NCHS Dataline

NCHS'S STATE AND LOCAL AREA INTEGRATED TELEPHONE SURVEY—OVERVIEW AND UPDATE

The State and Local Area Integrated Telephone Survey (SLAITS) is an innovative survey mechanism developed by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). SLAITS was developed to measure and monitor indicators of health and well-being at the state and local levels and to provide data for evaluating programs and policies related to an ever-changing health care system. Most NCHS surveys collect data at the national and regional levels, but SLAITS provides a mechanism to collect data quickly on a broad range of topics at the state and local levels as well. Data collected through SLAITS are also used to track progress toward achieving national and state health objectives, including the Healthy People 2010 objectives.

Unlike most NCHS surveys, SLAITS does not use a standard survey instrument and sample design that remains substantially unchanged from year to year. Rather, surveys conducted with the SLAITS mechanism use questionnaires and samples that are custom designed for each specific health topic of interest. For example, the SLAITS mechanism has been used recently to field the National Survey of Early Childhood Health (NSECH) and the National Survey of Children with Special Health Care Needs. This year, the SLAITS mechanism will be used to field the National Asthma Survey and the National Survey of Children's Health. These national surveys follow several smaller-scale surveys in the late 1990s that tested and refined the SLAITS methodology.

Customized samples are drawn from the same random-digit-dial telephone sampling frame as the ongoing National Immunization Survey (NIS), co-sponsored by CDC's National Immunization Program and NCHS. The NIS contacts nearly one million households annually in an effort to identify households with children 19–35 months of age. When SLAITS surveys are fielded, the same telephone calls can be used to identify population subgroups of interest. The level of detail necessary to identify these subgroups and the size of the sample selected have differed for every survey fielded using the SLAITS mechanism.

One goal of SLAITS is to provide data to researchers as quickly as possible. Public-use microdata files in SAS format are created for each survey module and can be downloaded through the SLAITS website. Data are also available on CD-ROM. All data files include sampling weights that permit researchers to develop estimates for their population of interest. These weights are adjusted to account for any effects of sample selection, for nonresponse, for households with multiple telephones, and for households that were excluded from the sample because they lacked telephone service.

SLAITS is funded through sponsorship of specific questionnaires. To date, most funding has been through agencies of the federal government. However, sponsorship by state or local government agencies, educational institutions, and nonprofit organizations is also possible. The American Academy of Pediatrics, for example, sponsored the NSECH.

To summarize, SLAITS uses the sampling frame of the NIS to address state-specific data needs with customized questions and specific domains of interest. SLAITS surveys can target population subgroups such as individuals with specific health conditions or those from low-income households, and data from SLAITS surveys allow for estimates adjusted for non-coverage of households without telephones. In this manner, SLAITS provides for rapid implementation and quick turnaround of data, permitting researchers to identify changes in health and well-being that may be due to changes in health- and welfare-related programs.

SLAITS DEVELOPMENT

SLAITS grew out of the success of the NIS. The NIS was developed to monitor compliance with recommended vaccination schedules for children. Data specific to each state and 28 large urban areas are available, and states and cities use these data to gauge their progress toward national goals, to compare themselves to other states and cities, and to improve vaccination practices.

As noted earlier, the NIS was designed as a random-digit-dial survey that sought to identify households with children 19–35 months old. The NIS uses a nationally representative sample and provides estimates that are weighted to represent the country, the state, and selected local areas. The sample size is large enough to examine vaccination rates among different socioeconomic groups, defined by such variables as income level, race/ethnicity, and education level of mother. To achieve this sample size, however, hundreds of thousands of households without young children are contacted, screened, and found to be ineli-

gible for the NIS. Surveys using the SLAITS mechanism continue to interview these households (as well as the NIS-eligible households). The ongoing success of the NIS contributes to the success of SLAITS surveys.

To demonstrate that data on non-vaccination-related health topics could be collected in the same manner as the NIS vaccination data, three limited state-level pilot studies were undertaken beginning in 1997. The first, which resembled an abbreviated National Health Interview Survey, was fielded in Iowa and Washington. The second focused on child well-being following welfare reform and was undertaken with a representative sample of children in Texas and a representative sample of Medicaid enrollees younger than 18 years of age in Texas and Minnesota in 1998–1999. The third pilot, fielded in New Jersey in 2000, studied HIV testing and risk behaviors for the transmission of sexually transmitted diseases among adults. This pilot test examined the ability of interviewers to collect data on sensitive topics in a telephone survey. The Department of Health and Human Services (DHHS) funded all of the pilot studies.

NATIONAL SURVEY OF EARLY CHILDHOOD HEALTH (NSECH)

The first national survey using the SLAITS mechanism was the NSECH, fielded in 2000. The NSECH provided national baseline data on pediatric care, and the impact of that care, from the parent's perspective. The survey was designed to improve understanding of household experiences with preventive pediatric care and the relationships between such care and the ways in which families promote their children's health in the home. Major research topics included the health care concerns of parents, the health care needs of young children, the anticipatory guidance received from health care providers to address these needs and concerns, and factors that may be associated with receipt of high quality comprehensive pediatric care. This survey consisted of a national random sample of more than 2,000 young children ages 4–35 months. African American and Hispanic children were oversampled to permit more precise estimates for these groups.

This survey is an excellent example of the collaboration between government and private nonprofit organizations to fund research. Sponsorship was provided by the American Academy of Pediatrics with funds from the Gerber Foundation, the American Academy of Pediatrics Friends of Children Fund, and the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA). Microdata can be downloaded for this survey through the SLAITS website.

NATIONAL SURVEY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The first survey using the SLAITS mechanism with representative samples from each of the 50 states and the District of Columbia was the National Survey of Children with Special Health Care Needs. The primary goal of this survey was to provide state-specific data on the prevalence and impact of special health care needs among children younger than 18 years of age. This survey also explored the extent to which children with special health care needs have "medical homes," adequate health insurance, and access to needed services (including care coordination). Sponsored by HRSA's Maternal and Child Health Bureau and the Office of the Assistant Secretary for Planning and Evaluation, DHHS, the survey was fielded from October 2000 to April 2002.

From the NIS sampling frame for each state, more than 3,000 households with children were screened in order to identify 750 children with special needs. Nationally, nearly 197,000 households containing more than 373,000 children were screened for special needs. Children with special needs were identified by the consequences of their health conditions, which may include their need for prescription medicines, an activity limitation, or the need for special therapies and treatments (e.g., physical, occupational, emotional, developmental, or behavioral). When children with special needs were identified, detailed interviews about their health, functional status, and health care were conducted with their parents.

In addition, brief health insurance interviews were conducted for children without special needs, which permitted comparable state-level health care coverage estimates for children with special needs, children without special needs, and children generally. And, as part of the Congressionally mandated evaluation of the State Children's Health Insurance Program (SCHIP), the parents of uninsured children from low-income households were asked questions about their awareness of and experience with Medicaid and SCHIP.

Researchers can download this survey's data from the SLAITS website. State-level data are available for estimates of the prevalence of special health care needs, for maternal and child health program evaluation, for Healthy People 2010 baseline measurements, and for a better understanding of health insurance coverage rates for all children.

NATIONAL SURVEY OF CHILDREN'S HEALTH

The second survey to use the SLAITS mechanism with representative samples from each of the 50 states and the District of Columbia is the National Survey of Children's Health. Unlike the National Survey of Children with Special Health Care Needs, which focused on the health and health care of children with special needs, the National Survey of Children's Health focuses on all children. The primary goal of this survey is to describe the health of children broadly, including physical, dental, and emotional well-being, as well as the well-being of the family and the community. Topics also include health care access and utilization, health insurance, parental health, and other supports for the health of children (e.g., having a "medical home," having reliable child care, participating in extracurricular activities, reading frequently, and having the ability to get along with others). The parent of the child is the respondent, so the interview also examines parental concerns about the child. The National Survey of Children's Health, sponsored by HRSA's Bureau of Maternal and Child Health, will be fielded in 2003 with more than 100,000 children (i.e., 2,000 children in each state and the District of Columbia). Data should be available on-line by the end of the summer of 2004.

NATIONAL ASTHMA SURVEY

In 2003, the SLAITS mechanism will also be used for the initial phase of the National Asthma Survey. Sponsored by CDC's National Center for Environmental Health, the survey initially will go into the field with a national sample and four state samples. In this first year, approximately 45,000 households will be screened to identify individuals with asthma.

The primary goals of the National Asthma Survey are to examine the health, socioeconomic, behavioral, and environmental predictors that relate to better control of asthma, to characterize the content of care and health care experiences of people with asthma, and to provide detailed information about asthma treatment and control. Topics also include knowledge and use of asthma medications, impact of asthma on the daily routine, and family histories of asthma. A secondary goal is to develop national estimates of asthma prevalence for children and adults. Data should be available on-line in late 2004.

ELECTRONIC INFORMATION

As noted earlier, one of the goals of the SLAITS program is rapid implementation and quick turnaround of data. The SLAITS website (www.cdc.gov/nchs/slaits.htm) is used to release data files before they have been captured on CD-ROMs. Draft reports on the survey design and data collection operations are also posted to this site in advance of their release as NCHS publications. Currently, microdata and documentation from the two completed children's health surveys may be downloaded from the site. Researchers are also encouraged to go to the website to join the SLAITS listserv. This list, whose membership is kept private and which sends only a handful of messages each year, provides a mechanism for rapid dissemination of updates regarding SLAITS activities and products. List members will be notified when data from the National Survey of Children's Health and the National Asthma Survey are available.

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