National Survey of Children's Health:
Request for OMB Review
Supporting Statement A
OMB Control No. 0607-0990

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

Sponsored by the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), the National Survey of Children's Health (NSCH) is designed to produce data on the physical, emotional, and behavioral health of children under 18 years of age in the United States. The NSCH collects information on factors related to the well-being of children, including access to and quality of health care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. The goal of the 2019 NSCH is to provide HRSA MCHB with the necessary data to support the production of national estimates yearly and state-based estimates with pooled samples on the health and well-being of children, their families, and their communities as well as estimates of the prevalence and impact of children with special health care needs.

The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) redesigned the NSCH (Blumberg, Foster, Frasier, et al., 2012)[1] and its companion survey, the National Survey of Children with Special Health Care Needs (NS-CSHCN; Bramlett, Blumberg, Ormson, et al., 2014)[2] into a single, combined survey for the first time in 2016. This updated survey, which incorporates questions from both of the previous surveys, retains the name National Survey of Children's Health and utilizes an Address-Based Sampling (ABS) frame.

The U.S. Census Bureau conducts the NSCH on the behalf of the HHS under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Section 501(a)(2) of the Social Security Act (42 USC §701) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States.

There are also two separate partner agreements[3] with the Centers for Disease Control and

1 Blumberg, S.J.; Foster, E.B.; Frasier, A.M. et al. (2012). Design and operation of the National Survey of Children's Health, 2007. National Center for Health Statistics. *Vital Health Stat 1*(55), 1-159. http://www.cdc.gov/nchs/data/series/sr_01/sr01_055.pdf

2 Bramlett, M.D.; Blumberg, S.J.; Ormson, A.E. et al. (2014). Design and operation of the National Survey of Children with Special Health Care Needs, 2009–2010. National Center for Health Statistics. *Vital Health Stat 1*(57), 1-282. http://www.cdc.gov/nchs/data/series/sr_01/sr01_057.pdf

3 Due to the uncertainty of funding from the Environmental Protection Agency (EPA), they have been removed

Prevention's National Center on Birth Defects and Developmental Disabilities (CDC/NCBDDD) and the United States Department of Agriculture (USDA) in support of specific content on the topical questionnaires. The CDC/NCBDDD supports content on the receipt of training or interventions around the behavioral treatment of attention-deficit disorder and attention-deficit/hyperactivity disorder under the Public Health Service Act, Section 301, 42 U.S.C. § 241. The USDA supports content on food sufficiency under the Healthy, Hunger-Free Kids Act of 2010, Pub. L. 111-296. In particular, 42 U.S.C. 1769d(a) authorizes USDA to conduct research on the causes and consequences of childhood hunger included in 1769d(a)(4)(B), the geographic dispersion of childhood hunger and food insecurity.

This request to revise OMB control number **0607-0990** covers the 2019 NSCH, which is the fourth annual production fielding since the redesigned survey was pretested in 2015. The 2019 NSCH is built on the preliminary results of the 2018 NSCH and benefits four years of developmental work, including:

Contact Strategy Evaluation

- In 2015, we learned that topical conversion is higher for web respondents therefore the Web Push group produced more completed topicals when compared to the Mail group.

- In 2016, we moved forward with the Web Push strategy, but selected addresses with a low probability of web response (High Paper) to receive a paper screener earlier. It was determined that the addresses flagged as such were less likely to respond in general (vs. only less likely respond by web).

- In 2017, the High Web model from 2016 was modified to better target addresses that would actually respond by paper and only paper (High Paper). We learned that the new approach to mode assignment was more effective at identifying paper-responding households, but there is need for additional evaluation to better identify this population.

- In 2017, we also learned that a pressure-sealed reminder postcard containing web login information is highly effective, increasing returns by 25% or more in the first month of data collection.

- In 2018, we further improved the High Web model and included up to 2 pressure-sealed reminder postcards. Results are forthcoming, but preliminary results show improvements over 2017.

from the list of partnering agencies for the 2019 NSCH.

Incentive Experiments

- In 2015, we learned that a $10 screener incentive produced a negligible increase in returns over the $5 screener incentive resulting in the $5 incentive being much more cost effective.

- In 2016, addresses were divided equally between three incentive groups ($0, $2, or $5) for the initial mailing. The $2 incentive increased topical response (among eligible households) by 3.3 percentage points (29.7% to 33.0%); the $5 incentive increased topical response (among eligible households) by 6.6 percentage points (29.7% to 36.4%). While incentives increased costs, they have been the most effective treatment for increasing response and reducing nonresponse bias.

- Also in 2016, the third topical mailing assigned 10% of addresses to the control and 30% each to $2, $5 and $10 treatment groups. Response propensity by treatment group: $0 - 10.9%; $2 - 17.3%; $5 - 22.0%; $10 - 23.9%. The $10 incentives engendered the highest response; however, $2 and $5 incentives were particularly cost effective.

- In 2017, 90% of addresses received a $2 incentive in the initial screener mailing. The $2 incentive increased topical response (among eligible households) by 4.1 percentage points and cost by $1.76 per address. It is generally more cost effective than a third or fourth nonresponse follow-up mailing and reduced nonresponse bias.

- Also in 2017, 90% of addresses received a $2 incentive in topical mailings 7 and 8 (the addresses being mutually exclusive). The $2 incentive increased the odds of response by 51% at approximately half the average cost per topical. We learned that the $2 topical incentive was cost effective.

- In 2018, 90% of addresses received either a $2 (45%) or a $5 (45%) incentive in the initial screener mailing. We also wanted to see if there was any correlation between the incentive and the certified sticker experiment (discussed in the Packaging and Branding section); since incentives are only salient if the package is opened. Results of this test are forthcoming.

Packaging and Branding

- In 2015, all nonresponding addresses received a traditional postcard reminder after the first screener mailing, and a third mailing delivered by FedEx. Very little information was printed on the postcard due to privacy restrictions. Since all addresses received the same treatments, we cannot directly evaluate their effectiveness. The FedEx mailing may have increased response, but has been cost prohibitive on the full-scale production NSCH.

- In 2016, the second screener mailing contained a branding experiment. Approximately half of the addresses received materials with Census branding, while the other half received materials with HRSA MCHB branding. We learned that return rates were not significantly different when households received Census versus HRSA MCHB branding (36.4% vs 35.9%, respectively), so we have continued to use Census branding in our future iterations.

- In 2017, an infographic was included with 50% of all initial packages. While 37.3% of all addresses returned a screener; only 36.8% of those addresses that received the infographic returned a screener. From this, we concluded that the infographic was not effective.

- In 2018, a USPS non-signature required certified mail sticker was attached to 50% of the initial mail packages. Results are forthcoming, but limitations with this type of delivery have excluded it from future consideration.

The most substantial difference between the 2018 NSCH and the 2019 NSCH is the replacement of the certified mail treatment with an envelope design treatment. There are minimal changes to the content of the questionnaires.

OMB approval is also being sought to:

- Continue the redesigned NSCH questionnaire for cycle 2019. Any minor modification(s) that may result from testing will be submitted as a non-substantive change request.
- Carry out cognitive testing and methodological projects, using web and/or mail survey tools, that will inform the development of new rotating and supplemental content.

2. Purpose and Use of Information Collection

The NSCH is the only survey of its kind that collects information on factors related to the health and well-being of children at the state and national level. This includes access to and quality of health care, family interactions, parental health, school and out-of-school experiences, and neighborhood characteristics. Data from the NSCH are used to measure progress on national performance and outcome measures under the Title V Maternal and Child Health Services Block Grant. This information further informs state-level planning and program development, federal policy and program development, and general scientific research. It is therefore critical that the U.S. Census Bureau conducts this survey on behalf of the HRSA MCHB.

Information quality is an integral part of the pre-dissemination review of the information disseminated by the Census Bureau (fully described in the Census Bureau's Information Quality Guidelines). Information quality is also integral to the information collections conducted by the Census Bureau and is incorporated into the clearance process required by the Paperwork Reduction Act.

In recent years, the declining willingness of the public to participate in surveys along with

changes in household telephone use has resulted in lower response rates for Computer-Assisted Telephone Interviewing (CATI) surveys, the prior mode of data collection for NSCH and NS-CSHCN. Of particular concern is the increasing prevalence of households that have substituted wireless phone service for landline telephone service (Blumberg & Luke, 2015)[4]. The decline in response rates and difficulties in providing a representative sample at reasonable costs continue to be significant parts of planning considerations for the 2019 NSCH. The 2019 NSCH will continue to follow the redesign recommendations and utilize a two-phase multimode (Web or paper) data collection design for a combined NSCH/NS-CSHCN survey. The NSCH consists of two questionnaires: (1) an initial household screener to assess the presence of children in the home and facilitate the selection of a target child within the household (with oversampling of children with special health care needs), and (2) a substantive topical questionnaire that combines selected content from the former NSCH and NS-CSHCN questionnaires, along with updated content.

Increasing response and minimizing non-response bias continue to be two high priority focuses of the NSCH. For that reason, the 2019 NSCH is planning for the following design elements and treatment groups (see Table 9A and Supporting Statement B for additional details):

- Unconditional incentives[5] – Evaluating the relative benefit for reducing survey non-response by providing a $2 (45%) or $5 (%45) incentive as a token of appreciation vs. a small control group (10%) that receives no incentive. A $5 incentive will also be aimed towards reducing bias and gaining cooperation for those households who answer a paper screener and are mailed their first paper topical questionnaire.
- Internet likelihood – Modeled Web and paper response mode probabilities are assigned to each address and are further broken out into the High Paper (30%) or Low Paper (70%) treatment groups. This sort is done in attempts to target the top 30% of households with the highest paper-only response probability and provide them with a paper questionnaire starting with the initial mailing. The remaining 70% of addresses are offered the Web instrument as the mode of response in the first two mailings before receiving their first paper questionnaire. Results are evaluated and used to improve future iterations of the model.
- Envelope test – Each sampled address will either receive a traditional NSCH envelope (50%) or an envelope with a design element (50%) that is intended to be eye-catching, visually appealing, and encourage response. This test will evaluate the effectiveness of getting respondents to open the survey package, as observed by differential response.
- A separate (but concurrent to production) screener card test of 4,000 sampled addresses will be conducted to determine if a single-page instrument design will reduce respondent burden for households without children and allow us to more efficiently identify households with children.

The sample composition and response characteristics from the 2016, 2017 and 2018 NSCH cycles continue to be researched in order to improve the 2019 NSCH and future cycles. The 2016

4 Blumberg, S.J. & Luke, J.V. (2015). Wireless substitution: Early release of estimates from the National Health Interview Survey, January–June 2015. National Center for Health Statistics. Available from: http://www.cdc.gov/nchs/nhis.htm.

5 Within the NSCH 60-day pre-submission notice a $1 incentive was mentioned. This treatment group is no longer planned for the 2019.

NSCH enabled the development of refinements in the production use of flags identifying the presence of children in the household, as well as flags indicating the likelihood of responding by Internet. The Internet likelihood flag was revised for 2017 to increase its ability to identify households most likely to respond by a particular mode of data collection, and the flags identifying the presence of children were further refined to more efficiently identify households with children.

Since there continues to be a significant potential for cost savings for Web data collection over paper data collection, we are implementing the improved Internet likelihood flag to predict households' response mode preferences in the 2019 NSCH. We will also be utilizing the flags identifying the presence of children in the household to more efficiently sample households with children.

3. Use of Improved Information Technology and Burden Reduction

The 2019 NSCH will be conducted for HRSA MCHB by the Census Bureau in Web Push + Mail or mixed-mode format. The majority of households (70%) will first have the opportunity to respond online via the Centurion Web instrument. Beginning with the second nonresponse follow-up, the data collection efforts will be augmented via the use of online data collection and paper data collection. A smaller percentage of households (30%) will be placed in the mixed-mode group and will receive an initial mailing with both an invitation to respond online via the Centurion Web instrument as well as an invitation to respond via paper. The Centurion Web instrument allows online reporting while minimizing burden and material costs. In addition, the Centurion Web instrument improves the efficiency and accuracy of the data collection process by providing respondents the opportunity to complete both the screener and topical survey instruments at one time. The paper data collection will rely on three complementary survey systems to efficiently administer this mode of data collection: (1) Amgraf One Form Plus, (2) Docuprint, and (3) integrated Computer-Assisted Data Entry (iCADE).

- **Online Reporting.** The 2019 NSCH will utilize a Web-based survey with follow-up paper data collection as one of the primary collection strategies. The Web-based survey collection mode allows for features that reduce respondent burden as well as report results more quickly and at considerably less cost. In general, respondents find it less taxing to provide sensitive information about their children in self-administered surveys; however, because of the significant number of filter questions, paper-and-pencil versions of the survey appear quite lengthy. The Web-based survey allows for the programming of skip patterns similar to the original telephone interview version of the survey. Thus, the Web-based format allows for the comfort of self-administration with the ease of seeing and subsequently answering only questions relevant to a particular respondent.

- **Forms Design.** Questionnaires will be created using Amgraf One Form Plus. Completed hardcopy forms can be processed by iCADE to capture responses through optical mark recognition (OMR), optical character recognition (OCR), and keying from

image (KFI). Questionnaires will be printed, trimmed, and stitched through an in-house print on-demand process using a Docuprint system which allows personalization and the ability to tailor items to each specific respondent. The data from the questionnaires will be captured by the iCADE technology/software, which automatically extracts all check box entries (OMR) and preselected numeric answer fields (OCR), then captures, and displays an image of all other entries to an operator for KFI.

- **Image Preprocessing.** The iCADE software performs a registration process for each individual questionnaire page to match to the appropriate page template. This also allows for corrections due to any skewing during scanning.

- **Data Capture.** iCADE reads the form image files, checks for the presence of data, processes all check box fields through OMR, processes all preselected numeric answer fields through OCR, then presents an image of all other handwritten fields to an operator for KFI.

- **Verification.** Extracted KFI data are subject to 100% field validation according to project specifications. If a data value violates validation rules, the data point is flagged for review by verifiers who interactively review the images and the corresponding extracted data, and resolve validation errors.

- **Archiving.** Images will be scanned and archived to magnetic storage located on a secured server in case they are needed later. This eliminates the need to save paper copies of the completed questionnaires.

4. Efforts to Identify Duplication and Use of Similar Information

The NSCH has been conducted since 2003 under the auspices of the Centers for Disease Control and Prevention's National Center for Health Statistics on behalf of the HRSA MCHB. In tandem with the NS-CSHCN, the NSCH is considered the most robust data source available at national and state levels on children's health and well-being. These data are cited broadly in research literature (http://www.cdc.gov/nchs/slaits/slaits_products.htm).

Previously, there was significant duplication between the NSCH and the NS-CSHCN. A key objective in developing the 2016 NSCH instrument was to consolidate the prior version of the NSCH and the NS-CSHCN into one survey, reducing redundancy in the collection of data and the burden on households, which accompanied the administration of two separate surveys. The 2015 NSCH pretest and 2016 NSCH iterations demonstrated the feasibility of conducting the new condensed NSCH using web and mail as new modes of administration.

The 2019 NSCH will also include a change of content (see **Appendix A**: 2019 NSCH Questionnaire Content Revisions) to support programs and policies related to children's health and children with special health care needs. This list also includes a small set of questions that will be removed from this administration of the survey in order to further reduce burden.

5. Impact on Small Businesses or Other Small Entities

Not applicable.

6. Consequences of Collecting the Information Less Frequently

The 2019 NSCH is the fourth year of production in an annual effort to collect and produce data on the physical and emotional health of children under 18 years of age living in the United States. The NSCH collects information on factors related to the well-being of children, including access to and quality of health care, family interactions, parental health, school and out-of-school experiences, and neighborhood characteristics. NSCH data are used to measure progress on national performance and outcome measures under the Title V Maternal and Child Health Services Block Grant Program in HHS. Without the annual collection of this data, the HRSA MCHB would not be able to produce these timely national performance and outcome measures.

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

This data collection will be consistent with the general information collection guidelines of 5 CFR 1320.5. No special circumstances apply.

8. Comments in Response to the Federal Register Notice/Outside Consultation

The 60-day Federal Register Notice was published in the *Federal Register* on November 13, 2018 (83 FR, No. 219; p. 56287-56290). There was one comment received in response to the notice that is unrelated to this information collection request:

> Jean Public expressed the following: general discontent with the government; concern over public criticism of children's bodies; concern about vaccines; and concern about genetically modified foods while citing the USDA.

9. Explanation of any Payment/Gift to Respondents

Incentives were treated as a design element for the 2018 NSCH. An even split of $2 and $5 cash incentives were included with 90% of initial mailings, while 10% of sampled addresses were part of the control (and did not receive an incentive) in order to monitor the effectiveness of the cash incentive. The evaluation of results from the 2018 NSCH showed that there was a statistically significant difference in the response rates among respondents who received an incentive compared to those who did not receive an incentive. In addition, there was an increase in response rates among households mailed a $5 incentive compared to those mailed a $2 incentive

with their initial survey invite. Overall return rates were 35.5% for respondents with no incentives, compared with 39.2% for those with a $2 incentive and 41.8% for those with a $5 incentive. The cost of incentives is offset by the reduction in follow-up effort and the cost required to collect the data.

For the 2019 NSCH production sample, the same incentive structure is planned: 45% of addresses will receive a $2 cash incentive, 45% will receive a $5 incentive, and the remaining 10% will serve as a control group that will not receive a cash incentive. While these incentive amounts will be evenly distributed between the Low Paper/High Paper and Envelope Test treatment groups, the screener card test cases will be excluded from the incentive experiment. Survey methods research strongly support the use of unconditional incentives to reduce nonresponse bias in self-administered survey data collection[6]. The 2019 NSCH project plan allows for continued monitoring of the effectiveness of cash incentives in the initial mailing. The sample distribution is presented in table 9A (the additional experiments listed in the table will be discussed in Part B).

Table 9A. Production Treatment Groups by Incentive Amount and Internet Likelihood

Incentive Treatment Group	Initial Cases	Envelope Test Group	Maximum Cases for Mailing Comparison	High Paper-Treatment	Low Paper-Treatment
Control	18,000	Design Group	9,000	2,700	6,300
		Traditional Group	9,000	2,700	6,300
$2	81,000	Design Group	40,500	12,150	28,350
		Traditional Group	40,500	12,150	28,350
$5	81,000	Design Group	40,500	12,150	28,350
		Traditional Group	40,500	12,150	28,350

Table 9A NOTE: The envelope test group, high paper, and low paper treatment groups are described in more detail in Supporting Statement B.

Incentives are commonly used in other HHS-sponsored surveys including the National Health Interview Survey (NHIS), the National Survey of Family Growth (NSFG), the National Health and Nutrition Examination Survey (NHANES), the National Survey on Drug Use and Health (NSDUH), and the Health Center Patient Survey (HCPS). Recent experimentation within a general population mixed-mode (Web and Mail) survey found that the use of a prepaid incentive more than doubled the response rate within that population from 25% to 56% (Messer & Dillman, 2011)[7].

6Alexander, G.L. et al. (2008). Effect of Incentives and Mailing Features on Online Health Program Enrollment. *American Journal of Preventive Medicine, 34*(5), 382-388.

7 Messer, B.L. & Dillman, D.A. (2011). Surveying the general public over the internet using address-based sampling and mail contact procedures. *Public Opinion Quarterly, 75*(3):429 -57.

10. Assurance of Confidentiality Provided to Respondents

The following confidentiality statement will be presented to respondents within both the Centurion Web instrument and paper questionnaires:

> The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Section 501(a)(2) of the Social Security Act (42 U.S.C. §701) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answer confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

11. Justification for Sensitive Questions

Sensitive questions are generally not included on the NSCH. However, it is possible that respondents may find some questions related to their children’s health or disease status to be sensitive in nature. Respondents are made aware of the voluntary nature of this survey in the cover letter that accompanies the invitation to complete the questionnaire and on the material distributed with the paper questionnaire. Individuals are free to refrain from answering any question that they do not feel comfortable responding to. The U.S. Department of Health and Human Services requires that race and ethnicity be asked on all HHS data collection instruments and questions on both race and Hispanic origin appear on the NSCH. There is, however, no requirement that respondents answer these questions.

12. Estimates of Annualized Hour and Cost Burden

Estimates of annualized hour burden and annualized cost to respondents are listed in Tables 12A and 12B, respectively. The total number of estimated production screener respondents is 67,193. We then estimate that 52% of households from the first phase of the screener will be eligible to receive a topical questionnaire (households with children), and 75% of these households with children will return the topical questionnaire, resulting in approximately 26,321 completed topical interviews. For the 4,000 screener card test addresses, we anticipate that 50% (2,000 addresses) will return the screener card and 17% (1,035 addresses) will use the web instrument. The total number of annual burden hours for the return rates mentioned is 20,371. The estimated total annual respondent cost is $559,795.08. Please note that the estimated number of respondents and the estimated total annual burden hours are slightly lower here than those in the Federal Register Pre-notice. The figures here are the correct figures and are the result of improved estimates of the response rates for the screener and topical modules using updated return rates from the 2018 NSCH cycle after survey closeout.

12A. Estimated Annualized Burden Hours

Type of Respondent	Questionnaire Name	Expected Number of Respondents[8]	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
NSCH Production					
Adult Parent or Caregiver	**Production Screener**	67,193	1	.083	5,577
Adult Parent or Caregiver	**0-5 Topical Instrument**	8,774	1	.55	4,826
Adult Parent or Caregiver	**6-11 Topical Instrument**	8,774	1	.55	4,826
Adult Parent or Caregiver	**12-17 Topical Instrument**	8,774	1	.55	4,826
Subtotal for NSCH Production Burden		93,514			20,054
NSCH Screener Card Test					
Adult Parent or Caregiver	**Screener Card**	2,000	1	.033	66
Adult Parent or Caregiver	**Web Screener**	680	1	.083	56
Adult Parent or Caregiver	**Web Topical**	355	1	.55	195
Subtotal for NSCH Screener Card Test Burden		**3,035**			**318**
Total Burden Estimate for NSCH Production and Screener Card Test		**96,549**			**20,371**

Table 12A NOTES: 1) Details may not sum to totals due to rounding; 2) The Screener Card Test allows for either Screener Card or Web completions only. No follow-up paper screener or topical questionnaires will be mailed.

8 The expected number of respondents is an estimate of the expected number of completed screener and topical questionnaires, discussed in section B.1.3. This is different from the number of respondents that were mailed a screener or topical questionnaire.

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs (rounded to nearest dollar)
NSCH Production			
Adult Parent or Caregiver (Screener)	5,577	$27.48	$153,256.48
Adult Parent or Caregiver (0-5 Topical Instrument)	4,826	$27.48	$132,605.20
Adult Parent or Caregiver (6-11 Topical Instrument)	4,826	$27.48	$132,605.20
Adult Parent or Caregiver (12-17 Topical Instrument)	4,826	$27.48	$132,605.20
Adult Parent or Caregiver (Screener Card)	66	$27.48	$1,813.68
Adult Parent or Caregiver (Screener Card – Web Screener)	56	$27.48	$1,538.88
Adult Parent or Caregiver (Screener Card – Web Topical)	195	$27.48	$5,358.60
Total	**20,371**		**$559,795.08**

Table 12B NOTES: 1) Details may not sum to totals due to rounding

13. Estimates of Other Total Annual Cost Burden to Respondents

There are no direct costs to respondents other than their time to participate in the study.

14. Annualized Cost to the Federal Government

Costs for this survey are estimated at $4,700,000. This includes all direct and indirect costs of the design, data collection, analysis, and reporting phases of the survey, as well as delivery of the data sets to HRSA MCHB.

15. Explanation for Program Changes or Adjustments

This is a revision request of a currently approved collection. The burden impact increased between the 2017 and 2019 survey cycles because of an increase in overall sample size. The sample size was 156,000 addresses in 2017 and increased to 176,000 addresses in 2018 via a non-substantive change request. For the 2019 NSCH cycle, the production survey will be mailed to 180,000 addresses and the screener card test will be mailed to 4,000 addresses for a total of approximately 184,000 addresses sampled. These additional sampled addresses are in response to a streamlining of NSCH processes and creating a mailing strategy that has proven effective in increasing early response and reducing non-response follow-up and bias.

Estimated burden per response for the production survey remains the same as was stated within the 2018 non-substantive change request, but the total burden hours for the survey administration are slightly higher due to the increased sample size.

Future modification that might impact the instruments and/or burden estimates will be submitted as a non-substantive change request for OMB review, as applicable. Non-substantive change requests will be submitted to request permission to make subsequent minor modifications to the questionnaire(s) and to continue conducting methodological testing.

16. Plans for Tabulation, Publication, and Project Time Schedule

The following is a project time schedule for the 2019 NSCH:

2019 NSCH Project Time Schedule and Deliverables		
Mail Date	**Production = P or Screener Card Test = T**	**Description of Mailing**
June 2019	P & T	Initial mailout of all treatment group survey invites (High & Low Paper) and Screener Card Groups B-D
July 2019	P & T	Pressure-sealed postcard reminder (containing Web login information) & Screener Card Mailing Groups B-D
	P & T	Low paper first follow-up mailing (Web invite only) and Screener Card Mailing Groups B-D
August 2019	P	High paper first follow-up mailing (Web invite & paper questionnaire)
	P	Low paper pressure-sealed postcard reminder (containing Web login information) and Screener Card Mailing Groups B-D
	P	High paper pressure-sealed postcard reminder (containing Web login information)
	P	Low paper second follow-up mailing (Web invite & paper questionnaire)
September 2019	P	High paper second follow-up mailing (Web invite & paper questionnaire)
	P	Low paper third follow-up mailing (Web invite & paper questionnaire)
October 2019	P	High paper third follow-up mailing (Web invite & paper questionnaire)
August 2019 – December 2019	P	Paper topical questionnaire mailings (only applicable to households who responded by mail with an eligible paper screener)
January 2020	P & T	Survey closeout – data collection ends
Summer 2020		Delivery of fully documented public use data sets (topical and screener level files) and any other preliminary data files requested by HRSA MCHB
Fall 2020		Delivery of codebook, user's manual, and methodology report

The NSCH will generate datasets, statistics, and reports. Below are the deliverables that the Census Bureau intends to provide HRSA MCHB:

Datasets, Statistics, and Reports

- A fully documented public use data set including two types of files:
    - Screener level files – These files will contain all of the child data collected on the

screener instruments along with any other variables (derived, flag, admin, etc.) requested by HRSA MCHB.

- Topical level files – These files will contain all of the child data collected on the topical instruments and any other variables (derived, flag, admin, etc.) requested by HRSA MCHB.

- Codebooks with weighted and unweighted frequencies of all variables for each of the different files mentioned above

- A user's manual and methodology report created by the Demographic Statistical Methods Division (DSMD) staff of Census

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

Not applicable. No exception requested.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

Not applicable. No exception requested.