National Health Interview Survey (NHIS) Early Release (ER) Program

Key Health Indicators (KHI) Workgroup of the

Board of Scientific Counselors (BSC), National Center for Health Statistics (NCHS)

Purpose of the Key Health Indicators Workgroup:

This document defines the activities, membership, and administrative requirements associated with the establishment of a National Health Interview Survey (NHIS) Early Release (ER) Program Key Health Indicators (KHI) Workgroup under the National Center for Health Statistics' Board of Scientific Counselors (BSC, NCHS). The KHI Workgroup has been established to provide input to the NCHS BSC on NCHS activities for creating an updated product with estimates of key health indicators based on preliminary NHIS data following the recent redesign of the NHIS questionnaire. The redesign also presents an opportunity to evaluate other components of this dissemination product.

Background

The Division of Health Interview Statistics (NCHS, CDC) launched the NHIS Early Release Program in 2001 as a quarterly online report with estimates of seven key health indicators. Over time, the ER Program grew to include eight additional key health indicators as well as additional products based on preliminary NHIS data. All estimates were made available based on this early NHIS data, typically six months after the end of data collection, giving the public access to health estimates much sooner than waiting for final NHIS data. Starting with 2019, the NHIS questionnaire is redesigned and no longer contains all of the questions used for the current 15 health indicators. Though the primary goal of the KHI Workgroup will be to provide input to the NCHS BSC on the selection of the next set of health indicators, it will also address other aspects of the key health indicators product. The KHI Workgroup should also consider covariates that the health estimates will be shown by, the type of estimates to present, and frequency of publication. All input should reflect the redesigned NHIS questionnaire as well as current public health surveillance needs.

Objectives of the KHI Workgroup

The KHI Workgroup will report findings to the NCHS BSC based on consideration of various issues related to the updated NHIS ER key health indicators product: 1) indicator selection; 2) covariate selection; 3) types of estimates to be included; and 4) periodicity of the product. Specifically, the KHI Workgroup participants will:

- Provide input on which health outcomes in the annual core of the redesigned NHIS questionnaire are most appropriate to monitor based on preliminary, partial-year data prior to the availability of final data. Some considerations for evaluating indicators include:
    - Does the indicator identify a problem or issue of substantial interest to the general public, health researchers, health care providers, legislators, and health care policymakers?
    - Will this interest be sustained for the next decade or so?
    - Might the indicator be likely to have short-term changes that can be revealed using partial-year data?
    - Do changes in the indicator have implications for public health or for policy?
    - Are partial-year estimates for the indicator reliable?
    - Has the ER program monitored the indicator in past and current reports?

- Although the primary set of indicators should be based on NHIS annual core questions, the KHI Workgroup may also consider if any rotating core content fits the above criteria and should be included during years it is on the questionnaire.
- DHIS staff has drafted a list of potential indicators for the KHI Workgroup to consider.

- Provide input on covariate selection, based on current covariates shown and consider others to include:
  - Current covariates:
    - Age group
      - Number and cut points currently vary by indicator
      - Currently shown for both sexes as well as separately for males and females
    - Sex
      - Estimates shown for both sexes combined, as well as males and females separately
      - Currently shown for all ages combined as well as separately by age group
      - All estimates shown are unadjusted, but overall age-adjusted estimates are also included
    - Race and Hispanic origin
      - Categories currently shown are Hispanic, non-Hispanic white, non-Hispanic black
      - Estimates for race and Hispanic origin subgroups are sometimes adjusted by age, sex, or both
    - Metropolitan statistical area (MSA) status
      - Newest covariate added to the June 2018 release (based on 2017 NHIS data)
      - Categories shown are not in MSA, small MSA, large MSA
  - Other possibilities:
      - Education for indicators based on adults
      - Family income/poverty status (has high nonresponse; imputed data not available until after final data released)
      - Region
      - Marital status for indicators based on adults
- Provide input on types of estimates to include:
  - Should estimates be unadjusted (crude) or adjusted by age and/or sex?
  - Are quarterly, cumulative quarterly, 6-month, or another type of estimate most appropriate?
  - In addition to percentages, should frequencies also be presented?
  - Should estimates be shown for the entire population available or be limited as appropriate (e.g., data for a chronic condition may be available for adults and children, but the prevalence may be too low to present partial-year estimates for children; show indicator for all persons or only adults?)
- Provide input on how often the product should be published:
  - The redesigned NHIS has fewer persons answering some questions on health outcomes, therefore, there may not always be adequate sample size to show 1st quarter estimates.
  - In recent years, there has been some concern over the stability of estimates based on a single quarter of data.
  - One proposal may be to do two half-year releases (one release based on January-June preliminary data and another based on July-December preliminary data).
  - Another release could then follow based on a full year of final NHIS data.
  - The current ER produces a release based on Q1-3 data. Is this still useful?

Membership

- Two BSC NCHS Special Government Employees - TBD
- External Stakeholders – TBD

Due to the complexity and variability of information to be gathered, NCHS employees will serve as ad hoc subject matter experts (SMEs). Additional SMEs will be included as needed.

Meetings, administration, and timelines

1. Administrative Oversight. The DFO will work with the KHI Workgroup chair, and the DFO of the NCHS BSC to arrange meetings, document meeting proceedings, and report to the parent advisory committees on KHI Workgroup findings.
2. Meeting frequency. The KHI Workgroup will meet once and follow-up via email or teleconference as necessary to address specified issues.
3. Meeting structure. Meetings must be convened with no fewer than two federal advisory committee members (from the parent committee) attending. Meetings will occur in person or as teleconferences. An agenda and "read-ahead" material will be circulated 1-2 weeks prior to each meeting.
4. Conflicts of Interests. Non-SGE KHI Workgroup members will complete the form Conflict of Interest and Confidentiality Information for KHI Workgroup Members/Conflict of Interest and Confidentiality Certification for KHI Workgroup Members (CDC Form 0.1473) to disclose interests (e.g. employment, special interests, grants, or contracts) that a reasonable person would view as conflicts or potential conflicts of interest with their committee KHI Workgroup participation. Members will also disclose any potential conflicts of interest before any meeting. If a KHI Workgroup member indicates a potential or actual conflict of interest, the DFO will advise the member to recuse from participation in KHI Workgroup discussions that implicate such a conflict of interest concern.
5. Timelines. The KHI Workgroup will be established and hold its first meeting by February 2019 and will provide a meeting summary and initial findings to the NCHS BSC during the May 2019 meeting. The KHI Workgroup will exist for 1 year (estimated release of first new product is winter 2020 with decisions needed several months earlier).
6. Subject content. Findings and opinions of the KHI Workgroup members will be discussed at KHI Workgroup meetings. A summary of the KHI Workgroup's findings will be presented to the parent advisory Board for consideration for action (discussion, deliberation and decision).

7. KHI Workgroup Meeting Summaries. Summary documents will be created for all KHI Workgroup meetings. KHI Workgroup documents provided to the parent committee for consideration and deliberation in a public meeting will become part of the parent committee's official record.
8. CDC Staff involvement: The KHI Workgroup may seek input from CDC subject matter experts for consultation or informational presentations that contribute to the KHI Workgroup's tasks. Participation by and contributions of CDC staff must be transparent and evident, to preclude the risk of, or the appearance of, undue influence that would compromise independence. The parent committee and KHI Workgroup DFOs will ensure that the KHI Workgroup products are appropriate and not influenced by CDC, ATSDR or by any special interest.

Recordkeeping and reporting

The KHI Workgroup chair will present meeting summaries to the NCHS BSC for discussion, and deliberation consideration and for determining recommendations.