

State and Local Area Integrated Telephone Survey
OMB # 0920-0406

Supporting Statement A

Three-year generic clearance granted 04/25/11
Expires 04/30/14

GenIC request to add additional topics:
2013 National Survey of Children in Nonparental Care (NSCNC)

Prepared by:

Matthew D. Bramlett, Ph.D.
Statistician - Health
CDC/NCHS
3311 Toledo Road, Room 2111
Hyattsville, MD 20782
301-458-4070 (voice)
301-458-4035 (fax)
MBramlett@cdc.gov

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**The State and Local Area Integrated Telephone Survey (SLAITS)
OMB clearance number 0920-0406
Expiration 04/30/14**

**GenIC: 2013 National Survey of Children in Nonparental Care
(NSCNC)**

OVERVIEW

The State and Local Area Integrated Telephone Survey (SLAITS) mechanism is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), under OMB generic clearance number 0920-0406 (expires 04/30/14). This three-year clearance allows NCHS to collect health and well-being data on children, families, and communities. The SLAITS mechanism by definition is integrated with the National Immunization Survey (Paperwork Reduction Act (PRA exempt). NCHS is applying for clearance to add a topic module genIC to the National Survey of Children's Health (NSCH), which fits under SLAITS. The NSCH has included a previous follow up on a subsample of the NSCH. The current module is a longitudinal follow up on a subsample of participants in the 2011-2012 NSCH. This 2013 follow up is referred to in this information collection request package as the National Survey of Children in Nonparental Care (NSCNC). The NSCNC module is primarily sponsored by the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) with assistance from the Annie E. Casey Foundation.

The very rare subgroup of vulnerable children that the NSCNC will follow back in this module are those who were living apart from their biological or adoptive parents. All children eligible for the NSCNC module were the subjects of completed interviews in the 2011-2012 NSCH. The NSCNC data is intended to supplement the data collected during the NSCH, for these children.

This request seeks approval to conduct the NSCNC, which will include a brief dress rehearsal to test the Computer-Assisted Telephone Interview (CATI) programming of the questionnaire, followed by the full implementation of the NSCNC. If the dress rehearsal results in changes to question text or the addition or deletion of questions, we will submit a revised OMB package with the revised questionnaire prior to beginning interviewing with the revised questionnaire.. There will be no change in the approved burden as this is part of a generic clearance.

The NSCNC is scheduled to begin in the first calendar quarter of 2013 and will continue for 2-3 months in all 50 states and the District of Columbia (DC).

A. Justification

1. Circumstances Making the Collection of Information Necessary

2013 Follow up of the NSCH subpopulation: National Survey of Children in Nonparental Care (NSCNC)

The NSCNC is the second NSCH followback survey funded by the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) and focused on a very rare subgroup of particularly-vulnerable children identified in a previous large-scale NSCH, which was conducted under SLAITS . The first followback survey was the National Survey of Adoptive Parents, 2007 (NSAP), which included adopted children identified during administration of the 2007 National Survey of Children's Health (NSCH). The NSCNC is intended to follow back to children living with no parents present in the household who were identified as such during administration of the 2011-2012 NSCH. In each case, the survey content has focused on providing data to address three main objectives: describing the characteristics of the population, assessing the health and well-being of the children and parents/caregivers, and describing their access and utilization of various supports and services.

The 2007 and 2011-2012 NSCH iterations were separate surveys of independent samples (each representing all noninstitutionalized children ages 0-17 in the United States), not one panel survey. The 2007 NSAP followback collected additional data for a subpopulation of children with completed NSCH 2007 interviews; the 2013 NSCNC will collect additional data for a subpopulation of children with completed NSCH 2011-2012 interviews. Thus, for the NSCNC sample children we will have data from the 2011-2012 NSCH and from the 2013 NSCNC. The majority of NSCH 2011-2012 children are not eligible for NSCNC – only approximately 2-3% of the NSCH sample is eligible for the NSCNC – those who were living with no parents present in the household at the time of the NSCH interview. This scope is similar to the 2007 NSAP followback, in which approximately 2-3% of NSCH children were adopted and thus eligible for the NSAP followback. In both cases, the majority of NSCH children were only eligible for the NSCH.

The NSCNC takes advantage of the fact that the 2011-2012 NSCH screened a large number of households to identify a rare population, e.g., children under age 18 who live in households with no parents present. Caregivers of children ages birth to 17 years, identified in the NSCH as having been living in nonparental care, will be interviewed (those otherwise-eligible children who have aged to age 18 between interviews will be out of scope). Most of these children have been living in one of three household types: (a) living with their grandparent(s) only; (b) living with other relatives, often also with grandparents; (c) living with a combination of relatives and non-relatives in the household (a very small minority live with non-relatives only). Children in foster care are also included.

The NSCNC is sponsored by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services (DHHS). The NSCNC is well suited to

ASPE in its role as a policy office commissioning research on emergent issues, particularly those with implications across multiple agencies. ASPE has developed this research project in consultation with a variety of other interested agencies with the aim of providing information that a range of programs will find helpful to better understand the children and families they encounter, the perceived strengths and needs of these households, and the issues they face in accessing a range of services. The particular issues faced by households in which children are living apart from their families arise within a number of HHS programs, and indeed those of other federal agencies as well, but do not clearly fall within any single agency's program authority. Programs that routinely encounter these families and that are facing policy issues with respect to them include child welfare programs (e.g. issue related to kinship foster care, subsidized guardianship), the Temporary Assistance for Needy Families (TANF) Program (these households represent the largest group of "child only" TANF cases where support is targeted to children and not their parents), programs within the purview of the Administration on Aging (e.g. the Grandparent Caregiver Support program) and more. Having information specifically about their unique issues will help us understand ways we can ensure services within these programs, recognize the contexts within these households, and adequately address their needs.

ASPE is funding the NSCNC because nationally representative population-based data on the use of services by nonparental families and the well-being of children in nonparental care are scarce or non-existent. The SLAITS mechanism provides a sufficiently large platform to identify a cross-sectional sample of such families. The NSCNC dataset is unique for a variety of reasons: (1) it will be the only nationally representative survey on children in nonparental care that measures the well-being of the children and their caregivers and assesses their access and utilization of various services and supports; (2) the NSCNC benefits from the large quantity of health and well-being data that have already been collected on these children in the NSCH; and (3) the NSCNC data will be collected at a later time (1-2 years) than the original NSCH data collection, allowing for the examination of changes over time in such critical variables as household income, health insurance coverage, and family structure stability.

In short, this follow-up study will supply critical data for Federal needs assessment; allow researchers to better understand the living situations of children living apart from their parents and the problems their caregivers face in gaining access to needed services; and bolster future research and targeted programmatic efforts for children in nonparental care.

Law and regulation that authorizes this data collection:

NCHS is authorized to collect data under Section 306 of the Public Health Service Act (42 USC 242k). Text from this section of the code was submitted in the three-year generic clearance package and is not included in this request.

New data elements:

Most variables to be asked in the NSCNC re-interview are new questions not previously asked about these NSCH children. The goal is not to re-assess information already collected but rather to supplement the original data collection with additional information. That said, however, there are a few exceptions. Household income and current insurance status, for example, are expected to correlate with well-being and receipt of services as measured at re-interview and we should

not be relying on information that may be out of date for those items, so they are being re-asked. The majority of the rest of the NSCNC questions are expansions of data elements already collected in the NSCH (where NSCH questions tend to focus on the child and the child's parents, because most children live with their parents, while NSCNC questions are tailored to the subpopulation of children in nonparental care and focus on aspects of data elements that are specifically relevant to this subpopulation and thus not asked in the original interview). For the most part, new data elements are intended to capture more detail about the child's living situation and the history of that situation, the child's (and caregiver's) well-being and access to health care and related services, and the relationships between the child and the caregiver, the child and the absent parents, and the caregiver and the parents. There are a few questions that are truly new and not expansions of NSCH questions, because they would not have been relevant to the vast majority of NSCH parents, such as caregiver preparation for parenting and plans to seek custody of the child.

Data elements from the NSCNC instrument (Attachment A) that have not been collected before in this specific form in the previous interview are listed below. Overall, the NSCNC questionnaire is very similar to the NSAP questionnaire, being primarily focused on the characteristics of the population, the well-being of the child and caregivers, and their access and utilization of various services and supports. The main difference is the particular vulnerable subpopulation of children that the questions are asked about: adopted children in the NSAP, and children in nonparental care in NSCNC. For the NSCNC, the Computer Assisted Telephone Interview (CATI) system will be designed with a core set of questions applicable to all eligible children, and an additional small set of questions tailored to households in which the eligible child has left the caregiver's household between the original NSCH data collection and the NSCNC interview. Sections of the instrument include household structure, living arrangement, caregiver characteristics and interaction with the child, financial support, caregiver preparation, planning and custody, caregiver parenting, child well-being and school, caregiver well-being, services and supports, demographics, and questions for caregivers in households the child has left.

New SLAITS data elements that are common for all NSCNC children include:

- Current living situation
- How long ago child started living in this household
- How much of the time the child lives in this household
- Where the child lives when not living here
- Whether the child's parents are alive
- Why the child doesn't live with parents and where they are now
- Whether the child's parents ever provide care or participate in decisions about the child
- How well the caregiver gets along with the parents
- Whether the caregiver would prefer more contact between child and parents
- Whether the child's father's paternity has been established
- Whether the caregiver receives child support and from whom
- Whether the caregiver applied for TANF, why TANF was not received, how the respondent heard about applying for TANF, and whether the child was already receiving TANF before coming to live in this household
- Whether the household receives any irregular child support from the parents

- Whether the household receives any non-monetary support, and if so, from whom
- How well prepared for caregiving the caregivers were
- Difficulty obtaining items or services needed to provide care
- Expectations of how much longer the child will live here and where the child may go
- Whether the caregiver is planning to seek custody and if not, why not
- How often the caregiver knows where the child is, who the child is with, and what the child is doing after school
- How often the caregiver monitors the child's free time and how the child spends his/her money
- How often the child is required to do chores
- How often the child is left at home without an adult or sitter
- Whether the caregiver had any difficulties enrolling the child in school
- Whether the child attends head start, preschool, or before- and after-care
- Whether the child receives child care by someone other than the caregivers or in someone else's home and whether those sitters are related to the child
- Whether the child had to change schools to live with the caregiver
- Whether the caregiver has friends, family, relatives or neighbors that can be depended on for help
- Whether the caregiver feels trapped, finds childrearing to be more work than pleasure, or often feels exhausted from childrearing
- Whether the caregiver feels he or she is an excellent, very good, good or not very good caregiver
- How often the caregiver feels sad, nervous, restless, hopeless, tired or worthless
- Reasons why child lacks health insurance coverage
- Whether food stamps are received as a result of caring for the child
- Whether the household receives a rent or child care subsidy or veteran's benefits
- Open-ended questions about the most challenging or rewarding aspects of providing care

Cases in which the child no longer lives in the household will be asked additional questions:

- How long ago the child left
- Why the child left and where the child went
- Whether the caregiver agrees with the decision to have the child leave

In addition, six new questions on disability and one new question on language proficiency were added to comply with DHHS Data Collection Standards required for all DHHS surveys (see <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>).

Privacy Impact Assessment Information

Overview of the data collection system:

The respondent will be an adult caregiver or guardian who lives in the household and is knowledgeable about the health and health care of the sampled child. Data will be collected over household landline telephones or the respondent's cellular telephone, by trained interviewers using a state-of-the-art Computer Assisted Telephone Interviewing (CATI) program in a centralized telephone center. The telephone center site will use standardized data collection and

training methods. Telephone numbers will be dialed with either an automatic dialer (for landline numbers) or by hand for cellular telephone sample to comply with the Telephone Consumer Protection Act (TCPA). Once a call is placed, the recipient's Caller ID unit usually registers the contractor's name unless local companies truncate or change the display, an operation they control.

The contractor will conduct all sample management and data collection, and maintain NSCH data and sampled case information until the project ends. Confidential data will be maintained by NCHS on a server equipped with firewalls and access limited to two key people. Through its website, NCHS will release one public use file (PUF) that does not contain identifiable information. Following review by an internal nondisclosure committee, the public use file will be available for use indefinitely at no charge.

Information in Identifiable Form

The information in identifiable form (IIF) needed for this survey, with the exception of new contact information for previous respondents who have since moved, has been previously collected through the 2011-2012 NSCH. Previously collected information will mainly be used to re-contact and verify eligible child and respondents. Some information may be missing; therefore the same procedures described in the earlier approved NSCH package will be used to collect this information. Although the vast majority of data collected are not considered personally identifiable, some fit the definition of IIF and are listed below. We may explore data linkage in this survey, but this information would not be released in the PUF. The only data from the list below that will be released to the public or become part of the public use files is age of the eligible child and year of birth of their caregiver(s), which may be perturbed if necessary to maintain confidentiality. None of the other IIF data will be released to the public or become part of public-use files.

The IIF are collected by the contractor, and once separated from interview data, the file is transmitted to the CDC using a secure data network. These data are not accessible to anyone other than the NCHS Project Director and the project's computer scientist.

IIF categories:

- name or initials of the respondent
- first name or initials of the sampled child
- another telephone number where the respondent can be reached if the sampled telephone number is not working for any reason;
- additional telephone number type (e.g., cellular, landline, or work number)
- mailing address with zip code obtained through a telephone and address matching procedure (or directly from some respondents)
- zip code collected directly from the respondent
- state name of the state the respondent lives in
- age in months or years for children in the household
- date of birth in whole years for the eligible child's parent(s) or guardian(s)

These IIF are obtained for several reasons.

- Both the telephones and addresses are used to re-contact households that are eligible for this survey. Telephone numbers are linked to addresses whenever possible so that an advance letter (Attachment B) can be sent to the households prior to being called for an interview. The phone number and address are on a Record of Calls file which is separate from the interview file, and is never released to the public. Also, monetary remuneration is sent via first class mail. The address information is either confirmed from the earlier matching activity or obtained from households if the only known information is the telephone number. All mailed letters can be found in Attachment B.
- The child's first name or initials are collected to identify the person to whom the questions refer. To reduce the respondent's cognitive burden and make questionnaire administration less awkward (e.g., by not having to repeatedly ask about the "X-year old child", the child's first name or initials may be substituted in the computerized interviewing system.
- The respondent's first name or initials and relationship to the child are used to identify the person who originally participated in the 2011-2012 NSCH.
- The eligible child's age is collected to identify the eligible child selected for this survey, for weighting adjustments, and for analytic purposes. Again, the child's age may be perturbed before releasing the PUF if necessary.
- Year of birth of the child's parent(s) is collected by this survey for analytical purposes specific to children in nonparental care.

Identification of website(s) and website content directed at children under 13 years of age: There is no web-based data collection. The advance letter used for this survey states "You can also visit the study's website for additional study information – www.cdc.gov/nchs/slaits.htm." Absolutely no content and information on these websites or subpages is directed at children under the age of thirteen years.

2. Purpose and Use of Information Collection

A dress rehearsal to test the Computer-Assisted Telephone Interview (CATI) programming of the NSCNC questionnaire (Attachment A) is scheduled to be implemented approximately one month after OMB approval. Because the NSCNC sample is pre-screened by the 2011-2012 National Survey of Children's Health (NSCH), and the population is difficult and costly to locate in a general population survey, there will not be a full pretest using an independent sample of households with no parents present. Instead, we will conduct a CATI dress rehearsal in which a small portion of the pre-screened nationally-representative sample of households identified during the administration of the 2011-2012 NSCH will be used to test the instrument and procedures. After 50 dress rehearsal interviews are completed, interviewing will pause as results are evaluated. We anticipate that the dress rehearsal will identify programming errors and will suggest few (if any) changes to the instrument, and expect to simply include the dress rehearsal cases with the final sample of completed interviews. This methodology has been successfully implemented in a prior SLAITS follow-back survey with similar constraints (the Survey of Pathways to Diagnosis and Services, which was a follow-back to selected respondents from the 2009-2010 National Survey of Children with Special Health Care Needs).

If the dress rehearsal indicates a need for changes to question text or a need to add or delete questions, we will submit another GenIC OMB package including the revised (final) questionnaire before implementing the revised questionnaire in interviews. Otherwise, following any necessary programming revisions, interviewing will resume with the remaining eligible cases.

This survey meets specific programmatic needs of ASPE as described above in section A.1. ASPE's stated mission is to:

Advise the Secretary on policy development in health, disability, human services, data and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research, and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

In order to provide a comprehensive picture of non-parental care children and the families caring for them, descriptive analyses will be conducted using all NSCNC characteristic data elements, as well as selected variables from the NSCH. ASPE plans to produce a chartbook of children in nonparental care, much as was done for the NSAP data (<http://aspe.hhs.gov/hsp/09/NSAP/chartbook/index.cfm>). It is important to generate a thorough description of these children and families using data from NSCNC and NSCH. Currently, no other federal data source can be used to provide a rich description of the population.

ASPE and NCHS anticipate a variety of analyses, specifics of which will be determined by preliminary analysis, and disseminated in either ASPE research briefs, NCHS National Health Statistics Reports, research articles to be submitted to scientific journals, or presentations at scientific conferences. One way to assess data use and utility is to examine how often the data are expected to be used in peer-reviewed publications. A partial list of selected references that describe analyses conducted by NCHS, ASPE, and academic researchers of 2007 NSAP data and related data sets is included in Attachment C. Similar analyses are planned for the NSCNC data and will be enhanced by linked data from the underlying NSCH. All publications and presentations completed by CDC are reviewed for technical approach and edited for content form.

Privacy Impact Assessment Information

The NSCNC data file can be used to examine national-level estimates only. For this survey, in addition to baseline analyses of the data collected about the characteristics of the population, child and caregiver well-being, and access and utilization of services, we will also be able to link the NSCNC data to their respective NSCH responses to analyze the health, health care access and use and health insurance of children in nonparental care by type of household (grandparent caregiver, other relative caregiver, nonrelative caregiver, foster). This linked NSCH-NSCNC

data file will not be released to the public due to confidentiality concerns, because the NSCH identifies State of residence on the file and the NSCNC sample will not be large enough for State-level estimation. However, the NSCNC file will be released as a stand-alone national file with *selected* NSCH variables. Data perturbation will be employed as necessary to ensure that all cases are protected from disclosure and that the NSCNC and NSCH public use files cannot be linked.

While nonparental care is considered a relatively rare event for a population-based survey (approximately 2-3% of children in the US are in nonparental care, based on NSCH 2007 data), the 2011-2012 NSCH included enough children in nonparental care to conduct meaningful analyses at the national level.

The sample size of the main NSCNC will be large enough (approximately 1,600 completed interviews expected, including dress rehearsal cases) to allow analyses of selected caregiver type subgroups separately, and can be linked to the NSCH data to also allow analyses of children's health and well-being. Because the NSCH is already out of the field, the number of eligible cases in each subgroup is known; the number of expected completed interviews by caregiver type is shown in Table 1.

Table 1. Expected number of NSCNC cases by type of caregiver.

Caregiver type	Target number of completed interviews
Grandparent(s) only	565
Grandparent(s) & other relative(s)	515
Other relative(s) only	155
Relative(s) (including grandparents) and non-relatives	140
Foster parent(s)	218
Non-relatives only	7
Total	1,600

- A. 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”).
- B. NCHS collects only names, addresses, and telephone numbers, for screening, verification, and for mailing incentives. They are stored encrypted, and separately from the survey data and are not released publically. Social Security numbers are not collected.
- C. The confidentiality of individuals participating in SLAITS surveys is protected by section 308(d) of the Public Health Service Act (42 USC 242m), and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002, both of which are explained in detail in Section A.10.
- D. All contractor employees who will handle confidential data are required to take the NSCH Confidentiality Training module and sign non-disclosure forms. SLAITS is an ongoing data collection effort and all appropriate contractor employee signatures are current and in effect.

- E. 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 SLAITS must sign. The contractor provides all safeguards mandated by Privacy Act and Confidentiality legislation to protect the confidentiality of the data.
- F. The contractor's data security procedures comply fully with security requirements delineated by the Office of the Chief Information Security Officer (OCISO) of CDC. SLAITS has undergone Certification and Accreditation and has been granted Authority to Operate.
- G. The NCHS Research Ethics Review Board approved the continuation of the NSCH protocols on 1/4/2013 as NCHS Protocol Number 2013-03 (attachment F).

3. Use of improved information technology and burden reduction

The survey will be conducted using a CATI program in centralized telephone centers, which reduces the time required to collect, transfer, process, and release data. The CATI system also tracks all landline and cellular call outcomes and date, time of day, and length of each call, in addition to detailed notes maintained by the interviewers. It also ensures that skip patterns are followed properly. Teletype machine (TTY) administration is available to interview deaf respondents. Use of the CATI system typically reduces the average duration of interviews, compared to a paper questionnaire with identical content, thus reducing the respondent's burden. There are no technical or legal obstacles to burden reduction.

4. Efforts to identify duplication and use of similar information

To the best of our knowledge, this is the only population-based survey of children in nonparental care within the Federal government, designed specifically to produce national estimates from parent interviews that address key ASPE objectives. Although other Federal and non-Federal surveys collect health data on children (such as the National Health Interview Survey, OMB 0920-0214), none focus exclusively on the well-being of nonparental caregivers and the children in their care, or the service access and utilization experienced by children in these types of households. In general, surveys that are large enough to include an adequate sample of children in nonparental care for reliable analysis do not contain questions specific to this population. To the extent that there is some overlap in content of this module with other surveys, it is necessary to ensure that the full range of relevant variables are included for complex analyses of data for the NSCNC sample.

We used various formal and informal methods to determine the existence of duplicate data collections, such as literature and data base searches, attending national and state meetings, and consulting with Federal agencies, researchers and staff at relevant private organizations, and individual researchers. The names and organizations of the most directly involved individuals are listed in Attachment D. Consultation included not only issues of design and content but also

knowledge of existing surveys or data, and took place in face-to-face meetings, telephone conferences, and electronic mail.

5. Impact on small businesses or other small entities

No small businesses will be involved in this data collection. This is a household population-based survey.

6. Consequences of collecting the information less frequently

This is a one-time data collection.

7. Special circumstances related to the guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

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

The 60-day Federal Register Notice was published in conjunction with the full generic clearance package. The NSCNC instrument was developed through a task order by ASPE with Child Trends (CT), Inc. (CT) and the SLAITS contractor. Selected subject matter experts consulted are listed in Attachment D. The CT staff gathered existing instruments and research materials for several large national child and family health and well-being studies and examined caregiver topics which were covered or omitted in these instruments. The CT staff constructed the instrument by including questions that have been tested and used on past caregiver-related surveys and crafting new questions to cover nascent caregiver topics, as well as topics that were excluded on prior surveys. ASPE and NCHS staff reviewed draft questions, suggested new topics for inclusion and sources of questions, and provided overall subject matter supervision throughout the questionnaire and survey design process.

Laura Radel, the NSCNC Project Officer for ASPE, has reviewed and approved the survey instrument and protocols for recruiting sample cases.

9. Explanation of Any Payment or Gift to Respondents

One method for reducing nonresponse is to offer respondents a monetary token of appreciation for their participation. Monetary incentives will be offered for both the NSCNC dress rehearsal and the balance of the NSCNC data collection.

During the initial quarters of data collection on the 2011 – 2012 NSCH, an extensive incentive experiment was undertaken exploring a variety of incentive approaches. The results of this experiment demonstrated that incorporating an incentive can indeed improve response rates among parents or guardians of children. The most effective approaches combined a promised incentive with a further prepaid refusal-based incentive. Based on this experience, we will offer

all NSCNC eligible cases an incentive of \$10 as a promised incentive for the telephone interview. For households that initially refuse participation (other than dress rehearsal cases, because we expect to complete 50 dress rehearsal cases before implementing refusal conversion) we will offer a further \$5 to be mailed to respondents as a prepaid incentive and accompanied by a tailored refusal conversion letter reiterating the purpose and importance of the NSCNC (the refusal conversion letter is included in Attachment B). If the respondent decides to participate, an additional \$10 will be sent with a thank you letter, also included in Attachment B. This is similar to the incentive model employed to successfully increase response rates for two previous follow-up surveys conducted by SLAITS – the National Survey of Adoptive Parents (NSAP) and the National Survey of Adoptive Parents of Children with Special Health Care Needs (NSAP-SN). These surveys, like the NSCNC, involved conducting a follow-up survey with respondents after their eligibility was determined through the administration of a parent survey. The interview completion rates that were obtained for these follow-up surveys are in line with those expected for the NSCNC project. The interview completion rate for NSAP – which was a concurrent followup immediately following the 2007 NSCH – was 75%. The completion rate for NSAP-SN – which was a followback 1-2 years after the 2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN) – was 65%. NSCNC, like NSAP-SN, will follow back respondents 1-2 years later. Given that the population of interest is likely to live in more unstable housing circumstances than the general population of children, an interview completion rate of 55% is expected.

The contractor trains especially adept interviewers to be refusal converters in its CATI center. The refusal converters not only have a prior track record for success in gaining cooperation, but also receive additional training regarding ways in which to handle hostile and unwilling respondents in a non-coercive manner. These refusal converters call households that refused participation during the initial contact. Refusal converters respond to respondents' concerns, ask if they have any questions about the study, and ask if they would like information mailed to them (e.g., a copy of the advance letter). If respondents refuse again, no further contacts are made.

10. Assurance of Confidentiality Provided to Respondents

Interviewers, supervisors, and project staff receive thorough training on legal and ethical obligations. All employees sign an Affidavit of Nondisclosure as a condition of employment. Standards for the surveys performed for the Federal government highlight the importance of the interviewers' responsibilities under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA (for the NIS), and other regulations.

An assurance of confidentiality is provided to all respondents according to 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 (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.”

In addition to the NCHS Research Ethics Review Board (ERB) review, survey procedures and instruments will be reviewed by the contractor Institutional Review Board (IRB) prior to fielding.

Privacy Impact Assessment Information

Confidential data will never be released to the public. For example, all personal information that could be potentially identifiable (including participant name, address, and telephone number), are removed from the public release files. The NCHS Disclosure Review Board reviews all files, including those of SLAITS, to assure that directly or indirectly identifiable data are not included. Thus, when NCHS releases public use data files as part of its mission to disseminate the data widely, any information that could be identifiable is removed.

- A. This submission has been reviewed by the NCHS Privacy Act Officer and the NCHS Confidentiality Officer who determined that the Privacy Act does apply. 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”).
- B. 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."

It is the responsibility of NCHS employees, including NCHS contract staff, to protect and preserve all SLAITS data from unauthorized persons and uses. All NCHS employees as well as all contract staff have received appropriate training, made a commitment to assure confidentiality, and have signed a "Nondisclosure Affidavit" every year. Protection of the confidentiality of records is a vital and essential element of the operation of NCHS, and it is understood 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 ensure that there is no loss in transit and when confidential information is not in use, it is stored in secure conditions.

SLAITS is an ongoing data collection effort and all appropriate contractor employee confidentiality trainings and nondisclosure signatures are current and in effect.

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 SLAITS 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 Office of the Chief Information Security Officer (OCISO) of CDC. SLAITS has undergone Certification and Accreditation and has been granted Authority to Operate.

- C. The requirement for written consent is waived for telephone surveys by the NCHS Research Ethics Review Board. This research presents no more than minimal risk to participants, and involves no procedures for which written consent is normally required outside of the research context. By waiving the requirement for written documentation of consent, the rights and welfare of respondents are not impacted in any way. It is impractical and infeasible to collect written informed consent from respondents due to the telephone interview mode; additionally, this research could not be practicably carried out without this waiver. However, informed consent is obtained verbally. Information on the uses of the data is provided in the advance letter (Attachment B) and in the consent text read to all respondents (Attachment A).
- D. Respondents are notified of the voluntary nature of the survey through both the Advance Letter (Attachment B) and in the consent text read to all respondents (Attachment A).

11. Justification for Sensitive Questions

The NSCNC instrument includes a number of questions that may be considered to be sensitive. They fall into two areas: assessments of whether the child had had formal contact with the child welfare system; and sensitive response options to questions about why the child doesn't live with the parent(s).

NSCNC questions that may be considered sensitive include:

- H12: [Since [child] has been living in your household, have you [or your spouse/partner] ever been / while [child] was living in your household, were you] officially a foster parent to the child?
- H18: To your knowledge, has [child] ever had an open child protective services case?
- P5: Why doesn't [child] live with [his/her] mother [now]? Response options include some sensitive categories: mother in jail, mother detained/deported for immigration violations, not a good mother/was abusive/mistreated child, child removed by protective services, mother has drug/alcohol problems
- P21 is the same question as P5 for the child's father, with the same potentially-sensitive response options

With regarding to asking about whether the family has involvement with the child welfare system, this information is integral to understanding what portion of these household are served "inside" and "outside" the child welfare system and how those groups compare with one another. This will inform discussions about child welfare agencies' efforts to divert families from the child welfare system by informally encouraging placements with relatives outside the agencies' supervision as well as the role of kinship foster care and subsidized guardianship programs in the lives of these families.

Asking about the reasons why the children are not living with their parents is critical to understanding the factors that drive this phenomenon. Responses about parental substance abuse and incarceration are likely to be less sensitive to these families who are already talking about having taken over caregiving responsibilities than they would be for a more general population.

Minimizing sensitivity--SLAITS takes the following 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. "Refused" or "don't know" response options are not read to respondents as explicit answer choices for every question, but interviewers are trained to accept "don't know" or "refuse to answer" for **any** question. When informed consent is obtained, respondents are informed that they can refuse to answer any question or end the interview at any time.
- (2) Advance letters (Attachment B) 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. The Advance letters, on NCHS letterhead, cite the SLAITS web site (<http://www.cdc.gov/nchs/slaits.htm>), and respondents who want to verify the sponsorship of the survey for themselves can call the toll-free number at the data

collection contractor. The back of the advance letter answers the most frequently asked questions.

- (3) Only professional telephone interviewers are used and all data is collected by telephone, minimizing social desirability issues that can arise in face-to-face interviewing on sensitive topics.
- (4) The questionnaire is carefully crafted to lead smoothly from one topic to another. As new topics are introduced, brief transition text is used to move from topic to topic.

The NCHS Research Ethics Review Board approved the continuation of the NSCH protocols on 1/4/2013 as NCHS Protocol Number 2013-03 (attachment F).

12. Estimates of Burden Hours and Costs

The table below (Table 2) illustrates projected burden for the survey (including the dress rehearsal cases). The three-year SLAITS clearance package contained provisions for one pretest and main survey implementation per year. Therefore, the burden is accounted for in the original package.

As mentioned previously, the time to administer questionnaire (Attachment A) sections and subsections will be reviewed to determine where reductions are warranted. The survey sponsor wants the final NSCNC instrument to be 30 minutes long. We realize that the dress rehearsal version of the NSCNC may be longer than 30 minutes. This version may be somewhat reduced before we continue data collection.

NSCNC dress rehearsal cases, like all NSCNC survey cases, have been pre-screened for NSCNC eligibility by having previously completed the NSCH 2011-2012 interview. A portion of the complete pool of eligible households will be flagged for dress rehearsal sampling. Dress rehearsal interviewing will continue until 50 interviews lasting approximately 30 minutes have been completed. Approximately 1,550 households will complete the NSCNC survey after resumption of data collection following the dress rehearsal, with interviews lasting approximately 30 minutes, for a total projected burden for the survey of 800 hours.

Table 2. Burden estimate, NSCNC

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
NSCNC (including dress rehearsal cases) ¹	1,600	1	30 / 60	800
TOTAL PROJECTED BURDEN HOURS				800

¹This is a pre-screened sample which includes eligible families identified through administration of the NSCH 2011-2012.

The burden for this study is 800 burden hours. SLAITS is currently cleared for 194,675 burden hours over the course of the three-year clearance, so we are NOT requesting an increase in the number of burden hours.

13. Estimates of other total annual cost burden to respondents or record-keepers

No capital or maintenance costs are involved.

14. Annualized cost to the Federal government

The cost for NCHS to conduct the NSCNC is approximately \$681,500 and will be completed within one year. The costs are primarily supported by ASPE through an Interagency Agreement (IAA), with additional funding from the private charitable organization Annie E. Casey Foundation (AECF). ASPE and AECF funds are used to support contractor salaries; survey planning, design, and development; training; coding; data collection, weighting and preliminary estimation; printing of survey materials; file release; and incentives used to address non-response. Details are shown below:

Table 3. Annualized cost, NSCNC

Funding Source	Amount
ASPE (federal government)	\$625,000
AECF (non-federal)	\$56,500
Total Projected Cost	\$681,500

15. Explanation for program changes or adjustments

This is a genIC so there are no burden changes.

16. Plans for Tabulation and Publication and Project Time Schedule

The projected timeline is listed in Table 4. The data generated from the survey are critically important to ASPE. Based on prior experience and ASPE's NSCNC analysis plan, products for the main survey will include a national-level chartbook with key findings, ASPE research briefs on specific topics, and a methodology report. Findings will be disseminated through traditional research venues such as conferences, peer-reviewed journals, and research posters. Findings are also disseminated through professional meetings of interest to academic researchers, survey methodologists, policy makers, and parent or advocacy groups for children or adopted children; and professional reports. Study findings, publications, data files, and documentation will be available at no cost on the NCHS and ASPE websites. Published materials will be included in publicly accessible bibliographic databases such as Medline (available through the National Library of Medicine, www.nlm.nih.gov) and may be disseminated in the lay media by medical

journalists. A separate detailed methodology report will be prepared by NCHS after the main survey is completed.

An announcement detailing the data file release will be disseminated by the CDC Office of Public Affairs through various listservs (including the SLAITS listserv with almost 1,000 subscribers around the world).

Table 4. Tentative projected schedule, NSCNC.

Activity	Date
Conduct NSCNC dress rehearsal	Approximately 1-2 months after OMB approval
Review and update questionnaire based on dress rehearsal findings	Immediately following dress rehearsal
NSCNC full-scale implementation	4 months beginning approximately 3 month after initial OMB approval or immediately following OMB approval of revised questionnaire
Tabulations and internal reports	Fall, Winter 2013
Public Use File release	Spring 2014