Statistical Small Area Estimation: Some examples and current projects at NCHS

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official positions of the National Center for Health Statistics, Centers for Disease Control and Prevention.



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- Optional: related covariates are available for all small areas



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 - Context: The World Fertility Survey contraceptive use
 - Small Area Method: Wong and Mason, JASA, (1985)
 - Within Country Covariates: Education Level, Rural Status
 - Between country Covariates: Gross National Product, Effectiveness rating of family planning program
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 - Context: Diabetes prevalence measured in the National Health Interview Survey
 - Small Area definition requirements: NHIS diabetes prevalence can be precisely estimated for the U.S.



What Are Small Area Estimates?

Typical form: $\hat{w} * \hat{y}(direct) + (1 - \hat{w})\hat{y}(model)$

- $\hat{y}(direct)$: Estimate using only data within the small area
- ▶ ŷ(model): Estimate for small area using a model of the relationship across small areas
- ▶ 0 ≤ ŵ ≤ 1: weight estimated from data. Gets larger as the small area sample increases



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Example: County per capita income, Fay & Herriot, JASA, (1979)

- *ŷ(direct)*: log of county PCI using county data from the Current Population Survey
- $\hat{y}(model)$: $\hat{a} + \hat{b} \times log(CensusPCI)$



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- 3. Uniform quality uniformity of definitions across Small Area Estimates
 - Input data from same survey
 - Covariates typically (can be required) to be from the same source (e.g. IRS)
 - Estimates and model constructed at one time share the same assumptions

Details

Assumptions Needed

- Although data-based, the model may still not fit well for some small areas
- ▶ ŷ(direct) usually needs further model assumptions to be implementable... e.g., Normality
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More like

-a way to fill in missing data combine direct data with a model ... gets better with more direct data



- 1. County estimates of smoking and cancer screening rates
- 2. State and sub-state estimates of people who use only wireless phones
- 3. Fast screening for outcomes that vary by small area
- 4. Small Area Estimates from the NHIS utilizing block-linked American Community Survey data
- 5. Some preliminary work on model-based estimates using Health care data



County Estimates of Smoking and cancer screening rates

- Combine NHIS county estimates by telephone status with BRFSS estimates
- Strengthen county estimate using associations with socio-demographic variables
- Estimates for 2000-2003 and 1997-1999 available online from the National Cancer Institute http://sae.cancer.gov
- Current estimates under development modifying method to account for cell-phone only population



State and sub-state estimates of people who use only wireless phones

- Combine NHIS estimates of wireless rates with rates measured at other times
- Strengthen this component with state and substate estimate obtained form the American Community Survey
- Current method estimates: 2011: http://www.cdc.gov/nchs/data/nhsr/nhsr039.pdf

2012:

http://www.cdc.gov/nchs/data/nhsr/nhsr061.pdf

- used to benchmark mixed-frame telephone surveys
- Relatively new possible improvement being investigated



Fast screening for outcomes that vary by small area

- Small Area Estimation requires resources: analyst time, evaluation and review time
- Project based on premise that it is easier to estimate the small area variability than it is to estimate each individual small area
- Method uses simple model with no covariates
- Evaluation so far discern among NHIS health insurance outcomes at the state level
- Method will break down if little data is available ANYWHERE - currently investigating when this happens



Small Area Estimates from the NHIS utilizing block-linked American Community Survey data

- Working with the U.S. Census Bureau to create a NHIS/ACS file at the block-level and develop Small Area Estimates
- ACS: detailed estimates of health insurance, overall health, socio-economic variables
- Aim: use ACS estimates as covariates to create "NHIS like" estimates for small areas
- Targets: health insurance and access to care outcomes for states and the border counties of Mexico



Other Uses of Small Area Methodology

- Provide modeling ideas that can be used to analyze health outcomes and their interactions over geography
- The "synthetic data" approach to disclosure avoidance is often based on small area modelling. Small Area Estimates, themselves, will provide more disclosure avoidance than the original estimates.
- Some of the small area methodology research involves finding more accurate methods for incorporating the sample design into modelling
- Local Communities: Have options of using available small area estimates as an additional component to their local data



Thank you. dmalec@cdc.gov

