



Happening in SRO

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Reminder - SRO Closure Date

Reminder – SRO will be closed on Friday, September 1st.

If you are planning to work on September 1st and have not already made arrangements, please contact your supervisor. Please enter vacation time in ET if you are taking the day off.

The following Monday, September 4th is Labor Day and should be entered as a holiday in your ET.

Summer 2017 Conference Attendance

Lisa Holland

Just a couple weeks ago, several SRO staff members attended the conference of the European Survey Research Association, and several others represented SRO on papers presented there. In addition to the papers named below, Beth- Ellen Pennell was one of the keynote speakers for the event, which takes place once every two years.



Eva Leissou and Donnalee Grey-Farquharson worked with Lindsay Ryan from the HRS study to present ***Adapting Clinical Protocols for Survey Research Administration: Implications for Interviewer Training and Data Quality***, a paper on training using their experience on the 2016 Healthy Cognitive Aging Project (HCAP).

Together, Heidi Guyer and Esther Ullman presented three papers on their experience with the Daily Experiences and Wellbeing Study (DEWS):

1. ***Assessing Sleep and Wake Times in a Complex Survey: Mobile versus Interviewer-Administered***
2. ***Communicating with Respondents: Adding more ways to Collect Data While Maintaining Respondent Cooperation***
3. ***Expanding Data Collection: Training Interviewers and Respondents to use Multiple Types of Technology***

With her co-authors, Zeina Mneimneh and Mansoor Moaddel, Julie de Jong presented two papers on their experience with international data collection conducted face-to-face.

1. ***Third Party Presence Measurement of Respondent and Interviewer Predictors of Third Party Presence in Jordan***
2. ***Toward a Better Understanding of the Effect of Interviewer's Attitudes on Reporting Sensitive Religious Information***

Along with several other co-authors including Jay Lin, Zeina also presented ***Case-Studies on Data-Driven Interviewer Monitoring***. One of the case studies included was HRS, and the theory behind this work is presently being used to inform our internal development of OLIVE and the interviewer evaluation protocol.

Finally, Minako Edgar was a co-author with James Wagner and Kristen Olson, a UM alum who is currently at the University of Nebraska-Lincoln, on their

paper, ***Using GPS Data to Assess Errors in Paradata in Face-to-Face Surveys***. Their work used GPS data generated by smartphones carried by interviewers in the National Survey of Family Growth to identify potential measurement errors in the call record data.



Annually, several members of the Statistics and Methodology Unit attend JSM (the Joint Statistical Meetings). This meeting of about 10 different statistical associations internationally is the largest gathering of statisticians held in North America. Over 6500 attendees, primarily statisticians, in academia, industry, and government gather to exchange ideas and explore opportunities for collaboration.

This year, Paul Burton, Daniel Guzman Herrera, and Paul Schulz will attend JSM in Baltimore. With his co-authors, Sunghee Lee and Trivellore Raghunathan, Paul Burton will present ***The Use of Imputation and Commercial Data to Improve the Efficiency of Income Stratified Sampling of Households with Young Children***. Using data from the recently launched Housing and Children Study, this paper examines the use of commercial data and census information for improving eligibility rates and thereby decreasing screening costs in an address-based sample design.

Daniel Guzman and Paul Burton worked with Sunghee Lee and Richard Valliant on a paper entitled ***Sampling Late Baby Boomers: Increasing Cluster- and Household-Level Eligibility Rates with External Data***. This paper also looks at efforts to increase eligibility rates using external commercial and Census data. Reporting on their experience with HRS, they found that external data proved to be effective for increasing the efficiency of selecting “late baby boomers.”

Our Work in the World

Gregg Peterson

The work we do at SRO continues to contribute to science in important ways, but it also contributes to the general public discourse about extremely important policy matters.

The Washington Post

[Here's a story from June, published in The Washington Post](#), about the declining rates of teenage sex, based on findings from the National Study of Family Growth.

More recently, [CNN reported extensively on new findings](#) from Army STARRS data regarding risk factors associated with suicide attempts among soldiers.



CRS Sandbox

Ryan Neice

The SRO finance team is getting ready to roll out the new CRS sandbox/scenario analysis reporting system. This additional module on the CRS will allow for project teams to explore up to 3 different cost scenarios in addition to the core CRS to make decisions on possible project updates. The system will calculate projections in exactly the same ways as the current CRS, allowing for true comparisons of changes (extending production periods, changing/adding staff, etc.) to the CRS. We will begin training project analysts to utilize this new reporting tool on their projects shortly. Please contact Ryan Neice if you have any questions.

From the Archive

Kelly Chatain

With health insurance front and center among current events, I was curious to know if the Survey Research Center had conducted any organizational health-related studies in the early days. It turns out they had, in 1955, collected data on managerial attitudes towards employee health services on behalf of the

United States Public Health Service (USPHS). The USPHS has a fascinating history of its own. Founded in 1798 as the U.S. Marine Hospital Service, it initially provided health care for sailors and evolved over two centuries to include a uniformed service of career health workers, the leadership of the Surgeon General, and expanded efforts to prevent global epidemics, increase health research, and respond to natural disasters. The Surgeon General released the first report linking lung cancer to smoking in 1964, and, in 1986, sent out the largest public mailing of the time to 107 million households to help people understand AIDS[1].

In the 1950s, the USPHS believed that “The need for control of occupational hazards is fairly obvious. However, many managements have not yet come to realize that an effective and comprehensive health service which improved worker health could reduce the costs of paid sick leave and even health insurance. Fragmentary data indicate that the additional cost of expanding the health service to include preventive aspects could in most instances be fully repaid.” [2] The chief means of encouraging changes in this area was through the dissemination of information, but in order to do so effectively, the USPHS needed to know a few things first. There were a number of study objectives, a few of which are listed here:”

1. Should an information campaign be directed at a community, or an industry?
2. Which of several selected industries, communities or size groups would be most receptive to such a campaign, and be most likely to follow through with action?
3. In which of the several selected communities is a cross-section of smaller businesses more receptive to sharing employee health services with other small establishments?
4. How are employee health services defined? What specific activities are doctors and nurses engaged in doing?
5. Do managers feel that health services are worthwhile? What criteria do they use in judging? What are the benefits and costs? ”[3]

The sample of 262 organizations was drawn from the Old Age and Survivor’s Insurance records (can anyone guess what this is called now?) in five cities with established industrial health records (Bridgeport, Philadelphia, Cleveland, Houston, San Francisco) and included both large and small establishments in four areas of industry:

- Chemicals manufacturing

- Machinery manufacturing
- General merchandise retail stores
- Non-profit, non-governmental, short-term, general hospitals

Interviews were obtained with top management, ideally CEOs or presidents, as well as a small subset of on-staff doctors and nurses and they lasted anywhere from 40 minutes to 8 hours. The resulting report was extensive and an interesting read. Generally, managers ranked information exchanged within their respective industry as most important. Their understanding of health services was primarily limited to “a room where the bloody, battered and the bruised are carried in on stretchers”[4]. They didn’t grasp so much the employee relations and humanitarian aspects. It was recommended that expanding the understanding of health services to include other types of employee health would help to promote the cost-saving aspects. The majority of managers liked case studies, preferably from within their own industry and with statistical information, as a means of learning more about the subject. Also of interest was the finding that businesses with both a doctor and nurse, instead of just one or the other, had more effective services due to the different roles (beyond medical) they played. Doctors dealt with management directly and were more likely to be listened to, and nurses in general knew more about the employees, which facilitated better employee relations.

[1] <https://www.usphs.gov/aboutus/history.aspx>

[2] Employee Health Services: A Study of Managerial Attitudes and Evaluations, Survey Research Center, University of Michigan, Project 234, SRO Archive

[3] Ibid

[4] Ibid

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