

Appendix B: Survey Field Report
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I. Introduction: This report summarizes the data collection methods, sampling design, and field procedures implemented for the 2007 population based survey of child health and well-being in Miami-Dade county conducted on behalf of The Children’s Trust. In addition, this report summarizes the final disposition of cases fielded, along with the study cooperation and response rates.

II. Data collection: A telephone survey representative of children under the age of 18 living in households in Miami-Dade County was carried out by the Institute for Public Opinion Research (IPOR) of Florida International University (FIU), under subcontract with Child Trends. As is described below, the survey was designed to capture the geographic, racial/ethnic and age differences in the child population and well-being within Miami-Dade County and to produce estimates with a high level of precision. Specifically, the survey was designed to produce estimates with a margin of error of plus or minus five percentage points for five geographic regions¹ within Miami-Dade (Beach, Northeast, Northwest, Kendall/Near South, and Far South) and across regions by three race/ethnic (white, non-Hispanic; black, non-Hispanic; and Hispanic) and three age groups (birth-5; 6-11; and 12-17).

Data collection period: A total of 1,915 interviews were conducted with parents or guardians of children. Data collection lasted roughly 16 weeks beginning on January 25th, 2007 and ending on May 20th, 2007. The field period, originally scheduled to be 12 weeks in length, was extended as early field returns indicated additional time would be needed to achieve the goals set at the outset of the study, in particular to complete a sufficient number of interviews in each of the five regions to produce estimates with low margins of error. Several factors contributed to the slower-than-anticipated field progress and interview yield, including problems with interviewer staffing and lower child household incidence rates than projected in two of the five regions.

Pretest and survey length: Prior to fielding the survey, two pretests were conducted to identify problems with question wording, skip instructions, and survey length. The first pretest took place between January 18th and January 21st. The results of this pretest indicated few problems with question wording or skip instructions. However, the pretest results indicated the survey was averaging approximately 35 minutes in length. In contrast, to minimize respondent burden and survey costs and increase respondent cooperation, the survey was originally planned and budgeted to average 20 minutes in length. In consultation with staff at The Trust, Child Trends cut back the survey’s length and revised questions that were found to be problematic during the pretest. A second pretest, conducted from January 25th to 28th, indicated the survey was averaging approximately 28 minutes. In order to ensure the survey would be completed as scheduled and to provide sufficient coverage across key topical areas, no further cuts were made after the second pretest. Across the 1,915 interviews completed, the average interview length was 26.6 minutes, with a standard deviation of 7.7 minutes.

Survey Instrument: The items on the survey questionnaire were drawn from nationally validated instruments to the extent possible. The National Survey of Children’s Health, which is conducted by the U. S. Department of Health and Human Services, was used as a starting point for item development whenever possible. In addition, items were used or adapted from the National Survey of Children with Special Healthcare Needs, the National Health Interview Survey, the

¹ Together, the five regions encompass the entire Miami-Dade County.

Current Population Survey, the National Household Education Survey, the National Promises Study, the National Health and Nutrition Examination Survey, the Early Childhood Longitudinal Studies, Community Partnerships for Children Survey, and the National Survey of Families and Households. In a few instances, to address areas of interest to The Trust, Child Trends staff developed items when no items existed in nationally validated surveys.

The survey included six major sections that were administered to all respondent parents or guardians of children under the age of 18, as well as three additional modules (on *early childhood, middle childhood and youth, and school enrollment*) that were administered to respondents according to the age of the child:

- 1) *Child health*, which included questions to assess child and parental general health; medical visits and care; access to medical care, personal doctor, and medical home; special health conditions, including asthma; injuries and poisonings, and whether or not the child received all the medical care needed;
- 2) *Insurance coverage*, which assessed whether the child is currently or has been covered in the previous year by health insurance including Medicaid or KidCare, and whether there have been gaps in coverage in the past year;
- 3) *Healthy habits*, which measured food and drink consumption by the child; whether the child was ever breastfed; overweight status; physical activity; hours spent watching television; home safety practices including tobacco use in the household; and safety in the community, school, and parks and playgrounds;
- 4) *Parenting*, which included questions that capture the social and instrumental support available to parents; scales that assess parental depressive symptoms and health literacy; and how parents react when their children misbehave; as well as a series of questions that capture family problems and needs and receipt of needed services;
- 5) *Demographic and background characteristics*, including the race/ethnicity, country of birth, and English proficiency of the child and parent; primary language spoken at home; marital status, employment status, and education attainment of the parent; child's date of birth; and family income;
- 6) *Awareness of The Children's Trust*, including awareness among respondents of The Trust; and, among those familiar with The Trust, where or how they first heard of The Trust;
- 7) *Early childhood*, including nonparental child care utilization and type of care, as well as hours spent in, cost of, and changes in child care arrangements. In addition, questions in this section assessed child behavior problems in the child care setting, household members' interactions with the child, and a brief scale assessing problem child behaviors;
- 8) *Middle childhood and youth*, including before- or after-school care, program participation, quality of programs available, type of activities in which children participate, and child social competence and behavior problems;

9) *School enrollment*, which included whether the child is enrolled in school, school changes in the previous year, and the types of health services available at the child’s school.

III. Sample design: Given regional variation in the racial and ethnic composition of the child population within Miami-Dade County, as well as possible differences across regions in health, well-being, and service needs, a sample design was implemented to capture the geographic diversity of the child population within the county. Specifically, the county was divided in to five geographic regions. The regions were defined through an aggregation of ZIP codes and followed the designations used in the Florida Health Insurance Study (Duncan et al., 2005) conducted by the Department of Health Services Research, Management and Policy of the University of Florida and reported in the CATCH Report (CATCH, 2004). Table A presents the aggregation of ZIP codes used to define the five study regions.

Table A: ZIP code breakdown by geographic region of Miami-Dade County

Beach	Northeast	Northwest	Kendall/Near South	Far South
33109	33015	33010	33133	33030
33139	33054	33012	33134	33031
33140	33055	33013	33143	33032
33141	33056	33014	33146	33033
33154	33127	33016	33149	33034
33160	33128	33018	33156	33035
	33129	33125	33157	33170
	33130	33126	33158	33189
	33131	33135	33173	33190
	33132	33144	33176	
	33136	33145	33177	
	33137	33155	33183	
	33138	33165	33186	
	33142	33166	33187	
	33147	33172	33193	
	33150	33174	33196	
	33161	33175		
	33162	33178		
	33167	33182		
	33168	33184		
	33169	33185		
	33179	33194		
	33180			
	33181			

The sample was designed to produce estimates representative of children residing within five geographic regions of Miami-Dade County by age and race/ethnicity with a margin of error of plus or minus five points within each geographic region, and across geographic regions by age and racial/ethnic groups. This sample design balances the costs and benefits associated with alternative sample designs that would yield estimates with greater precision, for example by race/ethnicity or age groups within geographical regions, and The Trust’s priorities.

In order to produce estimates within each region with a margin of error of plus or minus five percentage points, a minimum of 385 interviews were needed per region, summing to a total of 1,925 across the five regions. Based on 2000 Census estimates and the age and race/ethnic composition within the five region, we estimated that we would conduct 931 interviews with Hispanic children, 535 interviews with white, non-Hispanic children, and 458 interviews with black, non-Hispanic children, and between 550 and 650 interviews with each of the three age groups.

Table B presents a comparison of the study goals and interview yields. We fell slightly short of our overall study goal of 1,925 interviews coming up just 10 short of our target number. The margin of error for the overall study is just above two percentage points. With respect to regions, we reached our target in four out of five geographic regions and reached a margin of error of 5.5 percentage points in the remaining region (Beach). We exceeded our target by more than 150 interviews with Hispanic children but fell short of our goals for non-Hispanic white and non-Hispanic, black children. Across the race/ethnicity groups, the margin of error ranged from a low of +/- two percentage points for Hispanic children to six percentage points for non-Hispanic whites. We reached a margin of error of +/- five percentage points in all three age categories, but fell short of our target number of completes in the two younger age groups (birth to 5 and 6 to 11 years). It is important to note the study goals set at the outset used data from the 2000 Census, and because of the high level of growth and migration in Miami-Dade County, the distribution and number of completed interviews obtained by race/ethnicity may be closer to the current distribution of the child population.

Table B: Comparison of study goals, interview yields and associated margin of error

	Study Goal	Obtained	
	Number of interviews	Number of interviews	Margin of error
Overall	1,925	1,915	.0220
Study region¹			
Beach	385	316	.0551
Northeast	385	395	.0493
Northwest	385	394	.0494
Kendall/Near South	385	421	.0478
Far South	385	389	.0497
Race/ethnicity			
Hispanic/Latino	1,113	1,270	.0275
White, non-Hispanic	381	265	.0602
Black, non-Hispanic	397	322	.0546
Age			
Birth-5 years	605	565	.0412
6-11 years	668	581	.0407
12-17 years	652	769	.0353

¹Study region is assigned using respondent-provided ZIP codes.

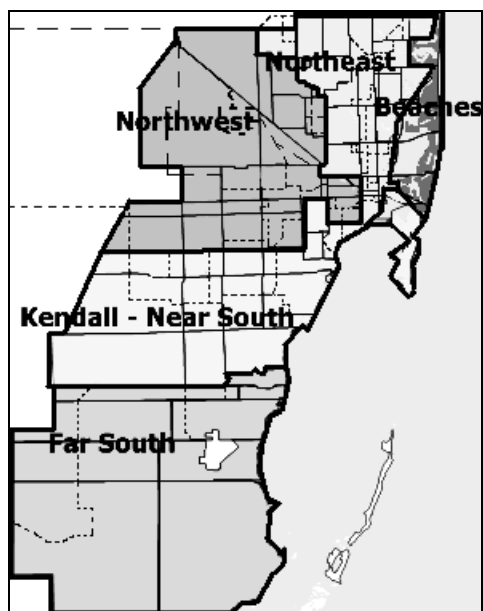
Sample: The telephone survey was conducted using a list-assisted Random Digit Dial (RDD) sampling method. List-assisted RDD sampling offers two key advantages over other sampling approaches for this study. First, by using RDD sampling techniques, households with listed as well as unlisted phone numbers are sampled, thereby increasing the coverage and representativeness of the resulting survey sample. Second, this technique allows us to sample phone numbers within predefined geographical areas, such as Miami-Dade County or one of the five study regions.

A random representative sample of phone numbers in Miami-Dade county within the five study regions was obtained through Survey Sampling International (SSI)—a large commercial sampling firm. The phone numbers were generated using information contained in the telephone area code and prefix (the first three digits of a telephone number) and by sampling within telephone exchanges available for Miami-Dade County. Specifically, potential telephone numbers were obtained starting with Miami-Dade County area codes (305, 786) and exchanges (the first three numbers of a telephone number following the area code, e.g., the “555” within 305-555-1234). Telephone exchanges are associated with smaller geographic areas, and thus can be used to generate a sample corresponding to the five regions. The next two digits (following the exchange) are referred to as telephone blocks; telephone blocks contain 100 potential telephone numbers each. Blocks with more than one residential directory listing are defined as working blocks, as they have a higher likelihood of containing active and valid residential phone numbers. Sampling of working residential blocks increases the efficiency of the sample and field efforts by reducing the percentage of nonworking numbers dialed. Next, a systematic random sample of working blocks is selected with a probability equal to the number of listed phone numbers in the block. Finally, a random two-digit suffix is generated to complete the phone number, thereby producing a sample of listed and unlisted phone numbers. Known business phone numbers are then removed, as are non-working numbers, which are screened using a non-ringing auto-dialer. Additionally, numbers that have been called for other surveys or clients by IPOR using SSI samples in the past nine months are also excluded. Together, these steps increase the efficiency of the sample, reducing (but not eliminating) the number of nonworking and nonresidential numbers in the sample.

While RDD methods offer several advantages, there are some disadvantages associated with its use. Recent Census estimates indicate only about one-third (38 percent) of all households in Miami-Dade County have children under the age of 18 (U.S. Census Bureau, American Community Survey, 2004). Thus, while the use of RDD methods increases the representativeness of the resulting sample, its use requires a high level of screening effort to identify households with children and to filter out those without children. Additionally, households without landlines or working residential phone numbers are omitted from the sample. Cell phone numbers are not included as they are in different telephone exchanges and these exchanges can not be associated with geographic areas. An estimated 4.6 percent of households in Miami-Dade County with children under 18 do not have a working phone number (IPOR unpublished analysis of American Community Survey, 2005 data), and three percent of households have no land lines (U.S. Census Bureau, American Community Survey, 2005). Finally, although telephone prefixes can be assigned to geographic areas, the precision of the match is not exact, in particular when smaller geographic units such as ZIP codes or Census

tracts are used. That is, telephone exchanges are grouped in particular geographic areas, but these areas often cut across ZIP codes used to define the five study regions (see Figure 1). The map below shows the boundaries of the telephone wire center boundaries in dashes and ZIP codes in black. Wire centers are an aggregation of telephone exchanges that reach the same area. When the sample phone number is supplied by SSI, the ZIP code is most likely to correspond to the wire center assigned. This ZIP code information was used throughout the field period to track interview yield progress for the study overall and within the five study regions, and is also used to calculate cooperation and response rates.

Figure 1: Geographic distribution of ZIP code boundaries and telephone exchanges



In addition, we collected ZIP code information from respondents who completed the child interview, thus allowing us to compare preassigned region assignments with respondents' reports.ⁱ The results of this comparison presented in Table C indicate a moderate to high degree of comparability between the region to which cases were assigned (by SSI), and the region into which they fell based on respondents' self-reported ZIP code. Of the 1,915 interviews completed, the region assignment from SSI was incorrect in a total of 258 cases (indicated in bold). The largest discrepancy occurred in the Northwest and Kendall-Near South, areas within Miami-Dade County that have experienced growth and expansion in recent years.

ⁱ In sixty cases, respondents did not provide their zip codes or provided invalid zip codes—in these cases the zip code supplied by SSI was used.

Table C: Comparison of regions of completed interviews using SSI information and respondent reports

Respondent - reported ZIP codes	Regions assignment using SSI pre-assigned ZIP codes				
	Beach	Northeast	Northwest	Kendall-Near South	Far South
Beach	287	26	1	2	0
Northeast	11	357	30	0	3
Northwest	2	25	342	23	2
Kendall-Near South	3	1	97	317	3
Far South	0	0	1	28	360

Screening for households with child under 18 and selecting a focal child: As noted above, the use of RDD methodology required a high level of screening to identify households that qualified for inclusion in the study—that is, households with children under the age of 18. When a residential household was reached, the interviewer introduced the survey and The Children’s Trust and asked the household to complete a brief screener interview to determine whether any children under the age of 18 resided in the household. If no child was present, the interviewer thanked the informant and the interview was terminated. If children were present in the household, the respondent was asked to list the children by first name, age and gender. Among the children residing in the household, one child was randomly selected to be the focal child for the interview. All questions in the survey were asked in reference to the sampled focal child. While the screener interview could be completed by any adult household member who answered the phone, once the household was identified as having children and a child was randomly selected, the interviewer asked to speak to the adult most knowledgeable about the focal child’s health and well-being. This is a technique used in the National Survey of Children’s Health (NSCH) and other national surveys on child health and well-being, and is believed to be associated with data quality. In 74 percent of cases the most knowledgeable adult was the mother (this compares with 79 percent of the cases in the NSCH).

IV. Field procedures: Several field procedures were used to ensure the quality and representativeness of the data including: (1) as noted above, the pretesting of the survey instrument to ensure it was clear to respondents and not unduly burdensome; (2) the establishment of a toll-free telephone number to allow respondents to contact interviewers, obtain information about the study, establish study eligibility, or voice any concerns; (3) translation of the study instrument into non-English languages prominent within the target population (Spanish and Haitian-Creole); (4) continuous sample management to ensure the correct number of cases were in the field at any given time; (5) flexible calling schedules to permit respondents to complete the interview at their convenience; (6) an interviewer training program; (7) refusal conversion attempts by specially trained interviewers who prepared case-specific strategies for each conversion call based on call history; (8) the programming of the instrument in computer assisted software to ensure skip patterns were easily navigated; and (9) the use of a monetary incentive (\$20 per completed interview). These procedures are similar to those used in many national surveys, including the NSCH (Blumberg et al., 2005). Below we discuss in greater detail the key components of the field design including the programming of the instrument and call procedures, sample management, interviewer training and supervision,

refusal training and conversion, translating and conducting the interviews in multiple languages, and the use of incentives.

Computer assisted telephone interviewing (CATI) programming and scheduling: The survey instrument was programmed into IPOR's Sawtooth Software Ci3. The CATI system ensured skip patterns were followed correctly, recorded responses fell within the valid range of options, and internal consistency across answers. The CATI system also controlled the sample and calling schedule, returning cases to the original interviewer when possible, and routing scheduled appointments to available interviewers. It also routed calls to bilingual interviewers and refusal converters (discussed below), as appropriate. Throughout the data collection period, a cumulative data set was generated by the CATI system on a daily basis along with disposition of the most recent call attempt (e.g., whether a screener interview was completed, an answering machine was reached, the number is a business, etc.), the number of call attempts across cases, and preliminary cooperation and response rate reports.

Calling strategy: In order to increase cooperation and response rates and to ensure the representativeness of the sample, a flexible calling schedule that allowed respondents to complete the interview when most convenient for them was instituted. In addition, each sampled phone number received between seven and 10 calls before the case was retired. Households that were screened and identified to have children, as well households where a screening interview was not yet completed but information was provided to an interviewer to suggest children were present, received a higher number of call attempts. For each sampled case, calls varied by day of the week and times of day. Each of these steps helped to ensure all sampled cases had an opportunity to be interviewed and decreased the likelihood that the resulting sample consisted only of individuals who were the easiest to locate or were more likely to answer the phone or participate in a telephone interview. It is worth noting that, in contrast to the experience of many surveys, we found the weekday evening hours to be the most productive calling time, followed by weekend hours and weekday daytime hours.

Monitoring of the sample: Throughout the field period, IPOR closely monitored the sample to ensure a sufficient number of cases were in the field and being called. Because of the high level of screening needed to identify households with children and to filter out nonworking and business numbers, a large number of phone numbers were fielded. Across the study period, over 70,000 cases were fielded. In order to ensure each case received an adequate number of calls and that call attempts for each case were varied by day of week and time, the phone numbers were gradually released in batches to be called by interviewers. This gradual release allowed for a close monitoring and control of the sample. In addition to releasing new phone numbers gradually, the computerized calling system ensured, in any given time period, call-backs to appointments and previously busy/answering machine/no answer numbers had priority and were completed before any new numbers were introduced. The CATI system cycled call-backs on a schedule appropriate to the situation for each case. The objective of the call system is to make sure each number in the working sample is close to having its chance of resulting in an interview nearly exhausted before new numbers are introduced. Together these steps ensure the right amount of sample is in the field at any point in time and across the field period.

Throughout the field period, Child Trends and IPOR met on a weekly basis to review field progress and yield. Disposition reports tallied numbers of completed interviews, initial refusals, break-offs, call-back appointments, and households without children under 18. The quotas within and across geographic areas, race/ethnic and age groups were also closely monitored.

Training and supervision of interviewers: Interviewer hiring began in December, 2006 and continued throughout the field period. In mid-January, following the initial pretest, newly hired interviewers underwent six hours of initial training (mostly one-on-one with an experienced interview-trainer). During these sessions, interviewers were taught the fundamentals of standardized interviewing such as how to introduce studies to respondents, gain respondent cooperation, read interview scripts, record answers, and conduct follow-up probes. After completing the initial training process, interviewers underwent a general training for the survey, which provided study-specific information. Before conducting their first interview, they practiced doing mock interviews with staff members. Then in dyads, interviewers role-played the parts of the interviewer and respondent to become familiar with all queries and procedures. IPOR's experienced interviewers also underwent study-specific training. The research team also developed materials for the interviewers including responses to frequently asked questions (FAQ) and refusal conversion scripts tailored for this study. New interviewers were on probationary status for this survey and under close supervision and evaluation. Interviewer supervision involved a computerized system that allowed supervisors to listen in to both sides of an interview unknown to the interviewer or respondent (respondents were advised at the outset of the interview that this might occur). Additionally, as disposition reports and preliminary data sets were analyzed for quality control each week, the performance of each interviewer was evaluated. When appropriate, interviewers received additional feedback and training. Overall the interviewing staff consisted of 38 interviewers and three supervisors

Refusal conversions: While several steps (e.g., short friendly introductions, bilingual interviewers, monetary incentives) were taken to minimize the likelihood that informants and respondents refused to complete the screener or main interview, refusals occurred. Cases in which a refusal occurred were forwarded to a supervisor who reviewed the case's call history (i.e., number and times called, days of week, outcomes of earlier calls) and the interviewer's notes on why the respondent refused. After being "held" (i.e., not called) for a few days, a refusal conversion was attempted by an experienced interviewer and refusal converter. Each case received a maximum of two refusal conversion attempts. Only those cases in which a respondent or telephone gatekeeper explicitly indicated they did not wish to be called back and/or asked to have their number removed from our list were not recontacted.

Translating and conducting interviews in English, Spanish, and Haitian Creole: The survey instrument was translated into Spanish and Haitian Creole by qualified Spanish and Haitian Creole translators and closely reviewed by project staff and interviewers. Additionally, the translated instruments were pre-tested internally to ensure question content was the same in English, Spanish, and Haitian Creole, and that no biases emerged in the telephone conversation context. This pre-testing was conducted by experienced bilingual interviewers in conjunction with bilingual members of the research team. This review helped to ensure comparability across languages and appropriateness of key terminology and phrases. In total, 1,259 interviews were conducted in English, 633 in Spanish, and 23 in Haitian Creole.

Before hiring new bilingual interviewers, experienced bilingual interviewers tested candidates to make sure they met the needs and standards of IPOR and the study. The survey instrument in the three languages was loaded into the CATI system and when the respondent answered in either Spanish or Haitian Creole, the interviewer switched immediately to the appropriate language to conduct the interview. If the interviewer did not speak the language, the call was transferred to another interviewer who did. Once the respondent had been identified as a speaker of either Spanish or Haitian Creole, the system directed future calls to an interviewer who spoke the appropriate language.

Incentives and Incentive Mailing Procedures: We offered a \$20 incentive in the form of a Walgreen's drug store gift card to each respondent who completed the interview. Incentives were found to be effective in the NSCH, increasing response rates from 44 percent to 51 percent in Florida and from 49 percent to 55 percent in the nation overall (Blumberg et al., 2005). (The NSCH provided monetary incentives ranging from five to twenty dollars.) More generally, the results of several studies suggest monetary incentives help to increase response rates, increase interviewer confidence and morale, and help to minimize the time and effort needed to complete interviews (Brick, Hagedorn, Montaquila, Roth, & Chapman, 2006; Erwin & Wheelright, 2002; Moffit, 2004; Singer, Van Hoewyk, & Maher, 2000). To maximize their utility, incentives were mentioned at the outset of the study introduction, with the hope that the possibility of receiving an incentive would convey the importance of the study and help to keep respondents and informants on the phone long enough to gain their cooperation.

The mailing of incentives to survey respondents was an ongoing process throughout the field period. As groups of respondents completed the survey, their address information was downloaded and cleaned in order to send the incentive and to obtain information used to verify region assignments (as discussed above). The respondent's addresses, as reported during the survey, were screened and verified for accuracy, using the United States Postal Service's website www.usps.com/zip4/. In addition, this process allowed us to obtain the ZIP code plus four-digit suffixes, which enabled us to more accurately assign completed interviews to regions. On some occasions, addresses were not located by the USPS website; in these cases, a reverse phone search was performed using the respondents' phone numbers via the White Pages' website www.switchboard.com. Once the entire file of addresses was cleaned, the respondents were sorted by the language in which they completed the interview. Incentive packets were then prepared in the appropriate language and included, along with the incentive, a thank you letter from The Children's Trust, and a Children's Trust brochure. A small number of incentive packets (approximately 30) were returned with invalid addresses. IPOR staff recontacted these households and successfully obtained a corrected mailing address in about half of these cases. Additionally, approximately 100 respondents indicated that they did not wish to receive an incentive and did not provide an address.

V. Cooperation and response rates and disposition of cases fielded: Two indicators of data quality and level of field success are cooperation and response rates. Briefly, a cooperation rate is the ratio of the number of interviews completed to the number of eligible households (i.e., a residential household) where a contact (i.e., an adult member of the household was reached) was made. The response rate, simply put, is the ratio of completed interviews to the number of cases

fielded minus those cases determined not to fall within the parameters of the target population (e.g., faxes, nonworking numbers, business numbers, households without children present).

With a low-incidence population survey such as the current study (only about a third of households in Miami-Dade include children), the task is two-fold. First, filter out as many out-of-scope cases as possible (e.g., businesses, fax, nonworking numbers), and conduct a screener interview with in-scope cases to identify child households. Second, once a child household is identified, complete a child interview. In the *first stage*, all sampled phone numbers associated with *residential households* are considered eligible cases. In the *second stage*, only sampled phone numbers of *child households* are considered eligible cases.

In table D we present the cooperation and response rates at the screener and child interview level. The rates at both the screener and child household level are reported, because both stages of the process are critical to the overall study success and data quality, and because the response rates at the child household level build upon the rates at the first stage (screening). Additionally, because the level rates differed across regions, we provide the rates across and within each of the study regions. Response and cooperation rates are calculated using formulas developed and standards adopted by the American Association of Public Opinion Research (AAPOR, 2000).

An overall cooperation rate of 50 percent, and a response rate of 36 percent was obtained at the screener level. That is, of the residential households in which *contact was made*, a screener interview was completed with half of the households. The response rates indicate that a screener interviewer was completed with just over a third of households with phone numbers that were sampled and in-scope (e.g., excluding businesses, non-working, etc). Differences between the cooperation and response rates were largely driven by households for which no contact was made; for example, an answering machine was consistently reached. Across the regions, the cooperation rates ranged from a low of 44 percent in the Beach area to a high of 54 percent in the Northeast and Kendall-Far South. Response rates at the screener level ranged from a low of 33 percent in the Beach to a high of 41 percent in Far South.

Overall, the cooperation and response rate at the child household level were 76 percent and 52 percent, respectively. These rates exceed the initial study goal for a child interview cooperation rate of 60 percent. At the child household level, the cooperation rates ranged from a low of 68 percent in the Beach to a high 82 percent in the Far South, and response rates ranged from a low of 44 percent in the Northwest to a high of 55 percent in the Beach.

These rates are comparable to those obtained by the NSCH for Florida at the child interview level (66 percent). The screener cooperation rates, however, obtained for this study are lower than those obtained in the NSCH for Florida (87 percent versus 50 percent). It is important to note, however, that the NSCH field period was significantly longer (as such a greater opportunity was available to resolve cases), and that NSCH rates are for the entire state of Florida. The Miami-Dade area is known to have lower cooperation rates than other parts of the state.

Table D. Cooperation and response rates by region at screener and child household level

	Cooperation rate		Response rate	
	Screener	Child household	Screener	Child household
Beach	0.436	0.756	0.325	0.545
Northeast	0.537	0.787	0.376	0.536
Northwest	0.520	0.675	0.379	0.437
Kendall-Near South	0.539	0.795	0.354	0.511
Far South	0.506	0.823	0.408	0.533
Total	0.498	0.761	0.362	0.517

Note: AAPOR's cooperation rates #1 and response rate #3 are reported here. AAPOR's response rate formula #3 assumes the eligibility rate of cases with unknown eligibility (i.e., residential/child household) will resemble that of cases with known eligibility.

The final disposition of cases also provides an indication of the level of effort needed to obtain the study sample, across and within the five regions. The final disposition of sampled telephone numbers refers to the outcome of all call attempts; for example, whether the call attempts ultimately resulted in a screened household, a completed child interview, a refusal, the identification of a non-working number, etc.

Table E presents the number of cases by and across regions (as estimated from SSI-supplied ZIP codes¹) that were fielded and their final disposition. A total of 75,041 numbers were fielded throughout the field period, a number higher than initially anticipated. Based on Census figures, experience from the NSCH in Florida, and IPOR's experience conducting interviews in South Florida and Miami-Dade, we anticipated we would need to sample a total of 47,008 telephone numbers to obtain the projected 1,925 interviews. We arrived at this figure by estimating a 60 percent cooperation rate at the child household interview level, meaning that a total of 3,208 households with children would need to be identified. Assuming 35 percent of households in Miami-Dade have children, we estimated a total of 9,167 households would need to be screened. In contrast, we screened close to 14,000 households; 11,665 of which did not include children under the age of 18. The higher screening levels were due in part to lower child household incidence rates in several of the regions, in particular in the Beach and Northwest. The additional effort for the Beach and Northwest regions is evident in Table E, where there are a higher number of cases resulting in answering machines, no answers, and disconnected numbers, and a markedly lower ratio of child household interviews to screened households. In summary, in comparison to the other regions, phone numbers in the Beach and Northwest were less likely to result in a working residential number, yield a completed screened interview, and identify an eligible child household.

Based on IPOR's experience, we initially estimated 57 percent of numbers dialed would be determined to be working household numbers. A total of 36,972, or approximately half of the numbers sampled (49.3 percent), were determined to be nonworking (e.g., disconnected, fast busy, or fax lines) or nonresidential (e.g., business, group homes). Additionally, of the phone numbers fielded, a total of 21,460 numbers resulted in a combination of (or were consistently) no-answers or answering machines, or a screener interview was never completed, or an adult informant was never reached after repeated attempts. Since screener interviews were not

¹ Zip code information provided by SSI are used here to assign geographic regions for all fielded cases because zip code information could only be obtained in cases where a respondent completed a child interview.

completed with these households it is unknown what percentage of cases included children and thus were eligible to be included in the study. This category of cases together with refusals presents the most serious sources of potential non-response bias. A total of 2,883 households refused to complete the screener or interview. Lastly, 101 households screened or identified as likely to have children had callbacks pending when the data collection period ended.

Table E. Final disposition of fielded cases by and across study regions

Study Regions ¹	Final Disposition						Total
	Complete	Refusal	Call-backs not completed	Answering machine, busy, no answer	Disconnect, business, non-resident, computer, fax, cell	No child under 18	
Beach	303	737	1	7,021	16,066	3,356	27,484
Northeast	403	503	11	3,998	6,705	2,247	13,867
Northwest	472	748	95	5,152	7,138	3,121	16,725
Kendall-Near South	369	427	1	3,325	4,466	1,656	10,243
Far South	368	468	0	1,964	2,597	1,285	6,682
Total	1,915	2,883	108	21,460	32,506	11,665	75,001

¹Region is defined using SSI provided ZIP codes since respondent provided ZIP codes were only available for completed cases.

VI. Weighting: Assumptions about the characteristics of the overall population of children in Miami-Dade County cannot be based solely on raw frequency counts and percentages generated from the 1,915 study respondents for three main reasons:

1. As noted above, a roughly equal number of interviews were completed across the five study regions. However, the child population within Miami-Dade County is not equally distributed across regions. In order to complete a roughly equal number of interviews in each region, the child population within regions was sampled at rates that were not proportionate with the percentage of the child population in Miami-Dade County the regions comprise.
2. Cooperation rates with the survey differ across regions and across important subgroups of the population.
3. Differential response rates across households with more versus fewer children could result in over- or under-sampling of different ethnic or age groups

In order to produce population-based estimates, we adjusted for the issues noted above by computing weights and applying these weights to the resulting data. In general, weights are adjustments to survey counts that make each interview in the survey represent the same number of individuals in the population for which it is an estimate. Usually (and in this case) the procedure is to use Census data to determine how many children in the population are represented by one child interview in the survey. Any number of variables could be used to define categories for weighting. For this survey, the five study regions, and three racial/ethnic and three age groups were used as categories for weighting. In total, 45 separate weight cells were calculated (for the five study areas, three age categories, and three ethnic categories).

In estimating weights, it is crucial to use the most current Census data possible. This is particularly important in the case of this study given the rapidly changing demographics of

Miami-Dade County. The most current available population estimates are from the 2005 American Community Survey (ACS). However, the smallest geographic units available from the 2005 ACS (Public Use Microdata Area, PUMAs) do not provide data that can be directly matched to the geographic areas used in this study. Specifically, the ACS does not provide data at the ZIP code level. As a result, 2000 Census block group data were used for initial counts, and then 2000-2005 ACS changes in the nearest ACS geographic areas were used to adjust the Census numbers.

With a large sample and precise population counts, the next step is to take the number of interviews and population count for each of the 45 weight cells and calculate a weight that adjusts the interview count by the ratio between it and the population count. For example, if one survey region/age/ethnicity cell had 50 total interviews and the corresponding Census region/age/ethnicity category in the population had 2000 children, the weight for this cell would be 40. However, for this study the sample is not large relative to the number of cells, and the source data used to generate population counts are not sufficiently precise for the purposes of this study. The lack of precision in the source data for population counts is due to the considerable amount of immigration and residential shifts within the county since the 2000 Census and the large margins of error associated with the 2005 ACS estimates for small geographic areas. Small cell sizes and variability in population estimates can produce large fluctuations leading to inaccurate estimates. To further correct for this, an additional weighting procedure called raking was used (for more information on data raking see Hoffman, 1979; Battaglia, Izrael, Hoaglin, & Frankel, 2004). In this procedure, marginal totals for the variables (region, age category, and race/ethnicity) are used rather than the population and sample values for each cell. In raking, an iterative computer procedure adjusts cell weights until the sample marginals match the population marginals as closely as possible. The weights produced by the procedure are shown in the first column of Table F below. Each weight value can be interpreted as the number of individuals in the population that each sampled child represents. Note that there are 41 weights rather than 45 because four of the cells had no data in them (e.g., no infant non-Hispanic black children in the Beach).

Table F: Weighting estimates.

Weight	Ethnicity	Age Category	Study Region
90.09	NH Black	0-5 years	Northwest
174.01	NH Black	0-5 years	Far South
579.81	NH Black	0-5 years	Kendall-Near South
630.65	NH Black	0-5 years	Northeast
133.50	NH Black	12-17 years	Far South
444.83	NH Black	12-17 years	Kendall-Near South
483.84	NH Black	12-17 years	Northeast
850.57	NH Black	12-17 years	Northwest
184.99	NH Black	6-11 years	Far South
616.37	NH Black	6-11 years	Kendall-Near South
670.42	NH Black	6-11 years	Northeast
40.75	Hispanic	0-5 years	Beach
78.71	Hispanic	0-5 years	Far South
262.25	Hispanic	0-5 years	Kendall-Near South
285.24	Hispanic	0-5 years	Northeast
501.45	Hispanic	0-5 years	Northwest
31.26	Hispanic	12-17 years	Beach
60.38	Hispanic	12-17 years	Far South
201.20	Hispanic	12-17 years	Kendall-Near South
218.84	Hispanic	12-17 years	Northeast
384.71	Hispanic	12-17 years	Northwest
43.31	Hispanic	6-11 years	Beach
83.67	Hispanic	6-11 years	Far South
278.78	Hispanic	6-11 years	Kendall-Near South
303.23	Hispanic	6-11 years	Northeast
533.06	Hispanic	6-11 years	Northwest
114.27	NH White	0-5 years	Beach
220.74	NH White	0-5 years	Far South
735.49	NH White	0-5 years	Kendall-Near South
799.98	NH White	0-5 years	Northeast
1406.34	NH White	0-5 years	Northwest
87.67	NH White	12-17 years	Beach
169.35	NH White	12-17 years	Far South
564.27	NH White	12-17 years	Kendall-Near South
613.74	NH White	12-17 years	Northeast
1078.94	NH White	12-17 years	Northwest
121.48	NH White	6-11 years	Beach
234.65	NH White	6-11 years	Far South
781.86	NH White	6-11 years	Kendall-Near South
850.42	NH White	6-11 years	Northeast
1495.01	NH White	6-11 years	Northwest

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