

SHAPE Briefing

SHAPE 2006 - Child Survey

An overview of the process and methodology



1998
2002
2006

Number 3

Trends and insights from SHAPE, the Survey of the Health of All the Population and the Environment

Highlights

- The **SHAPE 2006 - Child Survey** collected information on a range of health issues drawn from six primary domains of interest including: general health; access to care; health behaviors; family involvement; school activities; and childcare arrangements.
- The content of the questionnaire varied by age in order to capture emerging health issues that change as children grow and develop.
- The SHAPE project conducted 4,038 phone interviews with the adult most knowledgeable about the health of a randomly selected child from randomly selected households across Hennepin County.

Upcoming Issues

- ◆ Overall health of Hennepin County children
- ◆ Chronic conditions among Hennepin County children
- ◆ Health insurance

Introduction

This briefing provides an overview of the process and methodology of the **SHAPE 2006 - Child Survey**. **SHAPE 2006** is the third in a series of surveys collecting information on the health of Hennepin County residents and factors that affect their health. More than 10,000 households in the county participated in **SHAPE 2006**, providing information on more than 8,000 adults and 4,000 children.

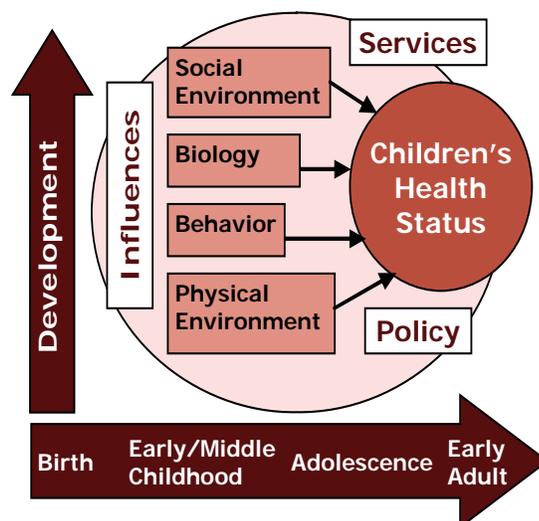
Background

The **SHAPE 1998** and **SHAPE 2002** surveys focused on the health and well-being of Hennepin County adults. Yet, from its earliest inception, community partners and policy-makers expressed interest in having access to some key measures of children's health and well-being. For **SHAPE 2006**, a children's health component of the survey was developed by the SHAPE Project Team. This component of the survey consisted of a 20-minute telephone interview about the health of a randomly selected child within the household.

A New Focus on Children's Health

The development of the **SHAPE 2006 - Child Survey** was initiated by an extensive process of consultation that engaged community members, human services and public health program staff, and state and national health survey research experts. The framework for developing the content of the survey was based on a model adapted from the National Research Council of the Institute of Medicine (see Figure 1). This framework takes into consideration specific developmental stages from infancy to adolescence, and various social, environmental, biological and behavioral factors known to influence children's health.

Figure 1. Framework for developing survey content



SOURCE: Children's Health-The Nation's Wealth. National Research Council and Institute of Medicine. The National Academy Press, 2005.

Questionnaire Design

The **SHAPE 2006 - Child Survey** was designed to cover a range of health issues drawn from six primary domains of interest including: general health; access to care; health behaviors; family involvement; school activities; and childcare arrangements (see Figure 2). Many items were drawn or adapted from nationally-known health questionnaires such as:

- National Survey of Children's Health (NSCH);
- National Survey of Early Childhood (NSEC); and
- California Health Interview Survey (CHIS).

The **SHAPE 2006 - Child Survey** was specifically intended to capture the health of children from infancy through late adolescence. Thus, the content of the questionnaire was age specific. It was designed to address emerging sets of health issues that change as children grow and develop. For example, questions about breastfeeding were included only for children aged five and under and survey items on school activities were included for children aged six and over (see Figure 3).

Since the total length of the survey was limited to a maximum of 20 minutes, the SHAPE Project Team consulted with community members and health policy experts to help prioritize the survey items. These consultations indicated that there was a significant need for community-level data on health and well-being issues related to early childhood (aged 0 to 5). This priority was reflected in the final content of the **SHAPE 2006 - Child Survey**.

Figure 2. Questionnaire domains and examples of items

Domains	Examples of questions included in SHAPE 2006 - Child Survey
General health & health conditions	<i>Overall health status, asthma, diabetes, other chronic conditions, mental & behavioral health, height & weight</i>
Health insurance coverage & health care access	<i>Insurance coverage, well-child checkups, primary care, dental health</i>
Exercise, nutrition & healthy/risky behaviors	<i>Daily activities, sweetened drinks consumed, video games or TV & computer screen time</i>
Academic performance & school readiness	<i>Grades in school, activities, early literacy, early math, school readiness</i>
Parental involvement & family connectedness	<i>Talking with child about health risks, family activities, family eats together</i>
Child care & unsupervised time	<i>Type of child care, amount of unsupervised time after school, school-aged activities</i>

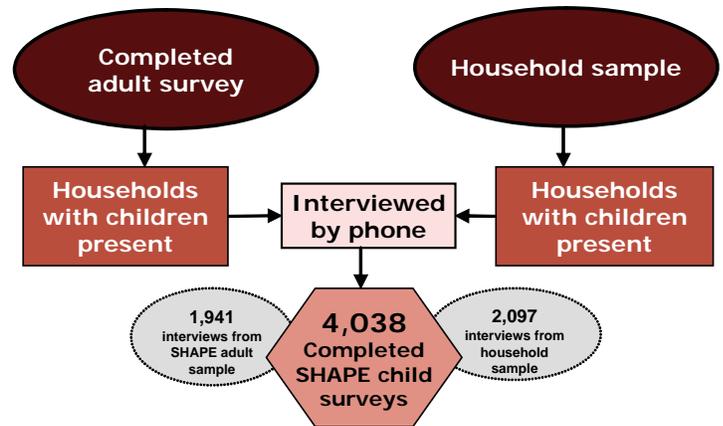
Figure 3. Questionnaire age ranges and examples of topics

Age Ranges	Examples of age-specific topics in SHAPE 2006 - Child Survey
0 to 5 Years	<i>Child's height and weight, daycare type and provider, breastfeeding, school readiness activities including early literacy and early math</i>
3 to 17 Years	<i>Dental insurance coverage, visits to dentist's office for preventive care</i>
4 to 17 Years	<i>Mental health attributes scale (positive & negative characteristics)</i>
5 to 17 Years	<i>Limitations on school activities or attendance due to physical or mental/behavioral health conditions, fear of bullying at school</i>
Grades 1 to 6	<i>Amount of unsupervised time after school, walking, skating or biking to school regularly</i>
Grades 7 to 12	<i>Sports, arts or musical activities, homework, time spent playing video games or using computers recreationally</i>

Data Collection Strategy

Households were selected at random for inclusion in the SHAPE survey. They were selected in one of two ways. First, Hennepin County residents who were interviewed for the **SHAPE 2006 - Adult Survey** were asked if they had any children in the household. If so, the adult was asked to participate in the child component of the SHAPE survey. This process yielded 1,941 child survey interviews. Separate from this process, a second independently selected random sample of households was generated. Adults in the randomly selected households were contacted by phone to determine if there were any children under age 18 present. If so, the adult was invited to participate in the **SHAPE 2006 - Child Survey**. This selection process generated 2,097 interviews (see Figure 4). At the end of the data collection phase (February, 2007) a total of 4,038 interviews were completed.

Figure 4. Data Collection Pathways for *SHAPE 2006 - Child Survey*

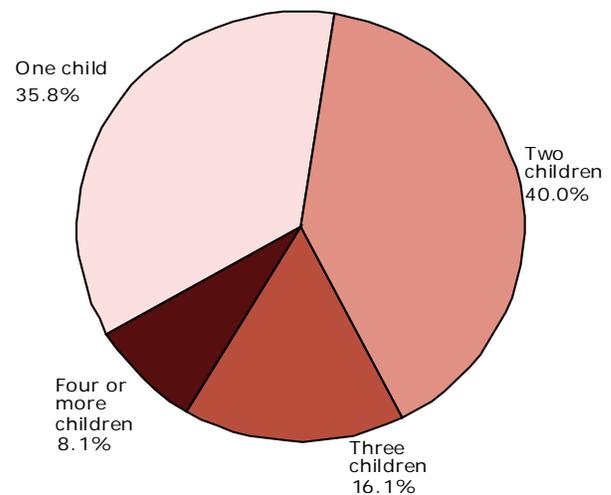


Selecting a “child of interest” within the household

Adult respondents in households with more than one child present were asked to list the ages of all the children aged 17 and under. A computer-assisted random selection process then identified one child as the particular “child of interest” for the interview. Interviewers then reconfirmed that they were speaking to the adult who was most knowledgeable about this *particular* child’s health.

Data drawn from the selection process indicate that 35.8 percent of the families had only one child under age 18 in the household, 40.0 percent had two children, 16.1 percent had three children, and 8.1 percent had four or more children in the household (see Figure 5).

Figure 5. Children under age 18 present in the randomly selected household, 2006



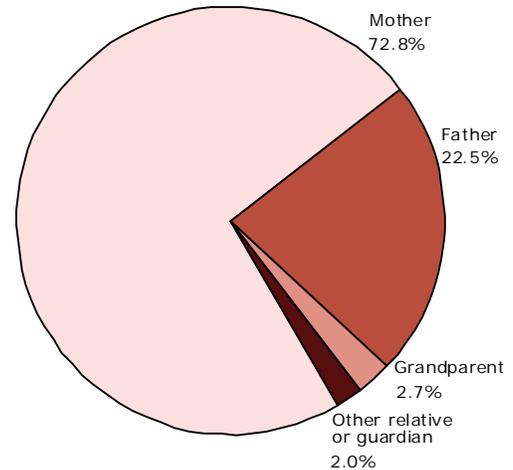
SOURCE: SHAPE 2006

Who was interviewed for the *SHAPE 2006 - Child Survey*?

In each case, the respondent interviewed for the *SHAPE 2006 - Child Survey* was the adult identified as the person most knowledgeable about the health of the randomly selected child. Thus, all of the data included in the *SHAPE 2006 - Child Survey* were from the adult's report, based on his or her own perception of the child's health and well-being. In no cases were children under age 18 interviewed about their own health.

Data drawn from the screening and selection process indicate that 72.8 percent of the *SHAPE 2006 - Child Survey* interviews were conducted with the mother of the child (including adoptive mothers, step-mothers and foster mothers), while 22.5 percent of the interviews were conducted with the fathers (including adoptive, step- or foster fathers). Grandparents were the "most knowledgeable adults" for 2.7 percent of the interviews, and other relatives or guardians provided the responses for the remaining 2.0 percent of the interviews conducted for the survey (see Figure 6).

Figure 6. Adult's relationship to the "child of interest" in the household, 2006



SOURCE: SHAPE 2006

Outreach efforts & oversampling

Specific efforts were made to reach households representative of the known linguistic and ethnic diversity of Hennepin County residents. These efforts included: consulting with diverse community members about how best to engage respondents; extensive community field-testing of the questionnaire; translating the questionnaire into multiple languages; and hiring bi-lingual interviewers. Translations of the *SHAPE 2006 - Child Survey* were developed for Spanish, Somali, Hmong and Vietnamese speakers.

Additionally, a selection process based on intentional oversampling was implemented in the *SHAPE 2006 - Child Survey*. Oversampling helped to insure that children from diverse ethnic backgrounds (from both established communities of color and from areas with newly emergent immigrant communities) were represented in the survey. The oversampling selection process was based on demographic information from the 2000 US Census data and from information gathered from community-based contacts. These efforts resulted in 1,411 completed interviews about the health of children of color (i.e., more than one out of every three interviews conducted).

Acknowledgments

The *SHAPE* project would like to thank the many individuals, community organizations, and subject-area experts who provided advice and support for the development of *SHAPE 2006*. A partial list of those who provided assistance to the *SHAPE 2006* project can be found on the *SHAPE* Web site listed below. The *SHAPE* project would especially like to thank the more than 10,000 residents of Hennepin County who generously took the time to complete the *SHAPE* survey.

For More Information

SHAPE 2006 is a collaborative project between the Hennepin County Human Services and Public Health Department and the University of Minnesota School of Public Health.

For more information on this *Briefing* or other topics related to the *SHAPE* project, or to receive this information in an alternate format, please contact SHAPE@co.hennepin.mn.us or 612-348-6150.

www.co.hennepin.mn.us
Search keyword: SHAPE2006



Human Services and
Public Health Department