CALL FOR PAPERS

The Tenth Conference on Health Survey Research Methods (CHSRM) will continue the series that began in 1975 to discuss new, innovative survey research methods that improve the quality of health survey data. The CHSRM will bring together researchers from various disciplines who are at the forefront of survey methods research, who are responsible for major health surveys, and who use survey data to develop health policy. This call seeks abstracts for general overview papers that summarize and integrate current knowledge, papers that identify and address future research challenges, innovative theoretical essays, and other papers that describe new empirical research that advances the field beyond what is currently known about survey methods and their application to health-related issues using the following topics as general:

**TOPIC 1: Optimizing Health Survey Strategies: How to Collect What You Need**

In manufacturing, the quality of a product can be judged against its intended purpose. When the purpose can be carefully defined, it may be considered wasteful to produce a higher quality product than is necessary. This idea of "fitness for purpose" has been used to justify the growing popularity of online panel surveys, rapid polls, and other survey modes that sacrifice probability samples, high coverage rates, or nonresponse follow-up for lower costs and faster results. This session will explore the tradeoffs among representativeness, sample yield, bias, costs, and timeliness. To what extent does the purpose of a health survey change the priorities assigned to these characteristics? Should quality be judged against the subjective sense of intended purpose, or is survey quality best judged against objective standards? When are convenience samples useful or justified? When are incomplete sample frames appropriate? When are low response rates acceptable? What kinds of studies or types of population segments are most appropriate for on-line panel surveys, rapid polls, landline telephone surveys, mail surveys, or face-to-face surveys? And do changing standards of quality have implications for IRB review, for OMB review, or for the public acceptance of the validity of survey results? Papers on quality assessment, mode comparisons, and other topics that might shed light on these questions are solicited.

**TOPIC 2: Building the Health Data Sets of Tomorrow**

Health researchers and policymakers are advancing the use of observational and administrative data derived from databases of medical claims, pharmacy claims, electronic medical records, patient registries, demographic databases, and other sources. For public health research and comparative effectiveness research, linking these data sources can yield findings that could not be derived from any of the individual sources alone. For example, the linkage of claims data with electronic medical records (EMRs) is an important advance. Whereas claims data record the performance of tests and summarize treatments patients receive, EMRs can provide key clinical information to help understand factors that underlie physician decisions. Similarly, biomarker collections and environmental sampling are accompanying traditional health household- and person-level surveys. As this work progresses, new expectations are set for what a health data set should include in order to promote cutting-edge research. Survey methodology must keep pace with these developments.
through enhanced techniques for accessing records maintained by medical establishments and improvements in collecting biomarkers and environmental samples.

Papers in this session should consider how these data sets are being developed to help us take advantage of key developments in the field. We invite papers on topics such as issues of data linkage, enhancing administrative data with demographic information, environmental testing, and the reliability and generalizability of administrative records. Papers also may focus on methods related to establishment surveys (e.g., hospitals or other health care delivery institutions) or surveys of health care providers (e.g., about physician practices). Topics can also include IRB and HIPAA issues associated with the construction of these data sets and methods to ensure confidentiality and privacy when working with linked data that come from multiple organizations with different data security requirements.

**TOPIC 3: Monitoring Health Care Reform**

The Patient Protection and Affordable Care Act of 2010 has been called the most sweeping social legislation in more than four decades. Survey-based mechanisms for assessing its impact must be set in place soon, yet doing so presents a wide range of challenges. The Act itself is multi-faceted, and its elements are not readily understandable to the lay public. Moreover, it is not clear which of the Act’s constituent parts are most important to measure, both at baseline and on an on-going basis. Presentations in this session should elucidate these challenges - and offer possible solutions - to the collection of survey-based information to monitor health care reform. Papers relating to the measurement of key concepts in health care reform (e.g., uptake of health insurance, out-of-pocket payments, premium costs, access to primary care, patient-centered care, provider experiences) also are invited and encouraged. Other topic areas can include best practices for gauging changes in support for or opposition to health care reform as its central tenets are implemented.

**TOPIC 4: Advances in Measuring Health Status & Health Behaviors**

Reducing obesity and increasing physical activity, protecting the well-being of returning veterans and their families, eradicating disparities in physical and mental health status, and reducing tobacco use and substance abuse are at the forefront of public health policy as our nation moves toward 2020. To assess progress vis-à-vis these initiatives, we must be able to measure concepts in an accurate, timely, and cost-effective manner. This session will focus on advancements in measuring health status and health behaviors. Are there new ways to measure nutrition without a 24-hour food intake interview, physical activity without accelerometers, mental and substance use disorders without a full psychiatric assessment? How should we operationally define recovery, disability, well-being? How should we gauge the well-being of our troops and their families before, during, and after deployment? How should we determine if people with behavioral health problems are finding providers to meet their evolving needs? Presentations in this session will describe the measurement headwinds survey researchers face and the tailwinds that facilitate the “journey.” We are soliciting papers that advance measurement of any of the topics mentioned or any other contemporary health status or behavior. We especially encourage the submission of papers that take a broad perspective and discuss the cost and quality of emerging methodologies.

**TOPIC 5: Potential for Innovations with New Technology & Communication Tools**

The future viability of many of our traditional modes and methods of conducting survey research has come under new scrutiny and assault in recent years. At the same time, we have witnessed unprecedented developments in on-line and wireless communications as a means for contact, communication, and exchange of all types of data and information. Social media, social networks, and social marketing may become an increasingly dominant source of information in health survey research and a potential tool for carrying out such research. The use of these new technologies and communications tools could impact health survey
research in many ways. They may revolutionize how people (or other sampling units) are selected, contacted, and surveyed; provide innovative sources for the development of sampling frames; impact how interviewers or respondents themselves are trained; and transform communications with respondents (e.g., how samples are maintained in longitudinal studies). These technologies also may provide new ways to evaluate and enhance the quality of health survey data. We welcome recent empirical research as well as contemplative essays that address these and other potential survey-related uses of social media, social networks, social marketing, and other new technologies and communications tools.

The CHSRM Proceedings will be published. Shortly after the conference, paper presenters will be responsible for submitting a manuscript version of their presentations, including providing text equivalents for all non-text elements (e.g., graphs, images) to ensure the Web version will comply with Section 508 regulations. Proceedings from previous conferences are located at www.cdc.gov/nchs/products/misc_pubs.htm.

CONFERENCE ATTENDANCE

Attendance will be limited to approximately 90 invited individuals who will present papers, chair sessions, discuss presentations and the state of knowledge in specific areas, and serve as rapporteurs. To have a paper considered, send a 500- to 1,000-word abstract (in Word .doc format) to Diane O’Rourke at dorourke@srl.uic.edu no later than September 1, 2010. Final selection of papers will be made in November 2010.

The conference will be held April 8–11, 2011, beginning on Friday evening and continuing through Monday morning at the Wyndham Peachtree Conference Center, Peachtree City (suburban Atlanta), Georgia. Lodging, meals, and most travel expenses will be covered for all invited participants who are not Federal employees. (At this time, funding is still being acquired. If full funding is not obtained, some cost sharing may be necessary.) All participants must be present for the entire conference. For further information, contact Diane O’Rourke at dorourke@srl.uic.edu.

STEERING COMMITTEE

Timothy Johnson, University of Illinois at Chicago (Co-chair)  
Stephen Blumberg, National Center for Health Statistics (Co-chair)  
Diane O’Rourke (Conference Organizer)  
Timothy Beebe, Mayo Clinic College of Medicine  
Jeanine Christian, Battelle Centers for Public Health Research and Evaluation  
Anne Ciemnecki, Mathematica Policy Research  
Michael Davern, National Opinion Research Center  
Jamie Dayton, ICF/Macro International  
David Dutwin, SSRS  
Brad Edwards, Westat  
Trena Ezzati-Rice, Agency for Healthcare Research and Quality  
Joseph Gfroerer, Substance Abuse and Mental Health Services Administration  
Richard Kulka, Abt Associates  
James Lepkowski, University of Michigan  
John Loft, RTI International  
Judie Mopsik, The Lewin Group  
Ed Spar, Council of Professional Associations on Federal Statistics (COPAFS)  
Gordon Willis, National Cancer Institute