



california
health
interview
survey



THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

CHIS Overview

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with thanks to the CHIS team

UCLA Center for Health Policy Research

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Agenda

CHIS Overview

- History & Purpose
- Sample Characteristics and Methods
- Content

Access to CHIS Data

- Public Use Files (PUF)
- Data Access Center
- Online Data Dissemination

CHIS History

- Conceived out of need for better data on health insurance coverage in California
- Three-year planning process began in 1996/7
- First fielded in 2001 and conducted as a biennial survey through 2009 and continuously beginning in 2011-2012

Purpose & Mission

- CHIS is California's source of state and local population-based health data

- Designed to provide easy access to data and estimates:
 1. To support decision making at the local level and statewide in public health and health care
 2. To understand and measure health needs and disparities in California — characterized by ethnic, geographic, and social class diversity

- Widely used by state agencies, county health departments, academic researchers and students, advocacy groups and CBOs

Methods: How is CHIS Done?

- Large, geographically stratified random digit dial (RDD) telephone survey designed to provide statistically reliable estimates:
 1. At the local level for counties (adults) and statewide
 2. For major racial/ethnic groups and many ethnic subgroups

- 56 total geographically defined strata
 - 2 counties with sub-county strata
 - Los Angeles: 8 Service Planning Areas (SPAs)
 - San Diego: 6 Health Regions
 - 39 individual county strata (excluding LA and San Diego)
 - 3 grouped county strata containing the 17 smallest counties (by population)

Methods: How is CHIS Done?

- Two separate RDD samples:
 1. Landline telephone numbers at stratum level (56 strata)
 2. Cellular telephone numbers (since CHIS 2007) at “region” level (7 regions)
- Ethnic oversamples
 - Koreans and Vietnamese oversampled in each CHIS cycle through:
 - Geographic targeting
 - Surname list sample
- Interviews conducted in 7 languages: English, Spanish, Chinese (Cantonese and Mandarin), Korean, Vietnamese with Tagalog added in 2014

CHIS Sample

CHIS Sample Size by Age and Race/Ethnicity –
<http://healthpolicy.ucla.edu/chis/design/Pages/sample.aspx>

Age Group	2001	2003	2005	2007	2009	2011-2012
Adult (18+)	56,270	42,044	43,020	51,048	47,614	42,935
Child (0-11)	12,802	8,526	11,358	9,913	8,945	7,334
Teen (12-17)	5,733	4,010	4,029	3,638	3,379	2,799

CHIS Content

- See *CHIS Questionnaire Topics*

—<http://healthpolicy.ucla.edu/chis/design/Pages/survey-topics.aspx>

- Rich demographic data
 - Age, sex, race/ethnicity, marital status
 - Country of birth, years in US, citizenship, mother/father's country of birth, language/s spoken at home, English proficiency
 - Employment status, income, poverty level, educational attainment
- Health behaviors
 - Alcohol consumption and binge drinking
 - Tobacco use (past and current)
 - Illegal drug use (teens)
 - Physical activity, dietary intake
 - Cancer screening, flu shot, HIV/STD testing, use of seat belts and bike helmets

CHIS Content

- Health conditions:
 - General health
 - Chronic conditions such as asthma, diabetes, heart disease, high blood pressure, COPD, etc.
 - Mental health
 - Disability
- Access to and use of health care services
 - Usual source of care
 - Visits to doctor, ER use
 - Communication with doctor, need for translator, health literacy

CHIS Content

- Health insurance coverage:
 - Current coverage
 - Coverage type (employer-based, private purchase, Medi-Cal, Healthy Families, Medicare)—changes under ACA for CHIS 2014
 - HMO enrollment and plan details
 - Coverage past 12 months

- Uninsured
 - Reasons for lack of coverage
 - Medi-Cal and Healthy Families eligibility (age < 65)

CHIS Content

- Other topics & information
 - Food security and hunger
 - Public program participation
 - Geocoding of households and schools
 - Years lived at address and in neighborhood
 - Social relationships and neighborhood conditions (2003)
 - Family history of cancer (2005)
 - Inter-personal violence (2007 & 2009)

 - *... and numerous other topics*

High Visibility & Accessibility

CHIS DATA

HealthDATA – Data. Advocacy. Training. Assistance.
Health data capacity building

Data Access Center (DAC)

Secure network that holds data and analysis, protecting confidentiality.

Public Use File (PUF)

Available as free download in SAS, SPSS, and STATA format.

AskCHIS

Premiere online health data query tool. (Health Data All-Star – 2013)

AskCHIS Neighborhood Edition

Granular health data beyond counties (SAEs) – available FALL 2014

Health Profiles

Reports on CHIS' most requested health topics. PDF-based downloads.

Accessing CHIS Data: PUF

- Available at no cost for download through the CHIS web site (chis.ucla.edu)
- Statewide files (no sub-state geographic identifiers)
- Excludes highly sensitive variables like mental health and citizenship status
- Available in SAS, SPSS, STATA format

Accessing CHIS Data: PUF

- Data files – adult, adolescent, and children—for each CHIS cycle
- Data dictionary for each file
- Questionnaires

Data Access Center (DAC)

- DAC – a secure physical space and a secure data network
 - Maintains all CHIS data
 - Designed to protect the confidentiality of CHIS respondents
- Accessing Confidential Data
 - Research application reviewed by data disclosure committee
 - Approval dependent on feasibility, risk of disclosure, variable selection

Data Access Center (DAC)

- Data analysis through DAC:
 1. Full-service statistical & programming services through UCLA CHPR Statistical Support & Programming
 2. Researcher-provided code implemented on DAC network—R, Stata, SAS, Mplus, SPSS, ArcGIS

Accessing CHIS Data: AskCHIS

- Free use interactive data query system, available 24-7 via the Internet: *ask.chis.ucla.edu*
- Custom and instant queries of the CHIS data
- Allows for analysis at the state, region, and county level of various health variables and demographic characteristics
- Includes sensitive or identifiable variables, unlike PUF

THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

GEOGRAPHIC AREA

MAIN TOPIC

COMPARE BY

POPULATION

GET RESULTS

View Results as:

Data Table

Pie Chart

Bar Graph

Trend Line

Geographic Comparison | Time Period | Adjust Layout | Export

Search Query Summary:

GEOGRAPHIC AREA:

Los Angeles, Orange, San Diego, Riverside ⊗

MAIN TOPIC:

Ever diagnosed with diabetes ? ⊗

COMPARE BY:

Gender ? ⊗

POPULATION:

None selected ⊗

Source: 2011 - 2012 California Health Interview Survey

95% confidence intervals are displayed in table

HELP

Ever diagnosed with diabetes		Los Angeles	Orange	San Diego	Riverside	All
Diagnosed with diabetes	Male	9.6% (8.3 - 10.9) 345,000	7.9% (5.8 - 10.0) 89,000	8.7% (7.0 - 10.4) 95,000	8.0% (5.8 - 10.1) 62,000	9.0% (8.1 - 9.8) 592,000
	Female	7.7% (6.7 - 8.7) 293,000	6.9% (5.1 - 8.7) 81,000	7.1% (5.6 - 8.6) 87,000	9.6% (5.9 - 13.3) 78,000	7.7% (6.9 - 8.5) 539,000
Never diagnosed with diabetes	Male	90.4% (89.1 - 91.7) 3,254,000	92.1% (90.0 - 94.2) 1,046,000	91.3% (89.6 - 93.0) 1,002,000	92.0% (89.9 - 94.2) 716,000	91.0% (90.2 - 91.9) 6,018,000
	Female					

GEOGRAPHIC AREA

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Search Query Summary:

GEOGRAPHIC AREA:

Los Angeles, Orange, San Diego, Riverside ⊗

MAIN TOPIC:

Ever diagnosed with diabetes ? ⊗

COMPARE BY:

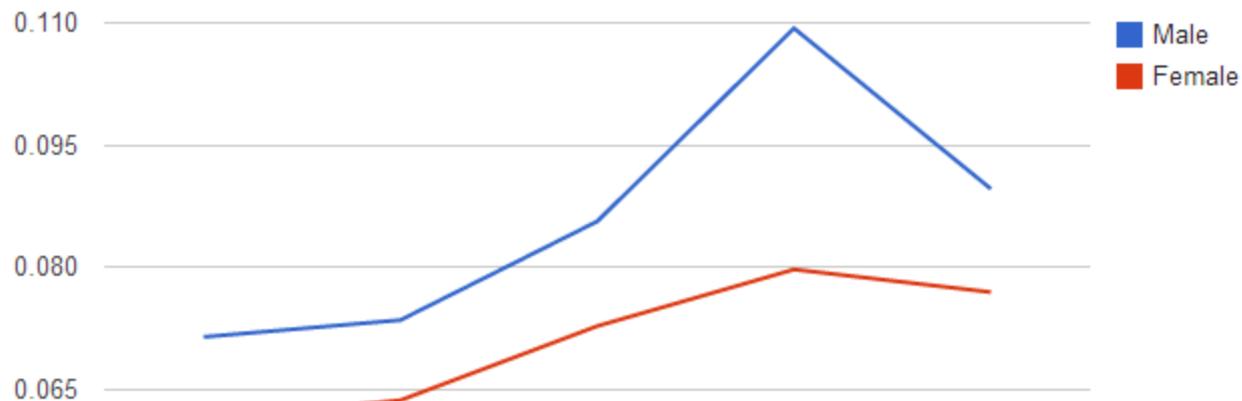
Gender ? ⊗

POPULATION:

None selected ⊗

Results include 2003, 2005, 2007, 2009, 2011 - 2012 data

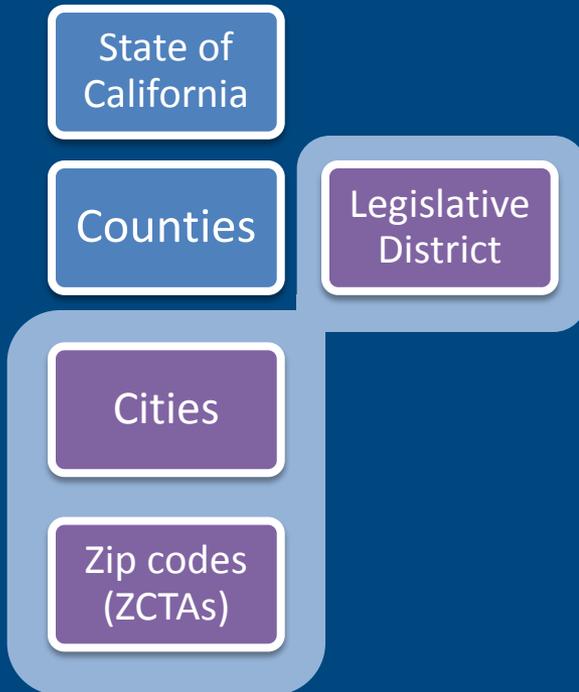
Ever diagnosed with diabetes compared by Gender - Ever diagnosed with diabetes: Diagnosed with diabetes



AskCHIS Neighborhood Edition (NE)

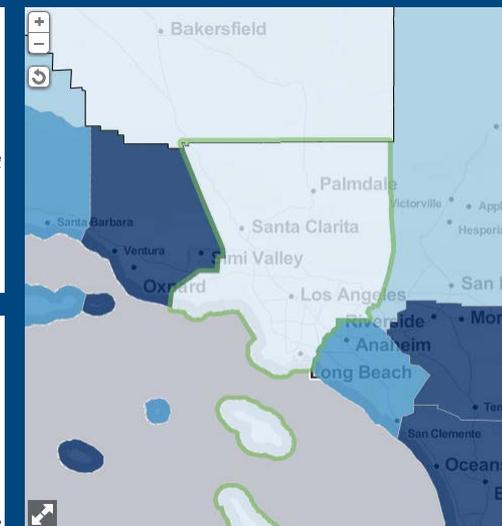
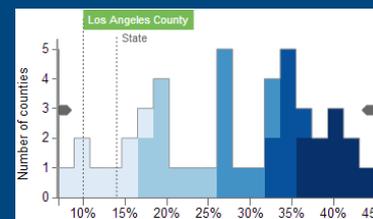
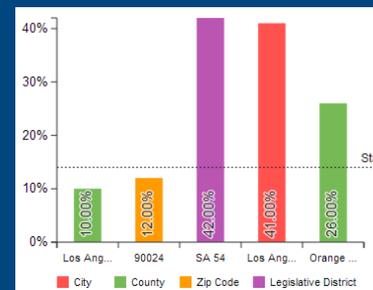
Coming FALL 2014

Projected regions:



Data visualization:

Counties		Assembly	Cities	Zip Codes
Los Angeles County	Orange County	Assembly District 54	Los Angeles	90024
28.00% (24.04% - 31.96%) 5,891,163	9.00% (5.04% - 12.96%) 1,806,139	42.00% (33.68% - 50.32%) 255,688	24.00% (16.87% - 31.13%) 2,275,573	23.00% (17.65% - 28.35%) 28,471
40.00% (32.67% - 47.33%) 5,891,163	17.00% (12.25% - 21.75%) 1,806,139	31.00% (22.68% - 39.32%) 255,688	16.00% (10.85% - 21.15%) 2,275,573	35.00% (28.86% - 41.14%) 28,471
10.00% (6.83% - 13.17%) 5,891,163	26.00% (22.44% - 29.56%) 1,806,139	42.00% (33.29% - 50.71%) 255,688	41.00% (37.63% - 44.37%) 2,275,573	12.00% (8.24% - 15.76%) 28,471



Health Profiles:

<http://healthpolicy.ucla.edu/health-profiles/Pages/default.aspx>

- **Legislative Districts:** health profiles for each of the 80 Assembly Districts, 40 Senate Districts, and 53 U.S. Congressional Districts. Each profile displays estimates for various health topics for a given district.
- **Adults:** one-page fact sheets containing health statistics for adults ages 18-64 in all 58 California counties, as well as regions, Los Angeles Service Planning Areas (SPAs) , San Diego Health and Human Service Agency Regions (HHSA).
- **Child and Teen:** one-page fact sheets containing health statistics for children and teens (ages 17 and under) in all 58 California counties, regions.

Thank you.
Please visit us @ www.chis.ucla.edu

California Behavioral Risk Factor Surveillance System (BRFSS)

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Objectives

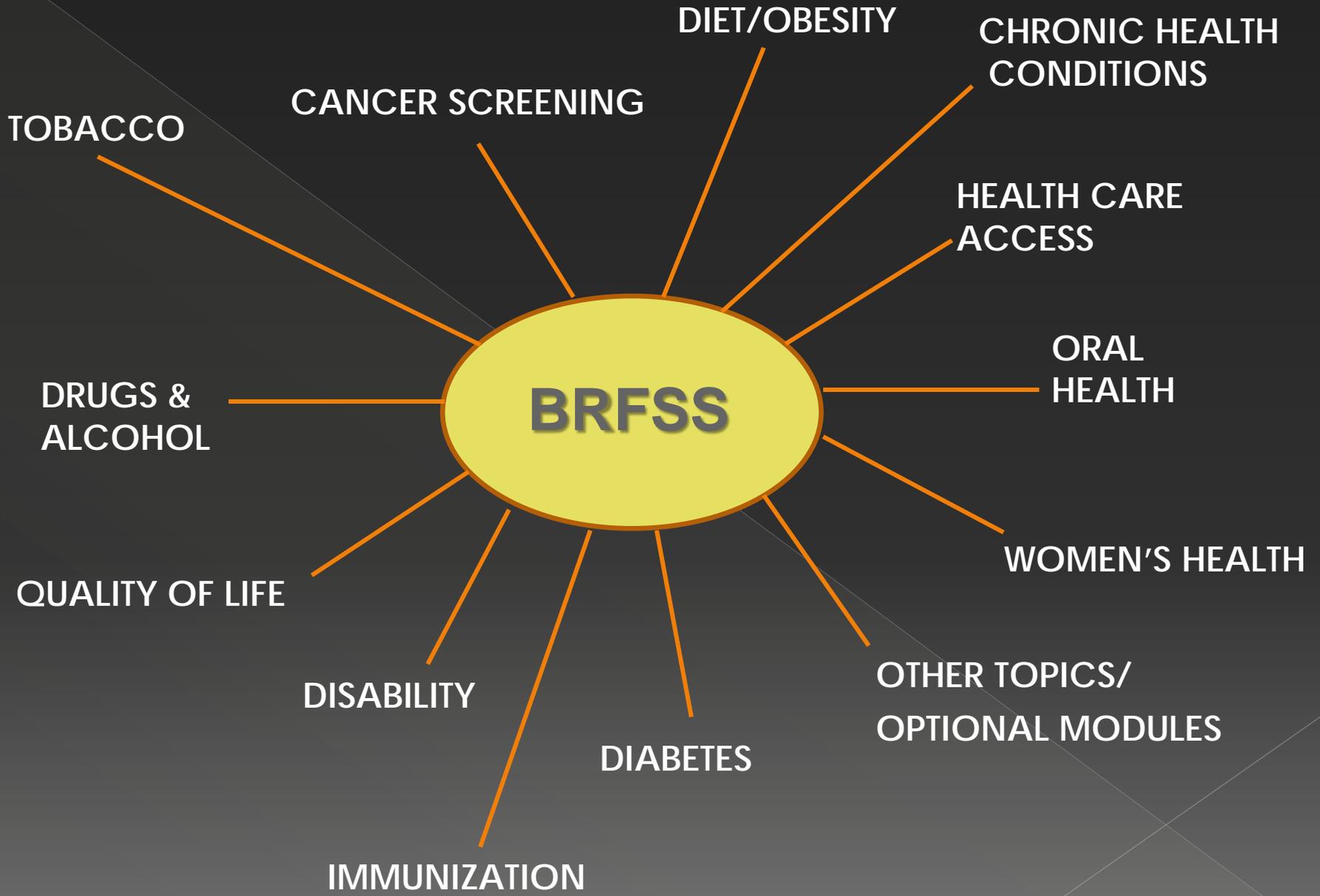
- ❖ Overview of BRFSS Survey
- ❖ Background and purpose of BRFSS
- ❖ Survey methods and process for adding questions
- ❖ Uses of and access to BRFSS data
- ❖ Transition/ Future Expectations

What is BRFSS?

- Behavioral Risk Factor Surveillance System
- State-based, cross sectional, random-digit-dialed telephone survey conducted annually
- Non-institutionalized adults aged ≥ 18 years
- Monitors personal health behaviors that put health at risk
- Collaboration between CDC and 50 US States/Territories
- California participation since 1987

Background

- In early 1980's research showed personal health behaviors played a major role in premature deaths and diseases
- Established in 1984 by CDC
- World's largest, on-going telephone health survey system
- State-based surveillance system
- 2013 marked its 30th year and remains the gold standard of behavioral surveillance



Survey Process: Questionnaire



- Core questions
 - Asked by all states (fixed/rotating/emerging)
- Optional modules
 - Specialized topic questions states can choose to include
- State-added questions
 - State program specific questions to address state and local issues

Optional Module Examples

- Caregiver Module
- Cognitive Decline Module
- Acute Gastroenteritis Module
- Industry and Occupation
- Breast and Cervical Cancer Screening
- Sexual Orientation and Gender Identity
- Emotional Support and Life Satisfaction
- Childhood Asthma Prevalence

Survey Process:

- 3 tracks
 - Conducted simultaneously
 - English and Spanish
- Tracks 1 and 2: 170 – 200 questions each
 - About 90 core, 20-30 optional module, 60 – 80 state-added questions
- Track 3: California Adult Tobacco Survey (CATS)
 - Includes core, optional modules, and 100+ tobacco-related health questions.

Survey Design & Methods

- Random digit dialing – landline and cell phones
- 2011 Dual samples (no overlap) →
2012 Dual samples (minimized overlap) →
2014 Dual samples (fully overlapping sample) – no one is screened out due to phone use in either LL or CL sample
- Weighting of survey data - Raking
- WinCATI system



Survey Development

- ◎ National BRFSS survey development process
 - › Annual BRFSS Conference
 - › Proposals and Workgroups
 - › Presentations and Discussions
 - › Tallying votes
- ◎ CA BRFSS survey development process
 - › Quarterly Data Users Meetings
 - › Proposals
 - › Questionnaire Development

How to add BRFSS Questions

- Cost per question dependent on interviewer time and number of state-added questions (currently \$7500 per track)
- Planning for next survey begins in July
- Proposals are due by September
- BRFSS Data Users Quarterly Meeting for discussion of questionnaire and proposals
- Pre-testing of state added questions begins late October
- December questionnaire is finalized

Who uses BRFSS?

- ◉ State and Local Health Departments
- ◉ Students and Researchers
- ◉ Federal Agencies
- ◉ Non-profit Agencies
- ◉ Research organizations
- ◉ Media

How is BRFSS used?

- Assess health needs and monitor trends of personal behaviors of the population
- Plan, implement, and evaluate public health strategies
- To monitor and respond to public health emergencies
- Identify health disparities
- Prepare grant proposals
- Publish scientific articles in professional journals

Transition/ Future Expectations



California State University Sacramento, Folsom Hall

- ✓ Institute for Social Research (ISR)
 - Temporary interviews until construction of call center completed
- ✓ Future collaborations and dissemination
 - Faculty, post-doc research, student internships, other statewide health department surveys

Access to BRFSS

- ❑ PHSP Website under development via CSUS and CDSRB
- ❑ Data sharing agreement/ data request form
- ❑ Links to data downloads

Access to BRFSS

CDC BRFSS: <http://www.cdc.gov/brfss/>

- Aggregated data from all 50 states and participating territories
- Download data files, code book, design documents, methodology, surveillance summaries, fact sheets, newsletters, etc.
- Access to questionnaires, lists of optional modules used by states, and state-added questions.
- Prevalence and Trends Data, BRFSS Interactive Maps (GIS)
- SMART City and County Survey Data

Questions?

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