**Attachment 6 - Methodological Projects**

Form Approved OMB Number 0920-0214 Expires: xx/xx/20xx

Assurance of confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583).  In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.  In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Notice – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS H21-8, Atlanta, GA 30333. ATTN: PRA (0920-0214).

New supplemental content will be introduced to the NHIS in 2024-2026. To inform and support decision making for these types of development activities, a number of short, web- and/or mail-based, quick-turnaround methodological, cognitive and field-testing projects are anticipated for 2024.

The aims of these projects are to test new and updated questionnaire items, evaluate the impact of different response options on response frequencies, and measure respondents’ comprehension of health care-related terms and concepts. To this end, these projects will build on information learned in prior NHIS follow-back surveys and methodological research. We outline research below.

**Research using a commercial web panel**

Respondents from commercial web panels can be used to test conceptual understanding of key terms in surveys. DHIS previously tested web panel respondents’ comprehension of key terms related to health insurance through a brief web questionnaire that took approximately 10 minutes to complete. For example, respondents were asked questions to measure their understanding of deductibles, co-pays, and premiums. We would like to continue to use this method to aid in the development of new and revised content in the redesigned questionnaire.

**Follow-back surveys with NHIS respondents to test new items**

NHIS respondents may recontacted to participate in additional follow-back surveys where we can test new versions of survey questions. This would involve testing components of the full NHIS instrument with new or revised content, or penetration and uptake of different, innovative modes of collecting data. Specifically, we would use follow-back surveys to explore the following research questions:

1. How does alternate question wording affect respondent comprehension of the constructs to be measured?

2. What is the test/retest reliability of newly developed questions?

3. What are preferred answer choices for categorical questions?

4. What probes (*e.g.,* time frames or date ranges) work best to promote recall of medical visit dates?

5. What is the validity of new or existing questions and are there alternative methods to collect data? (e.g., do NHIS respondents use wearable activity monitors, are they willing to share access to data from those devices, and do the data correlate with reported physical activity?)

The sample for these projects will consist of current- and prior-year (2013-2020) NHIS respondents who are not in the MEPS sample.

**Follow-back Surveys designed to augment information already collected**

Follow-back surveys can also be used to collect additional information on items already collected in the NHIS, for example, biomeasures which may include but are not limited to height, weight, waist circumference.

**Lab and field pretesting** Cognitive testing will be used to understand how respondents interpret new and revised survey questions for the redesigned survey (e.g., stressful life events for children; adult pain management). DHIS uses the cognitive lab through the Collaborating Center for Question Design and Evaluation Research (CCQDER) at NCHS to conduct this testing. These and other similar cognitive testing projects typically involve recruiting 20-30 research participants through advertisements to visit the lab. An interviewer administers the questions and observes the participants’ answers. The interviewer will then ask follow-up questions to understand how the participants processed the question and any problems that the respondent had answering the survey questions

Requests for continued permission to conduct developmental studies (such as pilot, feasibility, methodological and other developmental testing) for future NHIS will be submitted through non-substantive change requests. Special projects would be submitted for approval using a non-substantive change request or full revision, as appropriate.

**Research on a mixed-mode NHIS**

NCHS plans to conduct research to understand the impact of using web data collection as a follow-up mode after an interviewer has contacted a sample household and completed the roster for that household. This includes research on two aspects of this strategy to help inform the transition to web data collection.

First, NCHS would like to identify questions on the NHIS that respondents might answer differently depending on whether the questions are administered by an interviewer or by a web instrument. Revised questions may be tested to reduce the likelihood of mode effects. Second, NCHS may conduct research to develop methods to make it easier for Census Field Representatives to transition NHIS respondents from an in-person interview to a web instrument.