

Public Health Service Centers for Disease Control and Prevention

National Center for Health Statistics 3311 Toledo Road Hyattsville, Maryland 20782

September 8, 2011

Margo Schwab, Ph.D. Office of Management and Budget 725 17th Street, N.W. Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) (OMB No. 0920-0222, exp. 03/31/2013) plans to conduct research to evaluate questionnaire items on adult day services centers and residential care facilities for the National Survey of Long-Term Care Providers for the Division of Health Care Statistics.

We propose to start recruiting for volunteer participants as soon as we receive clearance and to start testing as soon as possible after that.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. As you know, the purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The analysis will be qualitative.

Proposed project: National Survey of Long-Term Care Providers Evaluation Study

Long-term care (LTC) is a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. LTC helps meet health or personal needs. Most LTC is to assist people with support services, such as activities of daily living, including dressing, bathing, and using the bathroom or instrumental activities of daily living, including medication management, transportation, meal preparation and housekeeping. LTC can be provided at home, in the community, in assisted living facilities, or in nursing homes. The provision of paid LTC has changed significantly over the past 30 years and will continue to change.

To date, the foundation of the long-term care (LTC) component of the NCHS National Health Care Surveys has been the National Nursing Home Survey (NNHS), OMB No. 0920-0353, and the National Home and Hospice care Survey (NHHCS), OMB No. 0920-0298. NNHS is a series of periodic nationally representative sample surveys of U.S. nursing homes; NNHS has been conducted seven times since 1973. Responding to the evolution of LTC in the United States, NCHS added NHHCS. NHHCS is a series of periodic nationally representative sample surveys of U.S. home health and hospice care agencies; NHHCS has been conducted seven times since 1992. Most recently, in light of the growth in interest in alternative LTC settings, NCHS conducted the National Survey of Residential Care Facilities (NSRCF) OMB No. 0920-0780. NSRCF is a nationally representative sample survey of U.S. assisted living and other residential care facilities; NSRCF was conducted once in 2010 and was not planned to be continued.

Beginning in 2011, NCHS is launching its new integrated strategy for obtaining and providing nationally representative statistical information about the supply and use of paid, regulated LTC providers in the United States—the National Survey of Long-Term Care Providers (NSLTCP). NSLTCP will replace the NNHS, NHHCS and NSRCF. NSLTCP is intended to enable efficient monitoring of the dynamic, diverse, and evolving field of paid, regulated LTC and to help address the nation's information needs to inform future LTC policy.

The NSLTCP is being designed to (1) broaden the NCHS ongoing coverage of paid, regulated LTC providers beyond nursing homes, home health care agencies, and hospices to also include residential care facilities, adult day services centers, and other LTC providers; (2) use nationally representative administrative data on long-term care providers for which they are available (i.e., Centers for Medicare & Medicaid Services (CMS) data on nursing homes, home health agencies, and hospices); and (3) collect data every other year from a cross-sectional nationally representative establishment-based sample survey of providers for which nationally representative administrative data do not exist (i.e., residential care facilities and adult day services centers). NCHS plans to compare across LTC provider types at the same point in time using both administrative data and survey data. This cognitive testing will help us better understand how comparable questionnaire items are to the administrative data. In addition, the cognitive testing will help us examine whether question wording is appropriate for adult day services centers and residential care facilities, on which NCHS has never collected survey data.

The adult day services centers and residential care facilities questions in the National Survey of Long-Term Care Providers that we are evaluating appear as Attachment 1. The testing procedure will conform to the cognitive interviewing techniques that have been described in our generic OMB clearance package.

As many as fifteen 60-minute cognitive interviews may be conducted with the person who is most knowledgeable about the operations, staff, services, and resident/client characteristics of the residential care facilities or adult day services center, (i.e., directors, assistant directors, administrators, assistant administrators, etc.) and located within 44 miles of NCHS. Individuals in the sample area will be recruited from a list provided by the Centers for Excellence in Assisted Living (CEAL), an umbrella association that represents residential care and assisted living industries, and the National Adult Day Services Association (NADSA), a professional trade association that represents adult day services industries. Staff from the Division of Health Care Statistics (DHCS) will hand carry contact information to the QDRL. At our request, CEAL and NADSA will inform these individuals (in the sample area) that the National Center for Health Statistics' Questionnaire Design Research Laboratory (QDRL) will be conducting research evaluating survey questions on operations, staff, services, and resident/client characteristics of residential care facilities and adult day service centers through one hour one-on-one interviews in early November and may be calling them to ascertain their interest in participating in the study.

Individuals will be contacted by QDRL staff to determine their eligibility for the study. Cognitive interviews will be conducted by QDRL staff members in a private room in the residential care facility/adult day services center or mutually agreeable location. With the consent of the participants, the interviews will be recorded on videotape or audiotape. Participants will be informed of taping procedures (including observation if applicable) in the process of reviewing the consent forms, and the equipment will be turned on once it is clear that the procedures are understood and agreed upon. At the end of the interviews, participants will be paid and provided with copies of all papers they signed.

We propose paying individuals participating in the cognitive interview \$100 for their participation. Since the recruitment of directors, assistant directors, administrators, assistant administrators of residential care facilities and adult day services centers are necessary for this study to take place and since these individuals are extremely busy, the incentive has been increased over and above our normal \$40 incentive to increase participation, reduce the number of cancelations, and maximize time and travel in a particular location.

Extreme care will be taken with all tapes and paperwork from the interviews conducted off-site. Tapes and identifying paperwork will be stored in a secured travel case until returned to NCHS, at which point they will be transferred to the usual secured locked storage cabinets.

In total, for this project, the maximum respondent burden will be 15 hours of interviewing. A burden table for this project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response burden
QDRL Interviews				
2) NCHS Surveys	15	1	1	15

Attachment (1) cc: M. Moien D. Holcomb DHHS RCO