

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 2022 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.

A. 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 (Ghandour, Jones, Lebrun-Harris, et al., 2018)³. 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 (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)), which allows the Census Bureau to conduct surveys on behalf of other agencies. Section 501(a)(2) of the Social

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 Ghandour, R.M.; Jones, J.R.; Lebrun-Harris, L.A. et al. (2018). The Design and Implementation of the 2016 National Survey of Children's Health. *Maternal and Child Health Journal 22*(8), 1093-1102.

<https://pubmed.ncbi.nlm.nih.gov/29744710/>

Security Act (42 U.S.C. § 701) allows HRSA MCHB to collect information for the purpose of understanding the health and well-being of children in the United States.

There are three separate partner agreements that support the development and release of the 2022 NSCH public use data file. Each has a specific programmatic authority citation and subset of supported content. These partner agreements are summarized in **Table 1A**.

Table 1A: 2022 NSCH Partner Agreements Details

Department	Agency	Programmatic Authority	Supported Content
United States Department of Health and Human Services (HHS)	Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities (HHS/CDC/NCBDDD)	Public Health Service Act, Section 301, 42 U.S.C. § 241	Receipt of training or interventions around the behavioral treatment of attention-deficit disorder (ADD) and attention-deficit/hyperactivity disorder (ADHD) Diagnosis and/or evaluation of Fetal Alcohol Spectrum Disorder (FASD)
United States Department of Health and Human Services (HHS)	Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (HHS/CDC/NCCDPHP)	Sections 301(a), 307, and 399G of the Public Health Service [42 U.S.C. §§ 241(a), 242l, and 280e-11], as amended	Nutrition and physical activity of young children
United States Department of Agriculture (USDA)		Agriculture Improvement Act of 2018, Pub. L. 115-334	Food sufficiency

Additionally, if approved, the upcoming cycle of the NSCH will feature eleven oversamples that are either returning for another year of data collection or are new for 2022. Oversamples can either be age-based, state-based, or region-based. The purpose of each is to collect more robust data within a specific area or category of interest to allow for better analysis of key health measures of children under the age of 18. These oversample agreements are summarized in **Table 1B**.

Table 1B: 2022 NSCH Oversample Details

	Requesting Agency or State	Oversample Geography	Type of Oversample
1	Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (HHS/CDC/NCCDPHP)	National	Age-based
2	Children’s Healthcare of Atlanta	Georgia	Region-based
3	Ohio Department of Health	Ohio	State-based
4	Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)	Oregon	Region-based
5	State of California	California	Region-based
6	State of Colorado	Colorado	Region-based
7	State of Nebraska	Nebraska	State-based
8	State of New York	New York	Region-based
9	State of Pennsylvania	Pennsylvania	State-based
10	State of Tennessee	Tennessee	Region-based
11	State of Wyoming	Wyoming	State-based

This request to revise the clearance terms under OMB control number **0607-0990** covers the 2022 NSCH, which is the seventh annual production fielding since the redesigned survey was pretested in 2015. The 2022 NSCH is built on the preliminary results of the 2021 NSCH and benefits from seven 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.

- In 2021, we simplified contact materials and used the traditional suite of letters that have proven to be the most effective in prior cycles of the survey. This included the use of previously tested traditional letters and materials.

Incentive Experiments⁴

- 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 screener 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 topical treatment group: \$0 - 10.9%; \$2 - 17.3%; \$5 - 22.0%; \$10 - 23.9%. The \$10 topical 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 screener 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 topical 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 screener incentive increased topical response (among eligible households) by 3.5 percentage points and cost an additional \$1.67 per address. The \$5 screener 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

⁴ 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**.

mailing. This incentivized group saw an increase in topical response of 12.2 percentage points. It was more cost effective to use the topical 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.
- In 2021, the incentive structure was revised slightly. For the screener incentive, 90% of the sample still received an incentive as in prior years. However, the distribution was as follows: \$0 control (10%); \$5 (90%). For the topical incentive, the distribution was as follows: topical mailings A through D received \$5 (70%) or \$10 (30%); topical mailings E through I received \$5 (30%) or \$10 (70%). This design was implemented to determine the impact of a larger incentive on topical conversion with a specific focus on the later topical groups (E through I). Preliminary results for both the screener incentive and topical incentive (test) show that these incentive structures continued to reduce nonresponse bias by obtaining increased response from harder to reach populations.

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.
- In 2021, no packaging or branding tests were conducted.

There are a small number of differences between the 2021 NSCH and the 2022 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 and agency oversamples may reach up to 360,000 addresses for the 2022 NSCH.
- **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 OMB⁵. Based on the results, a final set of proposed modified content for the 2022 NSCH is outlined in **Appendix A**.

- **Oversamples⁶** - 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, nine states (California, Colorado, New York, Nebraska, Ohio, Oregon, Pennsylvania, Tennessee, and Wyoming), 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 2022 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 2022 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 2022 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.

5 Generic Clearance Information Collection Request: https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201909-0607-002&icID=248532

6 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)⁷. 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 2022 NSCH. The 2022 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 younger children and 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 2022 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 every 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.

⁷ 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 - 2021 NSCH cycles continue to be researched in order to improve the 2022 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 2022 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 2022 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 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 2022 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 2022 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 and removed 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 2022 NSCH is the seventh 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 9, 2021 (86 FR, No. 214; p. 62148-62150). One comment was received and has been included as part of the OMB package. See **Appendix G**.

In summary, the public comment received noted that the National Survey of Children’s Health is a quality data product that allows for analysis of children’s health on many levels (including access to health care and preventative care) to create effective policies.

The action taken would be to continue with the 2022 NSCH data collection as planned and outlined within this package.

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 2020 NSCH were 41.9% for respondents with no incentives, compared with 45.7% for those with a \$2 incentive and 48.2% for those with a \$5 incentive. Topical completion rates (from eligible households) for the 2020 NSCH were 33.3% for respondents with no incentives, compared with 37.0% for those with a \$2 incentive and 39.6% 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 2022 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 collection⁸. The 2022 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	Initial	High Paper	Low Paper
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⁸Alexander, 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.

(Screener)	Cases (Estimated)	Treatment	Treatment
Control	36,000	10,800	25,200
\$5	324,000	97,200	226,800

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). 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)⁹.

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 Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and Section 501(a)(2) of the Social Security Act (42 U.S.C. § 701). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 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

⁹Messer, 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.

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 131,884. Of these, approximately 71,380 will complete only the screener (comprising households without children and households with children that do not complete the topical interview), and the remaining 60,504 will also complete the topical interview. The total number of annual burden hours for the return rates mentioned is 46,587. The estimated total annual respondent cost is \$1,458,639¹⁰.

¹⁰ For the 2022 NSCH, 71,380 respondents are expected to complete only the screener and 60,504 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 \$31.31 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>).

Table 12A: Estimated Annualized Burden Hours

Type of Respondent	Questionnaire Name	Expected Number of Respondents ¹¹	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult Parent or Caregiver	Screener Only	71,380	1	.083	5,948
Adult Parent or Caregiver	Screener and Topical Instrument	60,504	1	.672	40,639
NSCH Burden Total		131,884			46,587

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

Table 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)	5,948	\$31.31	\$186,232
Adult Parent or Caregiver (Screener and Topical Instrument)	40,639	\$31.31	\$1,272,407
Total	46,587		\$1,458,639

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 \$7,634,209. 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

¹¹ 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.

This is a revision request of a currently approved collection. The burden impact increased between the 2021 and 2022 survey cycles because of an increase in overall sample size and additional sponsored funding. The sample size was approximately 300,000 addresses in 2021. For the 2022 NSCH cycle, the production survey will be mailed to up to 360,000 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 eleven 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 2021 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 2022 NSCH:

2022 NSCH Project Time Schedule and Deliverables	
Mail Date	Description of Mailing
June 2022	Initial mailout of all treatment group survey invites
July 2022	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 2022	High paper pressure-sealed postcard reminder (containing Web login information)
	Low paper second follow-up mailing (Web invite & paper questionnaire)
September 2022	High paper second follow-up mailing (Web invite & paper questionnaire)
	Low paper third follow-up mailing (Web invite & paper questionnaire)
October 2022	High paper third follow-up mailing (Web invite & paper questionnaire)
August 2022 – December 2022	Paper topical questionnaire mailings (only applicable to households who responded by mail with an eligible paper screener)
January 2023	Survey closeout – data collection ends
Summer 2023	Delivery of fully documented public use data sets (topical and screener level files) and any other preliminary data files requested by HRSA MCHB

Fall 2023	Delivery of codebook, user's manual, and methodology report
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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).