resources for research and development should be materially increased, with special attention to achieving improved methods for the collection, processing and analysis of data, and the development of measurement techniques adequate to meet anticipated future needs.*
- (9) *The Cooperative Federal-State-Local Health Statistics System should be developed on a comprehensive basis fully utilizing the existing framework of State and Federal statistical operations, minimizing duplication, and increasing and accelerating financial support by means of a project grant or contract funding rather than by formula grants. (Messrs. Ervin and Patton, the two State government members of the Committee, and Dr. Mushkin wish to disassociate themselves with the funding mechanism in the foregoing paragraph and substitute the following statement: The Nation's health statistics system should be a truly cooperative Federal-State-Local system. One of the most important elements in developing such a system is to assure the collection of data over time. If State and local governments are to make essential, long-term commitments to such a system, they must be assured a continuity of financing, if they meet their obligations. We urge that a formula grant system be instituted to provide a sound basis for this type of continuity, after a reasonable R. & D. period financed by project grants to contract funding. The desired Federal-State-Local system cannot be achieved by project grants or contract funding alone.)*
- (10) *Intensive effort should be made to expand and broaden the training of personnel with particular*

emphasis upon the relationship between the conceptualization of health statistics and the data recording and collection mechanisms, giving special attention to the Cooperative Federal-State-Local Health Statistics System.

- (11) *Technical assistance services should be established and maintained for users and producers of all types of health statistics, with special attention to the Cooperative Federal-State-Local Health Statistics System.*
- (12) *Budget, personnel, and average grade level should be increased as necessary to implement the recommendations, bearing in mind that what is required is a statistical intelligence system for health activities which already involve an outlay of more than \$80 billion per year. A specific measure which would increase NCHS's capability to provide special purpose data requested by other Federal agencies and nongovernmental groups would be to exempt positions needed for reimbursable work from current ceiling restrictions.*
- (13) *Responsibility should be assigned to an appropriate unit for the analysis of data relating to the impact of environmental hazards on health.*

To these general recommendations we add the following technical recommendations with respect to Program Development, Methodology, Management and Operations, Publications and Other Data Access.

TECHNICAL RECOMMENDATIONS OF THE COMMITTEE

- (14) To meet present and emerging needs for vital statistics, data on the dynamics of population growth, and on the socioeconomic factors related to these phenomena, *the Committee recommends that:*
 - (a) *Death certificates be revised to include data on level of educational achievement.*
 - (b) *NCHS actively develop a plan for meeting the problems of cost and confidentiality, and make recommendations to the Administrator for establishing a National Death Index, in accordance with prior committees' support of the development of such an index.*
 - (c) *NCHS make greater efforts to extend the marriage and divorce reporting areas to provide coverage of the United States.*
 - (d) *NCHS establish an abortion reporting program as part of the Vital Statistics Program.*

- (15) To meet present and emerging needs for data on the availability, utilization and economics of health care resources, *the Committee recommends that the NCHS expand its program to collect, compile, analyze, and publish, on a timely basis, data on the utilization and cost of health services and on health manpower.* Emphasis should be given to:
 - (a) Services of physicians in various institutional settings, including home, offices, hospitals, group medical practices, health maintenance organizations and other institutional-based settings.
 - (b) The relationship between disease and use and cost of services by episode and by course of treatment.
 - (c) Total, rather than out-of-pocket expenditures, by families and by individuals.
 - (d) Number, distribution and characteristics of established and emerging occupational groups, including analysis of race, ethnicity and other significant subgroupings of the manpower pool and institutional settings in which they function.
 - (e) The development of working life tables for specific occupations.

Much of the data necessary for these tasks will come from primary sources of the NCHS and from data collected by other agencies, particularly the Social Security Administration and the NIH Bureau of Health Manpower Education. Therefore, *the Committee recommends that NCHS establish agreements and work closely with these agencies in developing the NCHS programs for the next several years, and that the NCHS expand its staff of professionals substantively qualified in the areas of health manpower, health services, and health economics to strengthen the Center's contribution to knowledge and understanding of health care phenomena in the United States.*

- (16) To improve the collection and analysis of health resource data, *the Committee recommends that the NCHS:*
 - (a) *Increase the components of the Master Facility Inventory to include such facilities as group medical practice, health maintenance organizations, and family planning service facilities.*
 - (b) *Code, process, and analyze the medical data from the 1970 Hospital Discharge Survey.*
 - (c) *Develop plans to collect health manpower data necessary to supplement or replace data from existing sources.*

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- (17) To increase the usefulness of HIS data, *the Committee recommends that the NCHS meet the need for HIS data for States and large metropolitan areas* either by: (i) increasing and redesigning the annual sample, or (ii) providing assistance to States, through the Cooperative Federal-State-Local Health Statistics System, so that they can make the necessary supplementary surveys. *More work is needed in the evaluation of synthetic State estimates as a possible means of supplementing estimates obtained directly from sample surveys.*
- (18) To help understand health needs, *the Committee recommends that the NCHS vigorously pursue methodological research in the development of indices of health status*, in cooperation with other programs within HSMHA and with other appropriate agencies and consultants concerned with health matters.
- (19) To improve the quality of data collected, *the Committee recommends that the NCHS:*
- (a) *Conduct studies to provide current estimates, on a national basis, of the effects of reporting and processing errors on cause of death data.*
 - (b) *Devote more effort to new techniques of data transcription and conversion to machine-readable form.*
- (20) To improve the quality of data collected, *the Committee recommends that the NCHS:*
- (a) *Conduct continuing evaluation studies and measures designed to control and reduce nonsampling error for both HIS and HANES.* Among such studies should be the evaluation of potential biases introduced into the HANES by the nonrandom seasonal pattern used to sequence stands.
 - (b) *Act, before undertaking the next cycle of HANES, to reduce the collection of material of marginal value in histories, examinations, laboratory tests, and supplemental questionnaires.* The present cycle is imposing too great a burden of time and effort on individuals examined and is producing more data for each examinee than can be properly processed within available resources.
- (21) To improve the quality of data collected through other survey mechanisms, *the Committee recommends that the NCHS:*
- (a) For health manpower data, (i) *develop and institute measures for evaluation of completeness and accuracy*, and (ii) *develop methodology for identifying and inventorying emerging and unlicensed occupations.*
 - (b) For health care facility data, *develop and institute measures for evaluation of the quality of data obtained from professional and trade associations.*
- (22) To meet the increasing burdens being placed on its programs, *the Committee recommends that the NCHS undertake an expanded program of research and development and some specific guidelines* as follows:
- (a) *Substantial efforts should continue to be devoted to experimental studies to measure the error and cost components of statistics produced in the major data systems by currently used and by alternative methods.*
 - (b) Several surveys are moving into the areas of health attitudes, perceptions, knowledge, and behavior. Complex constructs are involved, and a *substantial developmental effort is needed explicitly to define the objectives of these inquiries and to develop valid operational measures of the constructs selected for investigation.*
- (23) To improve the quality of data collected and the timeliness of publication of vital statistics data, *the Committee recommends that the NCHS:*
- (a) *Review the vital statistics program in an effort to achieve a better balance among the requirements of timeliness, level of detail, and precision.* Some consideration should be given to increased use of sampling outside of the 3-year period centering on the Decennial Census, that is, beginning with 1972 or 1973.
 - (b) *Take drastic measures to improve the timeliness of its reports.* We note particularly that these measures must not include omission of reports for 1970 or 1971, as these are critical years for analytical use in connection with the 1970 census data.
 - (c) *Reinstate production and quality standards in data preparation with provision for incentive awards.*
 - (d) *Make increased efforts to stimulate the development of stronger national policies regarding uniform standards of record content and data preparation.*
- (24) To improve the quality of data collected and the timeliness of publications from the HIS and the

HANES, the Committee recommends that the NCHS:

- (a) Undertake, preferably through an outside group, a thorough-going analysis of HANES data preparation and data processing system, giving special attention to simplification of the overall structure and flow of materials, and to greater use of the computer to identify and make adjustment of defective data.
 - (b) Prepare specifications for data preparation operations, computer edits and related steps for the HANES at a much earlier stage, to reduce the time lag between completion of field work and the availability of clean data tapes for tabulation and analysis.
 - (c) Review the data preparation phase for the HIS, looking to the elimination of manual transcription of data from questionnaires to worksheets prior to keying.
 - (d) Develop, in accordance with the recommendations of its 1970 internal study group: ". . . a closer coordination of the HIS and HANES programs which would lead to better estimates of certain health phenomena in the population and also a better delineation of strengths and weaknesses of each approach." (Emphasis supplied.)
- (25) To improve the timeliness of data collected, the Committee recommends that NCHS develop and apply reporting and production control techniques to the data preparation operations for the purpose of maintaining work flow, identifying delays, and assuring that schedules are met.
- (26) To become more responsive to the needs of the present and potential users of its findings, the Committee recommends that the NCHS develop active advisory panels representing a variety of groups of data users to help to identify areas of timely and emerging interest and to assist in planning the corporation of these data needs into existing NCHS program components or into new survey mechanisms as these may prove to be necessary.
- (27) In its relations with the States and local communities, the Committee recommends that:
- (a) An Advisory Committee on health statistics policy be established by the HSMHA Administrator to facilitate a better understanding of the proposed cooperative system, to provide for strong representation of the States and localities at the policy level, and to provide assistance to NCHS in problems of definitions, standards of performance, quality control, and systems planning.
 - (b) Every avenue should be explored to advance the implementation phases of the Cooperative Federal-State-Local Health Statistics System and the allocation of evaluation and research and demonstration grant funds be considered for improving the present vital statistics system and other components of the system.
 - (c) The average grade level of NCHS should be increased in order to provide for necessary staff competency to man the additional key positions and technical assistance positions necessary to effective implementation of the Cooperative System. A staff study shows that the NCHS average grade level is now lower than that of other comparable Federal statistical agencies.
 - (d) NCHS provide more consultant service to the States, particularly in the fields of nosology, health interview survey design, execution and analysis, data processing, and in the development and use of data on health manpower and facilities, and on health care utilization and financing.
 - (e) NCHS improve its collection procedures by the promotion of a cooperative program in which the States would, to the fullest extent practicable, supply data in machine-readable form.
- (28) To provide the Nation with statistical personnel qualified to make effective contributions to the health care system, the Committee recommends that:
- (a) Regional programs in statistics training and mutual assistance, possibly in affiliation with schools of public health or universities having departments of biostatistics, should be established by NCHS to: (i) facilitate field training; (ii) minimize travel restrictions on potential participants, thus allowing students to fully exploit the career development offered through sequential attendance of courses in a core curriculum; (iii) enhance responsiveness and communication between the partners in the cooperative program regarding their training needs, and (iv) help meet State, local, and Federal staff requirements.
 - (b) The provisions for the exchange of personnel among the Federal, State, and local part-

ners be fully exploited and a continuing personnel interchange program be incorporated into the NCHS training programs in order to effectuate the timely implementation of the Federal-State-Local Cooperative Health Statistics System.

- (c) *The focus of NCHS training activities be broadened to accommodate varying levels of need for training and continuing education as the budget and staff of the spectrum of NCHS training programs are increased. The dimension of these activities should include:*
- (i) the short-term, applied training programs of ASTI;
 - (ii) academically oriented training programs outside of and beyond ASTI through which participants would receive university-equivalent credit;
 - (iii) long-term career development programs which would be an incentive to State and local employees to pursue higher career opportunities in health statistics; and
 - (iv) continuing education programs oriented toward keeping Federal, State, and local employees in health statistics current in their areas of work.

- (29) To increase the usefulness of the data collected through the several surveys and programs of the NCHS, and to bring the findings to a wider audience, *the Committee recommends that:*

- (a) *The NCHS prepare and publish one or more comprehensive reports drawing on the wide range of material available from vital statistics reports, health interview surveys, health examination surveys, and other data sources*

to provide a wider audience with more understanding of the health status and health service utilization of the Nation.

- (b) *The NCHS publish and give wide circulation to frequently updated indices of the contents of all of its publications, including those forthcoming, together with information on the availability of computer tapes and unpublished data.*
- (c) *The NCHS make computer tapes with data from the several programs more readily available to potential users.*

SPECIAL REPORTS

- SR- 1. Automatic Data Processing Operations
- SR- 2. Automatic Data Processing Services to the Extra-Mural Community
- SR- 3. Federal-State-Local Cooperative Systems
- SR- 4. Health Care Facilities
- SR- 5. Health Economics and Utilization of Health Services
- SR- 6. Health Examination Survey
- SR- 7. Health Interview Survey
- SR- 8. Health Manpower Statistics
- SR- 9. Hospital Discharge Survey
- SR-10. International Activities
- SR-11. Methodological Aspects of the Health Examination Survey
- SR-12. Methodological Aspects of the Health Interview Survey
- SR-13. Methodological Aspects of Vital Statistics
- SR-14. Mutual Assistance
- SR-15. Publications
- SR-16. Report on AMA Physician File Study
- SR-17. Research and Development
- SR-18. Training Activities
- SR-19. Vital Statistics

CURRENT DEVELOPMENTS

TRANSFER OF THE CONSUMER RESEARCH WORK IN AGRICULTURE

In response to OMB guidelines on organization of Federal statistical activities, the Market Research Section, Sample Survey Research Branch of the Statistical Reporting Service, is being transferred to the Economic Research Service. This group is responsible for conducting research surveys relating to household, industrial and institutional consumers and producers with

respect to sensory perception, attitudes, opinions, and related factual data affecting marketing and consumption of agricultural products.

The data planning and analysis functions relating to these consumer research studies will now be done by ERS. Data collection and processing will continue, as in the past, to be principally handled by contract with private marketing research firms. (J. RICHARD GRANT, STATISTICAL REPORTING SERVICE, DEPARTMENT OF AGRICULTURE.)

NATIONAL TRAVEL SURVEY—SPRING TRAVEL REPORT

Travel is one of the major income-producing activities in the United States. In fact, travel-related services in certain geographic areas outrank all other classes of activity in generating income and employment. The main objective of the National Travel Survey is to provide data—principally on a national basis—for use by Federal and State agencies and other agencies and persons concerned with policy formation and promotional activities in the general field of travel.

The National Travel Survey is a component of the Census of Transportation. Earlier travel surveys were conducted as parts of the 1963 and 1967 censuses. The 1972 National Travel Survey provides profiles of the volume and characteristics of travel by the civilian population of the United States. It is based on information obtained from a probability sample of households concerning trips that were taken by members of the household, including such aspects as who went, where, when, how long, by what means of transport, primary reason for trip, and related socioeconomic factors. The 1972 survey includes as a trip "each time a person goes to a place at least 100 miles away from home and returns," thus omitting all travel under 100 miles regardless of whether one or more nights were spent away from home. The following types of travel were specifically excluded by definition: (1) Travel as part of an operating crew on a train, plane, bus, truck, or ship, (2) commuting to a place of work, and (3) student trips to school or those taken while in school.

The Spring Travel Report is one of three reports planned for the 1972 National Travel Survey. In 1963 and in 1967, only one report was issued with data for the full year. However in order to provide more timely and seasonally meaningful information, a spring report covering trips ending in January through May of 1972 and a summer report covering trips ending in June through September 1972 have been added to the full year 1972 report.

More information is presented on an origin/destination basis for 1972. Included are tables for each destination "travel region" showing the number of households taking trips, persons taking trips, trips taken, person-trips, person-miles, person-nights, and type of overnight accommodations used by travel region of origin. The same data sets are presented for travel to destinations outside the United States by travel region of origin. Additionally, for the first time, travel to a "visited State" is displayed for selected States. (When the num-

ber of observations obtained in the sample for a State indicated sufficient reliability for publication, the State was selected as a "visited State.") For these selected States, data are shown by travel region of origin and of destination.

Data in the report indicate the following about Spring travel in the United States:

- About 61.3 million people, living in 26.1 million households, took at least one trip that ended January-May 1972. They went on 87.3 million trips (consisting of one person or more from the household) and 159.3 million person-trips. They were out of town a total of nearly 532 million person-nights and traveled about 125 billion person-miles.
- Someone in about 40% of all households in the United States took at least one trip, and about 30% of all persons traveled sometime during the period.
- With respect to frequency of travel, the average trip-taking household took 3.3 trips during the period and generated 6.1 person-trips, 20.4 person-nights away from home, and 4,800 person-miles.
- The average traveler went on 2.6 trips, was gone about 8.7 nights, and traveled about 2,044 miles during January-May 1972.
- The average trip was composed of 1.8 persons from the household, who were out of town 6.1 person-nights and went 1,435 person-miles.
- In terms of the person-trips, the average lasted 3.3 nights and involved traveling 786 person-miles.

Copies of the 96-page report, "National Travel Survey, Spring Travel," are available for \$1.25 from the Government Printing Office. (DONALD G. WRIGHT, TRANSPORTATION DIVISION, BUREAU OF THE CENSUS.)

HIGHWAY STATISTICS, 1971

The Federal Highway Administration, U.S. Department of Transportation has published the 27th annual bulletin, *Highway Statistics, 1971*. This series presents statistical and analytical tables of general interest on motor fuel, motor vehicles and highway-user taxation. State and local highway financing, road and street mileage, and Federal aid for highways are also included in this publication.

Highway Statistics, 1971 (245 pp.), may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402,

at \$2.85 per copy. (ALEXANDER FRENCH, CHIEF, HIGHWAY STATISTICS DIVISION, FEDERAL HIGHWAY ADMINISTRATION, DEPARTMENT OF TRANSPORTATION.)

STATE AND LOCAL LONG-TERM BORROWING

State and local governments issued \$22.4 billion of long-term bonds in fiscal 1972, representing almost 90% of anticipated borrowing for that period, as reported in the Federal Reserve-Census survey of State and local long-term borrowing anticipations and realizations. The respondents were unable to realize almost one-third of the dollar volume of borrowing anticipated at the beginning of the fiscal year, mainly because of administrative and legal delays on projects. However, these shortfalls were largely offset by unplanned borrowing, much of it in response to declining interest rates in late 1971.

Detailed results and analysis of the fiscal 1972 survey are contained in "State and Local Borrowing Anticipations and Realizations" in the April 1973 issue of the Federal Reserve *Bulletin*. Reprints may be ordered from Publications Section, Division of Administrative Services, Board of Governors of the Federal Reserve System, Washington, D.C., 20551. (ELEANOR M. PRUITT, CAPITAL MARKETS SECTION, DIVISION OF RESEARCH AND STATISTICS, BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM.)

INDIVIDUAL INCOME TAX RETURNS FOR 1970

The Internal Revenue Service has recently released *Statistics of Income—1970, Individual Income Tax Returns*. This report is based on data drawn from the over 74 million individual income tax returns filed during calendar year 1971.

Statistics are presented on sources of income, adjusted gross income, exemptions, itemized deductions, taxable income, tax credits, and many other tax items such as tax due and overpayment. Provisions of the Tax Reform Act of 1969, including the low-income allowance, and the additional tax for tax preferences, are reflected in the report. New information on the limitation on large deductions for charitable contributions, the increased tax on capital gains over \$50,000, and the liberalized use of "income averaging" is featured.

Data are classified primarily by size of adjusted gross income and marital status of the taxpayer. Separate statistics on income and tax are shown for each of the States.

Copies of the 385 page report, *Statistics of Income—1970, Individual Income Tax Returns*, may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for \$5.00. (JACK BLACKSIN, INDIVIDUAL INCOME STATISTICS DIVISION, INTERNAL REVENUE SERVICE.)

INDIVIDUAL INCOME TAX RETURNS FOR 1971

The Internal Revenue Service has recently released the *Preliminary Report, Statistics of Income—1971, Individual Income Tax Returns*. This report features preliminary estimates of taxpayer's income, including dividends, and capital gains and losses, as well as exemptions, deductions, and tax. Information is classified by adjusted gross income and marital status.

The statistics were based on approximately 98% of the returns included in the regular *Statistics of Income* sample. More comprehensive statistics from individual income tax returns will be published in the complete report for 1971, now in preparation.

Copies of the 30-page *Preliminary Report, Statistics of Income—1971, Individual Income Tax Returns*, may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402, for 45 cents, domestic post paid, or 30 cents, GPO Bookstore. (JACK BLACKSIN, CHIEF, INDIVIDUAL INCOME STATISTICS STAFF, STATISTICS DIVISION, INTERNAL REVENUE SERVICE.)

PROCEDURAL HISTORY OF THE 1970 CENSUS

The Bureau of the Census recently released the first portion of the *1970 Census of Population and Housing: Procedural History*, PHC(R)-1, in the form of an advance issuance of chapters 5, "The Field Enumeration," and 6, "The Public Information Program." The various chapters are being issued as they are completed. When assembled, the PHC(R)-1 report will describe in detail most aspects of the 1970 census, from its early stages of research and planning through the tabulation, publication, and dissemination of the final results, with each chapter focusing on a particular stage.

Copies of the report, *Procedural History PHC(R)1A, Advance Issuance of Chapters 5 and 6* (83 pp., \$1.25), may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, or from any Department of Commerce field office. (FREDERICK G. BOHME, DATA USER SERVICES OFFICE, BUREAU OF THE CENSUS.)

CHARACTERISTICS OF AMERICAN YOUTH: 1972

The Bureau of the Census has issued a report on the characteristics of American youth in 1972. This report presents statistical series on the numbers, racial composition, school enrollment, educational attainment, marital status, family composition, fertility, migration, voting behavior, labor force status, veterans status, and income of youths 14 to 24 years old in the United States in 1972.

According to the report, the number of young persons has declined as a proportion of the total population during the past decade and the fertility of young women is likely to be lower than it was among women of the same age 5 years earlier. Statistics on the voting behavior of white and black youth indicate that the extent of voter participation in the election of November 1972 was lower for these groups than for the population as a whole—52% of white youth and 35% of black youth reported that they had voted in the election.

Copies of this report, "Characteristics of American Youth: 1972," Series P-23, No. 44, can be obtained for \$1.25 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (LARRY E. SUTER, POPULATION DIVISION, BUREAU OF THE CENSUS.)

EMPLOYMENT OF RECENT COLLEGE GRADUATES, OCTOBER 1971

The Bureau of Labor Statistics has published in the February 1973 issue of the *Monthly Labor Review* a report entitled "Employment of Recent College Graduates." The article contains information about type of degree received, field of study, relationship of work to field of study, job-search methods, assessments of job, earnings and other aspects of the employment experience of the degree recipients, both with respect to first jobs after graduation and to jobs held as of the survey date in October 1971.

The information was obtained directly from the 1970 and 1971 degree recipients who were not enrolled in college on a full-time basis. The survey was financed by the Manpower Administration of the Department of Labor, and was a supplement to the October 1971 Current Population Survey, conducted by the Bureau of the Census for the Bureau of Labor Statistics.

Reprints of the *Monthly Labor Review* article, containing additional statistical tables, will be issued as a Special Labor Force Report. Copies of the reprint avail-

able about June 1, 1973, may be obtained upon written request to the Division of Labor Force Studies, Bureau of Labor Statistics, U.S. Department of Labor, Washington, D.C. 20212, or by telephoning (IDS code 110) 961-2771. (VERA C. PERRELLA, BUREAU OF LABOR STATISTICS, U.S. DEPARTMENT OF LABOR.)

TEN-YEAR INDEX TO MANPOWER REPORTS OF THE PRESIDENT

The Manpower Administration of the Department of Labor has issued a cumulative *Index to the Manpower Reports of the President, 1963-72*. This detailed, 46-page reference tool provides access to the comprehensive discussions of manpower policy, problems, and programs and many related factors in the 10 reports.

Copies of the index are available free of charge from the Office of Information, Inquiries Section, Manpower Administration, U.S. Department of Labor, Washington, D.C. 20210. (FLORENCE CASEY, OFFICE OF RESEARCH AND DEVELOPMENT, MANPOWER ADMINISTRATION, U.S. DEPARTMENT OF LABOR.)

RECENT NSF PUBLICATIONS

Resources for Scientific Activities at Universities and Colleges, 1971 (NSF 72-315) presents results from the National Science Foundation's fourth biennial survey of scientific activities at universities and colleges. The survey obtained employment figures for scientists and engineers, graduate students receiving stipends for part-time services as scientists or engineers, and scientific and engineering technicians, as of mid-January 1971, and current and capital expenditures for research, development, and instruction in the sciences and engineering during the academic year 1969-70.

The report is divided into two parts. Part I presents data for universities and colleges and part II gives data relating to university-administered federally funded research and development centers.

Employment statistics are analyzed by employment status, function, disciplinary field, type of institution (highest degree granted in the sciences and engineering), level of educational attainment, and geographic area. The expenditure data are shown by source of funds, type and control of institution, character of work, field of science, and geographic area.

Preliminary data were published in *Science Resources Studies Highlights*, "Manpower and Financial Re-

sources Allocated to Academic Science and Engineering Activities, 1965-71" (NSF 72-302), March 20, 1972.

Copies of the full report may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for \$1.25 domestic postpaid or \$1.00 at the GPO bookstore.

The report, *Federal Support to Universities, Colleges, and Selected Nonprofit Institutions, Fiscal Year 1971* (NSF 73-300) constitutes the fourth in a series of annual reports to the President and Congress, as required by the 1968 amendment to the NSF Act of 1950, on Federal obligations for research and development and R&D plant at institutions of higher education and selected other nonprofit organizations. The report also represents the seventh annual report on Federal obligations for academic science and other educational activities. The source of the information is the Government-wide data system established by the Committee on Academic Science and Engineering (CASE).

Funding patterns are examined in terms of specific types of science activities, fields of science, agency source of support, and geographic and institutional distribution of funds.

Preliminary data were published in *Science Resources Studies Highlights*, "Federal Support to Universities and Colleges Reaches \$3.5 Billion in FY 1971" (NSF 72-316), September 22, 1972.

Copies of the full report may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for \$2.10 domestic postpaid or \$1.75 at the GPO bookstore. (THOMAS J. MILLS, DIRECTOR, DIVISION OF SCIENCE RESOURCES STUDIES, NATIONAL SCIENCE FOUNDATION.)

GUIDE TO NIH GRANT AND AWARDS PROGRAM

A 65-page brochure entitled, *Guide to Grant and Award Programs—National Institutes of Health*, revised August 1972, has been published by the information Office of the Division of Research Grants. The publication presents the character and scope of the NIH research, research facilities and resources, research training, health education, and biomedical communications programs, and includes special programs of the Institutes. It has been prepared especially for the information of the scientific community, interested members of the general public, and as an aid to the potential applicant.

Single copies of the brochure (DHEW Publication No. NIH 73-33) are available from the Information

Office, Division of Research Grants, Room 433, Westwood Building, National Institutes of Health, Bethesda, Md. 20014. (Telephone (301) 496-7441.) Multiple copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for 60 cents each.

PERSONS WITH WORK DISABILITY

The Bureau of the Census recently published a special report on *Persons With Work Disability* from the 1970 Census of Population. This report presents detailed national statistics on the presence and duration of work disability for the noninstitutional population 18 to 64 years old classified by various demographic, social, and economic characteristics. Among the characteristics shown are age, sex, race, Spanish origin, household relationship, marital status, education, employment status, occupation, and income. All data are based on a 5% sample of the population.

Copies of *Persons with Work Disability* (PC(2)-6B from Volume II of the 1970 Census), are on sale for \$2.60 by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (PAULA J. SCHNEIDER, POPULATION DIVISION, BUREAU OF THE CENSUS.)

THREE NEW SOCIAL SECURITY BULLETIN REPORTS

The Office of Research and Statistics in the Social Security Administration has announced the availability of three new reports.

Recovery of Disabled After Trust Fund Financing of Rehabilitation (by Ralph Treitel, *Social Security Bulletin*, February 1973). Since 1966 the Social Security Administration has reimbursed State vocational rehabilitation agencies for services to certain severely disabled beneficiaries. This report presents demographic, disability, and earning information on disabled-worker beneficiaries who were rehabilitated in fiscal year 1969.

Major Social Security Issues: Japan (by Paul Fisher, *Social Security Bulletin*, March 1973). This article focuses on issues related to Japanese pensions, health insurance and family allowances in 1972. Much of the background data and information was obtained by the author during a visit to Japan in the spring of 1972. The current concern about the slow rise in benefit levels despite significant economic growth is discussed, and Japan's ratio of social insurance expenditures to its gross national product is compared with that of several

industrial countries. Some reactions to proposals for unifying the two major pension systems are presented. A look is taken at the benefit structure and financing of the two chief health insurance systems, as well as at proposals for program revisions. The new family allowances program and Government plans for its future development are discussed briefly.

Two Decades of Employee-Benefit Plans, 1950-70: A Review (by Walter W. Kolodrubetz, *Social Security Bulletin*, April 1973). This annual article discusses the long-term growth in employee-benefit plans and assesses the trend in terms of real gains. In the 20 years since 1950, the scope of employee-benefit plans has grown tremendously. By 1970, contributions were nine times greater and benefit outlays fourteen times greater than they were in 1950. The number of persons covered by most types of benefits also grew sharply. Furthermore, impressive developments have occurred in both the scope and level of benefits, especially in the past few years. (ROBERT ROBINSON, SOCIAL SECURITY ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.)

20th INTERGOVERNMENTAL STATISTICAL SEMINAR

The 20th Intergovernmental Seminar on Federal Statistics for State and Local Government Use was conducted by the Bureau of the Census during the last week of March 1973. There were 24 persons in attendance—seven from Federal Regional Councils and 17 from State and local government agencies. This is the first time that representatives from Federal Regional Councils have attended any of this series of seminars. To date, 512 persons from 346 organizations have attended the seminars which have been conducted by the Census Bureau since 1966 as part of its Intergovernmental Services Program.

In his opening remarks, Acting Census Bureau Director Robert L. Hagan expressed the Bureau's interest in meeting small-area data needs of State and local governments, commenting on the assistance rendered to the Bureau by the Census Advisory Committee on State and Local Government Statistics. During the first 3 days of the seminar, other staff members covered such topics as activities for revenue sharing, intercensal population estimates and projections, Bureau research and evaluation, the collection of demographic information for

other Federal agencies, the 1972 Economic Censuses, and governments, population, and housing statistics. The services available from the Bureau's Data User Services Office were also reviewed, as was the census geographic program, including the CUE program—correction, update, and extension of the geographic base (DIME) files. In addition, a representative of the Government of the District of Columbia discussed a professional statistical service for local governments. At a scheduled roundtable discussion, participants talked about their statistical requirements and suggested ways in which the Bureau might better fill the needs of data users.

In the remaining 2 days of the conference, presentations were made by officials of other agencies of the Federal Government: Office of Management and Budget; Bureau of Economic Analysis, Department of Commerce; and the Departments of the Treasury; Labor; Housing and Urban Development; Transportation; and Health, Education, and Welfare.

Julius Shiskin, Chief Statistician, Office of Management and Budget, was guest speaker at the seminar luncheon held March 29. He spoke on the subject of Federal statistical priorities and the programs which are planned to make Federal statistics more readily available to users. (ANN D. CASEY, DATA USER SERVICES OFFICE, BUREAU OF THE CENSUS.)

SOCIETY OF GOVERNMENT ECONOMISTS

The Society of Government Economists, organized in 1970 to provide for an interchange of ideas among economists with an interest in the economic aspects of government programs, has announced the newly elected officers for the 1973-74 year. They are: *President*, Stuart Bendelow, Metropolitan Washington Council of Governments; *Vice-President*, Werner Hasenberg, Commerce Department; *Secretary*, Thomas Moran, Commerce Department; and *Treasurer*, Hortense Firestone Fiekowsky, Labor Department.

Activities of the Society include monthly luncheon meetings, an annual full-day conference, and presentation of programs at the national annual meetings of the Allied Social Science Association. Publications include a fortnightly *Newsletter*, a *Journal* to cover papers presented at professional meetings, and occasional papers. Further information is available from Hortense Firestone Fiekowsky, Treasurer, telephone 961-2805.

SCHEDULE OF RELEASE DATES FOR PRINCIPAL FEDERAL ECONOMIC INDICATORS

June 1973

Release dates scheduled by agencies responsible for the principal economic indicators of the Federal Government are given below. These are target dates that will be met in the majority of cases. Occasionally agencies may be able to release data a day or so earlier or may be forced by unavoidable compilation problems to release a report one or more days later.

A similar schedule will be shown here each month

covering release dates for the following month. The indicators are identified by the titles of the releases in which they are included; the source agency; the release identification number where applicable; and the *Business Conditions Digest* series numbers for all BCD series included, shown in parentheses. Release date information for additional series can be found in publications of the sponsoring agencies.

<i>Date</i>	<i>Subject</i>	<i>Data for</i>
June 1	Construction Expenditures (Press release), Census, C-30(69)	April
1	The Employment Situation, Bureau of Labor Statistics (BLS), (1, 21, 40, 41, 42, 43, 44, 740, 841-848)	May
4	Manufacturers' Export Sales and Orders, Census, M4-A (506)	April
4	U.S. Government Security Yields and Prices, Federal Reserve (FRS), G.14 (114)	May
5	Consumer Credit, (FRS), G.19 (66, 113)	April
5	Monthly Wholesale Trade, (Press release) Census, BW	April
5	Plant and Equipment Expenditures, Bureau of Economic Analysis (BEA), (61)	1Q '73 and 1973
6	Retail Trade Report (Press release), Census (54)	April
6	Condition Report of Large Commercial Banks, FRS, H.4.2 (72)	Week ending May 30
7	Money Stock Measures, FRS, H.6 (85, 102, 103)	Week ending May 30
7	Factors Affecting Bank Reserves and Condition Statement of Federal Reserve Banks, FRS, H.4.1 (93)	Week ending June 6
7	Wholesale Price Index, BLS (55, 58, 750, 751, 752)	May
11	Advance Monthly Retail Sales (Press release) Census, (54)	May
13	Manufacturing and Trade: Inventories and Sales, BEA, (31, 56, 71, 851)	April
13	Manufacturers' Inventories and Sales Expectations (Press release), Census (410, 412, 414)	2Q & 3Q '73
13	Quarterly Financial Report for Manufacturing Corpora- tions, Federal Trade Commission	1 Q '73

<i>Date</i>	<i>Subject</i>	<i>Data for</i>
June 13	Condition Report of Large Commercial Banks, FRS H.4.2 (72)	Week ending June 6
14	Money Stock Measures, FRS, H.6 (85, 102, 103)	Week ending June 6
14	Factors Affecting Bank Reserves and Condition Statement of Federal Reserve Banks, FRS, H.4.1 (93)	Week ending June 13
15	Yields on FHA Insured New Home 30-Year Mortgages, HUD, (118)	June 1
15	Business Indexes (Industrial Production and Components) FRS, G. 12.3 (47, 853)	May
18	Housing Starts (Press release), Census, C-20 (28, 29)	May
18	Bank Rates on Short-Term Business Loans, FRS, E.2 (67)	May 1-15
20	Balance of Payments on Current Account and Long-Term Capital, BEA (519)	1 Q '73
20	Personal Income, BEA (52, 53)	May
20	Condition Report of Large Commercial Banks, FRS, H.4.2 (72)	Week ending June 13
21	Money Stock Measures, FRS, H.6 (85, 102, 103)	Week ending June 13
21	Factors Affecting Bank Reserves and Condition Statement of Federal Reserve Banks, FRS, H.4.1 (93)	Week ending June 20
21	Revised Corporate Profits and National Income, BEA	1 Q '73
21	Consumer Price Index, BLS (781, 782, 783, 784)	May
21	Real Earnings, BLS, (741, 859)	May
21	Advance Report on Durable Goods, Manufacturers' Ship- ments and Orders, Census, M3-1 (6, 24, 25, 96, 647, 648)	May
25	Average Yields of Long-Term Bonds, Treasury Bulletin (115, 116)	May
26	Export and Import Merchandise Trade, Census, FT-900 (500, 502, 512)	May
27	Advance Business Conditions Digest, BEA: (12, 33, 69, 813, 817)	April
	(5, 10, 17, 45, 59, 62, 810, 811, 814, 815, 816, 820, 825, 830, 853, 860)	May
27	Condition Report of Large Commercial Banks, FRS, H.4.2 (72)	Week ending June 20
28	Money Stock Measures, FRS, H.6 (85, 102, 103)	Week ending June 20
28	Factors Affecting Bank Reserves and Condition Statement of Federal Reserve Banks, FRS, H.4.1 (93)	Week ending June 27
28	Defense Indicators, BEA (625)	May
29	Agricultural Prices (Agriculture)	Mid-June

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SELECTED NEW REPORTING PLANS AND FORMS

The following listing gives brief descriptions of selected new reporting plans and forms approved in the previous month by the Office of Management and Budget under the provisions of the Federal Reports Act. These descriptions provide information on surveys and data-collection programs currently being started or soon to be started.

Department of Health, Education, and Welfare

Office of Education

Evaluation of ESEA title I migrant education program (singletime).—The Office of Education will conduct a study of the operation of Title I of the Elementary and Secondary Education Act of 1965 to ascertain its impact on the children of migratory agricultural workers. The study will include a review and evaluation of the effectiveness of specific programs projects, and recommendations for their improvement. (For further information: Donald Chill, Office of Education, telephone (202) 962-0467.)

Health Services and Mental Health Administration

Industrial survey, effects of alcoholism on employee productivity and attitudes (singletime).—Questionnaire to employees of six large companies with four different types of alcoholism programs to assess how employees and supervisors feel about alcoholism in general and their company's method of handling the problem. One of the primary objectives of the study is to compare various corporate approaches to the problem of alcoholism. (For further information: Donald G. Patterson, National Institute of Mental Health, telephone (301) 443-3864.)

Nationwide IUD morbidity and mortality study (singletime).—Questionnaire to every physician in the United States who might have seen or been consulted on a serious IUD complication in 1972. The objectives of the study are to derive the overall mortality rate attributable to IUD insertions and use for the United States in 1972, and to perform an epidemiologic analysis

of major morbidity experience related to IUD's which might suggest appropriate preventive or therapeutic measures. (For further information: Carl W. Tyler, Jr., Center for Disease Control, telephone (404) 633-3611.)

Department of Transportation

Community transportation survey (singletime).—A survey to assess the impact of freeways on households and other institutions. Results may be of assistance to decisionmakers in identifying community needs when choosing freeway route locations and alignments. (For further information: Martin M. Stein, Department of Transportation, telephone (202) 426-2933.)

Federal Highway Administration

Relocation assistance procedures survey (singletime).—This is Part I of a two-part study to identify and evaluate various methods used in providing relocation assistance and services. Part I deals with the methods utilized in providing relocation assistance and services. Data obtained in this survey will be used in selecting 5 or 10 metropolitan areas for more intensive analysis in Part II of the study. (For further information: Thomas F. Henry, Federal Highway Administration, Department of Transportation, telephone (202) 426-0281.)

National Science Foundation

Survey of doctoral scientists and engineers (singletime).—Information on education, employment, and related items will be obtained from a sample of 50,000 doctoral level scientists and engineers. The survey will be made by the National Research Council and the results will be incorporated into the Manpower Characteristics System which is designed to provide scientific and engineering manpower information on a timely basis. (For further information: J. James Brown, Study Director, Manpower Characteristics Group, telephone (202) 282-7710.)

PERSONNEL NOTES

DEPARTMENT OF AGRICULTURE

Statistical Reporting Service: The following Statisticians in Charge of State Statistical Offices are retiring from Government service: Alabama, GEORGE B. STRONG; Florida, JOSEPH E. MULLIN; Iowa, ROGER H. SUTHERLAND; New York, WILLIAM I. BAIR; and Wyoming, LESTER J. HOFFMAN.

DONALD B. JONES, formerly Assistant Statistician in the South Carolina office, has been named Statistician in Charge of the Alabama office. ROBERT A. MCGREGOR, formerly Chief, Data Collection Branch, Survey Division, has been named Statistician in Charge of the Florida office. DUANE M. SKOW, formerly Assistant Statistician in the California office, will now be in charge of the Iowa office. GLENN W. SUTER, formerly Head of the Enumerative Survey Section, Survey Division, has been named to head the New York office. ROBERT F. CARVER, formerly in the Livestock Section, Estimates Division, has been named to head the Wyoming State Statistical Office.

DAN C. TUCKER, formerly in charge of the Ohio State Statistical Office, has been named Chief of the Data Collection Branch, Survey Division in Washington. He is being replaced in Ohio by HOMER L. CARTER, formerly Statistician in Charge of the Louisiana office. SAMUEL L. GUY, formerly in the Crops Branch, Estimates Division, has been named in charge of the Louisiana office.

DEPARTMENT OF COMMERCE

Social and Economic Statistics Administration: EDWARD D. FAILOR, a lawyer and former judge, has been appointed Administrator of the Social and Economic Statistics Administration. Mr. Failor was previously with the U.S. Bureau of Mines as Staff Associate to the Director and Chief, Office of Assessments and Compliance Assistance.

Bureau of the Census: International Statistical Programs has reported the following change in its overseas advisory staff operating under the Technical Assistance Programs of the Agency for International Development: PATRICIA E. ANDERSON, Statistical Adviser (Demography) and GEORGE F. KEARNS, Demographic Statistics Adviser, have returned to the Bureau of the Census for reassignment after completion of regular tours of duty in Saigon. ROBERT O. BARTRAM has completed a tour of duty as Principal Data Processing Adviser to the

Brazilian Institute of Geography and Statistics and has returned to the Bureau of the Census for reassignment.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

National Center for Health Statistics: THOMAS N. E. GREVILLE (telephone 443-1224) recently joined the Office of Statistical Methods as a mathematical statistician. From 1965-73, Dr. Greville was professor of business administration at the University of Wisconsin in Madison.

DEPARTMENT OF LABOR

Bureau of Labor Statistics: JOEL POPKIN has resigned as Assistant Commissioner for Prices and Living Conditions to become senior staff economist at the *Council of Economic Advisers*. Before his appointment as assistant commissioner in 1969, Dr. Popkin had served as Chief, Division of Price and Index Number Research for 3 years.

U.S. POSTAL SERVICE

BERNARD P. BERNSTEN (telephone 961-7617) who recently completed a year of study as a Federal "Mid-career" Fellow at Princeton University's Woodrow Wilson School of Public Administration, has been promoted to the position of Senior Economist, Economic Analysis Division, Finance Department.

DEATHS

NATHANIEL SWERSKY, Chief of the Foreign Trade Programming Branch in the Foreign Trade Division, Bureau of the Census, died suddenly on February 28, 1973, at the age of 55. During his many years of government service, Mr. Swersky had received a number of awards, including the Meritorious Service Award of the Department of Commerce.

DONALD C. RILEY died April 28, 1973 after a long illness. Until his retirement in 1965, Mr. Riley served as Deputy Chief of the Office of Statistical Standards, Bureau of the Budget. He also served as Executive Director and Secretary-Treasurer of the American Statistical Association from 1955 to 1968, and subsequently as a consultant to the Association.

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