### Esther Hing, National Center for Health Statistics

The National Nursing Home Survey (NNHS) is a nationwide sample survey of nursing homes, their residents, discharges, and staff. The first NNHS was conducted in 1973-74 and the second was conducted in 1977. The most recent NNHS was conducted from August 1985 to January 1986. As part of the survey, information on the nursing homes' costs of providing care during the previous calendar year was collected through a self-administered form called the Expense Questionnaire (EQ). In the 1985 NNHS, the response rate for this questionnaire was 68 percent (Table 1). This represents a 33 and 20 percent reduction in response rate since the 1973-74 and 1977 NNHS, Although the expense data from the respectively. earlier NNHSs experienced nonresponse, the magnitude is much greater in the 1985 NNHS. To assess the characteristics of bias resulting from nonresponse, this paper is divided into three sections. First, EQ response rates are examined to identify characteristics of homes that responded versus characteristics of homes that did not. Second, to assess the representativeness of reported costs, variables found to be correlated with nursing home costs in past NNHSs were compared for homes that responded to homes that did not. Finally, this paper describes how the estimator for cost was adjusted to compensate for differential nonresponse by ownership group. The paper describes how this approach was useful in reducing nonresponse bias when compared with an estimator that lacked such an adjustment.

## Source of Data

Data in this paper are based on the 1985 NNHS. Facilities included in the 1985 NNHS were nursing and related-care homes in the conterminous United States that had three or more beds set up and staffed for use by residents and that routinely provided nursing and personal care services. A facility could be free standing or could be a nursing care unit of a hospital, retirement center, or similar institution as long as the unit maintained financial and employee records separate from the parent institution. Places providing only room and board were excluded, as were places serving only persons with specific health problems (for example, mental retardation or alcoholism).

The sample frame for the 1985 NNHS consisted of the following components:

- The 1982 NMFI, a census of nursing and relatedcare homes conducted by the National Center for Health Statistics.
- Homes identified in the 1982 Complement Survey of the NMFI as "missing" from the 1982 NMFI.
- Nursing homes opened for business from 1982 through June 1984.
- Hospital-based nursing homes identified in records of the Health Care Financing Administration (HCFA).

The resulting frame contained 20,479 nursing homes. The sample of the 1985 NNHS was a stratified two-

stage probability design. The first stage was a selection of 1,220 nursing homes. The second stage was a selection of residents, discharges, and staff.

Twenty sampling strata of facilities were formed in the 1985 sampling frame based on certification status, Complement Survey status (added, or not added, to the sampling frame from the Complement Survey), and bedsize (3-14 beds, 15-24 beds, 25-49 beds, 50-99 beds, 100-199 beds, 200-399 beds, 400-599 beds, 600 or more beds, and unknown). A home was considered certified if, according to the data in the sampling frame, it was certified as either a skilled nursing facility or an intermediate care facility under Titles XVIII and XIX of the Social Security Act for Medicare and Medicaid. Within each sampling stratum, facilities were then ordered by ownership, census region, metropolitan status, State, county, and zip code. The stratified sample of facilities was then selected systematically with overall probability proportional to the reported bedsize adjusted by the facility's probability of being in the sampling frame.

Data on characteristics of the facility were collected on the Facility Questionnaire (FQ) by interviewing the administrator. With the permission of the administrator, expense data were collected by leaving the self-administered EQ with the facility's accountant or bookkeeper. A recent financial statement, if available, was acceptable as a replacement for the completed EQ. Overall, 46 percent of homes responding to the EQ submitted financial statements. (Data from the financial statements were edited and prepared for keying by a NNHS accountant). The overall response rate for nursing homes in the 1985 NNHS was 93 percent. Of these responding facilities, 68 percent responded to the EQ.

Data used in this paper, are from both the FQ and the EQ.

# Response Rates

Table 2 shows the response rates for the EQ by selected facility characteristics. One of the most striking differences shown in this table is the substantially lower response rate in proprietary facilities (58 percent) compared to voluntary nonprofit facilities (89 percent) and government-operated homes (94 percent). This discrepancy may be due to the greater accessibility of financial data among voluntary nonprofit and government-operated facilities. For example, these homes were more likely to submit financial statements (58 percent of voluntary nonprofit and 52 percent of government homes submitted financial statements) than to complete the EQ. In contrast, proprietary homes were more likely to complete the EO (60 percent) than to submit a financial statement. $\underline{1}^{\prime}$  The time required to complete the EQ (as well as other factors) may have influenced the lower response rate of proprietary homes.

Table 2 also shows that homes certified by the Medicare or Medicaid programs to provide skilled or intermediate care services were more likely to respond (63 to 74 percent) than homes not certified by either of these programs (60 percent). (Medicare certifies only skilled nursing homes).

Response to the EQ increased with size of the facility; from 61 precent of homes with less than 50 beds to 73 percent of homes with 200 beds or more. When regional variables were examined, response was higher in the North Central region (71 percent compared to 64 to 68 percent in the remaining regions) but did not vary by metropolitan status. The higher response rate in the North Central region may be related to the availability of financial statements. The North Central region was the only region where

financial statements were submitted more often (53 percent) than completed EQs were,  $\frac{1}{2}$  In addition, the national proportion of nonprofit and government homes (33 percent) was higher in the North Central region than in the South and West regions. (The proportion of nonprofit and government homes in the Northeast (27 percent) was not statistically different from that in the North Central region) – Table 3.

Table 2 also shows that response rates varied by type of home in the sampling frame. Hospital-based homes identified from HCFA records were most likely to respond to the EQ (91 percent) while homes identified from the Complement Survey were least likely to respond (48 percent).

Response rates also varied by affiliation, with chain operated nursing homes less likely to respond (62 percent) than independently operated nursing homes (70 percent) and government homes (94 percent). This finding may be related to the larger proportion of proprietary homes among chain homes (85 percent) in the nation compared to independently operated nursing homes (64 percent) - Table 3.

## Comparison of Facility Characteristics

Table 4 shows average bedsize, annual occupancy rate (for 1984) and number of full-time equivalent employees per 100 beds by response status to the EQ and selected facility characteristics. According to previous NNHSs, bedsize, occupancy rate, and number of full-time equivalent employees are correlated with nursing home costs.2/2 By comparing these characteristics for homes that responded to the EQ with homes that did not response, the direction of bias resulting from nonresponse can be examined.

In previous NNHSs, nursing home costs tended to increase with increasing size of the home. Table 4 shows that, on the average, homes responding to the EQ were larger (94 beds) than homes that did not respond (71 beds). The tendency of EQ responding homes to be larger than EQ nonresponding homes responding is consistent for most of the characteristics presented. For example, EQ responding homes in the Northeast region (102.2 beds) were 70 percent larger, on the average, than nonresponding homes in the same region (60.1 beds). Similarly, independently operated nursing homes that responded to the EQ were 64 percent larger, on the average, than independently operated homes that did not respond to the EQ. Because the cost data reported by the EQ responding homes tends to represent larger homes, the cost data are biased upward.

The number of full-time equivalent staff per 100 beds was also found to be highly correlated with nursing home costs in previous NNHSs. As the availability of staffing increased, nursing home costs tended to also increase. Table 4 shows that, with a few exceptions, homes responding to the EQ also tended to have more staff available per bed than homes that did not respond. Thus, the data again point to over-representation of higher cost homes among respondents to the EQ.

In the 1973-74 NNHS, occupancy rate had a negative relationship with average cost per resident day.<sup>2/</sup> In other words, as average costs increased, the occupancy rate tended to decrease. Table 4 shows that overall, the occupancy rate was only slightly higher for respondents to the EQ than for nonrespondents. There was much variation in this variable, but in general, nonrespondents to the EQ were less fully occupied in 1984 than respondents were. This would imply that based on the 1973-74 findings, that nonrespondents to the EQ have higher costs. Since this contradicts the previous findings that EQ responding homes tend to have higher costs than EQ nonresponding homes, the association between occupancy rate and costs found in the 1973-74 NNHS, may not apply in 1985. Further investigation of this issue is needed.

## Attempts to Reduce Nonresponse Bias

The preceding analysis suggests that expense data from respondents in the 1985 NNHS under-represents smaller lower cost homes and proprietary homes. The extent of this bias may be approximated using the total number of beds as a surrogate for total costs (since this variable is highly correlated with cost). Table 5 shows the estimated number of beds using the full sample of NNHS responding homes and the estimated number of beds for homes responding to the EQ. The difference between these two estimates are chiefly due to nonresponse bias. The overall difference is 7,500 or 0.5 percent of total beds for the full sample. As expected from the previous analysis, total beds in the EQ sample were underestimated for proprietary nursing homes by 15 percent and beds in the EQ sample for voluntary government homes nonprofit and were each This difference by overestimated by 32 percent. ownership appears to be a major source of nonresponse bias since the percent of the absolute bias to total beds for all other categories ranged from 0 to 24 percent (Table 6). The most notable other categorically in Table 5 with nonresponse bias was correlated with ownership; beds in hospital-based homes in the EQ sample were overestimated by 24 percent. Because 91 percent of hospital-based homes are either voluntary nonprofit, or government-operated, this overestimation was expected.

To adjust total costs estimates for the differential response rates by ownership, the weight for the expense data was adjusted for nonresponse by ownership. That is, EQ homes were divided into two ownership groups: (1) proprietary homes and (2) nonproprietary homes (voluntary nonprofit homes and government homes). Within each ownership group, separate nonresponse adjustment factors and bedsize ratio adjustment factors were applied to the weight within primary stratum.<sup>4</sup>/<sub>4</sub> The effect of these post-stratified adjustments was to make the EQ estimates more representative of nursing home costs by ownership type, as well as correct for under and overestimation of costs by ownership groups.

Table 5 shows the results of post-stratifying the expense weight by ownership. The adjusted EQ beds estimated with this weight overall differs from beds estimated from the full sample by 1,600, representing an overestimate of 0.1 percent. This estimator reduced the magnitude of the nonresponse bias by 80 percent. Unfortunately, the overall bias changed in direction from an underestimate of total beds to an overestimate of total beds. Thus, using the adjusted expense weight, the estimate of total nursing home costs is likely to be overestimated.

Table 6 shows that the magnitude of the bias in total beds by ownership was drastically reduced using the adjusted EQ weight. Total beds for proprietary and government homes were each underestimated by 2 percent using the adjusted EQ weight, compared to a 15 percent underestimate of proprietary homes and a 32 percent overestimate of government homes, when the unadjusted weight was used. Beds for voluntary nonprofit homes are still overestimated by 6 percent. This however, is much less than the 32 percent overestimate using the unadjusted weight. In general, the percent of adjusted beds bias to total beds is lower in magnitude than the nonresponse bias, but the new estimator does not yield better estimates in all cases. For example, the percent of bias to total beds for

homes with less than 50 beds decreased from 11 to 5 percent using the adjusted weight. The adjusted estimate of beds for not certified homes and Complement Survey homes, however, increased in percent bias of total beds. The reasons for this needs further investigation.

The preceding discussion has shown that adjusting the expense weight for nonresponse by ownership reduced nonresponse bias by 80 percent overall. The resulting cost estimates will thus be closer to the true cost of providing care in nursing homes. The adjustment however, will result in a slight overestimate of total cost for many characteristics.

The standard errors of total beds, shown in Table 6, can be used to approximate the ratio of the adjusted beds bias to the standard error. This provides an indicator of the relative importance of bias to the sampling error. Most of the adjusted beds biases shown in Table 5 are less than the corresponding standard errors, but in a few cases the adjusted bed bias is as large or larger than the standard error. Thus, although the post-stratified nonresponse adjustment by ownership improves the estimate of total cost, there is still room for further improvements.

#### References

<sup>1/</sup>Lawrence Johnson & Associates, Inc. in collaboration with Research Triangle Institute, <u>1985 National Nursing</u> <u>Home Survey, Final Report</u>, Washington, DC. HHS Contract No. 282-83-2013, July 14, 1986, pgs. 10-22-24.

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Table 1. Expense Questionnaire response rates: National Nursing Home Survey, 1973-74, 1977, and 1985

		Survey Year	
	1973-74	1977	1985
Number of homes eligible to have Expense Questionnaire-	1,778	1,451	1,079
Number of Expense Questionnaire responding homes	1,569	1,226	732
Response rate	88.2	84.5	67.8

 $\underline{1}/\text{The}$  Expense Questionnaire was administered only to homes that had been in business 2 years or more in the 1973-74 NNHS. All homes included in the 1977 and 1985 NNHS were administered the Expense Questionnaire.

Table 2.	Expense	Questionnaire response	rates by	selected	facility	characteristics:	1985 National	Nursing Hom	a Survey

	Expense qu	estionnaire respo	nse status	P	ercent distributi	on		
Facility characteristic			Non-responding	Expense questionnaire response status				
	sample homes			All eligible sample homes	Responding	Non-responding		
Total	\$.079	732	347	100.0	67.B	32.2		
Ownership								
Proprietary	752	436	316	100.0	58.0	42.0		
Voluntary nonprofit.	242	2+6	26	100.0	89.3	10.7		
Government	85	80	5	100.0	94.1	6.9		
Certification								
Skilled nursing								
facility only Skilled nursing facility and	205	130	75	100.0	63.4	36,6		
facility	503	366	137	100.0	72.8	27.2		
Intermediate core		166	101	100.0	54 8	35.2		
FACIFITY ONLY	247	100		100.0	59.5	40.5		
Not certified	84	50	34	100.0	00.0			
Bed size		54	25	100.0	60.7	39.3		
Less than 50 Deds	286	186	100	100.0	65.0	35.0		
50-99 Beds	100	214	151	100.0	68.2	31.6		
200 Beds or more	229	168	61	100.0	73.4	26.6		
Centus Region								
Northeast	238	162	76	100.0	68.1	31.9		
North Central	361	256	105	100.0	70.9	29.1		
South	326	211	115	100.0	64.7	35.3		
Vest	154	103	51	100.0	66.9	33.1		
Metropolitan status				100.0	67 3	32.8		
MSA	737	495	105	100.0	69.3	30.7		
Non-Mse	342	207	100					
Type of nursing home	31	22		100.0	66.7	33.3		
Complement Survey								
home	27	13	14	100.0	48.1	51.9		
Hospital-based hows.	35	32	3	100.0	91.4	8.6		
NMF: home,	984	665	. 319	100.0	67.6	32.4		
Affiliation								
Chein	547	339	208	100.0	62.0	38.0		
Independent	441	310	131	100.0	70.3	29.7		
Government	65	80	) 5	100.0	94.1	5.9		
Unknown		3	. 3	100.0	50.0	50.0		

Table 3. Perc	ent distribution	of nursing homes	by ownership	according to	selected facility
chanactaristi	ce. United States	1985			

Facility	Total		Ownership	
characteristic	-	Proprietary	Voluntary nonprofit	Government
Total	100.0	69.7	22.4	7.9
Certification Skilled nursing facility only Skilled nursing facility and	100.0	75.6	16.6	7.8
intermediate care facility	100.0	65.8	25.4	8.7
facility only Not certified	100.0 100.0	72.8 67.9	20.9 23.8	6.3 8.3
Bed size Less than 50 beds 50-99 Beds	100.0 100.0	70.8 71.0 77.3	23.6 23.8 18 1	5.6 5.2 4.6
200 Beds or more	100.0	52.0	29.3	18.8
Census Region Northeast North Central South West	100.0 100.0 100.0 100.0	60.1 61.5 81.9 77.9	27.7 29.1 15.0 14.3	12.2 9.4 3.1 7.8
Metropolitan status MSA Non-Msa	100.0 100.0	70.3 68.4	23.2 20.8	6.5 10.8
Type of nursing home Newly opened home Complement Survey	100.0	69.7	27.3	3.0
home Hospital-based home. NMFI home	100.0 100.0 100.0	63.0 14.3 71.8	37.0 45.7 21.0	40.0 7.1
Affiliation	100.0	85.2	14.8	
Government	100.0 100.0 100.0	63.7 83.3	36.3	100.0

Table 4. Average beds per home, annual occupancy rate, and full-time equivalent employees per 100 beds by EQ response status and facility characteristics

	Beda	s per nursing	home	Annua	l occupancy r	ste <u>1</u> /	Full-time	aquivalent st bads <u>2</u> /	aff per 10			
Facility characteristic	Expênse questionnaire response status											
	All sligible sample homes	Responding	Nón- responding	All eligible sample hones	Responding	Non- responding	All eligible sample homes	Responding	Non- respondin			
ota1	85.2	93.8	71.2	91.6	92.7	89.2	71.4	74.4	65.0			
Ownership												
roprietary	78.4	84.7	71.3	91.7	93.9	88.8	65.4	66.5	63.9			
aluntary nonprofit.	98.7	105.0	61.6	91.0	91.3	88.8	83.8	84.4	77.8			
30verment	130.1	129.4	139.1	91.7	90.2	111.3	87.6	88.6	73.6			
Certification												
facility only Skilled nursing facility and	88.O	95.2	77.6	95.6	97.4	92.5	80.4	84.4	73.3			
intermediate care facility	127.B	130.2	122.1	90.1	91.5	85.4	76.8	78.6	72,1			
ntermediate care	17.0	75 0			07.0	00.6		<i></i>				
lot certified	39.3	53.8	27.0	83.0	79.5	89.0	51.2	55,5	43.B			
Bect size												
ess than 50 beds	23.9	28.7	19.2	94.1	96.3	90:9	61,1	65.5	54.8			
0-99 Beds	71.7	70.7	73.9	93.0	93.0	93.0	71.5	72.7	69.2			
100-199 Beds 200 Beds or more	131.1	132.0	129.3	90.0 91.8	91.9	86.0 89.8	69.8 79.5	72.3	64.4 66.6			
Capture Bassion												
census region	84.4	102 1	60 1	92 B	92.9	97 R	77 1		66 7			
orth Cantral	95.4	91.4	106.3	91.1	92.3	88.5	71.5	73.2	67.4			
outh	79.6	91.5	64.1	90.9	93.6	85.9	66.3	69.4	60.5			
lest	78.6	91.9	61.4	92.0	91.5	93.0	72.8	75.3	68.0			
letropolitan status												
SA	95.8	105.3	80.2	92.0	93.0	89.7	73.4	76.6	66.5			
0n-mea	68.9	75.9	57.7	90.8	92.0	88.2	67.2	69.7	61.8			
ype of nursing home.	101.7	94.8	113.9	85.9	89.1	<b>81.1</b>	72.1	77 4	54.4			
omplement Survey												
ospital-based home.	106.4	104.3	130.2	92.3	92.3	92.5	99.5	.99.3	101.1			
MF\$ home	88.7	94.0	79.1	92.Q	93.1	89.9	71.0	73.5	65.6			
Affiliation												
hain	101.5	103.4	98.5	90.2	90.7	89.5	68.7	69.4	67.5			
ndependent	67.8	80.5	49.2	93.4	95.4	88.5	71.6	76.0	60.9			
	30.1	01.0		74 7	90.2 89 8	87.8	64.9	67.6	73.6			

Table 5.	Number o	f total	nursing t	home beds	estimated for	- 411	eligible	sample	homes	and EC	) homes,	estimated	non-response	bias,
adjusted	EQ beds,	and ad	justed bla	85										

Facílity	Estimated number of	nursing home beds	Estimated non-	EQ beds post-	
characteristic	All eligible sample homes	EQ homes	response blas in total beds	stratified by ownership	Adjusted beds blas
Total	1,624,170	1,616,615	7,554	1,625,813	-1,644
Ownership			167 500	1 102 115	10 200
Proprietary	1,121,503	903,970	-117 790	293 551	-22 817
Government	131,934	174,116	-42, 183	129, 148	2,785
Certification					
Skilled nursing			15.000	202 210	4 547
facility only Skilled nursing facility and	307,875	292,009	15,800	303,329	4,547
intermediate care facility	724,004	749,784	-25,779	747,292	-23,288
facility only	409 383	394.710	14.674	408.422	962
Not certified	182,907	180, 113	2,794	166.771	16,136
Bed size					
Less than 50 beds	151,099	135, 150	15,949	143,952	- 12 202
50-99 Beds	444,256	455,911	- 12,034	712 736	- 10, 592
200 Beds or more	326,670	329,403	-2,733	312,666	14,005
Census Region					
Northeast	371,085	386,312	- 15,227	369,606	1,479
North Central	531,707	542,197	- 10, 490	529,105	2,603
West	488,250 233,127	461,861 226,245	6,882	238,270	-5,143
Metropolitan status					
MSA	1,107,373	1,107,342	30	1,120,357	-12,984
Non-Msa	516,797	509,273	7,524	505,456	11,340
Type of nursing home	85 00¢	70 065	12 721	97 770	-11 774
Complement Survey	83,990	72,205	13,751	31,110	
home	28,667	28,667	0	25,070	3,597
Hospital-based home.	54,608	67,761	-13,153	51,152	3,456
NMFI home	1,454,899	1,447,922	6,977	1,451,822	3,077
Affiliation Chain	700 967	774 613	75 A5A	785 108	14.859
Independent	680,670	708,958	-28,288	700,916	-20,246
Government	131,934 11,599	174,116 9,028	-42,183 2,571	129,148 10,641	2,785 958

Table 6. Standard errors of total nursing home beds, percent of nonresponse bias to total beds and percent of adjusted beds bias to total beds by selected facility characteristics: 1985 National Nursing Home Survey

Selected facility characteristics	Standard errors of total beds	Percent of nonresponse bias to total beds	Percent of adjusted beds bias to total beds
Total	19,652	0.5%	-0.1%
Ownership			• •
Proprietary	24,897	14.9	1.5
Voluntary nonprofit	26,433	-31.8	-0.2
Government	14,434	-32.0	2.1
Cartification			
Skilled nursing			
facility only	19,242	5.2	1.5
Skilled nursing			
facility and			
intermediate care			
facility	23,458	-3.6	-3.2
Interrediate care	•		
facility only	21,697	3.6	0.2
Not certified	17,266	1.5	8.8
Redsize			
Lorg than 50 heds	12,919	10.6	4.7
50_99 here	14,394	-2.8	-2.7
100-100 hede	16,290	1.0	-1.5
200 beds on 2008	12.315	-0.8	4.3
200 beas of abletteret			
Census region	10.057	4.1	0.4
Northeast	18,25/		
North Central	0.258	-2.0	0.1
South	10,507	3.4	
West	15,000	3.0	-6.6
Metropolitan status	10.050		-1.2
MSA	18,050	0.0	1.0
Non-MSA	24,548	1.5	1.0
Type of nursing home in			
sampling frame	11 070	16.0	-13.7
Newly opened home	11,9/9	18.0	12.5
Complement Survey home	6,235	24 1	6.3
Hospital-based home	7,285	-24.1	0.2
MMFI home	19,495	0.5	<b>412</b>
Affiliation			1.9
Chain	21,679	9.4	_3.0
Independent	25,070	-4.4	21
Government	14,434	-32.0	93
Unknown	3,061	22.2	<b>Q</b> -J