

What's New in the 2011-2012 California Health Interview Survey

As an ongoing cross-sectional survey of California's population, each CHIS data cycle has its own unique features. Some features may impact CHIS estimates, trends and comparisons of CHIS estimates over time, or the pooling of data across more than one cycle. Methodological changes are necessary to maintain high-quality data and to adapt to the ever-changing survey landscape in a way that meets stakeholders' needs. This document describes the main cycle-specific methodological changes that were implemented in CHIS 2011-2012. We recommend CHIS data users review the information below and our detailed online documentation as necessary before analyzing or reporting CHIS data. A truncated summary of our full documentation is below in Section 3 of this document (CHIS 2011-2012 Design and Methodology Summary).

CHIS Methodological Documentation Online:

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

- 1) **Continuous Data Collection and One-Year Data File Release** – Beginning in 2011, CHIS data are collected continuously across the two-year data collection cycle. In the past, data collection occurred over a period of roughly 9-months within each cycle. CHIS 2011-12 data collection began on June 15, 2011-12 and concluded on January 14, 2013. The plan for future cycles is to begin data collection in January and continue for all months of the two-year cycle, ending in December of the second year. This new data collection approach allows the release of one-year estimates for each calendar year, providing CHIS users with much more timely data and greater flexibility in structuring their analyses. Users should be cautious examining indicators for small populations (such as child, teen, or racial/ethnic groups) due to the smaller sample sizes of the one-year data; pooling two or more cycles of one-year data is generally advised.

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

To minimize disclosure risk and protect respondent confidentiality, some public use variables may not be available in one-year data files. Two-year data files for the CHIS 2011-2012 cycle can be requested as a Special Use Research File (SURF) via our Data Access Center (DAC, see <http://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/2011-2012.aspx>).

- 2) **New Control Totals for Weights** – The CHIS weighting process uses control totals produced by the California Department of Finance (DOF). The totals are created by DOF using models to adjust U.S. Census decennial enumeration data based on demographic changes within the state. The DOF updates its projections after each Census, and updates its estimates annually. The control totals for CHIS 2011-2012 weighting are based on the 2010 Census, while CHIS 2009 and earlier CHIS cycle control totals were based on data from the 2000 Census. This change may affect trend estimates across decennial Census years, as is sometimes seen in other surveys with repeated cross-sectional designs like CHIS.
- 3) **Larger Cell Phone Sample** – CHIS has included a cell phone sample since 2007. The specific design of the sample changes over time to remain current with changes in cell phone and landline use in the population and the changing methods of cell phone sampling. In CHIS 2011-2012, 9,152 adult interviews were conducted from the cell phone sample (22% of adult interviews). This is a dramatic increase over CHIS 2009 in which 3,028 adult interviews were conducted from

the cell phone sample—similar to the cell phone sample proportion of other dual-frame surveys.¹ In this cycle we were also able to set county-level goals for the cell phone RDD sample due to advances in geographical targeting of cell phone numbers. In the past, we were only able to set targets at a broader regional level. Thus the current cell phone sampling method should produce better estimates for most counties than in the past.

- 4) **County Oversamples** – As in previous cycles, some counties provide funding to supplement their sample. In CHIS 2011-2012 we continued to oversample respondents in San Diego County as we have done since 2005.
- 5) **American Indian and Alaska Native Oversample** – The 2011-2012 cycle includes a supplemental sample of American Indian and Alaska Native residents of California to increase the representation of that group. The oversample was produced using a list of people who had been served by Indian Health Service (IHS) health clinics in California. Although this oversample came from a different sampling frame than the CHIS random digit dial (RDD) samples, it was incorporated into the data files and weighting method so that data analysts can use complete CHIS data sets without taking any additional analytic steps. The survey interview and data collection protocols for this sample were identical to the standard CHIS protocol.
- 6) **New and Updated Survey Questions** – Survey questions are added, removed, and modified in each cycle of CHIS. We add questions to meet stakeholders' needs and to monitor emerging public health concerns. We remove questions to reduce the length of the survey interview and save data collection costs when questions are no longer relevant for public health surveillance, or when they are not funded by a sponsor. Most CHIS questions are included in every CHIS cycle. Occasionally, we make changes to question wording based on methodological evaluations or user feedback that strongly suggests that changes will produce better data; otherwise, we keep questions consistent to aid in trending.

¹ See the 2010 AAPOR Cell Phone Task Force report by the American Association for Public Opinion Research for more information about best practices and contemporary issues in cell phone sampling. http://www.aapor.org/Cell_Phone_Task_Force_Report.htm