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National Health Interview Survey - Revision

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National Health Interview Survey 2020-07977

Document: CDC-2020-0037-0002

Comment from (nacolebuendel2000@gmail.com)

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General Comment

count me in definately needed and somthing I would be wanting to participate in.

April 23, 2020

Jeffrey M. Zirger, Ph.D.
Lead, Information Collection Review Office
Office of Scientific Integrity Office of Science
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road NE, MS-D74
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Phone: 404-639-7570
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Re: FR Doc. 2020–07977: Proposed Data Collections Submitted for Public Comment and Recommendations – National Health Interview Survey (NHIS) Revision

Dear Dr. Zirger:

These comments are submitted in response to the April 16, 2020 Federal Register Notice announcing Proposed Data Collections Submitted for Public Comment and Recommendations [FR Doc No. 2020–07977].

1 Introduction

Pinney Associates appreciates the opportunity to provide comments to the Centers for Disease Control and Prevention regarding the National Health Interview Survey (NHIS) Revision. **Pinney** Associates' scientists and health policy experts provide science- and public health-based strategic solutions to support decision-making by consumer health and pharmaceutical companies. Our consulting firm provides services for a range of companies, including one, JUUL Labs, that market electronic nicotine delivery systems. Some of our principals also are members in a limited liability corporation that owns intellectual property for an as-yet not-commercialized nicotine gum. Although **Pinney** Associates provides advice and guidance to companies with products that are or would be addressed in the NHIS, we are not representing nor speaking on behalf of any client with these comments.

Federal health surveys provide valuable information about the health and health-related behaviors of the U.S. population. These data are useful for a variety of audiences including those that seek to monitor use and misuse of various substances. Our comments on NHIS are focused on questions that assess tobacco product use.

2 Recommendations

Our comments are based on our review of the 2020 NHIS questionnaire documents that are publicly accessible and our understanding of planned revisions for the 2021 NHIS questionnaire based on the notice referenced above.

The NHIS survey makes valuable contributions by providing information about population health and behavior. The greatest value can be obtained when questions are

continuously assessed from year-to-year so that patterns can be examined over time. Therefore, we recommend that NHIS items related to cigarette quitting behavior be considered for retention in the 2021 NHIS questionnaire.

2.1 Retain Cessation Items

In the Cigarettes and E-cigarettes with Cigarette History section, not all of the crucial measures are included among the annual core items. Smoking cessation items are part of the rotating core and, if we understand the notice correctly, are not planned for retention in 2021. These items are:

- During the past 12 months, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?
- How long has it been since you quit smoking cigarettes?

These items provide important information to public health professionals and tobacco control researchers who are monitoring trends in smoking cessation. For example, our work (Gitchell, Shiffman, and Sembower, 2016¹) has tracked quit attempts since 2009, with the main results continuing to be updated as new data becomes available². Even more importantly, this item provides the data for the Healthy People 2020 Tobacco Use Objective 4.1.³

As smoking cessation is the only proven method to reduce the harms from smoking, particularly in the near term, we urge CDC to continue evaluating cessation behavior as an item in the core survey.

Thank you for the opportunity to provide comments on this instrument. Please contact Mark A. Sembower, MS, Director, Data Management & Statistical Analysis at msembower@pinneyassociates.com or 412-687-5677 if you have any questions or need further information.

Sincerely,

Joe Gitchell
Michael J. Hannon, MA
John M. Pinney
Mark A. Sembower, MS
Saul Shiffman, Ph.D.

¹ Gitchell JG, Shiffman S, Sembower MA. Trends in serious quit attempts in the United States, 2009-14. *Addiction*. 2017;112(5):897–900. doi:10.1111/add.13712

² <https://pubpeer.com/publications/5516762C0BA75902AABAB11317C881>

³ <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>

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June 15, 2020

Jeffrey M. Zirger
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**Re: National Health Interview Survey (NHIS) (OMB. No. 0920-0214, Exp. 12/31/2020) – Revision – National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
Docket No. CDC-2020-0037**

Dear Mr. Zirger:

Truth Initiative welcomes the opportunity to submit comment regarding the 2021 National Health Interview Survey (NHIS).

Truth Initiative is committed to creating a generation of Americans for whom tobacco use is a thing of the past. Truth Initiative's flagship program is the proven-effective and nationally recognized youth smoking prevention campaign, **truth**. Other programs include This is Quitting, a first-of-its-kind text messaging program to help young people quit vaping; EX, an innovative smoking cessation program; research initiatives exploring the causes, consequences and approaches to reducing tobacco use; and programs to address the health effects of tobacco use – with a focus on priority populations disproportionately affected by the toll of tobacco.

Truth Initiative applauds the goal of the NHIS to collect general statistics on the health of the U.S. population. We greatly value data from the NHIS. Because of the importance of the NHIS, we want to take this opportunity to suggest ways in which the survey can be improved to ensure that we are understanding most tobacco product use among adults.

Truth Initiative urges the CDC to consider the following recommendations regarding the NHIS.

1. Truth Initiative recommends adding a question about menthol cigarettes.

We recommend that a question be added regarding whether a respondent smokes menthol cigarettes. The chemical compound



menthol makes cigarettes easier to smoke and harder to quit. Menthol creates a cooling effect, reduces the harshness of cigarette smoke and suppresses coughing.¹⁻³ Menthol cigarettes are slowing the reductions in overall cigarette smoking rates. For adult smokers aged 18 and older, there were significant increases in menthol cigarette use from 2008 to 2014.⁴ Menthol cigarette smoking is more prevalent among smokers who are young, female, part of a sexual minority, or part of a racial or ethnic minority.⁵⁻¹¹ There is also significant menthol use among smokers with mental illness.^{8,12} Nearly 9 in 10 African-American smokers aged 12 and older use menthol cigarettes.⁵ Additionally, the tobacco industry has a well-documented history of developing and marketing mentholated brands to racial and ethnic minorities.¹³⁻¹⁶ Therefore, we recommend adding the following question:

Menthol cigarettes are cigarettes that have a minty taste and a cooling sensation on the throat. During the past 30 days, were the cigarettes that you usually smoked menthol?

1. Yes
2. No
- DK: Don't Know
- RF: Refused

2. Truth Initiative recommends adding questions about flavored tobacco product use.

Flavors play a significant role in drawing youth and young adults to tobacco products. Federal law bans flavors in cigarettes — excluding menthol — but not in other tobacco products, such as smokeless tobacco, cigars, hookah and e-cigarettes. These products come in an array of candy, fruit, dessert and cocktail flavors, such as sour apple, cherry, grape, chocolate, strawberry margarita, appletini, piña colada, cotton candy and cinnamon roll. Flavored tobacco products also typically have bright, colorful packages and are often sold individually and cheaply, making them even more appealing to youth and young adults. It would be helpful to know the prevalence of flavored tobacco products among adults and would help identify disparities. This information would be useful for policymakers to make policy determinations regarding flavored tobacco products.

The CDC should add questions regarding the use of flavored e-cigarettes, cigars, pipes, and smokeless tobacco products in the NHIS because:

- E-cigarette manufacturers capitalize on offering many kid-friendly flavors, such as mint, cotton candy and gummy bear.¹⁷ Flavors are a top reason why young people begin using e-cigarettes.¹⁸
- As a result of the Family Smoking Prevention and Tobacco Control Act in 2009, the Food and Drug Administration banned flavored cigarettes, except menthol. Because the FDA did not at that time have jurisdiction over cigars, cigar manufacturers took advantage of this loophole and began to heavily market and promote flavored cigar products.¹⁹



- Many hookah companies offer multiple flavors in their product lineup, which may entice hookah use among young people.²⁰ A focus group of young adult hookah smokers showed that participants found the wide variety of hookah flavors appealing and liked that they could personalize their smoking experience by mixing and customizing flavors.²¹ Additionally, young adults perceive hookah as less harmful and less addictive than cigarettes.²²⁻²⁵
- A study of internal tobacco industry documents found that smokeless tobacco product manufacturers added flavors to their products to attract new users, especially young males.²⁶

A number of tobacco products are available in “concept,” or vague, flavors. For example, Puff Bars’ Clear and Lush Ice and Swisher Sweets’ Purple Swish, Island Bash, Tropical Storm, Diamonds, Green, and Smooth are all concept-flavored tobacco products. In fact, Puff Bar Clear is advertised as having “no flavor”, but yet the description states, “Sometimes, we might not be in the mood for anything flavorful. Puff Bar Clear is an ideal option for those who simply want to enjoy the vaping experience without any frills. This flavorless vape may lack any kind of taste, but you’ll still get the same great, consistent **menthol** [emphasis added] nicotine hit you expect from a high-quality vape pen like Puff Bar.” Because adults may not recognize these products as being flavored, it is important to include examples of concept flavors in questions regarding flavored tobacco products.

Thus, we recommend adding the following questions:

Were any of the e-cigarettes or other electronic vaping products that you used in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or concept flavors such as “ice”, “purple”, or “island bash”, or any other flavor?

1. Yes
2. No
- DK: Don’t Know
- RF: Refused

What flavors were the e-cigarettes or other electronic vaping products that you used in the past 30 days? (Select one or more)

1. Menthol
2. Mint
3. Clove or spice
4. Fruit
5. Chocolate
6. Alcoholic drinks (such as wine, margarita, or other cocktails)
7. Candy, desserts, or other sweets
8. Concept flavors like ice, purple, or island bash
9. Some other flavor not listed here
- DK: Don’t Know
- RF: Refused



Were any of the regular cigars, cigarillos, or little filtered cigars that you used in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or concept flavors such as “ice”, “purple”, or “island bash”, or any other flavor?

- 1. Yes
- 2. No
- DK: Don't Know
- RF: Refused

What flavors were the regular cigars, cigarillos, or little filtered cigars that you used in the past 30 days? (Select one or more)

- 1. Menthol
- 2. Mint
- 3. Clove or spice
- 4. Fruit
- 5. Chocolate
- 6. Alcoholic drinks (such as wine, margarita, or other cocktails)
- 7. Candy, desserts, or other sweets
- 8. Concept flavors like ice, purple, or island bash
- 9. Some other flavor not listed here
- DK: Don't Know
- RF: Refused

Were any of the pipes filled with tobacco – either regular pipes, water pipes, or hookahs- that you smoked in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or concept flavors such as “blue mist”, “pirate’s cave”, or “Code 69”, or any other flavor?

- 1. Yes
- 2. No
- DK: Don't Know
- RF: Refused

What flavors were the pipes filled with tobacco – either regular pipes, water pipes, or hookahs- that you smoked in the past 30 days? (Select one or more)

- 1. Menthol
- 2. Mint
- 3. Clove or spice
- 4. Fruit
- 5. Chocolate
- 6. Alcoholic drinks (such as wine, margarita, or other cocktails)
- 7. Candy, desserts, or other sweets
- 8. Concept flavors like blue mist, pirate’s cave, or Code 69
- 9. Some other flavor not listed here
- DK: Don't Know



RF: Refused

Were any of the smokeless tobacco products that you used in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or concept flavors such as “frost”, “mellow”, or “robust”, or any other flavor?

- 1. Yes
- 2. No
- DK: Don't Know
- RF: Refused

What flavors were the smokeless tobacco products that you used in the past 30 days?
(Select one or more)

- 1. Menthol
- 2. Mint
- 3. Clove or spice
- 4. Fruit
- 5. Chocolate
- 6. Alcoholic drinks (such as wine, margarita, or other cocktails)
- 7. Candy, desserts, or other sweets
- 8. Concept flavors like frost, mellow, or robust
- 9. Some other flavor not listed here
- DK: Don't Know
- RF: Refused

3. *Truth Initiative recommends adding a question about frequency of e-cigarette use in the past month and questions to capture the quantity of e-cigarette use per session.*

The survey currently includes a question asking on how many of the past 30 days did you smoke a cigarette. We recommend adding this question for e-cigarettes as well. We also recommend adding questions asking about the quantity of e-cigarette use per session. E-cigarette use has increased in recent years, especially among youth and young adults, who use e-cigarettes more than any other age group.^{27,28} As rates of use increase, we are also seeing the frequency of use among youth go up, indicating that users are not simply experimenting with e-cigarettes but are instead using them habitually.^{29,30} On the other hand, e-cigarette use has remained relatively low and stable among adult users since around 2012.^{31,32} Many e-cigarette manufacturers tout their products as quit smoking aids, but while some evidence supports the use of e-cigarettes as quit devices, recent research suggests that their efficacy for quitting is overstated.³³ Therefore, it is important to understand frequency and quantity of e-cigarette use among adults. We recommend adding the following questions:



On how many of the past 30 DAYS did you use an e-cigarette or other electronic vaping product?

0-30 Days

DK: Don't Know

RF: Refused

On the days you vaped nicotine, how many times did you usually pick up your e-cigarette device to vape?

1-100 Times

DK: Don't Know

RF: Refused

Each time you picked up your e-cigarette to vape nicotine, how many puffs did you usually take before putting it away? (1-100)

1-100 Times

DK: Don't Know

RF: Refused

4. Truth Initiative recommends asking about the strength of e-cigarette used.

Because nicotine salts seem to have become the standard in e-cigarette products, we recommend asking about the strength of nicotine in the e-cigarettes used:

What was the strength of the nicotine in the e-cigarette you used most often in the past 30 days?

1. Less than 2%

2. 2% - 3.9%

3. 4% - 4.9%

4. 5% or greater

DK: Don't Know

RF: Refused

5. Truth Initiative recommends asking about use of heated tobacco products.

Tobacco companies have begun introducing heated tobacco products or, as the industry calls them, “heat-not-burn” tobacco products. These devices work by heating tobacco instead of burning it. Manufacturers claim this delivery method is substantially less harmful than traditional

cigarettes,³⁴ but current data on health effects of these devices are sparse and most of what has been published has been by tobacco industry scientists. In 2019, the FDA allowed the first type of tobacco heating system to be marketed and sold in the U.S.³⁵ IQOS, produced by Philip Morris International (PMI), is now being sold in select test markets by Altria around the country.³⁶ Data in foreign markets submitted by PMI indicate



that dual use of heated tobacco products along with cigarettes is, by far, the most dominant pattern of use, which raises substantial issues about what impact they might have on overall public health.³⁷ Notably, research has shown that dual use is not associated with reduced cigarette use, but rather increased exposure and poorer health outcomes than using cigarettes or e-cigarettes alone.³⁸ Thus, we recommend adding the following questions:

Have you ever used a heated tobacco product, even just one time, in your entire life?
Read if necessary: Heated tobacco products heat tobacco sticks (“heatsticks”) or capsules to produce a vapor. They are different from e-cigarettes, which heat a liquid to produce a vapor. You may know them as heated cigarettes or “heat-not-burn” tobacco products. Common brands are IQOS, glo, and Eclipse.

1. Yes
2. No
- DK: Don’t Know
- RF: Refused

Do you now use heated tobacco products every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
- DK: Don’t Know
- RF: Refused

6. Truth Initiative recommends asking about use of nicotine pouches.

Tobacco companies have also begun introducing nicotine pouches, which are sold as proportioned pouches similar to snus but do not contain tobacco leaf. Tobacco companies themselves have indicated in some of their applications submitted to the FDA that these products are for consumers who want alternatives to smoking cigarettes – or even to quit smoking cigarettes - but not necessarily stop nicotine consumption. Additionally, according to a recent report, oral nicotine brands Zyn and on! continue to post growth as the category expands.³⁹ Thus, it is important to understand whether adults are actually using these products. We recommend adding the following questions:

Have you ever used a nicotine pouch, even just one time, in your entire life?
Read if necessary: Nicotine pouches are small, flavored pouches that contain nicotine that comes from tobacco. Users place them in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. Common brands are Zyn, on!, and Velo.

1. Yes
2. No
- DK: Don’t Know



RF: Refused

Do you now use nicotine pouches every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
- DK: Don't Know
- RF: Refused

Truth Initiative appreciates the CDC taking these comments into account as it develops the 2021 NHIS. As we stated above, Truth Initiative greatly values data from the NHIS. It is critical that we have the appropriate information about tobacco products in order to best determine how to protect the public health from the deadly effects of tobacco, especially as the breadth and variety of tobacco products continues to change. Please do not hesitate to contact Maham Akbar, Public Policy Senior Manager at makbar@truthinitiative.org or 202-454-5932, should you need more information or have questions about this submission.

Sincerely,

M. David Dobbins
Chief Operating Officer



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Paige C. Magness
Senior Vice President
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June 15, 2020

Via Electronic Submission

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Re: Docket No. CDC-2020-0037 (85 Fed. Reg. 21,234 April 16, 2020) – Comments on Proposed Data Collections Submitted for Public Comment and Recommendations, National Health Interview Survey

Altria Client Services (“ALCS”), on behalf of Philip Morris USA Inc. (“PM USA”) and Helix Innovations LLC (“Helix”),¹ submits these comments in response to the above-referenced docket.²

We support the Centers for Disease Control and Prevention’s (“CDC”) collection of nationally-representative health-related information via the National Health Interview Survey (“NHIS”) and the rotation of content to address new topics of growing interest.

At Altria, our vision is to responsibly lead the transition of adult smokers to non-combustible products. To achieve our vision, we are committed to advancing tobacco harm reduction for all stakeholders and believe that comprehensive and timely data on the changing patterns of tobacco product use are essential to reaching that goal.

As part of the NHIS, CDC should resume fielding questions on smoking history and cessation on an annual basis instead of in odd-numbered years only. We also urge the Food and Drug Administration (“FDA”), as a sustaining sponsor of NHIS, to sponsor content regarding the use

¹ PM USA is a wholly-owned subsidiary of Altria Group, Inc. (“Altria”). Helix is a majority-owned subsidiary of Altria Enterprises II LLC, which is a wholly-owned subsidiary of Altria. PM USA manufactures cigarettes and is licensed to sell and distribute IQOS® and HeatSticks® in the United States and Helix manufactures oral tobacco-derived nicotine products, including *on!*® nicotine pouches. ALCS provides certain services, including regulatory affairs, to the Altria family of companies. “We” and “our” are used throughout to refer to PM USA and Helix.

² 85 Fed. Reg. 21,234 (April 16, 2020).

of oral tobacco-derived nicotine (“OTDN”) products and heated tobacco products to assist in early tracking of the prevalence of these emerging tobacco product categories. As we stated in recent comments, early tracking of emerging categories can help ensure that tobacco harm reduction efforts are as effective as possible.^{3,4}

I. Fielding Smoking History and Cessation Questions Annually Will Provide Stakeholders with Timelier Data

NHIS’s core smoking questions provide stakeholders with an understanding of prevalence and consumption on a consistent, ongoing basis.⁵ Beginning in 2019, however, CDC modified NHIS to field some smoking history and cessation questions in odd-numbered years only.⁶ A return to an annual fielding of smoking history and cessation questions - regular practice for over 20 years - would provide a more accurate snapshot of tobacco landscape and bolster research and reporting efforts.

For example, the U.S. Surgeon General’s 2020 Report on Cessation primarily cites NHIS cessation data because of its “scientific and methodologic reliability and validity,” and because it has “historically been used to track progress toward national cessation goals.”⁷ Additionally, the Office of Disease Prevention and Health Promotion within the Department of Health and Human services frequently cites NHIS cessation data on its Healthy People initiative’s website.⁸ NHIS data may not be the rich resource for future government reports and initiatives, however, if smoking history and cessation data are captured infrequently.

CDC offered understandable motivations for the 2019 NHIS redesign, including reducing respondent burden and incorporating advances in survey methodology and measurement.⁹ These survey efficiencies, however, should not come at the expense of core data collection. Access to annual data on smoking prevalence and cessation rates would allow all stakeholders to better measure progress and direct strategy and resources for future tobacco harm reduction efforts.

³ See, Altria client Services comments to CDC-2019-0117 – Proposed Data Collections Submitted for Public Comment and Recommendations, National Youth Tobacco Survey 2021-2023 dated March 23, 2020. Available at, <https://www.regulations.gov/document?D=CDC-2019-0117-0005>.

⁴ See, Altria Client Services comments to CDC-2020-0018 – Message Testing for Tobacco communication Activities dated April 27, 2020. Available at, <https://www.regulations.gov/document?D=CDC-2020-0018-0003>.

⁵ Altria supports cessation for adult tobacco users by linking those who have decided to quit to expert public health and government cessation resources compiled on our *QuitAssist*® website and for youth through our investments in youth nicotine prevention and cessation programs. More information available at, <https://www.altria.com/harm-reduction/supporting-cessation?src=topnav>.

⁶ See, 2019 NHIS Survey Questionnaire, available at, ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2019/EnglishQuest.pdf.

⁷ See, Surgeon General’s Report on Cessation, p. 37 (2020). Available at, <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.

⁸ See, TU-4.1 Adult smokers attempting smoking cessation in past 12 months. Available at, <https://www.healthypeople.gov/node/3510/national-snapshot>.

⁹ See, National Health Interview Survey, 2019 Questionnaire Redesign. Available at, https://www.cdc.gov/nchs/nhis/2019_quest_redesign.htm.

II. FDA Should Sponsor Content Regarding Novel, Innovative Tobacco Products in NHIS

Timely and comprehensive government surveys are vital tobacco harm reduction tools.¹⁰ To help maintain the survey's utility, FDA should include questions regarding new tobacco product categories, similar to its sponsoring of content regarding cigars, pipes, and smokeless tobacco. This is particularly important in the current changing tobacco landscape where adult tobacco consumers may shift between tobacco product categories, including some categories that currently are not included in NHIS.

For instance, although OTDN products have been available in the U.S. since 2016 and currently represent the most rapidly growing tobacco product category using traditional market measurement tools, NHIS still does not collect data on use of these products.¹¹ Additionally, NHIS does not survey households on heated tobacco products although other government surveys, such as the National Youth Tobacco Survey and Message Testing for Tobacco Communication Activities, collect data on consumer use, attitudes, and perceptions of this product category.

A simple three-question battery covering OTDN and heated tobacco products would be a meaningful addition to the survey. As with current questions related to cigars, pipes, and smokeless tobacco, the survey could ask about ever use, current use, and 30-day use for OTDN and heated tobacco products. Doing so would provide a more accurate and complete understanding of the tobacco product landscape and better inform future tobacco harm reduction plans.

Conclusion

We appreciate the opportunity to comment on CDC's NHIS docket. Including smoking history and cessation questions annually, paired with timely incorporation of new tobacco product categories, will improve the NHIS and increase the efficacy of future tobacco harm reduction efforts. Please let us know if you have any questions or would like to discuss any of our ideas further.

Sincerely,



¹⁰ See, ALCS Comments to Message Testing for Tobacco Communication Activities.

¹¹ OTDN represents one of the fastest growing tobacco product segments in the U.S. market. See, Tob. Control 2019 November 21 Tobacco Companies Introduce 'Tobacco-Free' Nicotine Pouches Meagan O Robichaud, Andrew B Seidenberg, M Justin Byron.

June 15, 2020

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Centers for Disease Control and Prevention
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Atlanta, Georgia, 30329

RE: Docket No. CDC–2020–0037. Review of the National Health Interview Survey

Submitted via Regulations.gov

To Whom it May Concern,

Thank you for the opportunity to comment on the National Health Interview Survey (NHIS) Revision. As scholars dedicated to conducting research on sexual orientation and gender identity, we are writing to communicate the importance of sexual orientation and gender identity (SOGI) data collection in the National Health Interview Survey (NHIS). The Williams Institute has long analyzed governmental data, including NHIS data, and has worked with federal agencies to improve data collection on the U.S. population. We have also produced widely cited best practices for the collection of sexual orientation and gender identity information on population-based surveys.

Only a handful of more than 150 data sources used to monitor progress towards Healthy People 2020 objectives include sexual orientation and gender identity (SOGI) items (<https://www.healthypeople.gov/2020/data-search/Data-Sources>). This limitation impedes researchers' ability to measure progress towards improving the health and wellbeing of the estimated 13 million lesbian, gay, bisexual, and transgender (LGBT) people, and reducing SOGI health disparities, in the United States.ⁱ The NHIS is one of only eight data sources that include sexual orientation items, making it a vital source of population-based information about trends in illness, healthcare access, and progress towards health objectives for this population. Since collection of these items began in 2013, this data has since been used in at least 56 published studies. These publications cover a wide range of topics, including mental health, health-related quality of life, cancer, tobacco use, and health care access (Table 1). Knowledge gained from NHIS data analysis has helped researchers identify health disparities experienced by sexual minorities across a range of health outcomes. For example, sexual minorities have higher odds of poor physical health, poor mental health, and chronic conditions.ⁱⁱ Research suggests that many of these disparities are rooted in societal stigma and discrimination. In particular, exposure to discrimination and violence is associated with higher rates of psychiatric disordersⁱⁱⁱ, substance abuse^{iv}, and suicide^v among LGBT people. **Given the utility of this information in the NHIS survey, we strongly recommend that this measure is retained.**

The NHIS does not currently collect information on gender identity. We estimate that there are about 1.4 million gender minority adults in the U.S. Gender minority people are at a high risk for poor health outcomes, including poor physical and mental health, higher rates of suicide,^{vi} and lower rates of health

care coverage.^{vii} In order to better understand the health disparities experienced by this population, we recommend that the NHIS add survey questions which identify respondents' sex assigned at birth as well as their current gender identity. Only two Healthy People 2020 data sources currently collect information about gender identity (the Population Assessment of Tobacco and Health (PATH) and the National Crime Victimization Survey (NCVS)). One of the Healthy People 2020 goals is to increase the number of data sources that collect this information from two to four. **We recommend that the NHIS add survey questions that allow identification of gender minorities in the U.S. population.** This will contribute to progress towards the Healthy People 2020 goals by improving understanding of health disparities experienced by gender minority (e.g., transgender) people.

In summary, your efforts to sustain and expand sexual orientation and gender identity data collection in the NHIS will support the federal government in fulfilling its commitment to monitor, promote, and protect the public health and to reduce health disparities based on sexual orientation and gender identity. We thank you for your commitment to public health.

Sincerely,

Kerith Jane Conron, Sc.D., M.P.H, Blachford-Cooper Research Director and Distinguished Scholar

Ilan H. Meyer, Ph.D., Williams Distinguished Senior Scholar of Public Policy

Christy Mallory, Daniel H. Renberg Senior Scholar and Director of State and Local Policy

M. V. Lee Badgett, Ph.D., Williams Distinguished Scholar

Bianca D. M. Wilson, Ph.D., Rabbi Barbara Zacky Senior Scholar of Public Policy

Jody L. Herman, Ph.D., Senior Scholar of Public Policy

Kathryn O'Neill, M.P.P., Peter J. Cooper Public Policy Fellow

Luis A. Vasquez, J.D., Daniel H. Renberg Law Fellow

Winston Luhur, B.S., Research Assistant

Table 1. Research which used NHIS sexual orientation data by Healthy People 2020 topic areas.

Access to Health Services
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Adolescent Health
Calzo, J. P., Mays, V. M., Björkenstam, C., Björkenstam, E., Kosidou, K., & Cochran, S. D. (2019). Parental Sexual Orientation and Children's Psychological Well-Being: 2013-2015 National Health Interview Survey. <i>Child Dev</i> , 90(4), 1097-1108. doi:10.1111/cdev.12989
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Mental Health

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Health-Related Quality of Life & Well-Being

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Endnotes

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