

CHIS 2019-2020 Adult Technical Advisory Committee Meeting

**February 7, 2018
9:00 am to 11:30 pm**

Please call the conference line (888) 921-8686. Enter passcode 3107940925#



THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

Welcome and Introductions

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS 2015 - 2016

Data Dissemination Update

Overview of 2015 - 2016 Changes

California Health Interview Survey

Making
California's
Voices
Heard on
Health



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What's New and Notable in CHIS 2015-2016

This document describes new and notable design features and data collected in CHIS 2015-2016. Please 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

Like past CHIS data collection, CHIS 2015-2016 data were collected as part of a two-year cycle. CHIS 2015 data were collected between May 2015 and February 2016. CHIS 2016 data were collected between January and December 2016. CHIS 2015 and CHIS 2016 have similar numbers of interviews.

From CHIS 2011 forward, single-year data are available representing a yearly cross-section of California's population. Relative to the larger, two-

Noteworthy Additions to CHIS 2015-2016

New Adult Questions in 2015-2016

- 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, pregnancy status

New Adult Interview Questions in 2016

- Dental health: Reason for recent dental visit and overall condition of teeth
- Reinstated questions: Most recent dental visit and dental insurance status, previously administered in CHIS 2014

<http://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx>

2015 Data Collection Results

CHIS 2015 RACIAL/ETHNIC GROUP SAMPLES BY AGE

| | ADULT (Age 18+) | ADOLESCENT (Ages 12-17) | CHILD (Ages 0-11) |
|----------------------------------|--------------------|----------------------------|----------------------|
| Total Sample Size | 21,034 | 754 | 2,157 |
| RACE* | | | |
| White | 14,637 | 414 | 1,273 |
| Asian | 1,650 | 62 | 152 |
| Native Hawaiian/Pacific Islander | 61 | 4 | 9 |
| African American | 1,307 | 54 | 143 |
| American Indian/Alaska Native | 498 | 42 | 48 |
| Other single race | 2,222 | 129 | 334 |
| Two or More Races | 659 | 49 | 198 |
| LATINO ETHNICITY | | | |
| Latino | 4,959 | 311 | 969 |
| Non-Latino | 16,075 | 443 | 1,188 |

2016 Data Collection Results

CHIS 2016 RACIAL/ETHNIC GROUP SAMPLES BY AGE

| | ADULT (Age 18+) | ADOLESCENT (Ages 12-17) | CHILD (Ages 0-11) |
|----------------------------------|--------------------|----------------------------|----------------------|
| Total Sample Size | 21,055 | 840 | 2,136 |
| RACE* | | | |
| White | 13,649 | 464 | 1,198 |
| Asian | 2877 | 96 | 210 |
| Native Hawaiian/Pacific Islander | 74 | 7 | 6 |
| African American | 1,124 | 44 | 120 |
| American Indian/Alaska Native | 477 | 42 | 69 |
| Other single race | 2,266 | 114 | 344 |
| Two or More Races | 588 | 73 | 189 |
| LATINO ETHNICITY | | | |
| Latino | 5,326 | 371 | 1,076 |
| Non-Latino | 15,729 | 469 | 1,060 |

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS 2017-2018

Data Collection Update

New Data Collection Subcontractor

- After a competitive selection process at the end of 2016, we selected a new data collection subcontractor for the 2017-2018 CHIS cycle
- SSRS, located outside Philadelphia, PA was awarded the contract
- David Dutwin is the project lead at SSRS, and is also the president-elect of the American Association of Public Opinion Research (AAPOR)



CHIS 2017-2018 sample highlights

- Same geographic stratification of past CHIS cycles
- Cell and Landline phone sample—50/50%
 - No promised incentives for cell sample
 - 1 Pre-notification letter with \$2 bill (both Landline and cell)
 - Pre-notification letter experiment (Feb. 2018)
- Ethnic oversampling:
 - Korean, Vietnamese
- County oversamples (CHIS 2017 only):
 - San Diego (additional 624 households)
 - Northern Imperial (additional 350 households using ABS sample)

Recent CHIS Sample Sizes

| Age Group | CHIS 2011 | CHIS 2012 | CHIS 2013 | CHIS 2014 | CHIS 2015 | CHIS 2016 | CHIS 2017 | CHIS 2018* |
|-----------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|-----------------------------|
| Adult | 22,580 | 20,355 | 20,724 | 19,516 | 21,034 | 21,055 | 20,654 | 1,144 |
| Teen | 1,335 (5.9%) | 1,464 (7.2%) | 1,201 (5.8%) | 1,052 (5.4%) | 754 (3.6%) | 840 (4.0%) | 433 (2.1%) | 35 [^] (3.1%) |
| Child | 3,488 (15.4%) | 3,846 (18.9%) | 2,920 (14.1%) | 2,592 (13.3%) | 2,157 (10.3%) | 2,136 (10.1%) | 1,558 (7.5%) | 166 [^] (14.5%) |

* Completed interviews as of Jan. 28, 2018

% - Represents teen or child completes per adult complete

[^] - Portion of the child and teen completed interviews are from 2017 sample carried over to 2018 due to a pending adult interview status

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS 2017-2018

Content Changes

(from CHIS 2015-2016)

Adult questionnaire content by section

- Section A – Demographics
- Section B – Health Conditions
 - Asthma
 - Diabetes
 - ER visits, Hospital admissions due to diabetes in past 12 months
 - Diabetes management: blood glucose, Hb A-1C check
 - Hypertension
 - Currently taking medication to control blood pressure (removed 2018)
 - Heart Disease
 - ER visits, Hospital admissions due to HD in past 12 months
 - Printed copy of HD management plan, Confidence to control HD
 - Diagnosed with heart failure or congestive heart failure (removed 2018)

Adult questionnaire content by section

- Section C – Health Behaviors
 - Overall physical activity
 - How often exercised for at least 20 minutes a day in past week
 - Walking for transportation and leisure (removed 2018)
 - Past week, frequency, and duration of walk for transportation
 - Past week, frequency, and duration of walk for leisure
 - Soda consumption (removed 2018)
 - Flu vaccine past 12 months
 - Cigarette use, Smoking cessation
 - Tobacco-related (chewing, cigar, cigarillo, hookah), exposure to second-hand smoke/vapor (added 2018)

Adult questionnaire content by section

- Section C – Health Behaviors (cont.)
 - Marijuana ever use, Last used (adults 18+)
 - Frequency of marijuana use, Marijuana/tobacco co-use (adults 18-25)
 - Marijuana delivery method, recommended by doctor (adults 18-25)
 - Opioid use - Prescription pain killer (non-prescribed) use in past 12 months, Number of pain killers, Pain killers prescribed by doctor(s), Contract signed, Reason for use, Heroin use in past 12 months

Adult questionnaire content by section

- Section D – General Health, Disability, Sexual Health
 - Disability: Activities of daily living, State disability determination
 - HIV testing and Pre-Exposure Prophylaxis
 - Ever offered HIV test, Most recent test offered or requested
 - Knowledge of Pre-exposure prophylaxis (PrEP) or Truvada
 - Took PrEP or Truvada: ever, past 12 months, past 30 days
- Section E – Women’s Health
 - Post-partum visits
 - Delivered baby in past 12 months, Post-partum visit within 8 weeks
 - Doctor advise post-partum visit, Barriers for post-partum visit: unable to get appointment, no transportation, did not need
 - Assessed for post-partum depression
 - Mammography: ever, most recent, provider recommendations

Adult questionnaire content by section

- Section F – Mental Health
- Section G – Demographic Information Part II
- Section H – Health Insurance
 - High-deductible health plans
 - Higher thresholds (\$2,000 individual, \$4,000 family)
 - Medical Debt
- Section I – Child and Adolescent Health Insurance

Adult questionnaire content by section

- Section J – Health Care Utilization and Access
 - Change of usual source of care (removed 2018)
 - Change USOC in past 12 months
 - Changed USOC due to health insurance plan
 - Hospital admissions for asthma
 - Family planning
 - Pregnancy plans (females)
 - Medical provided discussed IUD, implant (females)
 - Main reason not using contraception
- Section DM – Discrimination: 0.9 min (removed 2018)
 - Lifetime discrimination in health care setting
 - Most recent occurrence
 - Frequency of occurrence
 - Reason for discrimination
 - Stressfulness of experience

Adult questionnaire content by section

- Section K – Employment, Income, Poverty status, Food Security
- Section L – Public Program Participation
 - Medi-Cal renewal
 - Automatic renewal, additional information required, how information was submitted
 - Problems with Medi-Cal renewal
 - Health insurance prior to Medi-Cal
 - If covered by Medi-Cal, any problems?
 - WIC participation
 - Which WIC benefits liked
 - Why left WIC
 - Why did not enroll in WIC (among eligible)

Adult questionnaire content by section

- Section M – Housing and Social Cohesion
 - Length of time in residence, neighborhood, reason for move (removed 2018)
 - Adult Well-being scale (added 2018)
 - Current life evaluation, Future life evaluation, Financial well-being, Life meaning and purpose, Social Support
- Section P – Voter Engagement
 - Voter Engagement
 - Currently registered to vote, Main reason for not being registered
 - Voted in last general elections, Frequency of voting in presidential, state, and local elections
- Section S – Suicide Ideation and Attempts
- Section N – Demographic Information Part III & Closing

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

Exploring a CHIS Redesign

Challenges of the Current CHIS Design

- Declining response rates overall
- Declining permission rates for teen interviews, and low numbers of child and teen interviews
- Increasing challenges with cooperation by telephone
 - Reduced cost-effectiveness/rising costs
 - Long-term viability of telephone survey design?
 - RDD frame is difficult for targeting geographies (ZIP codes for AskCHIS Neighborhood Edition SAEs, subcounty strata for funders)

Goals of the Redesign Working Group (RWG)

- Assemble group of external survey methodology and subject matter experts to evaluate where the CHIS can improve and innovate to achieve its mission
- Evaluate various frame and mode options to supplement or replace RDD/CATI data collection in future cycles beginning 2019-20
- Review and refine research plans to conduct a frame/mode field experiment
- Recommend specific methodological changes to be implemented for the 2019-20 cycle
- *Special thanks to Kaiser for funding the experiment.*



Pilot Experiment Key Priorities

1. Determine a less expensive way to collect CHIS data while improving (or maintaining) quality
2. Ensure that the new design provides complete coverage of California residents
3. Ensure representation for racial/ethnic and non-English speaking minorities
4. Improve collection from teens and children

Key Priority #1: Cost and Quality

- Proposed solution:
ABS w/ mail invitation push-to-Web
 - Pros:
 - Least expensive data collection mode
 - Growing success for large-scale population surveys
 - Cons:
 - Biased toward younger, more literate, more educated, those with internet access, English proficient

Key Priority #2: Complete Coverage

- Gaps left by ABS w/ Web (e.g., no Web access)
- Proposed solution:
Consider multiple frames and modes
- This also helps to address key priority #3

Key Priority #3: Racial/Language Representation

- Nationally, self-administered modes like web have been unsuccessful at obtaining non-English response
- Proposed solution:
Maintain & expand CATI surname list frame
 - Surname list frame critical to obtaining Asian R's
 - 70% of Chinese, Korean, or Vietnamese language ivws
 - Expand surname list frame to include Spanish surname, or Spanish language flags

Key Priority #4: Teens and Children

- Web survey will bring younger adults who are more likely to have children and teens
- Need to identify effective approaches to follow-up on adult survey to obtain teen data
- Few comparable surveys addressing this problem
- Proposed solution:
Experiment with various teen recruitment methods, including text and email

Proposed pilot design

- Mixed mode data collection
 - Mail invitations to web survey with CATI follow-up
 - Sent to ABS sample + address matched listed sample
 - Any surname listed sample without a matched address will receive standard CATI protocol
 - Restricted to English-only web instrument
 - Nonnative English speakers will have opportunity to call-in to complete a CATI interview in their native language
 - Teen contacted via text and email (with parental permission)

Adult web pilot design

- Mail invitation to web survey
 - Invitation letter with survey login
 - \$2 bill pre-incentive
 - Multilingual information sheet with call-in instructions
 - Experiment: compare 3 within-household selection approaches
- Follow-up reminder: sealed postcard

Adult web pilot design (cont.)

- Second invitation to web survey
 - Experiment: compare 3 packaging/types of mailing
- After second invitation, remaining sample telephone matched
 - If matched, household will receive 10 CATI call attempts

Teen web pilot design

- Adult web respondents asked to provide teen's phone number and email address as part of teen permission
 - Permission to text and/or call teen
 - If teen's phone number not provided, ask for household or family phone number
- Adults interviewed over the phone will receive standard teen permission protocol for CATI

Teen web pilot design (cont.)

- If adult provides permission to text, the teen receives:
 - Text invitation to web survey
 - Text reminder w/ email invitation (with permission)
 - Mail invitation to home address
 - Attempt phone interview (with permission)

Teen web pilot design (cont.)

- If adult provides permission to email only, the teen receives:
 - Email invitation to web survey
 - Email reminder
 - Mail invitation to home address
 - Attempt phone interview (with permission)

Teen web pilot design (cont.)

- If adult provides no permission to text or email, the teen receives:
 - Mail invitation to home address
 - Mail reminder
 - Attempt phone interview (with permission)

Sample design for pilot experiment

- 3 purposively selected counties:
Los Angeles, Santa Clara, and Tulare
 - Selections based on multiple factors including:
 - CHIS response rates
 - ACS internet response rates
 - County internet usage rates
 - Geographic distribution
 - County size and urbanicity
 - Latino and Asian population
 - ~200 interviews per county
 - 10 weeks of data collection in Spring/Summer 2018

Proposed pilot design

- Mixed mode data collection
 - Mail invitations to web survey with CATI follow-up
 - Sent to ABS sample + address matched listed sample
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 - Restricted to English-only web instrument
 - Nonnative English speakers will have opportunity to call-in to complete a CATI interview in their native language
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DISCUSSION AND FEEDBACK

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS 2019-2020

Content Planning

CHIS 2019 – 2020 timeline

- Content development
 - Advisory Board Dec 2017
 - Technical Advisory Committees Feb 2018
 - Workgroup meetings Mar – May 2018
 - Content discussion with funders Mar – Jun 2018
 - Content decision deadline **Jun 30, 2018**
 - Draft questionnaires and testing May – Jul 2018
 - IRB submissions (UCLA + CPHS) Jul 6, 2018
 - IRB approval expected Aug 3, 2018

CHIS 2019 – 2020 timeline (cont.)

- Questionnaire preparation and testing
 - Pre-testing (paper and pencil) Aug 2018
 - Questionnaire programming Aug – Nov 2018
 - IRB submission (Final English) Nov 2, 2018
 - IRB approval expected Dec 7, 2018
 - Pilot testing Dec 2018
 - Translation (non-English CHIS Lang) Dec 2018
 - Begin data collection (English) **Jan 2019**
 - Begin data collection (non-English) **Feb – Mar 2019**

Criteria for Adding/Removing Content

- Is it important for public health or health care policy?
 - Emerging PH issues and lack of population-based data
 - Who will need and use the data?
- Is this a key health indicator?
- Has it been in CHIS before?
 - How often does data on it need to be collected?
 - How quickly is change likely to be measureable?
 - Can be measured in structured telephone interview?
 - Can be measured in short amount of time?
 - Is there a likely or definite funder for the topic?

Funding Considerations

- Although we encourage open thinking on potential new questionnaire topics, recommendations for questionnaire content will need the support of an interested funder in order to be implemented into production

CHIS Workgroup Formation

- As Needed
- Purpose: bring together experts in a given topic area to recommend specific questionnaire content appropriate for telephone administered, population surveys
- Typically meet by teleconference several times during a 2-3 month period, but varies by workgroup

Potential CHIS 2019 Workgroups

- Potential workgroup needs identified so far for this year:
 - Sexual Orientation and Gender Identity
 - Marijuana and Opioid Use
 - Caregiving
 - Oral Health
- Examples of previous WGs: Dietary Intake, Physical Activity, Women's Health, Mental Health, Chronic Diseases, Medical Home, Sexual Orientation and Gender Identity, AIAN oversample, NHOPi oversample, Dental Health, Long-term Care, Healthcare Reform, Social Determinants of Health, Inter-Personal Violence

CURRENT CONTENT AND EMERGING HEALTH ISSUES: CHIS 2019-2020 POTENTIAL TOPICS

DISCUSSION

Adult questionnaire content by section

- Section A – Demographics: 1.4 min
 - Age, gender, race/ethnicity, marital status
- Section B – Health Conditions: 1.6 min
 - General health
 - Asthma
 - Diabetes
 - Hypertension
 - Heart Disease

Adult questionnaire content by section

- Section C – Health Behaviors: 6.8 min
 - Walking for transportation and leisure (removed 2018)
 - Dietary intake, Access to fresh and affordable foods
 - Cigarette use, Smoking cessation
 - Tobacco-related (chewing, cigar, cigarillo, hookah), exposure to second-hand smoke/vaper (added 2018)
 - E-cigarette ever use, recent use, reason for use
 - Marijuana ever use, Last used (adults 18+)
 - Frequency of marijuana use, Marijuana/tobacco co-use (adults 18-25)
 - Marijuana delivery method, recommended by doctor (adults 18-25)
 - Opioid use - Prescription pain killer (non-prescribed) use in past 12 months, Number of pain killers, Pain killers prescribed by doctor(s), Contract signed, Reason for use, Heroin use in past 12 months

Adult questionnaire content by section

- Section D – General Health, Disability, Sexual Health: 1.9 min
 - Height and weight, Disability
 - Sexual Partners, Sexual Orientation, Registered Domestic Partner, Gender Identity
 - Pre-Exposure Prophylaxis, HIV testing
- Section E – Women’s Health: 0.1 min
 - Pregnancy status, Post-partum visits
- Section F – Mental Health: 3.7 min
 - K6 Mental health assessment, Repeated K6
 - Sheehan disability scale
 - Access and utilization
 - Stigma

Adult questionnaire content by section

- Section G – Demographic Information Part II: 3.3 min
 - Country of birth (self, parents)
 - Language spoken at home
 - Additional language use
 - Citizenship and immigration
 - Spouse/Partner, Living with parents
 - Paid child care
 - Educational attainment
 - Veteran status
 - Employment (self, spouse)

Adult questionnaire content by section

- Section H – Health Insurance: 6.6 min
 - Usual source of care
 - Emergency room visits
 - Medicare coverage, Medi-Cal coverage, Employer-Based coverage, Private coverage, CHAMPUS/CHAMP-VA/TRICARE/VA coverage, Other government coverage, other coverage, Indian Health Service participation
 - Employer offer of health insurance
 - Spouse’s insurance coverage type and eligibility
 - Managed-care plan characteristics
 - High-deductible health plans
 - Coverage over past 12 months, Reasons for lack of coverage
 - Hospitalizations, Partial scope Medi-Cal
 - Medical Debt

Adult questionnaire content by section

- Section I – Child and Adolescent Health Insurance: 0.3 min
 - Child’s health insurance, Medi-Cal coverage, Employer-Based coverage, Private coverage, CHAMPUS/CHAMP-VA/TRICARE/VA coverage, Other government coverage, other coverage
 - Managed-care plan characteristics, High-deductible health plans (child)
 - Reasons for lack of coverage, Coverage over past 12 months (child)
 - Teen’s health insurance, Medi-Cal coverage, Employer-Based coverage, Private coverage, CHAMPUS/CHAMP-VA/TRICARE/VA coverage, Other government coverage, other coverage
 - Managed-care plan characteristics, High-deductible health plans (teen)
 - Reasons for lack of coverage, Coverage over past 12 months (teen)
 - Country of birth (parents)
 - Citizenship and immigration (parents)

Adult questionnaire content by section

- Section J – Health Care Utilization and Access: 4.9 min
 - Visits to medical doctor
 - Personal doctor
 - Care-coordination
 - Tele-medical care
 - Communication problems with a doctor
 - Change of usual source of care (removed 2018)
 - Delays in care
 - Family planning
 - Dental health
- Section DM – Discrimination: 0.9 min
 - Lifetime discrimination in health care setting, most recent occurrence, frequency and reason for discrimination, stressfulness of experience (removed 2018)

Adult questionnaire content by section

- Section K – Employment, Income, Poverty status, Food Security: 2.3 min
 - Hours worked, Income last month, Annual household income, Number of persons supported
 - Availability of food in household, Hunger
- Section L – Public Program Participation: 1.4 min
 - Food stamps, Supplemental security income, WIC
 - Assets
 - Child support, Worker’s compensation, Social security/Pension payments
 - Reason for non-participation in Medi-Cal
 - Medi-Cal renewal
 - WIC participation

Adult questionnaire content by section

- Section M – Housing and Social Cohesion: 2.2 min
 - Housing
 - Length of time in residence, neighborhood, reason for move (removed 2018)
 - Social Cohesion
 - Safety in neighborhood
 - Adult Well-being scale (added 2018)
 - Civic Engagement
- Section P – Voter Engagement: 0.7 min
 - Voter Engagement
- Section S – Suicide Ideation and Attempts: 0.4 min
 - Suicide ideation and attempts
- Section N – Demographic Information Part III & Closing: 2.1 min
 - County of residence, Address confirmation, Cross streets, zip code
 - Cell phone use, Follow-up survey permission

REVIEW AND ACTION STEPS