RATIONALE FOR THE WASHINGTON HEIGHTS MASTER SAMPLE SURVEY

JACK ELINSON

The Washington Heights Community Master Sample Survey was conceived as a natural human population laboratory where social scientists, epidemiologists and health care specialists could engage in research of their own choosing.[1] Initially, the Master Sample Survey was a response to the needs of a number of health research and health service groups located in the Columbia-Presbyterian Medical Center complex, which is the largest medical care facility in the Washington Heights Health District. Questions that could not be answered in laboratories or clinics, hospital wards or record rooms, hopefully could be answered by interviewing samples of community residents.

The reason for the creation of the Washington Heights Master Sample Survey, then, was primarily a practical one. Many of the research questions asked by sociomedical investigators can only be answered by large-scale community sample surveys. The organization and administration of community sample surveys is burdensome and costly and requires some expertise. The availability of a community sample survey core staff makes it possible for a relatively large number of investigators to pursue their substantive research interests while being spared much of the burden of organizing and administering.

It was also reasoned that variables investigated by one sociomedical researcher could be useful to another resourceful researcher working on different but related questions. This actually turned out to be the case. For example, researchers studying the question of alcoholism were able to make use of questions dealing with symptoms of mental illness being investigated by another research group.

Furthermore, the concentration of a relatively large number of studies in one area and the existence of a stable sample survey staff might make possible methodological investigations of the sample survey process itself that would be beyond the capability, if not the interest, of sociomedical scientists whose primary effort was devoted to answering substantive questions. This approach also bore fruit and is exemplified by a number of studies that contribute to the understanding of the execution of samples, interviewer variation and validity and reliability, some of which are reported in this monograph.

A community sample survey could also be expected to yield benefits in the planning and organization of areawide health services. Baselines could be established for a community as to levels of disability and discomfort arising out of disease and, assuming that health services were organized for delivery to the population residing in a given area, it might be possible to evaluate the effectiveness of such services. At present, this remains a possibility rather than an achievement, because the necessary assumption about the organization of health services does not obtain in Washington Heights. With the exception of the Columbia-Washington Heights community mental health program and various clinics in the district health center of the New York City Health Department, medical and hospital services in Washington Heights are for the most part not targeted to the resident population. The most renowned institution in the area, the Columbia-Presbyterian Medical Center, with its various institutes and pavilions, is a hospital to the world; what happens to people immediately outside its walls, if they cannot purchase their way into the hospital or do not have interesting diseases that can be exploited for purposes of teaching or research, is not known. The Washington Heights Community Master Sample Survey, consequently, has not yet realized its potential as a tool for planning and evaluation.

Perhaps the philosophy behind the organization of the Washington Heights Master Sample Survey as a community laboratory for sociomedical scientists requires some emphasis. Those who see the Survey primarily as a tool for planning and evaluation of health services will be disappointed; so too will those who look to the Survey to provide a comprehensive picture of illness and disease in the community. The principal objective of the Washington Heights Master Sample Survey has been more modest: to provide access to a community population where sociomedical scientists can pursue research questions of interest.

Rather than conforming to a master plan or program of interrelated

studies, the studies that were carried out followed the inclinations of the participating investigators. It was not intended to present a comprehensive or "balanced" health picture of the Washington Heights community. The original investigators studied such varied problems as stress and psychological symptoms, alcoholism, pregnancy experiences and patterns of use of health care services. Future investigators might have other research interests; e.g., accidents, nutrition, family planning or any other major community health problem.

The present monograph is a kind of progress report. Since the inauguration of the Washington Heights Master Sample Survey, some 30 or more reports have been published in scientific and professional journals. The pieces that have been selected for this volume are intended to demonstrate the variety of subject matter covered in one community sample survey. Necessarily reflecting the diverse interests of the participating investigators, no single focus will be found, but two major substantive themes emerge:

1. The role of socioeconomic status and ethno-religious background in response to both illness and health services;

2. The prevalence of untreated social pathology—mental illness, alcoholism, family disorganization—in the community.

Illustrating the first major theme, the role of socioeconomic and ethno-religious factors, are the studies of Margaret C. Klem, Edward A. Suchman and Bruce P. Dohrenwend. Klem investigated the relationship of health insurance coverage to use of physician services; Suchman and his colleagues examined social and ethnic differences in orientation to illness and medical care and the use of dental services; Dohrenwend explored the effect of social status on attitudes toward psychological disorder. The prevalence of untreated social pathology is reported in the work of Bailey and Haberman with respect to alcoholism, in Dohrenwend's paper on psychological symptoms and in Mayer's study of undisclosed marital problems.

In addition to these substantive investigations, a number of methodological studies dealt with the ubiquitous problems of nonresponse bias in sample surveys, interviewer-respondent interaction and the reliability and validity of interview reports. Various sociomedical indices and screening scores, subsequently used by other investigators in other areas, were also by-products of substantive studies.

As of the date of this report, additional investigations have been undertaken seeking to test the usefulness of community sample surveys

for estimating the incidence of abortions and exploring the social, emotional and physical problems of adolescents. A major field survey has been carried out and is currently being analyzed by Regina Loewenstein to answer methodological questions about alternate approaches in health care utilization surveys that have remained unanswered for at least three decades.

In the process of doing sociomedical research, the Washington Heights Master Sample Survey has generated an enormous amount of community data that have been hungrily sought after by numerous civic and governmental bodies such as planning commissions, police and school administrations and religious and ethnic groups. As a service to such consumers, a *Washington Heights Community Fact Book* was prepared by the master sample survey staff. Subsequent surveys have made possible the estimation of intercensal trends.

All of the data developed by the Washington Heights Master Sample Survey are permanently stored in research archives at the Columbia University School of Public Health and Administrative Medicine and may be made available for additional analysis to qualified investigators with the approval of the original investigators.

REFERENCE

[1] The rationale for the Washington Heights Community Master Sample Survey was first outlined on April 28, 1960, in a talk before the New York City chapter of the American Statistical Association.