



Child Health, Emotional Wellness and Development Survey Methods Summary

METHODS SUMMARY

The Child Health, Emotional Wellness and Development Survey (CHEWDS) was conducted by the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) in 2015. The sample included 3,031 households with at least one child 12 years of age and younger. After randomly selecting a focal child, interviews were conducted with an adult residing in the household who was sufficiently knowledgeable about the child's health, doctor visits, and general activities such as kind of food the child eats. The survey provides estimates that are representative of NYC children 0-5 years, 6-12 years, and 0-12 years of age overall, as well as borough estimates for children 0-12 years of age overall.

TARGET POPULATION

Eligible households contained at least one child 12 years of age and younger who primarily resided in a household in NYC's five boroughs (Bronx, Brooklyn, Manhattan, Queens and Staten Island).

TOPICS/CONTENT

Questions for CHEWDS were drawn from national surveys on children's health, such as the National Health Interview Survey and the National Survey of Children's Health, as well as local surveys, such as the NYC Child Community Health Survey (2009). In addition, items were created to address specific health needs of NYC children, particularly related to breastfeeding and mental health treatment services.

Core items asked about children of all ages included general health status, birth weight, access to health care, dental care, and the prevalence of specific diseases and conditions (hearing, asthma, and mental health). Questions were also asked about the adult respondent, the child's home and family composition, and the neighborhood environment. Some topics, such as developmental delays and childcare, were limited to children 0-5 years of age, and other topics were asked of or about children across other age ranges.

SAMPLING METHODOLOGY

In total, interviews were conducted with 3,031 households from April 22, 2015 through July 20, 2015. Of these, 1,832 interviews were conducted through the landline sampling frame, and 1,199 interviews were conducted in the cell phone sampling frame. Children were sampled within each household to produce approximately 1,500 children in each age group 0-5 and 6-12. Participating adults who were sufficiently knowledgeable about the child reported on information about the child's health and family and neighborhood characteristics. Households were compensated for participation with a \$30 incentive check, which was mailed after completion of each interview.

Most interviews were conducted by parents (66% mothers, 21% fathers) or grandparents (7%), with the remainder conducted by another household or family member.

CHEWDS interviews were administered in English and Spanish using a computer-assisted telephone interviewing (CATI) system. The average length was 33 minutes.

LIMITATIONS

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. The sample was then weighted to 2011-2013 American Community Survey borough estimates for child age, sex, race/ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, Asian/Pacific Islander, and other race), highest educational level in the household, number of adults in the household, and number of children (ages 0-12) in the household. Data from the 2011 New York City Housing and Vacancy Survey (HVS) were used to provide borough telephone use proportions. The sample was then ratio-adjusted to borough population totals from the 2013 American Community Survey. The goal of post-stratification weighting is to reduce bias in estimates due to differential nonresponse and/or sample frame undercoverage, including households that lack telephone service entirely and were not included in the RDD sample frame.

SURVEY PARTICIPATION RATES

Response and cooperation rates were calculated separately for the landline and cell phone samples, using the American Association for Public Opinion Research standard definitions* and then combined based on the overlap between the two frames.

	Landline sample	Cell phone sample	CHILD interviews from both samples
Response rate #3	42.0%	28.1%	32.3%
Cooperation rate #3	88.9%	90.8%	90.2%

DATA ANALYSIS

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

* The American Association for Public Opinion Research. 2016. Standard definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition.
http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf