Nonsubstantive Change Request

NATIONAL HEALTH INTERVIEW SURVEY

OMB No. 0920-0214, Expiration Date 12/31/2023

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NCHS National Health Interview Survey

This is a request for approval of a nonsubstantive change to the National Health Interview Survey (NHIS) (OMB No. 0920-0214, Exp. Date 12/31/2023), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change request includes five new questions; the addition of questions to inform NCHS's ongoing efforts to evaluate the quality of data collected from probability-based online survey panels (Attachments 9b and 5b).

Questions to inform quality of data from probability-based online survey panels

The proposed questions are being added to quarter 2 of the 2023 NHIS, beginning on April 1, to inform NCHS's ongoing efforts to evaluate the quality of data collected from probability-based online survey panels (see section A.1 for a brief description and Appendix 5b for how the questions will be used).

In total, 5 questions covering non-English speakers/limited English proficiency (LEP) are being proposed for inclusion on the NHIS.

Non-English Speakers/LEP

- Do you speak a language other than English at home?
- What other language do you speak most often at home?
- When you watch television, read news online or in print, or listen to the radio, which language do you use most often?
- When you see a doctor or other health care professional, which language do you use most often?
- When you participate in social activities, such as visiting friends, attending clubs and meetings, or going to parties, which language do you use most often?

A. Justification

1. Circumstance Making the Collection of Information Necessary

The NHIS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) to collect, on an annual basis, statistically valid data on the amount, distribution, and effects of illness and disability in the population and on the utilization of health care services for such conditions.

<u>Questions to inform quality of data from probability-based online survey panels</u>

In the past decade NCHS began using commercial survey panels for a variety of purposes. Namely, as part of the Center's Research and Development Survey (RANDS) program, NCHS used commercial survey panels to augment NCHS' question evaluation and research program with quantitative methodologies for measuring error, and for other statistical research purposes. RANDS has been used for methodological research at the National Center for Health Statistics (NCHS), including the use of close-ended probe questions and split-panel experiments for evaluating question-response patterns and for developing statistical methodology to calibrate survey estimates in a way that leverages the strength of national survey data. Survey results have been used to evaluate estimation approaches for health outcomes from recruited survey panels, including propensity score adjustment and calibration.

NCHS is also currently undergoing OMB clearance for the development of a new Rapid Surveys System (RSS). The RSS will complement NCHS's current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC's more rigorous population representative surveys, the RSS will incorporate multiple mechanisms to carefully evaluate the resulting survey data for its appropriateness for use in public health surveillance and research (e.g., hypothesis generating) and facilitate continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy will communicate the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods.

The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns, (2) to use these data collections to continue NCHS's evaluation of the quality of public health estimates generated from commercial online panels, and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels. The RSS is designed to have four rounds of data collection in a year. Each round's questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institute, and Offices, and other HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in components 1 and 2. Components 1 and 2 will contain different topics in each round of the survey.

The questions in this nonsubstantive OMB clearance package are being added to the NHIS to inform NCHS's ongoing efforts to evaluate the quality of data collected from probability-based online survey panels. The proposed questions measure a topic that is generally known to be associated with lower levels of participation in online survey panels. Bias would occur if these questions are also associated with key indicators in a survey conducted using such panels. By including these measures on the NHIS, we will be able to examine associations between these topics and key NHIS health indicators.

These questions will be included in future rounds of RANDS and Rapid Surveys System (RSS) data collections to continue developing statistical methodology to calibrate survey estimates in a way that leverages the strength of national survey data. Adding these questions to NHIS provides additional national survey data to improve these statistical methods. In other words, estimates from NHIS may be useful information for calibrating survey weights from surveys conducted using probability-based online survey panels.

As part of the RSS program, NCHS plans to collect survey data from existing, commercially available, probability-based online survey panels to supplement its ongoing research and data dissemination efforts. In response to the COVID-19 pandemic, the Center expanded its use of RANDS and collected survey data in order to release timely, experimental estimates on a set of coronavirus and pandemic-related topics. NCHS plans to continue exploring the use of commercial survey panels, not only for methodological research, but also for producing estimates on key health outcomes and emerging topics that the Center will release through the RSS program.

2. Purpose and Use of Information Collection

Questions to inform quality of data from probability-based online survey panels

Questions are being added to quarter 2 of the 2023 NHIS for use in calibrating RANDS and Rapid Surveys System (RSS) program weights. The process will entail raking RANDS/RSS weights to weighted distributions of variables based on these questions using NHIS data. For calibration to be effective, the variables (and therefore the questions behind them) need to meet two criteria:

- The variables should be differentially associated with adult participation in RANDS/RSS surveys, that is, adults with the associated characteristic should be over- or under-represented in RANDS/RSS, and

- The variables should be associated with health outcomes of interest in RANDS/RSS surveys.

The 5 questions proposed for inclusion on the NHIS are expected to meet both criteria. Including these questions on NHIS will yield data to help NCHS determine if these expectations are met. See attachment 5b for more information on duplication with other surveys, expected prevalences, reliability and more specific use of the data.

12. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

This change will have a negligible impact on the OMB revision package that was approved on 12/31/2020 (OMB No. 0920-0214, expires 12/31/2023). The questions used to inform the quality of data from probability-based online survey panels will take roughly 10 seconds to administer to 80 percent of sample adults and approximately 50 seconds to administer to 20 percent of sample adults during the last three quarters of 2023. This amounts to less than 30 seconds of annualized average burden per response for the Sample Adult interview in the revision package. Therefore, we have not made any changes to the burden table last submitted in the previous nonsubstantive OMB change requests approved on 10/26/2022.

The questions being added to the NHIS will help NCHS improve statistical methodology to calibrate survey estimates from RANDS and RSS in a way that leverages the strength of national survey data. Any future modification that might impact the instruments and/or burden estimates will be submitted as a nonsubstantive change request for OMB review, as applicable.

Lines 1-3 of the burden table represent the different sections of the NHIS questionnaire. Line 4 covers the methodological projects such as web and/or mail-based methodological, cognitive testing activities, and pilot studies. Line 5 covers the adolescent follow-back survey. Line 6 covers a follow-up health exam. Small quality control resurveys of participating households are represented on line 7.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult Household Member	Household Roster	36,000	1	4/60	2,400
Sample Adult	Adult Questionnaire	30,000	1	45/60	22,500
Adult Family Member	Child Questionnaire	10,000	1	22/60	3,667
Adult Family Member	Methodological Projects	15,000	1	20/60	5,000
Sample Child	Adolescent follow-back survey	1,200	1	16/60	320

Sample Adult	Health Exam	5,000	1	45/60	3,750
Adult Family Member	Reinterview Survey	5,500	1	5/60	458
Total					38,095

Not all questions apply to each person, and the questionnaire instrument automatically skips over questions that do not apply, based on earlier information given by the respondent. Thus, no respondent is ever asked all the questions in the questionnaire.

The estimate of response burden above is based on an average length of interview per household. Variations occur in individual household interview times primarily because of differing numbers of persons in the household and variations in the number of health conditions reported in the household.

The burden on any single member of a sample family also varies according to who is designated respondent for each component. In some sample families the same adult could be the respondent for all of the major components: roster, adult, and child. In other families there could be a different respondent for each component. In the first case, the total average burden on the single respondent would be about one hour; in all other cases the burden on a single respondent would be less.

B. Cost to Respondents

At an average wage rate of $21.00 per hour, the estimated annualized cost for the 38,095 burden hours is $799,995. This estimated cost does not represent an out of pocket expense but represents a monetary value attributed to the time spent doing the interview.

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Adult Household Member	Household Roster	2,400	$21.00	$50,400
Sample Adult	Adult Questionnaire	22,500	$21.00	$472,500
Adult Family Member	Child Questionnaire	3,667	$21.00	$77,007
Adult Family Member	Methodological Projects	5,000	$21.00	$105,000
Sample Child	Adolescent follow-back survey	320	$21.00	$6,720

Sample Adult	Health Exam	3,750	$21.00	$78,750
Adult Family Member	Reinterview Survey	458	$21.00	$9,618
Total				$799,995

15. Explanation for Program Changes or Adjustments

The questions used to inform the quality of data from probability-based online survey panels will take roughly 10 seconds to administer to 80 percent of sample adults and approximately 50 seconds to administer to 20 percent of sample adults during the last three quarters of 2023. This amounts to less than 30 seconds of annualized average burden per response for the Sample Adult interview in the revision package. Therefore, we have not made any changes to the burden table last submitted in the previous nonsubstantive OMB change requests approved on 10/26/2022.