

National Health Interview Survey
Change to

OMB No. 0920-0214
(Expires 12/21/2009)

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Contact:

Project Officer: Howard Riddick

Division of Health Interview Statistics
National Center for Health Statistics
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services
3311 Toledo Road
Hyattsville, MD 20782

Telephone: 301-458-4459

Email: hcr8@cdc.gov

National Health Interview Survey (NHIS)

A1. Circumstances making the collection of information necessary

This request is for a nonsubstantive change to an approved data collection (OMB No. 0920-0214) (expires 12/31/2009), the National Health Interview Survey (NHIS). Questions/modules cycle in and out of the survey on a periodic basis to collect new and/or updated information as needed. This change seeks approval to reintroduce a topical module on immunization record checks, last collected in 2001. We also seek approval to collect information on disability and secondary conditions which will be a test of collection methods. Both of these activities are methodological in nature and will start in the fourth quarter of 2008 and continue in 2009.

Copies of the new module questions are in Attachment 1.

In addition, budgetary constraints have resulted in a decrease in the number of persons contacted in the survey. These reductions are reflected in the burden table.

Module Descriptions

Data topics are described in NHIS as “modules;” however, they actually constitute individual questions that are placed within the ongoing NHIS questionnaire and are usually not “stand-alone.” The questions in Attachment 1 will be placed within the full questionnaire.

The questions that comprise the Adult Topical Modules (Sample Adult) are shown in Attachment 1, with subheadings for each topic described above. The NHIS is not conducted as a paper and pencil survey; it is a CAPI (Computer Assisted Personal Interview) survey. Thus, there is no paper questionnaire to provide. The attachment shows the questions and the answer choices along with other information needed for CAPI. Most questions are focused on the adult sample person; however, a few are focused on a child, but to be answered by the adult.

The topical module on disability and secondary conditions is a test of methods that will replicate approaches used to assess disability on the American Community Survey (ACS) and the Current Population Survey (CPS). A split-ballot approach in the NHIS will randomly assign each family to either the ACS or the CPS approach. The ACS approach asks about each individual person in the family. The CPS asks whether anyone in the family has disability conditions, and if yes, asks who it is. The primary goal is to identify whether there is an impact on estimates of disability reporting due to the two different types of question administration.

The module on immunization record checks last appeared in the 2001 NHIS. Vaccines are important defenses against infectious diseases, and prevent major causes of illness, disability, and death. This module will compare information about immunizations from respondents to immunization records maintained by health care providers. For this module, respondents will be asked for permission to obtain immunization records from their child's (or children's) immunization provider(s), using a special permission form (Attachment 2). Because provider records are more complete than household records, immunization history records are then obtained from providers to determine up-to-date status of children. The parents or guardians of the NHIS sample children will be asked to sign the form (if the interview is conducted in person) or allow the interviewer to sign the form as a proxy/witness (if the interview is completed over the telephone or the appropriate person is not home when the NHIS is conducted). This module applies to children 19 through 35 months of age and 13 through 17 years of age, the same as the National Immunization Survey-Child and Teen components. No additional substantive questions regarding immunization have been added to the NHIS. Medical providers will then be contacted to provide information on Child Immunization History (Attachment 3) or Teen Immunization History (Attachment 4).

A2. Purpose and use of information collection

The topical module on disability and secondary conditions is needed to assess the impact of using different approaches to measure disability in the American Community Survey and the Current Population Survey.

The topical module on immunization record checks is needed to assess estimates from the National Immunization Survey (NIS). The NIS is a telephone survey that has a lower response rate than the NHIS and does not include households without a landline telephone in the sampling frame. Data now routinely collected on the NHIS charts the rapidly increasing number of households substituting cell phones for landline phones, especially in households with young children. The effect wireless substitution has on estimates produced from the NIS raises questions about data quality. The NHIS immunization record check data will allow the study of the impact of both undercoverage and nonresponse in the NIS. Including an NHIS immunization provider record check component will result in comparable immunization data from both surveys because NIS estimates are based primarily on provider reports which are known to be more accurate than household records.

The modules have been submitted to the National Center for Health Statistics (NCHS) Research Ethics Review Board (ERB) for approval prior to implementing.

A8. Consultation Outside the Agency

Gary L. Euler, Dr.P.H., M.P.H.
Assessment Branch, Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention (CDC)
CORP Bldg. 12, Room 2409
Atlanta, GA 30329
Tel: (404) 639-8742
Fax: (404) 639-3266
Email: GEuler@cdc.gov

Tammy A. Santibanez, Ph.D.
Assessment Branch, Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention (CDC)
CORP Bldg. 12, Room 2421
Atlanta, GA 30329
Tel: (404) 639-8304
Fax: (404) 639-3266
Email: TSantibanez@cdc.gov

Nidhi Jain, M.D.
Assessment Branch, Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention (CDC)
CORP Bldg. 12, Room 2418
Atlanta, GA 30329
Tel: (404) 639-1823
Fax: (404) 639-3266
Email: NJain@cdc.gov

James A. Singleton, M.S.
Chief, Assessment Branch, Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention (CDC)
CORP Bldg. 12, Room 2419
Atlanta, GA 30329
Tel: (404) 639-8560
Fax: (404) 639-3266
Email: JSingleton@cdc.gov

David S. Johnson, Ph.D.

Chief, Housing, Household, and Economics Statistics Division
US Census Bureau
4600 Silver Hill Rd, Room 7H174
Suitland, MD 20746
Tel: (301) 763-6443

A12. Estimates of annualized burden hours and costs

A. Table 1 below outlines the average annual burden estimate for the 2008 and 2009 National Health Interview Survey. The estimated response burden of 28,017 hours is 10,254 hours lower than currently approved. This is due to budgetary constraints causing a reduction in the number of respondents interviewed. Analysis of 2007 data collection activities has led to refinements in the average burden time. The addition of the two new modules and the provider record check study for the last quarter of 2008 (and all of 2009) would increase burden by an estimated 2127 hours on an annual basis.

To make the burden changes easier to understand, we are providing line by line changes:

Line 1 (screener questionnaire) – no change.

Line 2 (Family core) – number of respondents has been reduced from 39,000 to 30,000 and the average response time reduced by 1 minute. However, the new questions are added to this line, with a burden of 2 minutes per response, with an overall increase of 1 minute per respondent.

Line 3 (Adult Core) – number of respondents reduced from 32,000 to 23,400 and the average response time reduced by 1 minute.

Line 4 (Adult topical Modules, sample adult) – number of respondents reduced from 32,000 to 23,400 and the average response time reduced by 3 minutes.

Line 5 (Child Core) – number of respondents reduced from 13,000 to 9,400.

Line 6 (Child Topical Module) – number of respondents reduced from 13,000 to 9,400. The 4 minutes of burden associated with signing the permission to contact immunization provider form comprises this line.

Line 7 (Reinterview Survey) – number of respondents reduced from 3,250 to 3,000.

Line 8 (NIS Child Record Check) – new line for the 1200 provider respondents for the child record check questionnaire, with a burden of 5 minutes each.

Line 9 (NIS Teen Record Check) – new line for the 4800 provider respondents for the teen record check questionnaire, with a burden of 5 minutes each.

The burden table (Table 1) below reflects the revised estimates for the number of respondents, lengths of interviews, and total burden.

Table 1. Average Annualized Burden Hours:

Questionnaire (respondent)	Number of respondents	Number of Responses per Respondent	Average burden per response in hours	Total burden In hours
Screeener Questionnaire	15,000	1	5/60	1,250
Family Core (adult family member)	30,000	1	23/60	11,500
Adult Core (sample adult)	23,400	1	17/60	6,630
Adult Topical Modules (sample adult)	23,400	1	15/60	5,850
Child Core (adult family member)	9,400	1	9/60	1,410
Child Topical Module (adult Family member)	9,400	1	4/60	627
Reinterview Survey)	3,000	1	5/60	250
NIS Child Immun. (medical provider)	1,200	1	5/60	100
NIS Teen Immun. (medical provider)	4,800	1	5/60	400
Total Burden Hours				28,017

B. The two new forms for collecting data from medical record charts are completed by physicians or physician assistants in doctor's offices. Based on data produced by the National Ambulatory Medical Care Survey and 2004 data from US Bureau of Labor Statistics, the estimated hourly combined salary is \$85. With a burden of 5 minutes per form, the estimated cost per respondent is \$7.09 per form. For the 6,000 respondents, the total estimated cost burden is \$42,540 (6,000 multiplied by \$7.09).

A15. Explanation for Program Changes or Adjustments.

The NHIS is currently approved for 38,279 hours. There was a decrease in the number of respondents (caused by budget cuts) and a fine-tuning of the average burden response. Combined with an increase for the two new modules and the record check study the new burden is 28,017 hours, a net decrease of 10, 262 hours.

B4. Tests of Procedures or Methods to be undertaken

Both of these modules are methodological tests.

The topical module on disability and secondary conditions is needed to assess the impact of the slightly different approaches used to measure disability in the American Community Survey and the Current Population Survey. This research is a collaborative project with and sponsored in part by the Census Bureau.

The NHIS module on immunization record checks will assist in assessing the impact of both undercoverage and nonresponse in the NIS. The rates of up-to-date immunization status from the NHIS and the NIS will be compared to determine whether there are real differences in immunization rates due to response rates and cell phone conversion. NHIS provides an excellent platform to make this assessment. In order to make the surveys as comparable as possible, the same data collection contractor used for the NIS also will conduct the provider component of the NHIS. The National Opinion Research Center at the University of Chicago (NORC) will conduct the provider component of the survey.

At the conclusion of the sample child interview, the interviewer asks for the name and address of immunization providers for all children in the age ranges previously specified. Automated directory look-up tables created by NORC and housed on the interviewers' laptop computers assist in capturing the contact information. The CAPI system then prompts the interviewer to ask the parent/guardian to sign the permission form (Attachment 2). After the provider forms have been filled out and sent via FedEx to one of the twelve Census Regional Offices, the Census Bureau will send the provider forms to NORC via FedEx, after checking the forms in at the Census Bureau's National Processing Center in Jeffersonville, Indiana.

Data from the NHIS immunization provider component will be transmitted to Census for editing and creation of two data files (one containing data on eligible children and one containing provider information with a common linkage variable). The files will then be

sent to NORC via the NCHS Secure Data Network (SDN). Census will not send the data files directly to NORC; rather the files will be sent to NCHS, which will then relay it to NORC. No additional processing will be done at NCHS at this time.

Once NORC receives the forms and data files, they will extract the information needed to create a packet that is mailed to the child's immunization provider(s). The provider letters are in Attachment 5 and the Child and Teen questionnaires in Attachments 3 and 4 respectively. A Reminder Letter is sent two weeks after the initial packet mail out. If the questionnaire is not returned, a packet of initial materials is mailed 5 weeks after the initial mail out, with phone follow-up for those providers who do not return the questionnaire from the second mail out. Providers may respond by mail or fax; they may fill out the questionnaire or photocopy and send the patient's shot record.

Attachments

Attachment 1. Questions to be cycled into the 2008-2009 NHIS

Disability and Secondary Conditions
Immunization Record Check

Attachment 2. Permission to Contact Immunization Provider Form

Attachment 3. NIS Child Immunization History Questionnaire

Attachment 4. NIS Teen Immunization History Questionnaire

Attachment 5. Provider Record Check Letters