Supporting Statement A for Request for Clearance:

The Continuous

NATIONAL SURVEY OF FAMILY GROWTH, 2009-2012

OMB No. 0920-0314

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Supporting Statement A for Request for Clearance:
NATIONAL SURVEY OF FAMILY GROWTH,
Continuous Interviewing, 2009-2012

Abstract

This is a request for a revision of the National Survey of Family Growth (NSFG) --- OMB No. 0920-0314--for the conduct of continuous interviewing in May 2009- April 2012. This survey is being conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). It provides data on factors related to birth and pregnancy rates, sexually transmitted diseases, and family formation including marriage, divorce, and adoption for NCHS and the other Department of Health and Human Services (DHHS) programs that support it. The survey is administered in person, in English and Spanish. About 5,000 people are interviewed each year.

The major change in this revision is an increase in the burden hours. This is due to the fact that the 2006 full clearance contained a pretest and two years of the full survey. This submission contains three years of the full survey which involves more burden. No changes in the questionnaires are proposed for 2009 or 2010. In 2011, with the beginning of a new NSFG contract, NCHS expects to implement a limited number of non-substantive changes for which approval will be requested at that time.

Continuous interviewing began in late June of 2006, after approval from OMB in April of that year. The continuous design was a response to our experience in the 1995 and 2002 surveys, in which data collection costs were higher, and initial response rates lower, than expected. Under continuous interviewing, costs per case are lower, and yields higher (better) than originally expected. We expected to obtain 4,400 interviews per year in continuous interviewing, but the design is currently yielding about 5,000 interviews per year at an affordable cost--and with a 75% response rate for both men and women. The efficiency of interviewing (measured by hours of interviewer labor per completed interview) is about 20% greater than in the 2002 survey. This is unusual in a time in which costs per interview for most in-person surveys are increasing.

In 4 years of data collection (June 2006-June 2010), about 20,000 interviews will be collected from a national sample in 110 Primary Sampling Units, providing the largest national sample ever collected in the NSFG. With the NSFG's old periodic design, estimates were possible once every 6 or 7 years, but with the new design, some estimates will be possible with 2-3 years of data—twice as often, at approximately the same cost. This clearance request covers the completion of 2009 data collection through April 2012, with a new clearance being sought to continue data collection after that date. The survey supports CDC's Health Protection Goals for teens and adults on preventing "HIV, STDs, and unintended pregnancies and their consequences" as well as the Healthy People 2010 objectives on Family Planning. The survey's web site is at http://www.cdc.gov/nchs/nsfg.htm.

A. Justification

1. Circumstances Making the Information Collection Necessary

The National Center for Health Statistics (NCHS), under its duties specified in 42 U.S.C. 242k, Section 306(b) of the Public Health Service Act, Paragraph 1H (**Attachment A1**), conducts the National Survey of Family Growth to:

(1) supplement the data from birth certificates with survey data on factors related to "family formation, growth, and dissolution," and

(2) to serve a variety of data needs in public health programs (listed below).

The survey has been fielded periodically since 1973. Previous cycles of the NSFG were conducted by NCHS in 1973 (Cycle 1), 1976 (Cycle 2), 1982 (Cycle 3), 1988 (Cycle 4), 1995 (Cycle 5), and 2002 (Cycle 6).

In surveys through 1995, the NSFG was a multi-purpose statistical survey based on a national sample of women, and focused on factors affecting pregnancy and birth rates--including marriage, divorce, cohabitation, adoption, sexual behavior, infertility and infertility services, contraceptive use, pregnancy outcomes, use of medical services for birth control, sterilization, and related aspects of women's health.

For the first time in 2002, the NSFG also interviewed an independent national sample of men, to obtain data on men's behavior and attitudes related to having and raising children, marriage and family formation, and reproductive health. In 2002, NCHS and its contractor, the Institute for Social Research (ISR) at the University of Michigan, conducted Cycle 6, with 12,571 men and women 15-44 years of age. The weighted response rate was 79 percent, comparable with previous cycles of the survey.

In the Continuous NSFG, begun in 2006 and now underway, NCHS is collecting data to carry out its own responsibilities, and for other agencies and programs in DHHS that contribute funding for the NSFG:

- the Office of Family Planning, Office of Population Affairs (OPA), DHHS, under 42 U.S.C. 300a (Section 1009 of Title X of the Public Health Service Act, **Attachment A2**);

- the Adolescent Family Life Program of the Office of Adolescent Pregnancy Programs, Office of Population Affairs, DHHS, under 42 U.S.C. 300z (Section 2001 of the Public Health Service Act, **Attachment A3);**

- the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), Public Health Service, under 42 U.S.C. 241 (Section 301 of the Public Health Service Act, **Attachment A4);**

- the Division of HIV/AIDS Prevention (DHAP) of the National Center for HIV, Sexually Transmitted Disease, and Tuberculosis Prevention (NCHSTP, Section 301 of the Public Health Service Act, **Attachment A5);**

- the Division of Reproductive Health of the CDC, under Section 301 of the Public Health Service Act (**Attachment A5);**

- the Division of Sexually Transmitted Disease Prevention of the Centers for Disease Control and Prevention (CDC), under Section 301 of the Public Health Service Act (**Attachment A5);**

- the Children's Bureau of the Administration for Children, Youth, and Families, Office of Human Development Services, under PL 96-272, the Adoption Assistance and Child Welfare Act of 1980 **(Attachment A6);** and

- the Office of the Assistant Secretary for Planning and Evaluation (OASPE), under Section 301 of the Public Health Service Act **(Attachment A5**).

No changes in the questionnaires are expected in 2009 or 2010. In 2011, with the beginning of a new NSFG contract, NCHS expects to implement a limited number of non-substantive changes for which clearance will be sought.

Information in Identifiable Form (IIF)

The NSFG collects demographic information on topics related to birth and pregnancy rates and reproductive health—including births, contraception, infertility, use of health care related to contraception and infertility; and marriage, divorce, and cohabitation. Information in Identifiable Form includes the respondent's name and address (primarily for screening and informed consent), which is stored separately from the survey data. Date of birth and age are collected, but the day of birth is not released. These practices were previously approved by OMB.

The data needs of the agencies that will be served by the Continuous NSFG are summarized below. Attachment **B1** discusses in detail the need for the information collected in the female questionnaire, and Attachment **B2** justifies the topics covered in the male questionnaire, focusing particularly on the sensitive information that they collect. These items have all been previously approved by OMB in 2006, 2007, and 2008.

In a review of their data needs, the agencies sponsoring the NSFG concluded that the NSFG serves their needs well, but the data were needed more frequently than every 6-7 years. After over 2 years of continuous interviewing, we know that the new design is succeeding: the data are being collected more frequently, with larger sample sizes, at a lower cost per completed interview. Simply put, this design is more efficient than the design used in earlier surveys, and over time, it will provide data every year. The new design is making the NSFG more useful for monitoring trends, and it gives the survey a chance to respond to emerging needs for data, by adding or modifying a limited number of questions in almost any year, instead of having to wait up to 7 years for a new cycle of the survey.

2. Purpose and Use of Information Collection

The National Survey of Family Growth responds to the congressional mandate for NCHS to collect and publish reliable national statistics on **"family formation, growth, and dissolution**" (Sec. 306(b), paragraph 1(H) of the Public Health Service Act) as well as vital statistics on births and deaths, and a number of aspects of health status and health care. The NSFG collects and publishes the most reliable, and in most cases the only, national data on such major topics as: adoption, unplanned births, contraceptive use and effectiveness, infertility and use of infertility services, pelvic infection and sexually transmitted disease, sterilization, expected future births, the sexually active population, and the use of and need for family planning services.

The 2002 NSFG continued the monitoring of trends in these variables, and produced new data on topics of current policy interest. Under continuous interviewing, the NSFG is continuing the time series of these variables, and improving them incrementally but steadily while controlling costs and quality. For example:

- changes in the sexual behavior and contraceptive use of both male and female teenagers, used by OPA, NICHD, and the CDC's Division of Reproductive Health for program planning and intramural and extramural research programs (Attachments **A2, A3, A4**), and by Healthy People 2010 Objectives (Attachment **E2**).

- adoption and adoption seeking (for the Children's Bureau of the Administration for Children and Families) (Attachment **A6** and **E5**); and

- behaviors that increase the risk of HIV and other sexually transmitted diseases (STD's) are collected only in the Audio CASI self-administered questionnaire, thus avoiding the need for the respondent to say anything out loud to anyone about them.

NSFG data are typically summarized in national estimates of the numbers and percents of the population of reproductive age who experience these events, and are presented in statistical tables and written reports published by NCHS and in professional journals. Statistical techniques such as regression analysis, life tables and hazard models are also used to refine estimates and clarify possible causal connections between events. In addition to distributing printed reports, NCHS posts NSFG publications as PDF files at: http://www.cdc.gov/nchs/nsfg.htm. Reports posted in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act (ADA).

The dissemination effort for the 2006-2008 data file is described in Section B16. This effort will be broad in scope, but fewer tables will be published initially than from the 2002 NSFG, given that new data can be published every 2-3 years. The publication effort for the 2002 NSFG had 4 major components:

1. As of August 2008, the NSFG staff had published 11 major NCHS reports from the 2002 NSFG -- more than 370 statistical tables and 750 pages of published text. In addition,

outside researchers have used the NSFG public use files to produce about 100 additional publications. In November of 2008 there were at least 110 reports and journal articles published from Cycle 6--**Attachment D1** and **D2).** Large numbers of papers have also been presented at meetings of social science and health science associations.

2. The 2002 NSFG public use data were released on fully documented CD-ROMS in December 2004, and later on downloadable files on the NCHS/NSFG web page. In addition, for the first time, the data and documentation for the public use data files for Cycles 1-6 (1973-2002) can all be obtained on the NSFG web site, at http://www.cdc.gov/nchs/nsfg.htm

3. In the last few years, the NSFG staff has made presentations on the data at the Annual Meetings of the Population Association of America, the American Sociological Association, the National Council on Family Relations, the NCHS Data Users Conference, and other meetings. At these meetings, the staff presented numerous posters, papers, and workshops to make researchers aware of the data and to assist them in using it. (Meanwhile, our contractor, the University of Michigan, has presented papers at the American Association for Public Opinion Research and other forums on the methodological innovations used in the 2002 and current NSFG.)

4. A significant new resource was made available on the NSFG web site in January 2008, called "Key Statistics from the NSFG (from A to Z),**"** which is an alphabetical list of major findings from the NSFG by topic. This resource is intended to allow users easy access to basic findings from the NSFG, as well as a way for them to find more detailed information. "Key Statistics" will be updated when the first data from Continuous Interviewing are available, and of course it will be possible to update it much more frequently than when the NSFG was done once every 6 or 7 years. "Key Statistics" is available at: http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm

Attachment E includes memoranda from the DHHS agencies sponsoring the NSFG that highlight some of the many critical needs that NSFG data meet for these programs. These agencies include OASPE, NICHD, the Office of Population Affairs, the Children's Bureau, and four programs within CDC: NCHS, the CDC HIV Prevention program, the CDC Division of Sexually Transmitted Disease Prevention, and the CDC Division of Reproductive Health.

NCHS. Public interest in NSFG data is high. The NCHS Public Information Officer notes in **Attachment E1** that the media use NSFG results in several ways: "as breaking news, in op ed pieces, editorials, and commentaries." Then they are used as background data for programs and initiatives at the federal, state, and local level, and as benchmark data when smaller or local studies are conducted. He also notes that with NSFG results soon becoming available every 2 or 3 years instead of every 7 years, media coverage of the survey will double, because the data will be available twice as often. He also notes that "the media serves to inform new groups and users of the available information."

Recently, statistics on usage of the NCHS web site have become available on a monthly basis. Data for April 2008 show

- 5,300 views of the NSFG home page,
- 3,800 views of an NSFG-Vital Statistics report on pregnancy rates released that month;
- 2,000 views of the "Key Statistics" described above,
- 1,900 views of the NSFG's 2002 Survey data file documentation, and
- 1,800 views of our report on Sexual Behavior, which was published in September 2005.

More recent statistics are similar.

NSFG data were used for about a dozen of the Healthy People 2010 Objectives: 11 in Family Planning, one in HIV, and two in Sexually Transmitted Diseases. NSFG data have been used to brief the Secretary of DHHS, the Surgeon General, and others. (**Attachment E2**)

Office of Population Affairs (OPA). The statement from OPA (**Attachment E3**) says that "Often this survey (the NSFG) is the only solid source of national data to which this Office can turn in assembling the data required for matters of national policy." OPA relies on the NSFG for most of Healthy People 2010 objectives on Family Planning. The NSFG is the only source of data that allows OPA to compare characteristics of its Title X clinic users to users of other sources of services, and to those not using such services. The Title XX (teen pregnancy) program relies on NSFG data for national-level statistics on teenage sexual activity. OPA also notes that "several research projects analyzing NSFG data have been funded by OPA." OPA also strongly supports our efforts to include males, because "information provided by the NSFG…will help family planning and pregnancy prevention programs better understand how to provide effective services to men" in its Title X and Title XX programs. OPA also uses NCHS reports from the NSFG, and the NSFG web site, including our "Key Statistics from the NSFG (from A to Z)."

Center for Population Research, NICHD (NIH). NICHD states (in **Attachment E4**) that the NSFG findings help NICHD decide what topics or areas need to be investigated by their grantees and contractors, and serve as an efficient resource for those grantees and other researchers. They also say that "The transition to continuous interviewing has resulted in a steady stream of accumulating data that will be available beginning in approximately one year to provide information on a more current basis than under the previous structure." And "the NSFG staff have also used the opportunity presented by continuous interviewing to…update and add items to keep the survey current….We are particularly pleased that the NSFG staff have fully incorporated the scientific community as stakeholders by holding a series of research conferences….I congratulate NCHS for undertaking this important effort."

Children's Bureau of the Administration for Children and Families (ACF, DHHS). ACF states that it is "responsible for administering a variety of programs which encourage and facilitate permanency for children in the public foster care system, particularly programs which emphasize adoption." (**Attachment E5**) Existing laws in this area include the "Adoption and Safe Families Act of 1997," and the "Infant Adoption Awareness program" (Section 330F of the Public Health Service Act). ACF points out that the NSFG is "the only source of national information on adoption demand and preferences which is critical to program planning." In 2008,
NCHS published a major report from the NSFG on adoption by both men and women. (Series 23, No. 27, August, 2008).

Office of the Assistant Secretary for Planning and Evaluation (OASPE). OASPE "has a long history of using NSFG data to help inform policies around families." OASPE points out that: "The NSFG is currently the only survey collecting life history data for both males and females on family formation, sexual activity including STD/HIV risk behaviors, fertility, and contraception. The survey collects….information on fatherhood—both becoming and being a father—providing enormous potential for policy and program development. Equally important is the extensive socio-demographic information." "The change…to continuous interviewing will enhance the policy relevance of these data even further by providing a mechanism for ongoing updating of the data..." **(Attachment E6)**

The Division of Reproductive Health at CDC in Atlanta **(Attachment E7)** says that "DRH uses the ….NSFG to identify national trends in adolescent sexual behavior and pregnancy, shares them with national and state partners to influence public health prevention programming for adolescents, and to identify key areas …to target program and research disparities." They note that "During the past 3 years NSFG has improved its operations in a number of ways; these include quarterly e-mail updates, the online Key Statistics, and the questionnaire revisions. However, one of the most important improvements is the introduction of continuous interviewing. This enhancement will allow DRH to provide in a timelier manner data needed for CDC grantees for program planning, implementation and evaluation purposes."

The Division of HIV/AIDS Prevention (DHAP) of CDC is "responsible for funding HIV prevention activities in the US and evaluating those efforts." DHAP notes that "The NSFG is one of a few nationally representative surveys of adults collecting information related to HIV transmission and prevention on a regular basis. It has a history of successfully collecting very sensitive information…and producing data that are useful to programs. In particular, the use of Audio Computer-Assisted Self-Interviewing (ACASI) techniques….appears to result in more accurate reporting of the very sensitive information that is collected." The effectiveness of NSFG data for HIV behavioral surveillance and prevention activities has increased with the addition of men to the sample, and the ability of the system to conduct continuous data collection has increased it further." **(Attachment E8)**

The Division of Sexually Transmitted Disease Prevention (DSTDP) at CDC in Atlanta **(Attachment E9)** reports that they use the data to study sexual behavior patterns, in an effort to understand trends and differences in the rates of sexually transmitted diseases (or STD's). They also use the NSFG contextual data "to examine the social context in which sexual behavior occurs in areas with high STD rates." DSTDP collaborated with us to add a small set of questions to the NSFG in 2007-2010 to measure Human Papillomavirus (HPV) vaccination status and knowledge. These questions, "in conjunction with existing questions already asked by NSFG," allow them to examine issues related to whether HPV vaccination is associated with changes in sexual behavior.

3. Use of Improved Information Technology and Burden Reduction

Burden has been contained by keeping the length of the questionnaires under 80 minutes for women and under 60 minutes for men. Burden is also reduced by using faster and more

efficient laptop computers and the latest edition of BLAISE CAPI software.

There are no technical or legal obstacles to burden reduction.

Computer-assisted Personal Interviewing, or CAPI, reduces burden for the respondent because it collects the data using a laptop computer and a skilled interviewer. The computer customizes the question wording for the respondent. In Audio Computer-Assisted Self Interviewing, or ACASI, the respondent hears the questions through the headphones, or reads the questions on the computer screen, and enters the answers him/herself. Audio CASI ensures maximum privacy, so it is used for the most sensitive questions, but it also requires that both the questions and the answer choices be as simple as possible. Thus, only material that is sensitive and fairly simple to ask and answer can be collected in Audio CASI. The more complex parts of the interview must be done with the help of a well-trained interviewer. Respondents also report that they enjoy the ACASI part of the interview because they can control the pace of the interview themselves, and be more active participants in it. Most also report that they enjoy the interaction with the interviewer during the CAPI part of the interview (Data from the Cycle 6 Pretest, conducted in 2001.)

It is not practicable to conduct this survey as an entirely electronic (ACASI) data collection, because much of the material is too complex to be self-administered. Much of the questionnaire requires an interviewer---to explain complex terms and definitions, to give instructions, to ensure that answers are relevant and are entered accurately, and to maintain the respondent's privacy from other household members.

4. Efforts to Identify Duplication and Use of Similar Information.

On an ongoing basis, NSFG staff have consulted with NICHD, OPA, and other co-funding agencies to make certain that their needs are being met, and that NSFG data remain superior to other sources of related data. Staff also consult with a number of private organizations (e.g., The National Campaign to Prevent Teen and Unplanned Pregnancy; Child Trends; and others) and data users in the academic community, as described in Section A8.

The NSFG is the only nationally representative household survey that is specifically focused on childbearing experience, family formation, sexual behavior, contraceptive use, and reproductive health of men and women in the entire childbearing age range (15-44 years of age). A few other surveys have obtained data related to topics covered in the NSFG, but most were more limited in the questions they ask, the population they represent, or both.

For example, the Census Bureau's Survey of Income and Program Participation (SIPP, OMB Number 0607-0944) collects marital and birth histories, but it does not collect cohabitation histories, sexual partner histories, or pregnancies not ending in live birth (which the NSFG does collect). The CDC's Youth Risk Behavior Survey (YRBS) collects some data on sexual activity among high school students, but not on older teens (who have the highest pregnancy and STD rates), or those not in school, or any explanatory variables other than age, grade, and race. The NCHS National Health and Nutrition Examination Survey (NHANES) collects some data on sexual behavior, but from relatively small samples.

These occasional partial overlaps between the NSFG and other surveys make it possible to compare some of our statistics with other data to verify its reliability, but most of the statistics that the NSFG is designed to provide are unique and cannot be supplied by other surveys, either public or private--as noted in the previous section and in the memoranda from the survey's sponsors in **Attachment E.**

5. Impact on Small Businesses or Other Small Entities.

No small businesses will be involved in this study. This is a survey of individuals, not of firms or organizations.

6. Consequences of Collecting the Information Less Frequently

As this is being written, the 2002 (Cycle 6) data are still being used for academic research on marriage, the family, and reproductive health **(Attachment D1**), but they are already too old for most program and policy purposes, so the data from July 2006-December 2008 (scheduled to be released in late 2009) will be welcomed by many types of users. Continuous Interviewing will meet needs for more frequent data for several reasons, including these:

a) The Healthy People 2010 Objectives **(Attachment E2)** require that the data be available at least 3 times per decade.

b) The agencies co-sponsoring the NSFG have made it clear that conducting the survey every 6 or 7 years is not often enough (for reasons discussed above in Section A4). Continuing to do the NSFG every 6 or 7 years would mean that the information would be too old for policy and program uses, because
   (1) many of the behaviors we measure change in 6 or 7 years, and
   (2) data needs of the programs served by the NSFG change.

To cite just a few important examples of this rapid change:

Between 1991 and 2005, the US teen birth rate dropped 34 percent. For black teens, the drop was a remarkable 48 percent. However, in 2006, the birth rate for teens and other age groups increased. Until NSFG data are compiled, weighted, and analyzed, the reasons for this important change will remain unknown. (NCHS, "Births: Preliminary Data for 2006," National Vital Statistics Reports 56 (7), table 3, Dec 5, 2007.)

During the last few years, the birth control patch (Ortho Evra ™) , the Nuvaring ™ Vaginal Contraceptive Ring, the Paragard™ and Mirena™ IUD's, the Essure ™ female sterilization procedure and the Implanon™ Implant, have been introduced, and the use of emergency contraception has been approved for non-prescription use. Data on use of these new methods are needed because of their potentially important effects on both teen and adult pregnancy rates.

Between the early 1990's and 2002, the proportion of black babies that were breast-fed nearly doubled, but still lagged behind that of whites and Hispanics, a topic that deserves continued monitoring because of its critical importance for infant and child health. Have the DHHS and other campaigns to promote breast-feeding had any effect?

Finally, NSFG data on HIV Testing (Advance Data 363) have filled a gap because the NSFG has direct data on whether respondents are engaged in risky behaviors (Advance Data No. 377, "Measuring HIV Risk in the US Population"). However, newly available methods of testing (such as oral swabs), as well as the availability of rapid HIV tests, called for changes to the NSFG questions on these topics. These new data will help to evaluate whether testing patterns have changed as a result of these new methods, and provide valuable information for service providers.
(Note: the Advance Data's and other NSFG publications are available at:
http://www.cdc.gov/nchs/nsfg.htm)

Another problem in using old information is that the data needs of the programs served by the NSFG change. New products, new legislation and new policy initiatives make new information necessary– for example,

- information on the new HPV (Human Papilloma virus) vaccine called Gardisil;
- "abstinence education" and "comprehensive sex education" programs,
- access to contraception in the context of managed care and "conscience" provisions (the recent subject of very controversial proposed regulations)
- emergency contraception (now available without a prescription)
- welfare reform and its potential effects on marriage, cohabitation, and unwanted fertility.

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Another example involves HIV risk behaviors: the data from the 2002 NSFG, published in NCHS's Advance Data Reports Numbers 362 (Sexual Behavior) and 377 (HIV Risk), filled a gap by providing reliable data on behaviors that affect the risk of transmitting HIV and other Sexually Transmitted Diseases. But programs at OPA and CDC are addressing HIV prevention and testing, so new data need to be collected to see if the population at risk has increased or decreased, and whether those most at risk are being tested.

In addition, with the implementation of continuous interviewing, the NSFG will be able to respond to the most important program needs with revised survey questions.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

None. This request complies fully with 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Attachment F6 is a copy of the Federal Register notice on the NSFG, Volume 73, No. 201, pages 61425-26, published October 16, 2008**.** No comments were received.

The NSFG staff has held periodic discussions with representatives of the funding agencies mentioned above since the early 1990's, but there were frequent in-depth consultations during the transition to continuous interviewing. The following is a brief summary of those consultations:

After a long series of meetings in 2000 and 2001, two major conclusions were reached: First, the co-sponsoring agencies were now satisfied with the content and coverage of the 2002 NSFG, now that (a) men are included, (b) blacks, Hispanics, and teens are over-sampled, and (c) the Audio Computer-Assisted Self-Interviewing (ACASI) component has been expanded significantly. Second, the interval between the cycles of the surveys—7 years in the most recent cycles (1988, 1995, 2002)—was simply too long. We needed a way to conduct the survey more frequently, at a lower cost per completed interview, to provide more timely data.

In March, 2004, the collaborating agencies met to examine three options (**Attachment F1)** and made the decision to move toward continuous interviewing as soon as possible. In April, 2006, OMB approved the continuous interviewing plan, and about July 1, 2006, continuous interviewing began.

During the transition to continuous interviewing in 2004-2007, frequent consultations took place. For example, formal meetings to update the funding agencies and to discuss continuous interviewing with them were held on March 19, 2004; April 27, 2005; November 17, 2005; November 15, 2006; and October 24, 2007. **(Attachment F3)** Funding agency representatives are also given updates at least quarterly by e-mail on the progress of fieldwork and other NSFG news. During January-July 2008 alone, these updates were sent on January 23, March 14, March 27, April 3, April 14, May 9, July 10, and July 17. Agency representatives were also consulted on the questionnaire changes implemented in June, 2007 ("Year 2") and June, 2008 ("year 3"). Frequent e-mail and phone exchanges have also occurred, to keep them up to date and to seek their advice on matters of concern to them.

NSFG Research Conference, 2006 and 2008---

The NSFG staff organized the 2nd "Research Conference on the National Survey of Family Growth," which was held at NCHS in October of 2006 **(Attachment F2)**. (The first conference was held in 1998, after the data from the 1995 survey were released.) About 20 original analyses of the NSFG were discussed, and suggestions were made for improvements to the questionnaires. Many of these improvements were made in our 2007 and 2008 OMB "Change Requests."

The NSFG staff also organized the 3rd "Research Conference on the NSFG," held at NCHS in October of 2008 **(Attachment F4**). The meeting was a source of valuable feedback. After further study, some of the suggestions will be incorporated into our change package for the questionnaire that will be fielded in 2011.

Other meetings—With the cooperation of the NSFG's primary funding agencies (NICHD/NIH and the Office of Population Affairs, OS/DHHS), the NSFG staff organized a meeting of an informal group of 5 distinguished NSFG data users to discuss issues related to the

next several years of the NSFG. In addition, representatives of the NSFG's funding agencies and the NSFG staff attended. The meeting was held at NCHS on November 19 and 20, 2008. The Agenda and list of attendees for that meeting is shown as **Attachment F5.** The suggestions of these experts were sought on several questionnaire topics, some survey design issues, data dissemination techniques, and other matters. They will be taken into account in making decisions about the future of the NSFG.

The NSFG staff conducts other outreach efforts as well. For example, we present workshops and papers at professional meetings such as the Population Association of America, the American Sociological Association, and the American Public Health Association to meet with data users and to obtain comment on the survey's data. The NSFG staff also maintains correspondence with users of our data files through the e-mail address NSFG@cdc.gov.

Key persons representing the NSFG's funding agencies are consulted on an ongoing basis. These persons are:

Linda M. Mellgren, MPA
Office of the Assistant Secretary for Planning and Evaluation (OASPE),
Room 405F, HHH Building,
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Rosalind B. King, Ph.D.
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National Institute for Child Health and Human Development (NICHD)
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Eugenia Eckard, M.A.
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Evelyn Kappeler, B.A.
Coordinator, Workgroup on the Family Planning Objectives for Healthy People 2010
And Acting Director, Office of Population Affairs, DHHS
1101 Wooton Parkway, Suite 700, Rockville, MD 20852
Phone: 240-453-2837
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After Jan 1, 2009:
Sharon Newburg-Rinn, Ph.D.

Children Bureau, Portals Building, Suite 800
1250 Maryland Avenue
Washington, DC 20024
Phone: 202-205-0749
E-Mail: snewburg-rinn@acf.hhs.gov

Within the Centers for Disease Control and Prevention (CDC) in Atlanta, consultation has been held with:

Amy Lansky, Ph.D. (2004-present) Division of HIV/AIDS Prevention (DHAP) Centers for Disease Control and Prevention Atlanta, GA. 30329	404-639-8663	All0@cdc.gov
Elizabeth DiNenno, Ph.D. (2008-present) Division of HIV/AIDS Prevention (DHAP) Centers for Disease Control and Prevention Atlanta, GA 30329	404-639-8482	Edinenno@cdc.gov
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Other continuing contacts with these and other agencies have been described in section A2 ("How the information will be used"). There are no unresolved issues between NCHS and any of these agencies.

9. Explanation of any Payment or Gift to Respondents

As in the 2002 NSFG and in the 2006-2008 interviewing, permission is requested to continue to offer a $40 cash incentive to all respondents. (The NCHS IRB requires us to describe the $40 as a “token of appreciation.”) This request is based on a long history of experimentation with incentives in the NSFG, which is described **in Attachment C.** Briefly, experiments in the Cycle Cycle 5 Pretest (1993), the Cycle 6 Pretest (in 2001), the 2002 NSFG, and in the continuous NSFG (2006-2007), have shown increased response rates, lower data collection costs, and

reduced bias when incentives are used in the NSFG. For example, in the 2002 NSFG, those offered a higher incentive in the last 4 weeks of fieldwork had a higher proportion of married women, Hispanic men and women, and full-time workers of both sexes (presentation to OMB, Jan 9, 2006). The decisions on each of these experiments were approved by both the NCHS IRB and by OMB—most recently by the NCHS IRB on August 29, 2007, and by OMB on November 21, 2007.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act of 1974 (5 U.S.C. 552a) "requires the safeguarding of individuals", and Section 308(d) of the Public Health Service Act (42 U.S.C. 242m) requires the safeguarding of both individuals and establishments against invasion of privacy. Contractors who collect information identifying individuals and/or establishments must stipulate the appropriate safeguards to be taken regarding such information. The Privacy Act also provides for the confidential treatment of records of individuals, which are maintained by a Federal agency according to either individual's name or some other identifier. This law also requires that such records in NCHS are to be protected from "uses other than those purposes for which they were collected."

The NCHS Privacy Act Coordinator and the NCHS Confidentiality Officer have reviewed this package and have determined that the Privacy Act is applicable.

This study is covered under Privacy Act System of Records Notice 09-20-0164 ("Health and Demographic Surveys Conducted in Probability Samples of the U.S. Population").

The confidentiality of individuals participating in NSFG is protected by section 308(d) of the Public Health Service Act (42 USC 242m), which states:

> "No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...306,...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section...306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form..."

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA) (PL-107-347), which states:

> "Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this

> title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both."

It is the responsibility of NCHS employees, including NCHS contract staff, to protect and preserve all NSFG data from unauthorized persons and uses. All NCHS employees as well as all contract staff have received appropriate training and made a commitment to assure confidentiality and have signed a "Nondisclosure Affidavit". It is understood that protection of the confidentiality of records is a vital and essential element of the operation of NCHS, and that Federal law demands that NCHS provide full protection at all times of the confidential data in its custody. Only authorized personnel are allowed access to confidential records and only when their work requires it. When confidential materials are moved between locations, records are maintained to insure that there is no loss in transit and when confidential information is not in use, it is stored in secure conditions.

NCHS policy requires physical protection of records in the field, and has delineated these requirements for the data collection contractor. The contractor also has its own policy and procedures regarding assurance of confidentiality and a pledge that all employees involved in the NSFG must sign. The contractor provides all safeguards mandated by Privacy Act and Confidentiality legislation to protect the confidentiality of the data. The contractor's data security procedures comply fully with security requirements delineated by the Information Resources Management Office of CDC.

It is NCHS policy to make NSFG data available via public use data files to the scientific community. Confidential data will never be released to the public. For example, all personal information that could be potentially identifiable (including participant name, address, survey location number, sample person number), are removed from the public release files. The NCHS Disclosure Review Board reviews all files that will be released, to assure that directly or indirectly identifiable data are not included.

11. Questions of a Sensitive Nature

No new questions are being requested at this time. It is likely that NCHS will submit a change package to request some limited nonsubstantive changes to the questionnaires which would be effective in early 2011. Consultations have begun to determine what those changes should be, but it is likely that they will be minor, for two reasons: the content of the survey is largely satisfactory to its sponsors; and the costs of making major changes are prohibitive.

Since the survey focuses on childbearing and pregnancy (in the main interview) and reproductive health (in the self-administered Audio CASI portion), it necessarily deals with a number of topics that may be sensitive for some people-- such as infertility, adoption, divorce, contraceptive use, and sexual activity. These questions and others have been asked in several previous cycles of the Survey with no problems, no doubt in part because family formation, sexual activity, and having and raising children are important for most people in this age range; they are sources of happiness and positive feelings, not sensitivity or anxiety.

The survey was approved by the NCHS "Research Ethics Review Board" (the name NCHS uses for its IRB) on October 14, 2008 **(Attachment L).** The justifications for sensitive (and non-sensitive) questions in the NSFG questionnaires for males and females are discussed in detail in **Attachments B1 and B2**.

The questions in the NSFG Questionnaires may be divided into 3 groups: (a) questions that are generally considered not sensitive, (b) those generally considered as moderately sensitive, and (c) more sensitive questions. The moderately sensitive and more sensitive questions are shown in the following table, along with the page number in Attachments B1 and B2 where the reader can obtain more information about them.

Moderately Sensitive	**Females Attachment B1**	**Males Attachment B2**
Pregnancy (miscarriage, stillbirth, abortion, live birth)	Page 10, 35	Page 9
Adoption	13	10
Heterosexual intercourse	17	7, 17
Infertility	23	7
Contraception	24	8
Infertility services	29	15
Douching	30	NA
HIV Testing	30	*
Religion	32	*
More Sensitive		
Child Support	NA	Page 13
Homelessness	NA	16
Incarceration	NA	16
Substance Use	36	*
School Suspension and expulsion	36	*
Non-voluntary sexual experience	37	18
Sexually Transmitted Diseases (STDs)	38	*
STD/HIV-related sexual behavior & drug use	39	*
Sexual orientation and attraction	40	*
Female-female & male-male sex	40	17
Income	41	*

* Questions that are asked in the same way in both the female and male questionnaires (e.g., Religion, or Income) are described in Attachment B1; the description is not repeated in Attachment B2 and the corresponding line under B2 (in the table below) contains an asterisk (*). "NA" means "Not asked.")

Minimizing sensitivity---The context in which questions are asked and the auspices of the survey are important factors in overcoming the potential sensitivity of the subject matter. The NSFG takes at least 7 steps to create a context which minimizes sensitivity and makes clear to respondents the legitimate need for the information:

(1) First, it is always possible to answer "I don't know" (I can't recall, I don't remember, or I never knew that) or "Refuse to answer" for any question. To save space on the simplified paper versions of the questionnaires (**Attachments H and I**), "refused" or "don't know" were not listed as explicit answer choices for every question, but interviewers are trained to accept "don't know" or "refuse to answer" for **any** question. Similarly, in the ACASI (self-administered) portion of the survey, respondents are informed that these are accepted responses for any question, and they are shown how to enter these responses.

(2) Advance letters, pamphlets, and brochures **(Attachments G1 and G2)** are used to make clear that the survey is sponsored by the U.S. Department of Health and Human Services, and that the information is put to important uses. Our Advance materials cite the NCHS web site (**http://www.cdc.gov/nchs**), and respondents who want to verify the sponsorship
of the survey for themselves can be shown the Interviewer's Letter of Authorization **(Attachment G2)** or call the toll-free number at NCHS or the University of Michigan.

The toll-free phone lines at NCHS are answered by the Project Officer (Dr. Mosher), the Alternate Project Officer (Dr. Abma), and other NSFG staff. The Spanish line is answered by Dr. Gladys Martinez of the NSFG staff. The toll-free phone number at the contractor's office (ISR/University of Michigan) is answered 6 days a week, including weekday evenings.

(3) Only professional female interviewers are used. Both females and males typically express a preference to be interviewed by women on sensitive topics.

(4) The questionnaire is carefully crafted to lead smoothly from one topic to another. As new topics are introduced, the need for the information is explained briefly to the respondent. A great deal of effort was made to use the experience of the 12,571 interviews in the 2002 NSFG and the 5,000 in the first year of Continuous interviewing to improve questions.

(5) Computer-Assisted Personal Interviewing, in which the interviewer uses a laptop computer, is used, instead of paper and pencil interviews. One principal privacy concern of respondents is the possibility that their own spouse, parents, or family will see a paper copy of their answers, and the computer helps allay those concerns.

(6) Audio Computer-Assisted Self-Interviewing (Audio CASI) is used for the most sensitive questions (Female Section J and Male Section K). The questions are asked over headphones (and on the computer screen) and the respondent enters his or her answers into the laptop computer. The audio self-administered questionnaire helps to ensure that other members of the respondent's own household (if any) will not know what the questions were, or what the answers were. The screen can be made blank with one keystroke if anyone walks into the room while the interview is going on. Audio CASI concludes with a locking mechanism that prevents the interviewer or anyone else from backing up and seeing the respondent's answers.

(7) The incentive indicates clearly to the respondent that the information is important to the survey sponsors.

Each eligible person selected into the sample receives an advance letter on NCHS letterhead (**Attachment G1)** which explains the survey and how the sampled persons are chosen, and a question and answer brochure (**Attachment G2)** which answers the most frequently asked questions. If the sampled person is an adult 18-44 years of age, written informed consent is obtained (**Attachment G3).** If the sampled person is a minor—15-17 years of age, unmarried and living with parents—written parental consent must be obtained in advance, and then the minor is similarly informed about the interview and asked for his or her signed assent. **(Attachment G3)**

One measure of our success in asking sensitive questions is our experience with the questions in the Self-Administered ("Audio-CASI") section on oral, anal, and same-gender sexual activity have now been answered by over 24,000 respondents in 2002 and in 2006-2008, and have worked well when self-administered in this way. The results were reported, and compared with previous national surveys, in recent NCHS reports on sexual behavior, HIV testing, and HIV risk (NCHS Advance Data Nos. 362, 363, and 377), available at http://www.cdc.gov/nchs/nsfg.htm.

New Questions.-- No new questions are being requested in the first two years of the clearance (2009 and 2010). For the third year of the clearance (2011), it is likely that NCHS will seek permission to make some limited changes to the questionnaires. For example, improvements may be needed in some of the questions in the following sections:

- for females, infertility services (Section HA) and unwanted births (Section EG) in **Attachment H.**
- for males, father involvement (Section GA and GB) and reproductive health services (Section D) in **Attachment I;**
- for both males and females, on sex education (Section CF for females; BA for males) and attitudes (Section IH for females and JG for males) in **Attachments H and I.**

The NSFG staff will consult with expert data users before deciding on what these potential changes would be.

12. Estimates of Annualized Burden Hours and Costs

A. As in Cycle 6, the mean interview length will be about 90 minutes (rounded up from 80)

for females and 60 minutes for males. Burden estimates shown here are updated with actual results from the first and second years of interviewing. On an annual basis, approximately 14,000 persons will be screened; about 5,000 of these will complete the "main" survey: 2,750 females **(Attachment H)** and 2,250 males **(Attachment I).** Finally, about 1,400 of these respondents to the main survey or the screener will be re-contacted by telephone for a 3-5 minute verification interview **(Attachment J).** It is also anticipated that up to 250 people may be contacted to test future questions **(Attachment N**). If this testing occurs, it will probably occur in the NCHS Questionnaire Design Research Laboratory.

Estimated Annualized Respondent Table

Respondents /Instrument	No. of Responses	Responses per Respondent	Average Burden/Response (in hours)	Total Burden Hours
Screener	14,000	1	3/60	700
Female Interview	2,750	1	1.5	4,125
Male Interview	2,250	1	1	2,250
Verification	1,400	1	5/60	117
Testing questions	250	1	1	250
TOTAL	20,650	---	---	7,442

B. Cost to Respondents

At an average wage rate of $20 per hour and an average length of interview of 36 minutes, the average cost per respondent is about $12. (This information is from the Bureau of Labor Statistics: http://www.bls.gov/ncs/ocs/sp/nctb0298.pdf). This estimated cost does not represent an out of pocket expense, but represents a monetary value attributed to the time spent doing the interview. It is more than offset by the incentive offered to the respondent.

Estimated Annualized Respondent Costs

Total Burden Hours	Respondent Wage Rate per Hour	Total Respondent Costs
7,442	$20.00	$148,840

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

None

14. Annualized Cost to the Government

The Annualized cost to the government based on FY 2009 figures is:

CONTRACT	$3,500,000
NCHS Staff	800,000
TOTAL	$4,300,000

These contract costs include specification and programming of the male and female questionnaires; data collection including hiring, training and supervising the interviewers; and data processing, editing, and documentation of the data file. NCHS actively monitors and reviews this work in all its stages.

15. Changes in Hour Burden

The previously approved burden of 6,183 hours included both pretest and full implementation. The increase of 1,259 hours reflects the continuation of full sample implementation with a slightly larger sample yield than expected (5,000 interviews per year rather than 4,400) because of good eligibility rates and very good productivity from the interviewers to date. The increase also reflects the requirement to round burden hours up to the nearest .5 hours.

16. Time Schedule, Publication, and Analysis Plans

Sample significant milestones (assuming OMB clearance in April 2009):

Interviewer Training (5 days)	June, 2009
Data collection:	June 25, 2009-June 25, 2010
Main Study coding, edits, imputation, prepare recoded variables & document data files	Continuous
Release public use data files for:	
Interviews in June 2006-Dec 2008:	December 2009
Interviews in June 2006-June 2010:	November 2011
First published reports:	Dec 2009, then periodically.

Our goal is to release the 2006-2008 NSFG data file on CD-ROM and on the web in about 12 months after completion of data collection, instead of the 21 months it took to release the 2002 NSFG data file.

The data from the NSFG are analyzed using SAS, STATA, SPSS, and other statistical software for tabulation and analysis. SUDAAN, SAS, STATA, SPSS, and similar software are being used for variance estimation. Results will be published in standard NCHS Reports, and as articles in professional journals. Over 500 reports from Cycles 1-5 are shown on the NSFG web site. About 110 publications from Cycle 6 are shown in **Attachments D1 and D2.**

Publications – The initial publications based on the 2002 NSFG were designed to

provide data on a very wide range of topics, to demonstrate the significantly broader scope of the NSFG in 2002, and to be useful to more federal programs and other data users. They were also designed to provide a large volume of data as soon as possible, because the NSFG had not collected data on women in 7 years and had never collected data on men. PDF files of all reports published by NCHS from the NSFG are available on the NSFG web site: http://www.cdc.gov/nchs/nsfg.htm. Publications released in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act.

Publications from the first combined 2.5 years of continuous interviewing (July 2006-Dec 2008) are expected to cover similar topics as in the 2002 NSFG, but with the transition to continuous interviewing, publications will be released in smaller reports at regular intervals. These releases will be determined by the importance of the subject matter and the sample size that is available. After 2 ½ years of interviewing, we will have over 13,400 interviews—about 900 more than from the 2002 NSFG.

The specific reports to be published will be determined in discussions of NSFG staff and collaborating agencies. But the list below illustrates the way we expect to approach the publication program under continuous interviewing.

After 2 ½ years of data (n= 13,000): The first set of reports would include data from the first 2 ½ years of interviewing, mid-2006 to December 2008, and would be released in late 2009. This first dataset is expected to be about 13,000 interviews, about the same size as the 2002 (Cycle 6) NSFG.

The first set of reports, issued periodically throughout 2010 and 2011, will attempt to cover the survey's most important (and most frequently-requested) findings. These may include:

1. "Use of Contraception and Use of Family Planning Services" in 2006-2008. (Similar to Advance Data No. 350; about 20 tables.)

2. Sexual behavior (similar to Advance Data No. 362, "Sexual Behavior and Selected Health Measures"; about 25 tables).

3. Teen sex, contraception, and pregnancy, similar to Series 23, No. 24 ("Teenagers in the US: Sexual Activity, Contraceptive Use, and Childbearing"; about 25 tables).

4. A Report on Male and Female fertility and parenting, including child care and fatherhood involvement measures (about 30 tables).

5. Pregnancy Rates in the United States, by age, race and marital status (Similar to National Vital Statistics Report Vol 56, No. 15, "Estimates of Pregnancy Rates by Outcome, 1990-2004," April 14, 2008; about 10 tables.)

6. A report on Marriage, Divorce, and Cohabitation, with about 30 tables.

7. A report with about 30 tables showing estimates on a variety of topics not covered in the previous reports.

In addition, two methodological reports will be issued. Because the continuous design is significantly different from previous cycles of the NSFG, the NSFG's contractor (the University of Michigan, Robert Groves, Project Director) and NCHS staff will produce reports for publication in 2009, before the data are released, so that users can understand the design as they plan their own data analyses. The reports will be updated with new data in 2010, after the data files are released:

8. "Plan and Operation of the Continuous National Survey of Family Growth, 2006-2008," Vital and Health Statistics, Series 1, NCHS.

9. "Continuous National Survey of Family Growth, 2006-2008: Sample Design, Weighting, Imputation, and Variance Estimation." Vital and Health Statistics, Series 2, NCHS.

After 4 years of data collection, certain key tables from all of these reports could be re-issued with larger sample sizes, and some will be. But we can also turn some attention to:

a) topics that require very large sample sizes---for example, adoptive parents; users of infertility services; the dissolution of second marriages; low-income and minority teenagers; childless infertile women 35 and older; differences between foreign-born and US-born blacks and Hispanics); and the sexual behavior, health care, and health characteristics of gays and lesbians, among others);

b) statistics that can be tested for short-term trends (between 2006-8 and 2009-10, e.g.); and

c) topics that rely on new data items (questions) that were first asked in Year 2 (starting June 2007) or 3 (starting June 2008) of continuous interviewing and now have sufficient sample size.

17. Reason(s) Display of OMB Expiration Data is Inappropriate.

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions.

None