# Supporting Statement A for Request for Clearance:

# NATIONAL SURVEY OF FAMILY GROWTH, 2012-2015

OMB No. 0920-0314
(expires May 31, 2012)

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## Abstract

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

We are seeking approval to:

- Conduct the NSFG for the next 3 years;
- **Delete** some questions from the questionnaires to reduce burden to the approved 60 minutes for men and 80 minutes for women (**deletions are listed in Attachment B1; no questions are being added**); and
- Add or modify a small number of questions in late 2013 using a nonsubstantive request. These questions would be similar to the questions and topics contained in the current questionnaire.

The NSFG was done with periodic interviewing from 1973 to 2002. The interviews for any one survey were done in less than one year, but the surveys were 6-7 years apart. This interval between surveys was too long; data were needed more frequently. Continuous interviewing began in June of 2006 and stopped in June 2010. There was a cessation of interviewing while a new contract was awarded, and interviewing resumed in September 2011, after approval from OMB of a change request in July 2011. Under continuous interviewing, costs per case are lower, sample sizes are higher, and interviewing is more efficient (in terms of hours of interviewer labor per interview, and in terms of costs per interview) than before. The design yielded about 5,600 interviews per year in 2006-2010, within budget--and with a 77% response rate.

In 4 years of data collection (September 2011-September 2015), about 20,000 interviews will be collected from a national sample in 117 Primary Sampling Units. With the NSFG's old periodic design, estimates were possible once every 7 years, but with the new design, estimates will be possible every 4 years—almost twice as often, with larger sample sizes per dataset, at approximately the same cost. This clearance request covers interviewing for three years—mid 2012 to mid-2015.

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 2020 objectives on Family Planning. The survey's web site is:
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)(1)(h) of the Public Health Service Act (**Attachment A1**), conducts the National Survey of Family Growth to collect and disseminate "statistics on family formation, growth, and dissolution." The NSFG supplements and complements the data from birth certificates on factors (such as contraception, marriage and divorce, and infertility) that affect birth and pregnancy rates. In addition, the NSFG serves a variety of data needs in public health programs that sponsor and depend on it (listed below).

The survey was fielded periodically from 1973 to 2002--in 1973 (Cycle 1), 1976, 1982, 1988, 1995, and 2002 (Cycle 6). In the 1973 to 1995 surveys, the NSFG was based on national samples of women, and focused on factors affecting pregnancy and birth rates. In 2002, the NSFG began interviewing men as well as women, to obtain data on fatherhood involvement, behaviors related to HIV and other sexually transmitted diseases, and other closely related topics. The "continuous" survey was fielded from June 2006 to June 2010. Interviewing ceased while a new contract was awarded, and began again in September 2011.

In the 2011-2015 NSFG, 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 A2);**
- the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), of the National Institutes of Health (NIH), under 42 U.S.C. 241 (Section 301 of the Public Health Service Act, **Attachment A3);**

- 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 and other laws **(Attachment A4);** and

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

- the CDC's 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 CDC's Division of Sexually Transmitted Disease Prevention, under Section 301 of the Public Health Service Act (**Attachment A5);**

- the Administration for Children and Families' Office of Planning, Research, & Evaluation (OPRE, **Attachment A6)**

- the CDC's Division of Cancer Prevention and Control (DCPC), under the EARLY Act, a part of the Affordable Care Act **(Attachment A7**);

- the CDC's Division of Birth Defects and Developmental Disabilities (DBDDD), under Section 399 of the Public Health Service Act **(Attachment A8**)

The questionnaire remains the same as that approved in July, 2011, except for the deletion of a few dozen questions, mostly from the female questionnaire. These deletions are listed in **Attachment B1;** the questionnaires with the deletions implemented are shown in **Attachments H and I**.

It is possible that we may ask for a change in a few questions to be effective in the Fall of 2013, which would begin the third year of interviewing. These revisions would have to be quite limited, however, because the questionnaires are already as long as authorized by OMB. The most likely scenario is adding a small number of questions to address the needs of a new survey sponsor.

**Privacy Impact Assessment Information**

**Overview of the Data Collection System**

An area probability sample of the household population of the United States is drawn. Large

areas consisting of one or more adjacent counties (called primary sampling units or PSU's) are selected; then neighborhoods within those counties; then housing units within those neighborhoods are listed. A sample is taken of the listed addresses, and each selected address is sent an advance letter informing them that an interviewer will visit them in connection with a study called the National Survey of Family Growth. The interviewer visits the household in person and conducts a screener, a simple 3-minute household roster to see if anyone 15-44 years of age lives there. If there is no one 15-44 living there, the interviewer politely thanks the resident and leaves.

In each household containing anyone 15-44, one person is asked to participate in the survey. (If there are two or more people 15-44, one is selected randomly.) The interviewer obtains signed, informed consent, including signed parental consent if the respondent is 15-17. The interviewer offers the respondent $40 in cash, which is referred to as a token of appreciation for the respondent's help, and they sit down to do the interview. The interview is conducted by Computer-Assisted Personal Interviewing, or CAPI, in which the interviewer asks the respondent questions and enters the answers into a laptop computer. The last part of the interview is done by Audio Computer-Assisted Self-Interviewing, or ACASI, in which the respondent enters their own answers into the interviewer's computer. When the interview is over, the data are automatically encrypted. The interviewer thanks the respondent and leaves the respondent's home.

**Items of Information to be Collected**

The NSFG collects the following information from a national sample of men and women 15-44 years of age:

- Demographic characteristics including age, marital status, educational attainment, religious affiliation, and labor force participation;
- Births and pregnancies (had, for women; or fathered, from men);
- Marriage and Cohabitation (current and past);
- Contraceptive methods used currently and in the past;
- Use of medical care for contraception, infertility, delivery of births, and reproductive health;

- Attitudes about marriage, children, and parenting;
- From men, father involvement in raising their children.

In the Self-Administered section (ACASI), data are collected on numbers of opposite-sex and same-sex partners, alcohol and drug use, and sexual attraction and orientation.

**Information in Identifiable Form (IIF)**

Information in Identifiable Form includes the respondent's name, address, and telephone number. IIF is used for 4 purposes: (1) the address is used for screening , (2) the name is used for informed consent, (3) the telephone number is used for verification, in which a sample of respondents is re-contacted to verify that the interview occurred; and (4) the address is used for geocoding of the contextual data file. The IIF is stored separately from the survey data and encrypted. Date of birth and age are collected, but the day of birth is not released. These practices were previously approved by OMB.

**Website and Website Content Directed at Children under 13 Years of Age**

All data collected in the NSFG are collected in person. No web-based data collection is used. No children under 15 are interviewed in any way. The NSFG has a public website, but it is not used to collect data—it is used to disseminate data that has been processed and approved for public release. The web site is: http://www.cdc.gov/nchs/nsfg.htm

**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. Under continuous interviewing, the NSFG is continuing the time series of these variables, while improving sample sizes at an affordable cost.

NSFG data are typically summarized in national estimates of the numbers and percentages 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. The research community has always made heavy use of the NSFG: as of August 2011, more than 700 articles in scientific journals, book chapters, and NCHS reports had been published from the NSFG. From the 2002 survey alone, more than 200 reports and articles have been published, and about 30 reports and articles have already been published from the most recent data. **(Attachments D1 and D2)**

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 2006-2010 data file is described in **Section A16**. The effort includes release of the full 2006-2010 data set, with 22,682 interviews, in October 2011. Researchers can download public use data files from the NCHS website. In October 2011-December 2012, we expect to publish about 10 NCHS reports, and we will continue making presentations at a variety of professional meetings. The NSFG's website page called "Key Statistics from the NSFG" will be updated so that the public will have quick and easy access to published statistics from the survey, at:

http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm

The media use NSFG results in several ways: as breaking news, and as a factual base for feature articles, editorials, and commentaries (**Attachment E1)**. NSFG statistics 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. Recently, statistics on usage of the NCHS web site have become available. For example, data for Fiscal Year 2010 include:

- 44,200 views of the NSFG homepage
- 21,000 views of the "Key Statistics" described above,
- 15,500 views of the NSFG's page for data file documentation, and
- 11,000 views of the FASTATS page on contraceptive use.

NSFG data are being used for more than a dozen Healthy People 2020 objectives: 10 in Family Planning, as well as two in HIV, one in Sexually Transmitted Diseases, and one in Maternal, Infant, and Child Health. NSFG data for the objectives have been used to brief the Secretary of DHHS, the Surgeon General, and others. One of the NSFG-based objectives (on receipt of family planning services) has been selected as one of 26 "leading health indicators." (**Attachment E2**)

**Privacy Impact Assessment Information**

NSFG data are used by many DHHS agencies. Some of the most important examples of these uses include:

- The Office of Population Affairs uses NSFG data to estimate the characteristics of women who use Title X and other family planning services, as well as for research on factors affecting contraceptive use, unintended pregnancy, teenage sexual activity, and use of medical services for family planning and reproductive health.
- The Center for Population Research, NICHD, NIH, uses the data as a resource for research on marriage, cohabitation, fertility and infertility, contraceptive use and breast-feeding in the United States.
- The Children's Bureau, ACF, DHHS, has a special research interest in the data collected on children in foster care, especially as it relates to children leaving the foster care system through adoption.
- The Office of the Assistant Secretary for Planning and Evaluation, DHHS, makes use of NSFG data on father involvement with children, and studies marriage, divorce, and teenage sexual activity.

- The Administration for Children and Families, Office of Planning, Research, and Evaluation, DHHS, relies on NSFG data on fatherhood, marriage, and teen pregnancy prevention, for planning programs to improve the economic and social well-being of children and families.
- The Division of HIV/AIDS Prevention, CDC, undertakes research based on NSFG data on behaviors that affect the risk of transmission of HIV—including condom use, numbers of sexual partners, and others.
- The Division of Sexually Transmitted Disease Prevention, CDC, relies on data on sexual behavior and the uptake of new vaccines to research its programs.
- The Division of Cancer Prevention and Control, CDC, uses NSFG data on screening for cervical cancer, Human Papillomavirus, and breast cancer, which can be analyzed in relation to the NSFG's extensive data on pregnancy histories, sexual behavior, and reproductive health.
- The Division of Birth Defects and Developmental Disabilities, CDC, uses estimates of the number and characteristics of women at risk of an alcohol-exposed pregnancy that could lead to Fetal Alcohol Syndrome.

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, informed consent, verification and geocoding (for the preparation of a contextual data file). They are stored encrypted, and separately from the survey data. Social Security numbers are not collected.

C. **The confidentiality** of individuals participating in NSFG 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. Formal Designated Agent Agreements were signed by all Contractor employees who will

handle confidential data. All signatures were obtained by December 1, 2011.

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 the NSFG 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. The NSFG received Certification and Accreditation and Authority to Operate on December 22, 2009. That authority will be renewed on or before December 21, 2012.

G. The NSFG received Institutional Review Board (IRB) approval from the NCHS IRB on June 21, 2011**,** as NCHS Protocol Number 2011-11. **(Attachment M)**

**3. Use of Improved Information Technology and Burden Reduction**

Respondent burden for the NSFG is kept to a minimum through the use of sampling procedures—making national estimates for more than 120 million people 15-44 years of age with about 20,000 interviews. 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 or 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 give instructions, explain terms and definitions, 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, the NSFG staff has consulted with NICHD, OPA, and other funding agencies to make certain that their needs are being met, and that NSFG data remain more useful than other sources of related data. The NSFG staff also consults 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, OMB Number 0920-0237) collects some data on sexual behavior, but from relatively small samples of men and women 15-44 years of age.

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 provides are unique and cannot be supplied by other surveys, public or private.

**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**

Conducting the survey every 6 or 7 years is not often enough for the needs of NCHS or the other DHHS programs that use the survey. Interviewing only once 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 measured change significantly in less than 6 or 7 years, and

(2) the data needs of the programs served by the NSFG also change more frequently than that.

An example of changes in the behaviors we measure is the change in the teen birth rate in the last two decades. Between 1991 and 2005, the US teen birth rate dropped 34 percent; for black teens, the drop was a remarkable 48 percent. Naturally, speculation about the factors behind the change was common, until the NSFG's report in October of 2011 described changes

in behaviors among teens. Another example of these changes is that many new contraceptive methods were introduced in this time period, and the NSFG helps shed light on how commonly and effectively they are used.

An example of changing data needs is that the NSFG supplies data for most of the Healthy People 2020 Objectives on Family Planning **(Attachment E2).** Healthy People 2020 requires that the data be available at least 3 times per decade, and many of the objectives focus on small sub-populations that require large samples (for example, 15-17 year old white, black, and Hispanic females) . New products, new legislation, new policy initiatives and new medical practice guidelines also make new information necessary. Some of these new developments include: the Affordable Care Act of 2010; new medical guidelines on breast cancer and cervical cancer screening; continued debates about the effects of "abstinence education" and "comprehensive sex education" on teenagers' behavior; speculation about the effects of emergency contraception; and controversies surrounding contraceptive coverage by insurance plans and providers. The implementation of continuous interviewing allows the NSFG to respond to the most important data needs with revised survey questions and recent data more promptly than before**.**

**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**

**A. Attachment F4** is a copy of the Federal Register notice on the NSFG, Volume 76, No. 173, pages 55392-55393, published September 7, 2011**.** One comment was received, from Jean Public. The comment and CDC's response are found in **Attachment F6.**

**B.** The NSFG staff has held periodic (at least annual) in-person discussions with representatives of the funding agencies mentioned above since the early 1990's. In March, 2004, the collaborating agencies made the decision to move toward continuous interviewing as soon as possible, to provide larger samples and more frequent data at a more affordable cost per case. In April, 2006, OMB approved the continuous interviewing plan, and about July 1,

2006, continuous interviewing began.

Funding agency representatives are given updates about once a month, with a formal report quarterly by e-mail, on the progress of fieldwork and other NSFG news. 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. In the last few years, there were formal meetings of the funding agencies on November 17-18, 2008, May 12, 2009, January 21, 2011, and January 24, 2012. In addition, several meetings were held with individual agencies in 2010 and 2011, including a visit with the Atlanta-based funding agencies in November 2010 **(Attachment F5**), and in-person meetings with NICHD and OPA in December 2011.

The NSFG staff also organized research conferences on the NSFG in October of 2006 and again in October of 2008 **(Attachment F1).** About 20 original analyses of the NSFG were discussed at each conference, and suggestions were made for improvements to the questionnaires. We expect that another research conference will be held in about October of 2012, to stimulate research on the 2006-2010 dataset, and to get feedback from researchers on its strengths and limitations.

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, the Maternal and Child Health Epidemiology meetings, and the American Public Health Association, so that we can meet with data users and obtain feedback on the survey's data. The NSFG staff also maintains correspondence with users of our data files and answers their questions through the e-mail address NSFG@cdc.gov.

In late 2009 and early 2010, the NSFG received a thorough review by a panel of experts appointed by the NCHS Board of Scientific Counselors. The panel spent two days at NCHS asking detailed questions of the NSFG staff, and produced a report (**Attachment F3)** with recommendations. The NSFG team is considering how to implement those recommendations in consultation with our funding agencies.

Key persons representing the NSFG's collaborating agencies are consulted on an

ongoing basis. These persons include:

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

Patricia P. Green, MSPH
Fetal Alcohol Syndrome Prevention Team
Division of Birth Defects and Developmental Disabilities
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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 and 2006-2010 NSFG, permission is requested to continue to offer $40 in cash as a token of appreciation to respondents.

We will first describe the previously approved procedure, and then briefly summarize the evidence that the procedure is effective and necessary. That evidence is described much more thoroughly in **Attachment C.**

Data collection is divided into four 12-week periods (or "quarters") per year. The 12-week period consists of two phases:

- **Weeks 1-10 are called "Phase 1,"** in which $40 cash is offered as a token of appreciation to all main interview respondents for their participation. (No incentive is offered for the screener, which takes about 3 minutes.) Cases that remain non-respondents are visited an average of 8 times during these 10 weeks. By the end of these 10 weeks, the response rate is about 60%.

- **Weeks 11-12 are called "Phase 2:"** With about a 60% response rate at the end of 10 weeks, a sample of about one-third of the remaining 40% is chosen: one-third of 40% is about 13% of the original sample. This 13% is offered an $80 incentive for 2 weeks—weeks 11 and 12 of the quarter; about half of these eligible persons (6% of the original sample) are interviewed and receive the $80.

**The experimental evidence supporting this procedure is summarized very briefly below and described further in Attachment C:**

An experiment in the Cycle 5 Pretest (1993) established that a $20 incentive produced higher response rates and lower costs per case than no incentive. In the Cycle 6 Pretest in 2001, an experiment showed that the response rate for those offered $40 was 72% compared with 62% for those offered $20. The $40 amount had larger effects on response rates for black and female respondents than for white and male respondents.

Experiments in the 2002 NSFG showed increased response rates, lower data collection costs, and reduced bias when the $80 incentive is used for a small sub-sample of respondents during Phase 2 of the data collection, compared with a $40 incentive.

In 2006-7, we again conducted an experiment to test whether it was necessary to use $80 for that small sample of non-respondents, or whether $50 might be just as effective. Those offered $80 had higher response rates than those offered $50 (64% vs. 52%) and were more likely to include under-represented groups (details of this experiment are in **Attachment C).**

In sum, we believe that we have established, through experimental evidence, that the $40 incentive (and the $80 incentive for a small sub-sample in the non-response follow-up) are cost-efficient tools for obtaining a representative sample in the NSFG. See **Attachment C** for further details**.**

**10. Assurance of Confidentiality Provided to Respondents**

**The confidentiality** of individuals participating in NSFG is protected by section 308(d) of the Public Health Service Act (42 USC 242m). Section 308(d) 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."

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, including those of the NSFG, 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.

The NSFG received Institutional Review Board (IRB) approval from the NCHS IRB on June 21,

2011**,** as NCHS Protocol Number 2011-11. **(Attachment M)**

Privacy Impact Assessment Information

**A.** This submission has been reviewed by the NCHS Privacy Act Officer and the NCHS Confidentiality office 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 NSFG 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.

Formal Designated Agent Agreements were signed by all Contractor employees who will

handle confidential data. All signatures were obtained by December 1, 2011.

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 Office of the Chief Information Security Officer (OCISO) of CDC. The NSFG received Certification and Accreditation and Authority to Operate on December 22, 2009. That authority will be renewed on or before December 21, 2012.

**C.** Written consent is obtained; the adult consent form, the Parent Permission Form, and the Minor's permission form are all shown in **Attachment G3.** Information on the uses of the data is provided in the advance letters, consent forms, and the Question and Answer Brochures **(Attachments G1, G2, and G3).**

**D.** Respondents are notified of the voluntary nature of the survey through both the Advance Letter for Households **(Attachment G1)** and the Advance Letter for Respondents **(Attachment G2).**

**11. Questions of a Sensitive Nature**

No new questions are being requested at this time. Instead, to stay within the approved questionnaire length, a fairly small number of questionnaire cuts are being made (Attachment B1). Attachment H-1 is a clean, unmarked copy of the female questionnaire that is proposed for use in 2012-2015. Attachment H-2 is the current female questionnaire with the deletions shown in red. Similarly, Attachment I-1 is the 2012-2015 questionnaire for males, and Attachment I-2 is the current male questionnaire with the deletions shown in red.

It is possible that NCHS will submit a change package to request some limited changes to the questionnaires which would be effective in the Fall of 2013. Consultations on what, if any, those changes may be will begin later in 2012, but it is likely that any changes would be minor, for 3 reasons: the content of the survey is already satisfactory to its sponsors; the costs of making major changes are very high; and the questionnaires are already at their budgeted length (60 minutes for men and 80 minutes for women).

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. But experience shows that this is not a serious problem: most questions in the interview (e.g., such as infertility, adoption, divorce, contraceptive use, and sexual activity) have been asked of more than 46,000 people since the 1995 survey with no problems, in part because family formation, sexual activity, and having and raising children are important and positive aspects of the lives of most people in this age range.

The survey was approved by the NCHS "Research Ethics Review Board" (the name NCHS uses for its IRB) on June 21, 2011. **(Attachment M).** The questions in the NSFG Questionnaires may be divided into 2 groups:

(a) Questions that have been asked in the NSFG since the 1970's—including demographic characteristics like education and marital status, and behaviors such as contraceptive use, marriage, divorce, and unmarried cohabitation; and

(c) the more sensitive questions that are asked in Audio CASI, and have been asked only since 2002. The traditional family-building topics (marriage, divorce, contraceptive use) have been discussed and justified in previous NSFG packages, and those justifications will not be repeated here; it is clear that they pose no significant problem *in the context of the NSFG interview*. Those justifications are given on the web at the reginfo website, by entering OMB number 0920-0314:

http://www.reginfo.gov/public/do/PRASearch

**Attachment B2** discusses the "more sensitive" items that are administered in the self-

administered ("Audio CASI") section of the questionnaire, as shown below:

- Incarceration
- Drug Use
- Non-voluntary sexual experience
- Sexually Transmitted Diseases (STDs)
- Sexual behavior
- Sexual identity and attraction
- Female-female & male-male sex
- Income, including sources of income.

Self-administered questions on oral, anal, and same-gender sexual activity and other sensitive topics have now been answered by over 35,000 respondents—12,571 in 2002 and 22,682 in 2006-2010--and have worked very well when self-administered in this way. The results were reported, and compared with previous national surveys, in a recent NCHS report on "Sexual behavior, Sexual Attraction, and Sexual Identity in the United States" (**NCHS National Health Statistics Report No. 36**, March 3, 2011), available at http://www.cdc.gov/nchs/nsfg.htm

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 6 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 NSFG web site (**http://www.cdc.gov/nchs/nsfg.htm**), and respondents who want to verify the sponsorship of the survey for themselves are shown the Interviewer's Letter of Authorization **(Attachment G2)**. They can also 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) and another senior staff person (Dr. Gladys Martinez, who also answers the Spanish line). 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 considerable effort was made to use the experience of the 12,571 interviews in the 2002 NSFG and the 22,682 in 2006-10 to improve the questions for 2011-15.

(5) NSFG interviewers ask most of the questions using a laptop computer, instead of paper and pencil questionnaires (this is called "Computer-Assisted Personal Interviewing." 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 to prevent those situations.

(6) Audio Computer-Assisted Self-Interviewing (Audio CASI) is used for the most sensitive questions (Female Section J **in Attachment H-1,** and Male Section K in **Attachment I-1)**. 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 the respondent initiating a locking mechanism that prevents the interviewer or anyone else from seeing the respondent's answers.

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)**

New Questions.-- **No new questions are being requested** in the first two years of interviewing (Sept 2011 – Sept 2013.) For the third year of interviewing, starting September 2013, it is possible that NCHS will seek permission to make some limited changes to the questionnaires. The NSFG staff will consult with expert data users before deciding whether changes are needed, and what they might be.

## 12. Estimates of Annualized Burden Hours and Costs

**A.** On an annual basis, approximately 14,000 persons will be screened **(Attachment G4);** about 5,000 of these will complete the "main" survey: 2,750 females **(Attachment H)** and 2,250 males **(Attachment I). The mean interview length remains at about 80 minutes for females and 60 minutes for males.** Finally, about 1,400 of these respondents to the main survey or the screener will be re-contacted by telephone for a 5 minute verification interview **(Attachment K).**

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 | 1.0 | 2,250 |
| Verification | 1,400 | 1 | 5/60 | 117 |
| TOTAL | 20,400 | --- | --- | 7,192 |

**12. Cost to Respondents**

At an average wage rate of $20 per hour and an average length of interview of 70 minutes, the average cost per respondent is about $23.33. (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 $40 incentive offered to the respondent.

Estimated Annualized Respondent Costs

| Total Burden Hours | Respondent Wage Rate per Hour | Total Respondent Costs |
|---|---|---|
| 7,192 | $20.00 | $143,840 |

**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 2012 figures is:

| | |
|---|---|
| CONTRACT | $4,600,000 |
| NCHS Staff | 1,300,000 |
| TOTAL | $5,900,000 |

Most of the contract costs are for data collection, including hourly wages for interviewers, plus the costs of hiring and training them. But contract costs also include specification and programming of the male and female questionnaires; 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 current approved burden is 7,442 hours. This figure has been reduced by 250 hours as the plan to test future questions has been removed from this request. The requested burden is 7,192 hours.

**16. Time Schedule, Publication, and Analysis Plans**

The significant milestones (assuming OMB clearance by May 31, 2012) are:

| | |
|---|---|
| Data collection: | Sept 2011-Sept 2015 |
| Data collection completed | Continuous |
| Main Study coding, edits, imputation, prepare recoded variables & document data files | Continuous |
| Release public use data files for Interviews in 2011-2015: | November 2016 |
| First published reports: | Nov 2016, then periodically. |

The data from the NSFG are analyzed using SAS, STATA, and other statistical software for tabulation and analysis. SUDAAN, SAS, STATA, and similar software are being used for variance estimation. Results will be published in standard NCHS Reports, and as articles in professional journals. Over 700 reports from Cycles 1-6 are shown on the NSFG web site. Over 200 publications from Cycle 6 and about 30 from Cycle 7 are shown in **Attachment D.**

**Publications** –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.

We will list titles of reports now in preparation from the 2006-10 survey as an indication of our publication plans for both surveys (2006-10 and 2011-15). The order or precise timing of these reports could change, and other reports are possible, but this list does give a good idea of the types of topics that will be covered in reports published in 2012 and early 2013. And similar topics would likely be covered in reports from the 2011-2015 survey:

1. Teenagers in the United States: Sexual Activity, Contraceptive Use, and

Childbearing, 1995 to 2010. Vital and Health Statistics, Series 23, No. 31, published October 12, 2011.

2. Fertility in the US: 1982 to 2010. (Childlessness, children born to date, etc.)

3. Intended and Unintended Births in the US: 1982 to 2010.

4. HIV Risk-Related Behavior in the United States: 2002 to 2010. Basic data on the prevalence of HIV risk-related behaviors. National Health Statistics Reports, No. 36, January 24, 2012.

5. HIV Testing in the United States: 2002 to 2010.

6. Trends and Group differences in Breastfeeding in the United States.

7. First Marriage formation and Dissolution in the United States.

8. Cohabitation in the United States. (The prevalence of cohabitation over time and in various groups, and dissolution of cohabitations.)

9. Trends and Group differences in Contraceptive Use in the US, 1995 to 2010.

10. Pregnancy Rates in the United States, by age, race and marital status.

These are, of course, only the initial publications planned by the National Center for Health Statistics. They do not include publications by academic and other researchers.

**17. Reason(s) Display of OMB Expiration Data is Inappropriate.**
N/A

**18. Exceptions to Certification for Paperwork Reduction Act Submissions.**
None