**2017 NYC KIDS Survey Methods Summary**

**METHODS SUMMARY**

In 2017, the New York City (NYC) Department of Health and Mental Hygiene conducted the 2017 NYC KIDS Survey, interviewing 7,507 households with one or more children 0-13 years of age via telephone. Respondents were parents, guardians, or other family members who were sufficiently knowledgeable about a randomly-selected child's health, doctor visits, and general activities, as well as family and neighborhood characteristics. The adult respondent was asked to respond about only one child per household. The survey provides estimates that are representative of NYC children 0-5 years, 6-13 years, and 0-13 years of age overall, as well as borough and neighborhood estimates for children 0-13 years of age overall.

**TARGET POPULATION**

Eligible households contained at least one child 13 years of age and younger who primarily resided in a household in NYC's five boroughs (Bronx, Brooklyn, Manhattan, Queens and Staten Island).

**CONTENT**

Questions 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 prior NYC surveys, such as the 2009 NYC Child Community Health Survey and the 2015 NYC Child Health, Emotional Wellness and Development Survey. Additional items were created to address specific health needs of NYC children.

Topics included school and child care enrollment; child care quality; health care access; general health status; mental health; social and emotional wellness; and development, including language, learning, delays and disabilities. Questions were also asked about the adult respondent, the child's home, and family composition, as well as the neighborhood environment. Some topics, such as childcare and developmental delays, were asked only about children 0-5 years of age, while other topics were asked about children in other age ranges.

**SAMPLING METHODOLOGY**

A total of 7,507 interviews were conducted from June 1, 2017 through December 31, 2017. Only one focal child was selected per household that had children 0-13 years old. Adult respondents who were

sufficiently knowledgeable about the child provided information about the child's health as well as family and neighborhood characteristics. Most interviews were conducted with the child's mother (84%) or father (14%), with the remainder (2%) conducted with a guardian or other family member.

The NYC KIDS sampling design required substantial oversampling of children age 0-5 compared to the population distribution. The sample was selected from three partially overlapping sample frames: 1) eligible households interviewed for the 2017 Community Health Survey (CHS); 2) the Birth Certificate (BC) sample, and 3) the Automated School Health Record (ASHR) sample. The study was stratified by nine geographic areas defined by borough and ZIP code: high-need areas in four boroughs (the Neighborhood Health Action Centers in the Bronx, Brooklyn, and Manhattan, plus one neighborhood in southeast Queens), the remaining areas in each of these boroughs, and Staten Island.

CHS Sample Overview

The CHS consists of both random digit dial (RDD) landline sample and cell phone sample. CHS interviews were conducted from March 20, 2017 through December 19, 2017, and households that reported having children up to age 13 were eligible and invited to participate in the KIDS survey. For households with children in both the 0-5 and 6-13 age range, the focal child from the 0-5 range was selected 60% of the time and from the 6-13 age range 40% of the time.

Birth Certificate Sample Overview

A sample of unique mothers who gave birth to children in New York City between January 1, 2011 and December 31, 2016 was obtained from the Department of Health and Mental Hygiene Office of Vital Statistics (OVS). The sample was stratified by ZIP code into the nine geographic strata. For households with children in both the 0-5 and 6-13 age range, the focal child from the 0-5 range was selected 90% of the time and from the 6-13 age range 10% of the time.

Automated School Health Record Sample Overview

The New York City Department of Education's Automated Student Health Records contains a list of children who attend or attended NYC public schools. A random sample was drawn by the DOHMH Office of School Health from all students born between January 1, 2003 and December 31, 2012 who were currently enrolled, or were ever enrolled, in the NYC public schools. The sample was stratified by ZIP code into the nine geographic strata. For households with children in both the 0-5 and 6-13 age range, the focal child from the 0-5 range was selected 25% of the time and from the 6-13 age range 75% of the time.

Of the 7,507 completed surveys, 889 were recruited from the CHS (248 interviews were from the landline sampling frame, and 641 interviews were from the cell phone sampling frame), 5,499 were recruited from the BC sample and 1,119 were recruited from the ASHR sample.

The survey was conducted in English, Spanish, and Chinese, and administered using a computer-assisted telephone interviewing (CATI) system. Interviews were completed by interviewers at Abt Associates, a survey research company with offices and interviewing stations in New York City. All respondents who completed interviews were offered a $20 incentive check.

**LIMITATIONS**

The data are from proxy reports made by a knowledgeable adult, not from clinical measures or administrative records.

**WEIGHTING**

The sample weights are needed in any analysis of data from this study so that inferences can be correctly made about the entire NYC child population ages 0-13. Weights were created for each interview. Initial weights were designed to adjust for the probability of selection, including the oversampling of households with children 0-5 years of age.

The sample was then weighted to the 2010 U.S. Decennial Census data for geographic area, child age, sex, and race/ethnicity (White non-Latino, Black non-Latino, Latino, Asian/Pacific Islander non-Latino, and other race non-Latino). These were then calibrated to match 2012-2016 American Community Survey estimates by geographic area, age, sex, and race/ethnicity. Additional calibration was done at the ZIP code level for public school enrollment, race/ethnicity, and children living below poverty.  The goal of post-stratification weighting is to reduce bias in estimates due to differential nonresponse and frame coverage errors. Calculation of variance should incorporate adjustments for the survey's complex design and weighting.

**SURVEY PARTICIPATION RATES**

The 2016 American Association for Public Opinion Research (AAPOR) *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys* [1] was used to calculate survey participation rates (Response rate #3, Cooperation rate #3).  Weighting each frame's response and cooperation rates by the number of completed and partial interviews, the overall response rate for NYC KIDS was 24.4% and the overall cooperation rate was 60.9%.

|  | CHS Landline sample | CHS Cell phone sample | Birth Certificate sample | Automated School Health Record sample | **NYC KIDS Survey Overall** |
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| Response rate #3 | 75.2% | 72.3% | 18.6% | 15.6% | **24.4%** |
| Cooperation rate #3 | 76.1% | 75.6% | 59.1% | 58.1% | **60.9%** |

**DATA ANALYSIS**

The 2017 NYC KIDS survey provides prevalence estimates of children 0-5 and 6-13 years of age, as well as children 0-13 years of age in New York City overall, by borough and Neighborhood Health Action Centers. There are no immediate plans to create separate weights to provide household-level estimates.

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[1] https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf