Nonsubstantive Change Request

NATIONAL HEALTH INTERVIEW SURVEY

Evaluation of Questions for the 2028 National Health Interview Survey

OMB No. 0920-0214, Expiration Date 12/31/2026

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Evaluation of Questions for the 2028 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 12/31/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).
This nonsubstantive change request is for the evaluation of questions to be included in the 2028 NHIS as part of overall survey redesign efforts.

A. Justification

1. Circumstance Making the Collection of Information Necessary

Background

The NHIS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), to comply with the NCHS mandate under 42 USC 242k 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. NHIS data are used widely throughout the Department of Health and Human Services (DHHS) to monitor trends in illness and disability and to track progress toward achieving many of the health objectives for the nation. The data are also used by the public health research community for epidemiologic and policy analysis of such issues as characterizing those with various health problems, measuring levels of health insurance coverage, determining barriers to accessing and using health care, and evaluating the impact of changes in federal health programs.

The NHIS has been conducted every year since 1957. The current design of the NHIS questionnaire implemented in 2019 features a rotational schedule consisting of annual core, rotating core and sponsored content modules. The NHIS will be undergoing another periodic redesign, reflecting the ongoing need to maintain a gold standard national health survey while adapting to increasing data collection costs and respondent preferences by incorporating lower-cost, self-administered data collection modes for some respondents.

Beginning in 2028, the NHIS will be a mixed mode survey with web, mail and in-person data collection. The NHIS questionnaire will therefore be shortened significantly, and as a result, substantial cuts will be made to the survey content. Priority will be given to topics that are consistent with NCHS' legislative requirements and key outcome measures that are used as HHS' health metrics tracking. Additionally, the redesign will prioritize content that can be adequately measured by all three modes.

As part of the current NHIS clearance, the Division of Health Interview Statistics (DHIS) may engage in methodological studies to support the NHIS, including cognitive interviewing and question testing. Therefore, DHIS proposes to engage NCHS' Collaborating Center for Questionnaire Design and Evaluation Research (CCQDER), which conducts qualitative and

mixed method research, including questionnaire evaluation, to support the development and refinement of questions for the NHIS.

2. Purpose and Use of Information Collection

In support of the NHIS redesign goals described above, NCHS' DHIS will engage with NCHS' CCQDER to conduct a series of cognitive interviews to evaluate a subset of questions developed for the 2028 NHIS questionnaire. These questions were identified by NHIS staff as priority items for evaluation and cover several different NHIS content areas: asthma, health insurance and health care costs, receipt of primary care, marijuana use, employment details, and short-term illness. Details on the selected topics and question development can be found in Attachment 2. Additional rounds of cognitive interviews are being planned to evaluate the remainder of the new or updated questions for the redesigned questionnaire and will be submitted under a separate request.

COGNITIVE INTERVIEWS: CCQDER will follow typical cognitive interviewing procedures to identify any conceptual problems with questions to be included in the 2028 NHIS (Attachment 1). Interviews will take place either in-person off-site in a private location or virtually, via an approved videoconferencing application (Zoom).

The methodological aim of this study is consistent with the design of previous NCHS/CCQDER cognitive interviewing studies, that is, to understand the construct captured by each question, identify patterns of interpretation across respondent groups, and explore potential sources of response error. The testing procedure conforms to the cognitive interviewing techniques that have been described in CCQDER's previous generic OMB [1]. Within that framework, the following procedures are particular to this study:

> *Recruitment*. As many as 20 respondents will be recruited. Additionally, we aim to recruit respondents with a roughly even mix of age, race, and educational attainment. The initial goal is to recruit groups in equal proportion, to the extent possible – that is, within the constraints of those willing to participate in the study. However, because qualitative sampling is based on theoretical relevance more than equal cell sizes, ongoing analysis may reveal the need to recruit more from one group than others. Recruitment will be carried out through advertisements, word-of-mouth, and the CCQDER Respondent Database. The advertisements used to recruit respondents are shown in Attachment 3.
>
> *Screening.* Respondent screening will conform to the protocol described in CCQDER's generic OMB clearance. The 5-minute screener used to determine eligibility of individuals responding to the advertisements and flyers is shown in Attachment 4. It is anticipated that as many as 35 individuals may need to be screened to recruit 20 participants.

[1] CCQDER's generic OMB clearance (OMB No. 0920-0222, expiration date: January 31, 2026) is currently in the final stages of renewal approval.

Interview methods. Cognitive interviews will be conducted by CCQDER staff in accordance with the protocol described in CCQDER's generic OMB clearance. The informed consent documents specific to this project are included as Attachment 5.

9. Explanation of Any Payment or Gift to Respondents

For this project, respondents will be given the standard remuneration of $50 approved previously by OMB for CCQDER Generic data collection. For virtual interviews, respondents will be emailed the activation code and link for a $50 electronic gift card or (if cash is used) sent $50 in cash via FedEx within 7 business days for remuneration. For in-person interviews, respondents will be given $50 in cash at the end of the interview.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The process of informing respondents of the procedures used to keep information confidential begins with the telephone screener and will carry through to the interviewer and all communications with potential respondents. Materials will include all elements of informed consent, including the purpose of the data collection, the voluntary nature of the study, audio or video recording of the interview, and the consequences, if any, of terminating the interview at any time.

Confidentiality provided to respondents is assured by adherence to Section 308(d) of the Public Health Service Act (42 U.S.C. 242m) which states:

"No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...306 (NCHS legislation),...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section...306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form,..."

In addition, legislation covering confidentiality is provided according to the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583), which states:

"Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by this section, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this subchapter, willfully discloses the

information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both."

The CIPSEA legislation authorizes the designation of agents ("designated agents" or "agents") to perform statistical activities on behalf of an agency. These agents function under the supervision of the agency's employees and are subject to the same provisions of law with regard to confidentiality as an agency's employees. A Designated Agent Agreement between the agency and the designated agents (e.g., contractors) must be executed before the agents can acquire information for the agency for exclusively statistical purposes under a pledge of confidentiality. This requirement is outlined in an OMB Notice, published in the Federal Register on June 15, 2007, entitled "Implementation Guidance for Title V of the E-Government Act, Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA)."

A Designated Agent Agreement between NCHS and any CCQDER contractor will be executed if any contractors are hired to acquire information for the NCHS for exclusively statistical purposes under a pledge of confidentiality (i.e. complete any of the five types of activities described in this generic clearance request). Additionally, the agents (contractors) will be required to complete NCHS Confidentiality Training (https://www.cdc.gov/nchs/training/confidentiality/training/), submit a certificate of completion, and sign a pledge to maintain confidentiality (Nondisclosure Affidavit) prior to completing CCQDER work. If the CCQDER contractor hires subcontractors to complete CCQDER work, the subcontractors must adhere to the same confidentiality and security requirements as CCQDER staff and contractors.https://www.cdc.gov/nchs/training/confidentiality/training/

In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2018 (6 U.S.C. § 663) which protects Federal information systems from cybersecurity risks by screening their networks.

Data in identifiable form are collected for linkage of various CCQDER forms (informed consent documentation and respondent demographics) and audio and video recordings. The CCQDER also uses some identifiable data (name, phone number, email address) to contact previous respondents for CCQDER studies. The ability to match respondents to other data (informed consent documents, respondent demographics, and audio/video recordings) greatly expands the usefulness of the data at a very low cost.

As outlined in the informed consent form, access to personal information is restricted to CCQDER staff who can only access the personal information for statistical, training, and research purposes. Additionally, other NCHS staff, designated agents such as CCQDER contractors, or subcontractors may access the personal information for statistical purposes only after signing a Designated Agent Agreement with NCHS. CCQDER staff, designated agents, and staff from collaborating agencies must complete annual NCHS confidentiality training (https://www.cdc.gov/nchs/training/confidentiality/training/), submit a certificate of completion, and sign the NCHS affidavit of nondisclosure prior to being granted access to any personal information.

The collection of information in identifiable form requires strong measures to ensure that private information is not disclosed in a breach of confidentiality. Storage of confidential data is protected through procedures such as an internal QDRL LAN, passwords and restricted access.

Confidentiality of responses and safeguarding of data at NCHS

The CCQDER has a routine set of administrative, technical, and physical measures to safeguard confidentiality. Specific protocol for storage of confidential data, QDRL Lab, Q-Video, Q-Notes, and Q-Bank access is described in CCQDER's generic OMB clearance.

Records Retention Schedule for Cognitive Interviews

Storage and retention of CCQDER data is guided by the CCQDER Data Storage and Access Policy which governs retention of interviews, their viewing audience, the data kept, and the length of time before retention of interviews is reassessed. The Data Storage and Access Policy has been approved by the NCHS ERB and is included in CCQDER's generic OMB package. In accordance with this policy, data from the current project will be re-evaluated by the CCQDER Director to determine relevance, ongoing usefulness, and qualitative value for likely use in question evaluation research after an initial retention period of 2 years (see data retention policy). The information of individuals who did not qualify for the study and opted into our respondent database will be kept for 5 years. Removal from our database can be requested by emailing recruitmentteam@cdc.gov.

12. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

This nonsubstantive change request seeks approval under the National Health Interview Survey (NHIS) OMB clearance (OMB No. 0920-0214, expiration date: December 31, 2026). The burden hours for this project are already accounted for in line 4 of the burden table for the National Health Interview Survey Information Collection (OMB No. 0920-0214, Exp. Date 12/31/2026).

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
Adult 18+	Screener (Attachment 4)	35	1	5/60	3
Adults 18+	Questionnaire (Attachment 1)	20	1	55/60	18
Adults 18+	Respondent Data Collection Sheet (Attachment 6)	20	1	5/60	2
Total					23

B. Cost to Respondents

At an average wage rate of $38.00 per hour, the estimated annualized cost for 23 burden hours is $874.00.

Estimated Annualized Burden Costs

Total Burden Hours	Hourly Wage Rate	Total Respondent
23	$38.00	$874.00

15. Explanation for Program Changes or Adjustments

The project described in this submission does not change the burden hours from the previously approved clearance (OMB No. 0920-0214, Expiration Date 12/31/2026). The burden hours in this submission are captured in the "Methodological Projects", line 4 of the burden table currently approved for the NHIS.