

California Health Interview Survey

What's New and Notable in CHIS 2015

Making
California's
Voices
Heard on
Health



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This document describes new and notable design features and data collected in CHIS 2015. CHIS data users should review the information below and our detailed online documentation before analyzing or reporting CHIS data. Please visit the following page for more documentation on CHIS methods: healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx.

Data Collection Timeline

CHIS 2015 data were collected between May 2015 and February 2016. Like past CHIS data collection, CHIS 2015 data were collected as part of a two-year cycle (2015-2016). This document describes changes pertaining to the first year of that cycle.

From CHIS 2011 forward, single-year data are available representing a yearly cross-section of California's population. Relative to the larger, two-year CHIS data files available prior to 2011, small populations (such as child, teen, or some racial/ethnic groups) or rare conditions and characteristics will have fewer observations in the single-year data file. In such cases, pooling two or more single-year data sets may be required to achieve sufficient sample size and statistical stability.

Users who need more information about pooling or trending data over time should review the *Analyze CHIS Data* website at healthpolicy.ucla.edu/chis/analyze/Pages/default.aspx or go to the user forum *Analyze CHIS Data* at healthpolicy.ucla.edu/forum/Pages/Forum.aspx.

What's New and Notable in 2015?

New and Updated Survey Questions

Survey questions are added, removed, and modified in each two-year cycle of CHIS to meet stakeholders' needs and monitor emerging public health concerns. Questions are removed from the interview to reduce its length and save data collection costs when topics are no longer relevant for public health surveillance, or when they are not funded by a sponsor. Most CHIS questions remain in the interview across CHIS cycles.

For CHIS 2015, approximately 90% of the content continued from CHIS 2014. Occasionally, changes to question wording are based on methodological evaluations or when user feedback strongly suggests that changes will produce better data. Otherwise, questions are consistent across years to aid in trending. Reinstated questions were asked in cycles prior to 2013-2014, and again in 2015.

Noteworthy additions to CHIS 2015-2016 include:

New Adult Interview Questions

- Discrimination experiences in the health care setting
- Use of telemedical care
- Birth control method currently used among women 18-44 years old
- Reinstated questions: Mammography exams, current birth control use, and pregnancy status

Continued

New Child and Teen Interview Questions

- Child questionnaire: Delay in dental care and parental awareness of First 5 California's Talk. Read. Sing.® program
- Teen questionnaire: Psychological distress in the past year

Measuring Medi-Cal Eligibility in CHIS

CHIS continues to approximate the population of uninsured individuals below 65 years qualifying for Medi-Cal coverage. CHIS 2014 released a modified measure that incorporated the changes to Medicaid eligibility in California due to the Affordable Care Act. As before, the CHIS 2015 eligibility measure uses modified adjusted gross income rules to determine income eligibility. Respondents who qualify for Medi-Cal eligibility due to medical need only (SSI-eligible, blind, or with disabilities) remain subject to asset testing. New questions in CHIS 2015 probe further into assets reported, including the value of assets and ownership of secondary vehicles and property, in order to estimate Medi-Cal eligibility. Detailed documentation about the MAGI variable is available here: healthpolicy.ucla.edu/forum/Documents/ELGMAGI3%20-%20Measuring%20MAGI%20and%20Medi-Cal%20Eligibility%20in%20CHIS.pdf.

Detailed Health Insurance Measure

New to 2015, CHIS is releasing a detailed insurance type variable (INS9TP) that provides more granular information for the population covered by employer-based insurance (whether alone or in combination with Medicare or Medicaid). This variable will allow users to evaluate trends in dual coverage or develop their own insurance type hierarchy.

Increased Cell Phone Sample

CHIS 2015-2016 doubled the fraction of interviews from cell phones to address the potential coverage error in random digit dial (RDD) telephone sampling that arises from an increasing fraction of the general population only being accessible by cell phone.

In CHIS 2015, 9,727 adult interviews (46.2% of adult interviews) were conducted from the cell phone sample. In CHIS 2013-2014, 7,752 adult interviews were conducted from the cell phone sample (19.3%).

For more about cell phone sampling from the American Association for Public Opinion Research see aapor.org/Education-Resources/Reports/Cell-Phone-Task-Force-Report.aspx.

Responsive and Adaptive Design (RAD)

As the result of a competitive bidding process, RTI International conducted the CHIS 2015-2016 data collection under contract with the UCLA Center for Health Policy Research. RTI International incorporated a two-phase sample and responsive and adaptive data collection design in CHIS 2015. This was employed to reduce the risk of nonresponse bias by changing the follow-up procedures to nonrespondents toward the end of each quarterly sample release.

Race and Ethnicity Coding

In CHIS, all respondents are asked whether they would describe themselves as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African-American, or White.

Hispanic or Latino respondents who reported American Indian or Alaska Native (AIAN) as their race, but did not report a tribal affiliation, are now recorded as having AIAN racial identity in the data, increasing the sample of "any-mention" AIAN respondents in CHIS 2015. In prior cycles Hispanic or Latino respondents with unknown AIAN tribal identities were generally reclassified as non-AIAN.

Oversamples

CHIS 2015 continued to oversample Korean and Vietnamese Americans as has been done in previous cycles since CHIS 2001.

As with CHIS 2014, Keiro Foundation supported a Japanese oversample in CHIS 2015. With additional funds from Marin County Health and Human Services, CHIS 2015 also oversampled Marin County.

***Learn about CHIS
methods, sample, questionnaires
and much more!***

www.chis.ucla.edu

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