Health Research Opportunities at the NYCRDC

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Outline

• Background

• NCHS Data available through the RDCs

• AHRQ MEPS Data available through the RDCs

• Examples of RDC Health Research

• Procedures for starting a project at the NYCRDC
Background
What is a Census Research Data Center?

The RDC is designed to ensure confidentiality of data: restricted access, secure

• only researchers with approved projects and Census Special Sworn Status can enter

• no output or data can be removed from the RDC unless cleared for disclosure

• Research proposals for use of NCHS or AHRQ data must be approved by NCHS or AHRQ (see NCHS RDC procedures Guidelines and AHRQ RDC page)

• Census data projects must be approved by Census Bureau (and IRS, if using Federal Tax Information) and provide benefit to the Census Bureau.
Census RDCs & applied research

• RDC Network

Census/CES 1983  Michigan 2002
Boston 1994  Chicago 2002
UC Berkeley 1999  NY - Cornell 2004
UCLA 1999  NY - Baruch 2006
Triangle/Duke 2000
15 NYCRDC Consortium Members

Baruch College
City University of New York
Columbia University
Cornell University
Federal Reserve Bank of NY
Fordham University
NBER
New York University

Rutgers University
Pace University
Princeton University
Russell Sage Foundation
University at Albany/SUNY
Stony Brook University/SUNY
Yale University
Benefits of NYCRDC Membership

• No access fees for researchers with approved projects (substantial fees for non-members)

• Priority in scheduling (if capacity is reached)

• Training & research workshops by RDC as needed by members

• Some research assistance is available
Data available through the Census RDCs
Census Data at the RDCs (CES page)

Combine with NCHS Data?

Demographic data on individuals and households

- Censuses & Surveys (Decennial, ACS, CPS, SIPP, ....)

Economic data on businesses

- Economic Censuses and Surveys
- Longitudinal Research Database, Longitudinal Business Database
- International trade data
- Special Files created for research purposes e.g., pollution abatement
- Linked employee-employer data
- Longitudinal Employer-Household Dynamics database, linked files, etc.

Not much health data……until now

- MEPS – IC (insurance component)
- Entire NCHS and AHRQ RDCs are “now” available through the Census RDCs
NCHS Confidential Data

This section draws from a presentation by Peter Meyer, Director NCHS RDC
NCHS Data Sets Accessible in the RDCs

- Any NCHS data set: See description / handout.
- NCHS Linked Files (to SSA, Medicare & Death Records)
- Vaccine Safety Data Set
- Genetic NHANES? From web site (edited):

The genetic data available through the NCHS is from 7159 specimens collected during Phase-2 of NHANES III. Linkage of the NHANES III phenotype data with this genetic information provides the opportunity to conduct a vast array of outcome studies designed to investigate the association of a variety of health factors with regard to genetic variation. Additional genetic variation information will become available every six months. The NHANES III genetic data sets contain information from laboratories that have analyzed DNA in the cell lysates derived from these participants. The majority of the data sets will be found in the category of restricted access data sets.

And a couple of ASPE/DHHS welfare-related studies.
- Leavers and Diversion Studies – 2001
NCHS Major Data Systems

- National Vital Statistics System (NVSS)
- National Health Interview Survey (NHIS)
- National Health and Nutrition Examination Survey (NHANES)
- National Health Care Surveys
National Vital Statistics System

• State vital registration
  – Natality
  – Mortality

• National Survey of Family Growth
  – Reproductive health
National Health Interview Survey

• Nationally representative survey of the civilian non-institutionalized U.S. population
• Conducted continuously since 1957
• Questionnaire content
  – Basic health and demographic
  – Health conditions and utilization
  – Health status, health care services, and behavior

• Core questionnaire
  – Family
  – Sample Adult
  – Sample Child

• Periodic and Topical Modules

• Design
  – Annual, cross-sectional, HH interview
  – Complex, multistage area probability design

• Sample
  – 43,000 households (≈ 100,000 people)
  – Oversampling of African Americans and Hispanics
National Health and Nutrition Examination Surveys

• A program of surveys and examinations designed to assess the health and nutritional status of U.S. adults and children.
  – Periodic
    • NHANES I (1971-74)
    • NHANES II (1976-80)
    • NHANES III (1988-94)
  – Continuous beginning in 1999

• Study content
  – Basic health and demographic
  – Medical and dental examinations
  – Laboratory tests
NHANES (1999-2006)

- **Data**
  - Demographics
  - Examinations
  - Laboratory tests (blood and urine)
  - Personal interviews

- **Design**
  - Continuous, annual study
  - Complex, multistage area probability design

- **Sample**
  - 7,000 persons interviewed
  - 5,000 complete health exam component
  - Over-samples of low income persons, youth, elderly, African Americans and Mexican Americans
National Health Care Survey

• Family of surveys includes
  – National Nursing Home Survey (NNHS)*
  – National Ambulatory Medical Care Survey
  – National Hospital Ambulatory Medical Care Survey
  – National Survey of Ambulatory Surgery
  – National Hospital Discharge Survey
  – National Home and Hospice Care Survey
  – National Employer Health Insurance Survey
  – National Health Provider Inventory

www.cdc.gov/nchs/nhcs.htm
SEE HANDOUT

1. Files with no public data
2. Two categories of confidential information
   - Personally Identifiable Information
   - Aggregate Risk Variables
     e.g., close geographic locators, industry and occupation, income by exact dollar amount, genetic markers, exact age/birth date, etc.

3. Not in handout: linked NCHS data, Genetic HANES, Vaccine Study, AHRQ
Linked Data

This section borrows from:
Lochner & Cox 2006
Madans & Cox 2006
Types of Record Linkage

- Person-level survey records linked to administrative data

- Geographic / contextual
  e.g., state Identifies to link to Medicaid program information
### Summary of NCHS Data Linkage

<table>
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<tr>
<th></th>
<th>Mortality (NDI)</th>
<th>Medicare (CMS)</th>
<th>Retirement &amp; Disability (SSA)</th>
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<td>NHANES III</td>
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<td>NNHS 1985</td>
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</table>
Planned Linkage

- 2001-2002 NHIS & NHANES
  - CMS Medicaid Enrollment data
- 2004 NNHS
  - CMS Minimum Data Set
- NHANES
  - Food Assistance programs
NCHS Linked Data: Mortality Data Elements

- Public ID
- Eligibility (for matching) status
- Assigned vital status
- Date of death
- Age at death
- Underlying and multiple causes of death
- Sample weights
- Special request variables
NCHS Linked Data: Medicare Files

Medicare entitlement and health care utilization and payment data for 1991-2000

- Denominator file
- MEDPAR Inpatient Hospitalization
  (Medical Provider Analysis and Review)
- MEDPAR Skilled nursing facility
- Hospital outpatient
- Home Health Care
- Hospice
- Carrier (physician/supplier Part B file)
- Durable Medical Equipment
Medicare: Data Elements

Denominator file
- Entitlement status
- Beneficiary demographic characteristics
- Monthly enrollment status
- HMO enrollment

Claims files (MEDPAR, Outpatient, etc.)
- Diagnoses codes
- Service dates
- Reimbursement amounts
Research Potential of Linked Medicare Data

- Examine risk factors for health conditions
- Compare survey reported health conditions to claims records
- Examine reliability of survey data
  - Compare survey reported Medicare enrollment to Medicare claims records
  - Examine survey report of disability with program participation eligibility criteria
- Examine disparities in Medicare service utilization
Need more information?

NCHS Data Linkage Page

Feasibility Study Page

Useful CMS Linkage Links:

NCHS-CMS Linkage Home Page

ResDac Homepage at U MN
(Research Data Assistance Center)
Studies using NHCS confidential data

DATA: NHANES III, geographic link to CDC 1992 Fluoridation Census. Blood samples of children used to measure lead levels.

Funding: CDC

Some have hypothesized that community water containing sodium silicofluoride and hydrofluosilicic acid may increase blood lead (PbB) concentrations in children by leaching of lead from water conduits and by increasing absorption of lead from water. Our analysis aimed to evaluate the relation between water fluoridation method and PbB concentrations in children. We used PbB dwellings of unknown age. Across stratum-specific models for dwellings of known age, neither hydrofluosilicic acid nor sodium silicofluoride were associated with higher geometric mean PbB concentrations or prevalence values. Given these findings, our analyses, though not definitive, do not support concerns that silicofluorides in community water systems cause higher PbB concentrations in children. Current evidence does not provide a basis for changing water fluoridation practices, which have a clear public health benefit. *Key words*: adolescents, children, fluoridation.

Key words: adolescents, children, fluoridation.
Are patients more likely to see physicians of the same sex?


**DATA:** 1995 – 2000 National Ambulatory Medical Care Survey.

Non-public vars.: physician age and sex.

**Funding:** NSF

**RESULTS:** Female physicians were more likely than male physicians to see female patients in the specialties of primary care (73% vs. 56%), psychiatry (72% vs. 54%), dermatology (67% vs. 56%), and pediatrics (52% vs. 46%; \( P < 0.01 \) for all). In primary care, the difference increased over time, such that by

**CONCLUSION:** The phenomenon of sex concordance between patient and physician has increased in recent years, particularly in primary care. Nearly four of five patient visits to female primary care physicians are from women, and female physicians report performing more preventive health services for their female patients. *Am J Med.* 2004;117:575–581. ©2004
which may protect against mortality from external causes. We examine the effects of religious involvement on cause-specific mortality for the adult population as a whole and by age and sex, using a national data set and controlling for important confounding factors. The overall mortality differentials across levels of religious involvement are similar by sex, but greater for middle-aged than for older adults. Although religious involvement is not always protective, we do find that more frequent religious attendance reduces the risk of death from such causes as circulatory diseases, respiratory diseases, infectious diseases, and lung cancer. Overall, our results demonstrate how cause-specific analyses add greater insight into how religious attendance affects mortality.

**DATA: NHANES III**

Non-public variables: geography (rural residence)

**Funding: Office of Rural Health Policy & Health Resources and Services Administration**

Diastolic blood pressure greater than 90 mmHg ($P < .01$). In regression models controlling for relevant variables, including body mass index, health status, access to care, education, income, and insurance, compared with rural African Americans, rural and urban whites were significantly more likely to have better glycemic control and diastolic blood pressure control. Urban African Americans also had better diabetes control than rural African Americans.

**CONCLUSIONS** In this nationally representative sample, rural African Americans are at increased risk for a lack of control of diabetes and hypertension.
Confidential Data: state identifiers to link NSFG to state-level policy data.

We find that the introduction of an income-based family planning waiver reduced births to all women by 2.3 percent and to teens by 4.9 percent. Evidence from the NSFG suggests that this reduction was accomplished via greater use of contraception. …Our rough calculations suggest that the cost of providing these additional services is lower than the previously-documented benefits to society attributable to a reduction in unwanted childbearing.
Nursing Home Admission and Payment Source?

**Overview:** This project tested if patients with Medicare were being discriminated against because their reimbursement rate was significantly below the private pay rate for nursing homes.

**NCHS Data Used:** National Nursing Home Survey (NNHS)

**Years of Data Used:** 1985, 1995, and 1997

**User’s Data Merged with NCHS?** No
Do Doctors perform “defensive Cesareans”?

**Overview:** re-examined issues of “defensive medicine” and state reforms designed to limit malpractice risk on the use of cesarean section delivery.

**NCHS Data Used:** National Hospital Discharge Survey (NHDS)

**Years of Data Used:** 1980 through 1992

**User’s Data Merged with NCHS?** Yes
Research Potential of Linked Data

The Income-Associated Burden of Disease in the United States
P Muennig, P Franks, H Jia, E Lubetkin and MR Gold

Excess Deaths Associated with Underweight, Overweight, and Obesity
KM Flegal, BI Graubard, DF Williamson; MH Gail

Living and Dying in the USA: Behavioral, Health, and Social Differentials of Adult Mortality
RG Rogers, CB Nam, RA Hummer

A Semiparametric Analysis of the Body Mass Index’s Relationship to Mortality
JT Gronniger
AHRQ Data
Medical Expenditure Panel Survey

MEPS Home

See tabs on left!
AHRQ Confidential Data Summary

A. Non-public files

   Links employer info on health plans to HH records.


3. Medical Provider Component – more detail on payments, procedure codes, diagnostic codes than available with HC.

4. Area Resource file
   7,000 county-level vars: Health facilities, professions, resources, health status, economic activity, health training programs, SES and envr. characteristics.
   Can merge on MEPS by county code (only in RDC).

5. Two-year, Two-panel file. Merges 2 years / indiv.

6. MEPS-IC file (in Census RDC only…not AHRQ RDC!!!
AHRQ Confidential Data

B. Elements excluded from public files
1. Fully specified ICD-9 Codes
2. Fully specified ind. & occ. Codes
3. State and County FIPS codes
4. Census tract and block group codes

Non-public use data elements
1. Asset information and non-public NDCs
Medical Expenditure Panel Survey

Important Example:

HEALTH INSURANCE DATA

(Including MEPS-IC Data available only at Census RDCs)

Agency Presentation Doctored by
Sanders Korenman
MEPS Health Insurance Data Sources

- MEPS-HC (Household Component) survey collects data from individuals and households regarding health insurance coverage.

- MEPS-IC (Insurance Component) survey collects data from private and public sector employers regarding health insurance coverage.
MEPS Household Component (HC) Health Insurance Data

• MEPS-HC
• health insurance status and
  – Demographic characteristics (age, sex, race, ethnicity, and marital status)
  – Perceived health status of household members
  – Geographic location (Census region and MSA)
  – Employment status of household members
• MEPS-HC public use files (microdata)
MEPS-HC Public Use Files with Health Insurance Data

- MEPS-HC Point-in-Time Files 1996-2004
- MEPS-HC Person Round Plan Files 1996-2002
- MEPS-HC Full-Year Consolidated Data Files 1996-2002
MEPS-HC
Person Round Plan File (PRPL)

• reflects the complex and dynamic relationships between people and their private insurance.
• contains records for persons with private insurance providing hospital/physician, Medigap, dental, vision, or prescription medication coverage.
• contains variables pertaining to managed care and satisfaction with plan coverage.
• Questions on out-of-pocket premiums were asked of all policyholders (starting in 2001) with private insurance coverage.
Month by month indicators – Detailed

Month-by-month indicators – Summary
• any insurance in month
• public insurance in month
• private insurance in month

Summary variables (ever covered during year)
• ever covered by TRICARE
• ever covered by Medicare
• ever covered by Medicaid
• ever covered managed care, other public insurance
• ever covered not managed care, other public insurance
• ever covered by private health insurance
• UNINS** – uninsured all of year

Summary Variable for year
1 = Any Private during 20**
2 = Public Only during 20**
3 = Uninsured all of 20**
MEPS-HC Full-Year Consolidated Data File: Health Insurance Variables

Managed Care
- Medicaid HMOs
- Medicaid gatekeeper plans
- Private HMOs
- Private HMO plans that pay for visits to non-plan doctors
- Private gatekeeper plans
- Private gatekeeper plans that pay for visits to non-plan doctors
- Private plan that has a book or list of doctors
- Private plan that has a book or list of doctor that pays for non-plan visits
MEPS-HC Full-Year Consolidated Data File: Health Insurance Variables

• DENTIN31/42/53 – round-specific variables Indicate covered by a private health insurance plan that included at least some dental coverage.

• PMEDIN31/42/53 – round-specific variables Indicates covered by a private health insurance plan that included at least some prescription meds coverage.
MEPS Insurance Component (IC)

There are two distinct samples of establishments collected in the MEPS-IC survey:

- Link sample – “AHRQ Confidential Data”
- List sample – “Census Confidential Data”

THIS IS AN IMPORTANT DIFFERENCE!
MEPS-IC Link Sample

- All current main employers of MEPS-HC respondents.
- Other employer-based sources of health insurance identified by MEPS-HC respondents.
- Approximately 7,000 employers per year.
- Employers serve as proxy respondents for the household sample regarding health insurance offerings.
MEPS-IC Link Sample Data Availability

• Due to confidentiality concerns, the MEPS-IC link sample is not released as a public use file.
• Response rate is low and cannot support national estimates. Sample weights are not provided.
• Data files are available to researchers at the AHRQ Data Center and Census RDCs.
• File documentation and codebooks are available on the MEPS Web site.
Unique Data Provided by MEPS-IC Link Sample for Research

- Characteristics of health insurance plans offered to MEPS-HC individuals
- Health insurance plan selected (choice)
- Decisions made by two-worker households in selecting health coverage
- Health insurance plan information linked to health care expenditures of individuals and families
MEPS-IC List Sample

• Sample of private establishments drawn from the Census Bureau’s Business Register
  – Approximately 45,000 establishments sampled

• Sample of state and local governments drawn from the Census Bureau’s Census of Governments
  – Approximately 1,700 governmental units sampled
Responding MEPS-IC
List Sample Sizes

- Firms <50 employees – 17,000 locations
- Firms 50+ employees – 11,000 locations
- Public sector – 1,800 government agencies
- Federal government – directly from U.S. OPM
MEPS-IC List Sample Design

- Designed to make national and state estimates for private sector
- Designed to make Census region-level estimates for public sector
- Designed to make year-to-year estimates
- Designed to make national expenditure estimates for use in U.S. gross domestic product (GDP) and National Health Accounts
MEPS-IC List Sample
Data Availability

• Microdata (confidential) only available at Census Bureau Research Data Centers.
• All work takes place at RDCs operated by the Census Bureau Center for Economic Studies.
• Formal Research Application Process
• Fee for Using Data Centers (for non-members)
• All Output Reviewed for Confidentiality

👍 Regression analysis
👎 Table output

✉️ WWW.CES.CENSUS.GOV
Types of Information Collected by MEPS-IC survey

The same information is collected for both the link and list samples.

• Establishment-level (location) characteristics
• Health insurance plan characteristics
• Firm-level (company) characteristics
Establishment-Level (Location) Characteristics

- Number of active employees
- Whether or not establishment offers health insurance
- Number of plans offered
- Number of employees eligible for health insurance and number enrolled (full-time and part-time employees separately).
- Workforce characteristics (% women, union, over 50 years old, by wage level)
Health Insurance Plan Characteristics

- Premiums (single, employee + one, family)
- Contributions
- Plan Types (by type of provider arrangement)
- Self-Insured/Fully-Insured
- Enrollments (single/family coverage)
- Deductibles/Co-payments
- Some Plan Benefits
Firm (Company) Characteristics

- Size
- Industry
- Age
- Retiree offerings
- Employee characteristics
<table>
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<tr>
<th>Year</th>
<th>Employee Contribution</th>
<th>Employer Contribution</th>
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<tr>
<td>2002</td>
<td>$565</td>
<td>$2,624</td>
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<td>1998</td>
<td>$383</td>
<td>$1,791</td>
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<tr>
<td>1997</td>
<td>$320</td>
<td>$1,731</td>
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<tr>
<td>1996</td>
<td>$342</td>
<td>$1,650</td>
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Premiums increased 10.4% & employee contributions increased 13.5% over 2001, continuing the trend from previous years.

AHRQ MEPS Insurance Component Index to Tables [Visit](https://www.meps.ahrq.gov/DataPub/IC_Tables.htm)
Health Insurance Premiums
Employee/Employer Contributions for Family Coverage 1996–2002

Premiums increased 12.8% and employee contributions increased 14.1% over 2001, continuing the trend from previous years.

AHRQ MEPS Insurance Component Index to Tables www.meps.ahrq.gov/Data_Pub/IC_Tables.htm
Figure 3: Percent of full time employees who work where health insurance is offered to retirees age 65 and older by economic sector, size of employer and year.

Small employers have less than 50 employees. Mid size employers have 50–999 employees. Large employers have 1000 or more employees. Public Sector is state and local governments only.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey—Insurance Component, 1998

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey—Insurance Component, 2000
State Variation in Job-Related Health Insurance

Where do workers pay the least for single coverage?

Average annual employee contribution for job-related health insurance, 1998
Single coverage
National average = $383

[Map showing state variation with color coding for contributions]
Two NYCRDC MEPS Projects
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<tr>
<th>NYCRDC Member</th>
<th>Data</th>
<th>Topic</th>
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<tr>
<td>Rutgers</td>
<td>MEPS – Insurance Component (IC)</td>
<td>Employers’ decisions to provide retiree health insurance.</td>
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<tr>
<td>NY Fed</td>
<td>LBD</td>
<td>Banking market structure ➔ non-financial firms’ entry, exit, employment</td>
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<tr>
<td>Yale</td>
<td>LBD linked to Import–Export Data</td>
<td>Geographic and product market entry of firms; impact of trade on the economy.</td>
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<tr>
<td>Columbia</td>
<td>March CPS linked to DWS &amp; CA wage/UI</td>
<td>How and why people lose jobs. Cost of job displacement</td>
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<tr>
<td>Yale</td>
<td>LBD, 1990 and 2000 Decennial Census</td>
<td>Spatial mismatch, firm location and Empowerment Zones</td>
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<td>Census Long Form 1990 &amp; 2000. ACS.</td>
<td>Geographic dispersal of immigrant populations</td>
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<td>NYU</td>
<td>AHS linked to Urban Inst. / other contextual data.</td>
<td>Causes and consequences of neighborhood economic change.</td>
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<td>Effects of tax treatment of health insurance &amp; health policy on expenditures &amp; service use</td>
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<td><strong>AHRQ project</strong></td>
<td>Decennial Census 1980,1990, 2000; AHS 1984-2006; SSEL-Compustat bridge; Econ. Censuses</td>
<td>Employment and Spatial Sorting of Households and Firms</td>
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The Proposal Process
Proposals for NCHS data only

1. Submit Proposal (see NCHS RDC Guidelines Docs)
   - Some data sets have project-specific reqs.
   - Proposals must include signed confidentiality forms

2. Reviewed by:
   - NCHS RDC
   - NCHS Confidentiality Officer

3. Create data set in conjunction with RDC
   outside data to be linked to NCHS data sets is retained by NCHS (release subject to researcher approval)
NCHS Proposal Evaluation Criteria

1. Consistency with the NCHS mission
   “to provide statistical info to guide actions and policies to improve the public health”

2. Feasibility

3. Requested data are needed for analytic objectives

4. Likelihood that results will be releasable

5. Scientific merit is not an evaluation criterion
NCHS RDC Procedures

Analytic File Creation (differs from Census RDC)

RDC staff create analytic files based on requirements set out in approved research proposals.

User supplied data: Data files that are to be merged with NCHS data must be provided before visiting the RDC and all merging is done by RDC staff.
Procedures for Census RDC Proposals
(e.g. MEPS IC List Data)
Proposal Process

Proposal criteria
- Benefits to the Census Bureau
- Scientific merit
- Need for non-public data
- Disclosure risk
- Feasibility

Review Process
- Internal reviewers (Census employees)
- External reviewers (subject-matter experts)
Proposal Process

Talk to the NYCRDC Administrator

Proposals include:
1. Preliminary info entered on CES web site
2. Project description and abstract
3. Statement of benefits to Census
4. Researcher accounts on CES web site
Benefits to the Census Bureau

• Benefits Statement
  – "The predominant purpose of this study is to increase the utility of Title 13, Chapter 5 data of the Census Bureau by meeting the criteria listed below and as described."

• Benefits criteria—examples:
  – Understanding and/or improving data quality
  – Enhancing the data
  – Identifying shortcomings and/or documenting new data collection needs
  – Preparing estimates of population and characteristics of population
  – Policy Analysis

• At project end, technical memo and working paper (part of contract)
Information sources to help identify benefits to Census

- Potential RDC Methodological Topics
- Census Bureau program contacts
- CES Annual Report
- CES Discussion Papers
- Research Opportunities at the Census Bureau
- Summary of Census Bureau Research Problems Identified by Senior Staff
- RDC Administrator

*The highlighted documents are available on-line at the CES or Census web site.*
The RDC Administrator (A U.S. Census Employee) helps with

- Proposal Writing
- Understanding data resources and item availability
- Contacts at Census / NCHS / AHRQ
- Lab Assistance and Security at RDC
- RDC Assistants

NYCRDC Administrator contact information:
Rosemary Hyson, PhD
rosemary.t.hyson@census.gov
tel: 646-660-6788
Other requirements

- The researcher must undergo a background check to become a “Special Sworn Status” employee of the Census Bureau.

- Researchers are not permitted to remove anything from the RDC (even intermediate output) without disclosure review.

- If also using Census Data, additional proposal requirements, including “Census Benefits” and review for scientific merit.
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<tr>
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<tbody>
<tr>
<td>NYCRDC, Baruch Executive Director</td>
<td>Sanders Korenman</td>
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<td>Rosemary Hyson</td>
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