

CHIS 2019-2020 Adolescent Technical Advisory Committee Meeting

**February 26, 2018
1:00 pm to 3:00 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



10960 Wilshire Blvd.
Suite 1550
Los Angeles, CA
90024
t: 310.794.0909
f: 310.794.2686

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)

Teen questionnaire content by section

- Section A – Demographics Part I
 - Age, Gender,
 - School attendance
 - Name of school
 - School Instability
- Section N – Personal and School Safety
 - Threats of harm
 - Afraid at school
 - Missed school because felt unsafe

Teen questionnaire content by section

- Section B – Health Status and Health Conditions
 - General health
 - Height, Weight
 - Missed school days due to health problem
 - Asthma
 - Ever, current, past 12 month episode, daily medications
 - ER visit due to asthma
 - Missed school days due to asthma
 - Asthma management plan
 - Confidence can control and manage asthma
 - Hospital admissions for asthma
 - Flu vaccine, past 12 months

Teen questionnaire content by section

- Section C – Diet
 - Fruit and vegetable consumption
 - Sweetened drink consumption
 - Water consumption
 - Fast food past 7 days
 - School cafeteria serves fast food, eat school lunch
 - Soda consumption (removed in 2018)

Teen questionnaire content by section

- Section D – Physical Activity, Park Use, Neighborhood Safety, Sleep
 - Days physically active for at least 60 minutes (past 7 days, typical week)
 - Walk, bike or skateboard home from school
 - # of minutes to walk, bike, or skateboard home from school
 - Walk, bike or skateboard home from school in 30 minutes or less
 - Sedentary time (weekend, weekdays)
 - Park use, proximity, safety
 - Neighborhood safety, trust neighbors
 - Sleep and wake times on school nights
 - Rules in home regarding use of tech devices
 - Provider discussion about tech device use

Teen questionnaire content by section

- Section E – Cigarette, Alcohol, Drug Use
 - Smoking ever, past 30 days
 - E-cigarette use, reasons for use
 - Alcohol use, binge drinking
 - Marijuana Use
 - Ever, past 30 days
 - Manner of use (smoke, eat, drink, vape, dab)
 - Marijuana and tobacco co-use
- Section F – Mental Health
 - K6 Mental Health Assessment
 - Repeated K6
 - Psychological and Emotional Counseling
 - Alcohol, drug counseling

Teen questionnaire content by section

- Section G – Sexual Behaviors
 - Ever sexual intercourse
 - Pregnancy status and plans (females age 15 and older)
 - Contraceptive use (among sexually active teens)
 - Method
 - Main reason not using contraception
 - Received contraceptive counseling, information past 12 months (age 15 and older)

Teen questionnaire content by section

- Section H – Health Care Utilization and Access
 - Usual source of care
 - Emergency room visits
 - Visits to medical doctor
 - Recall of provider advice (exercise, diet)
 - Personal doctor
 - Timely appointments
 - Care coordination
 - Delays in care
 - Dental health
 - Time since last dental visit
 - Missed school days due to dental problem (added 2018)
 - Condition of teeth (added 2018)

Teen questionnaire content by section

- Section J – Demographics II
 - Race/Ethnicity
 - Country of birth
 - Citizenship, immigration status, years in US
 - Languages spoken at home
- Section K – Suicide Ideation and Attempts
 - Ideation ever, past 12 months, past 2 months
 - Ever and past 12 months attempts
 - Suicide resource
- Section L – Civic Engagement, Resiliency
 - Volunteer work
 - Supportive adult at school, home

Teen questionnaire content by section

- Section L continued
 - Gender expression
 - HIV Testing and Prophylactic Medications
 - Ever tested for HIV
 - Ever offered HIV test
 - Most recent test, offered or requested
 - Knowledge of Pre-exposure prophylaxis (PrEP) or Truvada
 - Took PrEP or Truvada, past 30 days, past 12 months, ever
- Section M - 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
 - 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

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

Teen questionnaire content by section

- Section A – Demographics Part I , Civic Engagement
 - Age, Gender,
 - School attendance
 - Name of school
 - School Instability
- Section N –Personal and School Safety
 - Threats of harm
 - Afraid at school
 - Missed school because felt unsafe

Teen questionnaire content by section

- Section B – Health Status and Health Conditions
 - General Health
 - Height, Weight
 - Missed school days due to health problem
 - Asthma
 - Ever, current, past 12 month episode, daily medications
 - ER visit due to asthma
 - Missed school days due to asthma
 - Asthma management plan
- Section C – Diet
 - Fruit and vegetable consumption
 - Sweetened drink consumption
 - Water consumption

Teen questionnaire content by section

- Section D – Physical Activity, Park Use, Neighborhood Safety, Sleep
 - Walk, bike or skateboard home from school
 - Sedentary time (weekend, weekdays)
 - Park use, proximity, safety
 - Neighborhood safety, trust neighbors
 - Sleep and wake times on school nights
 - Rules in home regarding use of tech devices
 - Provider discussion about tech device use

Teen questionnaire content by section

- Section E – Cigarette, Alcohol, Drug Use
 - Smoking ever, past 30 days
 - E-cigarette use, reasons for use
 - Alcohol use, binge drinking
 - Marijuana Use
 - Ever, past 30 days
 - Manner of use (smoke, eat, drink, vape, dab)
 - Marijuana and tobacco co-use
- Section F – Mental Health
 - K6 Mental Health Assessment
 - Repeated K6
 - Psychological and emotional counseling
 - Alcohol, drug counseling

Teen questionnaire content by section

- Section G – Sexual Behaviors
 - Ever sexual intercourse
 - Pregnancy status and plans (females age 15 and older)
 - Contraceptive use (among sexually active teens)
 - Method
 - Main reason not using contraception
 - Received contraceptive counseling, information past 12 months (age 15 and older)

Teen questionnaire content by section

- Section H – Health Care Utilization and Access
 - Usual source of care
 - Emergency room visits
 - Visits to medical doctor
 - Personal doctor
 - Timely appointments
 - Care coordination
 - Delays in care
 - Dental health
 - Time since last dental visit
 - Missed school days due to dental problem
 - Condition of teeth

Teen questionnaire content by section

- Section J – Demographics II
 - Race/Ethnicity
 - Country of birth
 - Citizenship, immigration status, years in US
 - Languages spoken at home
- Section K – Suicide Ideation and Attempts
 - Ideation ever, past 12 months, past 2 months
 - Ever and past 12 months attempts
 - Suicide resource
- Section L – Civic Engagement, Resiliency
 - Volunteer work
 - Supportive adult at school, home

Teen questionnaire content by section

- Section L continued
 - Gender expression
 - HIV Testing and Prophylactic Medications
 - Ever tested for HIV
 - Ever offered HIV test
 - Most recent test, offered or requested
 - Knowledge of Pre-exposure prophylaxis (PrEP) or Truvada
 - Took PrEP or Truvada, past 30 days, past 12 months, ever
- Section M - Closing

REVIEW AND ACTION STEPS