

Modernization of a Public Health Survey System



February 20, 2020

Oregon
Health
Authority

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Today's presentation

- Overview: Survey modernization project
 - Background
 - Approach
- More detail: Survey indicator estimates for small geographic areas (sub-county)
- Questions and discussion

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Background

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Reliance on Behavioral Risk Factor Surveillance System (BRFSS)

- Telephone survey of adults in Oregon
 - Part of national survey
 - Range of topics: risk and protective factors, prevention/screening, health outcomes, demographics
 - Every few years, racial and ethnic oversample conducted
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Current challenges with BRFSS

- Expensive
 - Lack estimates for smaller geographic areas
 - Survey is long
 - Concerns about representativeness and validity of data
 - Lack of community engagement
 - Lack data for Pacific Islander communities
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Modernization framework for identifying new approach



Assessment & epidemiology



Health equity & cultural responsiveness



Community partnership development



Policy & planning

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Taking a new approach

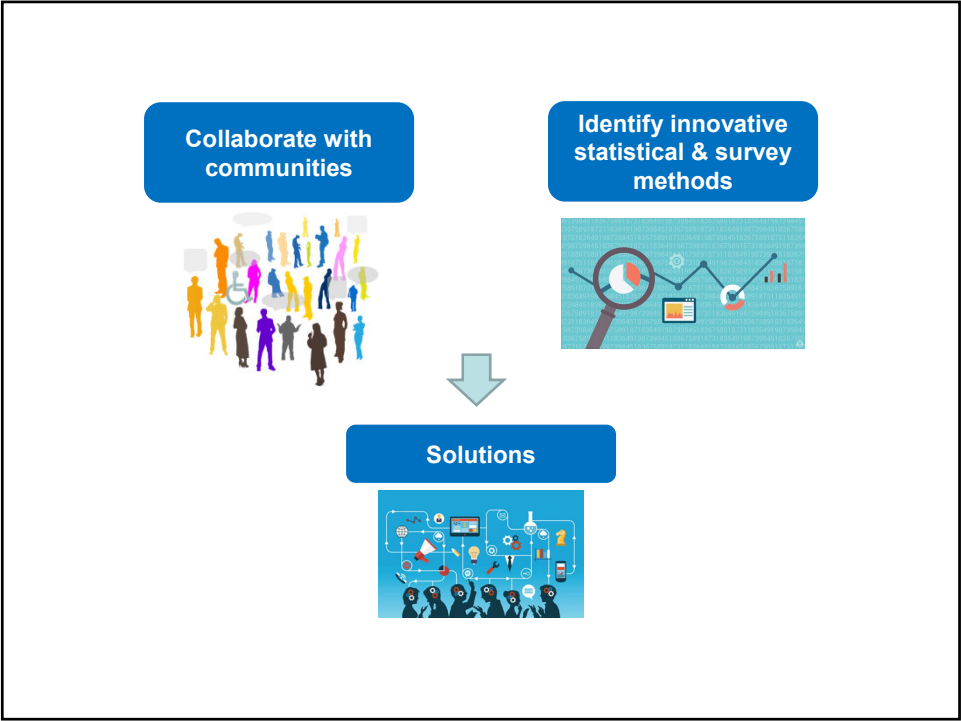


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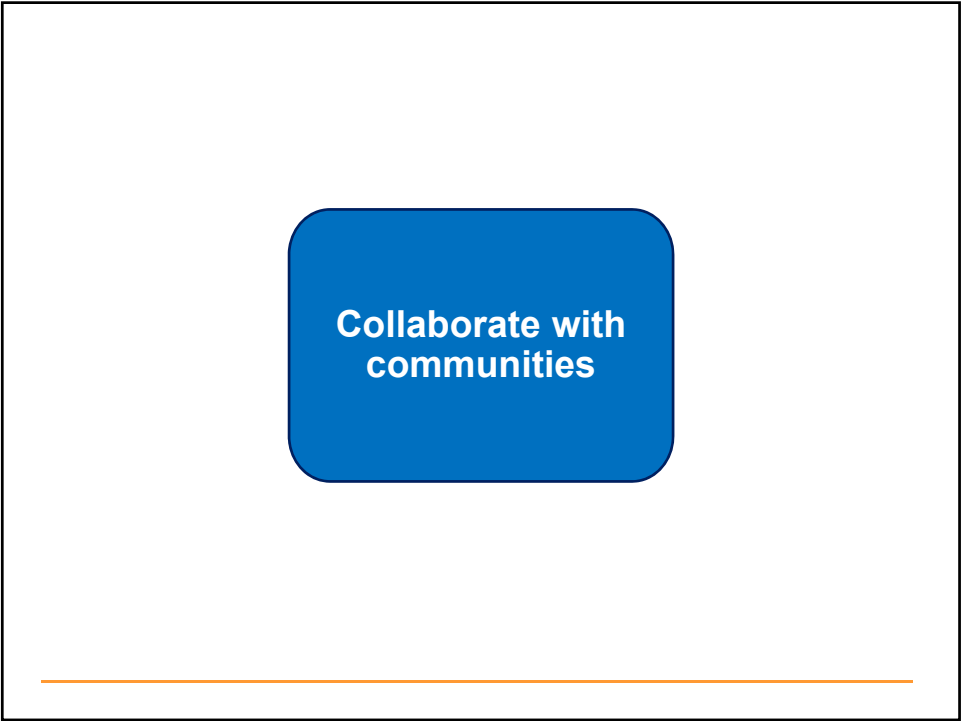
Instead of conducting the usual BRFSS racial and ethnic oversample:

- Combine 4 years of standard BRFSS data for analysis for communities of color
- **AND**

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Addressing current challenges with BRFSS

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 - Lack estimates for smaller geographic areas
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Collaborate with African American and Black, Latinx, Asian American, Native American communities

- Fund communities
 - Conduct participatory analysis of BRFSS & youth surveys
 - Communities design supplemental data collection methods
 - Support communities in writing data briefs
 - Summarize recommendations for new methods
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Collaborate with Pacific Islander communities

- Fund communities
 - Summarize existing data
 - Communities design data collection methods
 - Conduct participatory analysis of newly collected data
 - Support communities in writing data brief
 - Summarize recommendations for new methods
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**Identify innovative
statistical &
survey methods**

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Addressing current challenges with BRFSS

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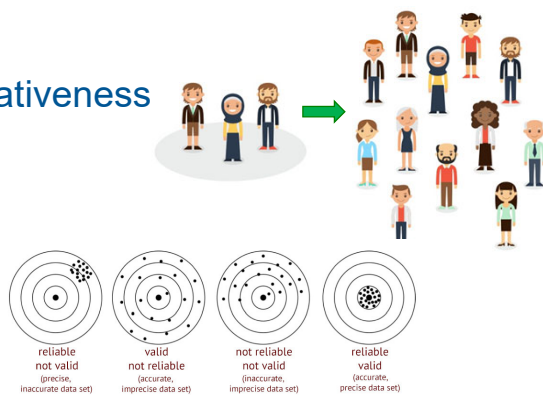
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How can we modify the adult survey system overall to

Shorten the survey

Increase representativeness of data

Increase validity of measures



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Exploring the science to modify adult survey system overall

- Work with Oregon Public Health Division Science and Epidemiology Council
 - Explore additional survey methods in scientific literature
 - Conduct interviews with survey research experts
 - Incorporate recommendations from community collaboration
 - Develop methods to pilot
 - Pilot methods
-

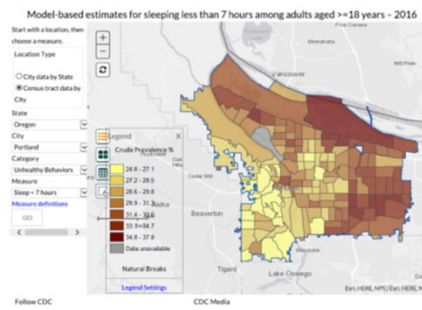
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Addressing current challenges with BRFSS

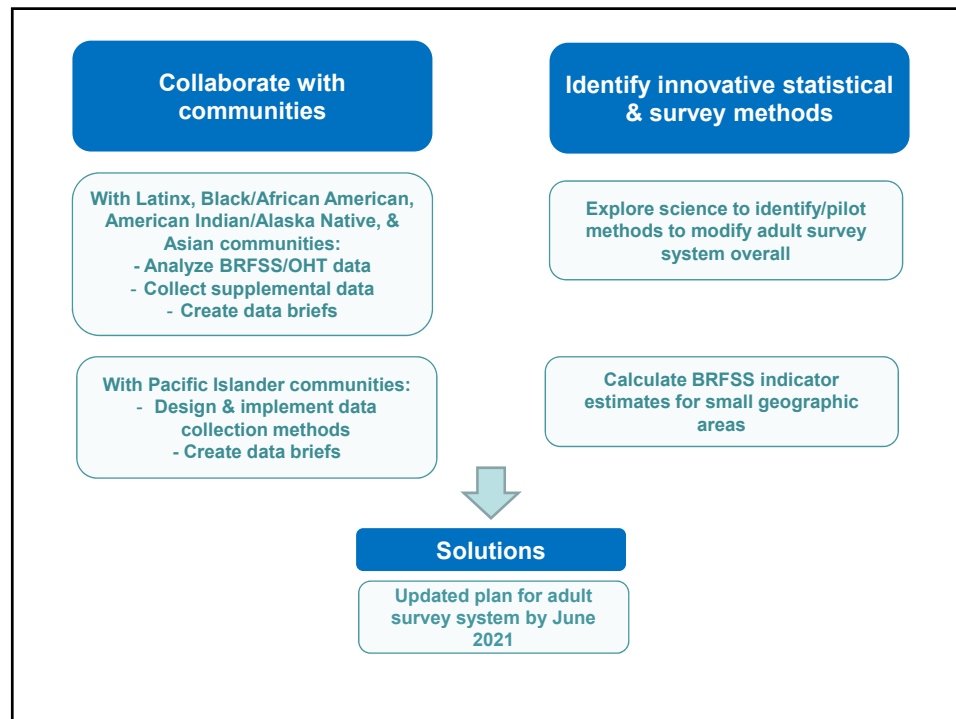
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Calculate BRFSS indicator estimates for small geographic areas

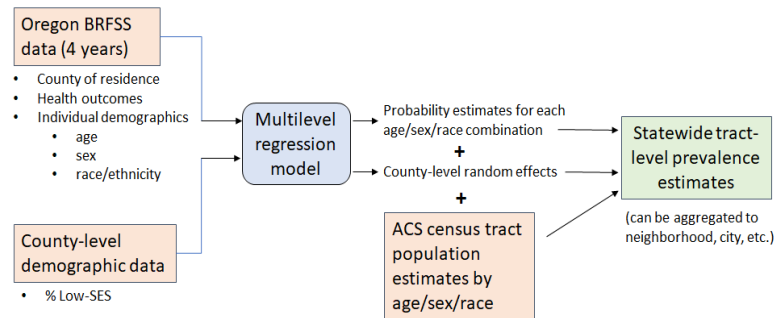


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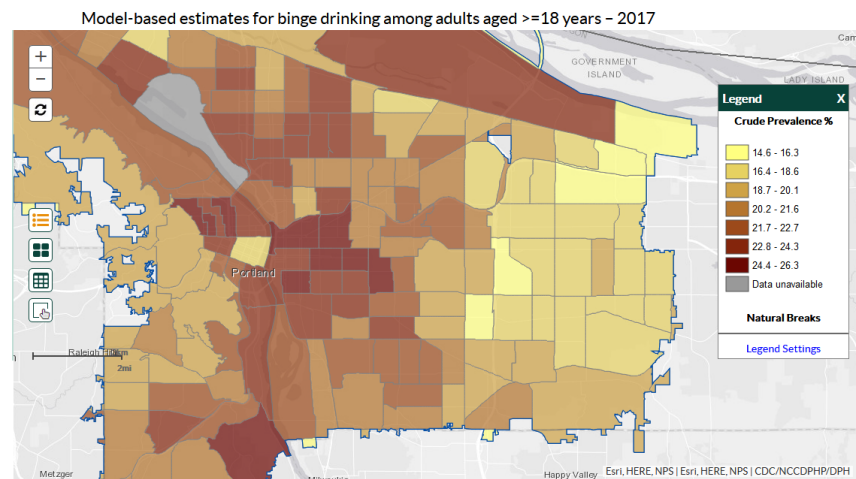
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Methods: BRFSS indicator estimates for small geographic areas



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Example: CDC's 500 Cities Project



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BRFSS Indicators: Topic Areas

Health Outcomes

- General health status
- Chronic health conditions
- Overweight and obesity
- Injury
- Oral health
- HIV/AIDS
- Respiratory health
- Depression

Demographics

Prevention / Screening

- Fruit and vegetable consumption
- Physical activity
- Cancer screening

Risk and Protective Factors

- Substance use
 - Alcohol
 - Tobacco
 - E-cigarettes
 - Marijuana
- Health care access and coverage
- Immunization
- Sleep

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BRFSS indicator estimates for small geographic areas: Questions

- Would sub-county estimates of BRFSS indicators be useful for program planning and/or policy making?
- Would census tract-level estimates be useful, as opposed to larger, aggregated areas (e.g., neighborhood) or different geographies (e.g., zip code)?
- Any concerns?
- What topic areas / health indicators would be most useful?

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Other Questions?

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Contact information

Julie Maher, PhD, MS | Director

Program Design & Evaluation Services

Oregon Public Health Division & Multnomah County Health Department

julie.e.maher@dhsosha.state.or.us**Erik Everson, MPH | Senior Research and Evaluation Analyst**

Program Design & Evaluation Services

Oregon Public Health Division & Multnomah County Health Department

erik.everson@dhsosha.state.or.us

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