



SAFE STATES

An Alliance to Strengthen the Practice of Injury and Violence Prevention

October 2, 2026

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Rd., NE
Atlanta, GA 30329

Dear Mr. Zinger,

The Safe States Alliance appreciates the opportunity to provide comments on the National Center for Health Statistics (NCHS) proposal to redesign and modernize the National Health Interview Survey (NHIS). We recognize the important need to update NHIS data collection in response to rising costs, increasing difficulty reaching households, and the need for a more flexible and efficient national survey.

The Safe States Alliance is a national nonprofit organization of over 800 members representing all 50 state health department injury and violence prevention programs. Our members rely on timely, high-quality national data to identify injury and violence trends, inform prevention strategies, evaluate public health needs, and support evidence-based decision-making.

As NCHS considers the content of the redesigned NHIS, we respectfully recommend adding the following eight questions. Together, these questions would strengthen national surveillance of unintentional injuries, suicide-related outcomes, and falls—three areas of substantial public health importance.

1. Strengthened understanding of injury and risk

We recommend including the following three questions:

1. During the past 3 months, did you have an accident or an injury where any part of your body was hurt?
2. During the past 3 months, how many days of work did you miss because of an injury?
3. During the past 3 months, did any of these injuries limit your usual activities for at least 24 hours after the injury occurred?

These questions were previously included in the NHIS and we feel provide valuable information on the frequency and functional consequences of injuries. In particular, questions regarding missed work and activity limitation capture consequences that may not be reflected in healthcare utilization data alone.

Measures of work loss are also important for understanding the broader societal impact of injury. Economists and public health researchers use such information to characterize productivity losses and the consequences of injuries that may require subsequent medical care or contribute to future healthcare expenditures.

Retaining these questions in the redesigned NHIS would provide continuity with previously collected NHIS data and help preserve the ability to examine changes in injury-related outcomes over time.

2. Recent suicidal thoughts and behaviors

We recommend including the following three questions:

4. At any time in the past 30 days, did you seriously think about trying to kill yourself?
5. During the past 30 days, did you make any plans to kill yourself?
6. During the past 30 days, did you try to kill yourself?

These questions would provide national prevalence estimates of recent suicidal thoughts and behaviors using a 30-day reference period. This proximal surveillance window is an important addition to the national data infrastructure because it can facilitate analyses that temporally align suicidal thoughts and behaviors with other recent measures of psychological distress, sleep, pain, and situational risk and protective factors.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH) includes similar measures, but uses a 12-month reference period. A 30-day reference period in NHIS would therefore provide complementary information rather than simply duplicating existing national surveillance.

Additionally, the ability to measure suicidal thoughts, suicide planning, and suicide attempts within the same recent time window would allow researchers and public health practitioners to examine the relationship among these outcomes and other health and social factors collected through NHIS.

Given the significant public health consequences associated with suicide and the importance of timely surveillance, we believe these questions would make an important contribution to the redesigned NHIS.

3. Falls and fall-related injury

We recommend including the following two questions:

7. In the past 3 months, how many times have you fallen?
8. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

Falls are a major source of injury and disability and affect people across the lifespan. These questions would provide nationally representative estimates of the prevalence and frequency of falls and identify falls resulting in meaningful activity limitation or healthcare utilization.

These questions were previously included in the Behavioral Risk Factor Surveillance System (BRFSS). With the future availability of these questions in BRFSS uncertain, incorporating them into NHIS would help maintain an important source of national fall surveillance.

These questions also strengthen our understanding of the difference between the occurrence of falls and falls resulting in consequential injury. This distinction is useful for assessing the public health burden of falls and for examining demographic and health-related factors associated with fall-related injury.

Importance to injury and violence prevention surveillance

The proposed questions would collectively strengthen NHIS's ability to characterize several important dimensions of injury and violence: occurrence, severity, functional impact, productivity loss, suicidal thoughts and behaviors, and fall-related injury.

Importantly, these measures would complement rather than replace more detailed surveillance systems. Their inclusion in a nationally representative household survey would provide a consistent population-level context for interpreting data from healthcare records, vital statistics, state surveillance systems, BRFSS, and other specialized data sources.

The relatively short reference periods used in these questions also make the measures useful for studying recent events and their relationship to other health and behavioral characteristics captured by NHIS.

Recommendation

The Safe States Alliance respectfully urges NCHS to include all eight questions in the redesigned NHIS. Maintaining previously used NHIS injury questions would preserve valuable continuity in national injury surveillance, while adding the proposed suicide and fall questions would address important gaps in timely national surveillance.

The redesigned NHIS presents an important opportunity to ensure that the nation's primary household health survey continues to provide actionable information on injury and violence prevention. Including these questions would enhance the breadth and utility of NHIS data for federal, state, territorial, tribal, and local public health agencies, researchers, healthcare organizations, and other stakeholders working to prevent injuries and violence and reduce their consequences.

Thank you for considering these recommendations and for NCHS's continued commitment to strengthening the nation's health data infrastructure. The Safe States Alliance appreciates the opportunity to comment and would welcome the opportunity to provide additional information regarding the proposed questions or their utility for injury and violence prevention surveillance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharon Gilmartin', with a stylized, flowing script.

Sharon Gilmartin, MPH
Executive Director

