

SUPPORTING STATEMENT A
U.S. Department of Commerce
U.S. Census Bureau
National Survey of Children's Health
OMB Control No. 0607-0990

Abstract

Sponsored primarily 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 2021 NSCH is to provide HRSA MCHB, their supplemental sponsoring agencies, states, and other data users 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.

Justification

1. Circumstances Making the Collection of Information Necessary

The 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 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 HRSA MCHB under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701 (a)(2) allows HRSA MCHB to collect information for the purpose of understanding the health and well-being of children in the United States.

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

Through partner agreements, the United States Department of Health and Human Services' Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities (HHS/CDC/NCBDDD), the United States Department of Health and Human Services' Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (HHS/CDC/NCCDPHP), and the United States Department of Agriculture (USDA) support specific content on the NSCH 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 CDC/NCCDPHP supports content on the nutrition and physical activity of young children under Sections 301(a), 307, and 399G of the Public Health Service [42 U.S.C. §§241(a), 242l, and 280e-11], as amended. 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.

Additionally, if approved, the upcoming cycle of the NSCH will feature four returning state-based oversamples and four new oversamples that are either age-based, state-based, or region-based. There will be one age-based oversample which will be funded by the CDC-NCCDPHP. The state- or region-based oversamples will be sponsored by Children's Health Care of Atlanta, the State of Colorado, the State of Nebraska, the Ohio Department of Health, the Oregon Center for Children and Youth with Special Health Care Needs, the Southeast Louisiana Area Health Education Center, and the State of Wisconsin.

This request to revise the clearance terms under OMB control number **0607-0990** covers the 2021 NSCH, which is the sixth annual production fielding since the redesigned survey was pretested in 2015. The 2021 NSCH is built on the preliminary results of the 2020 NSCH and benefits six years of developmental work, including:

Contact Strategy Evaluation

For reference within this section, a screener can be defined as the first part of the questionnaire that rosters all children under the age of 18 who live at the sampled address (most of the time). A topical can be defined as the detailed data collected about a single child that was selected from the screener roster to be the topic of the second part of the questionnaire (i.e., topical questionnaire).

- 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 (versus 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. Adding the first pressure-sealed postcard in 2017 was associated with a 67% increase in screener returns through the first four weeks of data collection. The second pressure-sealed postcard in 2018 was associated with a 23% increase in screener returns during the next four weeks of data collection. Gains from the second pressure-sealed reminder postcard were replicated in 2019.
- In 2019, we introduced a new contact strategy called the screener card. The screener card was a perforated slip of paper at the bottom of the contact letter that could be detached and returned in a postage-paid envelope. It was designed to streamline response for households without children. We anticipated that this new strategy could allow households with children to respond via web or paper at a reduced cost. Households with and without children were more likely to respond when they were assigned to this test treatment group. Further evaluation of this contact strategy will be considered in a future round of the NSCH.
- In 2020, we tested a fully redesigned suite of mail materials with 30% of the sample. The test included a redesigned letter with a set of rotating facts about how the data are used listed in a left sidebar with an image of the United States at the top and a set of Frequently Asked Questions (FAQs) on the back of the letter. These letters were also mailed in a redesigned envelope. Preliminary results have shown that this redesigned letter suite did not perform as expected. Households in the test group were significantly *less* likely to complete a screener questionnaire. There is some preliminary evidence that the revised wording in the letter encouraged some households to respond online, a positive development; that revised wording will be considered for further evaluation in a future round of the NSCH.

Incentive Experiments³

- 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.

³ Incentive experiment results from each survey cycle can be found within the corresponding Methodology Report: <https://www.census.gov/programs-surveys/nsch/technical-documentation/methodology.html>. The latest Methodology Report from the 2019 NSCH is included within this package, see **Appendix F**.

- 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. The \$2 incentive increased topical response (among eligible households) by 3.5 percentage points and cost an additional \$1.67 per address. The \$5 incentive increased topical response (among eligible households) by 6.9 percentage points and cost an additional \$4.16 per address. The screener incentive proved effective at obtaining response from groups otherwise less likely to respond, thereby reducing nonresponse bias.
- Also in 2018, 90% of addresses received a \$5 incentive in their initial topical mailing. This incentivized group saw an increase in topical response of 12.2 percentage points. It was more cost effective to use the incentive in the initial mailing than to send nonresponding addresses additional follow-up mailings.
- In 2019, the incentive structure remained the same as 2018, with 90% of addresses receiving either a \$2 (45%) or a \$5 (45%) incentive in the initial screener mailing and 90% receiving a \$5 incentive with their initial topical mailing. Further analysis on the populations for which the incentive was most effective is discussed within the 2019 NSCH Methodology Report (see **Appendix F**) that was publicly available in the fall of 2020.
- In 2020, the screener incentive structure was revised slightly. While 90% of the screener sample still received an incentive as in prior years, the breakouts were:

\$0 control (10%); \$2 (30%); \$5 (60%). Preliminary results show that this incentive structure produced similar results to previous structures.

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 United States Postal Service (USPS) non-signature required certified mail sticker was attached to 50% of the initial mail packages. When delivered, the certified sticker was effective at motivating response, increasing response by 7.5 percentage points. However, too often the package was not delivered and was actually returned by the USPS due to a missing addressee or perceived requirement for a signature. Limitations with this type of delivery have excluded it from future considerations, but additional delivery method treatments will be explored in future rounds.
- In 2019, a test was conducted comparing the standard production envelope against a redesigned envelope that featured color text and “ways to respond” icons. The results showed no significant impact in response rates for the redesigned envelope treatment group.
- In 2020, two packaging tests were conducted. The first test evaluated the return rates following the first follow-up mailing where we mailed in either a traditional business standard size envelope (50%) or a traditional flat mail envelope where the letter was not folded (50%). Initial results showed no significant impact in response rates for the flat mail envelope treatment group. The second test evaluated the use of a priority mail envelope (50%) compared with the use of a traditional flat mail envelope (50%) for the initial topical paper invitation. Results of this test remain inconclusive due to the mid-January 2021 survey closeout date,

therefore further testing on this treatment group has been postponed until at least the 2022 NSCH production cycle.

There are a number of differences between the 2020 NSCH and the 2021 NSCH for which we are requesting OMB approval. These differences will be discussed in further detail throughout Supporting Statements A & B, but have been summarized here for ease of reference:

- **Increased sample size** - With additional sponsor funding and continued cost savings from streamlining the survey operations process, we are requesting an increase in sample size. The base NSCH sample plus the proposed state oversamples may reach up to 300,000 addresses for the 2021 NSCH.
- **Unconditional incentive distribution percentage (screener)** - We plan to continue monitoring the effectiveness of the unconditional incentive but request an increase to the percent of addresses receiving a \$5 incentive in the initial screener mailing. For both the 2018 NSCH and 2019 NSCH, the initial screener incentive splits were 45% received \$2; 45% received \$5; and 10% did not receive an incentive. In the 2020 NSCH, 30% received \$2; 60% received \$5; and 10% did not receive an incentive with the initial mailing. For the 2021 NSCH, we would like to streamline the incentive process even further by sending 90% of the sample \$5 and maintain a 10% control group that does not receive an incentive in the initial mailing. The incentive assignment to each sampled address would still be random as was done in prior cycles and approved by OMB. Results from the 2018 NSCH (as well as preliminary results from the 2020 NSCH) indicate that the increased incentive amount proved effective at obtaining a higher response in general and particularly so from underrepresented population groups. Therefore, the goal of a full-scale \$5 incentive treatment group is to further reduce nonresponse bias.
- **Unconditional incentive distribution test (topical)** – The goal of this revised incentive test is to evaluate the efficacy of a larger incentive for lower converting paper topical groups. For the purposes of this test, the higher conversion groups are identified as those in the first four topical groups, whereas the lower conversion groups are from the later five topical groups. The first four topical groups receive a reminder postcard and up to three additional nonresponse follow-up mailings, whereas the later topical groups receive the reminder postcard and two or fewer nonresponse follow-up mailings. Therefore, the plan is to test a higher incentive (\$10) with 70% of the later topical groups while maintaining a control (\$5) for the other 30%. A similar test will be conducted in the initial topical groups where a lower incentive (\$5) will be included with 70% of the sample and a control (\$10) will be used for the other 30%.
- **Revised questionnaire content** – The NSCH questionnaires with newly proposed and revised content from the sponsors at HRSA MCHB underwent two rounds of cognitive testing. This testing request was submitted under the generic clearance package and was

approved by OMB⁴. Based on the results, a final set of proposed modified content for the 2021 NSCH is outlined in **Appendix A**.

- **Oversamples⁵** - In order to inform decision making around various priorities, some stakeholders have shown interest in sponsoring an oversample of addresses as part of the annual NSCH administration. Currently, six states (Colorado, Louisiana, Nebraska, Ohio, Oregon, and Wisconsin), one region (Atlanta, GA) and one agency (CDC/NCCDPHP) are moving forward with a state-, region-, or age-based oversample option respectively as part of the 2021 NSCH. Oversamples will provide sponsors with more robust data for analysis and planning at the state or regional level. The oversamples can be classified as either a general state-wide oversample or sub-state oversample. The state-wide oversample increases the total number of sampled addresses within a given state and will be distributed proportionately across the state, following the same methodology as the production sample. State-level estimates of rare outcomes could be evaluated from this larger sample. The sub-state oversample increases sample representation for a subset of the state population. In some cases, the oversample is designed to produce a sufficiently large sample from a region or regions within a state (e.g., the Atlanta metro area). In other cases, the oversample targets geographic areas with greater representation of specific minority populations. The 2021 NSCH also includes a national oversample of households with young children.
- **Ongoing Cognitive Testing and Methodological Projects** – Continuous testing of the redesigned NSCH questionnaire and contact materials for cycle 2021 and beyond. Future modification that might impact the instruments and/or burden estimates will be submitted as non-substantive change requests and/or generic clearance requests for OMB review, as applicable. Non-substantive change and generic clearance requests will be submitted to request permission to make subsequent minor modifications to the questionnaire(s) and to continue conducting methodological testing.

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.

4 Generic Clearance Information Collection Request: https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201909-0607-002&icID=242679

5 State Oversampling in the National Survey of Children's Health: Feasibility, Cost, and Alternative Approaches https://census.gov/content/dam/Census/programs-surveys/nsch/NSCH_State_Oversample_Summary_Document.pdf

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)⁶. 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 2021 NSCH. The 2021 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 nonresponse bias continue to be two high priority focuses of the NSCH. For that reason, the 2021 NSCH is planning for the following treatment groups (see Table 9A and Supporting Statement B for additional details) that will be assigned to the initial sampled cases:

- **Unconditional incentives** – Evaluating the relative benefit for reducing survey nonresponse by providing a \$5 (90%) incentive as a token of appreciation versus a small control group (10%) that receives no incentive. A \$5 or \$10 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 in either the initial or first nonresponse follow-up 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 in the second nonresponse follow-up mailing. Results are evaluated and used to improve future iterations of the model.

⁶ 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>.

The sample composition and response characteristics from the 2016 - 2020 NSCH cycles continue to be researched in order to improve the 2021 NSCH and future cycles. The 2016 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 again in the 2021 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 2021 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 (50%) or first follow-up (50%) 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 2021 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/slait/slait_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 2021 NSCH plans to include a change of content (see **Appendix A**) to support programs and policies related to children's health and children with special health care needs. Along with some newly added questions, this list also includes a small set of questions that will be

modified for this administration of the survey.

5. Impact on Small Businesses or Other Small Entities

Not applicable.

6. Consequences of Collecting the Information Less Frequently

The 2021 NSCH is the sixth 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 10, 2020 (85 FR, No. 218; p. 71603-71605). No comments were received.

9. Explanation of any Payment/Gift to Respondents

Incentives were treated as a design element for each of the prior cycles of the NSCH that have been administered by Census. The evaluation of results from prior cycles continues to show that there is 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 continues to be an increase in response rates among households mailed a \$5 incentive compared to those mailed a \$2 incentive with their initial survey invitation. Screener completion rates (from eligible households) for the 2019 NSCH were 41.2% for respondents with no incentives, compared with 46.3% for those with a \$2 incentive and 48.9% for those with a \$5 incentive. Topical completion rates (from eligible households) for the 2019 NSCH were 31.0% for respondents with no incentives, compared with 35.6% for

those with a \$2 incentive and 38.7% 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 2021 NSCH production sample, a simplified incentive structure is planned: 90% of addresses will receive a \$5 incentive, and the remaining 10% will serve as a control group that will not receive a cash incentive. The incentive assignment will be evenly distributed between the Low Paper and High Paper treatment groups. Survey methods research strongly support the use of unconditional incentives to reduce nonresponse bias in self-administered survey data collection⁷. The 2021 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 treatment groups listed in the table along with the others mentioned in Supporting Statement A will be discussed in further detail in Supporting Statement B).

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

Incentive Treatment Group (Screener)	Initial Cases (Estimated)	High Paper-Treatment	Low Paper-Treatment
Control	30,000	21,000	9,000
\$5	270,000	189,000	81,000

Table 9A NOTE: The 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)⁸.

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

⁷Alexander, 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.

⁸Messer, 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.

Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) 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.

Access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame).

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 respondents is expected to be approximately 114,818. Of these, approximately 64,160 will complete only the screener (comprising households without children and households with children that do not complete the topical interview), and the remaining 50,658 will also complete the topical interview. The total number of annual burden hours for the return rates mentioned is 39,400. The estimated total annual respondent cost is \$1,165,452⁹.

12A. Estimated Annualized Burden Hours

⁹ For the 2021 NSCH, 64,160 respondents are expected to complete only the screener and 50,658 respondents are expected to complete the screener and one of the three age-based topical questionnaires. The frequency of response is the same across data collection activities – each instrument requires one response per respondent. Estimates of the total annual respondent cost for the collection of information use the appropriate wage rate categories. For individuals, the wage rate is \$29.58 per hour. This is based on the average hourly earnings for employees as reported by the Bureau of Labor Statistics (<http://www.bls.gov/news.release/realer.t01.htm>).

Type of Respondent	Questionnaire Name	Expected Number of Respondents ¹⁰	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult Parent or Caregiver	Screener Only	64,160	1	.083	5,346
Adult Parent or Caregiver	Screener and Topical Instrument	50,658	1	.672	34,054
NSCH Burden Total		114,818			39,400

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

¹⁰ 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 Only)	5,346	\$29.58	\$158,135
Adult Parent or Caregiver (Screener and Topical Instrument)	34,054	\$29.58	\$1,007,317
Total	39,400		\$1,165,452

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 \$6,643,406. 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 2020 and 2021 survey cycles because of an increase in overall sample size and additional sponsored funding. The sample size was approximately 240,000 addresses in 2020. For the 2021 NSCH cycle, the production survey will be mailed to up to 300,000 addresses. The increased number of sampled addresses are in response to additional funding via the main HRSA MCHB agreement along with the funding received from the eight age-based, state-based, and region-based oversample projects. With each cycle there continues to be a streamlining of NSCH processes with the creation of a mailing strategy that has proven effective in increasing early response and reducing nonresponse follow-up and bias.

Total estimated burden per respondent for the production survey remains about the same as was stated within the 2020 OMB request, but the total burden hours for the survey administration are higher due to the increased sample size and additional sponsored funding.

Future modification that might impact the instruments and/or burden estimates will be submitted as non-substantive change requests and/or generic clearance requests for OMB review, as applicable. Non-substantive change and generic clearance 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 2021 NSCH:

2021 NSCH Project Time Schedule and Deliverables	
Mail Date	Description of Mailing
June 2021	Initial mailout of all treatment group survey invites
July 2021	Pressure-sealed postcard reminder (containing Web login information)
	Low paper first follow-up mailing (Web invite only)
	High paper first follow-up mailing (Web invite & paper questionnaire)
	Low paper pressure-sealed postcard reminder (containing Web login information)
August 2021	High paper pressure-sealed postcard reminder (containing Web login information)
	Low paper second follow-up mailing (Web invite & paper questionnaire)
September 2021	High paper second follow-up mailing (Web invite & paper questionnaire)
	Low paper third follow-up mailing (Web invite & paper questionnaire)
October 2021	High paper third follow-up mailing (Web invite & paper questionnaire)
August 2021 – December 2021	Paper topical questionnaire mailings (only applicable to households who responded by mail with an eligible paper screener)
January 2022	Survey closeout – data collection ends
Summer 2022	Delivery of fully documented public use data sets (topical and screener level files) and any other preliminary data files requested by HRSA MCHB
Fall 2022	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

files mentioned above

- A user's manual and methodology report created by Census staff

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

The agency plans to display the expiration date for OMB approval of the information collection on all instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

The agency certifies compliance with 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3).