

Nonsubstantive Change Request

RAPID SURVEYS SYSTEM

OMB No. 0920-1408, Expiration Date 06/30/2026

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A	Rapid Survey System Round4Questionnaire
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Rapid Surveys System – Round 4

This is a request for approval of a nonsubstantive change to the Rapid Surveys System (RSS) (OMB No. 0920-1408, Exp. Date 06/30/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change requests is for the fourth round of the RSS.

A. Justification

1. Circumstance Making the Collection of Information Necessary

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States.

RSS collects data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS then combines these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS collects data in contexts in which decision makers' need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS complements 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 incorporates multiple mechanisms to carefully evaluate the resulting survey data for their 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 communicates 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 each year with data being collected by two contractors with probability panels. A cross-sectional national sample will be drawn from the online probability panel maintained by each of the contractors.

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. NCHS submits a 30-day Federal Register Notice with information on the contents of each round of data collection.

2. Purpose and Use of Information Collection

In the fourth round of the RSS, contributed content includes content on psychological aggression by intimate partners, sexual violence, technology-facilitated sexual violence, emerging coercive control by intimate partners, and traumatic brain injury resulting from intimate partner violence.

NCHS calibrates survey weights from the RSS to gold standard surveys. Questions used for calibration in this round of RSS, over and above the standard demographic variables, will include marital status and employment, social and work limitations, use of the internet in general and for medical reasons, telephone use, civic engagement, and language used at home and in other settings. All these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, several questions that were previously on NHIS will be used for benchmarking to evaluate data quality. Panelists in the RSS will be asked about health status, chronic conditions, pregnancy, disability and age of disability onset, health insurance through an employer, healthcare access and utilization, mental health, mental healthcare utilization, and health behaviors. The questionnaire for round 4 is included as Attachment A and the content justification is included as Appendix A within this document.

3. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

This nonsubstantive change request seeks approval to the OMB data collection that was approved on 06/30/2023 (OMB No. 0920-1408, expires 06/30/2026). The average burden for the fourth-round survey cycle is shown in the table below.

The estimated total annual burden hours for the three-year approval periods remains at 28,079 burden hours. The NCHS RSS Round 4 (2024) data collection is based on 13,100 complete surveys (4,367 hours). There is no cost to respondents other than their time.

Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden
Adults 18+	Survey: NCHS RSS Round 4 (2024)	13,100	1	20/60	4,367
Total					4,367

B. Cost to Respondents

At an average wage rate of \$21.00 per hour, the estimated annualized cost for the 4,367 burden hours is \$92,127 for round 4.

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent
Adult + Household	Cognitive Interviews	4,367	\$21.00	\$91,707

15. Explanation for Program Changes or Adjustments

There is no additional burden. The burden is included in the original submission that was approved on June 30, 2023.

Appendix A: Content Justification from Sponsor:

The fourth round of the Rapid Surveys System (RSS-4) includes five topics related to interpersonal violence. All of these topics are sponsored by National Center for Injury Prevention and Control (NCIPC) Division of Violence Prevention (DVP).

These topics are:

1. Psychological Aggression by an Intimate Partner
2. Sexual Violence
3. Technology Facilitated Sexual Violence
4. Emerging Coercive Control by an Intimate Partner
5. Traumatic Brain Injury resulting from intimate partner violence

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

Background/Rationale:

Findings from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate that millions of Americans are affected by sexual and intimate partner violence 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. Collecting data on these sensitive topics can be challenging, requires inclusion of carefully specified behavioral questions and definitions, and can benefit from prudent attention to the context of the questions throughout the survey to promote understanding and disclosure of victimization experiences.

Proposed Use of the Data

NISVS involves recruiting and interviewing a population in which some of the forms of violence measures have low-prevalence. In addition, the administration of NISVS involves managing structural issues such as privacy due to the sensitive nature of questions as well as within-household power dynamics that can impact the ability to safely conduct the surveys. In an effort to increase response rates and reduce non-response bias, the NISVS program has been making a variety of changes (e.g., moving from a random digit dial sampling frame to an address based sampling frame) and conducting research to explore a variety of ways to improve the quality of the data collected.

Round 4 of the RSS will be used to conduct additional methodological and developmental investigations to help inform ways the Division of Violence Prevention collects data on intimate partner violence, sexual violence, and other sensitive topics.

Justification for Rapid Surveys:

Methodological Studies:

- RSS data will be used to provide insight regarding how questions on these sensitive topics might perform on a web panel. While both RSS and NISVS use an online data collection format, RSS is a web panel where respondents are recruited to participate on different surveys at different times, in contrast to NISVS which is a one-time survey where respondents are encouraged to complete the survey via the web.

Developmental Work to Improve Concept Measurement:

- Question wording will be tested using a split sample to understand and improve psychological aggression by an intimate partner and sexual violence measurements. This split panel will allow for comparison of data from existing questions used on NISVS to data from modified questions administered on the RSS web panel.
- RSS will be used to develop and test wording for new questions about traumatic brain injury due to intimate partner violence. This information has not been collected on previous NISVS and is an emerging topic of interest for policymakers. Traumatic brain injury resulting from intimate partner violence is expected to have a low prevalence, and the RSS is being used to begin gathering estimates to inform what prevalence may be expected, as it is currently unknown, as well as to pilot new items on traumatic brain injury that could inform future data collections.
- RSS will be used to develop and test question wording to gain a better understanding of Emerging Coercive Control topics and other forms of non-physical intimate partner violence, such as financial abuse and technology-facilitated violence. These items will help develop future work on these areas of IPV to better understand emerging forms of violence and intimate partner violence that are understudied.

Concepts Measured

- Psychological Aggression by an Intimate Partner: Includes threats, insults, controlling/isolating behaviors (lifetime and 12-month)
- Sexual Violence: Includes rape and made-to-penetrate (MTP) (lifetime and 12-month)
- Technology Facilitated Sexual Violence: Unwanted explicit messages and sharing of intimate photographs (lifetime and 12-month)
- Emerging Coercive Control by an Intimate Partner (ECC): Monitoring communication and location, financial control/abuse (lifetime)
- Traumatic Brain Injury resulting from IPV: Symptoms and medical assessment (lifetime)

Duplication and measurement on other national surveys

- There is purposeful overlap between some of the questions on the NISVS and some of the questions in round 4 of the RSS because of the developmental nature of the RSS questions. Data are being conducted for methodological purposes and so prevalence estimates will not be generated.
- The majority of the traumatic brain injury items come from the pilot survey for the National Concussion Surveillance System (NCSS), with an additional four items coming from the existing NISVS. These items are being piloted on RSS to explore how NCSS items perform when measuring traumatic brain injury due to intimate partner violence on the RSS and how they may be used in future data collections.

Proposed Data Dissemination

- Because this round of RSS is being generated for strictly methodological purposes, population prevalence estimates will not be treated as official statistics, nor will they be made public. However, the results of the testing may be described as part of methodological discussions which emphasize that it is not expected that RSS data would generate comparable estimates with the NISVS production panel, especially when disaggregated, given small sample sizes.
- NCHS will provide the NSVIS program with methodological tables that show prevalence of various types of intimate partner violence resulting from different question formats and data collection modes.

References

1. S.3963 - 117th Congress (2021-2022): Protecting Survivors from Traumatic Brain Injury Act of 2022. (2022, March 30). <https://www.congress.gov/bill/117th-congress/senate-bill/3963/text>
2. 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.
3. 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.