



# Can a higher incentive increase physical examination response? Evidence from the National Health and Nutrition Examination Survey (NHANES)

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National Center for Health Statistics

# Disclaimer

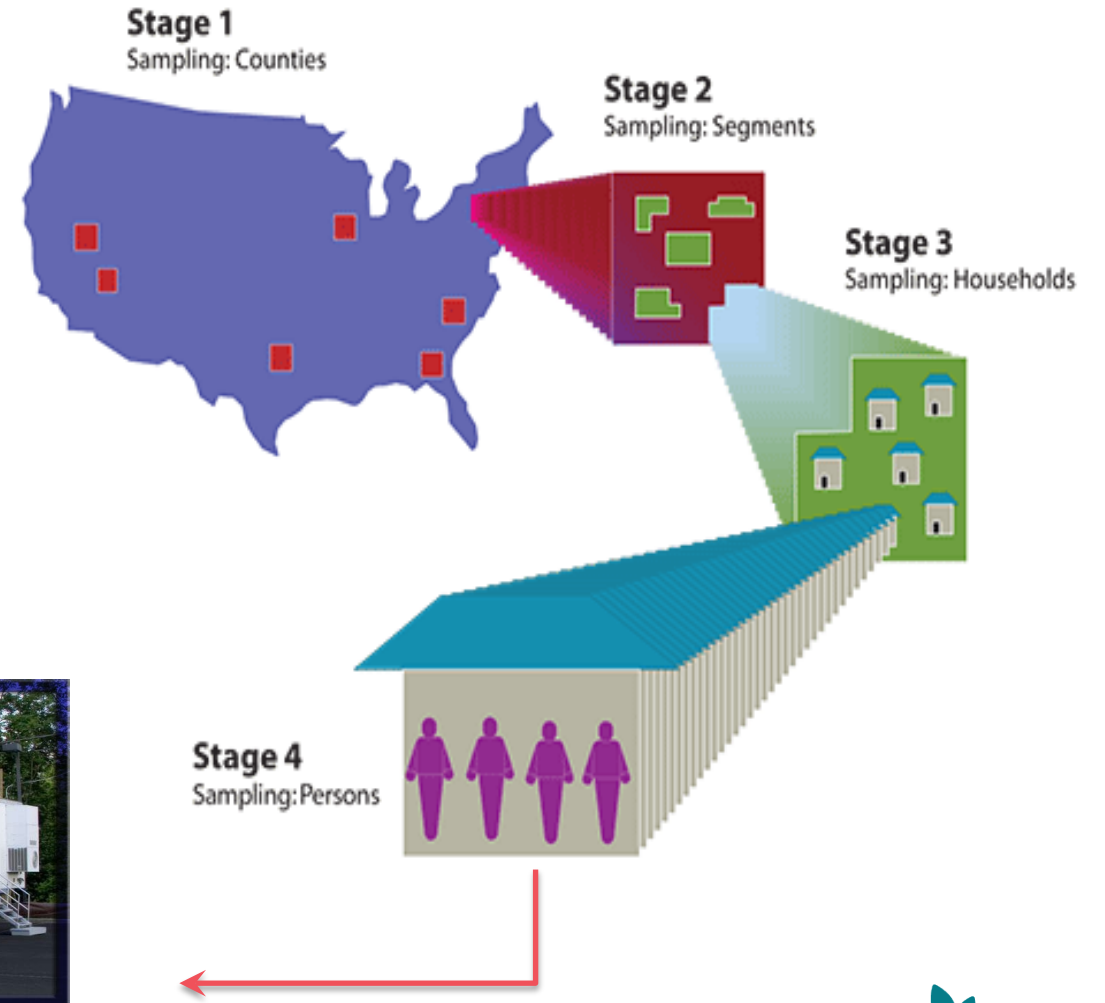
*The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention*

# Background

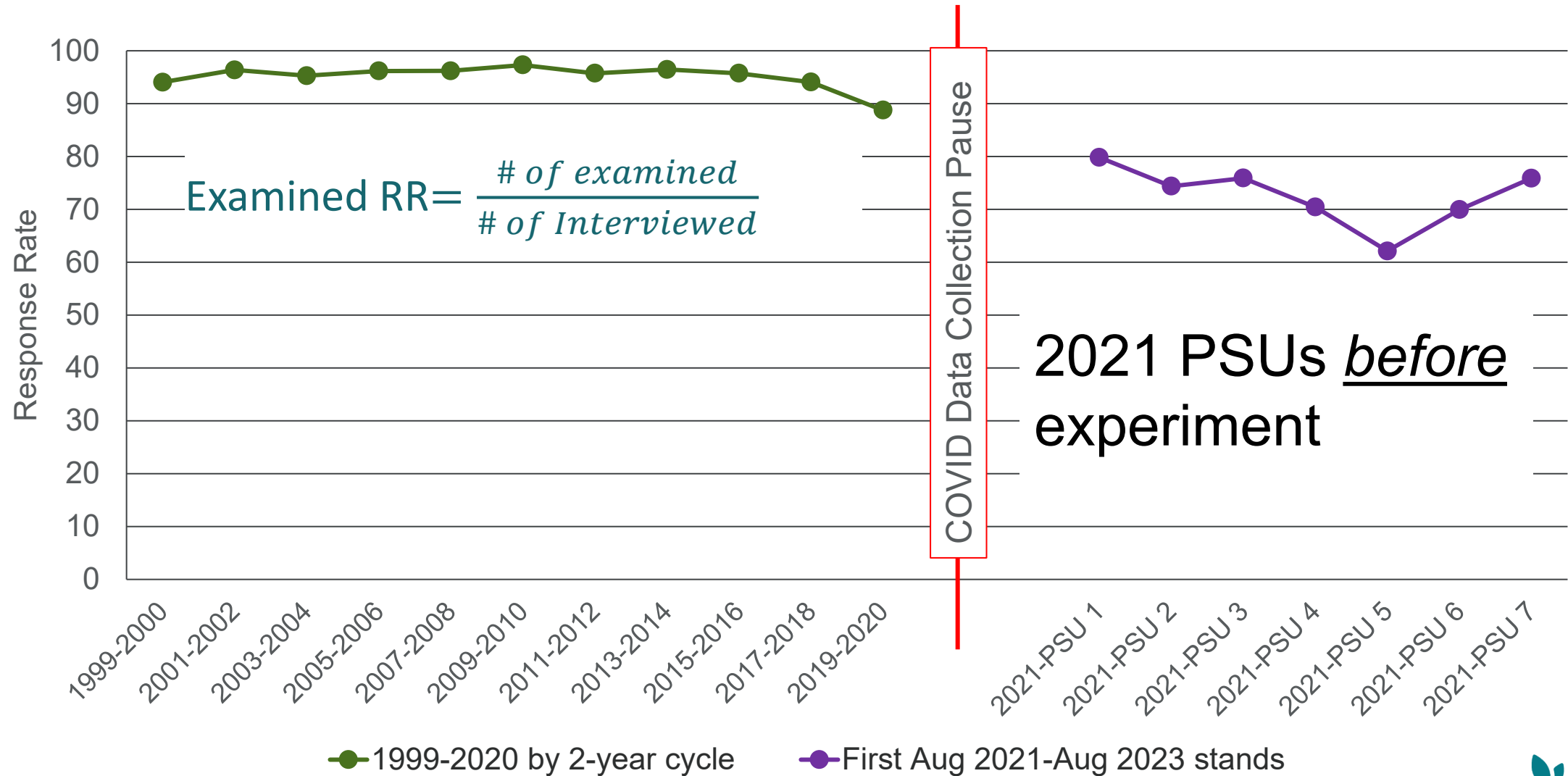


# NHANES Sample Design for August 2021-August 2023

- Complex multistage probability sample design
- Selected households are screened to identify eligible participants
- Data are collected in screener, interview and physical examination



# Examined Response Rate Dropped in Early 2021/2023 cycle



# NHANES Exam Incentive

- Exam incentive amount differed by age group.

0-11 years	12-15 years	≥16 years
\$40	\$60	\$85

- SP receives interview incentive for the first time
- Exam incentives were smaller in 2021 compared with earlier cycles

# Research Questions

- Can a higher exam incentive increase exam response rate?
- Will it change the rate of cancelations and “no shows”?
- Will it change the rate at which morning session participants fast before blood drawn?

# Methods and Data





# NHANES MEC Exam Incentive

- Incentive pilot study started in PSU 8

	0-11 years	12-15 years	≥16 years
PSU 1-7	\$40	\$60	\$85
PSU 8+	\$40	\$60	<b>\$125</b>

# Data and Method

- NHANES August 2021- August 2023 cycle
- Interviewed sampled participants (SPs) aged 16 years and over
- Characteristics compared
  - Demographics: race, sex, age group (16-19, 20-39, 40-59, 60+)
  - Household size (1-2, 3-4, 5+)
  - Interview mode (in-person, by phone)
  - Health insurance status (with, without)
  - General health (excellent, very good, good, fair/poor)
  - Ever diagnosed diabetes (Yes, No)
  - With Interpreter (Yes, No)
  - Language used during interview (English, Spanish)

# MEC Examination Statuses Analyzed (Key Outcomes)

- MEC examined:
  - Interviewed SP who also did MEC examination
- No appointment:
  - Interviewed SP who didn't make an appointment for MEC examination
- Cancelled:
  - Interviewed SP who made an appointment but cancelled the appointment
- No show:
  - Interviewed SP who made an appointment but didn't show up to the MEC

# Fasting status before blood drawn

- Fasting sample
  - All SPs aged 12 years and over examined in a morning session are asked to fast 8 hours before their MEC visit.
- Did the incentive increase the compliance for SPs to fast for the morning session?

# Findings

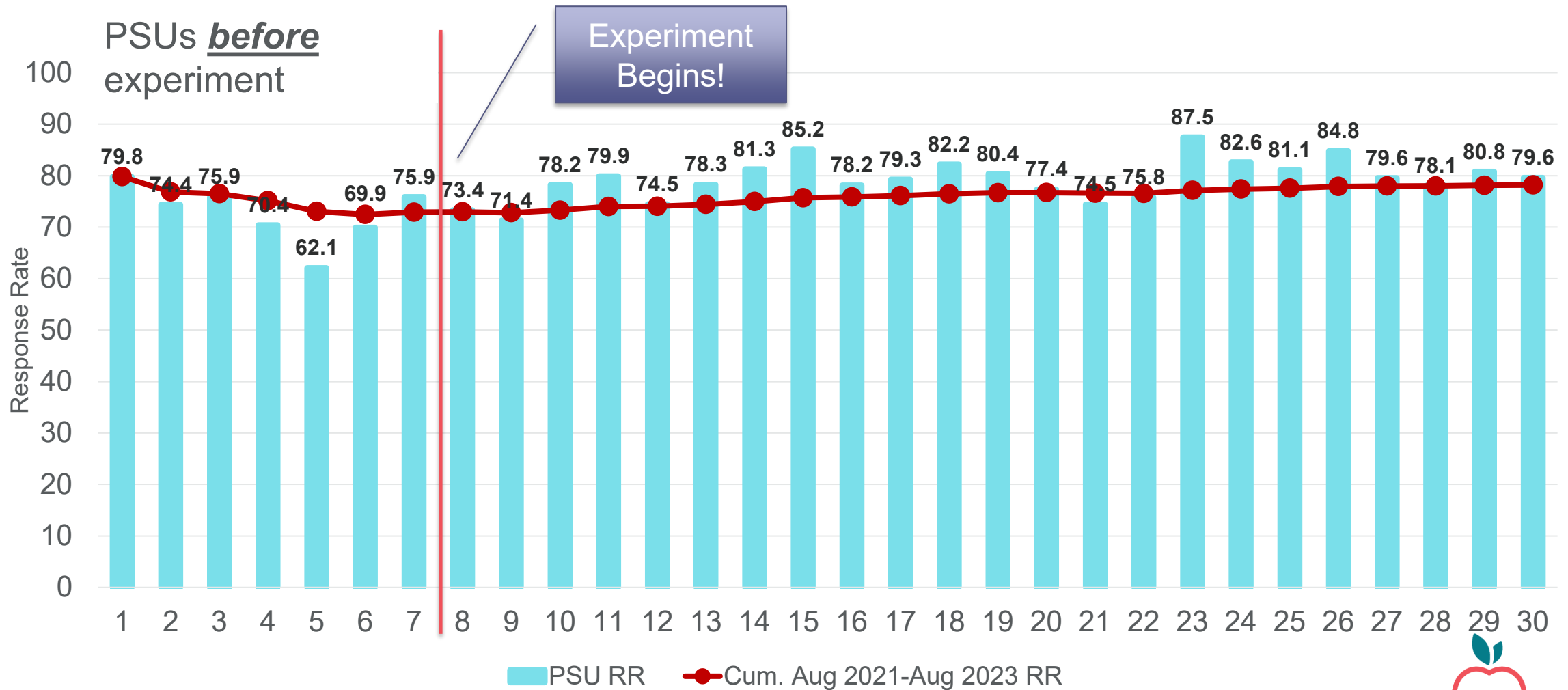


# Overall Incentive Effect – Increases examined and Reduces Cancellation and “No Show”

	Percent of Interviewed SPs	
	\$85 (PSUs 1 – 7)	\$125 (PSUs 8 – 30)
Examined	72.9%	79.5%*
No appointment	11.7%	11.1%
Cancelled/No show	15.4%	9.4%*

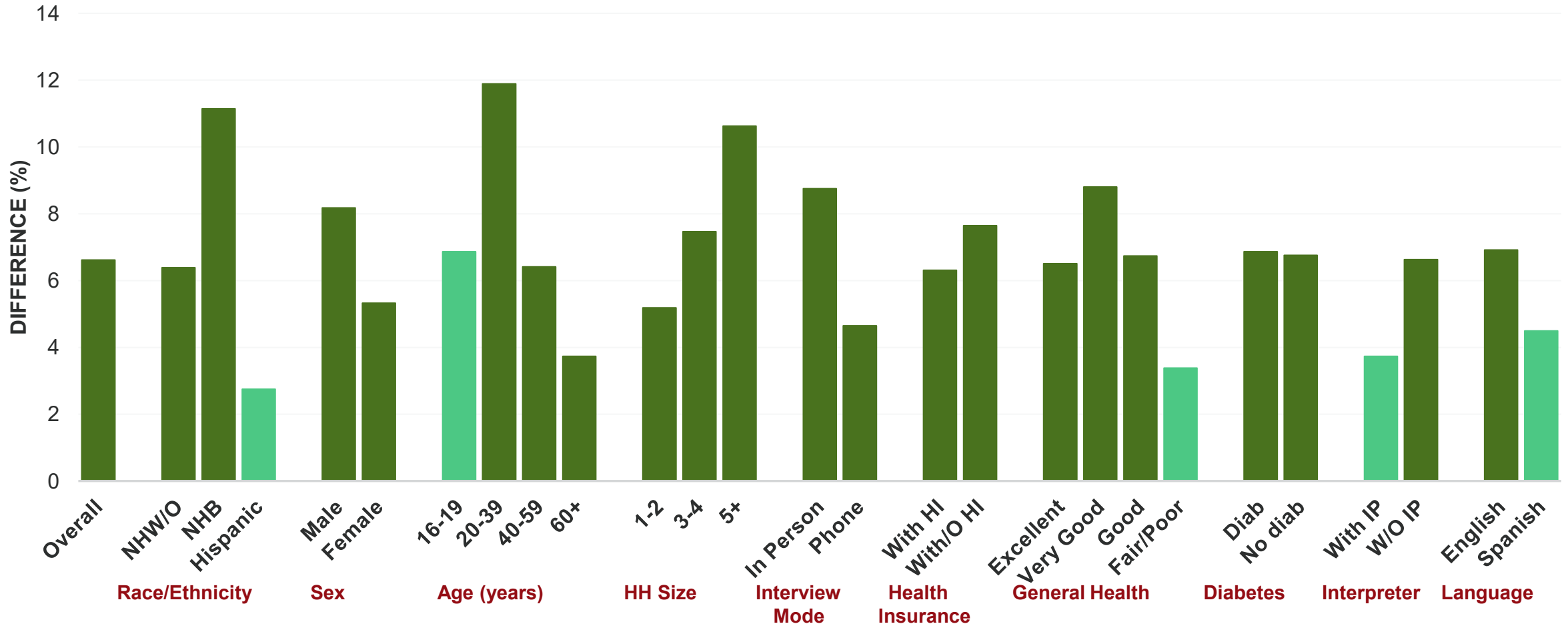
\*2-sample t-test significantly different ( $p < 0.05$ ) for examined and Cancelled/No Show

# Examined Rate for \$125 Incentive PSUs is Higher Overall



# Difference of MEC examined rates

Difference = MEC examined % (\$125 incentive) – MEC examined % (\$85 incentive)



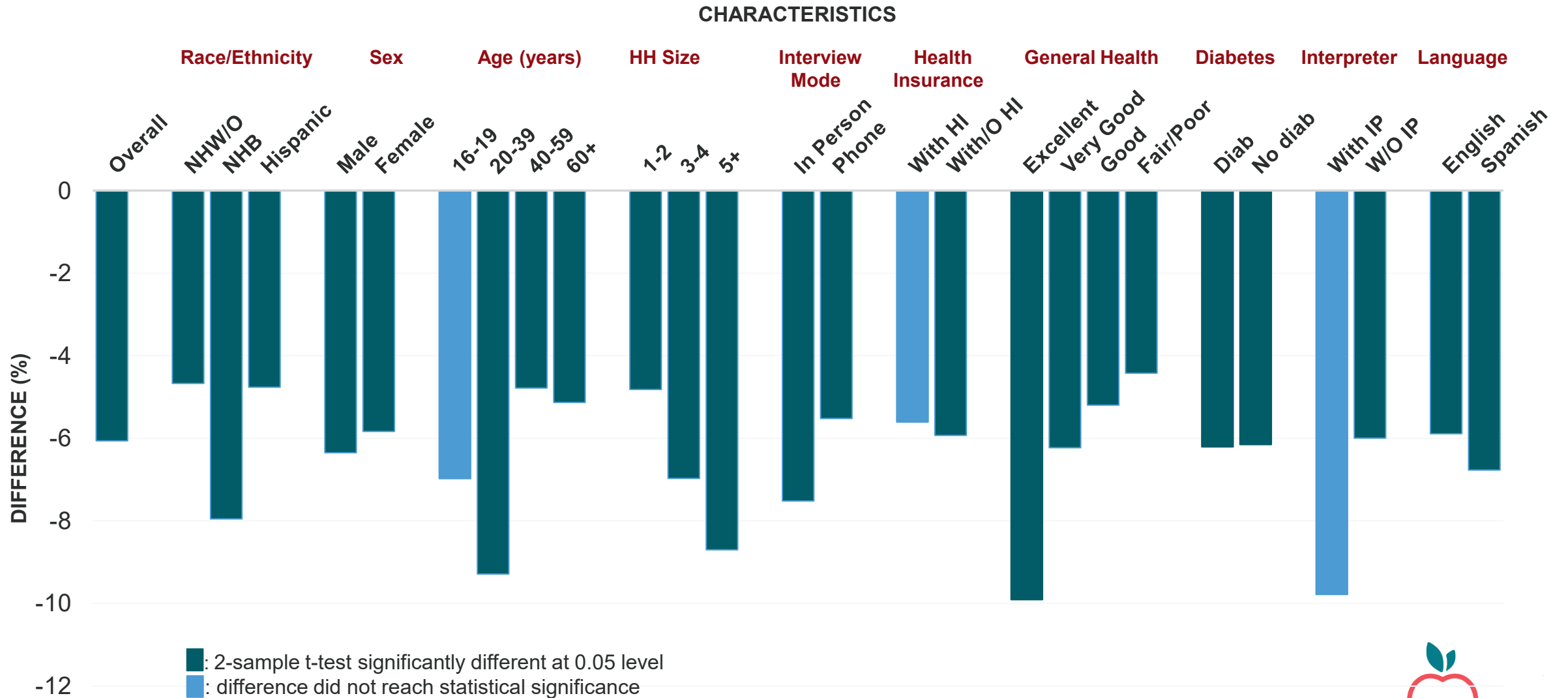
■: 2-sample t-test significantly different at 0.05 level  
■: difference did not reach statistical significance

## CHARACTERISTICS



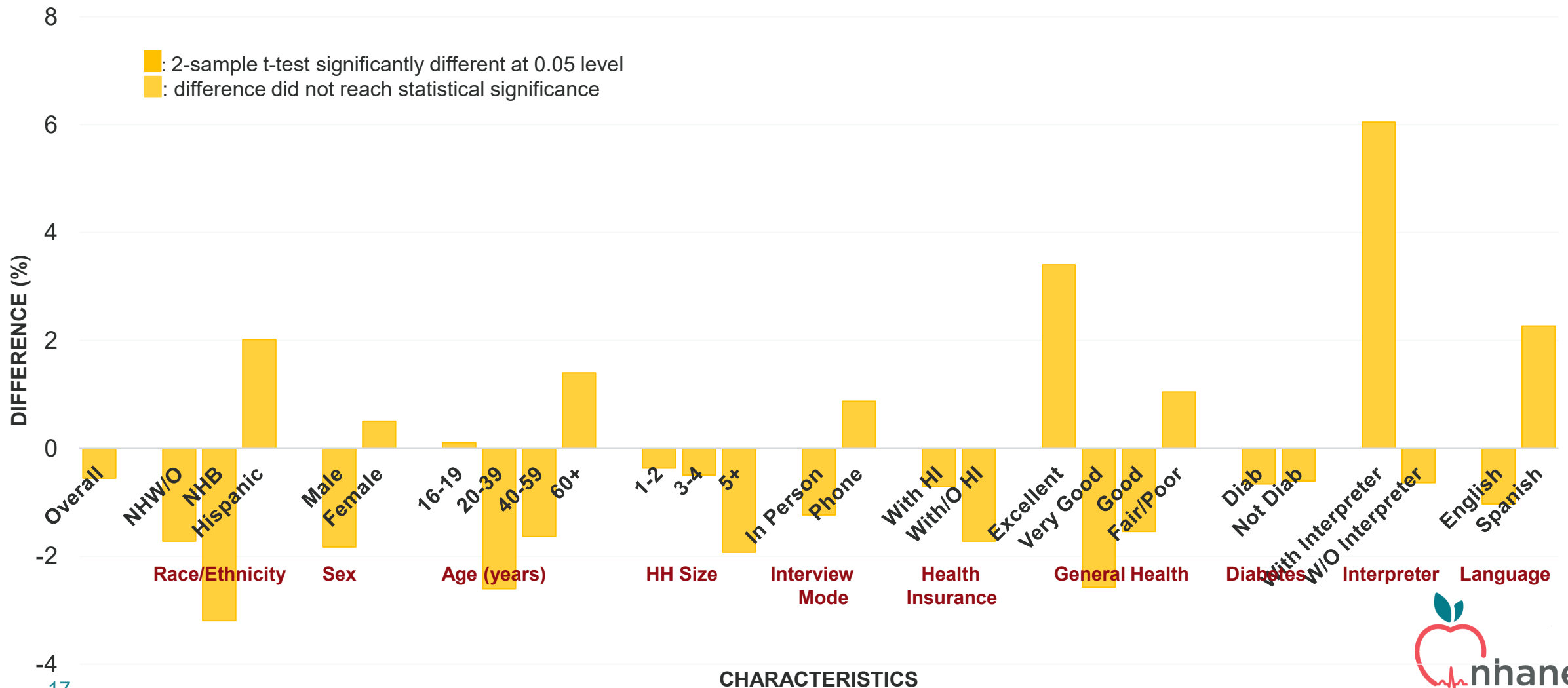
# Difference of Cancelled/No show rates

Difference = Cancelled/No show % (\$125 incentive) – Cancelled/No show % (\$85 incentive)



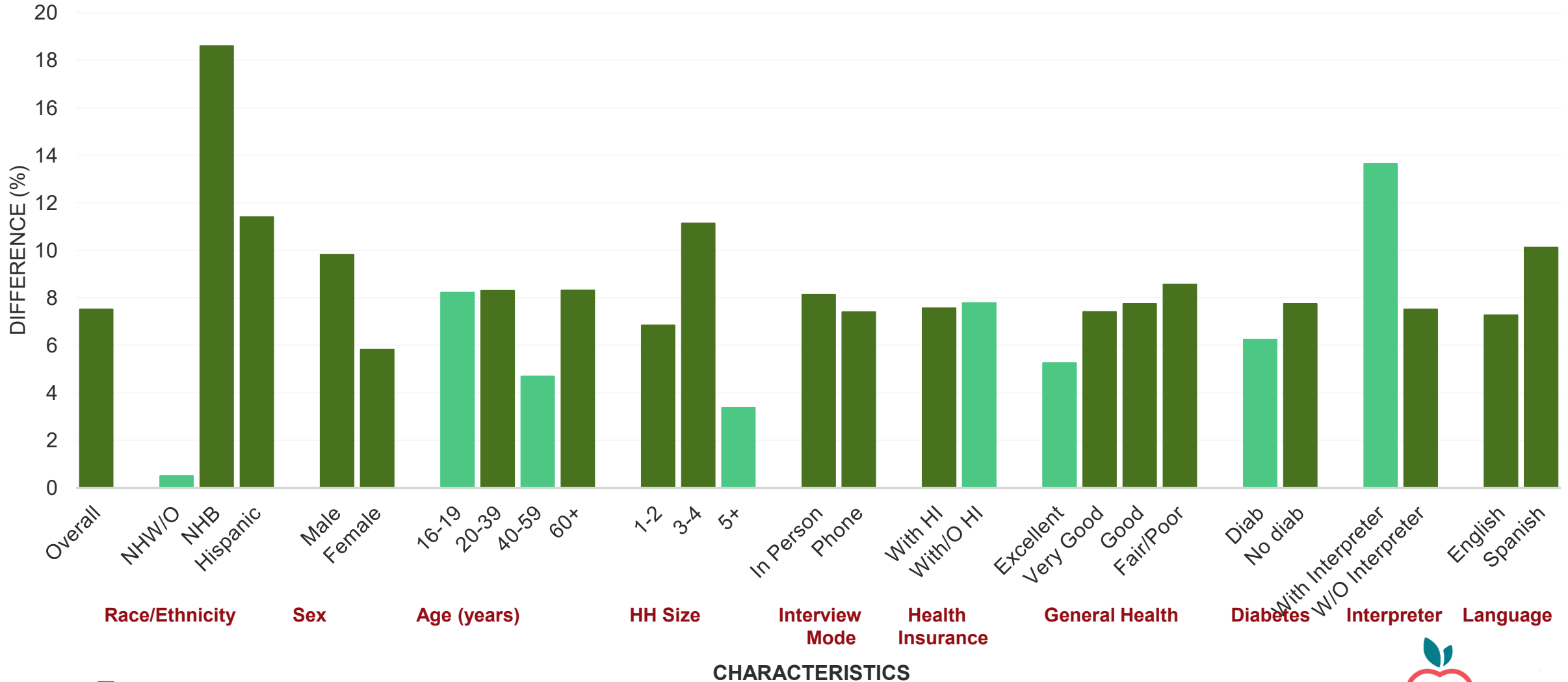
# Difference of No Appointment rates

Difference = No Appointment% (\$125 incentive) – No Appointment % (\$85 incentive)



# Difference of morning sample fasting rate

Difference = morning sample fasting % (\$125 incentive) – morning sample fasting % (\$85 incentive)



Race/Ethnicity

Sex

Age (years)

HH Size

Interview Mode

Health Insurance

General Health

Diabetes

Interpreter

Language

CHARACTERISTICS

■: 2-sample t-test significantly different at 0.05 level  
 ■: difference did not reach statistical significance

## Highlights of Results not Shown

- \$125 incentive reduced variability in response rates across demo and health characteristics
  - Indicator of nonresponse bias risk reduction
- Incentive effect remains after control for person-level and PSU-level characteristics

# Summary

- Higher incentive
  - increased examined rates
  - reduced cancelled/no show rates
  - made no difference in scheduling a MEC appointment
  - increased fasting rate for morning participants
  - had less response rate variation among characteristics categories

## Future Directions

- Does the incentive increase impact other rates
  - Response rate for SPs younger than 16 in the same household?
  - MEC Examination item response rates?
- Models to predict/estimate size of effect among various groups controlling for others



# Thank you!

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# Real texts of the selected questions used in this project

- **Health insurance status:** The (first/next) questions are about health insurance. {Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]
- **General health:** {First/Next} I have some general questions about {your/SP's} health. Would you say {your/SP's} health in general is . . .(excellent, very good, good, fair, poor)
- **Diagnosed diabetes:** The next questions are about specific medical conditions. {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} ever been told by a doctor or health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes?(Yes, No)



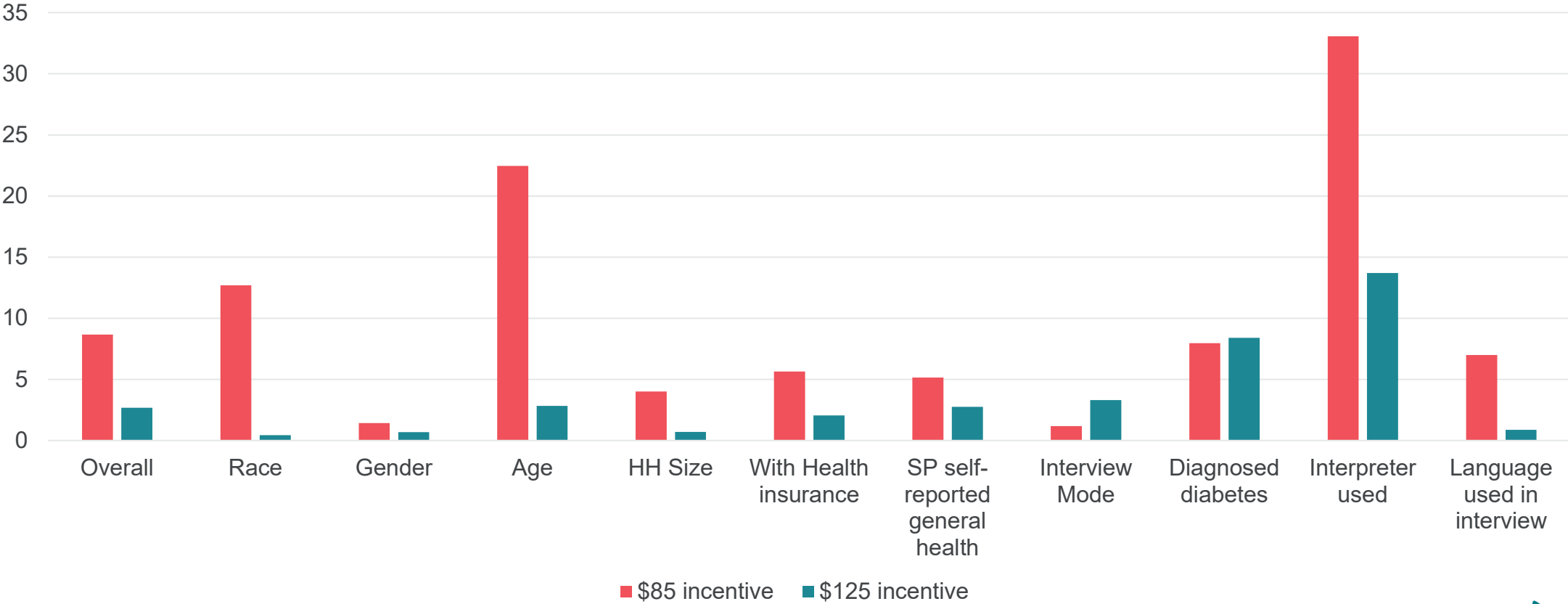
# Examination Statuses Analyzed (Key Outcomes)

- Examined:
  - Interviewed SP who also did examination
- No appointment:
  - Interviewed SP who didn't make an appointment for MEC examination
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  - Interviewed SP who made an appointment but didn't show up to the MEC

# Variability in response rate (RR variance) across demographic variables as a metric of nonresponse bias risk

- Variability in response (or nonresponse) rates across demographic groups is one measure of nonresponse bias risk
- Calculated:
  - Conditional MEC response rates for several demographic and health groups
  - Simple variance of RR values across categories of each group
- Each demographic or health variable has an RR variance value associated with it

# Assessed variability in response rate (RR variance) across demographic variables



# Assessed variability in RR variance across demographic variables (tabular results for figure on prior slide)

	\$85 incentive	\$125 incentive
Overall	8.7	2.7
Race	12.7	0.4
Sex	1.4	0.7
Age	22.5	2.8
HH size	4.0	0.7
Interview mode	5.6	2.0
With/Without Health Insurance	5.1	2.7
General health	1.2	3.3
Diagnosed diabetes	8.0	8.4
With/Without interpreter	33.1	13.7
Language used in interview	7.0	0.9

# Assessed variability in morning sample fasting rate variance across demographic variables

	\$85 incentive	\$125 incentive
Overall	45.7	6.0
Race	132.2	5.6
Sex	10.0	0.1
Age	15.3	7.7
Interview mode	1.3	0.4
With/Without Health Insurance	0.0	0.1
General health	113.1	1.3
Diagnosed diabetes	0.3	0.3
With/Without interpreter	131.8	51.1
Language used in interview	0.5	1.7

# Predicting Incentive Effect Controlling for PSU Characteristics

Fixed	Random	ESTIMATE	LOWER	UPPER
<b>Incentive only</b>		<b>1.443</b>	<b>1.278</b>	<b>1.631</b>
Incentive	Census region, Health state, MEC season, Urban-rural	1.375	1.178	1.606
Incentive, gender, race, age group		1.445	1.277	1.636
Incentive, gender, race, age group	Census region, Health state, MEC season, Urban-rural	1.383	1.197	1.597
Incentive, Gender, race, age group, HH size, interview mode, diab (Y/N), general health, health insurance		1.421	1.252	1.611
<b>Incentive, Gender, race, age group, HH size, interview mode, diab (Y/N), general health, health insurance</b>	<b>Census region, Health state, MEC season, Urban-rural</b>	<b>1.365</b>	<b>1.180</b>	<b>1.579</b>

		Incentive \$85		Incentive \$125		Examined Rate		RR variance	
		Examined	Interviewed	Examined	Interviewed	\$85	\$125	\$85	\$125
<b>Overall</b>	<b>All</b>	<b>1244</b>	<b>1706</b>	<b>5383</b>	<b>6768</b>	<b>73%</b>	<b>80%</b>	<b>8.7</b>	<b>2.7</b>
<b>Race</b>	NHW/O	682	932	3820	4801	73%	80%	12.7	0.4
	NHB	268	388	661	824	69%	80%		
	Hispanic	294	386	902	1143	76%	79%		
<b>Gender</b>	Male	558	775	2439	3042	72%	80%	1.4	0.7
	Female	686	931	2944	3726	74%	79%		
<b>Age</b>	16-19	95	127	459	562	75%	82%	22.5	2.8
	20-39	270	411	1291	1664	66%	78%		
	40-59	320	436	1419	1778	73%	80%		
	60+	559	732	2214	2764	76%	80%		
<b>HH size</b>	1-2	709	956	3078	3879	74%	79%	4.0	0.7
	3-4	368	512	1594	2009	72%	79%		
	5+	167	238	711	880	70%	81%		
<b>Interpreter used</b>	Yes	17	21	94	111	81%	85%	33.1	13.7
	No	1227	1685	5289	6657	73%	79%		
<b>Language used in interview</b>	English	1109	1529	5026	6326	73%	79%	7.0	0.9
	Spanish	135	177	357	442	76%	81%		

		Incentive \$85		Incentive \$125		Examined Rate		RR variance	
		Examined	Interviewed	Examined	Interviewed	\$85	\$125	\$85	\$125
<b>Overall</b>	<b>All</b>	<b>1244</b>	<b>1706</b>	<b>5383</b>	<b>6768</b>	<b>73%</b>	<b>80%</b>	<b>8.7</b>	<b>2.7</b>
<b>With Health insurance*</b>	Yes	1079	1470	4967	6231	73%	80%	5.6	2.0
	No	159	227	404	520	70%	78%		
<b>SP self-reported general health*</b>	Excellent	169	240	770	1001	70%	77%	5.1	2.7
	Very good	364	511	1768	2209	71%	80%		
	Good	428	579	1889	2342	74%	81%		
	Fair/Poor	283	376	954	1213	75%	79%		
<b>Interview Mode</b>	In Person	462	642	2959	3666	72%	81%	1.2	3.3
	Phone	782	1064	2424	3102	73%	78%		
<b>Diagnosed diabetes*</b>	Yes	193	253	681	819	76%	83%	8.0	8.4
	No	1049	1451	4702	5948	72%	79%		

\*Don't know/Refusal are excluded