



Data Points

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

The California Women's Health Survey (CWHS) is an annual telephone survey that collects information from a sample of approximately 4,000 randomly selected adult women aged 18 years or older on a wide variety of health indicators and health-related knowledge, behaviors, and attitudes. This survey began in March 1997 as a collaborative effort between the California Departments of Health Services, Mental Health, Alcohol and Drug Programs, and Social Services, and the Public Health Institute (PHI). PHI's Survey Research Group administered the survey while California Medical Review, Inc. (CMRI) provided technical assistance.

The CWHS asks respondents about a wide variety of behaviors related to past and present involvement in healthcare systems, food security status, participation in government nutrition programs, prenatal care, vitamin consumption, alcohol consumption, breastfeeding, sexually transmitted diseases, intimate partner violence, utilization of cancer screening procedures, and other preventative measures. The survey also collects basic demographic information, such as age, race/ethnicity, employment status, and education. Participation in the CWHS is completely voluntary and anonymous. Interviews are conducted by trained interviewers following standardized procedures developed by SRG staff and the Centers for Disease Control and Prevention (CDC). The survey collects data monthly from a random sample of California adult women living in households with telephones. Quality control procedures are rigorous to ensure a high level of accuracy in the data collected.

Using a computer-assisted telephone interviewing (CATI) system, interviewers read questions as they are displayed on a computer

screen. Interviewers key responses directly into the computer. Once a household is reached, all women aged 18 years or older living within that household are eligible to participate in the survey. If more than one member of the household is eligible, one person is selected at random (using a computer-generated random selection algorithm) to become the respondent. If the person selected is not available, an appointment is made to conduct the interview at a different time or on another day. Once a respondent is selected, no other household member can be selected, even if it is not possible to obtain an interview from the selected respondent. To maximize the representativeness of the sample, standardized procedures are followed for calling back numbers that ring with no answer or give a busy signal, or for encouraging selected respondents who are reluctant to participate.

Through the sampling process, SRG attempts to collect interviews from a random sample that is representative of California's population. The age and race/ethnicity characteristics of the CWHS sample differ to some extent from the age and race/ethnicity characteristics of the female California population. In addition, the probability of selection within a household varies depending upon the number of telephone numbers and individuals living in the household. Therefore, to obtain meaningful population estimates, all analyses of the survey data are weighted to the age and race/ethnicity of the 2000 California population. No adjustment is made for the observed differences in education or income.

Data from these Data Points should be interpreted with caution. Due to the cross-sectional design of the CWHS, causality can not be established between the variables because

The California Women's Health Survey (CWHS) Methodology

Survey Research Group

**The California
Women's Health
Survey (CWHS)
Methodology**

Survey Research Group

they are measured simultaneously. In addition, the survey is only completed in English and Spanish, which may exclude a portion of the population. Recall bias also may be a problem with this survey. Information recall may be particularly difficult on a telephone survey. Another area of concern is that over-reporting of healthy behaviors and under-reporting of unhealthy behaviors is well documented in behavioral survey research. This study is population-based; the results can only be generalized to non-institutionalized adult women in California living in households with telephones. However, over 95.0 percent of households in California are estimated to have telephones and the

effects of non-coverage appear to be small. Each Data Point is meant to "stand alone," with data presented based on program needs and definitions. Therefore, the definitions used in one Data Point may differ from that in another.

More methodological information and a thorough examination of the representativeness of the CWHS sample are available from the most recent *California Women's Health Survey SAS Dataset Documentation and Technical Report*. For a copy of the most recent technical report, please contact the Survey Research Group: srg@surveyresearchgroup.com.

Submitted by: Marta Induni, Survey Research Group, Public Health Institute, (916) 779-0336, Minduni@SurveyResearchGroup.com

For additional copies of CWHS 2003-2004 Data Points please contact the Office of Women's Health:

Download copies at the Office of Women's Health website

www.dhs.ca.gov/director/owh

or contact OWH staff at P.O. Box 997413, MS 0027, Sacramento, CA 95899-7413 or call (916) 440-7626.