

Appendix G

**2026 National Survey of Children's Health
Public Comments**

PUBLIC SUBMISSION

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Comment On: USBC-2025-0137-0001
2025-22134 NSCH 60 day FRN 12.5.25

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Comment on FR Doc # 2025-22134

General Comment #1

I support the increased sample size, as well as the state-level oversampling. These enhancements will provide us all with better, more reliable breakdowns on the important topic of child well being. To that end, I also urge the Census Bureau to retain important questions related to demographic breakdowns, including sexual orientation, race/ethnicity, and gender, as this information can supply highly useful information about the well being of community members and help organizations and government agencies target programs and services. I look forward to seeing the questionnaire to see whether there will be any proposed changes.

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General Comment #2

I am in support of all these proposed changes. We need high-quality data on children's health if we are going to have any hope of improving it.

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Comment on FR Doc # 2025-22134

General Comment #3

I, [name redacted] a student of Villanova University Charles Widger School of Law, respectfully submits this comment in strong support of the proposed changes to the National Survey of Children's Health (NSCH) Information Collection Request (ICR) for the 2026 cycle. The NSCH, primarily sponsored by the U.S. Department of Health and Human Services' Health Resources Services Administration's Maternal and Child Health Bureau (HRSA MCHB), is crucial for producing data on the physical and emotional health of children under 18 years of age in the United States. I find that the proposed modifications for the 2026 cycle will significantly enhance the utility, timeliness, and scope of the resulting data, supporting the goal of providing necessary data to HRSA MCHB, supplemental sponsoring agencies, states, and other data users.

I commend the decision to increase the overall sample size. The proposed MCHB-sponsored NSCH sample plus separately sponsored oversamples will be approximately 400,000 addresses for 2026, marking an increase from 360,000 in 2025. This increase is vital because it will allow states and agencies to produce statistically sound child health estimates in fewer pooled years than currently possible. By accelerating the timeline, the expanded sample size will result in more timely state- and region-based health estimates of children. For instance, this increase enables more states to reach 1,500 interviews with two years of data, which is an important threshold for numerous state-level health indicators.

The continuation and defined sponsorship of oversamples are essential for informing various priorities that are not otherwise supported solely by the NSCH base sample. State oversamples are designed to support more targeted assessment, program planning, and evaluation within interested states. I note that ten states are currently interested in contributing to an oversample as part of the 2026 NSCH administration: California, Colorado, Illinois, Kansas, Nebraska, New Mexico, Ohio, Pennsylvania, West Virginia, and Wisconsin. All ten of these states have participated in previous cycles of oversampling since 2020 and are continuing the option. I support the inclusion of these state-sponsored additions to maximize the localized application of the collected data.

Further, I appreciate the rigorous methodology employed in revising the questionnaire content. The sources indicate that newly proposed and revised NSCH content from the sponsors at HRSA MCHB underwent a 9-person cognitive test conducted by one of the survey methodology areas within the Census Bureau. This upfront testing helps ensure that the final content included in the full OMB ICR for the 2026 NSCH is robust and accurate.

In conclusion, the 2026 NSCH cycle, which continues the current design including the use of incentives, is positioned to meet its goal of providing national estimates yearly and state or region-based estimates using pooled samples on the health and well-being of children, their families, and their communities. The proposed changes, specifically the increased sample size, the inclusion of state oversamples, and the revised questionnaire content supported by cognitive testing, are all highly beneficial adjustments that will strengthen the quality and utility of the data collected by HRSA MCHB and its partnering agencies, which include the Centers for Disease Control and Prevention (CDC), the United States Department of Agriculture (USDA), and the Environmental Protection Agency (EPA). I urge the prompt approval of this ICR.

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2025-22134 NSCH 60 day FRN 12.5.25

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General Comment #4

What is the purpose of this? We have too many in Govt spying on its citizens now.

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2025-22134 NSCH 60 day FRN 12.5.25

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General Comment #5

I'm writing to express strong support for the proposed expansion of the National Survey of Children's Health (NSCH) sample size and to offer a related recommendation regarding the reporting of recently removed survey content.

First, I strongly support the proposal to increase the NSCH sample size beginning in 2026. Expanding the sample will substantially improve the precision, reliability, and usability of state- and substate-level estimates—particularly for smaller populations and less common child health experiences. For organizations like mine that work closely with child advocates, policymakers, and service providers across the country, the NSCH is an essential data source. Larger samples reduce the need to pool multiple years of data, allowing for more timely analysis and more responsive policy and program decisions. I view the proposed increase as a critical investment in the nation's child health data infrastructure.

Second, as frequent and long-time users of NSCH data, I encourage greater transparency and documentation around survey items that have been removed in recent years. In particular, I note the removal of the Adverse Childhood Experiences (ACE) item that asked whether a child had ever been treated or judged unfairly because of their sexual orientation or gender identity (commonly referred to by users as ACE12).

This item was used extensively by researchers, advocates, and state partners to document experiences of discrimination and to better understand disparities affecting vulnerable populations of children and adolescents. Its removal has implications for trend analysis, continuity of measurement, and the ability of data users to respond to stakeholder questions about changes in reported prevalence over time.

I respectfully recommend that the Census Bureau and sponsoring agencies consider:

- Clearly documenting the removal of this item in public-facing materials (e.g., technical documentation, change logs, or supporting statements), and/or
- Providing guidance to data users on how to interpret trends and data gaps resulting from the item's removal.
- Greater clarity around survey changes—especially the removal of analytically important variables—would enhance transparency, support responsible data use, and help maintain trust among the many organizations that rely on NSCH data to support child advocacy and policy development nationwide.

Thank you for the opportunity to comment and for your continued commitment to improving the quality and usefulness of the National Survey of Children's Health.

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Comment on FR Doc # 2025-22134

General Comment #6

On behalf of the Population Association of America (PAA) (www.populationassociation.org) and Association of Population Centers (APC) (www.popcenters.org), we are pleased to submit comments in response to a Federal Register Notice published by the U.S. Census Bureau on December 5, 2025 (Citation 90 FR 56128; Document Number 2025-22134) requesting comment on the proposed continuation of and revisions to the National Survey of Children's Health (NSCH).

PAA is the premier professional, scientific society for more than 3,000 behavioral and social scientists—including demographers, sociologists, economists, epidemiologists, and statisticians—who study the causes and consequences of population change. Our members conduct research and train scientists at U.S. universities and independent research organizations such as those that belong to the APC. Many PAA and APC members use NSCH data for research on child health, family well-being, and population health disparities. Our members conduct independent research using NSCH data, work for or advise federal, state, local, and tribal governments on child health policy issues, and disseminate findings to policymakers, stakeholders, and the public. Given these important connections, our members have a high stake in ensuring the NSCH data achieve the highest possible scientific standards.

Importance of the National Survey of Children's Health

The NSCH is a critical data resource for understanding the physical, behavioral, and mental health of children in the United States. The survey provides ongoing nationally representative data that are not available from any other national source on topics including children with special health care needs, early childhood development, parental health, adverse childhood experiences, community and school activities, and neighborhood context.

Researchers have used NSCH data to document trends in mental, behavioral, and developmental disorders among children and adolescents, providing evidence of changing patterns in child mental health over time. Other descriptive work has provided state-level prevalence estimates for bullying victimization among children and adolescents, enabling states to understand the magnitude of this problem in their populations. Studies have also documented the prevalence of parent-reported autism spectrum disorder and state-level estimates of ADHD diagnosis and treatment, providing essential baseline data for monitoring these conditions. These studies provide important evidence of evolving patterns in child health that can be used to inform policy decisions at federal, state, local, and school levels.

The survey's comprehensive coverage of health conditions, health care access and quality, family functioning, and neighborhood characteristics also enables population scientists to investigate complex relationships between social conditions and child well-being. For example, recent research using NSCH data has identified associations between household food insufficiency and child flourishing, demonstrating how material hardship affects child development. Studies have investigated associations between family economic hardship and mental health conditions in children, providing evidence about the relationship between family resources and child mental health. Research has also examined associations between family-centered care and child flourishing in early childhood, linking health care quality to child developmental outcomes. Insights from this and other research based on these data are used to guide program planning and evaluation and advance scientific understanding of how family, neighborhood, and policy contexts shape U.S. children's health trajectories.

General Comment #6, cont.

Support for Increased Sample Size

We strongly support the proposed increase in sample size from 360,000 to 400,000 addresses. From a scientific perspective, larger sample sizes provide important benefits. First, they improve the precision of estimates, particularly for smaller geographic areas and for subpopulations that represent relatively small shares of the total population. Second, they enable more timely production of state-level estimates by reducing the number of years that must be pooled to achieve adequate sample sizes for reliable estimation. As noted in the FRN, more states will be able to produce estimates with two years of pooled data rather than requiring longer time periods. This is particularly valuable for monitoring trends and evaluating the impacts of policy changes, as it reduces the lag between policy implementation and the availability of data to assess effects.

Support for Oversamples

We are particularly pleased to see that nine states will be participating in oversamples for the 2026 NSCH. State oversamples are valuable for producing more robust state-level estimates and for enabling states to conduct more detailed analyses of child health issues specific to their populations. States vary considerably in their population composition, policies, and other characteristics. Adequate sample sizes at the state level enable better understanding of how these differences affect child health outcomes. We especially appreciate that several of the participating states—including Kansas, Nebraska, New Mexico, Ohio, Pennsylvania, West Virginia, and Wisconsin—have substantial rural populations. Larger samples are essential for examining child health outcomes in rural areas and other populations that may be underrepresented in national samples. Rural children face distinct health challenges compared to their urban counterparts, including more limited access to health care services, longer distance to various services, and challenges with school consolidation. Adequate sample sizes are necessary to produce reliable estimates of child health outcomes in rural areas and to examine differences across different types of rural communities. The increased sample size, combined with state oversamples in some rural states, will improve researchers' ability to better identify specific needs of rural children and families.

Support for Other Proposed Changes

We support the proposed revisions to questionnaire content based on cognitive testing and expert review. Ensuring that questions are well-understood by respondents and captures the intended constructs is essential for data quality. We appreciate the Census Bureau's commitment to rigorous question development and testing procedures.

We also support the collection of respondent contact information on mail-return screener instruments to facilitate follow-up. Strategies to improve response rates are important for reducing nonresponse bias and ensuring that the NSCH sample remains representative of the target population. The continued use of incentives is also appropriate given the evidence that they improve response rates.

We note the expected overall response rate of approximately 36.3 percent for the 2026 NSCH. While this rate reflects the challenging survey environment that affects all major federal surveys, we encourage the Census Bureau and HRSA MCHB to continue exploring strategies to maximize response rates and minimize nonresponse bias, particularly in hard-to-reach populations.

We also recommend that the Census Bureau provide clear documentation of methodological changes and their implications for data users. When changes to data collection procedures are implemented, guidance on comparability with previous survey years is essential to enable data users to appropriately interpret trends over time.

Concern regarding potential removal of longstanding questions

Although not noted in the request for comments, we are concerned about separate reports that certain longstanding items related to gender may be removed from the questionnaire without seeking public comment. For example, it would be detrimental to the monitoring of child health if questions were removed related to sexual orientation and gender identity (SOGI), such as question ACE12, that is a key question in the index tracking changes in Adverse Childhood Experiences. We urge that these types of questionnaire deletions be communicated to the scientific and child health stakeholder community for comment before considered for implementation.

Thank you for giving the population research community an opportunity to comment on the proposed continuation and revision of the National Survey of Children's Health.

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2025-22134 NSCH 60 day FRN 12.5.25

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Comment on FR Doc # 2025-22134

General Comment #7

Public Comment on the National Survey of Children's Health (NSCH) Information Collection Request
The Children's Advocacy Institute (CAI), based at the University of San Diego School of Law, supports the continued implementation of the National Survey of Children's Health (NSCH) and affirms its substantial practical utility for federal agencies, states, researchers, and policymakers concerned with the health and well-being of children in the United States. The NSCH is a uniquely valuable, nationally representative data source that provides comprehensive, timely, and actionable information on the physical, emotional, and mental health of children, as well as the family, school, and community contexts that shape child health outcomes.

The NSCH is unique in its comprehensive, child-centered design, which integrates information across multiple domains that are essential to understanding child well-being. Unlike surveys that focus narrowly on health conditions, health care utilization, or household characteristics, the NSCH simultaneously captures children's physical and mental health status, access to and quality of health care, family relationships and functioning, parental health, school and extracurricular experiences, and neighborhood and community contexts. This integrated approach allows researchers and policymakers to examine how these interconnected factors jointly influence child health and development.

Further, the NSCH's externally funded oversampling framework results in significant budget efficiencies because it expands analytic value without proportionally increasing federal costs. By allowing states and other partners to fund additional sample cases within an existing national survey infrastructure, the NSCH avoids the need for duplicative data collection efforts while maximizing the return on investment for both federal and non-federal stakeholders.

In short, the NSCH is a vital and irreplaceable source of information on the physical, mental, and emotional health of our country's children. By combining nationally representative data with state-level insights, the NSCH provides a comprehensive picture of children's health, their access to care, and the family, school, and community environments that shape their well-being. Its consistent methodology, broad scope, and ability to examine disparities and trends over time make the NSCH essential for informing evidence-based policies, guiding program planning and evaluation, and ensuring that federal, state, and local efforts to support children and families are grounded in high-quality, actionable data.

Thank you for the opportunity to provide these comments in support of the National Survey of Children's Health.

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2025-22134 NSCH 60 day FRN 12.5.25

Document: USBC-2025-0137-DRAFT-0009
Comment on FR Doc # 2025-22134

General Comment #8

We are writing in response to the proposed changes to the National Survey of Children's Health. This survey is an extremely important data source to monitor progress on the health of children across the state, and we are supportive of the proposed increase in sample size and the benefit this will provide with more stable and reliable estimates with one to two years of data. We are also supportive of continuing to allow states and stakeholders to sponsor oversampling of subpopulations. Our state has conducted oversamples by region, race, and children and youth with special health care needs and have appreciated the opportunity to oversample specific populations to address gaps in the data. However, it would be worth exploring avenues to decrease the cost burden for states to participate in the oversample.

We are generally supportive of the revisions to the overall questionnaire, but look forward to reviewing the revised questionnaire once it is available to understand what is changing. We hope that the majority of the questions, particularly those that are used for Title V performance measures, do not change substantially, so that we can continue to compare data over time. While we understand the benefit of collecting additional identifying information in the screener to help facilitate increased responses, we have concerns about whether this could contribute to nonresponse bias. It would be beneficial to provide additional clarity on the plan to protect privacy and confidentiality.

General Comment #9

National Survey of Children's Health (Docket Number USBC-2025-0137)

As a researcher who has tracked trends in child health and well-being for many years, I want to express my strong support for the continuation of the National Survey of Children's Health (NSCH).

The NSCH provides a unique resource for details of child health and well-being that are not available in any other survey, including crucially-important topics like special health care needs and adverse childhood experiences. The data are used by healthcare practitioners, government program staff, advocates, policymakers, and researchers to help improve the lives of children and their families.

In addition, I support the continuation of sponsored oversampling. NSCH has been innovative in piloting the oversampling framework, and in recent years NSCH has demonstrated that sponsored oversampling provides economies of scale that lead to efficient and effective data collection for a variety of stakeholders. If anything, I would like to see more federal surveys pursue sponsored oversamples.

I also support updating the racial/ethnic data collection to align with SPD-15.

My only concern with pending changes to NSCH is that I do not want to see any questions related to sexual orientation or gender identity removed from the survey as those have important implications for child health and well-being. Removing that information will harm our ability to keep kids safe and healthy.

Thank you for your consideration.

General Comment #10

SPAN Parent Advocacy Network & Family Voices NJ comments on the Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; National Survey of Children's Health

January 30, 2026

Thank you for the opportunity to comment on proposed changes to the National Survey of Children's Health. Family Voices-NJ is the NJ affiliate for Family Voices housed at SPAN Parent Advocacy Network (SPAN), dedicated to supporting the family voice in children's healthcare. SPAN also serves as the Parent-to-Parent USA affiliate for NJ; the NJ Parent Training and Information Center and Family to Family Health Information Center; the NJ Family Engagement HUB and the state chapter of the National Federation of Families. Our comments today are based on our extensive experience providing support to families around health care across the domains of maternal/child health.

SUPPLEMENTARY INFORMATION:

I. Abstract

We understand that "NSCH is seeking clearance to make the following changes:"

- *Increase sample size*

We **agree** that an increased "n" sample size could improve reliability.

- *Revised questionnaire*

While we acknowledge that "a list of modified content will be included in the full OMB ICR for the 2026 NSCH" it is difficult to comment without parameters. Without listing the changes, OMB could just approve sans public input. We would encourage retention of questions pertaining to children with special health care needs.

- *Oversamples*

We understand that "nine states are interested in contributing to an oversample". While we agree with increasing sample size, we caution about bias and inaccurate results unless this is done by all states. We also strongly support inclusion of the US territories.

General Comment #10, cont.

- *Collect respondent information on mail-return screener instruments*

We understand that respondent “name email address, and phone number will be collected on the paper screener questionnaire” with which we **strongly disagree**. The Family Voices Coordinator worked as an interviewer, bilingual monitor, and project supervisor for Mathematica Policy Research for over a decade. Screeners are to be utilized to determine eligibility and then contact information is gathered if the individual is eligible and interested in participating in the study.

Assuring either confidentiality or anonymity increases response rates.

We **agree** with the use of incentives. We note that response “rates for the unconditional monetary incentive 90% will include \$5 and 10% will not receive an incentive”. In fairness, all participants should get the incentive. Further those who “did not finish will receive a final web push invite with a secondary unconditional incentive”. In addition, for “those households that are eligible for an initial paper topical mailing, this package will also include an additional \$5 incentive”.

Additional incentives and mailing strategies were mentioned. Again we would recommend assuring that responses will not be connected with identifying information to increase response rates. It is also helpful to let respondents know they can skip a question with which they are uncomfortable, rather than getting a refusal for the entire survey. Introductory letters to the survey, rather than cold calling, improves response rates. Asking the respondent if it is a good time to complete the survey or doing a callback appointment also improves the number of responses. It is also helpful to frame this as a national research study, rather than saying survey, to increase credibility. Finally, intrinsic motivation such as improving care for their child and other families like theirs is a motivating factor for completion.

II. Method of Collection

We **strongly support** having both an English or Spanish-language screener. We note that if “a household in the mixed mode group chooses to complete the paper screener instead of completing the web-based screener via the internet, then the household will receive an additional topical questionnaire incentive” which could help response rates.

III. Data

We note that that there will be no cost to the public and **agree** with the other estimates.

IV. Request for Comments

We note that comments are sought on necessity of information collection, accuracy of estimates, enhance information quality/utility/clarity, and minimize reporting burden. Again, it is difficult to offer constructive comments without seeing the actual questionnaire revisions. To reiterate, we would **support** inclusion of questions regarding children with disabilities or any other factors which would impact health disparities. We also support continued inclusion of questions regarding demographic data such as income, language, immigrant status, race/ethnicity, etc.

Thank you again for the opportunity to comment on the National Survey of Children’s Health.

General Comment #11

Public Comment on the National Survey of Children's Health (NSCH) Information Collection Request

The Children's Advocacy Institute (CAI), based at the University of San Diego School of Law, supports the continued implementation of the National Survey of Children's Health (NSCH) and affirms its substantial practical utility for federal agencies, states, researchers, and policymakers concerned with the health and well-being of children in the United States. The NSCH is a uniquely valuable, nationally representative data source that provides comprehensive, timely, and actionable information on the physical, emotional, and mental health of children, as well as the family, school, and community contexts that shape child health outcomes.

The NSCH is unique in its comprehensive, child-centered design, which integrates information across multiple domains that are essential to understanding child well-being. Unlike surveys that focus narrowly on health conditions, health care utilization, or household characteristics, the NSCH simultaneously captures children's physical and mental health status, access to and quality of health care, family relationships and functioning, parental health, school and extracurricular experiences, and neighborhood and community contexts. This integrated approach allows researchers and policymakers to examine how these interconnected factors jointly influence child health and development.

Further, the NSCH's externally funded oversampling framework results in significant budget efficiencies because it expands analytic value without proportionally increasing federal costs. By allowing states and other partners to fund additional sample cases within an existing national survey infrastructure, the NSCH avoids the need for duplicative data collection efforts while maximizing the return on investment for both federal and non-federal stakeholders.

In short, the NSCH is a vital and irreplaceable source of information on the physical, mental, and emotional health of our country's children. By combining nationally representative data with state-level insights, the NSCH provides a comprehensive picture of children's health, their access to care, and the family, school, and community environments that shape their well-being. Its consistent methodology, broad scope, and ability to examine disparities and trends over time make the NSCH essential for informing evidence-based policies, guiding program planning and evaluation, and ensuring that federal, state, and local efforts to support children and families are grounded in high-quality, actionable data.

Thank you for the opportunity to provide these comments in support of the National Survey of Children's Health.

General Comment #12

CHN Comment on the National Survey of Children's Health, in response to the Federal Register notice 2025-22134 (90 FR 56128)

Submitted via email to ADDP.NSCH.List@census.gov:

The Coalition on Human Needs (CHN) is an alliance of national organizations working together to promote public policies which address the needs of low-income and other vulnerable populations. The Coalition's members include civil rights, religious, labor, and professional organizations, service providers and those concerned with the wellbeing of children, women, the elderly, and people with disabilities. The Coalition on Human Needs monitors and tracks data on human needs in the United States, including data on poverty, income, unemployment, measures of inflation, access to benefits, and other findings that relate to policies that reduce poverty and hardship. The Coalition uses Census data including the American Community Survey (ACS) in its work. The Coalition is one of four organizations that formed and continues to co-lead Count All Kids, a national group of child-serving organizations that is working to improve the count of young children in all Census Bureau demographic products.

CHN believes that the National Survey of Children's Health is an important survey that allows policymakers, health professionals, and child advocates to assess the well-being of children state by state. We note that state level data is extremely important because there are often wide variations among states. For example, a HRSA report using this dataset found that "School readiness varied across states by over 20 percentage points (53.4% to 75.3%)."

<https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-data-brief-state-variation-readiness-2022-2023.pdf> This dataset can also be used to look at variations in health between children in urban and rural areas.

<https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-data-brief-rural-urban-differences-2017-2018.pdf>. The annual KIDS COUNT Report from The Annie E. Casey Foundation also highlights the differences in child well-being across states. State-level data is particularly important for children because many of the most important policies are state-based.

CHN supports and applauds the increased sample size of 400,000 (the past size was 360,000) for this survey, which will permit more states to have accurate data on important measures of children's health and well-being using only two years of data rather than three or more. This will result in more recent and accurate information. It will also make comparisons among states, data analyses within states, and rural/urban comparisons more accurate and more valuable.

We find the notice unclear as to whether some of the increased sample size is due to federal funding from MCHB and will thus increase sample sizes and improve the accuracy of data across all states, or whether it is wholly due to the nine states that have chosen to fund over-samples and only they will have improved data (California, Illinois, Kansas, Nebraska, New Mexico, Ohio, Pennsylvania, West Virginia and Wisconsin). We ask the Bureau to clarify this point.

We thank the Bureau and MCHB for making it possible for states to support oversampling in their state, and for spelling out the cost to facilitate state policymakers' ability to assess whether their state can make such an investment. We hope that, if additional states indicate interest in funding oversampling in their state beyond any increase in sample size that federal funding may provide, that they can be included. We believe that this is an excellent strategy in times of constrained funding to get improved data on children's wellbeing.

We also support the payment of incentives to participate in this survey. Given the declining rates of participation in all surveys and the importance of this data, we believe that this is a valuable and effective way to increase participation.

We ask that the question revisions be shared publicly before they are finalized so that data users can review and comment on them. Since national and state advocates use these data extensively, they may well have important comments to make about the changes. We support the Bureau testing to improve the data collection instrument based on research, as it has done here, but believe that input from data users can prove valuable when changes are made.

Thank you for the opportunity to submit these comments.