Raking has several advantages over post stratification. First, it allows the introduction of more demographic variables into the statistical weighting process. Second, raking allows for the incorporation of a now crucial variable—telephone source—into the BRFSS weighting methodology.

Data from the National Center for Health Statistics indicate that the proportion of U.S. households with only cellular telephones is rising steadily. To maintain representativeness, coverage, and validity, telephone surveys, including the Centers for Disease Control and Prevention (CDC)’s Behavioral Risk Factor Surveillance System (BRFSS), have had to add cellular telephones to their samples.

Research shows that people who have only cellular phone service have a different demographic profile than those persons who have landline telephones. Specifically, they tend to be younger, rent instead of owning homes, are predominately Hispanic, and tend not to be married. There are attitudinal and behavioral differences between the two groups as well.

In 2004 an expert panel of survey methodologists recommended that BRFSS address the growing effects of cellular telephone-only households. These recommendations included adding cellular telephones in the BRFSS sample and developing improved weighting and adjustment methodologies. Since 2004, CDC has been planning and testing these changes and will implement them with the release of the 2011 BRFSS dataset, expected in May 2012.
About BRFSS

BRFSS, initiated by CDC in 1984, is a coordinated collection of state and local health surveys conducted by the 50 U.S. states, the District of Columbia, and six U.S. territories. Taken together, these surveys make up the largest ongoing telephone survey in the world; more than 430,000 interviews were conducted in 2011.

With technical and methodological assistance from CDC, state health departments use in-house interviewers or contract with telephone call centers to conduct the BRFSS surveys continuously through the year. The states use a standardized core questionnaire and optional modules, plus additional state-added questions.

The federal government, state governments, universities, private organizations, and researchers use BRFSS data to monitor public health. BRFSS data can help them to identify and track health behaviors and chronic conditions, track health objectives, evaluate disease prevention activities, and rapidly assess emerging health problems, such as novel influenza and influenza vaccination.

BRFSS is administered by the Division of Behavioral Surveillance in CDC’s Public Health Surveillance and Informatics Program Office (proposed); Office of Surveillance, Epidemiology, and Laboratory Services.

New Weighting Methodology: Raking

Since the 1980s, CDC has used a statistical method called post stratification to weight BRFSS survey data to simultaneously adjust survey respondent data to known proportions of age, race and ethnicity, gender, geographic region, or other known characteristics of a population. This type of weighting is important because it makes the sample more representative of the population and adjusts for nonresponse bias. In 2006, in accordance with the recommendations of the 2004 expert panel, CDC began testing a more sophisticated weighting method called iterative proportional fitting, or raking.

Raking has several advantages over post stratification. First, it allows the introduction of more demographic variables suggested by the BRFSS expert panel—such as education level, marital status, and home ownership—into the statistical weighting process than would have been possible with post stratification. This advantage reduces the potential for bias and increases the representativeness of estimates.

Second, raking allows for the incorporation of a now crucial variable—telephone source (landline or cellular telephone)—into the BRFSS weighting methodology.

Beginning with the 2011 dataset, raking will succeed post stratification as the sole BRFSS statistical weighting method.