National Health Interview Survey – Nonsubstantive Change

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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.

Changes

This change seeks approval to cycle out questions on asthma; oral health; vision; heart disease; cancer screening; immunization; and dizziness, balance problems, and falls fielded in 2008; and to cycle in and update questions on carbon monoxide detectors, stroke, arthritis, health care workers, and the use of the internet to learn about health information or to communicate with health care providers for 2009. We also seek approval for revised questions in the reinterview questionnaire used to monitor survey protocols. There is a possibility that a few questions on Internet access to health and medication records may be added if funding is received from the Agency for Healthcare Research and Quality (AHRQ) (See A.2.).

The new questions for the 2009 NHIS are in Attachment 1. The revised reinterview questions are in Attachment 2. There is no change to the burden.

On September 22, OMB approved changes to the NHIS to begin in October 2008 and continue through the 2009 data collection. Those changes included a 1/8 decrease in the number of participants in 2009 due to a budget reduction. This current request asks for no additional change in burden as the questions being brought into the survey for 2009 are of a similar length to those being cycled out; the burden still represents a 1/8 decrease in sample size for 2009. OMB would be notified if additional sample cuts become necessary if funding levels are reduced next year.

A2. Purpose and use of information collection

1. The question on carbon monoxide detectors in the home is a new question for the NHIS. The question is sponsored by National Center for Environmental Health (CDC), and the National Institute of Allergy and Infectious Disease (NIH), and is part of the Healthy People 2010 Objectives. Healthy People 2010 is a set of health objectives for the Nation set by the Department of Health and Human Services and are designed to measure programs over time. The objectives are revised every decade and serve as the basis for the development of State and community plans.

2. The stroke questions have been on the NHIS previously. The questions are sponsored by the National Institute of Neurological Disorders and Stroke (NIH) and are part of the Healthy People 2010 Objectives.

3. The arthritis questions have been on the NHIS previously. The questions are sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIH), and the National Center for Chronic Disease Prevention and Health Promotion (CDC). The questions are part of the Healthy People 2010 Objectives.

4. Two new questions about health care workers are sponsored by the National Center for Immunization and Respiratory Diseases (CDC). The questions will help assess the vaccination status of health care workers or volunteers who come into direct contact with patients. Vaccination status for all adults is determined by questions already a part of the NHIS.

5. The health information technology (HIT) questions in Attachment 1 are new questions for the NHIS and are sponsored by Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. The purpose of these questions is to learn where people acquire their health information and the demographic and health characteristics of HIT users.

The goal of these analyses is to learn more about the users of HIT, not to make causal inferences or judgments as to whether people should or should not use HIT or how the use of HIT affects health behaviors, health care utilization or health status. HHS acknowledges that because this survey does not evaluate the nature or integrity of the health information obtained via the internet nor its impact of the quality of health care received, it is not appropriate to use these data for to support policy decisions regarding HIT. Rather, having information on levels and trends among groups defined by socioeconomic and health characteristics in the use of the internet for obtaining health information will be used in conjunction with information obtained from other sources on the content and accuracy of information obtained from the internet to inform general policy questions of whether the population and selected subpopulations have adequate and appropriate access to health information. For example, if increasing amounts of information are being provided on the web at the expense of other mechanisms (information that would be obtained from other sources), it would be important to know that some segments of the population, who do not access the internet for health information, might lack access to needed information. The questions being proposed provide very basic information on access to HIT and analyses of these data could lead to more targeted data collection proposals.

The NHIS will provide unique information. The Agency for Healthcare Research and Quality (AHRQ) does not currently include HIT use on its surveys. CMS has an HIT component on its Master Current Beneficiary Survey which asks about Internet availability and general use. The only health question is whether the Internet was used to access Medicare information.

The Pew Internet and American Life Project has collected data on health information technology on various surveys fielded from 2000-2008. See section A.4 for a detailed discussion.

AHRQ has proposed a random digit dial (RDD) survey of limited size in early 2009 that would obtain information on internet use to access on-line personal health records, especially access to prescribed medication information on-line. NCHS proposes to add the following six questions from the AHRQ survey to the NHIS in July 2009 pending funding. This would provide information for AHRQ on this subject from a more inclusive population including those who are typically missed using RDD surveys but are accessible using the NHIS, i.e. households without landlines, persons who only use their cell phones for incoming calls, and persons who do not answer telephone surveys.

1. Do you maintain an on-line record of any of your personal health information?

    - Yes
    - No
    - Don't know

2. Do you have access to an on-line record of any of your personal health information that someone else maintains?

    - Yes
    - No
    - Don't know

3. Which of the following people or organizations maintain this on-line record for you?

    - Your doctor, nurse or other health care provider
    - Your health plan or health insurance company
    - Your employer
    - Your pharmacy
    - Other (Please specify)

4. Does your online health record include information about the <u>medications</u> you are currently taking or have been prescribed?

    - Yes
    - No
    - Don't know

- I don’t take medications

5. Have you accessed this medication information in the past year?

    - Yes
    - No
    - Don't know
    - I don’t take medications

6. For what purpose(s) did you access this medication information? Specify all that apply.

    - To request refills of your medication
    - To check the price of your medications
    - To obtain information about your medications. Please specify what information (e.g., dose, how to take it, side effect information)
      _____
    - To communicate with your provider
    - To schedule an appointment
    - To check interactions between your medications
    - To check or update your drug allergy information
    - To update your medication information (for example, add over-the-counter medications you take to the medication list)
    - Other [Please specify]_____

6. NHIS also seeks approval for revised questions in the reinterview questionnaire used to monitor survey protocols. About 8 percent of families are asked to take part in the 5-minute reinterview survey. The survey is used to help verify that interviewers asked questions according to survey procedures.

The questions to be added to the 2009 NHIS and the revised reinterview questions were approved by the National Center for Health Statistics (NCHS) Research Ethics Review Board (ERB) on October 31, 2008.

A4. Efforts to Identify Duplication and Use of Similar Information.

The Pew Internet and American Life Project has collected data on health information technology (HIT) on various surveys fielded from 2000-2008. All surveys were conducted by phone using a random digit dial sample frame. The focus varied from year to year to include topics related to the frequency of accessing health information using the internet, reasons for accessing health information, the specific information researched and/or site visited, opinions of the usefulness of the information, and specific actions taken based on the information obtained online. Sample sizes ranged from 500 – 3,000 and response rates ranged from 28.4% - 32.8% (calculated as a product of the contact rate, cooperation rate, and completion rate).

According to Pew, 73% of American adults use the internet, and 75% of those persons have looked for health or medical information in 2008. Additionally, 58% of internet users have gone to a website that provides information or support for a specific medical condition or personal situation. Chronically ill and newly diagnosed persons are more likely to look up health information online than the well and 68% said their last online search affected decisions about how to treat an illness, whether to visit a doctor, and whether to get a second opinion. Health-related briefs based on these surveys can be found at http://www.pewinternet.org/topics.asp?c=5 and a basic summary of uses of the Internet is available at http://www.pewinternet.org/trends/Internet_Activities_7.22.08.htm .

Where the Pew project has weaknesses, the NHIS has strengths. Specifically, the NHIS has:

1. High coverage of the target population, including coverage of non-telephone and cell-phone only households that are not included in the Pew surveys. Research utilizing the NHIS demonstrates that the non-telephone and cell-phone only households are distinctly different from landline households with respect to their health characteristics and behaviors. Pew's use of a landline telephone sample frame may introduce bias into their HIT estimates, especially on this topic. While standard errors are provided for their estimates, detailed analyses of nonresponse and noncoverage bias are lacking.

2. Large, representative sample, with an oversample of black, Hispanic, and Asian persons (23,393 persons in the 2007 Sample Adult file). The small sample sizes of the Pew surveys reduce the precision of their HIT estimates, and greatly limit the ability to perform detailed subgroup analyses.

3. A broad range of health covariates (including conditions, health behaviors, and access and utilization measures) coupled with detailed sociodemographic and socioeconomic information. The wealth of sociodemographic and socioeconomic information coupled with a variety of health covariates will allow for more detailed and sophisticated analyses of the HIT data than possible with the Pew data.

4. Relatively high response rates (87.1% in 2007). The low response rates of the Pew surveys enhance the magnitude of possible nonresponse biases in HIT estimates. While nonresponse bias exists in all surveys, the magnitude in the NHIS is not as great.

The major strength the Pew surveys have over the NHIS is the ability to ask in-depth questions on the subject of Internet use. For this first effort, the NHIS is limited to a few targeted questions. However, given the many strengths of the NHIS, including questions on this topic in the 2009 NHIS provides a unique opportunity to learn more about users of HIT in the context of their health. Data on HIT collected in the 2009 NHIS will be

analyzed by a variety of demographic characteristics such as age, race, income, and education. Furthermore, the extensive set of health covariates on the NHIS will allow for the analysis of the HIT questions by health status, health behaviors such as tobacco use, alcohol consumption, and exercise, an extensive list of health conditions, such as cancer, heart disease, diabetes, and arthritis, and health access and utilization characteristics including barriers to receiving health care.

A8. Consultation Outside the Agency

Jim Scanlon
Deputy Assistant Secretary for Planning and Evaluation (Science and Data Policy)
Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation, HHS Room 442E,
Humphrey Building
Phone: (202) 690-5874
Email: Jim.Scanlon@hhs.gov

Dale C. Hitchcock
Director, Division of Data Policy
Office of Science and Data Policy, Department of Health and Human Services
OASPE/Room 434E.1
Humphrey Building
Phone: 202 690-6796
Email: Dale.Hitchcock@hhs.gov

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

Jackie H. Clower, MPH
TKCIS Contractor
Air Pollution & Respiratory Health Branch
Centers for Disease Control & Prevention (CDC)
Phone: 770.488.0799
Email: flj2@cdc.gov

Melinda Kelley, Ph.D.
Senior Science Advisor
Office of Science Policy and Planning
National Institute of Neurological Disorders and Stroke
National Institutes of Health (NIH)
Phone (301) 435-7572
Fax (301) 480-9172
Email: KelleyM@ninds.nih.gov

A12. Estimates of annualized burden hours and costs

Table 1 below outlines the average annual burden estimate for the 2009 National Health Interview Survey. The estimated response burden of 28,017 hours is equal to the burden level currently approved. This estimate is based on an anticipated reduction of one-eighth of the sample design due to budgetary constraints. The burden table below reflects the estimates for the number of respondents, lengths of interviews, and total burden.

The questions that are being changed are part of the Sample Adult topical modules, (line 4 below) and the Reinterview (line 7).

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
Screener 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
Child Record Check(medical provider)	1,200	1	5/60	100
Teen Record Check(medical provider)	4,800	1	5/60	400
Total Burden Hours				28,017

Attachments

Attachment 1. Adult Topical Modules--2009 New Questions
Attachment 2. NHIS Reinterview Questions