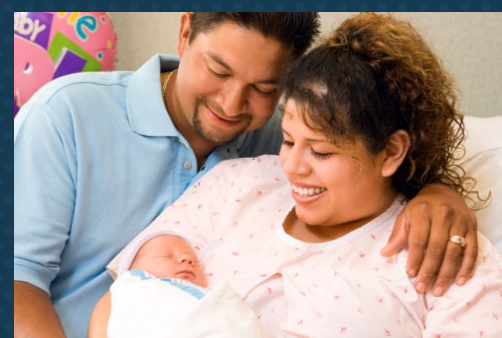
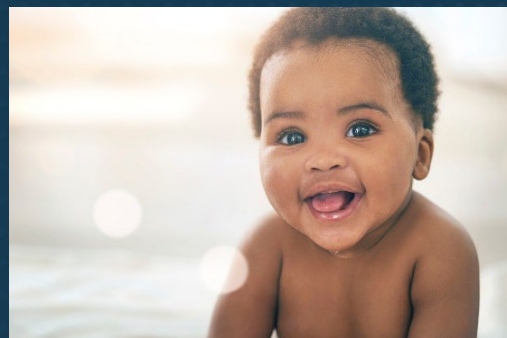


LEVEL-OF-EFFORT APPROACH TO ASSESSING INCREMENTAL NONRESPONSE BIAS IN PRAMS

JOSEPH PIROZZOLO, PHD*; HOLLY SHULMAN, MA; PHIL HASTINGS, PHD*; LEE WARNER, PHD; RUBEN SMITH, PHD

THE FINDINGS AND CONCLUSIONS IN THIS REPORT ARE THOSE OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL POSITION OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health; *Far Harbor LLC



BACKGROUND

- **Decreasing survey response rates are driving new interest in non-response (NR) bias research**
 - The level-of-effort (LOE) approach simulates low response rates (RR) in higher RR surveys
 - Later respondents are treated as non-respondents
- **Research Question: *Do survey estimates from earlier versus later respondents exhibit differential bias?***
 - Assumption: Respondents requiring greater effort are more similar to nonrespondents
 - Can be tested since PRAMS samples from birth certificates with information (i.e., demographics, medical) on respondents and nonrespondents



METHODS

- Selected 20 sites from PRAMS (2019)
- Criteria:
 - Response rate
 - Sample size
 - Urbanicity (*FiveThirtyEight index*)
 - Diversity (*WalletHub index*)
 - Geographical area

		Urbanicity % of population in locale		
Diversity	Response rate (RR)	Rural	Mix	Urban
Homogeneous	Low RR	WV, NH	IN	
	Medium RR	ND	MO	PA
	High RR	MS, SD*	OR*	PR
Diverse	Low RR	OK*	SC	AZ*, FL*
	Medium RR	AK*	VA	IL
	High RR		KS	NYC*, MA
Note:				
* Special subpopulation: [AK – Alaska Native; AZ – Hispanic (Mexican); FL – Hispanic (Cuban); NYC – Chinese and other races; OK – Hispanic and Native American; OR – Asian; SD – Native American]				
RR:	Low: 0-55% (n=7)	Medium: 55-60% (n=6)	High: 60+% (n=7)	
Sample size:	<1000 (n=6)	1000-1265 (n=8)	1266+ (n=6)	

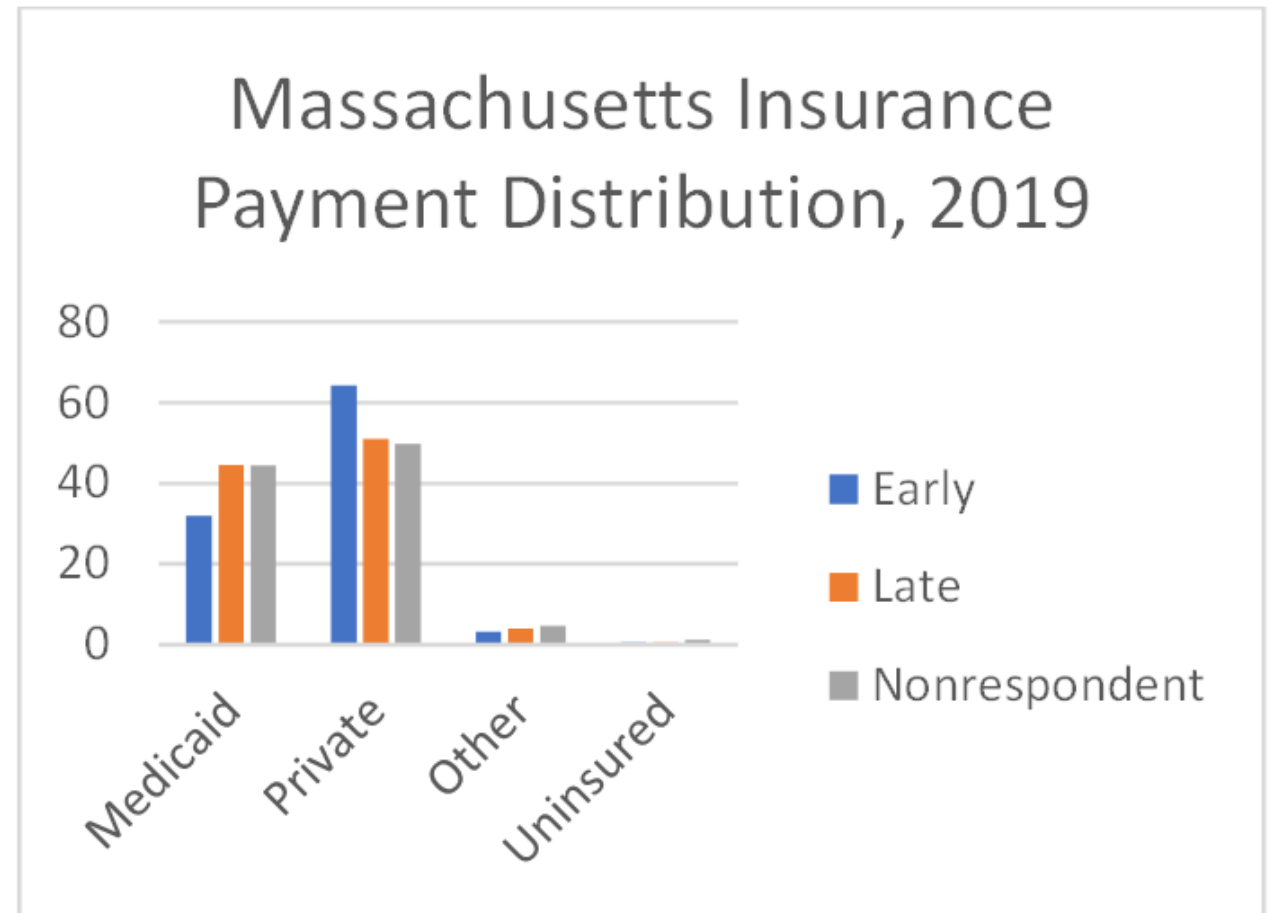
METHODS

- **Examples of 21 core PRAMS variables selected for analysis**

Contraception related	Medical conditions /health services	Other behavioral indicators	Demographic/SES
Intended pregnancy	Gestational diabetes	Physical abuse before pregnancy	Less than 100% of federal poverty level (FPL)
Postpartum birth control (BC) use	Flu shot	Smoking before pregnancy	
Moderate/Most effective postpartum BC method	Teeth cleaned during pregnancy	Smoking during pregnancy	
Discuss BC at postpartum visit (PPV)	Maternal postpartum visit	Still breastfeeding	

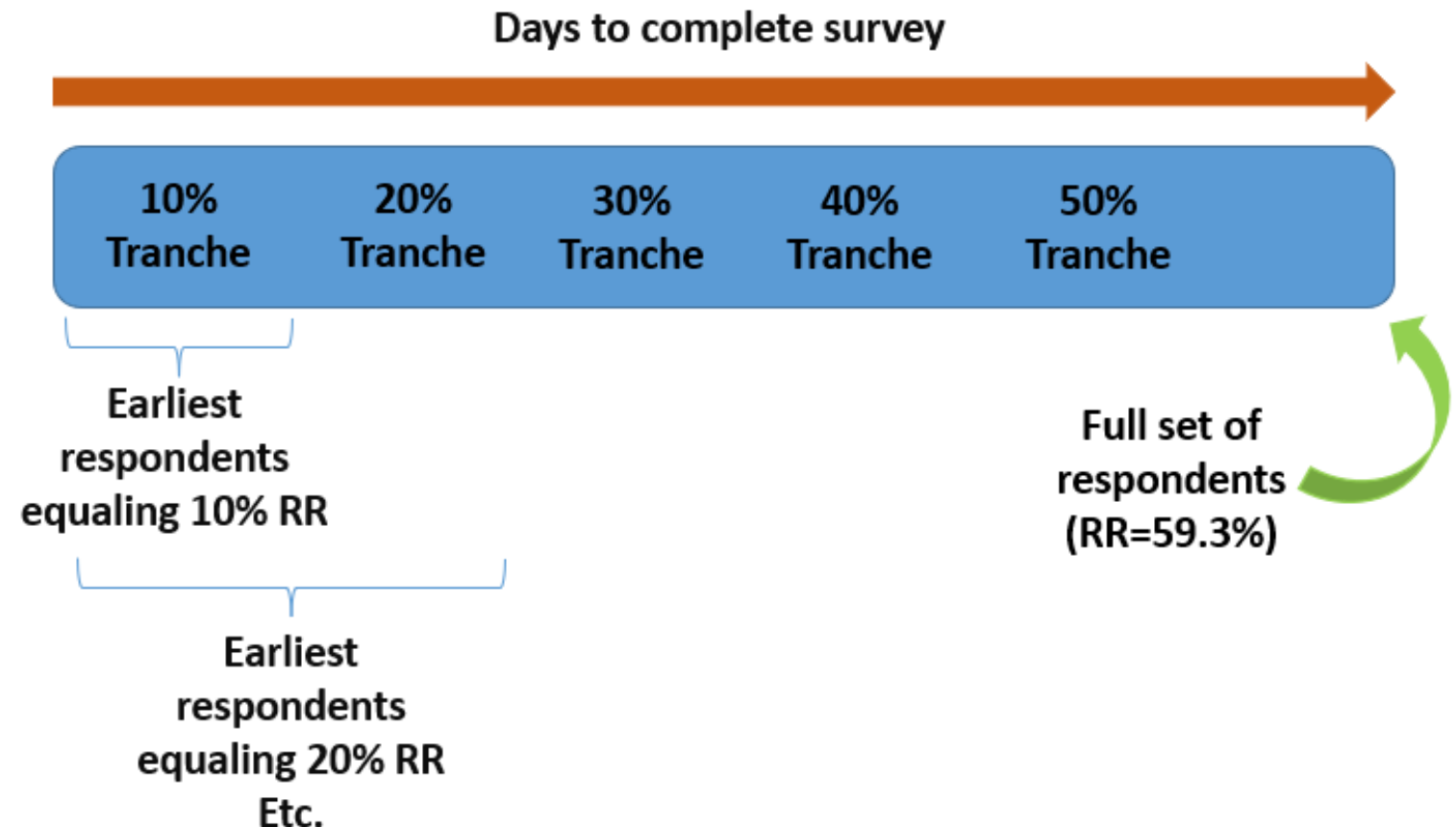
METHODS

- **Assumption: late-respondents are more similar to non-respondents**
- **Tested using 11 birth certificate variables**
 - E.g., maternal race/ethnicity, maternal education, insurance for birth
- **Early-respondents: completed survey before or during the first week of phone interview**



METHODS

- Created ‘tranches’ simulating lower RRs
- Earliest respondents comprised lowest RR tranches
 - Ranged from 5% to the full set of respondents
- Tranche data re-weighted with new non-response adjustment
- Example: Illinois 2019

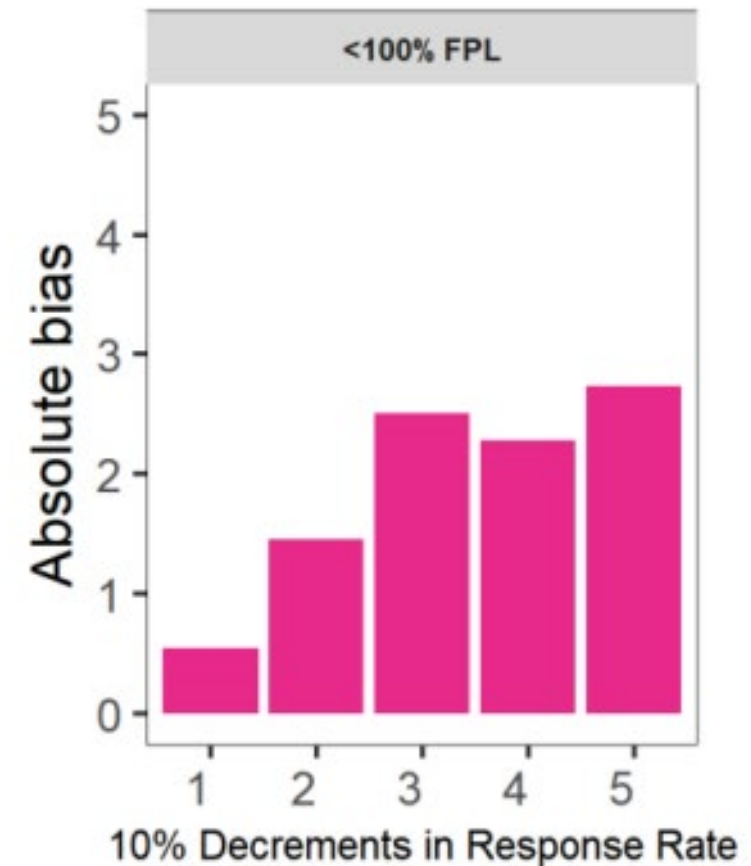


METHODS

- **Statistics calculated:**
 - Absolute bias: Difference in weighted estimates between each response tranche and the full set of respondents
 - Relative bias: Percentage of the weighted estimate; a standard scale when examining multiple survey measures
 - Instances where estimated value from a response tranche fell outside the 95% CI of the full response estimate identified
 - Incremental bias: Mean absolute difference in estimates across sites as response rates drop in each tranche
- **Multilevel regression model**
 - Modeling bias as a function of response rate
 - Response rate tranche (level-1) nested within PRAMS site (level-2)

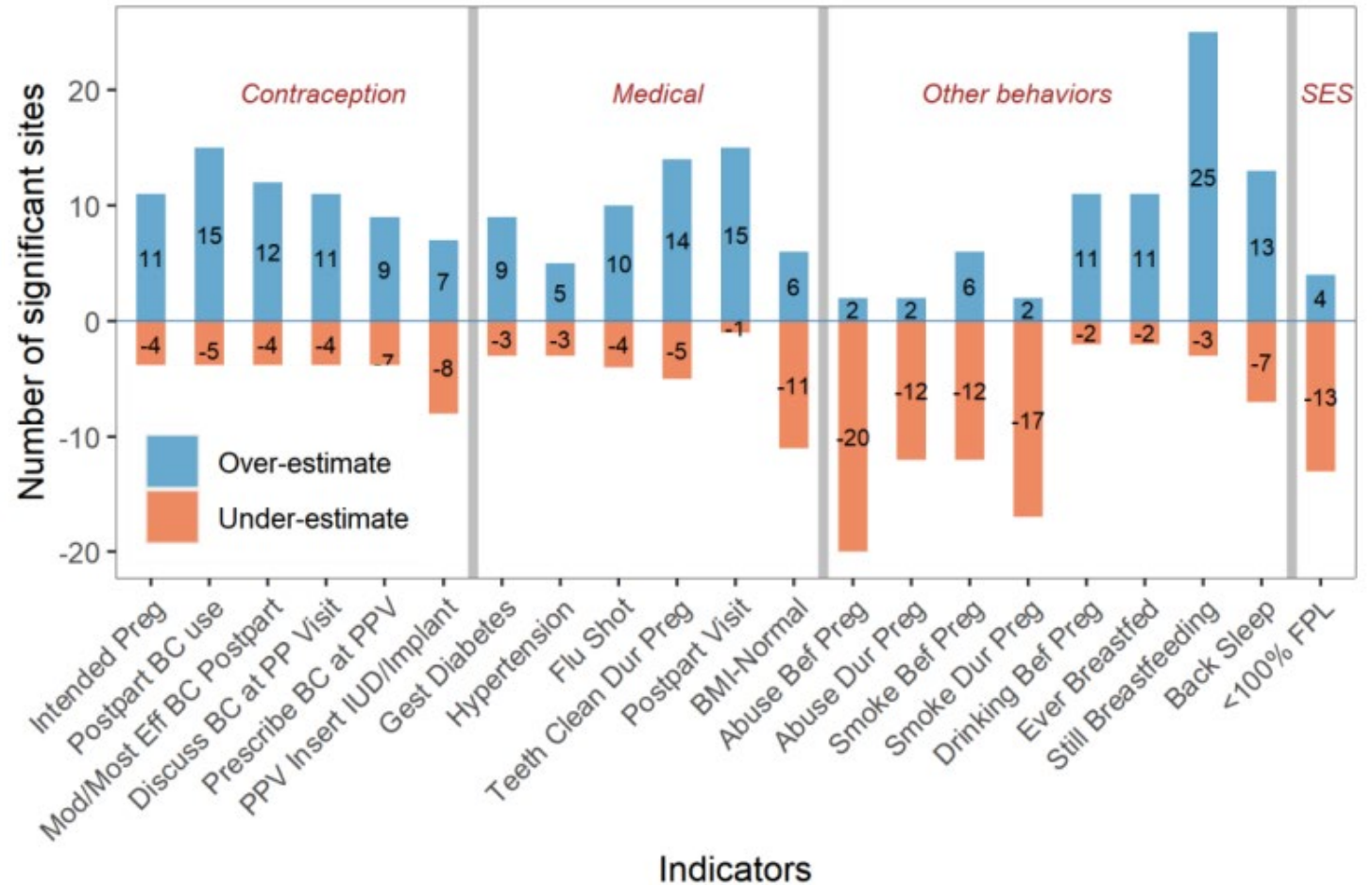
PREVIEW: KEY FINDINGS

- On average, for every 10% decline in RR, we observed ~0.5% bias in estimation
- Bias tends to be in a predictable direction:
 - Indicators representing desirable outcomes or positive behaviors tended to be overestimated
 - Indicators of adverse outcomes/behaviors (e.g., physical abuse, smoking) tended to be underestimated



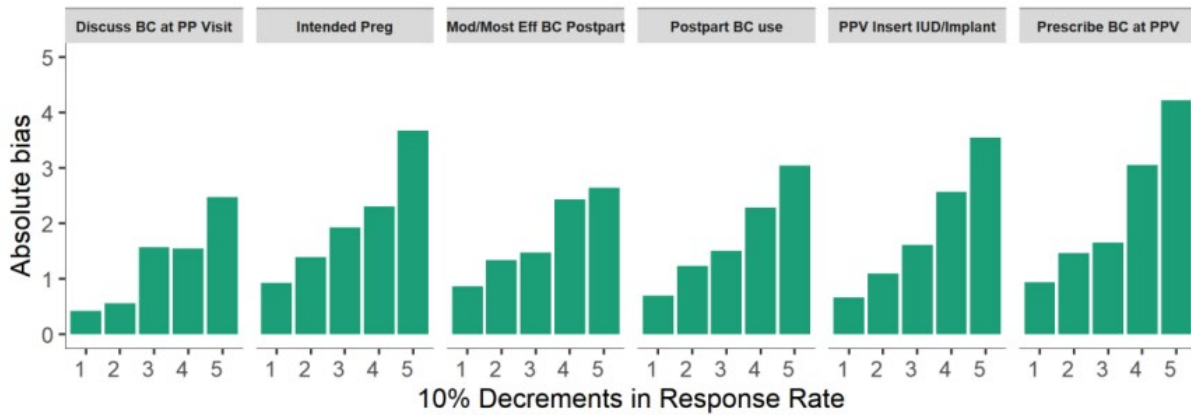
RESULTS

- Number of significant differences across tranches for 20 sites
 - Positive behaviors overestimated when response rates dropped
 - Indicators representing less desirable/risky behaviors likely to be underestimated

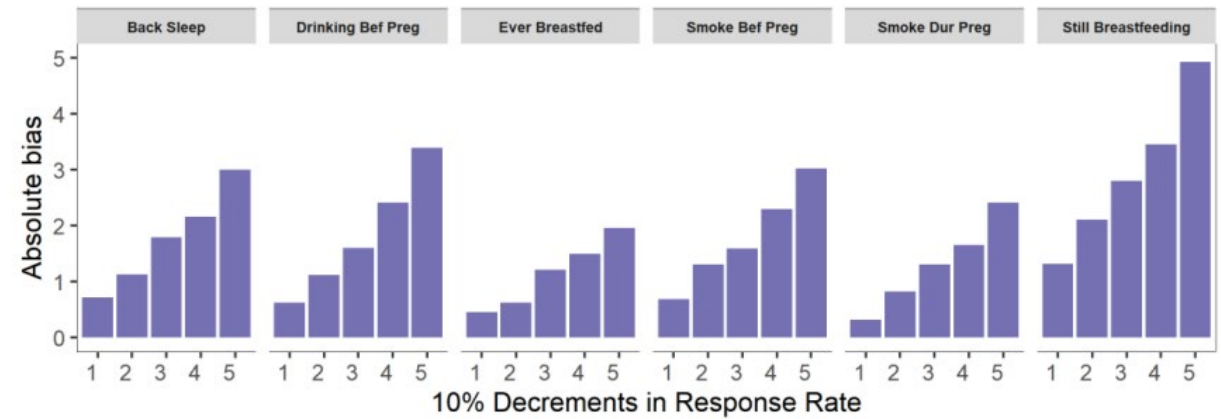


RESULTS

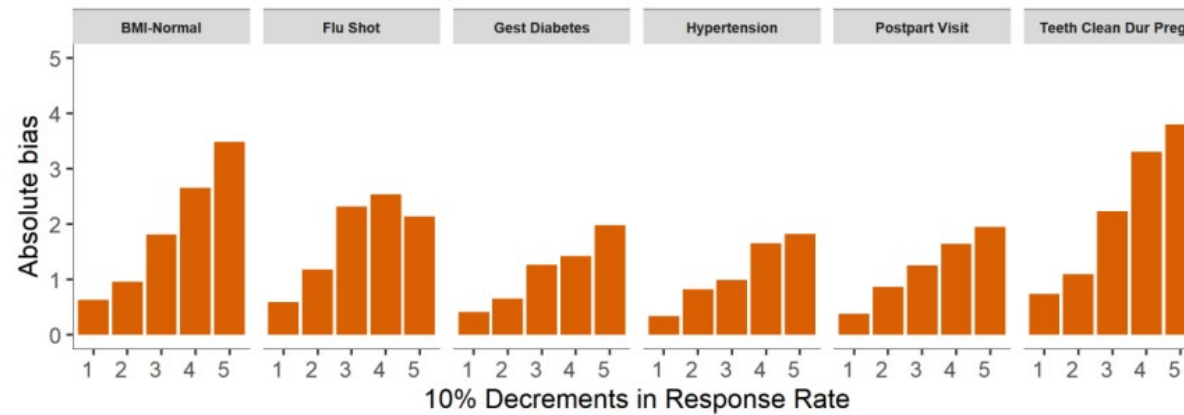
Contraception-Related Indicators



Other Behavioral Indicators

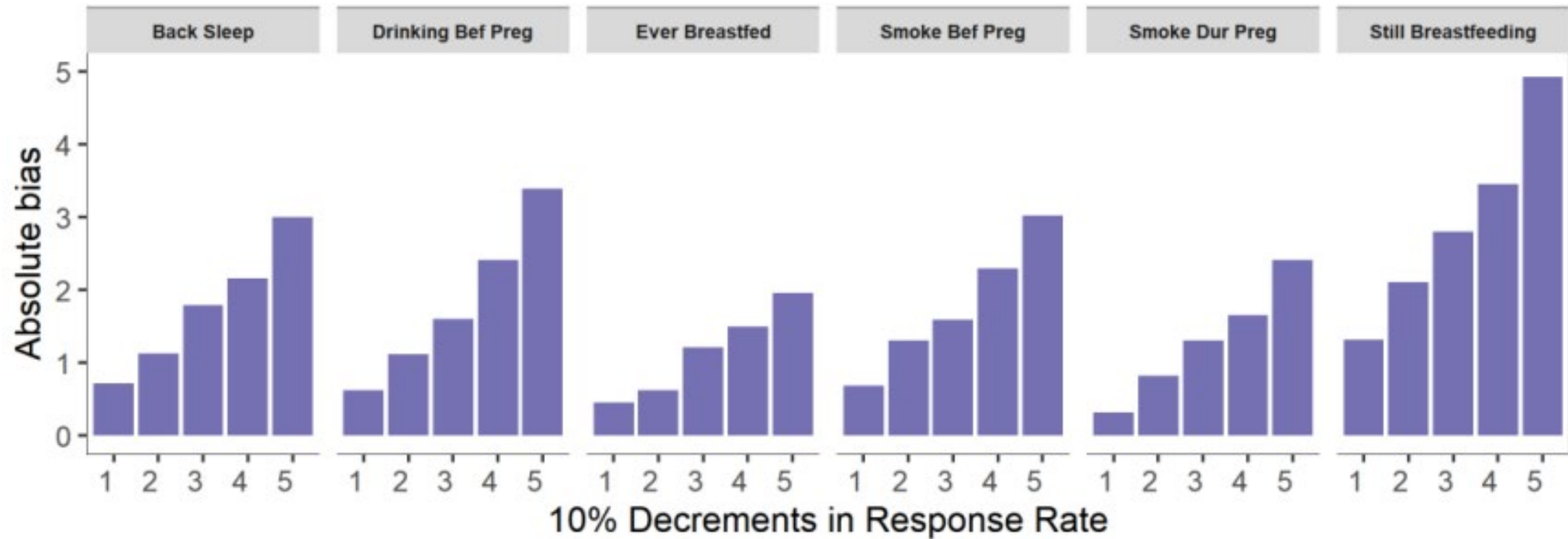


Medical Conditions/Health Indicators



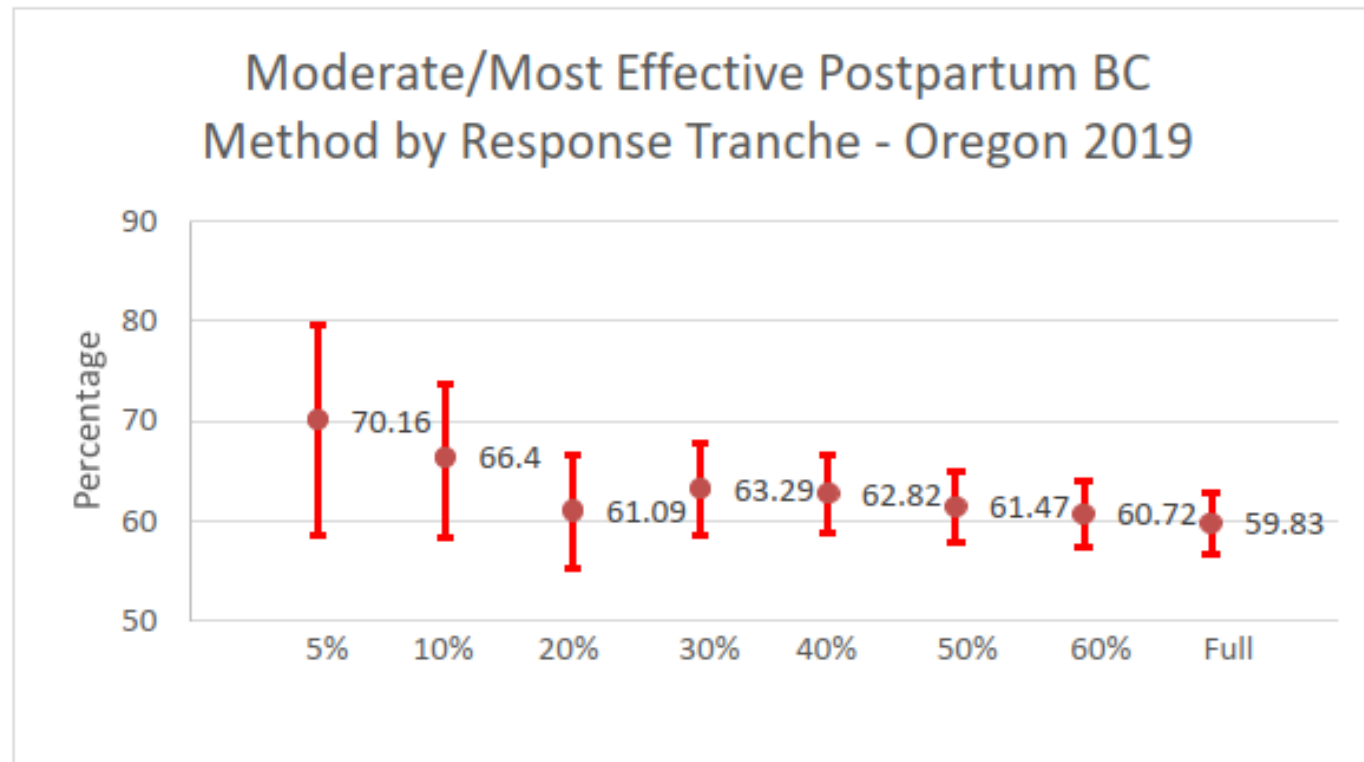
RESULTS

Other Behavioral Indicators



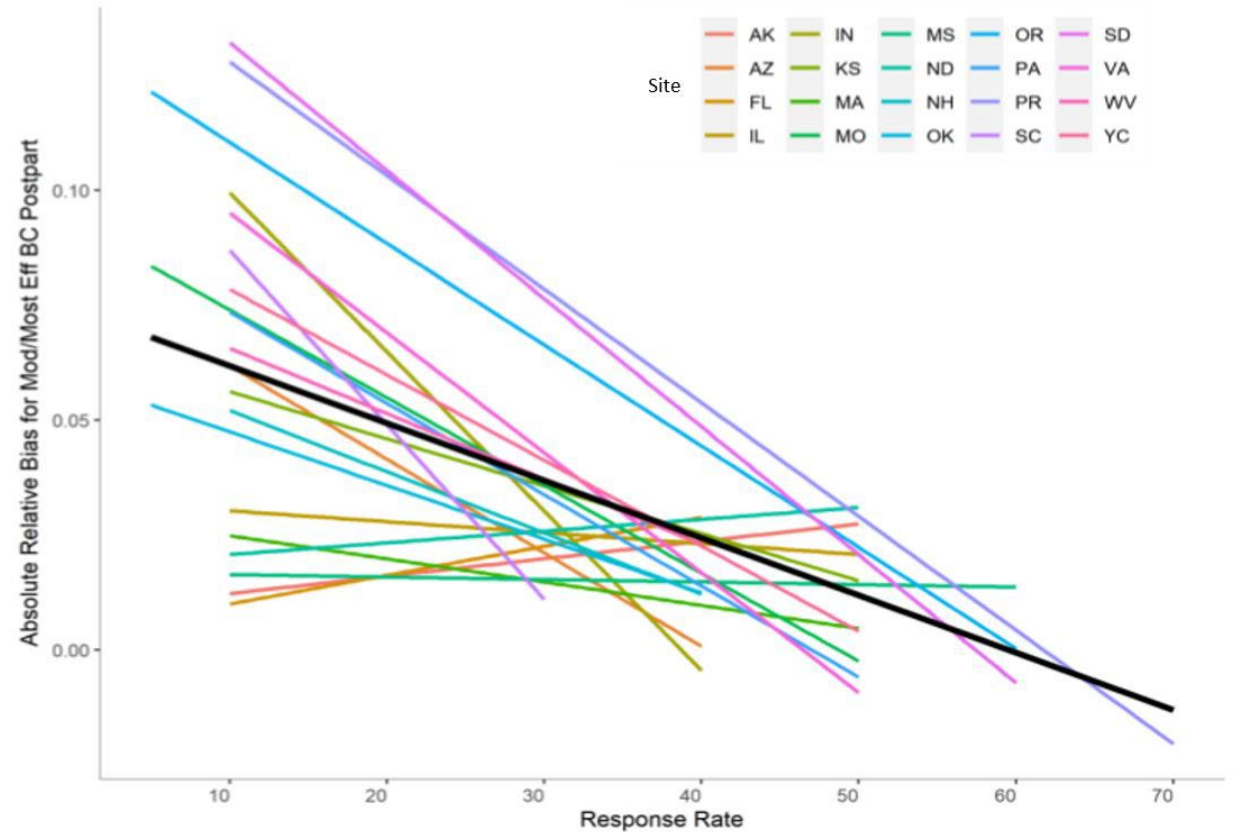
RESULTS

- **Mod/most effective birth control (BC) in Oregon: all tranches overestimate the full estimate**
 - Estimates from the 5%, 10%, and 30% tranches are outside of the 95% CI around the full estimate



RESULTS

- Multilevel regression models:
Absolute relative bias for mod/most effective postpartum BC
 - *Absolute relative bias* decreased by an average of 1.25% for each 10% increase in response rate. (Range = 0.42 – 6.26% across indicators.)



WRAP-UP

- **Conclusions**
 - *On average, we saw ~0.5% absolute bias per 10% decrease in RR*
 - *Some indicators were differentially prone to over-/under-estimation at lower RR*
- **Implications:** LOE approach allows us to explore nonresponse bias across a range of decreasing response rates
- **Limitations:** Full response estimates from the lower response rate sites may already have inherent bias
 - e.g., estimates from full response estimates in a site with 30% response rate might be different from estimates from the 30% tranche in a site with 70% response rate.

THANK YOU

Holly Shulman, MA

Division of Reproductive Health, CDC

hbs1@cdc.gov

Lee Warner, PhD

Division of Reproductive Health, CDC

dlw7@cdc.gov

Ruben Smith, PhD

Division of Reproductive Health, CDC

eyb4@cdc.gov

Phil Hastings, PhD

Principal, Far Harbor LLC

phil@farharbor.com

Joseph Pirozzolo, PhD

Statistician, Far Harbor LLC

joe@farharbor.com