Healthstyles[88] Fact Sheet

SAMPLE:

The Healthstyles[88] survey draws a sample from the annual DDB Needham Lifestyles survey, conducts additional Lifestyles surveys for under-represented (minority) populations, collects health relevant data from the entire sample, and then merges the two datasets. The estimated sample each year is 3,000. The sample is weighted on 7 demographic variables to be representative of the U.S. population. In the years 1996-1998, the weighting factors have been minimal. A description of mail panel surveys and reliability and validity is attached below.

ITEMS:

The DDB Needham Lifestyles[8] survey is conducted annually and consists of about 300-400 questions that tap into constructs such as perceived personality traits, media habits (TV, radio, newspapers, and magazines), shopping habits, political beliefs in general, religiosity, civic involvement, sensation seeking scales, general life satisfaction, demographics including family structure, and several other lifestyle type questions. Healthstyles[8] items are developed in consultation with health-related organizations and may vary from year to year. Previous years instruments are available from the OC by email to either contact name listed below.

SYNDICATION AGENT:

Porter/Novelli, a Washington social marketing and health communication firm, conducts the Healthstyles[88] survey with technical assistance and question development from several public health agencies, including CDC.

CDC'S LICENSE TO Healthstyles[88] :

Because CDC only provides technical assistance to Porter-Novelli and Porter-Novelli funds and collects the data, no OMB approval is necessary. The CDC purchases the data from Porter-Novelli that has been collected from Healthstyles[88] respondents. Participating programs are **licensed to have the entire Healthstyles[88] dataset on disk** for local analysis.

ADMINISTRATION AND REPORT DATES:

The survey is usually **administered early summer** across the U.S. Standard demographics banner reports are usually available by mid-October. Custom reports that incorporate Lifestyles[8] data, generally take 3-4 weeks to process and a small amount of additional funding.

CIO PARTICIPATION AND COSTS:

If your center or programs wish to participate, questions are due to the Office of Communication by no later than **May 1st** each year. Reimbursement the Office of Communication is assessed based on each programs level of participation in providing technical advice. Generally, this works out to be about $1,500 per item that is suggested. The reimbursement costs vary with overall CDC participation. If a larger number of programs participate, costs per program decrease.. Dr. Susan Kirby and Dr. Bill Pollard, of the Office of Communication, coordinate this project for CDC. If you need technical assistance developing items for the survey, want a more in-depth discussion of how this survey can help your communication and program intervention efforts, or need to discuss financial details, please contact one of them by email.

MAIL PANEL SURVEYS

OVERVIEW

The respondents for Healthstyles[8] are drawn from a multi-purpose household sample known as a Amail panel.@ Public and proprietary data on names, addresses and some demographic characteristics are available for the majority of the households in the U.S. In fact, companies known as Alist brokers@ routinely compile and license such data. Market Facts, the Healthstyles[8] data collection firm, contacts, through mailings, a large number of households to enlist members who indicate a willingness to respond to future mail and telephone surveys concerning products, services, and opinions. From these initial contacts they assemble a panel of 500,000 cooperating households representing a range of sociodemographic characteristics. The panel is updated annually. The sample for the Lifestyles[8] survey which precedes the Healthstyles[8] survey is drawn from the panel through quota sampling to obtain a group that matches the U.S. population on seven census demographics: age, sex, marital status, race/ethnicity, income, region, household size, and population density.

RELIABILITY OF MAIL PANEL DATA

There are a number of economic advantages to using mail panels due to the higher response rate and cooperation that can be obtained from preselected households. The major question however is whether, through self-selection into the panel, samples from panels are different from samples obtained through random probability sampling methods in ways that would have an effect on responses.

Mail panel results compared to Random Digit Dialing Sample - In a study entitled AMail panels vs. general samples: How similar and how different@ Market Facts compared the responses obtained in telephone survey of a panel sample and that obtained through random digit dialing to reach the general U.S. adult population. No differences were found in items assessing a positive outlook or altruism nor in the amount of free time available that was reported, and the samples were similar on a variety of consumer behavior and lifestyle item.

Lifestyles and the General Social Survey - More specific to the Lifestyles survey, Dr. Robert Putnam, Professor of Government and Public Policy at Harvard University, has been examining Lifestyles data for use in studying civic involvement. In a manuscript currently under review, he compares data from the Lifestyles panel sample with those obtained in the widely-used General Social Survey, which uses a national probability sample and is conducted by the highly reputable National Opinion Research Center at the University of Chicago. He reports agreement within a few percentage points in (1) the level of response, (2) trends over time, and (3) the pattern of demographic correlates on a variety of opinion and lifestyle questions which were included in both surveys.

Healthstyles and NHIS, BRFSS comparisons - Regarding the Healthstyles[8] survey, some of the items do overlap with those in the National Health Interview Survey and the Behavioral Risk Factor Surveillance System. The Office of Communication=s senior statistical and evaluation scientist, Dr. William Pollard has conducted some studies to compare Healthstyles data to NHIS and BRFSS data. Smoking rates were found to be the same within a two to three percentage points in all three surveys and all three sources showed slightly higher rates for males than for females. Ratings of overall health status showed some similarities and some differences. About two percent more of the Healthstyles[8] respondents rated their health as fair of poor than did respondents to the other two surveys and about ten percent less rated their health as excellent or very good. Healthstyles[8] respondents reported somewhat higher rates of diagnosis of diabetes; this was a difference of over four percent for the overall sample, with larger differences for older age groups. Reasons for such differences may lie in item wording, survey method and in the slight skew in the Healthstyles[8] respondents toward those in older age groups.

CONCLUSIONS

A variety of examiners have studied the Lifestyles and Healthstyles datasets. A wide variety of items appearing (in exact or similar wording) in panel and random sampled survey data suggests that there is

strong comparability between sampling methodologies. While we do not suggest that the comparisons are exact, the level of comparability suggests a high level of reliability when using data from a well-designed, stratified, weighted panel sample.

Healthstyles 1999 Methodology
Data Collection

Healthstyles is based on the results of three mail survey questionnaires administered annually since 1995. The sampling and data collection were conducted by Market Facts, Inc.

The initial survey, the DDB Needham Lifestyles Survey -- is conducted in April each year and is commissioned by DDB Needham Worldwide. The Lifestyles survey employs quota sampling to generate a list of 5,000 people who are representative of all US adults. A second Lifestyles survey, administered in May of each year, is a supplemental mailing of the Lifestyle survey. This mailing is designed to compensate for low response rates among low-income individuals and minorities (blacks and Hispanics). The supplemental questionnaire is sent out to 210 low-income households and 210 minority households. Sample size calculations for the supplemental mailing were based on the objective of fully representing minorities among Lifestyle respondents. The supplemental panel added another 288 low-income and minority respondents to the database. This additional low-income panel is still insufficient to fully represent low-income respondents. The supplemental data were weighted to compensate for the small sample size. The entire sample is weighted (or balanced) on the following factors: age, sex, marital status, race/ethnicity, income, region, household size, and population density.

- $ Of the 5,000 in the initial sample, 3,350 people completed the survey (response rate of 67%.
- $ Of the 420 people in the supplemental survey sample, 286 completed the survey (response rate among the supplemental sample of 68%)
- $ Of the 5,420 total people who received the survey, 3,636 completed it (**overall response rate of 67% for the 1999 Lifestyles** and Lifestyles supplemental survey)

The Healthstyles survey is administered in June of each year. In 1999, the Healthstyles survey was sent to 3,554 of the 3,636 people who completed the Lifestyles survey (the rest dropped out of the panel, or moved away, etc.). Of these 3,554 people, 2,636 returned the survey making **the response rate for 1999 Healthstyles 74%.**

The Lifestyles survey contains most of the demographic and media use questions. The Healthstyles questionnaire contains the core Healthstyles instrument, a host of other health questions developed to support basic segmentation and profiling work, and questions that meet the information needs of specific clients and public health in general.