

Population Association of America Association of Population Centers

Office of Government and Public Affairs

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March 13, 2016

To Whom It May Concern:

We are writing to respond to the latest request for comments on the proposed questionnaire redesign of the National Health Interview Survey (NHIS). We first want to commend the efforts of the staff at the National Center for Health Statistics (NCHS) to address falling response rates in the NHIS by reducing respondent burden and eliminating duplicative questions, while at the same time retaining timely and relevant content. This is no small feat. Many of the changes proposed in the call for comments on February 22, 2016, such as decreasing the periodicity of certain core areas and capping the time spent on sponsored content, are innovative strategies that will streamline the questionnaire and reduce average interview time. Thank you for your careful stewardship of this irreplaceable data resource.

The proposed changes in the family questionnaire, however, are of grave concern. This part of the current NHIS survey collects basic demographic and socioeconomic information about the family as a whole. The composition of the family by age, gender, race-ethnicity, educational level, labor force status, and school enrollment status is in the family questionnaire, as is economic information such as family income and its components, poverty status, and receipt of important government programs like Medicaid. The revised survey apparently will only collect this information for one sampled adult and one sampled child per household. In the proposed redesign, it appears that only age, sex, and armed forces status information will be collected about other household members to facilitate sampling and construct weights. Years of research have shown that these family-level variables that would possibly be discontinued have major impacts on the health and healthcare utilization of every member of the household. This includes effects on the sampled adult and sampled child. In addition, these variables are crucial to assessing the impact of health insurance in general and the Affordable Care Act in particular, which have impacts that depend on family composition and income level.

The proposed discontinuation of the family questionnaire eliminates a cost-effective strategy to capture information about family context, particularly family socioeconomic characteristics and program participation. Although some of this information could potentially be gathered by adding questions about the family to the sample adult questionnaire, such a strategy would lengthen those questionnaires, which are already the most burdensome component of the survey. This strategy could also reduce data quality; the sampled adult may not always be the household member most knowledgeable about the health, demographic, and socioeconomic characteristics of others in the household or their participation in public programs like Medicaid. Furthermore, moving family questions to the sample adult questionnaire would probably necessitate summary responses rather than the rich individual-level data that makes the NHIS such a powerful resource.

In addition to the loss of the family-level variables discussed above, the elimination of the family questionnaire will mean a loss of information about health status, disability, medical conditions, health insurance, and healthcare utilization for members of the household other than the sampled adult and sampled child. We will also lose the ability to detect within-household differences in children's health insurance coverage. A full understanding of those variables for the sampled adult and sampled child will not be possible without information on the other members of the household.

We are aware that the redesign is motivated by a need to reduce the questionnaire length. We believe that there are opportunities for reducing the level of detail in some of the areas we have mentioned, particularly the level of detail on health status of every family member, and of complex variables like income subcomponents and public program participation. We urge you to explore such opportunities in your redesign, but their complete elimination would have major and persistent negative impacts on our understanding of the determinants of health status in our country.

The changed design means that on many topics there will be just one observation for each household, instead of one observation for each household member. Even if the number of sampled households remains unchanged, this will substantially reduce effective sample sizes for the study of many topics—such as health status, disability, and health insurance—that are currently covered for all household members. This may diminish the value of the NHIS for monitoring health disparities among minority populations, such as people with disabilities or same sex couples.

The detailed questionnaire for all household members is a defining hallmark of the NHIS survey and is unique among U.S. nationally representative health surveys. It is this household context that sets the NHIS apart from similar surveys that have larger samples and allow more detailed geographic estimates, such as the Behavioral Risk Factor Surveillance System. Full information about family context is especially crucial when evaluating and designing health policies. For example, evaluating the health care reforms enacted under the Affordable Care Act requires information about relationships between co-

resident family members, because health insurance coverage, whether through an employer or a public program, is usually based on family relationships.

The NHIS is the nation's most important survey of health conditions, health insurance, and health care. We are concerned about the potential loss of valuable information in the proposed redesign, and urge the CDC to retain these unique features of the NHIS design and to carefully consider alternative strategies for simplifying the instrument and reducing respondent burden. We would welcome the opportunity to engage with you about specific measures of family health and social characteristics that would both help you reduce respondent burden and retain essential information.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith Seltzer". The signature is fluid and cursive, with the first name "Judith" and last name "Seltzer" clearly distinguishable.

Judith Seltzer, Ph.D.
President
Population Association of America

A handwritten signature in black ink, appearing to read "Lisa Berkman". The signature is fluid and cursive, with the first name "Lisa" and last name "Berkman" clearly distinguishable.

Lisa Berkman
President
Association of Population Centers