

SUPPORTING STATEMENT A
U.S. Department of Commerce
U.S. Census Bureau
National Survey of Children's Health – Longitudinal Cohort (NSCH-LC)
OMB Control No. 0607-XXXX

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 – Longitudinal Cohort (NSCH-LC) is designed to produce unique data on the physical and emotional health of children and young adults 3- to 24-years-old in the United States with a focus on the COVID-19 pandemic. The NSCH-LC will follow-up with prior respondents of the annual National Survey of Children's Health (NSCH) and will collect information related to the health and well-being of children, young adults, and their families, including access to and use of health care, family interactions, mental health, school, after-school experiences, and family economic circumstances. The goal of the NSCH-LC is to provide HRSA MCHB, other government agencies, and other data users with the necessary data to assess the effects of the COVID-19 pandemic on U.S. children, young adults, and their families, to illuminate key risk and protective factors for this cohort, and to identify gaps in health care and education during this period.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The HRSA MCHB identified a need for more information about how the COVID-19 pandemic affected the physical health, mental health, and development of U.S. children and young adults. Leveraging annual NSCH (Ghandour, Jones, Lebrun-Harris, et al., 2018)¹ baseline data collected prior to the COVID-19 pandemic, the NSCH-LC will provide broad utility as a nationally representative, longitudinal survey of children in the U.S. that produces unique data on the long-term impacts of the COVID-19 pandemic. This new longitudinal survey, which incorporates questions and content in various forms from the NSCH annual, will consist of 60,000 sampled households that responded previously to the annual survey.

The U.S. Census Bureau will conduct the NSCH-LC 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 Security Act (42 U.S.C. § 701) allows HRSA MCHB to collect information for the

¹ 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/>

purpose of understanding the health and well-being of children in the United States.

There are also two separate partner agreements. The first partner agreement is with the United States Department of Health and Human Services' Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities (CDC/NCBDDD) that supports content related to developmental screenings in early childhood. This CDC/NCBDDD support is needed to ensure adequate collection of data related to developmental screening in the NSCH-LC and is authorized under the Public Health Service Act, Section 301, 42 U.S.C. § 241. The second partner agreement is with the United States Department of Health and Human Services' National Institutes of Health, National Institute of Child Health and Human Development (NICHD) that will support a field follow up effort during data collection to improve the survey's overall response rate and reduce the potential for bias in attrition and is authorized under the Public Health Service Act, Section 301, 42 U.S.C. § 242(b).

This submission requests approval for a new OMB control number **0607-XXXX** and covers the first annual production fielding of the NSCH-LC. The NSCH-LC is built from similar frameworks used for the NSCH which has been fielded annually in a production format since 2016.

Plans for the first production cycle of the NSCH-LC will offer two different self-administered modes of data collection, a Web instrument and a paper-and-pencil interviewing (PAPI) instrument. Both modes of data collection will be further divided into age-based topical questionnaires. To support the full age range of NSCH-LC sampled children and young adults under the age of 24, the questionnaire age splits will be as follows: LC1/LC1-S is for children 3- to 5-years-old, the LC2_3/LC2_3-S is for children 6- to 17-years-old, and the LC4/LC4-S is for young adults 18- to 24-years-old.

The target response rate for this survey is 75 percent. If response rates are lower than anticipated during the data collection window, adaptive mailing strategies such as slightly modified packaging, envelopes and/or incentives may be employed at the discretion of the sponsor when funding allows. Burden hour estimates would not be affected by these modified strategies.

2. Purpose and Use of Information Collection

The NSCH annual 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.

Since the NSCH annual is the only survey of its kind to collect information on these factors related to the health and well-being of children at the state and national level, the NSCH-LC data would be able to provide some key insight into the impacts of the COVID-19 pandemic on these children or young adults and their families. More specifically, this data could be used to identify how the COVID-19 pandemic has affected their physical health, mental health, and overall development as well as determine which groups of children were especially vulnerable. Additionally, data from this collection could help answer questions about the role childcare and school disruptions, parental mental health, access to health care services, parental employment changes, and family economic and housing circumstances played in these effects. 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.

The NSCH-LC will follow the design of the NSCH annual survey and utilize a multimode (Web or paper) data collection design.

Increasing response and minimizing nonresponse bias are two high priority focuses of the NSCH-LC. For that reason, the NSCH-LC will provide a \$5 pre-paid unconditional cash incentive to 100% of the total sampled addresses.

Details of an interviewer administered nonresponse follow-up (NRFU) operation are underway and will be incorporated into the NSCH-LC data collection methodology. In the NRFU operation, interviewers will deliver the survey invitation materials to hard-to-reach households that did not respond during the self-response operation in an effort to reduce bias in the data and to encourage self-response.

3. Use of Improved Information Technology and Burden Reduction

The NSCH-LC will be conducted for HRSA MCHB by the Census Bureau in Web Push + Mail or mixed-mode format. All households will 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 subset of households with a Spanish language response preference determined by their prior response 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 the instrument and immediately submit electronically without the additional step of returning the completed paper instrument in the mail. 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) or other data capture methods, as applicable.

- **Online Reporting.** The NSCH-LC 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 within 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), keying from image (KFI), and keying from paper (KFP). 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 topical 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. Forms sent through the KFP process are hand-keyed using guidelines and instructions for consistency.
- **Verification.** Extracted KFI data (and a subset of KFP 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.** All form 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

There is no known duplication of the NSCH-LC questions other than within the NSCH annual survey. Data collected in the NSCH annual survey prior to the COVID-19 pandemic will be compared to NSCH-LC data to evaluate the changes in data points over time.

5. Impact on Small Businesses or Other Small Entities

Not applicable.

6. Consequences of Collecting the Information Less Frequently

The goal of the NSCH-LC is to provide HRSA MCHB, other government agencies, and other data users with the necessary data to assess the effects of the COVID-19 pandemic on U.S. children, young adults, and their families, to illuminate key risk and protective factors for this cohort, and to identify gaps in health care and education during this period. As this is a first-year production survey, the consequences of collecting the information less frequently would be to not perform this data collection at all, resulting in a gap of needed data.

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 21, 2022 (87 FR, No. 223; p. 70773-70774) inviting public comments on our plans to submit this request. Three comments were received.

Mr. Andrew Reamer, Research Professor George Washington Institute of Public Policy, George Washington University, requested copies of the collection instruments and supporting statements. We provided these to Dr. Reamer on December 7, 2022.

Jean Public expressed the following: general discontent with the government; concern over CDC being involved in government surveys; and concern about animal cruelty. The full comment has been included as part of **Appendix D**.

Dr. Jessica Mason, on behalf of the National Partnership for Women and Families, recommend changes to the proposed survey questionnaires in order to provide improved data relevant to paid leave. The full comment has been included as part of **Appendix D**. HRSA MCHB will consider how to address these suggestions and the topic of paid leave within the vehicle of the NSCH annual survey. HRSA MCHB agrees that population-level estimates on the availability of paid leave would have the potential of real impact and policy relevance but finds the NSCH annual survey is the most appropriate tool for that kind of data collection. Including these items in the LC would provide a brief picture into a time that reflects a multitude of exceptions and would not necessarily provide useful data to inform paid leave policies in a non-pandemic context.

The content and design of the National Survey of Children's Health Longitudinal Cohort (NSCH-LC) was informed by the consultation of multiple outside agencies. Prior to developing the data elements and determining the administration and design of the NSCH-LC, MCHB met with partners leading other federal or federally sponsored surveys to inform data element priorities, data availability, recordkeeping, and reporting. This included partners at the DoL Bureau of Labor Statistics (i.e., National Longitudinal Surveys), the CDC Division of Nutrition, Physical Activity, and Obesity (i.e., Infant Feeding Practices Study II), the CDC National Center for Health Statistics (i.e., National Health Interview Survey), the NIH Office of the Director (i.e., Environmental Influences on Child Health Outcomes Program), the DoED National Center for Education Statistics (i.e., Early Childhood Longitudinal Studies). To develop and optimize data elements, MCHB also consulted with the USDA Food and Nutrition Service and with partners from multiple outside agencies elements through the NICHD-led Pediatric Common Data Element Working Groups and the Long COVID Coordination Council.

9. Explanation of any Payment/Gift to Respondents

Incentives are treated as a design element for the NSCH annual survey. The evaluation of results from the NSCH annual survey 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, analysis of the 2020 NSCH annual survey results show 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. Based on this research, the NSCH-LC will provide a \$5 pre-paid unconditional cash incentive to 100% of the total sampled addresses.

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)².

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.

Under the Privacy Act of 1974 (5 U.S.C. Section 552a), these records are maintained by the Census Bureau under SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame). 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.

² 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.

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

11. Justification for Sensitive Questions

Sensitive questions are generally not included on the NSCH-LC. 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 as well as on the paper and web instruments. 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. Due to the uncertainty of projected response and this being the initial fielding of the survey, the maximum number of estimated respondents is expected to be approximately 45,000. The total number of annual burden hours for the return rates mentioned is 30,328. The estimated total annual respondent cost is \$1,004,160³.

³ For the NSCH-LC, up to 45,000 respondents are expected to complete the survey. Estimates of the total annual respondent cost for the collection of information use the appropriate wage rate categories. For individuals, the wage rate is \$33.11 per hour as of February 2024. 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 ⁴	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Adult, Parent, Caregiver, or Previous Caregiver	Screener Only	5,130	1	.083	426
Parent, Caregiver, or Previous Caregiver	Screener and Topical Instrument	39,870	1	.75	29,902
NSCH-LC Burden Total		45,000			30,328

Table 12A NOTES:

- 1) Details may not sum to totals due to rounding.
- 2) Adjustments were made to accommodate a two-stage approach that will be used to confirm the web and paper instruments are collecting information about the correct focal child. Results of these adjustments reduce the burden on households that do not screen into the survey, but slightly increase burden (by approximately 1%) for households that do screen into the survey when compared to the 60-day notice identified in Section 8.

Table 12B: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs (Rounded to nearest dollar)
NSCH-LC Production			
Adult, Parent, Caregiver, or Previous Caregiver	426	\$33.11	\$14,105
Parent, Caregiver, or Previous Caregiver	29,902	\$33.11	\$990,055
Total	30,328		\$1,004,160

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 \$4,133,474. 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.

⁴ 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.

15. Explanation for Program Changes or Adjustments

There are no changes to the information collection since this is a new request.

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 NSCH-LC:

NSCH-LC Project Time Schedule and Deliverables	
Mail Date	Description of Deliverable or Task
November – December 2023	Assembly and mailout of initial survey invitation packages
	Pressure-sealed postcard reminder mailing (containing Web login information)
	First nonresponse follow-up mail packages are mailed
	Next best address mailing attempts are ongoing
January 2024	Second nonresponse follow-up mail packages are mailed
	Next best address mailing attempts are ongoing (including nonresponse follow-up mailings)
February – March 2024	Third nonresponse follow-up mail packages are mailed
	Next best address mailing attempts are ongoing (including nonresponse follow-up mailings)
December 2023 – May 2024	Paper topical questionnaire mailings (only applicable to households who responded by mail with an eligible paper screener)
	Field follow-up contact attempts are ongoing
June 2024	Survey closeout – data collection ends
June 2024 – January 2025	NSCH-LC data processing, editing, imputation, and public use file preparation
February 2025	Delivery of fully documented public use data sets and any other preliminary data files requested by HRSA MCHB for their review
March 2025	Delivery of codebook, user's manual, and methodology report for HRSA MCHB review
April 2025	Public release of the data sets and supplemental documentation on the census.gov and HRSA websites
	Respondent thank you letter mailing

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).