

CHIS 2019-2020 Child Technical Advisory Committee Meeting

February 12, 2018
12:30 am to 3:00 pm

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



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THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

Welcome and Introductions



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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 |



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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)

Child questionnaire content by section

- Section A – Demographics, Health Conditions
 - Age, Height, Weight
 - Breastfeeding
 - School attendance (children 5 years and older)
 - General Health
 - Asthma
 - Limiting physical, behavioral, mental conditions
 - Need for prescription medications, occupational therapy, speech therapy

Child questionnaire content by section

- Section B – Dental Health
 - Dental visit before age 4
 - Last dental visit
 - Usual source of dental care
 - Could not afford dental care
 - Dental insurance, payor source
 - Use free or public dental program
 - Delays in dental care
 - Emergency room visit for dental problem
 - Urgent Care visit for dental problem
 - Missed school due to dental problem
 - Dental Caries Prevention
 - Falls asleep with bottle, bottle contents (< 6 years old)

Child questionnaire content by section

- Section C – Diet, Physical Activity, Park Use
 - Dietary Intake
 - Walk, bike or skateboard home from school
 - Name of school
 - Number of days physically active for at least 60 minutes (past 7 days, typical week)
 - Sedentary time (weekdays and weekend days)
 - Park Use

Child questionnaire content by section

- Section D – Health Care Access and Utilization
 - Usual source of care
 - Emergency room visits
 - Visits to medical doctor
 - Personal doctor
 - Patient centered care
 - Care coordination
 - Developmental screening
 - Timely appointments
 - Communication problems with doctor
 - Delays in care
 - Delayed or forgone RX, medical care related to asthma or other conditions

Child questionnaire content by section

- Section D – Health Care Access and Utilization (cont.)
 - Flu vaccine past 12 months
 - Online information about child’s health, development, behavior, past 12 months
 - Discussed online information with child’s doctor
- Section E – Public Program Participation
 - TANF/CalWORKS, Food Stamps, WIC
- Section F – Parental Involvement
 - First 5 California: “Talk, Read, Sing Program”
 - First 5 California: Kit for New Parents
 - Emotional or behavioral difficulties
 - Psychological or emotional counseling

Child questionnaire content by section

- Section G – Child Care
 - Child care arrangements
 - *Preschool prepares children for future*
- Section H– Demographics, II
 - Race/Ethnicity
 - Country of birth (child, parents)
 - Citizenship, Immigration status, Years in US (child, parents)
 - Languages spoken at home
 - Education of parent

Child questionnaire content by section

- Section K – Child First
 - Parental employment
 - Child and Adolescent Health Insurance
 - Household Income
 - Social Cohesion
 - Civic Engagement
 - Food Security



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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
 - 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)

DISCUSSION AND FEEDBACK



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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

Child questionnaire content by section

- Section A – Demographics, Health Conditions (2.7 min)
 - Gender, Age, Height, Weight
 - Breastfeeding - Ever, age stopped, age of solid food initiation
 - School attendance (children 5 years and older)
 - General Health
 - Asthma
 - Limiting physical, behavioral, mental conditions
 - Need for prescription medications, occupational therapy, speech therapy

Child questionnaire content by section

- Section B – Dental Health (1.9 min)
 - Dental visit before age 4
 - Last dental visit
 - Usual source of dental care
 - Could not afford dental care
 - Dental insurance, payor source
 - Use free or public dental program
 - Delays in dental care
 - Main reason did not get needed care
 - Emergency room visit for dental problem
 - Missed school due to dental problem

Child questionnaire content by section

- Section C – Diet, Physical Activity, Park Use (3.8 min)
 - Dietary Intake
 - Walk, bike or skateboard home from school
 - Name of school
 - Number of days physically active for at least 60 minutes (past 7 days, typical week)
 - Sedentary time (weekdays and weekend days)
 - Park Use

Child questionnaire content by section

- Section D – Health Care Access and Utilization (4.4 min)
 - Usual source of care
 - Emergency room visits
 - Visits to medical doctor
 - Personal doctor
 - Care coordination
 - Developmental screening
 - Timely appointments
 - Communication problems with doctor
 - Delays in care

Child questionnaire content by section

- Section E – Public Program Participation (0.1 min)
 - TANF/CalWORKS, Food Stamps, WIC
- Section F – Parental Involvement (1.4 min)
 - First 5 California: “Talk, Read, Sing Program”
 - Heard/seen messages
 - Changed behavior after hearing/seeing messages
 - First 5 California: Kit for New Parents
 - Heard/received /used kit
 - Usefulness of kit
 - Emotional or behavioral difficulties
 - Psychological or emotional counseling

Child questionnaire content by section

- Section G – Child Care (1.0 min)
 - Child care arrangements
- Section H– Demographics II (1.2 min)
 - Race/Ethnicity
 - Country of birth (child, parents)
 - Citizenship, Immigration status, Years in US (child, parents)
 - Languages spoken at home
 - Education of parent

Child questionnaire content by section

- Section K – Child First (1.3 min)
 - Parental employment
 - Child and Adolescent Health Insurance
 - Household Income
 - Social Cohesion
 - Civic Engagement
 - Food Security
- Section H – Demographic Part III (0.3 min)
 - Follow-up and close

REVIEW AND ACTION STEPS