

IMPROVING THE VALIDITY OF SURVEY DATA

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To narrow the range of the topic, participants were invited to suggest aspects in which they had special interests. This led to suggestions as numerous and varied as the backgrounds of the participants.

Discussion began with responses to inquiries about the ASA pilot project on the assessment of survey practices and the problems of frame building to be faced in conducting a nationwide study. The directors have proposed a combination of methods in developing frames: construct lists of sponsors and surveys done for each; construct lists of survey-taking organizations and surveys conducted by each. Political polling and market research appear to be the most difficult areas for frame building. It was suggested that the universe of political polling might be limited to polls related to a particular election or class of elections (e.g., national presidential). Consideration of the problems encountered in constructing a frame of establishments conducting market research surveys led to a discussion of the importance of a clear, working definition not only of establishment but of any other term having a determinative role.

Nonresponse in relation to household personal interview surveys soon dominated the conversation. The frequently mentioned components of nonresponse and problems in dealing with them were reviewed. How nonresponse is defined and calculated has broad interpretations that vary with survey organizations. Nor was there expressed agreement among participants. It was suggested that in the case of quota samples, there should be a reporting of the number of households contacted in order to fill the assigned quotas. Otherwise, when data from such surveys are archived and distributed, analysts have interpretive difficulties. It was pointed out that one way to avoid this problem was to use probability samples.

Refusals may occur for many reasons. Interviewers concerned about their personal safety may refuse to go into some areas. Householders fearing strangers may not respond to a knock at the door. Entrances to apartment buildings may be barred by locked doors or by doormen. The sponsorship of a survey or the subject area may be grounds for refusals. The questionnaire design or the length of the interview may result in a partial refusal. We lack an understanding of why respondents refuse. It was strongly suggested that this issue should be investigated.

Over time there are changing ideas and changing perceptions of what is an acceptable approach to data collection. To illustrate, rather than asking respondents direct questions about voting in a past election, we might obtain names and addresses and go directly to voting records to determine who did or did not vote.

Little attention was given to sampling error as a factor contributing to the validity of survey data. However, there was a request that organizations distributing data sets and analytical programs also include programs for a proper calculation of sampling variability when data are not derived from simple random samples.

Exclusive of nonresponse, there remains a broad area of nonsampling errors that may have important effects on survey data. It is generally agreed that attention focuses largely on nonresponse because it is highly visible. Less visible are the effects of questionnaire design, question wording, interviewer error or bias, interviewer training and response error or bias. A high response rate does not guarantee high quality of data. What have we gained in pursuing a reluctant respondent until he agrees to grant an interview if his responses are irresponsible? It is not clear nor was there agreement on which effect should have more attention: nonresponse or response errors. More research is needed in these areas.

STATISTICS FOR HEALTH PLANNING

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The National Health Planning and Resources Development Act (P.L. 93-641) was signed into law in January 1975. It was designed to create and support the capability for health planning to assure that needed health services are available, accessible and of high quality, but at the same time that there is not a costly, duplicative proliferation of services.

The nation has been divided into 212 Health Service Areas, and there is a Health Systems Agency (HSA) for each area which is responsible for area-wide planning. The agencies' functions include assembly and analysis of data, review of proposed new health services, reduction of unnecessary duplication of services and promotion of better services, and (in time) review of the appropriateness of existing services. The HSAs advise the State on Certificates of Need for new services.

The HSAs must develop Health Systems Plans for their area, which are statements of the goals for health investments in the community. These goals must be specific and quantitative wherever possible.

The P.L. 93-641 placed considerable emphasis on the acquisition and use of health statistics to analyze the health systems' strengths and weaknesses and determine the need for new services and identify areas which may have a surfeit of facilities and services. The goals and objectives of the planning process, evidenced in the Health Systems Plans, must be derived from the thoughtful analysis and interpretation of empirical data.

The HSAs must assemble and analyze the data for their area on health status, use and effect of the health care delivery systems, health resources, health financing and the environmental and occupa-