

Michigan Resident Death File	
Description	Records of all deaths that occur within the state of Michigan or are filed with the state registrar.
Purpose and Use	Demographic, geographic, and cause-of-death information; used to determine trends in the causes of mortality of Michigan residents.
Frequency	Annual; quarterly provisional files available in certain circumstances
Contact	Jeff Duncan, PhD, State Registrar, Division for Vital Records and Health Statistics – Michigan Department of Health and Human Services: 517-335-8677
Quality Issues and Limitations	<p><i>Specificity for opioid surveillance</i></p> <p>The percentage of death records in which a specific drug or drug class is identified as involved in a drug overdose death varies by jurisdiction. Reporting of specific drugs requires a toxicology screen; there is no standard of practice for ordering these nor which lab performs the screen is used which results in differences across jurisdictions. When a drug overdose death involves multiple drugs, it may be classified as a death due to unspecified drugs.</p> <p><i>Completeness</i></p> <p>Provisional files may not have a cause of death determined for all deaths. For the 12-month period ending in October 2017, 1.5% of Michigan death certificates had a cause of death listed as pending investigation. For jurisdictions reporting fewer than 1% of records as “pending investigation”, the provisional number of drug overdose deaths is approximately 5% lower than the final count of drug overdose deaths occurring in that same time period. For jurisdictions reporting greater than 1% of records as “pending investigation” the provisional counts of drug overdose deaths may underestimate the final count of drug overdose deaths by as much as 30%.</p> <p><i>Accuracy</i></p> <p>Cause of death on the death certificate represent a medical opinion that varies between physicians.</p> <p><i>Misclassification</i></p> <p>It may be difficult for a medical examiner determine the intent of a drug-overdose death (accidental, intentional).</p>

Behavioral Risk Factor Surveillance System (BRFSS)	
Description	The Michigan Behavioral Risk Factor Survey (MiBRFS) is an annual, telephone-based survey of representative sample of Michigan residents aged 18 years and older.
Purpose and Use	The BRFSS is the only source of state-specific, population-based estimates of the prevalence of various behaviors, medical conditions, and preventive health care practices among Michigan adults. Results are used by public health agencies, academic institutions, non-profit organizations and others to develop and evaluate programs that promote the health of Michigan citizens.
Frequency	Annual
Website	www.michigan.gov/brfs
Contact	Allison Murad, MuradA@michigan.gov

Quality Issues and Limitations	<p><i>Specificity for opioid surveillance</i></p> <p>Questions may vary from year to year. The questions currently included on the 2019 BRFSS are specific to prescription pain medication use. It does not survey respondents on illicit opioid use or prescription opioids that were obtained illegally. Nonetheless, the BRFSS captures high-quality data on adults throughout Michigan. The BRFSS is a good source of data on pain medication misuse and one of the few sources that captures information on more mild forms of opioid misuse. The data are weighted to ensure that they are representative of the entire Michigan population. The survey also captures data on a variety of other health and demographic factors which may be co-examined to identify risk factors associated with opioid misuse.</p> <p><i>Completeness</i></p> <p>In 2016, the landline portion of the sample frame had an 52% response rate, and the cell phone portion of the sample frame had a 46% response rate. The total response rate was 50%.</p> <p><i>Accuracy</i></p> <p>Because BRFSS relies on self-reported data, some respondents may not be truthful in their responses or may not answer correctly due to misunderstanding the question. However, the BRFSS is useful for measuring population prevalence estimates.. Proper protocols are followed to reduce the motivation for answering untruthfully, such as not collecting any personally-identifying information and to ensure the participant understands the questions being asked.</p> <p><i>Misclassification</i></p> <p>It is possible that the BRFSS may underestimate opioid and prescription drug abuse if individuals who engage in these behaviors are less likely to participate in the survey.</p> <p><i>Other</i></p> <p>Since the prescription drug use questions are only included two survey splits, the number of responses will be smaller than the total sample size. Several years of data may need to be combined to generate a sample size large enough to calculate a reliable stratified estimate or a local-area estimation.</p>
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Youth Risk Behavior Survey	
Description	Biennial survey of representative sample of high school students in public schools across Michigan.
Purpose and Use	The Youth Risk Behavior Survey (YRBS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth in Michigan.
Frequency	Biennial (odd years)
Website	www.michigan.gov/yrbs
Contact	Nicole Kramer, KramerN@michigan.gov
Quality Issues and Limitations	<p><i>Specificity for opioid surveillance</i></p> <p>The YRBS capture information about lifetime and past 30-day use of heroin and prescription pain medicine use without a valid prescription. The YRBS does not collect information about misusing prescription pain medicine if the respondent had a valid prescription, co-abuse of prescription drugs with other substances (e.g. taking a valid</p>

medication with alcohol). The respondent may take drugs without being aware of the type. The YRBS does not collect information about other commonly abused prescription drugs such as benzodiazepines.

Completeness

In 2017, schools selected in the first state of sampling had an 80% response rate. Students within selected schools had an 84% response rate. The total response rate was 67%.

Accuracy

Because YRBS relies on self-reported data, some respondents may not be truthful in their responses or may not answer correctly due to misunderstanding the question. However, the YRBS is useful for measuring trends, as it is not expected that the percentage of inaccurate answers to change from year to year. Also, steps are taken to reduce the motivation for answering untruthfully, such as not collecting any personally-identifying information.

Misclassification

It is possible that the YRBS may underestimate opioid and prescription drug abuse if students who engage in these behaviors are less likely to be present at school during the survey administration (e.g. absent or suspended), less likely to attend a school eligible for the including in the sampling frame (e.g. a school housed in a juvenile detention center or in a residential treatment program), or less likely to be enrolled in school (e.g. drop-out academic status).

Other

None identified