Making California's Voices Heard on Health

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

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 the California's population. Relative to the larger, two-year CHIS data files available prior to 2011, small populations (such as child, teen, or some racial/ethnic groups) or rare conditions and characteristics will have fewer observations in the single-year data file. In such cases, pooling two or more single-year data sets may be required to achieve sufficient sample size and statistical stability. Users who need more information about pooling or trending data over time should review the *Analyze CHIS Data* website at healthpolicy.ucla.edu/chis/analyze/Pages/default.aspx or go to the *Analyze CHIS Data* user forum at healthpolicy.ucla.edu/forum/Pages/Forum.aspx.

What's New and Notable in 2015-2016?

New and Updated Survey Questions

Survey questions are added, removed, and modified in each two-year cycle of CHIS to meet stakeholders' needs and monitor emerging public health concerns. Questions are removed from the interview to reduce its length and save data collection costs when topics are no longer relevant for public health surveillance, or when they are not funded. Most CHIS questions remain in the interview across CHIS cycles. For CHIS 2015 approximately 90% of the content continued from CHIS 2014. Occasionally, we make changes to question wording based on methodological evaluations or when user feedback strongly suggests that changes will produce better data. Otherwise, questions are kept consistent across years to aid in trending. Reinstated questions were asked in cycles prior to 2013-2014, and again in 2015-2016.

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

New Child and Teen Interview Questions

- Child questionnaire: Delay in dental care and parental awareness of First 5 California Talk. Read. Sing.® program
- Teen questionnaire: Psychological distress in the past year

Adult Gender Identity

With support from the Williams Institute at the UCLA School of Law, CHIS 2015-2016 was able to be one of the first large-scale, population-based health surveys to ask questions to identify transgender and other gender minority respondents using a two-step measure that assesses sex assigned at birth and current gender identity. This data is available on *Ask*CHIS©. Due to small sample sizes, it is strongly recommended that users pool multiple years of data to obtain stable estimates of these measures.

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Summary of Key Differences between 2015 and 2016

Adult Oral Health

Several dental questions were added to the adult survey in 2016 that did not appear in 2015: reason for recent dental visit, overall condition of teeth, most recent dental visit and dental insurance status.

Adult Gender Identity

Although both CHIS 2015 & 2016 included questions on adult gender identity and transgender status, this data will be first be available on AskCHIS in connection with the CHIS 2016 data release. Due to small sample sizes, it is strongly recommended that users pool multiple years of data to obtain statistically stable estimates of these measures.

Medi-Cal Eligibility

To reflect SB 75 which went into effect on May 1, 2016, CHIS 2016 categorizes all children and adolescents who meet Medi-Cal income requirements as Medi-Cal eligible regardless of citizenship status.

County Oversamples

CHIS 2015 included an oversample in Marin County, whereas CHIS 2016 included an oversample in San Diego County and northern Imperial County.

Measuring Medi-Cal Eligibility in CHIS

CHIS continues to approximate the population of uninsured individuals below 65 years qualifying for Medi-Cal coverage. CHIS 2014 released a modified measure that incorporated the changes to Medicaid eligibility in California due to the Affordable Care Act. Beginning in May 1, 2016, children under 19 years of age are eligible for full-scope Medi-Cal benefits regardless of their immigration status due to a new law enacted in California (SB 75: Full Scope Medi-Cal for All Children). As such, CHIS 2016 data categorizes all children and adolescents who meet Medi-Cal income requirements as Medi-Cal eligible regardless of citizenship status.

As before, the CHIS 2015-2016 eligibility measure uses modified adjusted gross income rules to determine income eligibility. Respondents who qualify for Medi-Cal eligibility due to medical need only (SSI-eligible, blind, or with disabilities) remain subject to asset testing. New questions in CHIS 2015-2016 probe further into assets reported, including the value of assets and ownership of secondary vehicles and property, in order to estimate Medi-Cal eligibility. Detailed documentation about the MAGI variable is available here: healthpolicy.ucla.edu/forum/Documents/ELGMAGI3%20-%20Measuring%20MAGI%20and%20Medi-Cal%20Eligibility%20in%20CHIS.pdf

Detailed Health Insurance Measure

New to 2015-2016, CHIS is releasing a detailed insurance type variable (INS9TP) that provides more granular information for those covered by employer-based insurance (alone or in combination with Medicare or Medicaid). This variable allows users to evaluate trends in dual-coverage or develop their own insurance type hierarchy.

Increased Cell Phone Sample

CHIS 2015-2016 doubled the number of interviews from cell phones to address the increasing fraction of the general population that is only accessible by cell phone. In CHIS 2015-2016, 20,226 adult interviews (48.8% of adult interviews) were conducted from the cell sample. In CHIS 2013-2014, 7,725 adult interviews were conducted from the cell phone sample (19.5%).

Responsive and Adaptive Design (RAD)

As the result of a competitive bidding process, RTI International conducted the CHIS 2015-2016 data collection under contract with the UCLA Center for Health Policy Research. RTI International incorporated a two-phase sample, and responsive and adaptive data collection design in CHIS 2015-2016. This was employed to reduce the risk of nonresponse bias by changing the follow-up procedures for nonrespondents.

Race and Ethnicity Coding

In CHIS, all respondents are asked whether they would describe themselves as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White. Hispanic or Latino respondents who reported American Indian or Alaska Native (AIAN) as their race, but did not report a tribal affiliation, are now recorded as having AIAN racial identity in the data, increasing the sample of "any-mention" AIAN respondents in CHIS 2015-2016. In prior cycles Hispanic or Latino respondents with unknown AIAN tribal identities were generally reclassified as non-AIAN.

Oversamples

CHIS 2015-2016 continued to oversample Korean and Vietnamese Americans as has been done in previous cycles since CHIS 2001. As with CHIS 2014, Keiro Foundation supported a Japanese oversample in CHIS 2015-2016. Marin County Health and Human Services also supplied additional funds to oversample Marin County residents in CHIS 2015. CHIS 2016 also oversampled residents in two Southern California counties. San Diego Health and Human Services provided funds to oversample San Diego County while the Imperial County Health Department also provided funds to oversample residents of northern Imperial County.

CHIS is conducted by the **UCLA Center for Health Policy Research**

Learn more about CHIS at:

www.chis.ucla.edu

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