



October 19, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Erica Schwartz, MD
Director
Centers for Disease Control and Prevention
4770 Buford Highway, NE
Atlanta, GA, 30341-3717

Re: Proposed National Health Interview Survey Redesign (Docket No. CDC-2026-1387)

Dear Secretary Kennedy and Director Schwartz:

Thank you for the opportunity to provide comments on the proposed National Health Interview Survey redesign for 2028 and beyond.

The American Lung Association's mission is to save lives by improving lung health and preventing lung disease. Our goals include defeating lung cancer, creating a tobacco-free future, championing clean air for all and improving the quality of life of those living with lung disease. The National Health Interview Survey (NHIS) provides critical information on the health of adults in the United States. These data demonstrate the effectiveness of policy interventions, show where additional health promotion and education programs are needed and where gaps in research remain. The proposed NHIS 2028 redesign will result in less data on important lung health topics and undermine efforts to address the burden of chronic and infectious diseases in the United States.

The proposed NHIS 2028 redesign would dramatically reduce the scope of the survey and its subsequent data. The survey is currently administered via live interview. The proposed redesign would change the survey to be self-administered via pen and paper or online questionnaire. This change in survey administration would require the survey to be significantly shorter with less complex skip patterns. The current NHIS includes different types of questions that are fielded at different intervals. There are annual core questions that are asked every year as well as rotating core questions that are fielded every three to five years. Additionally, federal agencies currently sponsor additional questions either annually or on a rotating basis. While the proposal indicates that there will still be room in the survey for sponsored content, those questions will need to be fewer and have less complicated skip patterns due to the structural changes of the survey.

As a result, there will be fewer questions asked, fewer follow-up questions discussed and less detailed data reported. These changes will harm efforts to improve health long-term, and the Lung Association encourages the Centers for Disease Control and Prevention to not proceed with the proposed redesign.

Impact on Cancer Data

Lung cancer is the leading cause of cancer deaths in the United States for both men and women. Early detection through screening is resulting in more early diagnoses and an increased survival rate. Additionally, new research is yielding more effective treatments for patients. The NHIS questions on cancer and specifically lung cancer will allow this progress to continue.

Analysis of the current annual core NHIS questions compared to the proposed NHIS redesigned questions shows gaps in the redesigned survey. The proposed redesigned core questions do not ask respondents if they have been diagnosed with other cancers and at what age those diagnoses occurred. While respondents have the option of indicating any type of cancer diagnosis, removing the separate questions means that the NHIS data would no longer have an age of diagnosis for specific types of cancer. These data are important to understand trends in cancer diagnosis and where to focus prevention and screening research to best understand the disease and how to reduce its mortality.

The current NHIS includes a sponsored cancer control supplement of questions. There are four sets of questions that rotate on and off the survey every four years. Recognizing that the proposed NHIS redesign would reduce the number of sponsored questions, losing the cancer control supplement would mean losing important information on lung cancer screening. The cancer control supplement includes three questions on lung cancer screening via low-dose CT scans. Lung cancer screening saves lives. Screening for lung cancer can find cancer at an earlier, more treatable stage, reducing mortality.¹ This information is important to identify gaps in screening for lung cancer and target interventions to improve screening rates for those at high risk. Excluding these questions will make it more difficult to increase screening rates and reduce lung cancer mortality.

Impact on Tobacco Use Data

Tobacco use is the leading cause of preventable death and disease in the United States.² Annually, almost half a million people living in the United States die from a tobacco-caused disease.³ The NHIS currently has a robust section on people's use of tobacco products as well as their behaviors on quitting using tobacco.

Both the current NHIS and the proposed NHIS redesign include questions asking if the respondent uses cigarettes, how frequently they use the cigarettes and if they use e-cigarettes. Unfortunately, the proposed redesign does not include the question of how old a person was when they started smoking regularly. The rotating cancer control supplemental questions include information on cigar, smokeless tobacco and nicotine pouches. Recognizing the goal of the proposed redesign is to have a shorter survey, we anticipate some, if not all of these questions, could be excluded. This potential exclusion would negatively impact tobacco control efforts, as the data from these questions help identify tobacco use patterns over time and for specific populations.

The proposed NHIS redesign eliminates the entire series of questions on past quit attempts. These questions include if a respondent stopped smoking, how long it has been since they stopped smoking and if they had received advice from a healthcare provider to quit. These data are not collected in other surveys. Additionally, the rotating cancer control supplemental questions on tobacco cessation appear to be at risk of exclusion. These include if a person wants to quit smoking and what types of interventions a person used for a quit attempt. The data from this survey allows the public health community to understand people's interest in quitting by age, insurance type and other demographic

factors. The data can also identify gaps between populations that want to quit and the populations that are being advised to quit and given interventions. These data are also used to inform both health education and policy efforts on health systems change, including tobacco use quality measures, to encourage healthcare providers to change their practice behavior to consistently advise all patients who smoke to quit. These data are also in MMWR articles, including one on smoking cessation, which has important information on people's desire to quit, quit outcomes and if they received any treatment to help them quit. With the NHIS redesign, the questions that inform this article and others will not be fielded as the data would no longer exist.

Impact on Immunization Data

Vaccines help to prevent respiratory disease. Some populations, including those over 65, who smoke or have asthma or COPD, are at higher risk of a severe infection from influenza, COVID-19, RSV and pneumonia. Vaccines can prevent disease or reduce the severity of symptoms from these diseases and many others. Vaccines can also help stop the spread of respiratory disease. It is vital that there is high vaccination coverage to help protect people with lung disease, prevent severe disease and death and protect communities.

The current NHIS includes questions on if a person received the influenza vaccine, when they received it and if a person received the pneumococcal vaccine as part of the annual core questions. Both the question on when a person received their influenza vaccine and if they received a pneumococcal vaccine are eliminated in the proposed NHIS redesign. Both of these questions are important to maximize outreach and education efforts and ultimately improve immunization rates and reduce the burden of these diseases. For example, influenza is a seasonal virus and the timing of the annual vaccine is important. Data showing when people get vaccinated could help to tailor annual education and awareness campaigns.

Currently, the NHIS includes sponsored questions on immunizations including Tdap, COVID-19 and RSV, all of which provide protection from respiratory viruses. The data provided by these questions are important to understanding their uptake among the general public and specific, high-risk populations. The NHIS is used as a data set for Healthy People 2030. It is the data set for the objective, "Increase the proportion of people who get the flu vaccine every year — IID-09." Another example for use of NHIS data includes the MMWR/AdultVaxView publications that come out looking at trends in adult vaccination. The public health community uses the NHIS data for pneumococcal vaccination rates, including for younger adults at increased risk and ethnic/racial groups to determine the greatest need for education and awareness. The Lung Association encourages CDC to ensure there is space for sponsored questions on vaccines.

Conclusion

The data from the NHIS informs important research, health education and policy efforts. The proposed changes would make it more difficult to reduce the burden of chronic and infectious diseases in the United States. The Lung Association therefore urges the Centers for Disease Control and Prevention not to proceed with the proposed redesign of the NHIS survey. Thank you for the opportunity to provide comments.

Sincerely,
American Lung Association

¹ Lancaster HL, Heuvelmans MA, Oudkerk M. Low-dose computed tomography lung cancer screening: Clinical evidence and implementation research. *J Intern Med*. 2022 Jul;292(1):68-80. doi: 10.1111/joim.13480. Epub 2022 Mar 24. PMID: 35253286; PMCID: PMC9311401.

² U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Accessed: September 30, 2026.

https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf

³ Office of the Surgeon General (US). Eliminating Tobacco-Related Disease and Death: Addressing Disparities: A Report of the Surgeon General [Internet]. Washington (DC): US Department of Health and Human Services; 2024. PMID: 40373173.