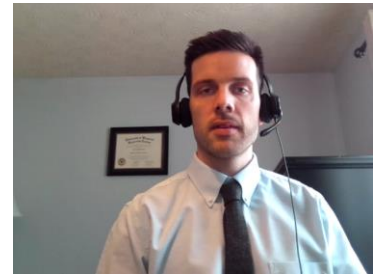


Assessing Linkage Eligibility Bias in the National Health Interview Survey (NHIS)

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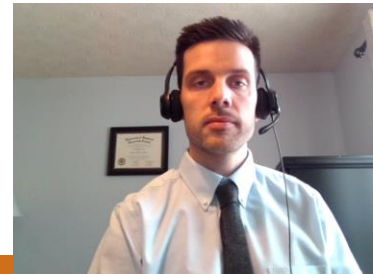
November 3rd, 2021



Overview

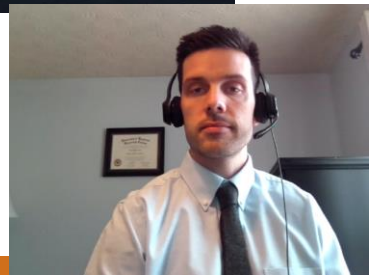
This presentation will cover 6 topics:

1. Background
2. Linkage eligibility bias as defined in the NHIS
3. Motivation and methods for “linkage eligibility bias” assessment
4. The extent of linkage eligibility bias in the NHIS
5. The relationship between eligibility rates and bias
6. Mitigating linkage eligibility bias through weight adjustment



1. Background

- National Center for Health Statistics (NCHS)
 - Nation's principal health statistics agency
 - One of 13 federal statistical agencies
 - **Mission:** To provide timely, relevant statistical information that can be used to guide actions and policies to improve the health of the American people

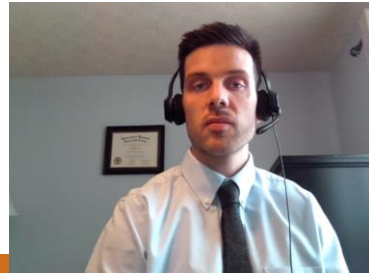


1. Background



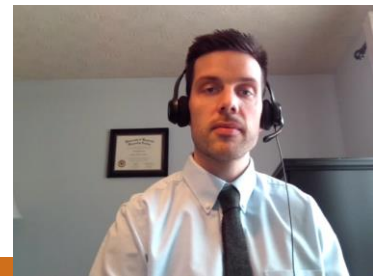
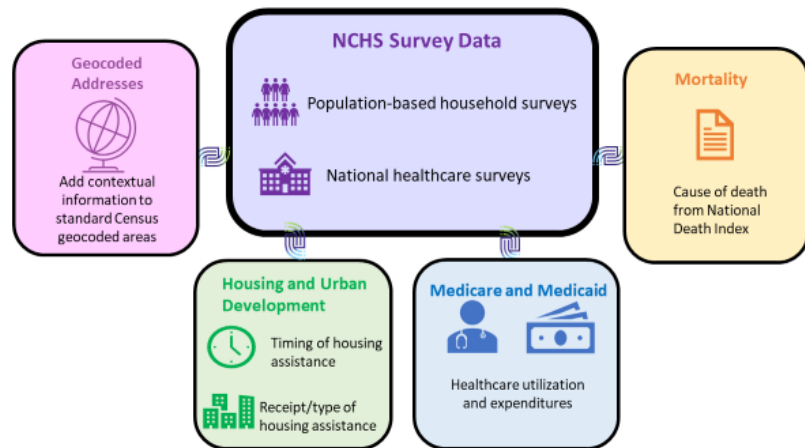
National Health Interview Survey (NHIS)

A nationally representative, cross-sectional household interview survey that serves as an important source of information on the health of the civilian noninstitutionalized population of the United States



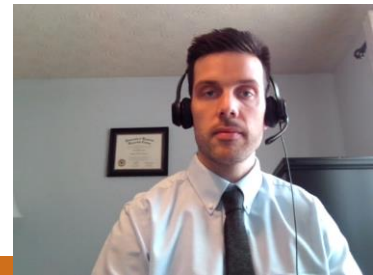
1. Background

- Linking data is a powerful mechanism to provide policy relevant information in an efficient way
- NCHS currently links data from its surveys to administrative data sources using personally identifiable information (PII)



1. Background

- Value added by linkage
 - Additional variables
 - Longitudinal outcome information
 - Reduced participant burden
 - Improved ascertainment of difficult-to-remember information
- Additional considerations when analyzing linked data
 - Potential reduction in sample size
 - Potential for bias in estimates



1. Background

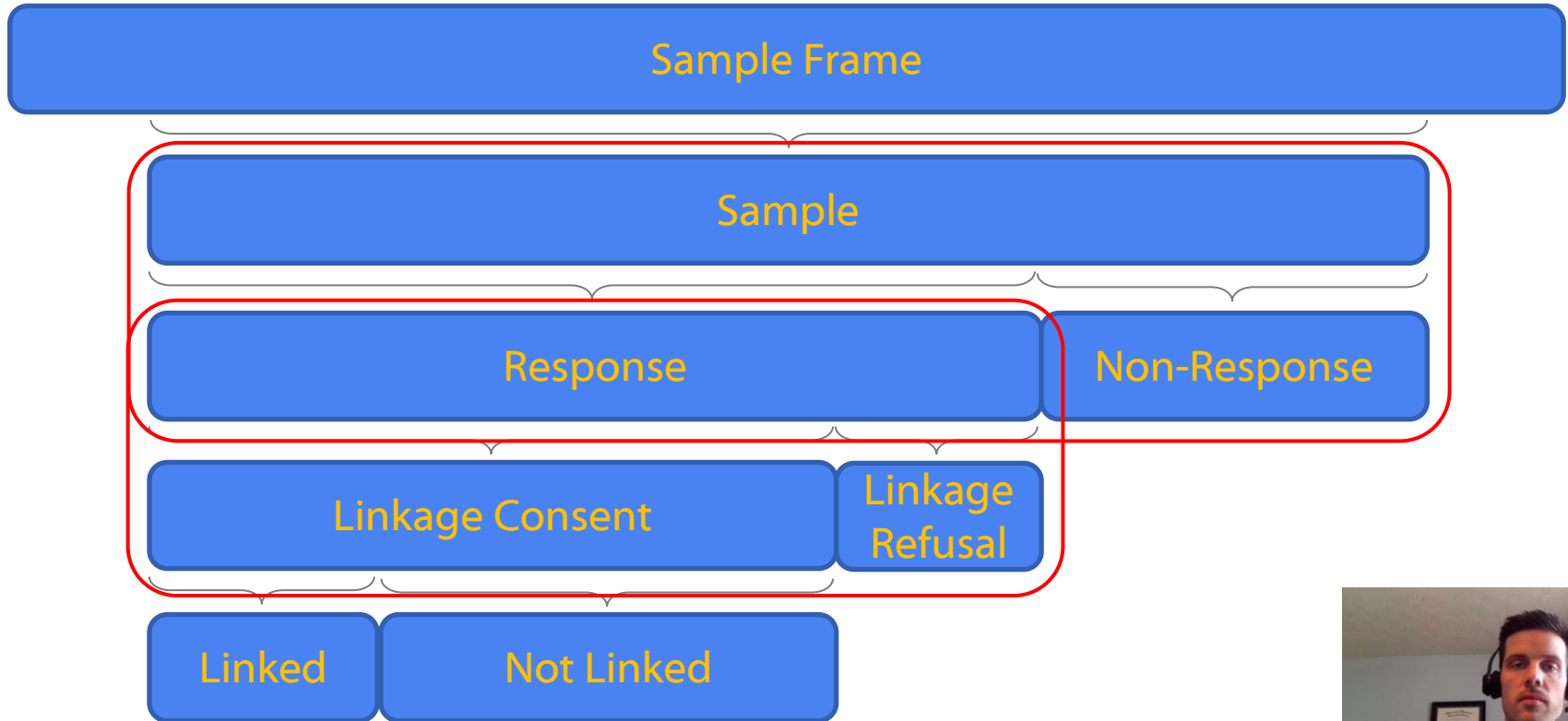
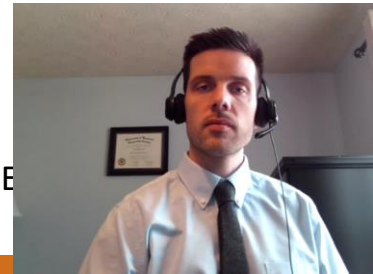
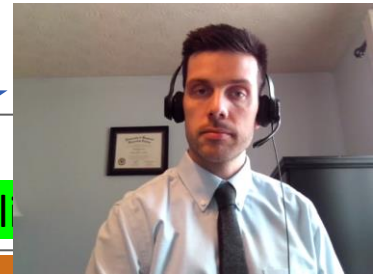
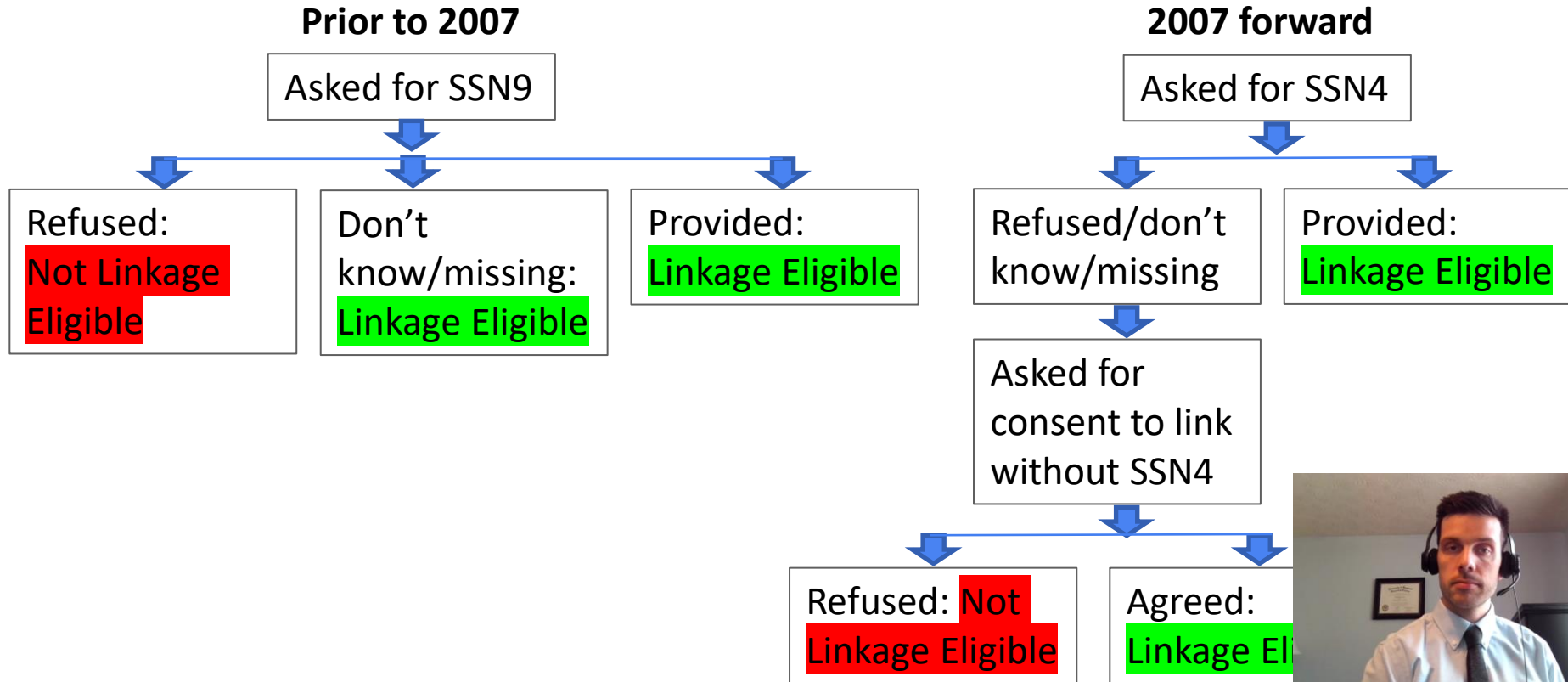


Figure based on AAPOR Proceedings, “Non-Consent Error, Non-Response Error, and Measurement Error: The Overall Quality of Linked Survey and Administrative Data” by Joseph Sakshaug

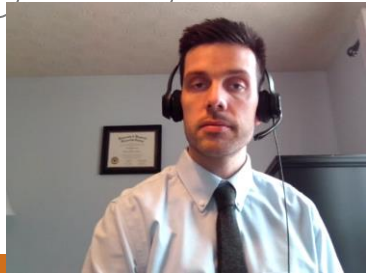
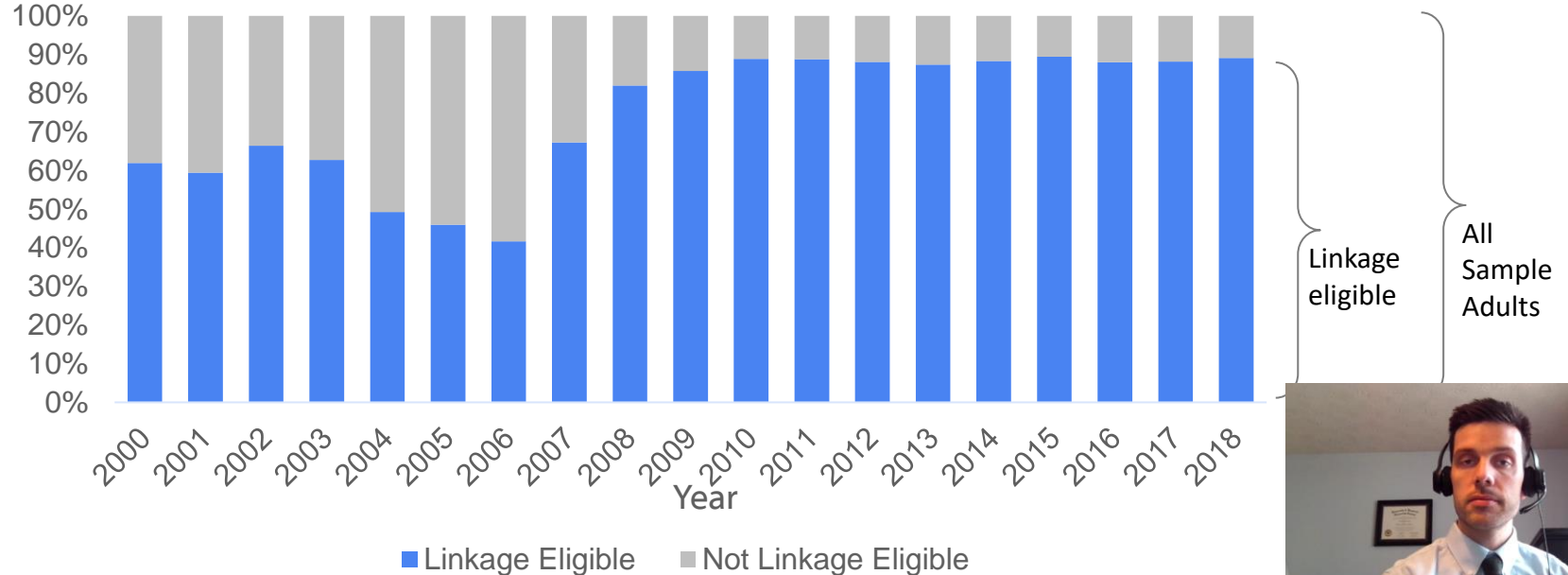


2. Linkage eligibility bias as defined in the NHIS



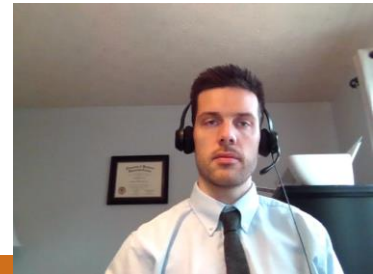
3. Motivation and methods for “linkage eligibility bias” assessment

Linkage Eligibility, NHIS Sample Adults



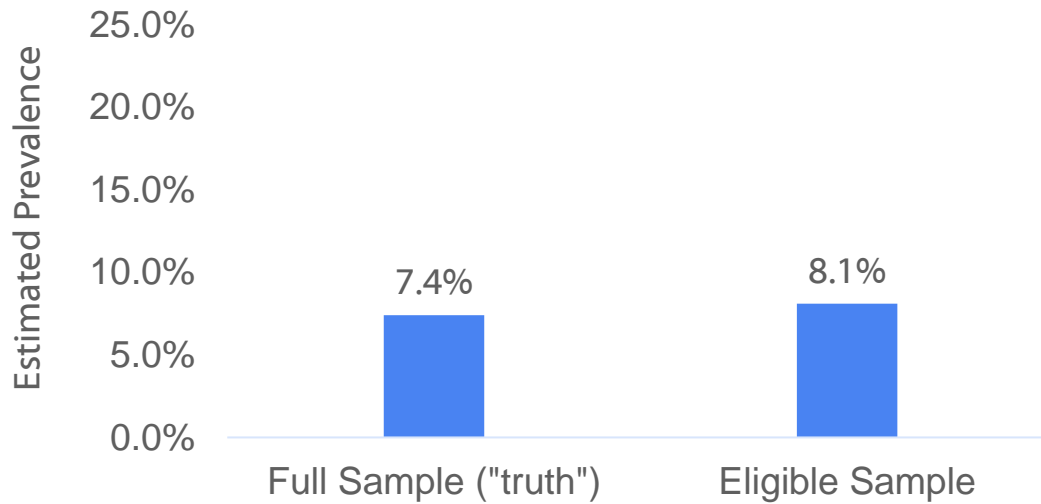
3. Motivation and methods for “linkage eligibility bias” assessment

- The fact that not everyone is linkage eligible could have implications for inference when using the linked data
- Survey years were grouped to reflect changes in sample design and in linkage eligibility criteria
- Bias was measured by comparing estimates from the full sample and the linkage-eligible sample
 - Demographic variables
 - Selected health conditions
- Survey weights were adjusted for linkage eligibility
- Bias was reassessed using adjusted weights

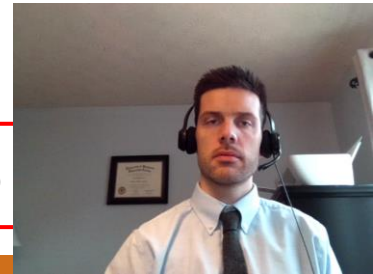


3. Motivation and methods for “linkage eligibility bias” assessment

Example: Percent Relative Bias, Prevalence of Diabetes, 2004-2006

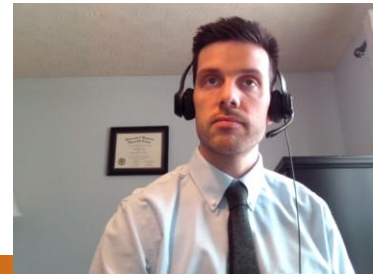
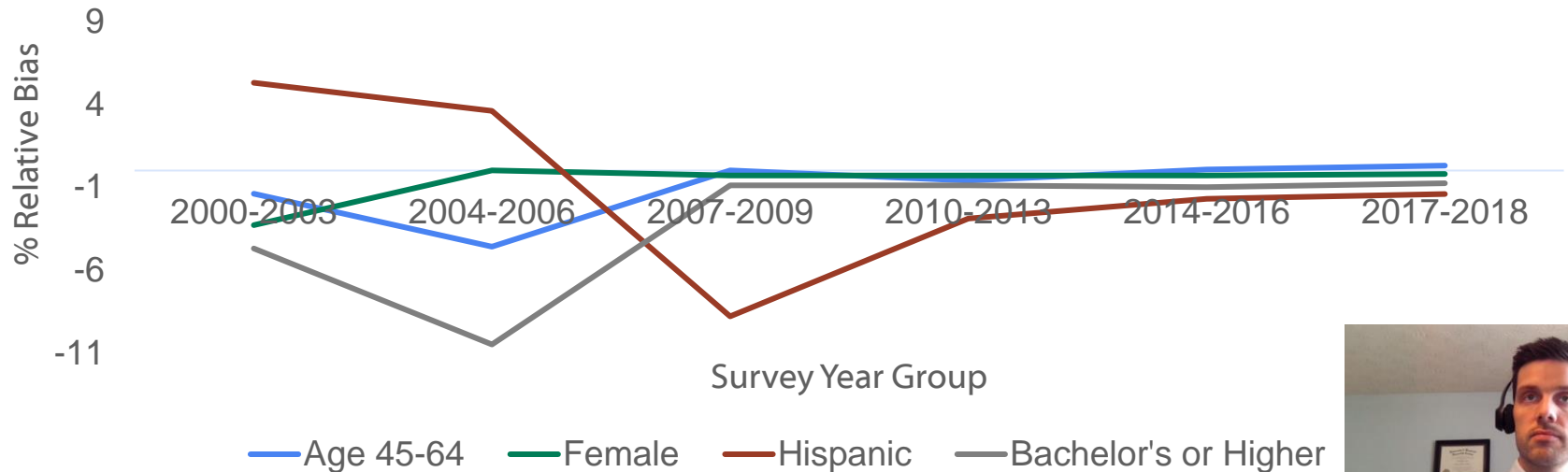


$$\frac{(Estimate_{linkage\ eligible\ sample} - Estimate_{full\ sample})}{Estimate_{full\ sample}} = \frac{(8.1 - 7.4)}{7.4} * 100 \approx 9\%$$



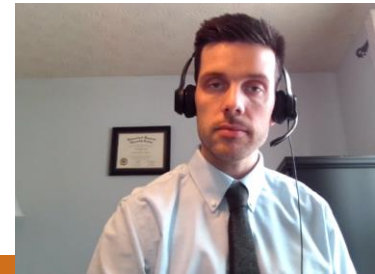
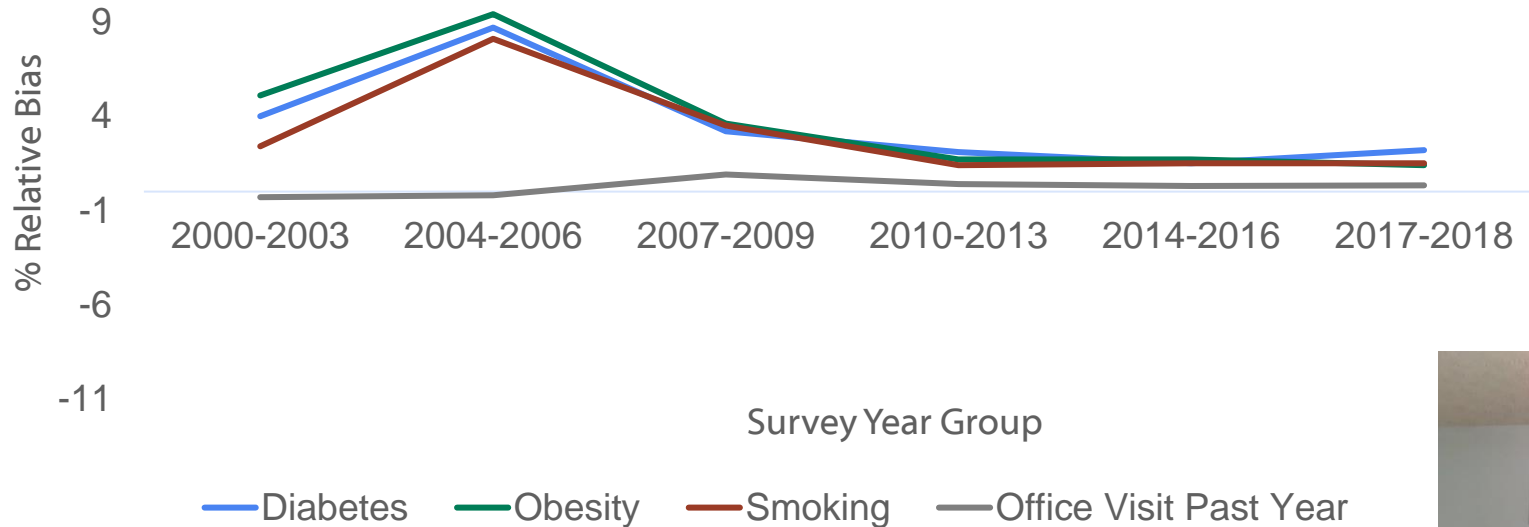
4. The extent of linkage eligibility bias in NHIS

Percent Relative Bias, Select Sociodemographic Variables, 2000-2018

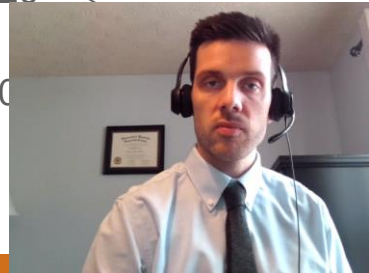
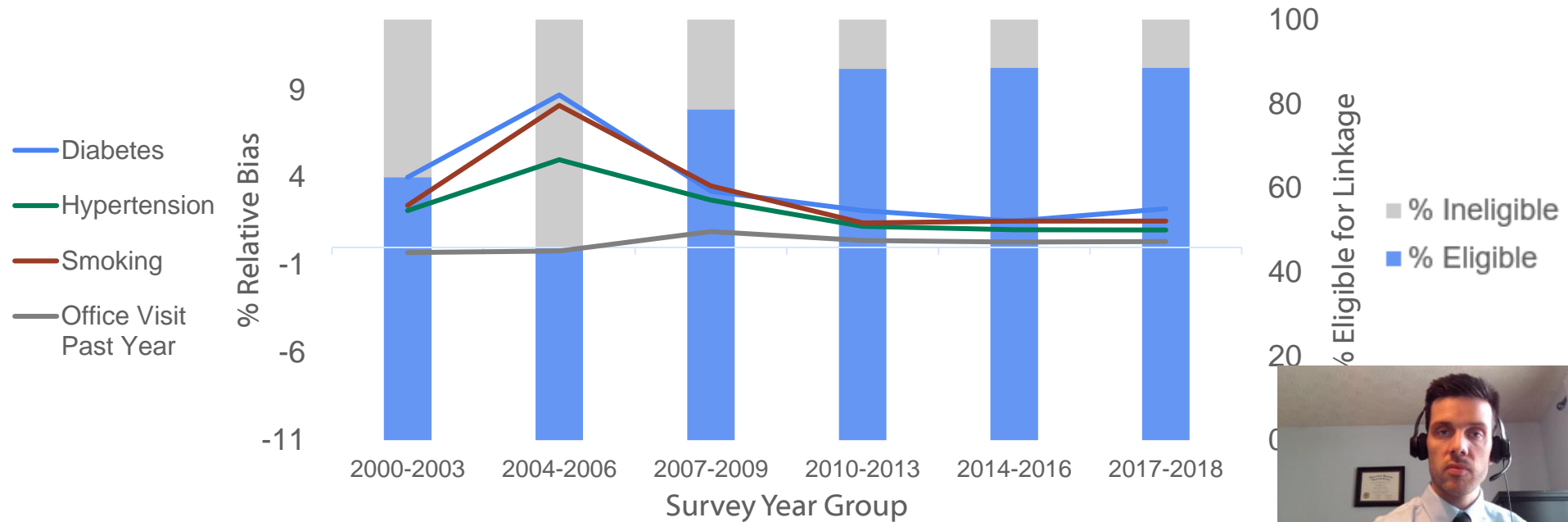


4. The extent of linkage eligibility bias in NHIS

Percent Relative Bias, Prevalence of Select Health Outcomes, 2000-2018



5. The relationship between eligibility rates and linkage eligibility bias

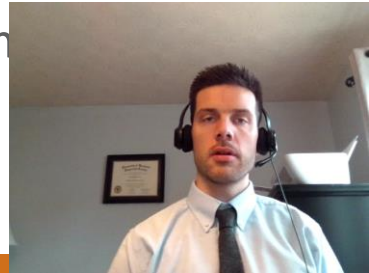


6. Mitigating linkage eligibility bias through weight adjustments

Adjusting Weights for Linkage Eligibility

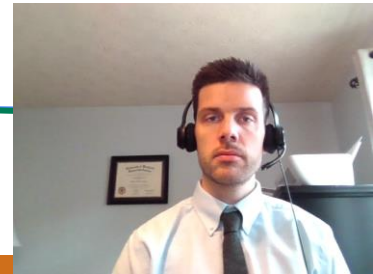
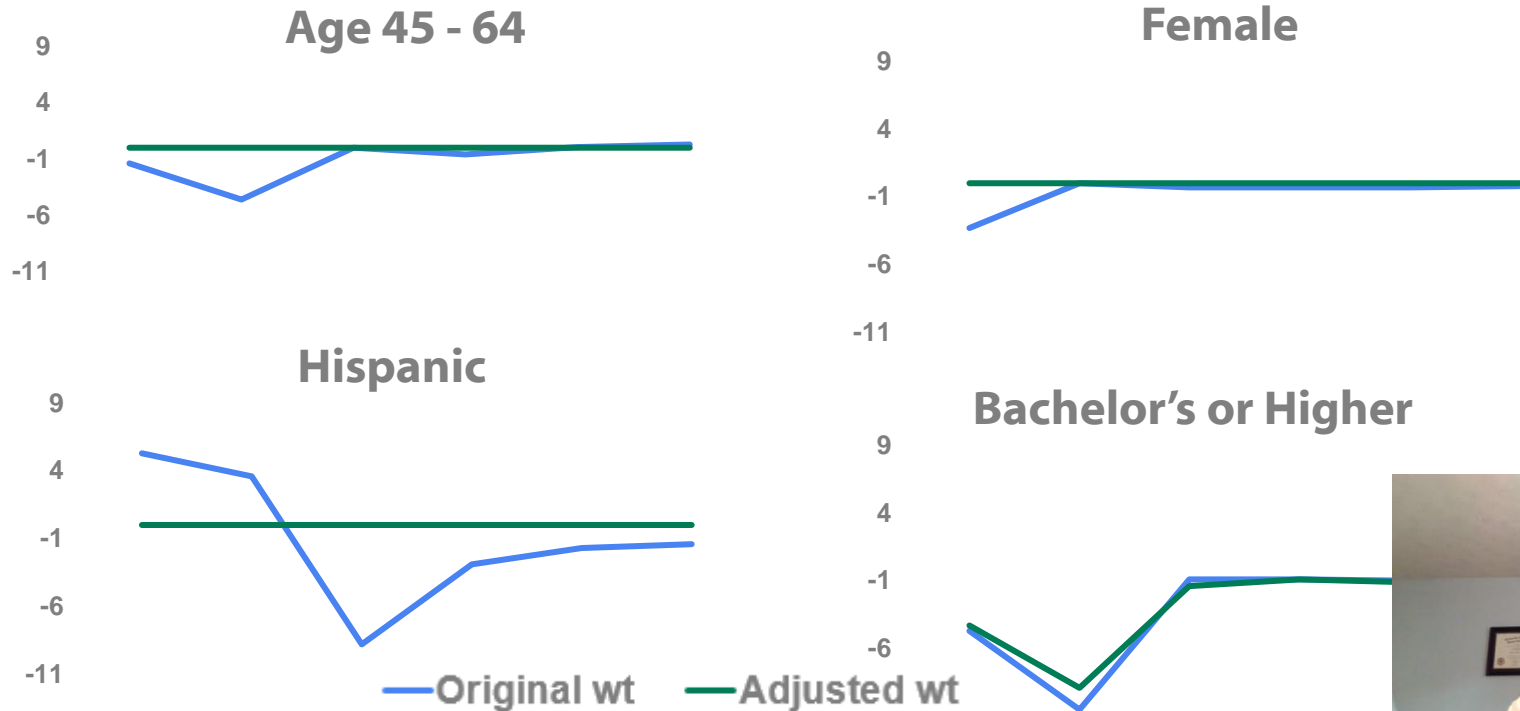
*Model: Linkage Eligible = Sex * Age Group * Race/Ethnicity*

- By including demographic variables, the relative bias for those variables was reduced to zero
- There was residual bias for variables not included in the adjustment



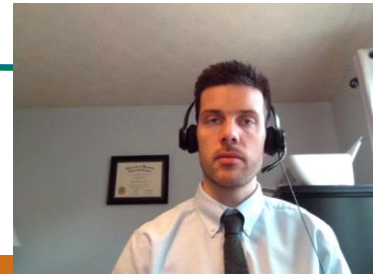
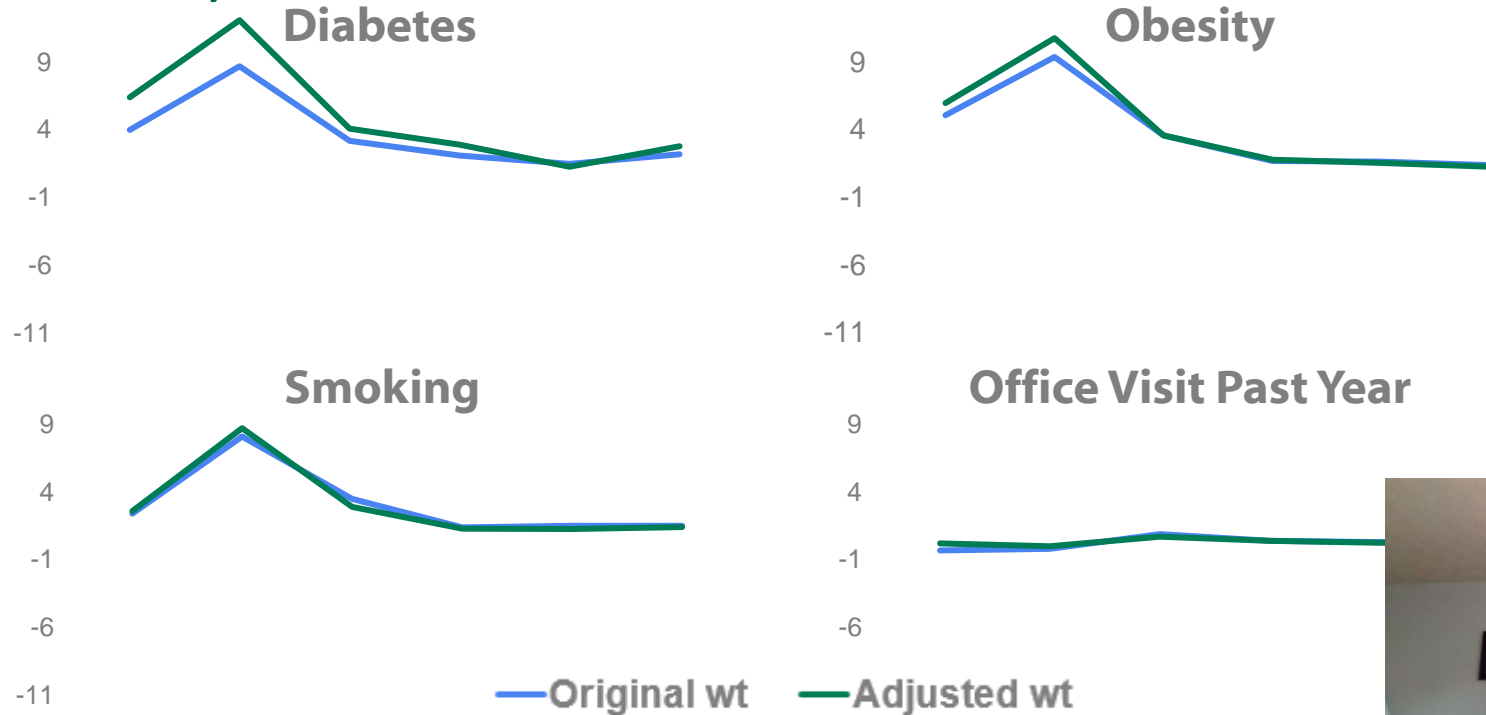
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Percent Relative Bias, Select Sociodemographic Variables, 2000-2018



6. Mitigating linkage eligibility bias through weight adjustments

Percent Relative Bias, Prevalence of Select Health Outcomes, 2000-2018



Conclusions

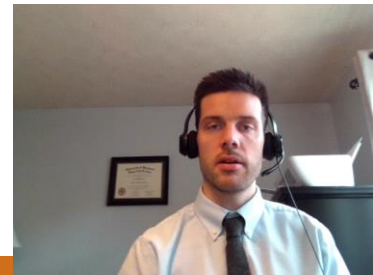
- The fact that not everyone is linkage eligible could have implications for inference when using the linked data
- Changes in data collection and consent procedures resulted in higher linkage eligibility over time
- For many variables, the largest magnitude of bias coincided with low linkage eligibility rates
- For the variables used to adjust survey weights, bias was reduced to zero
- Analysts should consider estimating bias when selecting survey years for analysis and adjusting weights when bias is detected



References

Aram J, Zhang C, Golden C, et al. Assessing Linkage Eligibility Bias in the National Health Interview Survey. *Vital and health statistics Series 2, Data evaluation and methods research*. 2021(186):1-28.

Sakshaug, J. W. and M. Huber (2015). "An Evaluation of Panel Nonresponse and Linkage Consent Bias in a Survey of Employees in Germany." *Journal of Survey Statistics and Methodology* 4(1): 71-93.



More Information



NCHS Data Linkage Program:

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www.cdc.gov/nchs/data-linkage



Jonathan Aram: JAram@cdc.gov

Subscribe to our ListServ (updates on program including release dates): Send an email message to **list@cdc.gov**. Leave the subject line blank. In the body of the message, type or paste: SUBSCRIBE NCHS-DATA-LINKAGE-PROGRAM lastname, firstname where 'lastname, firstname' is your last and first name.

