

National Health Interview Survey (NHIS) Follow-up Health Study: Challenges and Lessons Learned

**Adena M. Galinsky, Grace E. Medley, Antonia J. Warren, Maria A. Villarroel,
Duong T. Nguyen, Benjamin Zablotsky, and Aaron K. Maitland**

National Center for Health Statistics (NCHS)

AAPOR

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Research Questions

Is it feasible to collect physical measurements and biospecimens from, and in the homes of, respondents who have completed an NHIS Sample Adult interview?

- What percentage of Sample Adults agree to participate overall?
- Can we collect blood and urine samples from Sample Adults in-home?
- What concerns and reasons for refusals do Sample Adults have/give?
- What challenges might we face in scaling up?

Which challenges might we solve by scaling up?

Outline

- Challenges encountered
 - Step 1: Initial invitation
 - Step 2: Scheduling
 - Step 3: Exam and lab processing
- How those challenges could be prevented when scaling up

Operational Challenges: Initial invitation

U.S. Census Bureau's authorizing legislation: Impact on invitation to be contacted

Step 1

- Priority: distancing Census Bureau from NHIS FHS
 - Scripted invitation
 - No opportunity to *introduce* using skills & judgement
 - Follow-up unscripted recruitment allowed later (e-memo)
 - Script emphasized separation between NHIS and NHIS FHS
 - “Extra task”
 - May have raised privacy concerns



U.S. Census Bureau's authorizing legislation: Impact on interviewer training

- Follow-up unscripted recruitment only allowed mid-field period
- Memo with suggested language provided electronically
- Pre-field-period training missing respondent recruitment techniques

Other contributors to respondent refusal

Step 1

Sample Adult



- Interviewer perspectives
 - Incentive inadequate for some
 - Brochure was clear, but too-often unconvincing
 - Increase perceived study validity via advance letter and website

Operational Challenges: Scheduling

Ever spoke with study staff, among agreed to be contacted at Step 1

Step 2



74%



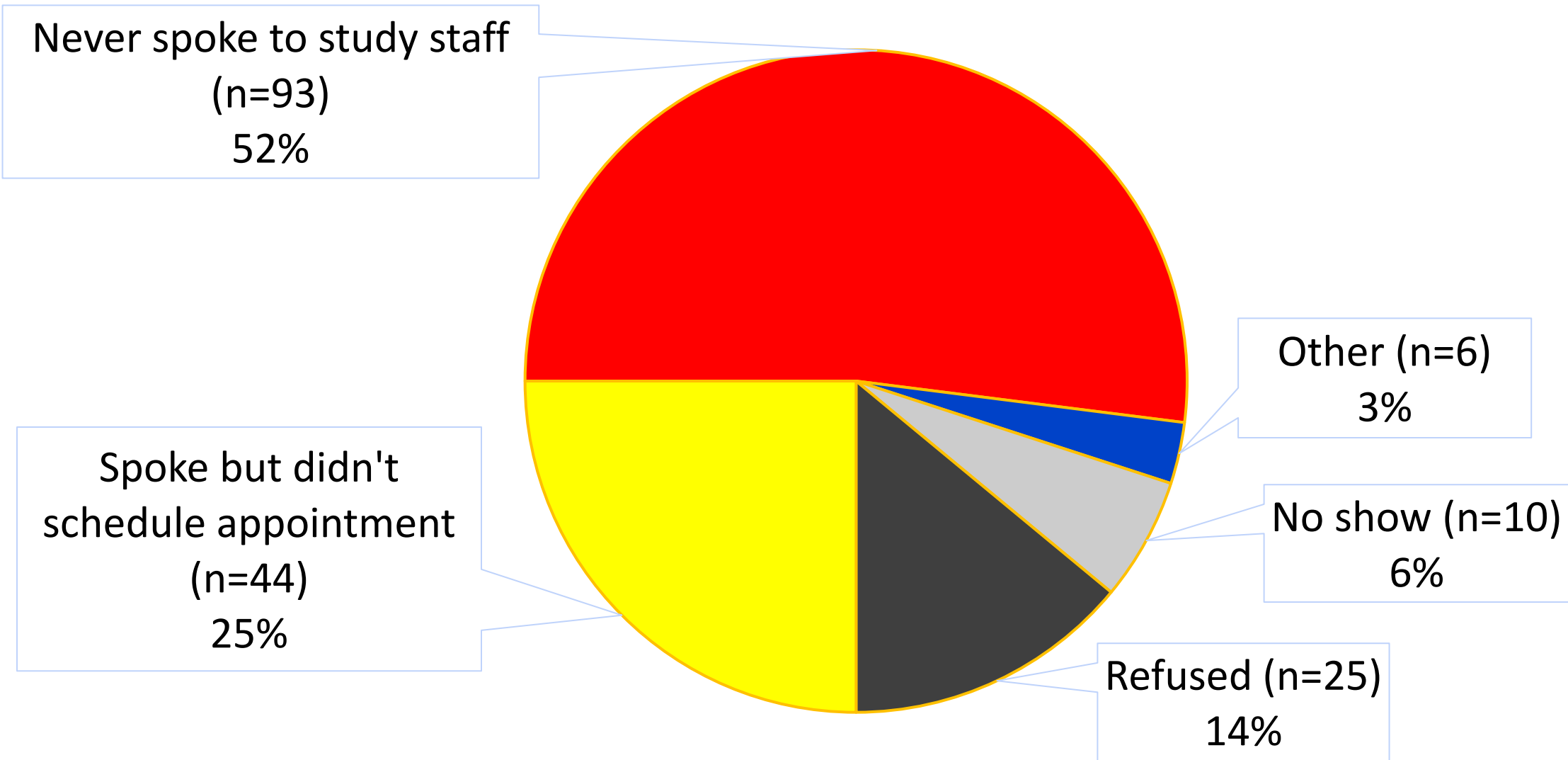
Yes
(n=261)

26%



No
(n=93)

Type of nonparticipation



Possible contributors to non-contact and refusal at Step 2

- **Non-contact**
 - Call cycle duration
- **Soft refusals**
 - Refusal conversion/study explanation training
 - Material
- **Both**
 - Initial pitch
 - No on-line scheduling option

Operational Challenges: Exam and lab processing

Exam and lab processing: Problems encountered

- Problems with requisition forms
- Communication problems with the lab
 - Solved midway through the field period

Exam and lab processing: Problems avoided

- No incomplete kits or equipment failure
- Median visit duration well under consent form estimate

Discussion

Which challenges might we solve by scaling up?

If fully integrated biomeasures into the survey...

- Fully invested, dedicated staff at invitation stage
- Investment in IT infrastructure: immediate/on-line scheduling option
- Fully integrated scheduling, exam, lab staff
- Longer timeline

Which challenges would not be solved by scaling up?

Pandemic and Respondent Reluctance

- Pandemic
 - Staffing shortages/limited availability impacted all contractors
 - Training was moved from in-person to on-line
 - Recruitment is challenging with anxious, exhausted respondents
- Respondent reluctance
 - Improve recruitment materials and training
 - Reconsider timing, format, or amount of \$75 lump-sum incentive

Conclusion

- “Can we collect blood and urine samples from Sample Adults in-home?” Yes
- Using lessons learned, many problems could be prevented when scaling up



Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

