



October 16, 2026

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, GA 30329

Docket No. CDC-2026-1387

**Re: Proposed Data Collection Submitted for Public Comment and Recommendations:
National Health Interview Survey, including the 2028 questionnaire redesign (Federal
Register, August 20, 2026)**

Dear Mr. Zirger:

On behalf of the American Public Health Association, a diverse community of public health professionals that champion the health of all people and communities, I write to submit our comments on the proposed continuation and 2028 redesign of the National Health Interview Survey (Docket No. CDC-2026-1387). The NHIS has been a cornerstone of national health data collection since 1957 and we support CDC's goals of improving data collection. To maintain the quality of the public health data collected, **APHA has a twofold interest in both preserving the collection of disability related data and food security data.**

APHA urges CDC to restore a validated food security measure—at a minimum the USDA Household Food Security Survey Module scale—in the 2028 NHIS questionnaire. We recommend reinstating these items prior to 2028 to limit gaps in trend data, and collecting the measure annually on a predictable schedule. Furthermore, CDC should keep the household measure linked to the child file alongside existing SNAP, WIC, and school meal participation questions, while actively publishing food security estimates and coordinating with the USDA Economic Research Service.

APHA urges CDC to (1) keep the questions that identify people with disabilities, this means the age-of-onset, learning, and help-with-everyday-tasks questions, kept in the survey every year, (2) keep the detailed questions that show how disability affects daily life and health, (3) test the new way of answering with people who have many kinds of disabilities, including intellectual, communication, sensory, physical, and mental health disabilities and share what is learned, and finally (4) tell the public how CDC chose which questions to remove and how disability groups were involved.

Why Food Security Data in the NHIS Matters

APHA is deeply concerned that the currently proposed redesigned NHIS contains no measure of

household food insecurity. From 2011 through 2024, the NHIS fielded a 30-day version of the USDA 10-item adult food security module annually with USDA sponsorship. When that sponsorship concluded after 2024, the questions were removed beginning in 2025. National Center for Health Statistics content plans through 2027 do not include them, and neither does the 2028 draft, which asks only whether a household received SNAP, WIC, or school meals.

This proposal comes on top of an earlier, critical loss of national data. On September 20, 2025, USDA announced it would terminate its annual Household Food Security reports—which had been based on the Current Population Survey Food Security Supplement and produced the nation's official food insecurity statistics since 1995. USDA deemed the reports "redundant" and stated it would rely on other data sets. The final report, covering 2024, was released on December 30, 2025, with the supplement's final collection occurring in December 2024—the exact year the NHIS last fielded its food security questions. Consequently, both national annual sources ended simultaneously, making the 2028 NHIS redesign the ideal and necessary moment to restore at least one of them.

Taken together, these two actions leave the U.S. without any large, annual federal measure of household food insecurity for the first time in three decades. This glaring gap emerges precisely as many households face escalating food costs and major changes to federal nutrition assistance.

APHA urges CDC to retain a validated food security measure in the 2028 NHIS, at minimum a USDA Household Food Security Survey Module scale, and to collect it on a regular, predictable schedule so our nation can adequately track and respond to hunger.

The Federal Register notice specifically invites comments on the importance of content additions or removals and how changes could affect trend measurement. Food security questions are vital on both counts:

- **No annual federal source remains:** Following the termination of USDA's annual Household Food Security reports, no comparable annual tracker exists. While NHANES collects food security data, it does so only every two years and has a much smaller sample. Restoring the NHIS items remains the most practical way to maintain an annual national measure.
- **The NHIS uniquely links food insecurity to health:** NCHS documentation notes that food security questions allow researchers to examine the direct relationship between health outcomes and household food insecurity. The NHIS captures these measures within the same interview as data on diabetes, high blood pressure, disability, health insurance, and skipping medication to save money. For households with children, the same items connect to questions on asthma, developmental disabilities, and children's health insurance. As currently drafted, the 2028 NHIS cannot examine how food insecurity relates to the health of adults or children.
- **The sample supports robust subgroup analysis:** In 2024, the NHIS completed 32,629 adult and 8,360 child interviews. This sample size supports crucial estimates for older adults, people with disabilities, veterans, rural residents, and diverse racial and ethnic groups—populations where food insecurity and poor health frequently overlap.
- **It supports national objectives and program decisions:** Federal, state and local agencies rely on food insecurity data to track Healthy People 2030 nutrition objectives, target resources, evaluate programs like SNAP, WIC, school meals, and Older Americans Act nutrition services,

and plan effectively for economic downturns and emergencies.

- **Trend continuity would be lost:** The NHIS provides 14 years of consistent annual data (2011 to 2024), spanning the Great Recession recovery and the COVID-19 pandemic. While a gap beginning in 2025 threatens this series, omitting the measure entirely from the 2028 redesign will permanently sever it.

Program Participation is Not a Substitute

Although the draft survey retains questions on SNAP, WIC, and school meal participation, participation is not a proxy for food insecurity:

- Many food-insecure households do not participate in any federal nutrition program due to strict eligibility limits, stigma, administrative barriers, or lack of awareness.
- Many participating households still experience food insecurity because benefit amounts frequently do not last the full month.

Without a direct food security measure, CDC and researchers cannot identify unmet needs or assess whether existing programs are successfully mitigating hardship. Program participation data shows who is enrolled, not who is going without.

Burden and Feasibility

A food security measure seamlessly aligns with CDC's goal of a shorter, self-administered survey:

- **Low burden:** The USDA 10-item U.S. Adult Food Security module takes most respondents about one minute, and families reporting no food hardship on the three initial screening questions skip the remaining seven, further reducing burden.
- **Validated and well-established:** The USDA scale is the established national standard, utilized for decades across federal surveys (including NHIS, NHANES, and the Current Population Survey) as well as routine health care screenings.
- **Suitability for self-administered modes:** The items are simple, closed-ended, and have a proven track record in web and paper surveys, making them ideal for the planned sequential mixed-mode design.
- **High value for small cost:** Allocating these additional 10 items out of approximately 150 represents a modest share of the instrument relative to the immense national data gap it fills.

Implications for Public Health

Food insecurity is a primary driver of health care costs and is closely associated with multiple chronic conditions, poorer self-reported health, higher health care utilization, and lower rates of medication adherence. A May 2026 Federal Reserve Bank of New York survey revealed that food insecurity in the U.S. has already reached levels unseen since the height of the pandemic in 2020—even before the full impact of recent SNAP cuts is felt.

For many low-income families, losing SNAP also translates to losing health coverage. According to the Kaiser Family Foundation, 78% of SNAP recipients—nearly 30 million people—are enrolled in Medicaid. Medicaid covers 88% of children who receive SNAP, amounting to approximately 13 million children.

Why detailed disability questions matter in the NHIS

Having complete and accurate data is vital to do our best public health work to ensure optimal health for all communities. The public health system, which includes health departments, researchers and health care and other service providers, need to know who in their communities has disabilities, what disabilities they have and what support they need in order to allocate their resources to provide complete care and services. NHIS data is vital to the work of public health and without data on mobility and supports, developmental disabilities, cognition, upper body function, anxiety and depression, fatigue and chronic conditions, public health cannot make informed, data driven decisions.

APHA is concerned that the proposed changes to the NHIS would have a negative impact on disabled communities. Public health is data driven, NHIS data is critical to the public health sector, as it is used by health departments, researchers and nonprofits to allocate funding, evaluate programs, and research health outcomes.

Comprehensive data means money isn't wasted

An estimated 3-5% of the U.S. population are people with intellectual and developmental disabilities (IDD)¹. To make informed decisions about what programs to fund for people with IDD, public health needs to know how many people in their communities have IDD, and what support they may need. The proposed changes would eliminate questions about learning, receipt of help, and age of onset, all of which can provide key details about people with IDD. Approximately 6.8 million Americans have generalized anxiety disorder². Keeping in the functioning, frequency and intensity measures in the NHIS is critical. If these data are not collected, public health agencies will not be able to resource programs appropriately; the public health programs for a program that focuses on supplemental support will require different resources than one focused on people with unmedicated anxiety.

Comprehensive data measures success of public health programs

Evaluation is a key aspect of public health practice, it helps public health agencies ensure they are making data driven decisions, being effective at serving impacted communities and being efficient. Without the full picture of what supports people with disabilities are using, public health isn't able to fully evaluate our work. Not having comprehensive data on the supports that people with disabilities use, public health can't make informed decisions on what programs to implement. Millions of people in the U.S. use mobility devices³ and retaining the questions on NHIS that give detailed data on mobility and supports will help public health agencies plan for and measure the success of programs designed to support people who use these aids. Having incomplete data means that when public health programs are evaluated, the true impact that the program had is

¹ <https://www.ie-care.org/about-idd/>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC10612137/>

³ https://www.researchgate.net/publication/238271865_Mobility_Device_Use_in_the_United_States

obscured. It is vital that CDC retains the disability measures for the continuity of program evaluation, programs who use the NHIS data to design a program will be missing the data to evaluate their programs efficacy if questions are eliminated.

Comprehensive data tells us what barriers to health exist

Comprehensive disability data paints the complete picture of barriers to health that people with disabilities might face. Without information on how many people in the US use mobility aides, researchers are left in the dark about potential barriers people with disabilities might face in getting access to healthcare. Two-thirds of Americans experience some level of cognitive impairments ⁴, but without the full picture of the frequency of memory impairment, or if the cognitive impairment is with memory or concentration, public health is left with an incomplete picture of what barriers to health folks with cognitive impairments face. The complete data is vital to understanding what the actual barriers to health are, without it public health agencies might make uninformed decisions and waste resources on programs that don't actually address the needs of the community.

Comprehensive data gives us sound policy

Without a complete picture of disability status and support needs policy makers cannot make sound and impactful policy. It is estimated that at least 70 million people, 1 in 4 Americans lives with a disability ⁵. If our policymakers do not have complete and accurate information about people with disabilities in the U.S., they can't make sound policy, furthermore it will be challenging to implement and assess the efficacy of that policy.

APHA uses comprehensive data to influence the field of public health

With over 22,000 members, APHA is the professional home for many public health practitioners. APHA sets a tone for the field of public health, and we need comprehensive data to inform our guidance to the field. When APHA has comprehensive data on disability and support status we are able to provide relevant technical assistance, support and research to the field of public health.

Our communities are partners in improving the NHIS

APHA urges CDC to engage with disabled communities in the redesigning process and in testing the questions and format. The disabled people whose experiences are illuminated through the NHIS are best positioned to provide input on the survey. In order to have the most effective and efficient survey, APHA recommends testing the new data collection methodology with people who have many kinds of disabilities, including intellectual, communication, sensory, physical, and mental health disabilities and share what is learned.

APHA urges CDC to be transparent about the decisions it makes regarding the redesign of the NHIS. The public health community remains invested in the ways that NHIS changes and adapts, and we want to be informed of how these changes are made.

⁴ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7153285/>

⁵ <https://www.cdc.gov/media/releases/2024/s0716-Adult-disability.html>

Recommendations

APHA respectfully recommends CDC take the following actions:

1. **Restore a validated household food security measure** in the 2028 adult NHIS questionnaire: preferably the 30-day, 10-item adult module fielded from 2011 through 2024, and at minimum the USDA 6-item short form.
2. **Treat food security as NCHS core content** rather than depending on outside sponsorship, or actively work with USDA and other HHS agencies to secure stable, long-term sponsorship.
3. **Consider reinstating the items prior to 2028** to limit the break in the trend series that began in 2025.
4. **Collect the measure annually.** If space constraints necessitate rotation, place it within rotating content on a fixed, published schedule no less often than every other year.
5. **Keep the household measure linked to the child file** so that food insecurity can continue to be analyzed alongside children's health outcomes.
6. **Keep the SNAP, WIC, and school meal participation questions** alongside the food security items so the two dimensions can be analyzed jointly and on the same households.
7. **Publish food security estimates** in NHIS early release and summary products, and coordinate with the USDA's Economic Research Service on measurement methodology given the termination of the CPS Food Security Supplement.
8. **Retain the detailed mobility and support needs questions** as they were on the 2026 survey.
9. **Retain the developmental disability identification questions** as they were on the 2026 survey.
10. **Retain detailed cognition and upper-body function questions** as they were on the 2026 survey.
11. **Retain the fatigue questions** as they were on the 2026 survey.
12. **Retain the current anxiety and depression functioning frequency and intensity measures** as they were on the 2026 survey.
13. **Retain the current chronic conditions questions including diagnosis and condition-specific information** as they were on the 2026 survey.
14. **Meaningfully include disabled people** in the redesign and testing of the NHIS, test the new data collection methods with people who have many kinds of disabilities, including intellectual, communication, sensory, physical, and mental health disabilities and share what is learned.
15. **Be transparent about decisions** so that the public health community can understand why and how these changes are being made.

Closing

Both disability and food insecurity remain fundamental social drivers of health. Without an accurate, quality and complete national measure, the public health community will lose its capacity to identify key social drivers of health and evaluate the impact of our efforts to improve the health of all communities. APHA appreciates CDC's ongoing work to modernize the NHIS and strongly urges the agency to retain food security measures and detailed disability measures within the redesigned survey. We welcome the opportunity to provide additional information or discuss these recommendations further.

Sincerely,

A handwritten signature in black ink, reading "Georges C. Benjamin". The signature is fluid and cursive, with the first name "Georges" and last name "Benjamin" clearly legible.

Georges C. Benjamin, MD
Chief Executive Officer
American Public Health Association