Request for Approval of a Non-Substantive Change to the National Survey of Family Growth

OMB No. 0920-0314
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1. Circumstances making the collection of information necessary

This request is for a non-substantive change to the National Survey of Family Growth (NSFG) (OMB No. 0920-0314, Exp. Date 9/30/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

NCHS, under its duties specified in 42 U.S.C. 242k, Section 306(a and b)(1)(h) of the Public Health Service Act, conducts the NSFG to collect and disseminate "statistics on family formation, growth, and dissolution" among a nationally representative sample of reproductive-age women and men in the U.S. household population. The NSFG supplements and complements data from birth and fetal death certificates by monitoring factors (such as sexual activity, contraception, marriage and cohabitation, and infertility) that affect birth and pregnancy rates. In addition, the NSFG serves a variety of data needs in public health programs that sponsor and depend on it, including several divisions within CDC/National Center for HIV, Viral Hepatitis, STD, and TB Prevention and CDC/National Center for Chronic Disease Prevention and Health Promotion.

Our most recent OMB revision package for NSFG specified a multi-mode, multi-phase survey design that builds on the most successful features of the continuous fieldwork design used for NSFG from 2006-2019 and has been implemented since January 2022. Data collection from January 2022 through December 2023 comprised the first 2 of 8 years of data collection planned under the NSFG's current 10-year contract with RTI. This revision package, as approved on September 29, 2023, allowed NSFG to:

- Continue data collection for the NSFG for the subsequent 3 years beginning in January 2024 (Year 3), with an increase of the main survey incentive from $40 to $60, along with some other protocol and survey content changes; and
- Conduct further methodological experiments in order to retain acceptable response rates, minimize nonresponse bias, and reduce overall respondent burden.

The changes requested in this non-substantive change request were described in general terms in Section 4 of Supporting Statement B from the revision package approved in September 2023, as a strategy to improve survey response rates and contain costs associated with nonresponse follow-up:

> **Experiments with mailed materials: invitations to participate and reminder mailings**
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> The goal of introductory and reminder materials is to facilitate efforts to gain cooperation, reduce FI contacting and travel costs, and enhance response rates. Toward this end, experiments will be considered to develop more targeted introductory materials, including those tailored for controlled access settings. To the extent feasible with our schedule, the contractor's experience with tailoring materials on other major national surveys such as NCHS's National Health and Nutrition Examination Survey will inform any proposed re-designs of these materials.

The remainder of this section describes our proposed methodological experiments with mailed materials, which we hope to implement in Quarter 3 (Q3) of Year 3 (2024) which begins June 19, 2024. Printing for mailings for each quarter begins approximately 5 weeks before the start of data collection, so we must finalize all materials to be printed for Q3 by May 14, 2024. Therefore, **we request approval to proceed with these methodological studies no later than May 7, 2024.**

1.1 Phasing-in and comparison of regular vs. visual design invitation letter, both with QR code

Background. In Q3 of Year 2 (Y2), NSFG phased in a visual design version of the advance household letter (invitation to complete the household screener) using random assignment. The design was informed by prior experimentation on the UK Census and motivated by design elements from behavioral science. Further positive impact on survey participation rates was found in prior experimentation on the Mental Health Disorders and Prevalence Study (MDPS), where the visual design had outperformed the regular text-based invitation letter in the early sample releases. The MDPS visual design letter was then implemented in full for later sample releases. Other studies at RTI employ the visual design approach to the invitation letters.

The results on NSFG from Y2 Q3 using the visual design screener invitation letter were counter to what the other studies had found. It is possible that there are design elements that interact with or counteract the benefits of the visual approach. For example, there may be the expectation from some people that communication from CDC should follow a more formal letter format with limited use of graphics. It is also possible that the graphic used in the regular text letter—a box to highlight the login information—is sufficient for respondents and that the addition of "nudge" elements only detracts from that focus. We would like to revert to the letter designs used prior to Y2 Q3, but phase it in to allow another evaluation, this time with the added QR codes.

The regular letter in English and Spanish **(Attachment 1)** is the same as the letter that was previously approved and used on NSFG, apart from the OMB-requested addition of "or CIPSEA" shown in red font in the footnotes and the addition of the QR code. The visual design letter in English and Spanish **(Attachment 2)** is the same as the letter currently being used, apart from the OMB-requested addition of "or CIPSEA" shown in red font in the footnotes. The letters shown in Attachments 1 and 2 reflect the $60 incentive to be used in Phases 1 and 2 of each quarter, and the letters to be used in Phase 3 will be the same except for referencing the $100 incentive ($60 + additional $40) used in Phase 3.

Implementation. Starting in Y3 Q3, we would like to revert to the regular text-based invitation letter (Attachment 1), but with the QR code that was added to the visually designed invitation letters in Y2 Q4. In addition, half of the sample in this initial quarter would receive the current visually designed letter (Attachment 2) with QR code to allow evaluation of the impact of this change. As in the past, participation rates for each half-sample will be monitored in the study dashboard. Pending this real-time evaluation, the text-based letter with QR code would be implemented for the full sample starting in Y3 Quarter 4 (Q4).

1.2 Inclusion of QR code for main survey invitations for all males and for teen females

Background. In Q4 of Year 2 we phased in the addition of QR codes in the visually designed household invitation letter to complete the screener. The impact on survey participation was positive and relatively large, leading to our complete phasing-in for Phase 3 of Quarter 4. By the end of Phase 2 of Quarter 4, there were 647 completed main surveys with the QR code on the screener invitation letter (n=8,311) while only 599 had completed the survey in the condition without the QR code (n=8,310). That is, the inclusion of the QR code on the screener invitation letter increased the main survey completion rate from 7.2% to 7.8%, translating to an 8% higher number of completed main surveys. While the absolute increase in the main survey completion rate between these two conditions is small, it has significant impact on cost reduction for nonresponse follow-up.

Due to concern that the QR code would lead to a larger proportion of respondents to complete the main survey on a mobile device with a small screen that would be less optimal for the electronic calendar, the QR code was not included in any of the individual (main survey) invitation letters (i.e., our advance respondent letters). However, this concern is not equally applicable for all groups and there are likely main survey respondents who would have completed the survey if a QR code was similarly made available for the main survey.

The male instrument does not include a calendar so the concern about using a device with a smaller screen is less salient. Among females, the electronic calendar-use analysis revealed that respondents aged 15-19 were the least likely to use the calendar, and they did not use it at all for some sections, attributable to their far shorter and less complex contraception use and pregnancy related histories. Teenagers are also the group that may show the largest impact on participation rates from the addition of a QR code. We recommend adding QR codes to main survey respondent invitation letters for all males and for female teens, based on the results seen with adding the QR code to the screener invitation letters.

Implementation. Starting in Y3 Q3, we would like to phase in QR codes for males 15-49 and for females 15-19 selected for the main survey. Assigning half of the sample to receive the QR codes in this quarter will allow the measurement of the increase in participation attributable to the QR code.

1.3 Combined phase-in

We expect that the implementation of each of these changes described in 1.1 & 1.2 above will lead to much needed increases in survey participation, although the magnitude is not known. Rather than a prolonged staggered implementation, we would like to implement both changes starting in Y3 Q3. In this quarter we would phase in the changes with random assignment, with full implementation starting in Y3 Q4.

Sample addresses will be randomly assigned to one of the four conditions in this 2x2 design, as shown in Table 1. Randomization will be done at the address-level since household composition and the age group and sex of the selected household member is unknown at the time of selection of the sample. However, females 20-49 years old who are selected for the main survey will only be assigned to the regular text or visual design advance respondent letter conditions with no QR

code. Females 15-19 and males 15-49 who are selected for the main survey will be assigned to any of the four conditions, crossing the letter design with the provision of a QR code for the main survey.

Table 1. Allocation of sample addresses to mailed materials condition.

	No QR code for main survey	QR code for main survey
Regular text letter	3,713	3,713
Visual design letter	3,713	3,713

Given the similarity of the different versions of these advance respondent letters (i.e., the main survey invitation letters) by respondent type and phase of the quarter, they are not all included as separate attachments. **Attachment 3** shows the regular-text, Phases 1 & 2 version of the male survey invitation letter, which will only differ from the version used for female teens in the average survey length cited (45 minutes instead of 50). The Phase 3 version of these letters will show the $100 incentive instead of $60. **Attachment 4** shows the visual-design, Phases 1 & 2 version of the male survey invitation letter. Note also that these letters have no other changes from the previously OMB and ERB-approved advance respondent letters, apart from the OMB-requested addition of "or CIPSEA" in the footnotes.

2. Purpose and use of the information collection

The NSFG responds to the congressional mandate for NCHS to collect and publish reliable national statistics on "family formation, growth, and dissolution" (Sec. 306(a and b), paragraph 1(H) of the Public Health Service Act) as well as vital statistics on births and deaths, and a number of aspects of health status and health care. The NSFG collects and publishes the most reliable, and in most cases the only, national data to monitor such major topics as: contraceptive use and effectiveness, infertility and use of infertility services, unintended births, self-reported pelvic infection and sexually transmitted disease, sterilization, expected future births, marriage and cohabitation, the sexually active population, and the use of and need for family planning services. Under the continuous data collection design planned for the survey in the revision package as approved in September 2023, the NSFG will be able to maintain adequate sample sizes for reliable time series for nationally representative statistics on these major topics at an affordable cost.

No changes to NSFG's survey content are proposed in this non-substantive change request.

The proposed methodological studies only involve formatting changes to the survey invitation letters used for the household screener and main interview.

9. Explanation of any payment or gift to respondents

The changes proposed in this non-substantive change request involve **no changes in the incentives or benefits** offered to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

Data will be kept private to the extent allowed by law.

In addition, legislation covering confidentiality is provided according to the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583), which states:

> "Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by this section, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this subchapter, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both."

As there are no changes to be made in the survey instruments, the following burden notice and assurance of confidentiality statements have been and will continue to be included within the NSFG's Blaise-programmed household screener and main interview. Where x minutes is indicated (below) for the household screener burden statement, the main survey versions of the burden statement indicate 75 minutes for females and 50 minutes for males.

> **Notice -** CDC estimates the average public reporting burden for this collection of information as x minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-0314).
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> **Assurance of Confidentiality –** We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

In the revised survey invitation letters to be used in the proposed methodological experiments (Attachments 1-4), the footnotes enumerating the confidentiality laws covering NSFG data collection are unchanged and read as follows:

*One important law that protects your confidentiality is Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)). The other two laws are the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583) and the Privacy Act of 1974 (5 U.S.C. 552a). Section 306 of the Public Health Service Act (42 U.S.C. 242k) allows us to carry out this survey. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

12. Estimates of annualized burden hours and costs

The changes proposed in this non-substantive change request have no impact on our estimates of annualized burden hours or costs.

15. Explanation for program changes and adjustments

The changes proposed in this non-substantive change request do not change the estimated average burden hours from the previously approved clearance.