## The 2020-2021 National Survey of Children's Health (NSCH) Combined Dataset

## FAST FACTS

## What is the National Survey of Children's Health (NSCH)?

- The NSCH is a national survey, funded and directed by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), that provides rich data on multiple, intersecting aspects of children's health and well-being - including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context.
- Starting in 2016, the NSCH instituted several key changes from prior years of the survey. Among these changes, the NSCH consolidated content from two previous surveys (the NSCH and the National Survey of Children with Special Health Care Needs) and is administered via web-based and mail instruments.
- From 2016 onward, the NSCH is being fielded annually by the United States (U.S.) Census Bureau. 2021 is the sixth administration of the redesigned NSCH.
- Most data collected during the 2020 and 2021 NSCH will be comparable to data from NSCH surveys conducted since 2016 as they were conducted with the same design and administration. NSCH surveys conducted prior to 2016 will not be comparable as the methods and design of the survey changed significantly; therefore, comparison or trend analyses cannot be conducted between surveys completed prior to 2016 and those completed starting in 2016 to now.


## What is the purpose of the National Survey of Children's Health?

- The NSCH is designed to produce national and state-level data on the physical and emotional health of children 0-17 years old in the United States.
- Additionally, the NSCH provides estimates for 19 Title V Maternal and Child Health Services Block Grant National Outcome and Performance Measures and data for each state's Title V needs assessment.
- For more information on the purpose and specific topics asked about in the NSCH, see 2020 NSCH Fast Facts and 2021 NSCH Fast Facts, 2020 NSCH Frequently Asked Questions (FAQs) and 2021 NSCH FAQs, and NSCH supporting documents.


## Who sponsors and conducts the National Survey of Children's Health?

- The Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) provides the primary funding and direction for the NSCH. More information can be found here: https://mchb.hrsa.gov/data/national-surveys.
- The NSCH is conducted by the U.S. Census Bureau on behalf of the U.S. Department of Health and Human Services, HRSA MCHB. The U.S. Census Bureau oversees the NSCH's sampling plan and administration by web and mail. They also collect the data and create the sampling weights.
- Additional funding for specific questions on the 2020 and 2021 surveys 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.
- Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity, Obesity (DNPAO)


## Who were the participants in the National Survey of Children's Health?

- Households were randomly sampled and contacted by mail in order to identify those with one or more children under 18 years old. In each household, one child was randomly selected to be the subject of the survey.
- The survey oversampled children with special health care needs and children 0-5 years of age.
- A total of 93,669 surveys were completed for 2020 and 2021 combined. 42,777 surveys were completed in 2020 and 50,892 in 2021. State range in the 2020 and 2021 combined dataset is from 1,462 to 5,995.
- The Overall Weighted Response Rate was $42.4 \%$ for 2020 and $40.3 \% \%$ for 2021.
- Survey data were weighted (adjusted for the combined dataset) to represent the population of noninstitutionalized children ages 0-17 who live in housing units nationally and in each state.


## How were data for the survey collected?

- Households received a mailed invitation asking an adult in the household who is familiar with the child's health and health care (usually a parent) to complete a short screener questionnaire (via web or paper). The screener asked participants to identify all children ages 0-17 living in the household.
- If a child (or children) was reported to live in the household, participants who chose to respond online were immediately directed to a more detailed, age-specific topical questionnaire for one randomly selected child.
- Participants could request a paper copy of the household screener and topical questionnaire if they did not wish to complete it online. The NSCH screener and topical questionnaires were available in both English and in Spanish.
- For more details about individual surveys, see 2020 NSCH Survey Sampling and Administration Diagram, 2020 Methodology Report, 2021 NSCH Survey Sampling and Administration Diagram, and 2021 Methodology Report.


## How similar are the 2020 NSCH and 2021 NSCH?

- The majority of the questions in the NSCH are the same in both the 2020 and 2021 surveys.
- For a comparison of the 2020 and 2021 surveys, see "What's New and Changed in the 2021 National Survey of Children's Health as Compared to the 2020 NSCH" and a crosswalk of survey items on the DRC website.
- The 2021 survey was conducted during the COVID-19 pandemic. Additional items were added to assess the impact of the coronavirus pandemic on health care utilization.


## What is a combined dataset, and what is its purpose?

- A combined dataset is one where two or more datasets from individual survey rounds (in this case, the 2020 and 2021 NSCH) are combined into one dataset.
- Only items that are the same across both (or all) datasets are included in the DRC produced combined dataset.
- Combining multiple years of data into one dataset gives more opportunities to conduct analyses using variables with small sample sizes or low prevalence for certain response options, as well as the ability to conduct more complex cross-tabs among variables. This is particularly true for users who want to analyze data at the state level.
- The combined dataset includes the adjusted weight variable "fwc_2021" which accounts for combining two years of data. The estimates obtained from this combined dataset apply to the average annual or midpoint population size across 2020 and 2021.
- Information on how to combine the datasets and adjust the weights is available in the Methodology Reports and Guide to Multi-Year Analysis provided by the U.S. Census Bureau.


## Are data from the NSCH available to the public?

- The Data Resource Center for Child and Adolescent Health (DRC) website (www.childhealthdata.org) provides quick, easy, hands-on access to 2020 and 2021 NSCH survey data. The DRC's Interactive Data Query allows users to instantly access the data and compare national and state-level findings among children of different ages, race/ethnicity, income levels, health status, and many more subgroups.
- Cleaned and labeled 2020-2021 NSCH datasets in SAS, Stata, and SPSS formats with accompanying codebooks will also be available from the DRC at no cost. These datasets include key indicators, available at the national and state level, created by DRC staff. You can request the datasets on the DRC website under "Request a Dataset." For more information, contact info@cahmi.org.
- You can also access the public use datasets in SAS and Stata via the U.S. Census Bureau.

Citation: Child and Adolescent Health Measurement Initiative (2022). "Fast Facts: 2020-2021 National Survey of Children's Health." Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Humans Services (HHS) under grant number U59MC27866, National Maternal and Child Health Data Resource Initiative, $\$ 4.5 \mathrm{M}$. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

