Attachment E: Content Justification from Sponsors:
This round of the RSS includes 10 new, emerging, and supplemental topics. These topics are:

1. Long COVID
2. Mammograms and breast density
3. Medical procedures on fallopian tubes and ovaries
4. Concerns about genetic testing
5. Knowledge of the relationship between alcohol use and cancer
6. Sunscreen use and beliefs about sunscreen
7. Use of chemical hair straighteners, relaxers, or pressing products
8. Use of air cleaners or purifiers
9. Intimate partner violence
10. Topics about race and ethnicity to inform SPD 15 update

The justification for each of these topic questions follows. Each of the topic areas must meet criteria for at least one of the four possible reasons for inclusion of a topic area in the RSS. The four domains are:

1) **Time-sensitive data needs**
2) **Public health attitudes and behaviors** (e.g., opinions, beliefs, stated preferences, and hypotheticals)
3) **Developmental work** to improve concept measurement/questionnaire design
4) **Methodological studies** to compare, test, and develop approaches to data collection and analysis

Long COVID
Program: National Center for Emerging and Zoonotic Infections Diseases (NCEZID)

Background/Rationale: Long COVID is predominantly a multisystem condition that occurs in people following SARS-CoV-2 infection, is estimated to affect at least 3-5 million adults in the U.S., and often results in prolonged illness. Among U.S. adults with Long COVID, an estimated 79% report having limitations to their day-to-day activities and 25% characterize the limitations as significant, although these percentages vary by sex, age, race/ethnicity, and other sociodemographic factors.

The public's beliefs about Long COVID not only have the potential to affect the quality of life of people with Long COVID but may also influence recognition of symptoms and the likelihood of seeking medical care. Although there is no diagnostic test or cure for Long COVID, management and treatment of symptoms can help. As the nation's public health agency, CDC is positioned to educate the public to support the recovery of people with Long COVID. Responses to the proposed questions below would be used to guide the content and dissemination of CDC's educational materials.

There is limited information on how the general public views Long COVID. To inform CDC's educational materials, these questions are intended to assess knowledge, attitudes, and beliefs about Long COVID among U.S. adults.

Concepts Measured

- Ever heard of Long COVID
- Beliefs about Long COVID.
- Ever had COVID-19
- Have COVID-19 symptoms lasting 3 months or longer (the most commonly used definition for federal surveys including NHIS, BRFSS, and HH Pulse. Additionally, this corresponds to the NHIS definition which will permit benchmarking.)
- Doctor or health professional ever tell that you had Long COVID
- Know anyone who has ever been diagnosed with Long COVID
- Where respondents would go to learn more about Long COVID

Available data or duplication and measurement on other national surveys

- Data on knowledge, attitudes and beliefs regarding COVID-19 among various populations are available from several sources, e.g., the Chicago COVID-19 Comorbidities (C3) Survey, a small survey of behavioral health providers in New York City, the COVID-19 (Coronavirus) Survival Calculator project and a cross-sectional survey in the U.S. and U.K. but these surveys did not collect data on knowledge, attitudes and beliefs about Long COVID.

Proposed Use of the Data

- Data will be analyzed to study differences by sociodemographic characteristics (age, sex, race/ethnicity, education, employment status, income) of the proportion of respondents who had heard of Long COVID, who've had direct experience of Long COVID, and who agree or disagree with the attitude questions.

- In addition, univariate analysis will be conducted to describe/understand where respondents would go to learn more about Long COVID.
- NCEZID will use the results to inform CDC messages to educate the public about long COVID.

Justification for Rapid Surveys System

- These questions are being used to collect data on **public attitudes and beliefs** about long COVID that are expected to vary relatively quick over time. These questions would not be appropriate for other federal surveys.

References

1. Bull-Otterson L, Baca S, Saydah S, et al. Post–COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021. MMWR Morb Mortal Wkly Rep 2022;71:713–717. DOI: http://dx.doi.org/10.15585/mmwr.mm7121e1external icon.

Mammograms and Breast Density
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); National Cancer Institute (NCI)

Background/Rationale: In March of 2023, the FDA passed a final rule requiring mammography facilities to notify persons receiving mammograms about their breast density status via a written report. The final rule will be fully implemented by September of 2024. Scholars have critiqued that the notification is inaccessible and likely not understood by most people. Rapid Surveys can be used to understand whether women are noticing the notification about breast density status and if methods in addition to the report text are being used to communicate information about breast density status to women.

Concepts Measured
- Ever had a mammogram
- Time since most recent mammogram
- Did healthcare provider communicate about breast density
- Did most recent mammogram show that you have dense breast tissue
- How did a healthcare provider let you know about your breast density status

Available data or duplication and measurement on other national surveys
- In 2015 the National Health Interview Survey (NHIS) fielded an item about breast density, "Were you informed that your mammogram showed that you have dense breast tissue?" With this item, it was not possible to distinguish if women were notified of their breast density status or if women were notified that they did have dense breast tissue. Unweighted prevalence of the NHIS breast density item among female sample adults who had a mammogram was 20.4% in 2015.

Proposed Use of the Data
- RSS will use the same questions about ever having a mammogram and time since the most recent mammogram are questions that were on the NHIS in 2015 to identify women who have had a recent mammogram.
- Asking these questions on the RSS will provide insight into the percentage of women who report a health professional communicating with them about breast density status following their most recent mammogram and how breast density status was communicated to them.
- These questions will also be used to understand whether women are aware of the notifications about breast density status and can report answers to survey questions on the topic.

Justification for Rapid Surveys System
- These questions are addressing a **time sensitive** data need in response to the March of 2023, FDA final rule updating mammography regulations to require mammography facilities to notify women about breast density information. The rule will be effective on September 24, 2024.
- Rapid Survey results will provide insight regarding awareness of how women recall their health care provider communicating information about dense breast tissue to them prior to full implementation of the final rule.

References

1. FDA Updates Mammography Regulations to Require Reporting of Breast Density Information and Enhance Facility Oversight. Available. Online. https://www.fda.gov/news-events/press-announcements/fda-updates-mammography-regulations-require-reporting-breast-density-information-and-enhance

Medical procedures on fallopian tubes and ovaries
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); National Cancer Institute (NCI)

Background/Rationale: Recent data suggest that a subset of ovarian cancers (high grade serous) begin in the fimbriated ends of the fallopian tubes.[1] Women who have had both of their ovaries removed are at much lower risk for developing ovarian cancer. Even if not high quality nationally representative estimates, RSS results on the prevalence of bilateral oophorectomy and bilateral salpingectomy will be useful for adjust denominators of ovarian and fallopian tube cancer incidence rates.

Concepts Measured

- Ever had procedures on fallopian tubes or ovaries

Available data or duplication and measurement on other national surveys

- NHIS most recently fielded a measure of bilateral oophorectomy status [OVARIES] in 2010 & 2015, "Have you EVER had BOTH ovaries removed, either as part of a hysterectomy or as one or more separate surgeries?"
- To our knowledge, no national survey has fielded a measure of bilateral salpingectomy. The National Survey of Family Growth (NSFG) regularly fields the item [EVERTUBS], "Have you ever had your fallopian tubes tied, cut, or removed?" Note that EVERTUBS is fielded as one item and it is not possible with the data to calculate prevalence of both fallopian tubes removed (bilateral salpingectomy). Additionally, because NSFG has an upper age limit of 49 years, prevalence of these procedures among women aged > 49 years remains unknown.
- In 2015 NHIS among females 18+, unweighted bilateral oophorectomy prevalence was 11.2%. In the 2017-2019 NSFG among females 15-49 years, unweighted prevalence of having fallopian tubes tied, cut, or removed was 13%.
- Prevalence of tubes tied, cut, or removed increases with increasing age group, and weighted prevalence was 38% for respondents aged 45-49 years.

Proposed Use of the Data

- The purpose of this item is to obtain population prevalence estimates of bilateral salpingectomy. US population prevalence of bilateral salpingectomy remains unknown. Information on bilateral salpingectomy and oophorectomy prevalence could inform communication efforts on gynecologic cancer risk.
- Data on bilateral oophorectomy prevalence and bilateral salpingectomy prevalence could be used to adjust denominators of ovarian and fallopian tube cancer incidence rates so that the cancer incidence rates reflect the population at risk.2-4
- In addition to applications for population measures of gynecologic cancer, descriptive data on prevalence of these procedures may provide useful contextual information for studies of chronic gynecologic conditions including polycystic ovary syndrome, endometriosis, and ovarian cysts.
- Data on having tubes tied or cut are of lesser interest but would be helpful for interpreting sub-item data on women who have had both fallopian tubes removed and might provide clarifying information to survey respondents.

Justification for Rapid Surveys System

- These questions are addressing a **time sensitive** data need in response to an emerging theory that high-grade serous ovarian cancers originate from the fallopian tubes,[1] recent studies have reported rapid increases in incident rates of opportunistic bilateral salpingectomies.[5,6]
- These questions are also included in Rapid Surveys for **methodological development** of questions about bilateral salpingectomies that could be used on other surveys. Item missing rates to the bilateral salpingectomy item may inform decisions on whether to include the item on a larger survey in the future.

References

1. Kurman RJ, Shih Ie M: The origin and pathogenesis of epithelial ovarian cancer: a proposed unifying theory. The American journal of surgical pathology. 2010;34:433-443.
2. Park HK, Ruterbusch JJ, Cote ML: Recent trends in ovarian cancer incidence and relative survival in the United States by race/ethnicity and histologic subtypes. Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology. 2017;26:1511-1518.
3. Trabert B, Coburn SB, Mariani A, et al.: Reported incidence and survival of fallopian tube carcinomas: A population-based analysis From the North American Association of Central Cancer Registries. Journal of the National Cancer Institute. 2018;110:750-757.
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5. Mandelbaum RS, Adams CL, Yoshihara K, et al.: The rapid adoption of opportunistic salpingectomy at the time of hysterectomy for benign gynecologic disease in the United States. *American journal of obstetrics and gynecology.* 2020;223:721.e721-721.e718.
6. Karia PS, Huang Y, Tehranifar P, Visvanathan K, Wright JD, Genkinger JM: Racial and ethnic differences in the adoption of opportunistic salpingectomy for ovarian cancer prevention in the United States. *American journal of obstetrics and gynecology.* 2022;227:257.e251-257.e222.

Concerns about genetic testing
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); National Cancer Institute (NCI)

Background/Rationale: While the 2008 Genetic Information Nondiscrimination Act (GINA) protects individuals against discrimination based on their genetic information in health care coverage and in employment, there are still concerns from patients and providers that discrimination may still occur. Awareness of GINA remains low among the public and providers (4-6). It is possible that lack of awareness of GINA by providers and the public may lead to less referral to and underutilization of cancer genetic services. These proposed questions seek to assess public concerns about the privacy of genetic testing. The availability of genetic tests for cancer has increased over the past decade, especially with the significant increases of direct-to-consumer testing options, but there has been a dearth of data on any concerns that the public has about getting these tests.

Concepts Measured

- Ever heard of genetic tests for the risk of cancer
- Concern about privacy of genetic tests for the risk of cancer
- Ever had a genetic test for the risk of cancer

Available data or duplication and measurement on other national surveys

- A question fielded in the 2010 National Health Interview Survey (NHIS) Cancer Control Module assessed the belief that having genetic testing could affect health insurance coverage. Results indicate that about 20% of respondents (unweighted) believed that it may affect coverage. However, this item was only asked of those who have had genetic testing and has not been asked since then.
- The questions being proposed for the Rapid Surveys were adapted from one item included in the Multidimensional Impact of Cancer Risk Assessment (MICRA) questionnaire (7) on concerns related to genetic testing results impacting health insurance coverage. However, since the item in the MICRA is part of a subscale on uncertainty associated with genetic testing, results are not reported for individual items, but as part of an aggregate score.
    - While the proposed items have a similar structure to the item in the MICRA scale it was adapted by editing the wording so that it was relevant to those who have not had genetic testing, and asking about issues beyond health insurance, like life insurance and long-term care insurance.
- The MICRA items were fielded as part of a web-based CDC online survey of individuals who had already received genetic testing. These items have not been asked in a population-based survey.
- The Health Information National Trends Survey (HINTS) has asked questions about knowledge, awareness, and use of genetic tests, but has not asked about concerns about the privacy of the results.

Proposed Use of the Data

- The first question about whether respondents have ever heard of genetic tests for the risk of cancer measures awareness of the tests and also provides a filter for later questions.

- The second set of items will be used to understand if the public has concerns about privacy and confidentiality of genetic testing results.
- Results can inform public health communication efforts associated with the use of cancer genetic services and inform the counsel of medical providers and genetic counselors on patient concerns to genetic testing services.
- The final question measures whether respondents have ever had a genetic test for cancer and can be used to understand the association between concern and use of the tests. This question comes from the NHIS so the estimate from Rapid Surveys can also be benchmarked to the NHIS.

Justification for Rapid Surveys System

- These questions are being used to collect data on **public attitudes and beliefs** about genetic testing that are expected to vary relatively quick over time. These questions would not be appropriate for other federal surveys.

References

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Knowledge of the relationship between alcohol use and cancer
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); National Cancer Institute (NCI)

Background/Rationale: Nearly 35 years ago, the International Agency for Research on Cancer first concluded that alcoholic beverages are carcinogenic to humans. In the US, among adults aged ≥30 years an estimated 4.8% of all cancer cases and 3.2% of all cancer deaths annually were attributable to alcohol consumption from 2013 through 2016. Despite this body of epidemiological evidence, public awareness about the association between alcohol consumption and cancer risk is low.

A petition to change the labeling related to alcohol and cancer on alcoholic beverages is currently under consideration at the Alcohol and Tobacco Tax and Trade Bureau (TTB) of the Department of Treasury. The proposed new labels would for the first time in the US, state that alcohol increases the risk of cancer. Several agencies have reviewed the petition and expressed support.
The proposed alcohol items relate to the Healthy People goals of reducing misuse of alcohol. Measuring awareness of the harms from alcohol use can help to identify strategies to reduce alcohol use disorder, alcohol-related cancers, and other alcohol-related morbidity and mortality.

Concepts Measured
- Perception of how drinking alcohol affects the risk of getting cancer

Available data or duplication and measurement on other national surveys
- The HINTS survey has included questions about awareness of the link between alcohol and cancer intermittently since 2003.
- The wording of these questions has changed intentionally over this time to reflect research interests. For example, in 2003 the awareness question addressed drinking “a lot” of alcohol, in 2020 HINTS 5 Cycle 4 addressed beer, wine and liquor separately.
- The proposed question for this Rapid Survey represents a straightforward development of our experiences with awareness questions.

Proposed Use of the Data
- This first item is trying to measure awareness of the causal link between alcohol consumption and cancer.
- Past surveys suggest 30-50% of US adults report being aware of the link between alcohol and cancer.
- Comparison of results from several survey samples will strengthen confidence in these estimates. The results from Rapid Surveys could be compared to the HINTS results and to similar questions in survey fielded by AICR and ASPO.

Justification for Rapid Surveys System
- There is a **time sensitive** data need in response to a petition to change the labeling related to alcohol and cancer risk on alcoholic beverages that is currently under consideration at the Alcohol and Tobacco Tax and Trade Bureau (TTB) of the Department of Treasury. Updated data concerning awareness of the link between alcohol and cancer would be

highly valuable as a part of an anticipated effort to evaluate the effects of this proposed labeling.

References

1. Seidenberg AB, Wiseman KP, Eck RH, Blake KD, Platter HN, Klein W. 2022. Awareness of Alcohol as a Carcinogen and Support for Alcohol Control Policies. American Journal of Preventive Medicine, 62, 174-182.

Sunscreen use and beliefs about sunscreen
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Background/Rationale: Skin cancer incidence rates have continued to increase, and national data show little change in the prevalence of sunburn among adults over time. Sunscreen is a common form of sun protection among U.S. adults. Data from the 2013 SummerStyles survey suggested that sunscreen use on the face may differ from sunscreen use on other exposed skin. But national surveys (e.g., NHIS) have not made this distinction in their measurement of sunscreen use. A better understanding of the features consumers look for when purchasing sunscreen and their beliefs and knowledge about sunscreen will help to inform CDC messaging about sunscreen use to prevent sunburn and reduce skin cancer risk.

Concepts Measured

- Use of sunscreen on face
- Use of sunscreen on other exposed skin
- Importance of features of sunscreen products when purchasing
- Beliefs and knowledge about sunscreen

Available data or duplication and measurement on other national surveys

- Use of sunscreen on the face versus other exposed skin was last asked on the SummerStyles survey in 2013. Patterns of use on the face versus other exposed skin are likely to have changed over the past decade given the increase in sunscreen products on the market that are designed specifically for use on the face.
- NHIS and HINTS have asked about sunscreen use in the past (most recently in 2020), but the question did not differentiate between use on the face versus other exposed skin.
- The specific questions about features of sunscreen products when purchasing and beliefs about sunscreen have not been asked on any other national surveys, including HINTS, NHIS, and Styles.

Proposed Use of the Data

- Data will be used to estimate the percentage of U.S. adults who report regularly using sunscreen on their face versus other exposed skin, beliefs about sunscreen among U.S. adults, and sunscreen purchasing preferences among U.S. adults.
- Data will also be used to examine the associations between sunscreen beliefs, sunscreen purchasing preferences, and sunscreen use (with sunscreen use being the outcome of interest).
- These data from the Rapid Surveys System will help to inform and improve messaging about sunscreen use to empower U.S. adults to use sunscreen in a way that will maximize their protection against sunburn and skin cancer.

Justification for Rapid Surveys System

- These questions are being used to collect data on **public attitudes and beliefs** about sunscreen use that are expected to vary relatively quick over time. These questions would not be appropriate for other federal surveys.

References

1. Holman DM, Berkowitz Z, Guy GP, Hawkins NA, Saraiya M, Watson M. Patterns of sunscreen use on the face and other exposed skin among US adults. JAAD 2015;73(1):83-92. https://www.sciencedirect.com/science/article/pii/S0190962215013523.
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Use of chemical hair straighteners, relaxers, or pressing products
Program: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); National Cancer Institute (NCI)

Background/Rationale: In October 2022, a Journal of the National Cancer Institute (JNCI) report of Sister Study data found that women who used chemical hair straighteners, relaxers, or pressing products had an increased risk of developing uterine cancer.[1] This study was picked up by more than 400 news outlets, and dozens of lawsuits have been filed as a result. Previous studies suggest inequities in the use of these products, with use highest among Black women.[1-3] Population-based data on use of chemical straighteners, relaxers, or pressing products is not available. Cohort studies have typically assessed use among women, but there are chemical hair relaxers which are marketed to men, and prevalence of use of these products among men remains unclear.

Concepts Measured

- Use of chemical straighteners, relaxers, or pressing products on your hair (past 12 months)
- Frequency of use of chemical straighteners, relaxers, or pressing products on your hair (past 12 months)
- Stopped use of chemical straighteners, relaxers, or pressing products on your hair (past 12 months)

Available data or duplication and measurement on other national surveys

- Questions on chemical hair straighteners, relaxers, or pressing products have been included in cohort studies such as the Sister Study to assess cancer risks.
- There are no national estimates of use from a probability-based household sample.

Proposed Use of the Data

- Inclusion of these questions on Rapid Surveys provides important data on the use of these products to better understand the level of use of these products in the U.S. population and potential changes in the trends of use within the past 12 months.
- Questions will be used to produce national estimates of use and frequency of use of chemical straighteners, relaxers, or pressing products in the past 12 months.
- Use of these products will also be analyzed by demographic subgroups.
- The question about stopping use of these products will be used to understand change in use in the U.S. population given recent reports in the news about these products.
- Prevalence of ever use among Sister Study cohort participants was reported as 10% in the JNCI paper

Justification for Rapid Surveys System

- There is a **time sensitive** data need to understand the prevalence of the use of chemical straighteners, relaxers, or pressing products to assess the population cancer risk due to the use of these products.

References

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Use of air cleaners or purifiers
Program: National Center for Environmental Health (NCEH), CDC COVID-19 Response

Background/Rationale: NCEH scientists and health communicators play a major role in the development of websites focused on improving ventilation in homes in order to reduce exposure to environmental pollutants, allergens, and virus particles associated with respiratory diseases like COVID-19.

During the development of the websites and other materials for natural disasters and COVID, CDC received feedback about barriers to ventilation guidance for smoke, mold, and viruses. Often the ventilation guidance is in conflict depending upon the individual and the circumstance. HEPA air filter units have been shown to effectively filter small particles (e.g., allergens, smoke, viruses) that would otherwise be inhaled deep into the respiratory tract (reference 2, 3, 4). The use of air filtration in the home with HEPA air filter units is part of CDC guidance. The proposed questions help to identify barriers to using air cleaners and air purifiers to clean the air in homes. A major goal is to avoid and mitigate health inequity CDC guidance for using air cleaners or air purifiers. For example, there is anecdotal evidence that cost is a barrier to using these devices for some households.

Concepts Measured
- Use of portable air cleaner or air purifier in home
- Reasons for using portable air cleaner or air purifier
- Use of portable high-efficiency particulate air or HEPA filter units
- Reasons for not using unit with HEPA filter
- Reasons for not using any air cleaner or air purifier

Available data or duplication and measurement on other national surveys
- Surveys such as the BRFSS asthma call-back survey have asked questions about air cleaners and air purifiers. These questions were last asked in 2020.
- NHANES asked questions about the use of air cleaner use last in 2007/2008 cycle. The question was mainly focused on air quality related to outdoor air pollution.
- The last estimates on use of air filter units were from 14 US States and Puerto Rico, 2013–2014 (see reference 1 below)

Proposed Use of the Data
- The data from round 1 of the Rapid Surveys System will help NCEH focus communications efforts for those populations who are most affected by barriers to using air cleaners or air purifiers.
- Data will be used to estimate use portable air cleaners or air purifiers and the percentage of adults who specifically use a HEPA filter.
- NCEH and the CDC COVID Response will provide insight regarding the reasons why people use air cleaners and air purifiers. Reasons why people do not use air cleaners or air purifiers are of particular interest to understand the barriers to using the devices.
- Use and barriers to use will be analyzed by demographic subgroups to inform differences in use across groups and potential inequities in barriers to use.

Justification for Rapid Surveys System

- Questions about **public health attitudes and behaviors** related to air cleaners and air purifiers are not a regularly included on any existing national survey. Existing surveys do not ask about reasons why people are not using the products.
- There are no existing national data on the use of portable HEPA units.
- There are no data to understand the extent to which the guidance is followed or the barriers to use across demographic subgroups.
- There is a **time sensitive** data need to understand the reasons why people do not use air cleaners and purifiers to inform CDC educational efforts about the importance of air filtration.

References

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Intimate partner violence
Program: National Center for Injury Prevention and Control (NCIPC) Division of Violence Prevention (DVP)

Background/Rationale: The National Center for Injury Prevention and Control's (NCIPC) Division Violence Prevention (DVP) is proposing to collect information on measures of intimate partner violence. Findings from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate that millions of Americans are affected by sexual violence (SV), and intimate partner violence (IPV) every year. In addition to the immediate physical and emotional toll, a wide range of chronic physical and mental health problems are associated with these forms of violence. The impact is felt well beyond an individual victim, with substantial economic costs across victims' lifetimes due to medical care, lost work, and criminal justice activities. Improving our understanding of IPV prevalence could lead to the development of actionable information for violence prevention.

Collecting data on such sensitive topics can be challenging and requires inclusion of behaviorally-specific questions and definitions and gradual build-up to such questions throughout the survey to promote understanding and disclosure of victimization experiences. Limited information is available to inform whether using web panel surveys to collect data on these outcomes would yield valid and reliable data. The Rapid Surveys System, DVP will be used to meet the urgent need of conducting a methodological study to obtaining data on IPV-related topics via web panel survey that can be compared to existing benchmarks to inform the feasibility of collecting sensitive data via web panels.

<u>Concepts Measured</u>

- Has a current or ex-romantic or sexual partner ever slapped, pushed or shoved you
- Has a current or ex-romantic or sexual partner ever hit you with a fist or something hard
- Has a current or ex-romantic or sexual partner ever kicked or stomped on you
- Has a current or ex-romantic or sexual partner ever hurt you by pulling your hair
- Has a current or ex-romantic or sexual partner ever slammed you against something to hurt you
- Has a current or ex-romantic or sexual partner ever tried to hurt you by choking or suffocating you
- Has a current or ex-romantic or sexual partner ever used or threatened you with a knife
- Has a current or ex-romantic or sexual partner ever used or threatened you with a gun

<u>Available data or duplication and measurement on other national surveys</u>

- NISVS serves as the most comprehensive federal data collection effort on IPV and SV and has historically been administered through random digit dial (RDD) methods, which have recently experienced great declines in response rate. The most recent NISVS data currently available were obtained via RDD survey administered in 2016/17. It is possible that prevalence of outcomes assessed by NISVS have changed since then, as the COVID-19 pandemic increased financial, personal, and social stressors.
- DVP will administer NISVS using an address-based sample (ABS), encouraging prospective respondents to complete the survey via the internet. This new method aims to

improve response rate and the time it takes to collect the data; however, this survey will not be administered until 2024.

Proposed Use of the Data

- Comparative measures of physical violence will be produced from the first round of the Rapid Surveys. The measures collected via web panels can be evaluated against existing measures to inform the feasibility of collecting sensitive data via web panels.

Justification for Rapid Surveys System

- The NCHS Rapid Surveys System offers a novel and unique opportunity for a **methodological study** to assess the feasibility of collecting measures of interest such as IPV via web panel surveys for the purposes of increasing responses from underrepresented populations.
- There is also a **time sensitive** data need since DVP does not have any other surveillance activities in 2023 that can capture self-reports of SV or IPV prevalence. The utility of existing data for informing current prevention efforts may be limited, particularly as prevalence of these outcomes may have changed during the COVID-19 pandemic. Further, as NISVS will not be fielded again until 2024, data from the Rapid Surveys System can be used to identify urgent signals that may have developed in the context of social changes during the post-COVID-19 pandemic timeframe.

References

1. Kresnow M, Smith SG, Basile KC, Chen J. The National Intimate Partner and Sexual Violence Survey: 2016/2017 methodology report. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2021.
2. Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

New questions about race and ethnicity
Program: U.S. Office of Management and Budget (OMB)

In 2022, the Chief Statistician of the United States (CSOTUS) within the U.S. Office of Management and Budget (OMB) convened the Federal Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) to review and develop recommendations for revising OMB's 1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). The Working Group is charged with providing recommendations on how to improve the quality and usefulness of SPD 15, to help make sure that Federal race and ethnicity data better reflects a diverse America.
The Working Group provided an initial set of proposals for potential revision of SPD 15 for public comment. These proposals for comment include potential revisions such as the following

- Collecting race and ethnicity information using one combined question.
- Adding "Middle Eastern or North African" (MENA) as a new response category.
- Requiring the collection of detailed race and ethnicity categories by default.

Concepts Measured

- General race or ethnicity
- Detailed race or ethnicity

Available data or duplication and measurement on other national surveys

- OMB will be using additional federal surveys to test other question wording alternatives.

Proposed Use of the Data

- These questions are being used to test wording for to address the revised standards for collecting race and ethnicity data in SPD15.
- A 2 X 2 factorial experimental design is proposed.
- The primary dependent variable in the experiment is the average number of race/ ethnicity groups reported.
- The first factor includes singular and plural versions of the general race question. One half of the sample will receive the singular version of the question "What race or ethnicity are you?" The other half of the sample will receive the plural version of the question "What races or ethnicities are you?
- The second factor includes the length of the instructions when asking for detailed race and ethnicity. One half of the sample will receive the instruction "Please select all that apply and note that you may report more than one group." The other half of the sample will receive the instruction "Please select all that apply."
- These two factors will be crossed in the experiment so that the effect of wording and instructions can be disentangled. The crossing of the two factors also enables detection of an interaction between wording and instructions.

Justification for Rapid Surveys System

- There is a **time sensitive** data need to address OMBs overall strategy to revise SPD 15. This **concept development** effort is being timed with public comment periods and the testing of alternatives on other federal surveys.

References

1. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. 1997. Federal Register 62(210): pp. 58782-58790.
2. Initial Proposals For Updating OMB's Race and Ethnicity Statistical Standards. 2023. Federal Register 88(18): pp. 5375-5384.