

## Community Health Survey 2007 Methods

CHS 2007 continued to expand upon the [CDC's Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Several modules were added, updated, and/or brought back from prior years to address emerging initiatives and health concerns while enabling assessments of key indicators over time.

### TARGET POPULATION:

As in prior years, non-institutionalized adults aged 18 and older who live in a household with a landline telephone in New York City (the five borough area).

### HEALTH TOPICS COVERED:

CHS 2007 covered the following health topics: general health status, health care access, dental care, preventive counseling, mental health, cardiovascular health, diabetes, asthma, physical activity, nutrition, smoking, second-hand smoke, child care, cancer screening, HIV, sexual behavior, alcohol use, and immunizations. In addition, a number of demographic variables were included to facilitate weighting and to allow for comparisons between groups of New Yorkers.

### SAMPLING METHODOLOGY:

As in previous years, CHS 2007 used a stratified random sample in order to produce citywide, as well as neighborhood-specific, estimates. Strata were defined using the [United Hospital Fund's \(UHF\)](#) neighborhood designation, modified slightly for the addition of new zip codes since UHF's initial definitions. There are a total of [42 UHF neighborhoods in NYC](#), each defined by several adjoining zip codes. The total sample size in 2007 was 9,554, distributed among the 42 neighborhoods. To increase statistical power, several neighborhoods were combined, resulting in [34 neighborhoods](#).

A [computer-assisted telephone interviewing \(CATI\)](#) system was used to collect the survey data. The CHS sampling frame was constructed with a list of telephone numbers provided by a commercial vendor. Upon agreement to participate in the survey, one adult was randomly selected from the household to complete the interview.

The survey was pre-translated into English, Spanish, Russian and Mandarin Chinese. In addition, a translation service was used to conduct the survey in a wide variety of other languages. The [Baruch Survey Research Unit](#) conducted data collection; fielding began in March 2007 and ended in November 2007. The average interview lasted 25 minutes. All data collected were self-reported.

### LIMITATIONS:

The survey sampling methodology does not capture the following groups: households without any telephone service and households that have only a cellular phone (only landlines are included in the initial sampling frame).

### RESPONSE RATE:

- Sample size: 9,554
- Response Rate: 14%
- Cooperation Rate: 79% (1)

### DATA ANALYSIS:

In order to appropriately analyze CHS data, weights were applied to each record. The weight consisted of the probability of selection (number of adults in each household / number of residential telephone lines), as well as a post-stratification weight. The post-stratification weights were created by weighting each record up to the population of the UHF neighborhood, while taking into account the respondent's age, sex and race.

A detailed methodology report is available as a Microsoft Word document. If you would like a copy of this report, need assistance with the data or wish to suggest additional variables to be added, please email **[survey@health.nyc.gov](mailto:survey@health.nyc.gov)**.

(1) The American Association for Public Opinion Research. Standard definitions: Final dispositions of case codes and outcome rates for surveys. Ann Arbor, Michigan: AAPOR, 2000.