

A Federal-State Partnership in Health Surveys Discussion

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This session was designed to show the tension between the Federal government and the states in a truly collaborative arrangement, and the wonderful usefulness of the data that can arise from such a collaboration. The part of the Federal government is taken by the Centers for Disease Control (CDC) one of the component agencies of the Department of Health and Human Services. The collaborative arrangement is the Behavioral Risk Factor Surveillance System (BRFSS).

David Nelson gave you a masterful overview of the survey, the roles of the states and of CDC, and told you how the decisions on the content are made. His table on the State and Federal Tensions Resulting from the BRFSS Approach, addresses all the major issues except one that I shall mention in a moment.

Bruce Steiner provided compelling evidence on the State's need for data about itself and its subdivisions; Illinois goes so far as to allow the counties to add questions. That's about the ultimate in devolution and serves I think as a model for how data can be collected, distributed, and used. The BRFSS itself is impressive in involving the states in the design of the survey. Illinois is involved as a state, but goes farther by involving the counties. Bruce has apparently succeeded in teaching at least some of the program people about proper use of survey data.

Eve Powell-Griner's paper addresses two very important issues that are often used to criticize the BRFSS. One is that because it is not a centrally-controlled system with a single frame, questionnaire, and data-collection organization, the data can not be combined to make national estimates. A second criticism is that because the BRFSS is a telephone survey the estimates will not be comparable to those from the NHIS. Eve has showed that they can be. The results are encouraging. They are particularly encouraging because the measures on which differences are found - current smoking status, height, Body-mass Index, and health status - and measures on which differences are found no matter which surveys you compare. The differences are even greater between a self-reporting survey such as the National Health Interview Survey and an examination survey such as the National Health Examination Survey. People report what they know and what they are willing to report. The argument is convincing for national estimates. I think it less convincing for special population groups, and I'll return to that in a moment.

Finally, Michael Schooley and Angela Trosclair presented data on the use of BRFSS data to monitor an important national program, which is a nice contrast to Steiner's showing how the data are used by a state, but the presentation also demonstrated one of the tensions between the Centers for Disease Control programs and the states. The authors, who were

presenting a paper at a session on the BRFSS, devoted only a few minutes to the BRFSS; the rest of the time they devoted to their program. I have seen that too often at the annual meetings. It is the major issue that I think David Nelson failed to address.

Returning to the paper by Powell-Griner, I'd like to make two comments. The first I think would be an improvement. I'd like to see the comparisons if estimates from the NHIS were based solely on self-respondents. The BRFSS is totally self-respondents while the NHIS is a mixture of self- and proxy-respondents and we have a fair amount of evidence that self- and proxy-responses are not the same - especially on sensitive or socially condemned measures.

Second I'd like to suggest that for certain population groups and, unfortunately, they are population groups of great importance to public health, telephone surveys do underestimate prevalence.

In a 1998 paper, Mary Northridge (Northridge, 1998) said,

In the Harlem Household Survey, the 21 percent of the participants without working phones were half again as likely to report current smoking (61 percent) as were participants with working phones (39 percent).

In a 1996 paper, LaPlante and Carlson wrote (LaPlante and Carlson, 1996),

About 2.4 million people with limitation in activity do not have telephones in their households, a statistic that should be taken note of by survey designers. (Page 9) On the following page they wrote, In households without telephone service, inability to work is almost twice as high as in households

with a phone.

Therefore, there is confounding between having a telephone and smoking and between having a telephone and having a disability. Survey designers and survey analysts have to remember those relationships.

In November 1994 there was a special supplement on the Current Population Survey to measure telephone penetration in the United States. The analysis revealed several things critical to this discussion. Overall, the rate of telephone penetration was 93.7 percent, but it was only 79.8 percent for poor people in central cities. In rural areas, only 75.5 percent of American Indians (and Aleuts and Eskimos), and 79 percent of Hispanics had a telephone. Population density, race and ethnicity, and income vary among states. I think it safe to assume that telephone coverage also varies among states.

That does not mean that the BRFSS should not be done. It most definitely should be done. It does mean, however, that you should be careful. I think you can use models to adjust for noncoverage due to some households lacking a telephone. It's being done for the National Immunization Survey, which is designed to make estimates for 78 local areas, a good precedent for 50 states (Battaglia, Malec, Spence, Hoaglin, Sedrans, 1996)

I hope that one of the things this session has illustrated is that there are many users of data and many ways in which the data can be used. That suggests to me a need for diversity in the surveys, in the modes of data collection, and - as we have seen today - in the control as long as standards are uniform and are adhered to. The ideal seems to be

co-ordination, not control.

*Falling Through the Net: A Survey of the
“Have Nots” in Rural and Urban America.*

US Department of Commerce, July 1995

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