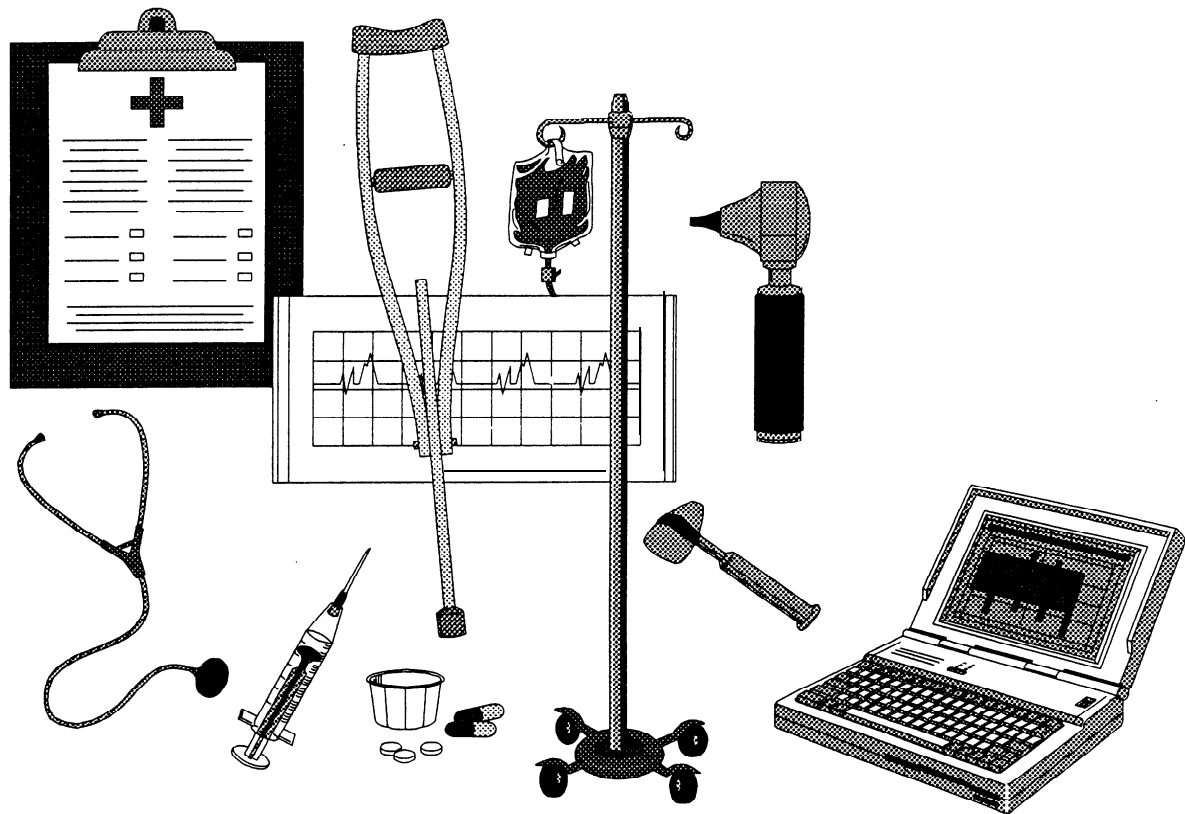


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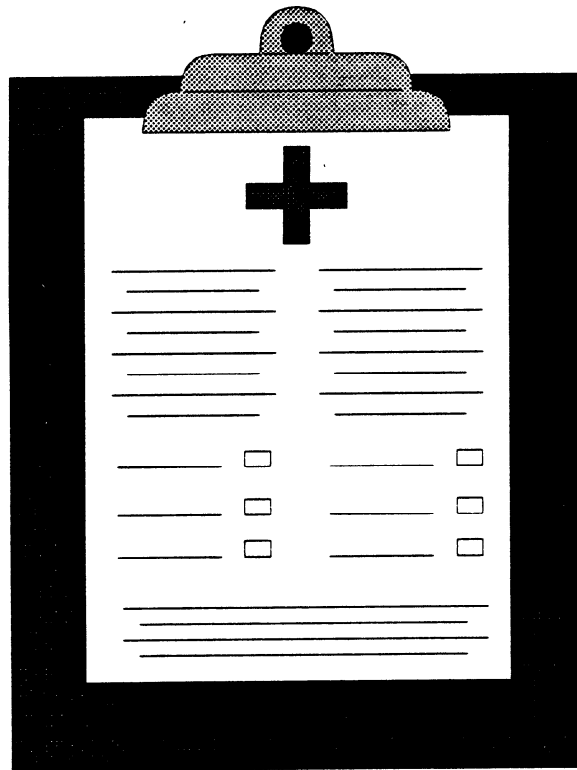
NATIONAL HEALTH INTERVIEW SURVEY



CAPI MANUAL FOR
HIS FIELD REPRESENTATIVES

PART A

The National Health Interview Survey



PART A - NHIS

CHAPTER 1. DESCRIPTION OF THE SURVEY

	<u>Page</u>
A. Purpose of the National Health Interview Survey	A1-1
1. General	A1-1
2. Examples of Uses of the Data	A1-1
a. Understanding Health Care Coverage	A1-1
b. Describing Injuries	A1-1
3. Who Uses the Data	A1-2
B. Sponsorship of the Survey	A1-2
1. The National Health Interview Survey (NHIS)	A1-2
2. The National Health Care Survey (NHCS)	A1-2
C. Design of the NHIS Sample	A1-2
1. Selection of Sample PSUs	A1-3
2. Sample Segments	A1-3
3. Sample Units	A1-3
4. Sample of Newly Constructed Units	A1-3
5. Sample of Group Quarters	A1-4
6. The Quarterly Sample	A1-4
7. Screening	A1-4
D. About the Instrument	A1-4
1. Family Section	A1-4
2. Sample Child Section	A1-6
3. Sample Adult Section	A1-6

PART A, CHAPTER 1 DESCRIPTION OF THE SURVEY

A. PURPOSE OF THE NATIONAL HEALTH INTERVIEW SURVEY

1. General

The basic purpose of the National Health Interview Survey is to obtain national information about the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kind of health services people receive.

The National Health Interview Survey is part of the National Health Survey, which began in May 1957. Prior to that time, the last nationwide survey of health had been conducted in 1935-36. Despite extensive research on individual diseases in the years 1937-1957, one important element had been missing. We had only piece-meal information from the people themselves on their illness and disability, or the medical care they obtained. Many persons, although sick or injured, never became a "health statistic", since requirements for reporting illnesses were limited to hospitalized illnesses and certain contagious diseases.

In recognition of the fact that current information on the Nation's health was inadequate, and that national and regional health statistics are essential, the Congress authorized a continuing National Health Survey (Public Law 652 of the 84th Congress). Since May 1957, the United States Public Health Service has regularly collected health statistics under Congressional authority.

2. Examples of Uses of the Data

How is the information obtained from the National Health Interview Survey used? Here are just a couple of the many uses of this important data (See appendix A.1 for more uses).

a. Understanding Health Care Coverage

Total health care coverage, both public and private, runs into many billions of dollars a year. Better statistical information helps to give more effective direction to the expenditure of these large sums.

b. Describing Injuries

Programs for the effective prevention of injuries are still in their infancy. Statistics on the cause and frequency of non-fatal, as well as fatal injuries, of various types help to shape injury prevention programs and measure their success.

3. Who Uses the Data

The principal users of the data are the U.S. Public Health Service, state and local health departments, public and private welfare agencies, medical schools, and medical research organizations. Corporations engaged in the manufacture of drugs and medical supplies and many other organizations and individuals also use the data.

B. SPONSORSHIP OF THE SURVEY

The National Health Interview Survey is sponsored by the National Center for Health Statistics which is part of the U.S. Public Health Service. Because of the Bureau's broad experience in conducting surveys, we conduct much of the interviewing for the Public Health Service. The findings of the survey are analyzed and published regularly by the Public Health Service.

The National Health Survey is not a single survey but a continuing program of surveys which includes the following:

1. The National Health Interview Survey (NHIS)

The National Health Interview Survey, which is covered in this Manual, is the one which you will be working on most of the time. It is referred to simply as "NHIS" to distinguish it from the other surveys which are described below.

2. The National Health Care Survey (NHCS)

The National Health Care Survey also is made up of several different surveys, each concerned with a separate part of the Nation's health care delivery system. The Hospital Discharge Survey, the Home and Hospice Care Survey, and the Nursing Home Survey collect information from (as their names imply) short-stay hospitals, home and hospice care agencies, and nursing homes. The Ambulatory Medical Care Survey produces data from office-based physicians; the Hospital Ambulatory Medical Care Survey concerns hospital emergency rooms and outpatient clinics; and the Survey of Ambulatory Surgery Centers collects information from free-standing surgery centers. Altogether, these make up the National Health Care Survey.

C. DESIGN OF THE NHIS SAMPLE

The National Health Interview Survey is based on a sample of the civilian non-institutionalized population of the United States. Over the course of a year, a total of almost 45,000 households are interviewed. These households are located in the 50 states and the District of Columbia.

1. Selection of Sample PSUs

The NHIS sample is designed as follows:

- a. All the counties in the United States, as reported in the 1990 Decennial Census, are examined.
- b. Counties which have similar characteristics, are grouped together. These include geographic region, size and rate of growth of the population, principal industry, type of agriculture, etc.
- c. From each group, one or more counties is selected to represent all of the counties in the group. The selected counties are called primary sampling units, which we abbreviate to PSU.

2. Sample Segments

Within each PSU:

- a. A sample of small land areas or groups of addresses is selected. These land areas and groups of addresses are called segments.
- b. Each segment contains addresses which are assigned for interview in one or more quarterly samples. Two types of segments are included in the NHIS: Area Segments, which are well defined land areas where the housing units may or may not have a complete address, and Permit Segments, which are samples of new construction addresses (see paragraph 4).

3. Sample Units

Depending on the type of segment, you will either interview at units already designated on a listing sheet, or you will list the units at a specific address and interview those on designated lines of the listing sheet. In either case it is a sample of addresses, not persons or families.

4. Sample of Newly Constructed Units

In areas where building permits are issued for new construction (Permit Areas), we select a sample of building permits issued since the 1990 Decennial Census. These addresses are assigned as Permit Segments.

In areas where no building permits are required (Non-Permit Areas), newly constructed units are listed, sampled, and interviewed in area segments.

5. Sample of Group Quarters

Some sample units are located in places with special living arrangements, such as dormitories, institutions, or convents. These type of living quarters are classified as "Group Quarters" or "GQs". Units in GQs are listed and interviewed in Area Segments.

6. The Quarterly Sample

For purposes of quarterly tabulations of data, separate samples are designated for each quarter of the year. Each quarterly sample is then distributed into 13 weekly samples, of approximately equal size, so that any seasonal factors will not distort the survey results.

7. Screening

To increase the reliability of certain minority statistics, the sponsor asked that Blacks and Hispanics be "over sampled". To accomplish this, certain sample units are designed for "screening". This means that the entire NHIS interview will be conducted at such units ONLY if one or more household members is Black or Hispanic. If no one in a "screening" household is Black or Hispanic, the entire NHIS interview will not be conducted.

D. ABOUT THE INSTRUMENT

The NHIS has three major parts:

1. Family Section
2. Sample Child Section
3. Sample Adult Section

Each section is briefly described below. For a detailed description of the questions in each section see chapters 4 through 6 in Part C.

1. Family Section

The first set of questions in the Family Section asks about limitations due to physical, mental, or emotional problems that any family member may have. You will ask if children under the age of 5 are limited in the kind or amount of play activities they can do; you will ask if any children less than 18 receive Special Educational or Early Intervention Services; you will ask if any family members need help with their personal care needs, such as eating or bathing, or their routine needs, such as household chores or shopping; you will ask if a limitation NOW keeps any adult family member from working at a job or business, and if not, are they limited in the kind of amount of work they can do; you will ask if any family member has difficulty walking, or difficulty remembering.

After you have identified all the limitations for each family member, you will ask about the condition(s) that cause these limitations. There are two different lists of conditions; one for children and one for adults. You can enter up to five different conditions for each reported limitation.

The second part of the Family Section asks about injuries and poisonings that may have occurred in the PAST THREE MONTHS which caused a person to get medical advice or treatment. There are two separate sets of questions; one for injuries and one for poisonings. The reference date (the start of the reference period) is calculated for you, and will be included in the two lead-in questions (one lead-in question for injuries and one for poisonings). If an injury or poisoning is reported, you will ask a set of questions to get the details of the circumstances surrounding each injury or poisoning.

The third part of the Family Section asks about the family's access to health care and utilization of health care. You will ask if anyone in the family has delayed or not received needed medical care because of worry about the cost, or because they couldn't afford it. You will also ask about overnight hospital stays. The reference period for these questions is the PAST 12 MONTHS. Next you will ask about contacts with doctors and other health care professionals during the PAST 2 WEEKS. These contacts include care received in the home, the doctor's office, a clinic, an emergency room, as well as telephone contacts for medical advice, prescriptions or test results (do not include phone calls to make appointments).

The fourth part of the Family Section asks about health insurance. You will determine who is and who is not covered by health insurance, and obtain detailed information about each health insurance policy the family may have or reasons for the lack of coverage.

The fifth part of the Family Section collects demographic background information about the family members, including place of birth, citizenship status, education, what their main activity LAST WEEK was, how many hours they worked last week, and what their total earnings were in the LAST CALENDAR YEAR.

The sixth part of the Family Section asks about the different sources of the family's income and an estimate of the total family income from all sources for the last calendar year. This includes income from wages and salaries, self-employment (including business and farm income), Social Security and Railroad retirement, pensions, Supplemental Security Income, Social Security Disability Insurance Income, Welfare, Temporary Assistance to Needy Families, General Assistance, interest income, dividends, rental income, child support, and any other source of income.

These six sections make up the Family core questionnaire. They appear as part of the interview every year. For 1998, there are additional Prevention topical module questions that will be asked only for this year. The first set of topical module questions are concerning Pregnancy and Smoking. These are asked to each female in the family who is 18-49 years old and who has had a live birth in the last five years. Each woman must answer for herself. All non-sample adult eligible women will be asked these questions after the Family core

questionnaire. If an eligible woman has been selected as the Sample Adult, her Pregnancy and Smoking questions will be asked as part of the Sample Adult questions.

2. Sample Child Section

From each family with at least one child 17 years of age or under, a sample child is randomly selected by the computer. An adult respondent will be asked questions about that child. The child topics include conditions, limitations of activities, health status, mental health, access to care, dental care, health care provider contacts and immunizations.

For 1998, some Prevention topical module questions have been added on conditions, dental care, and injury prevention. These will be asked only for this year.

As in the past, any additional children in the household between the ages of 12 and 35 months who were not selected as the sample child will also be asked the immunization questions. The instrument will prompt you to fill out an HIS-2A, 1998 Immunization Provide Questions and Permission Form for each child in the family in this age group (including the eligible Sample Child). You should complete the form(s) and have the respondent sign the back(s). New procedures to complete these forms and to return them to the RO are discussed in Part C, Chapter 6.

3. Sample Adult Section

From each family, a sample adult is randomly selected by the computer, and asked more detailed health related questions. In addition, there are questions about cigarette smoking, physical activity, alcohol consumption, height and weight, and gender specific questions. There are also questions about specific conditions such as heart disease, respiratory ailments, chronic conditions, joint pains, sensory impairment, mental health, activities of daily living, and health care access and utilization.

As mentioned above, if the Sample Adult is a woman who is eligible for the Smoking and Pregnancy topical module questions, they will be asked as part of the Adult section, prior to the Adult core questions.

In addition, there are Prevention topical module questions for the Sample Adult that are asked after the core questions. These subjects include: environmental health, tobacco use, nutrition, heart disease and stroke, clinical and preventive services, family discussions, and firearm safety.

PART A - NHIS

CHAPTER 2. CONDUCTING THE NHIS INTERVIEW

	<u>Page</u>
A. Explaining the Survey	A2-1
1. How to Introduce the Survey	A2-1
2. Authorization	A2-1
3. Confidentiality	A2-1
4. Eligible Household Respondents	A2-2
5. Maintaining Rapport with Respondents	A2-2
6. Answering Respondent Questions	A2-2
a. General Explanation of the Survey	A2-2
b. How Long Will the Interview Take?	A2-3
c. I Don't Have the Time	A2-3
d. I Don't Want to Tell You About Myself and My Family	A2-3
e. Why Are You Interviewing This Household?	A2-3
f. Why Don't You Go Next Door?	A2-3
g. I Consider This a Waste of Taxpayer's Money	A2-4
7. The Voluntary Nature of the Survey	A2-4
B. Beginning the Interview	A2-4
1. How to Ask Questions	A2-4
a. Ask Exactly as Worded	A2-4
b. Ask Every Question	A2-4
c. If the Respondent Misunderstands or Misinterprets a Question	A2-4
2. How to Probe	A2-4
a. Brief Assenting Comments	A2-5
b. An Expectant Pause	A2-5
c. Repeating the Question	A2-5
d. Repeating the Respondent's Reply	A2-5
e. Neutral Questions (Probes)	A2-5
3. Importance of Using Neutral Probes	A2-6
4. Respondent Replies "I Don't Know"	A2-6
C. Your Own Manner	A2-6
D. Noninterviews	A2-7
1. Three types of Noninterviews	A2-7

PART A, CHAPTER 2 CONDUCTING THE NHIS INTERVIEW

A. EXPLAINING THE SURVEY

1. How to Introduce the Survey

Show your official Census I.D. and introduce yourself. Give the following introduction (or a similar introduction):

"I am _____ from the United States Bureau of the Census. Here is my identification card. We are conducting a health survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service. Did you receive a letter explaining this survey?"

If he/she did not receive the letter explaining the survey, give him/her a copy and allow time to read it. Then proceed with the survey.

2. Authorization

The National Health Interview Survey is authorized by title 42, United States Code, section 242k.

3. Confidentiality

All information that would permit identification of the individual is held strictly confidential, seen only by persons engaged in the National Health Interview Survey (including related studies carried out by the Public Health Service) and not disclosed or released to others for any other purpose without the written consent of the individual.

You must avoid mentioning or providing anyone with materials that would link a specific household or person with a specific survey. When discussing your job, be careful never to reveal any information you get during an interview to an unauthorized person.

Unauthorized disclosure of individual information collected in the National Health Surveys is punishable by a fine of up to \$1,000, or imprisonment up to one year, or both (18 USC 1905). Deliberate falsification, by an employee, of any information in this survey is punishable by a fine up to \$10,000, or imprisonment up to five years, or both (USC 10001). (See Appendix A.2 for a thorough discussion of confidentiality.)

4. Eligible Household Respondents

Any responsible household member 18 years of age or older, or an emancipated minor (see Part B, Chapter 5 for definition), is eligible to act as a respondent.

Exceptions to this rule are covered in Part B, Chapter 1. One such exception would be for a person who is unable to answer questions for him/herself due to illness, such as a stroke. If no other relative is living in the household, a non-household member, such as a care giver, can respond.

5. Maintaining Rapport with Respondents

You begin to build a harmonious relationship with the respondent when he/she first answers the door. Maintaining this rapport throughout the interview will ensure that you collect full and valid information. Through your sincere understanding and interest in the respondent, you provide a friendly atmosphere in which the respondent can talk honestly and fully. If rapport is broken because the respondent finds a particular question "too personal" take time to reassure him/her about the confidential nature of the survey.

6. Answering Respondent Questions

A small percentage of respondents will want additional information before agreeing to participate in the survey. Some respondents may be reluctant to provide information about themselves or family members or may refuse to be interviewed. It is your responsibility to sell the survey. You will be provided with a supply of informational brochures to help you accomplish this.

To convert a reluctant respondent, try to identify his or her specific objection(s) to participating in the survey and tailor your answer accordingly. A thorough understanding of the survey is the key to a good explanation. The following are a few examples of questions you may receive and suggested responses:

a. General Explanation of the Survey

You may need to give some respondents a general explanation of the survey. An example of a general explanation is shown below.

"Most families have or will be affected in the future by health problems. It is extremely important to know about the health of the Nation's people. Unless there is adequate information about the current health situation, government and medical care personnel may fail in their efforts to maintain a health care system that is equipped to handle the present and future medical needs of the people. However, to measure the health of the Nation, we need to interview healthy persons as well as those with health problems.

If we know in advance the direction the Nation's health is moving, it is easier to initiate programs to meet current and future health care needs. The statistical information developed from this survey is urgently needed in order to plan intelligently for the health needs of the population."

b. How Long Will the Interview Take?

The entire NHIS will take approximately eighty minutes. This will vary depending on the number of health problems and/or injuries the family has had, as well as the number of family members.

c. I Don't Have the Time

If the respondent states that he/she has no time right now for an interview, find out when you may come back. However, always assume (without asking) that the respondent has the time unless you are told otherwise.

d. I Don't Want to Tell You About Myself and My Family

Ask the respondent to allow you to begin the interview on a "trial basis", explaining that they do not have to answer any question(s) that he/she feels is too personal. In most cases, you will find that respondents provide most, if not all, of the needed information. Also mention that the information about the household is confidential by law and that identifiable information will be seen only by persons working on the survey.

e. Why Are You Interviewing This Household?

Explain that it would be too costly and time-consuming to interview everyone in the United States and therefore a sample of addresses was selected. The respondent lives at one of the representative addresses picked. The selection was not based on who lives at the address, nor whether they have problems with their health. Each person represents approximately 2,500 other persons. Taken as a group, the people living at these sample addresses will represent the total population of the United States in the health statistics produced and published by the U.S. Public Health Service.

f. Why Don't You Go Next Door?

The National Health Interview Survey is based on a scientifically selected sample of addresses in the United States. Since this is a sample survey, we cannot substitute one address for another without adversely affecting the information collected. Also, all addresses have a chance of being in the sample. Chances are very good that the house "next door" has been, or will be asked questions on this survey in a future sample.

g. I Consider This a Waste of Taxpayer's Money

The information obtained from this survey helps ensure a more efficient allocation of funds for health care programs. Without this information, health care dollars would be wasted.

7. The Voluntary Nature of the Survey

The fact that participation in the NHIS is voluntary does not diminish your responsibility to convert reluctant respondents. When a person says the survey is voluntary and that he/she would prefer not to participate, tell them how important they are to the survey and how important the survey is to the nation. Tell them about the confidential nature of the survey and ask them to let you begin the interview on a "trial basis". Inform them that they can refuse to answer any question they feel is too personal.

B. BEGINNING THE INTERVIEW

The first few screens allow you to verify the segment and housing unit listing. You also will record the household roster and collect demographic information for each household member listed. You will then be ready to begin asking health related questions.

1. How to Ask Questions

a. Ask Exactly as Worded

You must ask questions exactly as worded so they will yield comparable results. Avoid changing words or phrases and adding or dropping words to the question.

b. Ask Every Question

Although the answer to a particular question may seem obvious to you, do not fill the answer without asking the question. The respondent may provide an answer which applies to a question asked later in the interview. In this case you may verify the answer to the question. It is important that you ask or verify each applicable question.

c. If the Respondent Misunderstands or Misinterprets a Question

Repeat the question as worded and give the respondent another chance to answer. If you still do not get an acceptable response, use the probing techniques discussed next.

2. How to Probe

When the respondent's answer does not meet the question's objective, probe to clarify or expand his/her answer. The probing procedures listed below are useful in stimulating discussion. Introduce these devices casually as a natural expression of interest.

a. Brief Assenting Comments

Comments such as "Yes, I see", show the respondent that you are giving your attention to the answer. They often stimulate the respondent to talk further.

b. An Expectant Pause

An expectant pause, accompanied by an inquiring look after the respondent has given only a brief reply often conveys to the respondent that he/she has merely begun answering the question. It will often bring forth further response.

c. Repeating the Question

Repeating the question or listing the response categories (when applicable) is useful when the respondent does not understand the question, misinterprets it, seems unable to make up his/her mind, or strays from the subject.

d. Repeating the Respondent's Reply

Repeating the respondent's reply is useful in helping to clarify the response and prompting the respondent to enlarge upon his/her statement. Be sure you adhere strictly to the respondent's answer and do not interject your own ideas.

e. Neutral Questions (Probes)

Neutral questions (probes) in a neutral tone of voice will bring fuller, clearer responses. For example:

"I don't quite understand what you mean." or

"Which figure would you say comes closest?" (Probe to clarify hours worked last week, income, etc.)

Such questions show your interest and are successful when used correctly. You must immediately recognize how the respondent's answer fails to meet the question's objective and use a neutral probe to get the correct information. Your manner of asking neutral questions is important; a sharp demanding tone can damage rapport. It is sometimes good for you to appear slightly bewildered by the respondent's answer. Indicate in your probe that it might be you who did not understand. (For example-*"I'm not sure what you mean by that, could you tell me a little more?"*) This can arouse the respondent's desire to help someone who is trying to do a good job. However, do not overplay this technique. The respondent should not get the feeling that you do not know when a question is properly answered.

Interviewers often have to separate the facts wanted from the respondent's attitudes. The basic procedure is:

! Know the question's objective thoroughly.

! Know how to probe when the answer is inadequate, while maintaining good rapport.

3. Importance of Using Neutral Probes

We have stressed that you need to stimulate discussion. **This does not mean that you should influence the respondent's answer or unnecessarily prolong the interview.** Probing should be as neutral as possible so you do not distort the respondent's answers. When you ask neutral questions of all respondents, we have comparability between all the interviewers in the survey. If each interviewer asks a leading probe, we would not be comparing responses to the same questions. This would thoroughly defeat the goal of having a standardized survey.

4. Respondent Replies "I Don't Know"

Respondent's do not always mean what they first say. The "I don't know" answer might mean:

! The respondent does not understand the question and answers "I don't know" to avoid saying that he/she did not understand.

! The respondent is thinking and says "I don't know" to give him/herself time to think.

! The respondent may be trying to evade the issue, so he/she begs off with the "I don't know" response.

! The respondent may actually not know.

Discussion often presents a truer picture of the respondent's thoughts and may help you determine if you should probe further. In such cases you may try a statement like "*There are no right or wrong answers. Your best estimate will be fine.*"

C. YOUR OWN MANNER

! Your greatest asset in conducting an interview efficiently is to combine a friendly attitude with a businesslike manner. If a respondent's conversation wanders away from the interview, try to cut it off tactfully, preferably by asking the next question. Appearing too friendly or concerned about the respondent's personal troubles may actually lead to your obtaining less accurate information.

- ! It is especially important in this survey that you maintain an objective attitude. Do not indicate a personal opinion about replies you receive to questions, even by your facial expression or tone of voice. Since the illness discussed may be of a personal or serious nature, expressions of surprise, disapproval, or even sympathy on your part may cause respondents to give untrue answers or to withhold information. Your own objectivity about the questions will be the best method for putting respondents at ease and making them feel free to tell you the conditions and illnesses in the family.

- ! Sometimes it may feel awkward to ask particular questions. If you ask these questions without hesitation or apology and in the same tone of voice as other questions, you will find that most respondents will not object. If there is any discussion on the respondent's part, explain that the questionnaire is made up of a prescribed set of questions that must be asked in all households, even though they may seem to be inappropriate in some cases.

- ! Avoid "talking down" to respondents when explaining terms but give as direct an explanation as possible.

D. NONINTERVIEWS

Noninterview Household: A household for which you cannot obtain information because:

- ! The unit is occupied, but an interview was not possible, or
- ! The unit is occupied entirely by persons not eligible for interview, or
- ! The unit is not occupied or not eligible for sample.

If you are unable to get an interview you must classify the household under one of three noninterview classifications, briefly described below.

1. Three Types of Noninterviews

Noninterviews fall into three groups--Type A, B, and C. The Type A group consists of households occupied by persons eligible for interview, whom you should have interviewed, but could not. Refusals are an example of a Type A noninterview.

Sample units which are ineligible for interview for other reasons are Type B or C noninterviews. A vacant house or an unoccupied site for a mobile home are examples of Type B noninterviews, while a house located outside the segment boundaries is an example of a Type C noninterview. Refer to Part C Chapter 8 for a detailed discussion of noninterview types and procedures.

PART A - NHIS

**APPENDIX A.1 MORE EXAMPLES OF USES OF THE INFORMATION GAINED
FROM THE NATIONAL HEALTH INTERVIEW SURVEY**

	<u>Page</u>
1. Occurrence and Severity of Illness and Disability	A.1-1
2. Health of the Aged	A.1-1
3. Health Education and Research	A.1-1
4. Health Facilities--Hospital Care, Rehabilitation, Insurance, etc.	A.1-1
5. Factors Related to Various Diseases	A.1-2

APPENDIX A.1 MORE EXAMPLES OF USES OF THE INFORMATION GAINED FROM THE NATIONAL HEALTH INTERVIEW SURVEY

1. OCCURRENCE AND SEVERITY OF ILLNESS AND DISABILITY

Data on health statistics are valuable tools for the public health officer. The nationwide system of reporting communicable diseases has been an important factor in the reduction, and in some instances virtual eradication, of some diseases which were chief causes of illness, disability, and even death several generations ago. Knowledge of the number and location of many diseases made it possible to develop effective programs of immunization, environmental sanitation, and health education which are essential factors in their control.

Today, chronic illness and disability among both adults and children constitute our greatest public health challenge. Chronic illness and disability lower the earning power, living standards, and the general well-being of individuals and families. They reduce the Nation's potential output of goods and services and, in advanced stages, burden individuals, families, and communities with the high cost of care and assistance. The basic public health principle to be applied is the same: Prevention. Better information on the occurrence and severity of diseases and disability are needed in order to prevent their occurrence.

2. HEALTH OF THE AGED

There is a nationwide interest in prolonging the effective working life of the aged and aging. Knowledge of the health status of people in their middle and later years is essential to effective community planning for the health, general welfare, and continued activity of older persons.

3. HEALTH EDUCATION AND RESEARCH

Governmental health programs have their counterparts in many of the national and local voluntary associations and organizations. These associations collect many millions of dollars annually to promote research and education in such fields as polio-myelitis, cancer, lung disease, heart disease, mental health, crippling conditions, multiple sclerosis, alcoholism, and so on.

Before Congress authorized the continuing National Health Survey, these organizations had to rely on mortality statistics almost exclusively as a source of information about the disease or condition with which they are principally concerned. Current health statistics produced by the National Health Survey aid such groups greatly in planning their activities and expenditures.

4. HEALTH FACILITIES--HOSPITAL CARE, REHABILITATION, INSURANCE, ETC.

The growth of prepayment coverage under voluntary health insurance has increased the demand for the kind of illness statistics which can provide reliable estimates of the number of people who will be ill for a given number of months. Illness statistics provide an improved measurement of the need for hospitals and other health facilities and assist in planning for their more effective distribution. Public school authorities are aided in their planning for the special educational

problems of mentally retarded or physically handicapped children. Vocational rehabilitation programs, public officials and industries concerned with manpower problems and industrial safety health measures, the insurance industry, the pharmaceutical and appliance manufacturers are also greatly assisted by reliable statistics on illness and disability.

5. FACTORS RELATED TO VARIOUS DISEASES

Furthermore, statistical information about diseases is an additional tool for medical research. A study of data showing the relationship between certain economic, geographic, or other factors and the various diseases indicates new avenues of exploration and suggest hypotheses for more precise testing.

PART A - NHIS

APPENDIX A.2 CONFIDENTIALITY

	<u>Page</u>
1. What is Confidentiality?	A.2-1
2. The Guarantee of Confidentiality	A.2-1
3. Special Sworn Employees	A.2-1
4. Authorized Persons	A.2-1
5. How to Maintain Confidentiality	A.2-2
a. When No One is Home at a Sample Address	A.2-2
b. When Conducting Interviews	A.2-2
c. When Discussing Your Job with Family, Friends, Others	A.2-2
d. Keeping Forms Secure	A.2-3
6. Subpoena of Records	A.2-3

APPENDIX A.2 CONFIDENTIALITY

1. WHAT IS CONFIDENTIALITY?

The term "confidentiality" refers to the guarantee that is made to individuals who provide survey information regarding disclosure of that information to others, as well as the uses of that information. The specific guarantee of confidentiality can vary by survey. This appendix explains the guarantee of confidentiality given to respondents in the National Health Interview Survey (NHIS), and what you should do to maintain this guarantee. Your 11-55, Administrative Handbook also contains information on nondisclosure policies, violations of confidentiality, and ways to prevent careless disclosure. You took an oath not to reveal information collected and you are required to sign a semiannual certification of compliance with the Bureau's nondisclosure policy.

2. THE GUARANTEE OF CONFIDENTIALITY

The U.S. Public Health Service provides the guarantee of confidentiality for the National Health Interview Survey. This guarantee is contained in the "Notice" statement which is seen on the -COVER- screen at the beginning of the CAPI instrument:

"Information collected in this survey which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242M)(d)."

A similar statement is also made in the HIS-600 advance letter to fulfill the requirements of the Privacy Act of 1974.

3. SPECIAL SWORN EMPLOYEES (SSEs)

The Bureau of the Census has the authority to use temporary staff in performing its work as long as such staff is sworn to preserve the confidentiality of the data. These temporary staff members are called Special Sworn Employees (SSEs). SSEs are subject to the same restrictions and penalties as you regarding the treatment of confidential data. Staff from the sponsoring agency for this survey are made SSEs to allow them to observe interviewing. Anyone who is not a Bureau of the Census employee or an SSE of the Bureau is referred to as an "unauthorized person."

4. AUTHORIZED PERSONS

The agreement between the Bureau of the Census and the sponsor regarding the confidentiality of the data collected in the NHIS briefly states that the sponsor's employees (including contractors and grantees) may not disclose the data in a form permitting identification of any individual or establishment, and may not use the data for law enforcement, regulatory, or any other purposes that are inconsistent with the stated purpose(s) of the survey. The sponsor is responsible for enforcing the conditions of the agreement and may authorize non-Census employees to observe

interviewing or review completed questionnaires. These persons will have the same restrictions and penalties as you regarding the treatment of confidential data. Anyone who is not a Bureau of the Census employee or properly authorized by this Title 15 survey sponsor to view confidential data is referred to as an "UNAUTHORIZED PERSON."

5. HOW TO MAINTAIN CONFIDENTIALITY

- a. **When No One is Home at a Sample Address:** You may ask a neighbor, apartment manager, or someone else living nearby when they expect someone to be home at the sample address. When requesting this information, do not mention the National Health Interview Survey by name and do not attempt to describe the survey. To gain cooperation, you may say:

"I am _____ from the United States Bureau of the Census. Here is my identification (show ID). I am conducting a survey for the National Center for Health Statistics, which is part of the U.S. Public Health Service, and I would like to know when someone at (address) will be home." (or something similar)

- b. **When Conducting Interviews:** Do not permit unauthorized persons (including members of your family) to listen to an interview. For example:
- (1) When conducting an interview with a student in a dormitory, if others are present, ask the respondent if he/she wants to be interviewed privately. If so, make the necessary arrangements to conduct the interview where or when it cannot be overheard by others.
 - (2) When conducting an interview in a home, if persons not participating in the survey are present (e.g., neighbors, friends, other non-"family" members), use your discretion in asking the respondent if he/she wants to be interviewed privately. Since this may be awkward to ask in some situations, you might ask if another time would be more convenient. If so, make the necessary arrangements to accommodate the respondent.
 - (3) When conducting an interview in which an interpreter is required, ask the respondent if he/she is willing to have another person act as interpreter. If the respondent objects to the interpreter and a more suitable one cannot be located at the time of the interview, call the office to see if another interviewer who speaks the respondent's language can conduct the interview.
 - (4) When conducting interviews by telephone, do not allow unauthorized persons to listen to your conversation.
- c. **When Discussing Your Job with Family, Friends, Others:** You must not reveal any information which you obtained during an interview or identify any persons who participated in the survey to unauthorized persons.

6. SUBPOENA OF RECORDS

In the event of a record collected in the National Health Interview Survey being subpoenaed, any Census Bureau employee upon whom such subpoena is served will communicate with the Director of the Bureau of the Census through the regional office. Action to satisfy such subpoena will be taken only as authorized by Public Health Service Regulations, section 1.108 of title 42, U.S.C.