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The Quality of Proxy-Respondent Data in NCHS Surveys

The editorial by Dr Pless stresses public health agency responsibility for injury control and prevention.¹ In citing the recommendations of our paper, described as “calling attention to the effects of distortion in recall by proxy reporters,” he asks, “Will the Centers for Disease Control and Prevention (CDC) insist on such changes on the grounds that the accuracy of these data is essential to the CDC’s mission?” Our research results suggest that data should be gathered routinely on the timing of the injury in order to estimate recall effects and correct estimated rates accordingly.² Our findings were not meant as a criticism of the data collection methods of CDC’s National Center for Health Statistics (NCHS) or its use of proxy respondents. Ability to obtain our study outcome was a direct result of collaborative efforts between three of the coauthors (Mary D. Overpeck, Peter C. Scheidt, and Yossi Harel) and the NCHS in development of the injury questions used. Currently we are collaborating to develop more detailed injury data from future household surveys.

The most important issue to emphasize is that population-based data using proxy respondents for children, as provided by NCHS, are an essential component of complete surveillance of nonfatal injury risks. Data from treatment sources are usually limited to special populations or types of injuries without sufficient information to obtain rates on the population at risk. While use of a 12-month recall period underestimates injury risks, extended recall periods are the only feasible way to obtain a sufficient sample size for most population-based studies. Our paper builds on previous work at NCHS³ to provide a method of estimating realistic population risks from survey data by using extended recall periods. Potentially valuable population-based studies currently

under way are adjusting recall periods to obtain an adequate sample while assessing international⁴ or national^{5,6} population risks to make morbidity estimates.

Even large national surveys using a 12-month recall period provide limited sample sizes and information for the many specialized needs of injury researchers or policymakers. National surveys cannot reflect regional or local differences in risk. They have limited capacity to incorporate the number of questions needed on exposures or necessary details for adequate injury intervention assessment. What national surveys do is provide overall estimates of the magnitude of the problem with adequate numbers for an examination of causal distributions. They are a reference against which regions or localities can compare their own rates, provide impetus for in-depth causal research, and provide a means of assessing overall progress toward achieving the goal of injury prevention.

We appreciate this opportunity to correct the editorial’s critical implications about data quality of NCHS surveys using proxy respondents. □

Yossi Harel, PhD

Mary D. Overpeck, DrPH

Diane H. Jones, PhD

Peter C. Scheidt, MD, MPH

Polly E. Bijur, PhD

Ann C. Trumble, PhD

Gerry E. Hendershot, PhD

Yossi Harel is with the Medical Sociology Program, Bar Ilan University, Ramat Gan, Israel. Mary D. Overpeck and Ann C. Trumble are with the National Institute of Child Health and Human Development, Bethesda, Md. Diane H. Jones is with the Centers for Disease Control and Prevention, Atlanta, Ga. Peter C. Scheidt is with the National Children’s Medical Center, Washington, DC. Polly E. Bijur is with the Albert Einstein College of Medicine, Bronx, NY. Gerry E. Hendershot is with the National Center for Health Statistics, Hyattsville, Md.

Requests for reprints should be sent to Mary D. Overpeck, DrPH, Division of Epidemiology, Statistics, and Prevention Research, National Institute of Child Health and Human Development, Bldg 6100, Room 7B03, Bethesda, MD 20892.

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Pless Responds

I appreciate the opportunity to reassure Harel et al. that my editorial was not intended as a criticism of the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS). Although it is hard to imagine how this intent could be read into three lines of text, for the record, I have nothing but the highest regard for NCHS in general and for the Health Interview Survey in particular. I am grateful for the survey; few countries have anything remotely comparable. My only regret is that there has not been a more frequent focus on children.

My comments addressing the Harel et al. paper were intended to reinforce what I understood the authors’ own concerns to be. Because of the reporting problem they addressed, it is estimated that the incidence of injuries could vary seven-fold. They add, “By any public health standard, such differences are unacceptable when rates are used to determine priorities in allocating resources for preventive interventions.” Accordingly, they strongly recommend that “retrospective information . . . include the exact time when each reported injury took place.” My innocent, somewhat rhetorical question was an appeal to CDC to insist on this change so that its preventive mission could be properly fulfilled. If this offended CDC, NCHS, or the authors, I apologize. I do not, however, apologize for this gentle prod in a direction I assumed the authors were headed. If they were not moving in this direction, I remain puzzled why not. □

I. B. Pless, CM, MD, FRCP(Can)

The author is with the Departments of Pediatrics, Epidemiology, and Biostatistics, McGill University, Montreal, Quebec, Canada, and the Injury Prevention Program, Montreal Children’s Hospital.

Requests for reprints should be sent to I. B. Pless, CM, MD, FRCP(Can), Montreal