

# NATIONAL HEALTH INTERVIEW SURVEY REDESIGN

**Board of Scientific Counselors Meeting**

**September 15, 2016**

**Jennifer H. Madans on behalf of the National Health  
Interview Survey**

**National Center for Health Statistics**

# Outline

- Update on redesign process
- Common themes from the third public comment period
- Next steps



# Met process targets

- Spoke with wide array of stakeholders
  - Council of Professional Associations on Federal Statistics
  - American Economics Association
  - Population Association of America
  - Multiple CDC centers
  - HHS/Assistant Secretary for Planning and Evaluation (ASPE)
- Responded to public comments from Round 3
  - 70 comments from the public, academics, state and federal government, and nonprofit or advocacy groups

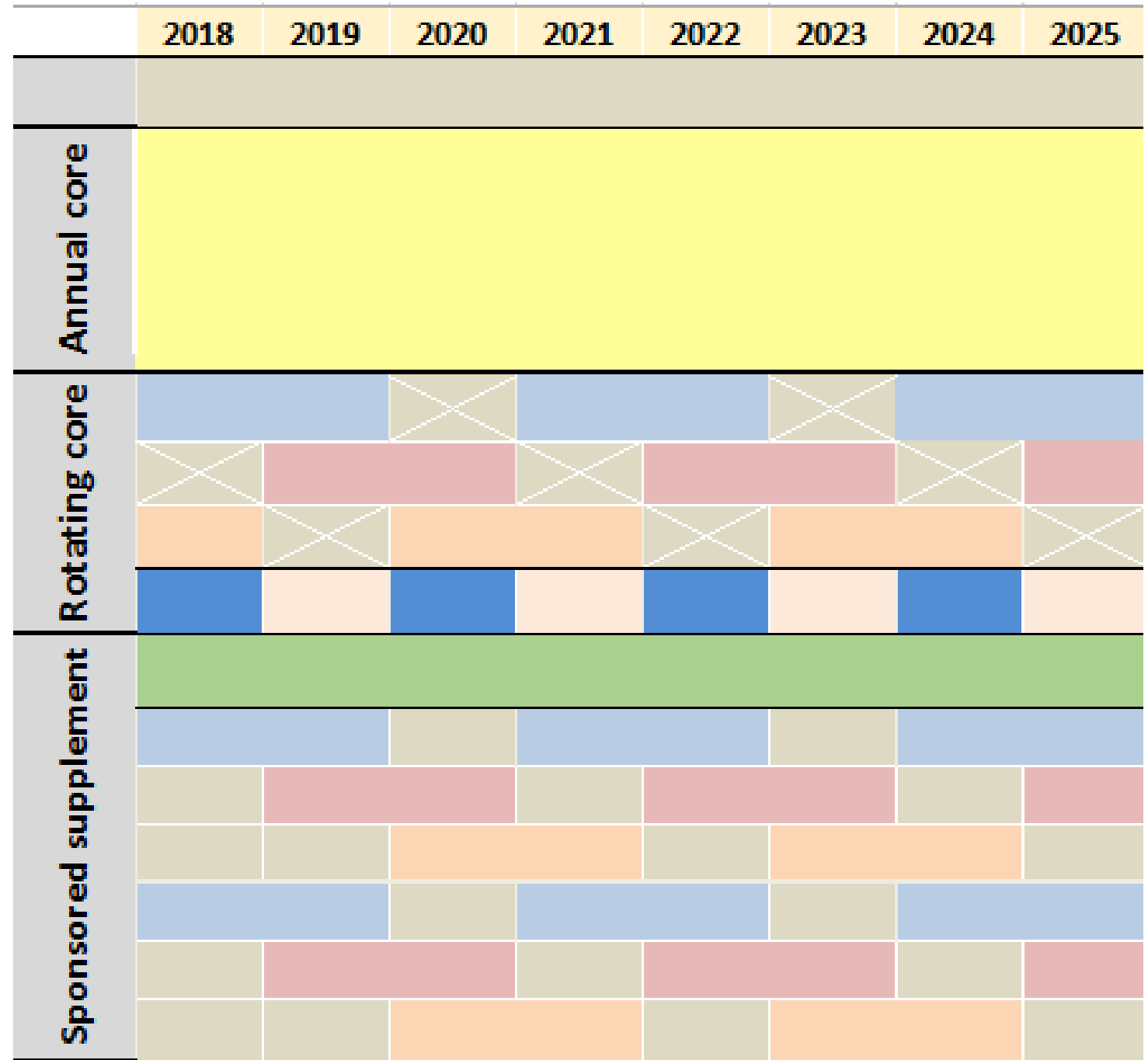
# Met content targets

- Reduced questionnaire length
- Included a broad array of topics on questionnaire
- Retained high-quality questions
- Added new topic areas, especially on child health

# Survey Structure

No changes since May in the structure of the Adult questionnaire and child questionnaire

- Annual core
- Rotating core
- Sponsored supplements



# Questionnaire Development

- Staff across the whole division worked to develop the first draft of the adult and child questionnaires
  - Available at [http://www.cdc.gov/nchs/nhis/2018\\_quest\\_redesign.htm](http://www.cdc.gov/nchs/nhis/2018_quest_redesign.htm)
- Adult annual core
  - ~55% continuing from past years; ~25% revised; ~20% new
- Child annual core
  - ~40% continuing from past years; ~30% revised; ~30% new
- Rotating cores for adult and child contain much more new content than the annual core.

# Common Themes from Third Public Comment Period

- Family section
- Disability
- Injury
- Mental health
- Other assorted topics

# Changes to the Family Section

- Comments received from demography organizations
- Recommendations from American Economic Association and Population Association of America:
  - Country of birth of sample adult and sample child -- **not part of proposed core**
  - Minimum set of variables for all family members: education, health insurance, employment – **education, employment will be part of proposed core**
- Data proposed to be collected on non-sample adults and children
  - Age (in years), sex, race and ethnicity (to OMB standard), employment status (all adults), educational attainment (all adults)



# Changes to the Family Section

- In families with children, agreement is high (>97%) between classification in the proposed survey and the 1997-2017 NHIS public-use family classification
  - For some family types (single adults with children; married parents and biological or adoptive children) agreement is 100%.
  - Family types where each parent can have a different relationship to a child (e.g. step parent, parent with cohabiting partner) have lower agreement.
  - Agreement is higher in families with fewer children.

# Disability

- Comments received from CDC centers, advocacy organizations, and academic researchers
- Collection of data on *all* family members, rather than just sample adult and sample child – **not part of proposed core**
- Collect specific cause of disability -- **not part of proposed core**
- Collection of data on adult autism and intellectual disability – **could be sponsored content**

# Disability

- Inclusion of age of onset questions (developmental disabilities), activities of daily living, instrument activities of daily living – **ongoing discussion**
- Inclusion of the ACS disability questions for consistency with other surveys and compliance with HHS implementation guidance – **ongoing discussion**

# Injury

- Comments received from CDC centers, state health departments, state labor departments, and academic researchers
- Retain collection of injury from *all* family members – **not part of proposed core**
- Increase frequency of injury questions from rotating core to annual core to increase sample size – **not part of proposed core**
- Collection of activity at time of injury – **ongoing discussion**
- Collection of location at time of injury to identify workplace injury – **ongoing discussion**

# Mental Health

- Comments received from CDC centers, state health departments, state labor departments, and academic researchers
- Support for including the full Strengths and Difficulties Questionnaire for children, and including anxiety and depression scales for adults (GAD-7, PHQ-8)
- Collect data on non-medication treatment/counseling for adults and children – **will be part of proposed core**
- Retain the Kessler-6 scale for serious psychological distress for adults – **not part of proposed core**

# Mental Health

- Increase frequency of child mental health data collection – **not part of proposed core**
- Collect data on location of mental health care for children – **could be sponsored content**
- Ensure that child mental health and adult mental health questions are fielded in the same year(s) – **ongoing discussion**

# Other Assorted Topics

- Rare conditions – **could be sponsored content**
  - Severe auditory problems
  - Epilepsy/seizure disorder
  - Severe hypoglycemia among people with diabetes
- Many other comments on diverse topics in health behaviors, health conditions, health care access, and health care utilization

# Sponsored content anticipated

- “Sustaining” sponsors
  - National Cancer Institute and CDC’s National Center on Chronic Disease Prevention and Health Promotion (NCCDPHP)
    - Cancer control supplement
  - CDC’s National Center on Immunization and Respiratory Diseases (NCIRD)
    - Immunization supplement
- Other sponsored content



# Next Steps

- Fall – Winter 2016
  - Draft questionnaire text released
  - Federal register notice and 30-day public comment period
  - Timing estimates
  - Finalize questionnaire order and rotating core content groups
  - Revise content and questionnaire text
  - Work with Census to standardize and improve Spanish translation
  - Complete questionnaire text December 2016

# Next Steps

- Jan – Dec 2017
  - OMB Paperwork Reduction Act submission
  - Additional opportunities for public comment
  - Work with Census to program survey instrument and test new procedures
  - “Bridge” analyses with assistance from BSC and outside researchers

# For More Information

[http://www.cdc.gov/nchs/nhis/2018\\_quest\\_redesign.htm](http://www.cdc.gov/nchs/nhis/2018_quest_redesign.htm)

Or contact the Redesign Team at: [healthsurveys@cdc.gov](mailto:healthsurveys@cdc.gov)