

Attachment 4d - 2020 Q3 NHIS COVID-19 Items – Preliminary Analyses: July 2020-November 2020

This document provides an overview of the performance of the NHIS COVID-19 questions that were cleared as part of the NHIS emergency package in June of 2020. Appropriate survey weights are not available currently to produce any estimates. In addition, the data have not been publicly released. This document presents the results from some preliminary analyses to ensure that the data will be adequate to address the intended purpose of the questions described in the emergency package.

NOTE: Excepted where noted, these items appear on the Sample Adult only.

POSITIVE COVID-19 CASES, Sample Adult and Sample Child

- Doctor or health professional ever told you had or likely had coronavirus or COVID-19
- Ever been tested for coronavirus or COVID-19
- Test find that had coronavirus or COVID-19
- Severity of coronavirus symptoms when they were at their worst: no symptoms, mild, moderate or severe .

Preliminary results produced by the NHIS of the proportion of adults who have tested positive for COVID-19 tracks with the CDC case counts. At these rates, it will be possible to conduct meaningful cross-tabulations with demographic and other variables for the adult population. For children, we are able to produce a national prevalence estimate. In addition, we expect both prevalence rates to grow until mass vaccinations take place, and before the study period end in December 2021. The estimates for severity across levels of severity provide enough variation for meaningful analyses.

UNDERLYING HEALTH CONDITIONS

- Ever been told by a doctor or other health professional had ...
 - Weak or failing kidneys
 - Hepatitis
 - Cirrhosis or any other kind of long-term liver condition

Preliminary results indicate the prevalence of these conditions are similar to the prevalence reported for these conditions on prior years of the NHIS. As these conditions are intended to be used in conjunction with other conditions thought to complicate the effects of COVID-19, meaningful cross-tabulations with demographic and other variables can be performed.

IMMUNOSUPPRESSION

- Past 12 months, taken prescription medication or had any medical treatments that a doctor or other health professional said would weaken immune system
- Currently has a health condition that a doctor or other health professional said weakens the immune system

Preliminary results are similar to the prevalence of immunosuppression found in the 2013 NHIS data. These variables can be used in conjunction with other conditions thought to complicate the effects of COVID-19.

ACCESS TO CARE, Sample Adult and Sample Child

- Any time DELAYED getting medical care because of the coronavirus pandemic
- Any time needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic
- Past 12 months, had an appointment with a doctor, nurse, or other health professional by video or by phone
 - any of appointments done by video or by phone because of reasons related to the coronavirus pandemic

Estimates of delayed care and not getting care are consistent with the estimates found on other surveys during the pandemic such as the Pulse survey. Use of telemedicine is consistent with estimates reported from RANDS. These rates allow for meaningful cross-tabulations with demographic and other variables.

ACCESS TO CANCER CARE

- At any time since the start of the coronavirus pandemic, in treatment or supposed to receive treatment for cancer
 - any treatments for cancer changed, delayed, or cancelled because of the coronavirus pandemic
- At any time since the start of the coronavirus pandemic, need any of OTHER medical care related to your cancer
 - Was any of this other medical care related to your cancer changed, delayed, or cancelled because of the coronavirus pandemic

Preliminary results indicate that the prevalence of cancer patients and survivors changing, delaying, or cancelling medical care are sufficient for meaningful cross-tabulations with demographic and other variables.

ACCESS TO SKILLED AND INFORMAL CAREGIVING

- Any time when needed care at home from a nurse or other health professional but DID NOT GET IT because of the coronavirus pandemic
- Past 12 months, receive care at home from a friend or family member
- Any time needed care at home from a friend or family member but DID NOT GET IT because of the coronavirus pandemic
- A friend or family member provide some or all of the care that a nurse or other health professional did not provide due to the coronavirus pandemic

Preliminary results indicate that the prevalence of problems obtaining needed caregiving is sufficient to produce a reliable estimate. These questions may be combined with the social support items to create a composite of care available for the respondent and examine the adequacy of support across demographic subgroups.

SOCIAL SUPPORT

- How often gets needed social and emotional support
- Compared with 12 months ago, receive more social and emotional support, less social and emotional support, or about the same

Preliminary results indicate that the prevalence of adults usually or always getting the social and emotional support they need is similar to estimates in prior years in the BRFSS. Most say they are getting about the same support as they got 12 months ago. These rates allow for meaningful cross-tabulations with demographic and other variables.

IMPACT OF CHRONIC PAIN

- Past three months, how often did pain limit life or work activities: never, some days, most days, or every day
- Past three months, how often did YOUR pain affect your family and significant others: never, some days, most days, or every day

Preliminary results show that prevalence for these two variables are similar to the 2019 NHIS. These rates allow for meaningful cross-tabulations with demographic and other variables.

SOCIAL DISTANCING AT CURRENT OR MOST RECENT JOB

Sample Adults 18+ who are currently employed

- MAIN job or business currently social distancing measures in effect to help keep people apart
 - MAIN job or business, how often still need to work closer than 6 feet to other people [*Contact with social distancing measures*]
 - When social distancing measures NOT in effect, how often need to work closer than 6 feet to other people [*Contact without social distancing measures*]
 - Currently, at your MAIN job or business, how often need to work closer than 6 feet to other people [*Contact without social distancing measures*]
 - At any time since the start of the coronavirus pandemic, did MAIN job or business put social distancing measures into effect
 - When social distancing measures were in effect, how need to work closer than 6 feet to other people [*Contact with social distancing measures*]

Sample Adults 18+ who are unemployed now but employed in past 12 months

- MAIN job you held in the past 12 months, ever any social distancing measures in effect
- When social distancing measures in effect, how often still need to work closer than 6 feet to other people [*Contact with social distancing measures*]
- When social distancing measures were not in effect, how often need to work closer than 6 feet to other people [*Contact without social distancing measures*]

- How often need to work closer than 6 feet to other people [*Contact without social distancing measures*]

Preliminary results indicate that most adults say that there are currently social distancing measures in their workplaces. A substantial number of those report having to still work closer than 6 feet all or most of the time. Meaningful cross-tabulations with demographics and industry and occupational groups can be made with the prevalence observed in the data.