



July 27, 2017

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| <p><b>SUBJECT</b></p> <p><b>CALIFORNIA HEALTH INTERVIEW SURVEY</b></p> <p><b>Strategic Priority Area 2. System and Network:</b> Provide leadership to the First 5 movement and the development of a support system serving children prenatal through age 5, their families, and communities that results in sustainable and collective impact.</p> <p><b>Goal 2.1. Leadership as a Convener and Partner:</b> Work with First 5 county commissions, state agencies, and other stakeholders to convene, align, collaborate on, support, and strengthen statewide efforts and initiatives to facilitate the creation of a seamless system of integrated and comprehensive programs and services to improve the status and outcomes for children prenatal through age 5 and their families.</p> | <p><input checked="" type="checkbox"/> Action</p> <p><input type="checkbox"/> Information</p> |
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**SUMMARY OF THE ISSUE**

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Staff requests authorization of funds up to \$1,700,000 over a two-year period to continue fiscal support of the California Health Interview Survey (CHIS). The two-year period will begin when the Department of General Services approves the agreement and will coincide approximately with State Fiscal Years 2017–18 and 2018–19. First 5 California’s recent CHIS contract (CFF 7372) for \$1,700,000 with the University of California, Los Angeles (UCLA) Center for Health Policy Research, ended on June 30, 2017. This request continues First 5 California’s (F5CA) support of CHIS data collection, data dissemination, and analysis.

**RECOMMENDATION**

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F5CA staff recommends the Commission approve funding of \$1,700,000 to continue fiscal support of CHIS over a two-year period. This support falls within the intent of the F5CA Strategic Plan and the California Children and Families Act of 1998:

- F5CA’s Strategic Plan, adopted by the Commission at its January 2014 meeting, supports capacity building for research and evaluation. Strategic Priority Area 2, Goal 2.1, Objective 2.1.2 directs staff to “Enhance research and evaluation capacity to inform practice and to demonstrate accomplishments in supporting services to families and children prenatal through age 5” and includes the specific activity to “Identify key areas in which First 5 California can better coordinate with and leverage local investments made by county commissions to improve evaluation and measure statewide impact, including where county commissions need local and statewide data.”
- The California Children and Families Act, Health and Safety Code Section 130125(d) sets forth the duty that F5CA provide for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development. CHIS allows F5CA to meet its statutory mandate and supports F5CA and First 5 county commission decision-making.

## **BACKGROUND OF KEY ISSUES**

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F5CA funding of CHIS supports UCLA staff who design and analyze the survey as well as the costs of data collection about children. Approximate allocation of F5CA funds to costs for child data collection are as follows: 60% for F5CA-directed content for child-related questions; 20% for questions for adults related to those children; and 20% for oversampling to ensure sufficient sample size for completed child questionnaires.

Child questionnaire content for the 2017–18 data cycle was developed in the prior CHIS contract (CFF 7372) by reviewing a matrix of topics where particular questions are cycled on or off the survey during multi-year data collection cycles:

- Child care and preschool participation and perception
- Positive parenting activities (including parents/caregivers reading, singing, going out to play with child)
- Breastfeeding practices
- Health status and conditions
- Oral health
- Developmental screening and referral
- Awareness (market penetration) of the F5CA media campaign *Talk.Read.Sing.*®
- Languages spoken at home and English proficiency of parent
- Receipt and use of *Kit for New Parents*

During the new contract for FY 2018–19, child questionnaire content for 2019–20 will be proposed and reviewed by the Child Technical Advisory Committee (TAC) based upon a matrix of survey topics for multi-year data collection cycles. Child TAC Members include representatives from F5CA and the First 5 Association.

CHIS data and research are widely disseminated and freely available to the public via the Internet:

- CHIS child data are disseminated by many organizations, including Kidsdata.org (Lucile Packard Foundation for Children's Health), Children Now (California Children's Report Card), and the California Health Care Foundation.
- CHIS child data are directly accessible through the AskCHIS online query tool ([ask.chis.ucla.edu](http://ask.chis.ucla.edu)), AskCHIS Neighborhood Edition query and mapping tool ([askchisne.ucla.edu](http://askchisne.ucla.edu)), and Health Profiles ([healthpolicy.ucla.edu/health-profiles](http://healthpolicy.ucla.edu/health-profiles)).
- Research publications based on CHIS data are listed online ([healthpolicy.ucla.edu/chis/research](http://healthpolicy.ucla.edu/chis/research)).

## **SUMMARY OF PREVIOUS COMMISSION DISCUSSION AND ACTION**

The UCLA Center for Health Policy Research conducts CHIS as a comprehensive population-based survey of California households on a two-year cycle. While primarily a health survey, CHIS also includes a variety of important data related to the development of children ages 0 to 5.

CHIS is the largest state health survey in the United States. It is a collaborative project of the [UCLA Center for Health Policy Research](http://uclahealthpolicyresearch.org), the California Department of Public Health, and the California Department of Health Care Services. Funding for CHIS comes from state and federal agencies, such as the California Department of Public Health, California Department of Health Care Services, Covered California, the Agency for Healthcare Research and Quality, as well as several philanthropic organizations, including The California Endowment, Kaiser Permanente, the California HealthCare Foundation, and The California Wellness Foundation.

The CHIS Principal Investigator is Dr. Ninez A. Ponce, Associate Director of the UCLA Center for Health Policy Research and Professor, Department of Health Policy and Management, UCLA Fielding School of Public Health. The CHIS governance structure includes an Advisory Board and staff. The Advisory Board consists of approximately 35 members and is chaired by Diana Dooley, Secretary, California Health and Human Services Agency. Advisory Board members represent a broad array of organizations with a vested interest in public health, including F5CA.

Since 2001, F5CA has provided funding to CHIS to collect data related to California's diverse population of children ages 0 to 5, including childcare and preschool participation, positive parenting activities, social-emotional development, developmental screenings, and health. It allows users to view statewide-, regional-, and county-level

data by age, income, language, family structure, and ethnicity. Data from CHIS are critical to First 5 county commissions, state agencies, advocates, and researchers for activities such as needs assessment, program development, public health surveillance, policymaking, and research. F5CA also uses these data to determine the coverage and effectiveness of media campaigns and messaging. Therefore, F5CA's funding of CHIS supports critical data infrastructure for identifying, monitoring, and addressing the needs of young children and their families.

The following table documents F5CA's support for CHIS since 2001:

| Year | Supported Activities  | Key Deliverables  | F5CA Funding | Total Data Cycle Cost | Percent Total Cost Funded by F5CA |
|------|---|---|--------------|-----------------------|-----------------------------------|
| 2001 | Overall child survey, no specific questions                     | <ul style="list-style-type: none"> <li>Policy Research Report: <i>The Health of Young Children in California: Findings from the 2001 California Health Interview Survey</i></li> <li>Data file</li> </ul>   | \$2.1 M      | \$14.1 M              | 14.90%                            |
| 2003 | N/A   | N/A   | N/A          | \$11.6 M              | N/A                               |
| 2005 | F5CA funded 39 specific questions covering children ages 0 to 5 | <ul style="list-style-type: none"> <li>Oversampling children ages 0 to 5</li> <li>Strategies to increase sample of households with children</li> <li>Revised interview methodology</li> <li>Summary report</li> <li>Data file</li> </ul>  | \$1 M        | \$13.5 M              | 7.40%                             |
| 2007 | F5CA funded 47 specific questions covering children ages 0 to 5 | <ul style="list-style-type: none"> <li>Oversampling children ages 0 to 5</li> <li>Strategies to increase sample of households with children</li> <li><i>HealthSnapshots</i>, Internet-based system displays key 0 to 5 health indicators by county/region</li> <li>Policy Brief: <i>Trends in the Health of Young Children in California</i></li> </ul> | \$1.5 M      | \$16.1 M              | 9.30%                             |

|         |  |  |         |           |        |
|---------|--|--|---------|-----------|--------|
| 2009    | F5CA funded 47 specific questions covering children ages 0 to 5  | <ul style="list-style-type: none"> <li>• Oversampling children ages 0 to 5</li> <li>• Strategies to increase sample of households with children</li> <li>• Policy Brief</li> <li>• Data file</li> </ul>  | \$1.5 M | \$16.9 M  | 8.90%  |
| 2011–12 | F5CA funded content (approximately 45 questions) covering children ages 0 to 5   | <ul style="list-style-type: none"> <li>• Oversampling children ages 0 to 5</li> <li>• Strategies to increase sample of households with children</li> <li>• Policy Brief: <i>Children’s Exposure to Secondhand Smoke: Nearly One Million Affected in California</i></li> <li>• Data file</li> </ul>   | \$1.5 M | \$14.7 M  | 10.20% |
| 2013–14 | F5CA funded content (approximately 45 questions) covering children ages 0 to 5   | <ul style="list-style-type: none"> <li>• Oversampling children ages 0 to 5</li> <li>• Strategies to increase sample of households with children</li> <li>• First 5 California funded content (approximately 45 questions) covering children ages 0 to 5</li> <li>• Policy Brief: <i>Ten-Year Trends in the Health of Young Children in California: 2003—2012</i></li> <li>• Data file</li> </ul> | \$1.5 M | \$15.8 M  | 9.50%  |
| 2015–17 | <ul style="list-style-type: none"> <li>• F5CA funded content (approximately 45 questions) covering children ages 0 to 5</li> </ul> | <ul style="list-style-type: none"> <li>• Oversampling children ages 0 to 5</li> <li>• Strategies to increase sample of households with children</li> <li>• First 5 California funded content (approximately 45 questions) covering children ages 0 to 5</li> </ul>   | \$1.7 M | \$16.6 M* | 10.20% |

|                    |  |  |        |           |      |
|--------------------|--|--|--------|-----------|------|
| 2015–17<br>(cont.) | <ul style="list-style-type: none"> <li>Ask CHIS Neighborhood Edition covering children ages 0 to 5</li> </ul>  | <ul style="list-style-type: none"> <li>AskCHIS Neighborhood Edition internet query and mapping system for modeled data estimates including ages 0-5 for feasible geographies; access by public</li> <li>Planning of 2017–18 Child Questionnaire</li> <li>Data dissemination to child policy partners</li> <li>AskCHIS data query system; access by public</li> <li>Explore development of child well-being indices, such as American Human Development Index, Child Opportunity Index, etc.</li> </ul> |        |           |      |
| 2017–19            | <ul style="list-style-type: none"> <li>F5CA content for children ages 0 to 5</li> <li>Ask CHIS Neighborhood Edition covering children ages 0 to 5</li> </ul> | <ul style="list-style-type: none"> <li>Oversampling children ages 0 to 5</li> <li>Strategies to increase sample of households with children</li> <li>First 5 California funded content (approximately 45 questions) covering children ages 0 to 5</li> <li>AskCHIS Neighborhood Edition internet query and mapping system including ages 0-5 for new variables; access by public</li> <li>Planning of 2019–20 Child Questionnaire</li> <li>Data dissemination to child policy partners</li> </ul>      | \$1.7M | \$17.4 M* | 9.8% |

\*UCLA Estimate

## **FISCAL ANALYSIS**

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Funding for CHIS will be drawn from the Research and Development Account (0637).

## **ATTACHMENTS**

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- A. The California Health Interview Survey: Population Health Data for Young Children PowerPoint



california  
health  
interview  
survey



# THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

## The California Health Interview Survey: Population Health Data for Young Children

**Ninez A. Ponce, MPP, PhD, CHIS Principal Investigator**

**Todd Hughes, CHIS Director**

**UCLA Center for Health Policy Research**

# CHIS is Important to First 5 California

- **CHIS data help provide the foundation for evidence-based decision making to support healthy children and their families in California**
  - How healthy are our children?
  - What is the prevalence of conditions and behaviors?
  - Which children are at greatest risk?
  - Where do they live?
  - What languages do they speak?
  - Are priority outcomes improving, worsening, or staying the same?

# How is CHIS done?

- Computer-Assisted Telephone Interview (CATI) with a blend of cell phone and landline numbers
- CHIS collects detailed information for:
  - One adult (age 18+) in the household,
  - One adolescent (age 12-17) if present, and
  - One child (age 0-11) if present (through an interview of a knowledgeable adult)
- Interviews conducted in 6 languages:
  - English, Spanish, Chinese (Cantonese and Mandarin), Korean, Vietnamese, and Tagalog
- Ethnic oversamples (Japanese, Korean and Vietnamese oversamples through geographic targeting and surname list sample)

# How Many People Does CHIS Interview?

| Age Group    | 2001   | 2003   | 2005   | 2007   | 2009   | 2011<br>2012 | 2013<br>2014 | 2015<br>2016 |
|--------------|--------|--------|--------|--------|--------|--------------|--------------|--------------|
| Adult (18+)  | 56,270 | 42,044 | 43,020 | 51,048 | 47,614 | 42,935       | 40,240       | 42,089       |
| Teen (12-17) | 5,733  | 4,010  | 4,029  | 4,029  | 3,379  | 2,799        | 2,253        | 1,594        |
| Child (0-11) | 12,802 | 8,526  | 11,358 | 9,913  | 8,945  | 7,334        | 5,512        | 4,293        |
| Child (0-5)  | 5,812  | 3,990  | 5,861  | 5,016  | 4,276  | 3,469        | 2,276        | 2,168        |
| Percent 0-5  | 45.4   | 46.8   | 51.6   | 50.6   | 47.7   | 47.3         | 41.3         | 50.5         |

# CHIS Funders

- CHIS is funded by a variety of state and local agencies, California and national foundations, and others
- First 5 California has been a major funding partner for CHIS data on children since 2001



# CHIS Provides Estimates for Local First 5 Agencies

- Because the CHIS sample is large and represents counties and county groups, CHIS data has relevance for local First 5 Agencies
- UCLA CHIS Dissemination Products for Local Estimates
  - AskCHIS (county estimates)
  - AskCHIS Neighborhood Edition (zip code estimates)
  - Health Profiles (counties and regions)

# CHIS Data & Findings Widely Disseminated

- **Dissemination of data & findings:**
  - Publications
  - Online tools: AskCHIS and Health Profiles
  - Data files
    - Public use files (adult, child, adolescent)
    - Confidential (including a child file to First 5 California)
- **CHIS child health information disseminated by others**
  - *Children Now's California Report Card & County Scorecard of Children's Well-Being*
  - Kidsdata.org (Lucille Packard Foundation)
  - Various county health reports

# First 5 California CHIS Funding

- The funding request of \$1.7M for the 2017-2018 CHIS cycle represents 9.8% of the total estimated program budget of \$17.4M
- Roughly half of this amount supports UCLA staff who design and analyze the survey, and the other half supports data collection about children
- First 5 California funds for data collection are allocated as follows:
  - 60% for requested content for child-related questions
  - 20% for questions for adults related to those children
  - 20% for oversampling to ensure sufficient sample size for completed child questionnaires for children age 0-5

# CHIS Collects Policy-Relevant Information

- Rich set of demographic data
- Health behaviors and conditions
- Health care access and utilization (doctors and dentists)
- Health insurance coverage and uninsured (eligibility of uninsured for Medi-Cal, Covered California)
- Social engagement
- Pre-school attendance
- Neighborhood safety
- Neighborhood environment for raising young children
- Park access and safety

# CHIS Collects Content for First 5 California

## ■ CHIS 2017-2018

- Breastfeeding practices
- Pre-school enrollment and childcare arrangements
- Developmental screening & referral
- Positive parenting activities
- Talk.Read.Sing awareness/market penetration
- Receipt and use of Kit for New Parents
- Country of birth, immigration status, language spoken at home
- Oral health
- Need for occupational, speech therapy or medicine



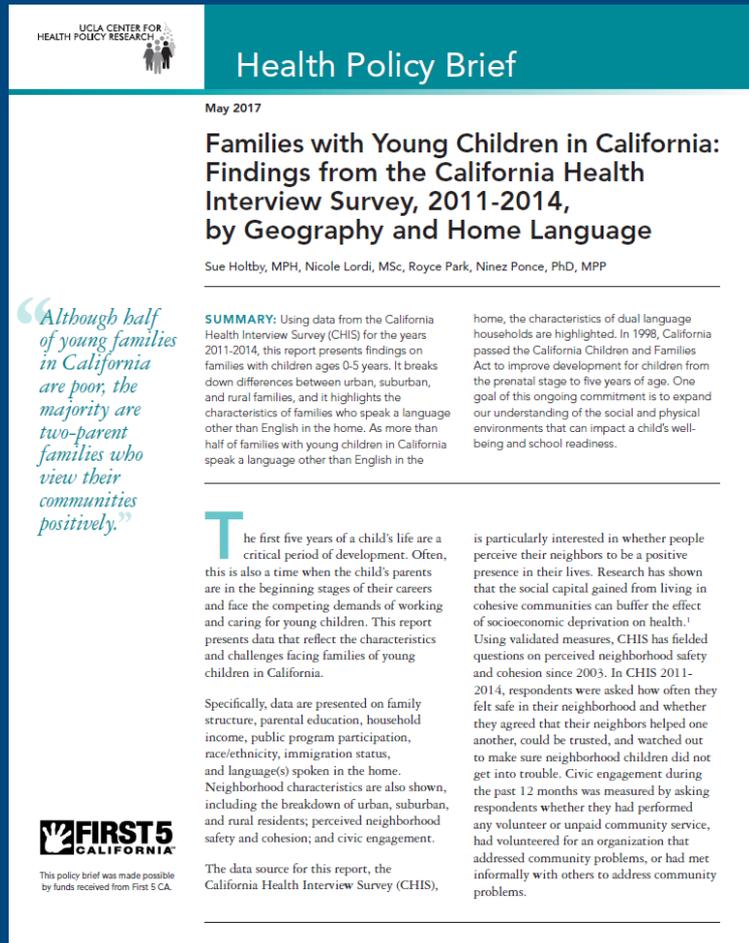
## ■ **First 5 California content from previous cycles (partial list)**

- Children with special health care needs (2003, 2005)
- Media campaign: Obesity, smoking, preschool (2007)
- Influence over child's diet/physical activity (2007)
- Social/emotional development (2007, 2009)
- Developmental screening (2007, 2009)
- Media campaign: Sid the Science Kid (2009)
- Sleeping with bottle and bottle contents (2015-2016)

# CHIS Policy Brief for First 5 California

## May 2017 Policy Brief:

### *Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014, by Geography and Home Language*



UCLA CENTER FOR HEALTH POLICY RESEARCH

### Health Policy Brief

May 2017

#### Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014, by Geography and Home Language

Sue Holtby, MPH, Nicole Lordi, MSc, Royce Park, Ninez Ponce, PhD, MPP

*“Although half of young families in California are poor, the majority are two-parent families who view their communities positively.”*

**SUMMARY:** Using data from the California Health Interview Survey (CHIS) for the years 2011-2014, this report presents findings on families with children ages 0-5 years. It breaks down differences between urban, suburban, and rural families, and it highlights the characteristics of families who speak a language other than English in the home. As more than half of families with young children in California speak a language other than English in the home, the characteristics of dual language households are highlighted. In 1998, California passed the California Children and Families Act to improve development for children from the prenatal stage to five years of age. One goal of this ongoing commitment is to expand our understanding of the social and physical environments that can impact a child's well-being and school readiness.

**T**he first five years of a child's life are a critical period of development. Often, this is also a time when the child's parents are in the beginning stages of their careers and face the competing demands of working and caring for young children. This report presents data that reflect the characteristics and challenges facing families of young children in California.

Specifically, data are presented on family structure, parental education, household income, public program participation, race/ethnicity, immigration status, and language(s) spoken in the home. Neighborhood characteristics are also shown, including the breakdown of urban, suburban, and rural residents; perceived neighborhood safety and cohesion; and civic engagement.

The data source for this report, the California Health Interview Survey (CHIS), is particularly interested in whether people perceive their neighbors to be a positive presence in their lives. Research has shown that the social capital gained from living in cohesive communities can buffer the effect of socioeconomic deprivation on health.<sup>1</sup> Using validated measures, CHIS has fielded questions on perceived neighborhood safety and cohesion since 2003. In CHIS 2011-2014, respondents were asked how often they felt safe in their neighborhood and whether they agreed that their neighbors helped one another, could be trusted, and watched out to make sure neighborhood children did not get into trouble. Civic engagement during the past 12 months was measured by asking respondents whether they had performed any volunteer or unpaid community service, had volunteered for an organization that addressed community problems, or had met informally with others to address community problems.

**FIRST 5 CALIFORNIA**

This policy brief was made possible by funds received from First 5 CA.

# CHIS Child Data Enables Public Research

February 2017 Journal

Article:

*Experiences in Care According to Parental Citizenship and Language Use Among Latino Children in California*

- Research conducted using CHIS Public Use Files

## ARTICLE IN PRESS

### Experiences in Care According to Parental Citizenship and Language Use Among Latino Children in California

Alexander N. Ortega, PhD; Ryan M. McKenna, PhD; Brent A. Langellier, PhD; Héctor E. Alcalá, PhD; Dylan H. Roby, PhD

From the Department of Health Management and Policy, Dornsife School of Public Health, Drexel University (Drs Ortega, McKenna, and Langellier), Philadelphia, Pa; Department of Public Health Sciences, University of Virginia (Dr Alcalá), Charlottesville; and Department of Health Services Administration, School of Public Health, University of Maryland (Dr Roby), College Park  
The authors have no conflicts of interest to disclose.  
Address correspondence to Alexander N. Ortega, PhD, Department of Health Management and Policy, Dornsife School of Public Health, Drexel University, 3215 Market St, Room 335 Nesbitt Hall, Philadelphia, PA 19104 (e-mail: [ano37@drexel.edu](mailto:ano37@drexel.edu)).  
Received for publication August 31, 2016; accepted December 29, 2016.

#### ABSTRACT

**OBJECTIVE:** To assess differences in health care access, utilization, and experiences among Latino children in California according to parental citizenship status and language use.

**METHODS:** Data are from the 2011 and 2012 California Health Interview Survey public use child files. A total of 2841 interviews of parents of Latino children younger than the age of 12 years were conducted. Analyses were conducted to determine the associations between access (usual of source of care, delay in receiving needed care, health insurance), utilization (physician visits in past year, emergency department visits), and experiences (doctor listens, doctor explains instructions clearly, communication via telephone or e-mail) according to parental citizenship status and household language use after adjusting for confounders.

**RESULTS:** In multivariate analyses, there were no significant differences in access to care according to parental citizenship status. Children with 2 noncitizen parents had fewer doctor

visits and were less likely to go to the emergency department in the past year than those with 2 citizen parents. Among children with 1 or 2 noncitizen parents, their parents reported worse experiences in care than those with 2 citizen parents. Similar results were observed for language use. Parents of children in bilingual and Spanish-only households were less likely to report that their children's doctors explained things clearly, and parents in Spanish-only households were less likely to communicate via telephone or e-mail than those in English-only households.

**CONCLUSIONS:** Health policy should focus on provider-parent communication to ensure health care equity for Latino children whose parents are not citizens or do not speak English.

**KEYWORDS:** experiences in care; health care access; health care utilization; health disparities; Hispanic Americans

ACADEMIC PEDIATRICS 2017; ■:1-6

# CHIS – In the news

- Research using CHIS quoted thousands of times in media articles on topics ranging from health disparities to sedentary behavior.



# How Are CHIS Data Disseminated Broadly?

## 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)

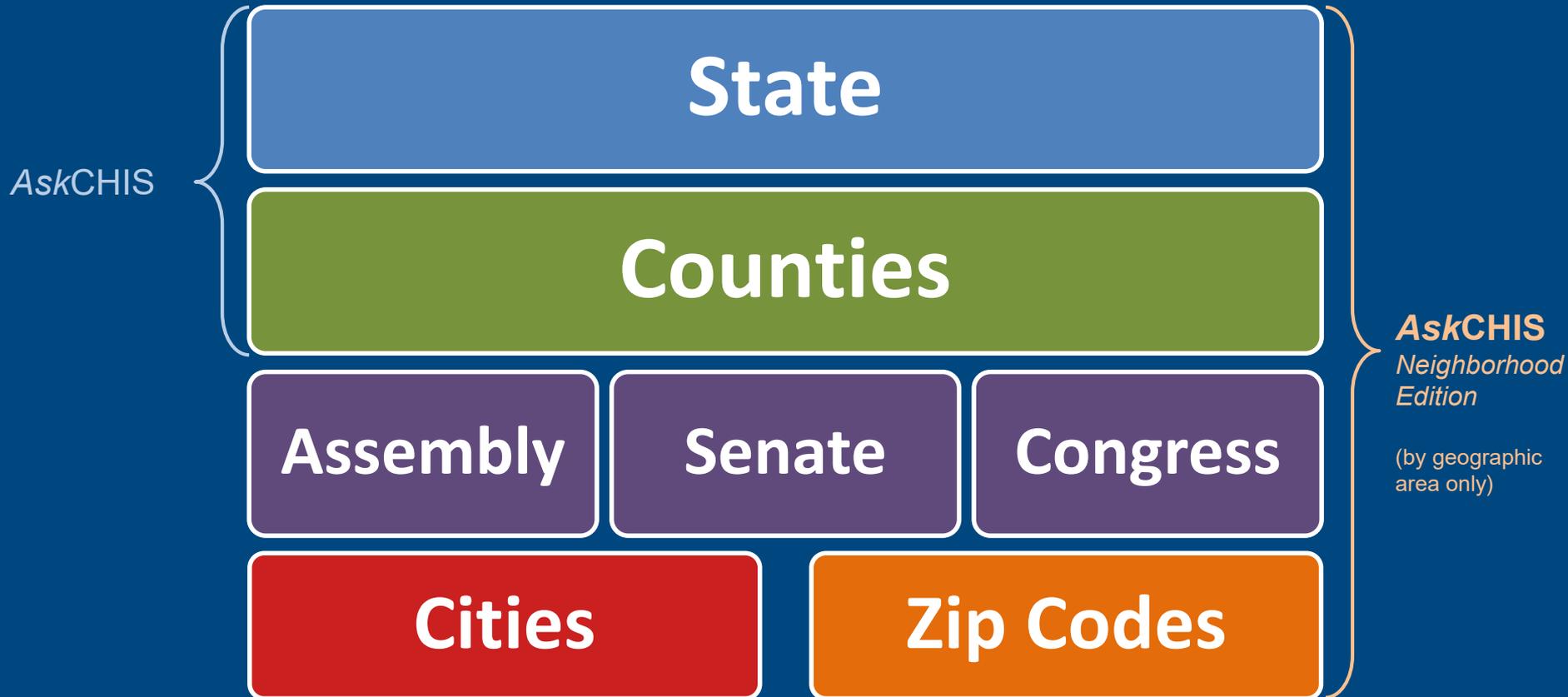
### *AskCHIS Neighborhood Edition*

Granular health data beyond counties (Small Area Estimates).

### Health Profiles

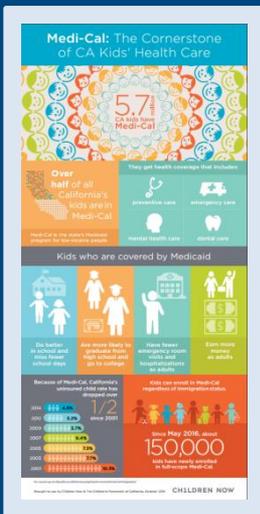
Reports on CHIS' most requested health topics. PDF-based downloads.

# Data Across Geographies



# Ask CHIS: Reaching a Broad Audience

- Over 1.1M queries since launch
- Used by policy makers, hospital administrators, media, universities, advocacy groups, and others.



**Example: CH1LDREN NOW**  
Used AskCHIS to describe Medi-Cal coverage among children.

**Example: Children's Partnership**  
Used AskCHIS to paint the landscape of oral health needs in California's Young children and pregnant women.



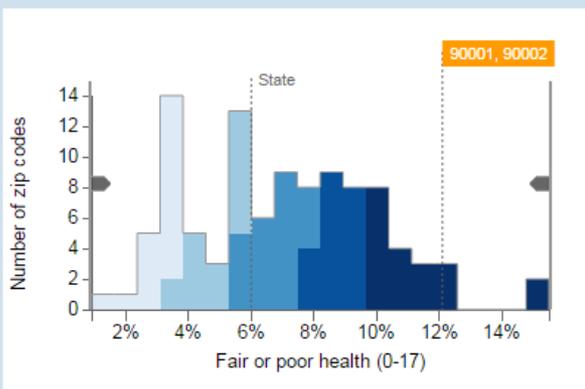
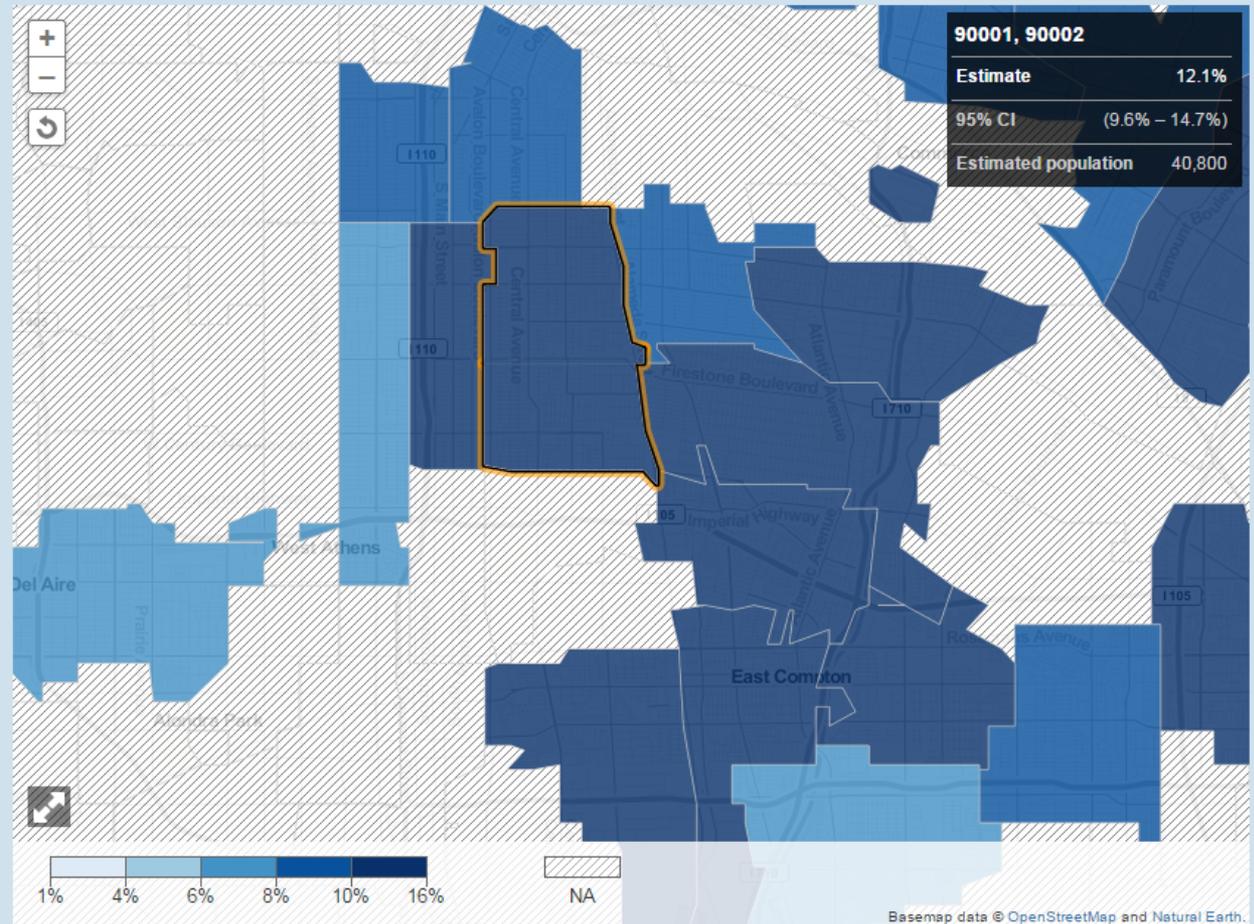
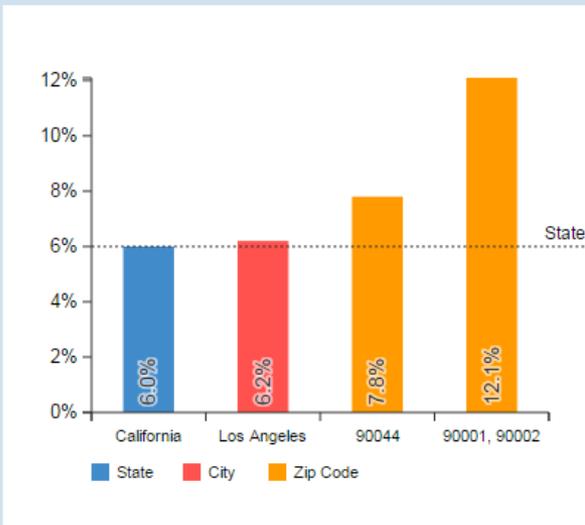
# AskCHIS NE: Tools to Explore Local Data

## Fair or poor health (0-17)

Embed Map Download

Child and teen respondents ages 0-17 with fair or poor health.

Show Results by: Zip Codes





california  
health  
interview  
survey



# THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

## Thank you