2016 National Survey of Children's Health

Data Users Frequently Asked Questions (FAQs)

U.S. Census Bureau

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Frequently Asked Questions
2016 National Survey of Children's Health

The questions and answers below summarize key information about the 2016 National Survey of Children's Health (NSCH).

The 2016 NSCH underwent significant redesign and administration changes and differs greatly from the prior survey cycles. This document highlights many of those changes. Please read this document before analyzing the 2016 data.

Background

Who sponsored the 2016 NSCH?

- Primary funder: United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB)
- Additional funding for specific questions was provided by:
    - Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD)
    - United States Department of Agriculture (USDA), Food and Nutrition Service

Who conducted the 2016 NSCH?

- The United States Census Bureau, Associate Director for Demographic Programs on behalf of the United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB)

What is the goal of the 2016 NSCH?

- The NSCH is designed to produce national and state-level data on the physical and emotional health of American children 0 - 17 years old. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, family interactions, parental health, school and after-school experiences, and neighborhood characteristics.

How long has HRSA MCHB been collecting these data?

- Since 2003, the NSCH has provided both national and state-level prevalence estimates for a variety of child health and health care indicators. MCHB also fielded the National Survey of Children with Special Health Care Needs (NS-CSHCN) in 2001, 2005-2006, and 2009-2010. Its purpose was to assess the prevalence and impact of special health care needs among children and their families in the U.S.
- From 2016 onward, the purpose of the NSCH remains the same, but the two individual surveys were combined into a single survey conducted every year.
- Information about and data from the previous NSCH and NS-CSHCN can be accessed through

the **CDC's National Center for Health Statistics** (NCHS - http://www.cdc.gov/nchs/slaits/nsch.htm) or the **Data Resource Center for Child & Adolescent Health** (http://www.childhealthdata.org/).

Why are data from the NSCH important?

- The NSCH is the only national and state-level survey on the health and well-being of children, their families, and their communities. The data collected are critical for providing states with unique information for the Title V Maternal and Child Health Services Block Grant program, state-level planning and program development, federal policy and program development, and general scientific research. These data are also used by families, child health advocates, policymakers, and others.

What were the goals of the NSCH redesign?

- General information about the background, purpose, and methodology of the survey **prior to the redesign** in 2016 can be found online at https://www.cdc.gov/nchs/slaits/nsch.htm or http://childhealthdata.org/learn/NSCH
- The former NSCH and the NS-CSHCN utilized the State and Local Area Integrated Telephone Survey (SLAITS) mechanism. Managed by the CDC's NCHS, SLAITS conducted surveys using the same sampling frame as the National Immunization Survey (NIS). This sampling frame consisted primarily of landline telephone numbers, with some cell telephone supplementation, and utilized Random Digit Dialing (RDD) sampling techniques.
- Declining willingness of the public to participate in surveys and changes in household telephone use resulted in lower response rates, particularly for phone-based surveys. Of particular concern was the increasing prevalence of households that have substituted wireless service for their landline telephone (Blumberg & Luke, 2010).[1] Efforts to include these non-landline households within the telephone sampling frames for the former NSCH and NS-CSHCN were inefficient and resulted in increased costs.
- This decline in response rates and the increase in costs were no longer sustainable. Considerable work was done to address these concerns, and a decision was reached to utilize a two-phase, self-administered data collection design for a combined NSCH/NS-CSHCN survey, henceforth known as the NSCH.
- The redesigned 2016 NSCH moved to an address-based sample utilizing internet-based web and mailed paper data collection instruments fielded by the United States Census Bureau.

What happened to the National Survey of Children with Special Health Care Needs (NS-CSHCN)?

- When HRSA MCHB undertook the redesign of the NSCH, they asked experts to consider the content of both the NSCH and the NS-CSHCN to support an annual fielding of a single survey. The 2016 NSCH was designed to maintain as many of the original items from both surveys as possible. The revised NSCH contains the Children with Special Health Care Needs (CSHCN) Screener (https://www.ncbi.nlm.nih.gov/pubmed/11888437) to support the continued availability of detailed, state-level estimates on the prevalence and impact of special health

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[1] Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January–June 2010. CDC National Center for Health Statistics. December 2010. Available from: https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201012.pdf

care needs among U.S. children and families. The **Data Resource Center for Child & Adolescent Health** (http://childhealthdata.org/learn/NSCH) will contain materials that can help users to compare content between the redesigned NSCH, previous NSCH, and previous NS-CSHCN and understand which items have been maintained, altered, or dropped.

When will new data be released?

- Data from the redesigned 2016 NSCH were released in September 2017. Starting with the 2017 NSCH, new national-level data will be released each year for the foreseeable future. The 2016 NSCH data release in September 2017 includes some state-level estimates; however, due to sample size limitations it may not be possible to release state-level estimates for all variables and subgroups of children annually. Subsequently, new and comprehensive state-level estimates will be available every 2-3 years.

SAMPLE DESIGN

What was the 2016 sample design?

- A sample of 364,150 household addresses was selected from the Census Master Address File (MAF).
- The Census Bureau's Center for Administrative Records Research and Applications (CARRA) developed an indicator based on multiple sources of administrative data, which was used to identify households with children to improve sampling efficiency. Households flagged as having children under 18 present (stratum 1) were oversampled at a 5:1 ratio relative to households not flagged as having children (stratum 2).
- The sample addresses were allocated within states based on the relative sizes of stratum 1 and stratum 2 in that state.
- State-level samples were allocated with the goal of producing an approximately equal number of completed questionnaires for all children and CSHCN in each state and the District of Columbia.

How was eligibility determined?

- A screener questionnaire was used to determine if the address represented an occupied residence and if there were eligible children ages 0-17 living at the sampled address. If the initial questionnaire indicated that there were children in the household, then a more detailed, age-specific questionnaire was provided to the household.
- The screener instrument also included a series of specific health impact questions used to determine whether each eligible child could be classified as a CSHCN (https://www.ncbi.nlm.nih.gov/pubmed/11888437).

How many children were selected per household as the subject of the questionnaire?

- Only one child per household was selected to be the subject of the detailed topical questionnaire in an effort to minimize respondent burden. Eligible children within households that completed a screener were subsampled to serve as the subject child for one of the three age-specific topical questionnaires: children aged 0-5, 6-11, or 12-17 years.
- CSHCN were oversampled in order to allow robust data estimates of this critical population.

Since older children are more likely to have reported special health care needs, a secondary oversample of children aged 0-5 was applied to offset the expected age bias of the CSHCN oversample.

- For households responding via the web instrument, the subsampling process occurred dynamically after the screener questions were completed. The instrument was programmed to subsample a single child and move into the age-specific questions immediately.
- For households responding via the paper instrument, the screener interview was completed by the respondent and returned. A single child per household was similarly selected and the paper questionnaire with the appropriate age-specific questions was mailed back to the respondent for completion.

QUESTIONNAIRE

Where can I find copies of the questionnaires?

You can find copies of the 2016 English household screener and age-specific topical questionnaires below:

- Household Screener -
  https://mchb.hrsa.gov/sites/default/files/mchb/Data/householdscreener.pdf
- Topical – Children Ages 0-5 -
  https://mchb.hrsa.gov/sites/default/files/mchb/Data/nschchildren0-5.pdf
- Topical – Children Ages 6-11 -
  https://mchb.hrsa.gov/sites/default/files/mchb/Data/nschchildren6-11.pdf
- Topical – Children Ages 12-17 -
  https://mchb.hrsa.gov/sites/default/files/mchb/Data/nschchildren12-17.pdf

What kinds of questions are asked?

Survey topics include:

- Child and family demographics
- Physical and mental health status
- Health and functional status, including current conditions and related functional difficulties
- Health insurance status, type, and adequacy
- Access to and use of health care services
- Preventive medical and dental care, and specialty services received
- Medical home access
- Early childhood-specific information (0-5 years)
- Middle childhood and adolescent-specific information (6-17 years)
- Transition to adult healthcare services (12-17 years)
- Family health and activities
- Impact of child's health on family
- Parental health status
- Parent's perceptions of neighborhood characteristics
- Access to community-based services

What were the major changes to the content of the NSCH since the last administration in 2011-2012?

A key objective in redesigning the NSCH was to consolidate the previous NSCH and the NS-CSHCN into one survey, reducing the redundancy in the collection of data and the burden on households that accompanied the administration of two separate surveys. In addition, the redesigned NSCH also contains new content on the following topics:

- Infant sleep position
- Parental concern about their child's weight status
- Food sufficiency, to support USDA efforts to measure food sufficiency and security among children with disabilities
- Behavioral treatment for Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (ADD/ADHD), to support CDC programs to increase the use of behavioral treatment for this condition
- Shared decision making, to assess the degree to which parents and caregivers feel they are able to work collaboratively with doctors or other health care providers to make decisions about their child's health
- Length of time a doctor spent with the child during last well-child visit
- Adequacy of insurance coverage for mental or behavioral health services
- Family resiliency, to assess the frequency with which families engage in selected behaviors when they face problems
- Healthy and ready to learn content, asked of households with children 3-5 years of age, to support data needs related to the **Title V Maternal and Child Health Services Block Grant program** (https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program)

DATA COLLECTION

When were the data collected?

- June 10, 2016 through February 10, 2017

How often are data collected?

- Starting in 2016, the NSCH is fielded annually. The previous iterations of this survey were conducted every 4 years. To meet the needs of data users, a redesign of the survey was undertaken in order to support the release of new national-level data each year and to produce comprehensive state-level estimates every 2-3 years.

How were the data collected?

- Households were presented with two modes for completing the 2016 NSCH:
  - A web survey that combined the screener and detailed topical questionnaires in a single instrument. After the respondent completed the screener portion, and if the household had at least one eligible child, the respondent was directed into one of the three age-based topical questionnaires, which asked detailed questions about one child in the household.
  - A mailout/mailback self-administered paper-and-pencil interviewing (PAPI) screener instrument was provided if the household did not respond to the first two web survey invitations. If the household screened into the study (had at least one eligible child)

using the PAPI screener instrument, a separate PAPI detailed topical questionnaire was mailed to the household.
- Invitation letters, toll-free questionnaire assistance telephone numbers, cash incentives, follow-up mailings, and Spanish-language questionnaires were used to help maximize response rates.

Who was the respondent?

- A parent or guardian with knowledge of the health and health care of the sampled child in the household. For the 2016 NSCH detailed topical questionnaires, 63% of respondents were mothers (biological, step, foster, or adoptive), 30% were fathers (biological, step, foster, or adoptive), and 7% were other relatives or guardians.

What was the average survey completion time?

- Based on web keystroke data and paper cognitive testing results:
    - The estimated average survey length for households without children was less than 5 minutes.
    - The estimated average survey length for households with children (the screener and detailed topical questionnaire combined) was about 35 minutes.

How many questionnaires were completed?

- Of the sampled addresses, a total of 139,923 households in the 50 states and the District of Columbia were screened for age-eligible children. Of these households, 68,961 reported age-eligible children living or staying in the household.
- From this sample of households with age-eligible children, 50,212 detailed topical questionnaires were completed. The number of children with completed questionnaires per state ranged from 638 (Mississippi) to 1351 (Minnesota).
- Of the 50,212 completed detailed topical questionnaires, 40,493 (80.6%) were completed using the web instrument and 9,719 (19.4%) were completed using the paper instrument.

What were the response rates?

Four different response rates were calculated based on the completion of the screener questionnaire, detailed topical questionnaire, and overall completion of the survey. The calculations for the Screener Completion Rate, Topical Completion Rate, Interview Completion Rate, and Overall Response Rate are detailed below.
- A completed screener must be a valid household at the address sampled, and 1) indicate that there are no children present or 2) provide a valid age for at least one child. Of the sampled addresses, 138,009 households actually completed a screener survey.
    - 67,047 households with children completed the screener instrument and are included on the screener data file.
    - 70,962 households without children completed the screener instrument.
    - 1,914 households that were screened did not sufficiently complete the screener and therefore were not included on the screener data file.
- Both complete and sufficient partial topical questionnaires are included on the detailed topical questionnaire data file. 50,212 households with children returned a complete or sufficient partial topical questionnaire.

- o A returned topical questionnaire is considered complete if at least 40 of 50 test questions have valid answers, and 1) the respondent completed at least one item in Section K (family income, household and family count) or 2) the web instrument was submitted by the respondent. 48,389 (96.4%) returned topical questionnaires were complete.
  - o A returned topical questionnaire is considered a sufficient partial if at least 25 of 50 test questions have valid answers, and 1) the respondent completed at least one item in Section H or beyond or 2) the topical portion of the web instrument was submitted by the respondent. 1,823 (3.6%) returned topical questionnaires were sufficient partials.
  - o 16,835 households with children with completed screeners did not return a topical questionnaire or returned an insufficient partial topical questionnaire.
- For some addresses, no response was received so it was not possible to determine if the address represented an occupied residence. These addresses are classified as unresolved. Among these addresses, the proportion of addresses that are valid households was estimated using the household rate among the resolved addresses who did respond. The proportion of those households that include children was also estimated using the proportion of households that have children by state and stratum in the 2015 American Community Survey.
- The Screener Completion Rate is the estimated proportion of households (occupied residences) that completed a screener. The Topical Completion Rate is the estimated proportion of all households with children that completed a detailed topical questionnaire. The Interview Completion Rate is the probability that a household that initiates the survey will complete it. It is calculated as the product of the Screener Conversion Rate (the proportion of screeners that are completed) and the Topical Conversion Rate (the proportion of households that complete a detailed topical questionnaire after reporting children on a completed screener). The Overall Response Rate is the product of the Interview Completion Rate and the Resolution Rate (the proportion of addresses that are resolved – i.e., have sufficient information to determine if the address represents an occupied residence). In other words, it is the probability that an address progresses through the three major stages of survey completion – resolution, screener, and topical questionnaire.
- This approach yields a national weighted Screener Completion Rate of 53.0%, Topical Completion Rate of 33.0%, Interview Completion Rate of 69.7%, and an Overall Weighted Response Rate of 40.7%.

Were incentives used to encourage participation?

- Survey methods research strongly supports the use of unconditional incentives to facilitate improved response rates in self-administered survey data collection. To improve the likelihood of response and reduce response bias in the 2016 NSCH, sampled addresses received either a $2 or a $5 cash incentive or they were part of the control group that did not receive a cash incentive ($0).
- In the initial invitation to respond by internet, the household received one of the three different incentive amounts. The sample was divided into thirds, with each third randomly assigned to one of the three incentive groups.
- The 2016 NSCH addresses two gaps in knowledge related to the payment of unconditional incentives in an address-based administration of the NSCH. The first is the determination of

the baseline response for the NSCH from a general sample of addresses, and the second is the relative response benefit associated with a $2 and $5 token of appreciation.

What was the potential impact of nonresponse bias on key survey estimates?

- Although incentive efforts did improve the response rate, there remained much nonresponse to the survey. Sampling weights were adjusted to account for nonresponse. An extensive nonresponse bias analysis (which will be detailed in the forthcoming Design and Operation report) will be conducted to examine the extent to which nonresponse bias affected survey estimates and the extent to which nonresponse adjustment to the sampling weights corrected for such bias.

In what languages were the questionnaires available?

- The NSCH paper and web instruments were both available in English and Spanish.

DATA FILES

Will it be possible to conduct trend analyses using data from 2016 and previous years?

- No. Due to changes in the survey's mode of data collection and sampling frame, as well as adjustments to item wording where necessary, it will not be possible to compare estimates from the redesigned survey to those from previous iterations of the NSCH or NS-CSHCN or to conduct related trend analyses. The redesigned NSCH will support trend analyses in the future, beginning with data from 2016.

How many complete questionnaires were included on the data files?

- A screener level data file includes records for 67,047 households, which includes all age-eligible children (0-17 years old) reported in each household. This totaled to 124,365 child records.
- Each of the 124,365 child records contains general demographic information and special health care needs status for the resident children in sampled households.
- One age-eligible child from each of the 67,047 households with children was selected for the detailed topical questionnaire. Of the eligible households, 50,212 households completed the detailed topical questionnaire for the selected child.
- A detailed topical questionnaire data file includes records for these 50,212 children. Each record contains all data for the child and the household in which the child resides, including the child's health, special health care need status, health care, family functioning, parental health, neighborhood and community characteristics, health insurance coverage, and demographics.

Is it possible to link the screener and detailed topical questionnaire data files?

- To protect the privacy of respondents, it is not possible to link the screener file and detailed topical questionnaire file. There are variables on the topical questionnaire file that provide data users with information about the family and household.

What analyses should utilize the screener file?

- The screener file must be used to estimate the proportion of households with CSHCN at the state and national levels. The screener file can also be used to estimate the prevalence of CSHCN at the state and national levels; data users should indicate the source (screener or topical file) of the prevalence estimates.
- The screener file also includes basic demographics for each child.
- When calculating estimates for child level variables like race of child (RACER) or special health care needs status of the child (C_CSHCN), the child weight should be used (C_FWS). When calculating estimates for household level variables like primary household language (HHLANGUAGE), the household weight should be used (FWH).

Where can I find more information about derived variables and the data suppressed to protect confidentiality?

- The 2016 NSCH Codebook details the variables names, definitions, and values included on the screener and detailed topical questionnaire files and will be available in Fall 2017. The data files went through extensive disclosure review in order to protect the privacy of all respondents.
- To protect the confidentiality of individual respondents and children, responses for certain variables were collapsed or suppressed.
- More details will be available in the Design and Operation report for the 2016 NSCH, which is expected to be released in Fall 2017.

SAMPLING WEIGHTS

How were the data weighted?

A child weight was produced for the detailed topical questionnaire file, and child and household weights were produced for the screener file. The weighting scheme began with a base sampling weight, which was the inverse of probability of the selection of the address. Adjustments to the base sampling weight included the following steps:

- Adjustments for screener nonresponse
- Eligible children from the screener questionnaire cases were raked to population controls
- A within-household subsampling factor was applied to screener questionnaire cases
- Adjustments for detailed topical questionnaire nonresponse
- A raking adjustment that matched sample demographic estimates to various demographic controls

Raking of screener questionnaire cases was performed using the following two analytical domains of interest:
- Dimension #1 – State by Child's Race by Child's Ethnicity
- Dimension #2 – State by Child's Sex by Child's Age Group

Raking of detailed topical questionnaire cases was performed using the following six analytical domains of interest:
- Dimension #1 – State by Household Poverty Ratio
- Dimension #2 – State by Household Size

- Dimension #3 – State by Respondent's Education
- Dimension #4 – State by Selected Child's Race by CSHCN Status
- Dimension #5 – State by Selected Child's Ethnicity by CSHCN Status
- Dimension #6 – National Selected Child's Sex by Age

What was the source of independent population control totals for raking?

- 2015 American Community Survey 1-year estimates

What were the final sampling weight variables?

- FWC (Final Weight for Surveyed Children, detailed topical questionnaire file)
  - This weight should only be used for records on the detailed topical questionnaire file
- C_FWS (Final Weight for Screened Children, screener file)
  - This weight should only be used for child level questions on the screener file
- FWH (Final Weight for Screened Households, screener file)
  - This weight should only be used for household level questions on the screener file

ESTIMATION AND HYPOTHESIS TESTING

Whom does this sample represent?

- When survey weights are used, the resulting estimates are representative of all non-institutionalized children aged 0 to 17 years in the U.S. and in each state and the District of Columbia who live in housing units.
- These weighted estimates do not generalize to the population of parents, mothers, or pediatric health care providers. Analysts are advised to avoid statements such as the "percent of parents".

Are special programs needed to analyze these data?

- Yes. For proper variance estimation, programs must be able to account for the complex sample design structure. Examples include SUDAAN, Stata, SPSS Complex Samples module, WesVar, the SAS SURVEY procedures, and the base program R with the separate SURVEY package.

What variables should be used to estimate variance?

- Stratum identifiers: FIPSST (state of residence) and STRATUM (identifies households flagged with children)
- HHID (unique household identifier), previously the Primary Sampling Unit (PSU)
- Some analysts may be using statistical programs that only permit the specification of a single stratum variable. These users should define a new variable with 102 levels by crossing STRATUM (2 levels) with STATE (51 levels). This new variable can then be used as the single stratum variable.
  - EXAMPLE: Stata users can specify only one variable in the strata() option of svyset. This new variable (named here as STRATACROSS) can be created using the following statement:

EGEN STRATACROSS = GROUP (FIPSST STRATUM)
- EXAMPLE: SUDAAN users can identify both FIPSST and STRATUM in the NEST statement. However, SUDAAN users should note that the first variable listed after the word NEST is assumed to be the stratum variable, and the second variable listed is assumed to be the PSU. To properly identify the PSU variable, the PSULEV option must be invoked in the NEST statement as shown here:
  NEST FIPSST STRATUM HHID / PSULEV = 3

Can the data be subsetted before analysis?

- The procedure of keeping only select records and list-wise deleting other records is called subsetting the data. Most software packages that analyze complex survey data will incorrectly compute standard errors for subsetted data, because subsetting the data can delete important design information needed for variance estimation. Analysts should not subset the data, with one exception: Subsetting the survey data to a particular state does not compromise the design structure. Analysts interested in examining specific population subgroups (such as children living in poverty) must use the appropriate options in their software package (e.g., SUBPOPN in SUDAAN).

WORKING WITH MISSING DATA

How are missing data identified on the data files?

- The SAS data files for the NSCH include special missing value codes for analysts who may wish to differentiate between different types of missing values.
  - (.L) Legitimate skip— The item is not applicable to the respondent, as determined by a previous answer to a root question.
  - (.M) Missing in error—The value is missing due to respondent or system errors, or the respondent did not provide a valid answer.
  - (.N) Not in universe—The item was not included on the respondent's age-specific topical questionnaire.
  - (.D) Cannot Disclose – The value is suppressed in order to protect the privacy of the respondent/child.

Are any missing data imputed?

The following demographic variables were imputed for the purpose of raking during weighting procedures. The child demographic variables were imputed using hot-deck imputation while Adult 1 education, household size, and poverty ratio were multiply imputed using regression imputation methods.

- Child's sex: C_SEX
- Child's race, detailed: C_RACE_R
The following variables are derived from C_RACE_R and therefore use the imputed values:
  - Child's race, recoded: C_RACER
  - Child's race, recode, Asian included: C_RACEASIA
  - Child's race, recode, American Indian/Alaska Native included: C_RACEAIAN
- Child's Hispanic origin: C_HISPANIC_R

- Selected child's sex: SC_SEX
- Selected child's race, detailed: SC_RACE_R

The following variables are derived from SC_RACE_R and therefore use the imputed values:
  - Selected child's race, recoded: SC_RACER
  - Selected child's race, recode, Asian included: SC_RACEASIA
  - Selected child's race, recode, American Indian/Alaska Native included: C_RACEAIAN

- Selected child's Hispanic origin: SC_HISPANIC_R
- Adult 1 highest completed year of school: A1_GRADE_I
- Household size: HHSIZE_I
- Poverty ratio: FPL

The public use files also include flag variables in order to indicate which records contained missing values and were therefore imputed. The missing rates for each variable are listed below:

- Flag for child's sex: C_SEX_IF (0.21%)
- All imputed child race variables share the same flag: C_RACE_R_IF (0.70%)
- Flag for child's Hispanic origin: C_HISPANIC_R_IF (0.99%)
- Flag for selected child's sex: SC_SEX_IF (0.10%)
- All imputed selected child race variables share the same flag: SC_RACE_R_IF (0.32%)
- Flag for selected child's Hispanic origin: SC_HISPANIC_R_IF (0.57%)
- Flag for adult 1's highest completed year of school: A1_GRADE_IF (3.04%)
- Flag for household size: HHSIZE_IF (3.67%)
- Flag for poverty ratio: FPL_IF (18.56%)

The first implicates of A1_GRADE_I, HHSIZE_I, and FPL along with the associated weights are included on the public use file. The implicate file containing all six implicates of FPL and a guidance for using the implicate file is available.

GUIDELINES FOR DATA USE

The United States Census Bureau conducts the NSCH on behalf of HHS under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the U.S. The data collected under this agreement are confidential under 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Any effort to determine the identity of any reported case is prohibited. The Census Bureau and HRSA MCHB take extraordinary measures to assure that the identity of survey subjects cannot be disclosed. All direct identifiers, as well as characteristics that might lead to identification, have been omitted from the data files. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information. Therefore, users must:

- Use the data in these data files for statistical reporting and analysis only;
- Make no use of the identity of any person discovered, inadvertently or otherwise;
- Not link these data files with individually identifiable data from any other Census Bureau or

non-Census Bureau data sets.

Use of the data files signifies users' agreement to comply with the above-stated statutory-based requirements. Before releasing any statistics to the public, the Census Bureau reviews them to make sure none of the information or characteristics could identify someone. For more information about the Census Bureau's privacy and confidentiality protections, contact the Policy Coordination Office toll-free at 1-800-923-8282.

FURTHER INFORMATION

Whom do I contact if I have questions about the 2016 NSCH after I read this document?

- For further questions about the survey design, operation, and analysis, please send an email to childrenshealth@census.gov

What is the suggested citation for this document?

- The United States Census Bureau, Associate Director of Demographic Programs, National Survey of Children's Health. 2016 National Survey of Children's Health Frequently Asked Questions. September 2017. Available from: https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/methodology/NSCH%202016%20FAQs.pdf