

CHIS 2022 Release Note/Errata

04 October 2023

This document describes the initial release of CHIS 2022 1-Year data on October 4, 2023. This release includes several CHIS data products: [Public Use Files](#), [AskCHIS](#), and access-restricted [Confidential Data](#) in the CHIS Data Access Center. This document is updated when CHIS 2022 data files are updated or corrected.

In general, use CHIS data to get estimates (percentages, means, confidence intervals) for the population's health information rather than for basic demographic characteristics (sex, age, race, ethnicity, education, and homeowner status) or population totals. Use numbers from the 2020 Census to obtain counts of demographic characteristics. Use data from the California Department of Finance (DOF) or Census Bureau's Population Estimates Program in the years between censuses. Further, CHIS uses the California Department of Finance's population estimates and projections to create CHIS population control totals of the number of persons by age, race, and sex at the CHIS stratum level.

Before analyzing or reporting CHIS data, please visit the [CHIS methods page](#) for new and notable design features and details on data collected in CHIS 2022 (What's New), as well as additional documentation on CHIS methods. For a brief overview of the current CHIS design, please see the [Sample Design document](#) for CHIS 2022.

Please be advised of the following when examining data across time:

1. AG21V2: Languages of TV/Radio/Newspapers that watch/listen/read
 - a. There was a change in the universe of this variable in 2022 (All adults) compared to the previous version, AG21, in 2014 and prior years (Adults who were not interviewed in English, or speak language other than English at home).
2. CV7V2_1 – CV7V2_15: Ever experienced due to COVID-19 outbreak
 - a. There were changes to the response category options for these variables in 2022 compared to the previous version (CV7_1 – CV7_11) in 2020 and 2021.
3. In 2022, CHIS conducted an experiment to see if the removal of transition statements when switching from one topic or set of questions to another would help decrease breakoffs (when a respondent starts a survey but stops and does not complete a survey). Please refer to the [report](#) for an explanation of this experiment and how it reduced breakoffs, thereby increasing the completeness of CHIS survey data.

One potential unintended impact of this experiment is a decrease in “Yes” responses to variable AH1V2 in CHIS 2022 (“Is there a place that you usually go to when you are sick or need advice about your health?”). More specifically, the experiment group that did not have the transition statement, had a much more substantial decrease in “Yes” responses compared to the control group that did have the transition statement. It’s possible that respondents in the experiment group did not understand the context in which AH1V2 was being asked and still believed it to be a part of the preceding series, which could have impacted how they answered. The control group on the other hand had comparable “Yes” response values to prior years of AH1V2. This same decrease in respondents reporting a usual source of care can also be seen in the CHIS constructed variables for which AH1V2 is an input variable (USUAL, USUAL_TP, USUAL5TP, and USOC).

Please also note that the following variables are not included in CHIS 2022 due to issues with data collection:

1. CITIZ1_F, CITIZ2_F, CITIZ1_M, CITIZ2_M, CNTRYF, CNTRYM, YRUSF, YRUSF_P1, YRUSF2_P1, YRUSM, YRUSM_P1, and YRUSM2_P1 (in the Adolescent data file)
 - a. These variables, which all relate to the country of birth or citizenship status of the adolescent respondent’s mother and father, were unintentionally dropped from the CHIS 2022 questionnaire. Special imputation will be performed in order to include these variables in the 2021-2022 2-year data file.
2. TE77: Use marijuana in some other way in past 30 days
 - a. This variable is not included in the CHIS 2022 data file due to a data collection error. Data was not collected for the “other specify” write-in field for respondents who answered “Yes” to TE77. Data collection will resume as intended in CHIS 2023.
3. AJ70V2 and AJ72V2
 - a. These variables, which deal with intimate partner violence, will not be included in the CHIS 2022 data file due to skip condition errors during data collection.

Lastly, please note that in CHIS 2022, the display changed for the question regarding name of respondent’s main health plan (AI22A for adult, MA7 for teen, MA2 for child). Beginning in

CHIS 2022, respondents who answer the survey on the web will receive dynamic response options for the most common plan names in their county of residence, as opposed to previous years that showed the same list of plans for all respondents. This change in protocol resulted in a large decrease in “other specify” write-in plan name responses, and could be responsible for increases in percentages for some common county-specific plans.