



Child Community Health Survey Methods Summary

METHODS SUMMARY

In 2009, the New York City Department of Health and Mental Hygiene conducted the Child Community Health Survey, interviewing 3,002 households with one or more children 0 - 12 years of age. Information about the child was provided by an adult living in the same household who confirmed that he or she knew the child well enough to answer questions about the selected child's health, doctor visits, kinds of food the child eats, and general activities. The survey was designed to provide representative estimates for two age groups: 0-5 years and 6-12 years.

TARGET POPULATION

Eligible children were those living the majority of the time in contacted households located in the five boroughs of New York City (Bronx, Brooklyn, Manhattan, Queens, and Staten Island).

TOPICS/CONTENT

Questions were drawn from established national surveys on children's health, including the National Health Interview Survey and the National Survey of Children with Special Health Care Needs. Additional items were developed to measure the health needs and services provided to New York City's children.

Core items asked about children of all ages included general health status, birth weight, access to health care, dental care, immunization, and the prevalence of specific diseases and conditions (hearing, vision, diabetes, asthma, high hypertension, mental health, and developmental delays or difficulties). Questions were also asked about the adult respondent, the child's home and family composition, and the neighborhood environment.

Topics asked primarily or exclusively about children 0 - 5 years included awareness and use of the City's Early Intervention services to address developmental delays. Topics asked about children 6 - 12 years of age included sleep, physical activity and injury, nutrition at home and at school (including the consumption of sugar-sweetened beverages), and type of school and academic performance.

SAMPLING METHODOLOGY

A total of 3,002 interviews were completed from April 23, 2009 through December 6, 2009. The Child Community Health Survey was designed to provide equally powered, representative citywide samples both of children 0 - 5 and of 6 - 12 years of age, with eligible children identified from two different samples:

- Eligible households contacted via the random digit dial (RDD) landline sample used for the 2009 Community Health Survey (CHS), n=1,528
- Eligible households contacted using an independent RDD landline sample, n=1,474

In households with more than one child aged 0 - 12, a single child was randomly chosen to be the focus of the interview. To increase the sample size of younger children, children 0 - 5 years of age were oversampled at a rate of 2:1 from households with children in both age groups. Information about the child was then collected from an adult who knew the focus child well enough to answer questions about the child's health, doctor visits, the kinds of food the child eats, and general activities. A \$30 check was offered as an incentive for completing the interview, with payment mailed to an address provided by the respondent on completion. Most interviews were conducted with the child's mother (69%) or father (22%), with the remainder (9%) conducted with a grandparent or another family or household member.

The Child Community Health Survey was conducted in four languages -- English, Spanish, Russian, and Chinese -- and administered using a computer-assisted telephone interviewing (CATI) system. Interviews were completed by interviewers at Abt-SRBI, a survey research company based in New York City. The average survey was completed in 23 minutes.

LIMITATIONS

The Child Community Health Survey used RDD landline telephone samples to randomly select eligible households so it did not include children in households without telephone service or that could only be reached by cellular telephone.¹ The data are from proxy reports made by a knowledgeable adult, not from clinical measures or administrative records.

WEIGHTING

Weights were created for each interview. Initial weights were designed to adjust for the probability of selection, including the oversampling of children 0 - 5 years of age from households with children in both age groups and the number of residential telephone lines in each household. Post-stratification weights were created to weight the sample to the New York City child population in each borough by child age group, gender, and race/ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, Asian/Pacific Islander, and other race), using data from the 2006-2008 American Community Survey (Public Use Microdata Sample). The goal of post-stratification weighting is to reduce bias in estimates due to differential nonresponse and/or sample frame undercoverage, including households that either lack telephone service entirely or can only be reached by cellular telephone and were not included in the RDD sample frame.

SURVEY PARTICIPATION RATES²

Response rates are calculated separately for the two different sample frames: interviews from households initially contacted for the 2009 Community Health Survey (CHS) and those contacted from supplemental RDD sample. Overall response and cooperation rates for Child Community Health Survey interviews from the 2009 CHS sample are the product of response and cooperation rates for both surveys.

	Initial CHS sample sample = 71,011	Interviews from CHS sample completes = 1,528 sample = 3,753	Overall CHILD interviews from CHS CHS * CHILD	CHILD interviews from RDD sample completes = 1,474 sample = 35,081
Response Rate #3	34%	80%	27%	48%
Cooperation Rate #3	90%	96%	86%	86%

DATA ANALYSIS

Survey weights are designed to provide population estimates of children 0 - 5 and 6 - 12, as well as children 0 - 12 years of age in New York City overall. There are no immediate plans to create separate weights to provide household-level estimates.

¹ The National Health Interview Survey estimated that during the period of January - June 2009, 23% of children lived in a household without landline telephone service. [Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January-June 2009. National Center for Health Statistics. December 2009. Available from: <http://www.cdc.gov/nchs/nhis.htm>]

² The American Association for Public Opinion Research. 2009. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 6th edition. AAPOR. Multiple formulas are available for the calculation of response and cooperation rates. [Available from http://www.aapor.org/Standard_Definitions/1818.htm]