

National Health Interview Survey  
Change to

OMB No. 0920-0214

October 25, 2007

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## National Health Interview Survey (NHIS)

### **A1. Circumstances making the collection of information necessary**

This request is for a change of an approved data collection (OMB No. 0920-0214) (expires 12/31/2009), the National Health Interview Survey (NHIS). The NHIS is a major data contributor to Healthy People 2010. Questions/modules are cycled in and out of the survey on a periodic basis to collect new and/or updated information as needed by Healthy People. This change is to delete the topical modules on complementary and alternative medicine and hearing problems fielded in 2007 and to add several shorter topical modules on asthma, oral health, vision, heart disease, cancer screening, immunization, and dizziness, balance problems, and falls for 2008. The topical modules for 2008 received significant funding support from the National Center for Dental and Craniofacial Research of the National Institutes of Health (NIH), the National Institute on Deafness and Other Communications Disorders (NIH), the National Cancer Institute (NIH), the National Center for Immunization and Respiratory Diseases (CDC), National Center for Chronic Disease Prevention and Health Promotion (CDC), the National Heart Lung and Blood Institute (NIH), the National Institute of Allergy and Infectious Diseases (NIH), the National Center for Environmental Health (CDC), and from the National Eye Institute (NIH). All questions were developed in consultation with the agencies (consultants listed in A.8.) Copies of the new questions/modules are in attached 1.

### Module Descriptions

Data topics are described in NHIS as “modules;” however, they actually constitute individual questions that are placed within the ongoing NHIS questionnaire and are usually not “stand-alone.” The questions in the attachment will be placed within the full questionnaire.

A topical module on asthma was last fielded in the 2003 NHIS. Respiratory diseases and conditions such as asthma constitute significant public health burdens in the United States. Chronic lower respiratory disease, which includes asthma and chronic pulmonary disease, is 1 of the 10 leading causes of death. Asthma is one of the most common causes of chronic illness in children. There has been progress in a number of areas. The proportion of persons who ever had asthma and who reported activity limitations from asthma decreased from 10 percent in 1997 to 8 percent in 2003, achieving 50 percent of the targeted change. The proportion of persons aged 18 years and older who ever had asthma and who reported ever receiving patient education increased from 8.4 percent in 1998 to 12.4 percent in 2003, achieving 19 percent of the targeted change. More people with asthma reported receiving assistance in reducing exposure to environmental risk factors.

Cancer screening and related topics were on the 2003 NHIS. The Healthy People focus area on cancer has objectives to reduce cancer death rates, limit sun exposure, increase provider counseling for cancer preventive behaviors, increase the use of effective cancer screening tests, improve cancer surveillance, and increase survival after diagnosis. More people are receiving recommended cancer screening tests. Mammography screening has reached its target and increases have occurred in colorectal screening and in the proportion of women ever having received Pap tests. The proportion of adults practicing skin cancer prevention has not changed. The elimination of health disparities in cancer prevention and control remains a challenge.

The last time questions on chronic problems with dizziness and/or balance were included in the NHIS was as part of the 1994-95 disability supplement. Based on that survey, an estimated 6.2 million Americans had chronic (lasting 3 or more months) problems of dizziness and/or balance. Adjusting for the increase in population and the aging of the population, the current estimate is between 9 and 10 million people. The 2008 questions are designed to develop prevalence estimates and to obtain information on the functional impact of balance/vestibular impairment (e.g., the impact on working and in social situations); access to and use of different treatment options; and risk factors for impairment; co-morbidities, including hearing-related impairment such as hearing loss and tinnitus. A recent National Institute on Deafness and Other Communications Disorders workshop endorsed the measurement of more functional and quality of life measures in studies assessing the incidence, prevalence, and risk factors of communication disorders. The workshop stressed the need for studying national samples with adequate representation of minority populations.

The most recent topical module on heart disease was in the 2003 NHIS. The Healthy People goal for the focus area on heart disease and stroke is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events. The 2008 module includes questions on how recently blood pressure and cholesterol levels have been checked; the symptoms someone may be having a heart attack; the best action to take if someone is suspected of having a heart attack; whether the respondent had ever received formal training or certification in CPR; and, for those with high blood pressure, the type of advice given by a doctor or other health professional about diet, exercise, or alcohol intake; and whether medication had been prescribed to control high blood pressure.

The topical module on immunization supplements questions on immunization already in the NHIS. Vaccines are important defenses against infectious diseases, which remain a major cause of illness, disability, and death. One of the greatest public health challenges is extending the success in childhood immunization to the adult population. The 2008 module covers three vaccines that were recently licensed: the human papillomavirus vaccine (HPV); the shingles vaccine; and the new tetanus shot that includes pertussis vaccine (Tdap). The other two vaccines covered by this module, the tetanus (Td) and hepatitis A, have been available for years. National Td coverage was last measured on

the NHIS in 1999. The hepatitis A vaccine has been used since 1995 in at-risk adults, but national coverage has not been measured by the NHIS.

The last NHIS supplement on oral health was in 1989. The health of the mouth and surrounding craniofacial structures is integral to an individual's total health throughout the life cycle. The improvement of America's oral health over the past 50 years is a public health success story. However, disparities exist in some oral disease levels and in receipt of care among various populations in the United States. Access to care is associated with socioeconomic factors such as race and ethnicity, education level, and income.

A topical module on vision last appeared on the NHIS in 2002. Prevention of vision loss and associated disabling conditions through improved disease prevention, detection, treatment, and rehabilitation methods is a public health priority. Expanded data collection has provided better understanding of the extent of vision issues in certain population subgroups. This better understanding enables the development of specific programs or initiatives designed to eliminate potential disparities. Topics covered in 2002 and proposed for 2008 include dilated eye examinations, vision screening for children aged 5 years and under, impairment due to diabetic retinopathy, impairment due to glaucoma, impairment due to cataract, the use of protective eyewear, and vision rehabilitation services and devices.

The questions that comprise the Adult Topical Modules (Sample Adult) are shown in Attachment 1, with subheadings for each topic described above. The NHIS is not conducted as a paper and pencil survey, it is a CAPI (Computer assisted personal interview) survey. Thus, there is no paper questionnaire to provide. The attachment is a printout of the CAPI screen and shows the questions along with skip patterns and other information needed for CAPI. However, the actual questions and answer choices can be easily discerned. The vast majority of these questions are focused on the adult sample person; however, a few are aimed at a child, but to be answered by the adult.

## **A2. Purpose and use of information collection**

The 2008 topical modules are needed to gather data for the Healthy People national prevention initiative and for other related health topics. The Healthy People program identifies opportunities to improve the health of all Americans. Healthy People 2010 has 467 objectives to improve the health of Americans by the year 2010. Because these objectives are national, the achievement of these objectives is dependent on the ability of health agencies at all levels of the government to assess objective progress. Systematically collecting, analyzing, interpreting, disseminating, and using health data are essential to understanding the health status of a population, to assessing progress, and to planning effective prevention programs.

The U.S. Department of Health and Human Services takes the lead role in national data collection, and many of the objectives developed for Year 2010 list the National Health Interview Survey as the data source. Many of the NHIS core questions capture needed

data for the objectives that have NHIS listed as the suggested data source. Topical module questions are needed to capture data for the objectives and for other related health topics that are not currently asked on the core part of the NHIS.

The questions were approved by the National Center for Health Statistics (NCHS) Research Ethics Review Board (ERB) on October 17, 2007.

## **A8. Consultation Outside the Agency**

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### **A12. Estimates of annualized burden hours and costs**

Table 1 below outlines the burden estimate for the 2008 National Health Interview Survey. The estimated response burden for 2008 NHIS (38,271 hours) is the same as for the 2007 NHIS. The removal of the 2007 questions is offset by the addition of the 2008 questions. The vast majority of the questions are in the adult topical modules (sample adult) part of the questionnaire. The burden associated with the attachment is the 9,600 hours associated with line 4 of the burden table – adult topical modules (sample adult)..

**Table 1.** Average Annualized Burden Hours

Questionnaire (respondent)	Number of respondents	Number of Responses per Respondent	Average burden per response in hours	Total burden In hours
Screening Questionnaire	15,000	1	5/60	1,250
Family Core (adult family member)	39,000	1	22/60	14,300
Adult Core (sample adult)	32,000	1	18/60	9,600
Adult Topical Modules (sample adult)	32,000	1	18/60	9,600
Child Core (adult family member)	13,000	1	9/60	1,950
Child Topical Modules (adult Family member)	13,000	1	6/60	1,300
Reinterview Survey	3,250	1	5/60	271
Total Burden Hours				38,271

Attachment

Attachment 1. Changes to Adult Topical Modules (Sample Adult)